

Houghton

# PROCEEDINGS

*of the* Thirty-seventh & Thirty-eighth Annual Sessions *of the*  
International Hahnemannian Association



Hotel Aldine, Philadelphia, Pa., June 21-24, 1916

Hotel Sherman, Chicago, Ill., June 25-28, 1917



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PROCEEDINGS  
OF THE  
THIRTY-SEVENTH ANNUAL SESSION  
OF THE  
INTERNATIONAL HAHNEMANNIAN ASSOCIATION  
HELD AT  
THE ALDINE, PHILADELPHIA, PA.  
JUNE 21, 22, 23, 24, 1916.

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## FIRST SESSION

Philadelphia, June 20, 1916.

Meeting called to order by Dr. Becker at 11.30.

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The thirty-seventh session of the International Hahnemannian Association was held at the Hotel Aldine, Philadelphia, Pa., from June 21th to 24th inclusive.

The session was opened with President Henry Becker in the chair.

The Secretary reported as follows:

## REPORT OF THE SECRETARY

The work of the Secretary's office has progressed without especial incident throughout the year. The volume of transactions has been edited, and, although it was very late in com-

ing out, I think you will all take considerable satisfaction in the contents.

There are a few things which I want to mention in connection with this report. One of the matters is that of our membership: During the past four or five years the membership has not held its own. It is now one hundred fifty-four. The membership is not as large as it should be. It is divided into two classes, associate and active, besides the Honorary List, which really does not count so far as income goes.

Some years ago we established, as you will remember, an associate membership at a reduced fee, in the hope that it would attract young graduates just out of college, and become, as it were, a feeder to the Association. The fee for this membership was established at first at \$2. It was found that this was considerably under the cost of the volume of transactions so that later it was raised to \$2.50 and then \$3. We now have an Associate Membership list with membership fee of \$3 and Active Membership with a membership of \$5.

I want to call to your attention especially to this Associate list; it has not done what was expected in the way of feeding the society by bringing in Active members. A very small per cent of the Associate Members have taken out full membership at the expiration of their term of three years, which the By-Laws say shall be the limit of Associate Membership.

The few who have come in from the Associate Membership list would have undoubtedly become Active Members in any event. The result of the Associate list has been that at the expiration of the three years most of those members have dropped out, in spite of appeals from the Secretary calling attention to the fact that they were then eligible for Active Membership. I think that in this past year not a single individual has taken out Active papers.

I should like to suggest that this matter be discussed.

I do not think it worth while to continue any sub-list where the result proves to be so unsatisfactory. It is beneath the dignity of the society to carry a \$3 membership that is simply ignored when the members are eligible for the Active list, and

I want to recommend, among other things, that this list be abolished.

I believe also that some action should be taken at this session, if possible, looking toward a campaign to increase our Active membership list. The volume of transactions, published every year, is too valuable to be limited to the few members of the present list. The growth ought to be a good deal more than it is. Whether anything can be done is a question worthy of discussion.

One other thought in regard to the volume of the annual transactions; with our present membership list it is becoming very difficult to get sufficient money to pay the bills. Of course I am here trespassing on the field of the Treasurer but he will surely pardon me. Last year we had, as you know, a four days' session with a full program and much discussion. It was carefully reported and everything was printed. That made a volume of pretty nearly five hundred pages with a consequent bill for printing of about \$475, which is at the cost of a little over a dollar per page.

I should like to suggest that in the future we omit in the proofs everything except the actual proceedings; that is, that we omit business discussions. It seems to me that it is entirely unnecessary to print all the discussion of business matters. A great deal of it amounts to very little and it would save a good many dollars if we could leave that out; of course the discussion of the papers is another thing.

Quite a good many of our members failed to pay their annual dues and that, of course, is the biggest reason why we are short of money. We have had to drop some members during the past year and still more must be dropped. We shall be obliged to bring the list of members up or do something to cut expenses; in other words we must "cut our garment to fit our cloth."

The question of federation with the American Institute of all homeopathic societies in the country, all state societies and county societies for the sake of the influence we may be able to have on legislative matters has been brought to the attention of your Secretary. Dr. Parsons has drawn up a very interesting

plan which he is going to take up with the American Institute next week, and he has asked our co-operation. I think it would be wise to discuss the matter.

Last year at the close of our session a vote was taken that we should raise \$100 to send to Dr. Petrie Hoyle for use in the work he is carrying on outside of Paris. The Secretary was asked to collect this money with the idea that it was to be obtained by subscription rather than taken out of the treasury. I can report that \$170 was sent to Dr. Hoyle all of which was contributed by members of this Association. \$9.50 additional is still in the hands of the Secretary and awaits any disposal to which you wish to put it. I have had two long and interesting letters in response to this contribution which were printed in one or two of the medical journals. If you care to hear them they can be read during one of the sessions.

FRANK W. PATCH, (Secretary).

On motion the Secretary's report was accepted.

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The Treasurer reported as follows:

#### TREASURER'S REPORT.

##### RECEIPTS.

Balance on hand June 25, 1915 . . . . .	\$119.93
Cash from sale of Trans. . . . .	13.04
Dues from Members . . . . .	380.00
	<hr style="width: 20%; margin-left: auto; margin-right: 0;"/>
Total . . . . .	\$512.97

## EXPENDITURES.

	June 20, 1916.
Stenographer . . . . .	\$100.00
Lakeview Press, Balance on Printing 1915 Trans. . . . .	182.99
Secretary's Bill, Program, 1915 . . . . .	53.75
Postage, Treasurer . . . . .	5.00
	<hr/>
Total . . . . .	\$341.74
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Balance on Hand June 20, 1916	\$171.23

Examined and found correct.

E. E. CASE,  
GRACE STEVENS.

Dr. Hutchinson moved the acceptance of the Treasurer's report.

Motion carried.

A motion by Dr. Rabe called for the appointment of a committee of three—to be called a committee on new members—to go over the Treasurer's membership list to find how many members are in arrears; the committee to make a preliminary report some time during the first session.

Motion voted and carried.

Report of Necrologist was next read by Dr. Rushmore.

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### REPORT OF NECROLOGIST.

Your Necrologist has heard during the past year of the death of Doctors J. B. Gregg Custis, Gabriel F. Thornhill, Thomas Franklin Smith and James T. Kent. Timely inquiry was made of the families of the deceased for details for memorial notices

for this Association but replies have been received only in regard to Dr. Thornhill, a notice of whose life is herewith submitted.

Dr. Gabriel F. Thornhill of Paris, Texas, died on the 6th of December, 1915, aged fifty-six years. He was born in Washington County, Texas, near the city of Brenhave, of a prominent south Texas family.

He left his father's country home at an early age, making his way through school, and entering the world, he held positions of trust with several business concerns.

He was married in 1886 to Miss Mary Buckingham of Chappell Hill, Texas, daughter of one of the pioneer Methodist ministers.

He felt called to be a physician and, knowing nothing of Homœopathy, studied in the old school. He gave this up from lack of time and a few years later was cured of some chronic trouble by a homœopathic physician. He now soon took up the study of Homœopathy and obtaining leave of absence from his employers, during three consecutive years he attended Hering Medical College, from which he received his diploma. He practiced first in Navasota, Texas, then in Fort Worth, and in 1900 moved to Paris where he had a very extensive practice.

On the day of his death he seemed well and happy and went about his work as usual, till after making a call toward evening. He had trouble cranking his car and after going about three blocks he pulled to the right side of the road, put his foot on the brake and threw the car out of gear; he was holding the steering wheel with the engine still running when someone went out to see what was the matter and the useful life was ended.

The many testimonials of affection and respect showed that he was widely honored. Doctor Thornhill practiced pure Homœopathy and ranked among the best physicians in the South. He became a member of this Association in 1908. He was a member of the Board of Medical Examiners, and at the time of his death Vice President of the State Homœopathic Association. He was a prominent member of Centenary Methodist

Church and was also a Mason. He leaves a wife and three children, two daughters married in Texas and one son, Gabriel Felder Thornhill who is studying homœopathic medicine in New York.

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JAMES BACHELDER BELL.

James Bachelder Bell was born in Monson, Piscataquis County, Maine, February 21, 1838; he died in Boston, September 26, 1914, having rounded out more than seventy-six years of life. His father, who was of English-Irish descent, graduated from Amherst College and was a lawyer by profession. Dr. Bell did not enjoy robust health in his early youth and did not pursue a college course, although he prepared at the Monson Academy. In due season he began the study of medicine with his uncle, Dr. William C. Bell of Middletown, Conn. He completed his studies in Philadelphia, graduating from the Homœopathic Medical College of Pennsylvania in 1859. Following his graduation he spent more than a year in European study and travel, spending most of his time in Vienna. On his return he practised medicine for a short time in Skowhegan, Maine, his father's home, but soon selected Augusta as his field of work. Here he had a very large and successful practice, for he had in addition to a sound medical training, a genial, attractive personality, a force and certainty which inspired confidence, and a tactfulness that made many friends. In 1880, after about twenty years of practice in Augusta, he moved to Boston. For the remainder of his life, or for thirty-four years, Dr. Bell practised medicine in Boston with notable success. His private practice was extensive, and his services were in demand by colleagues as a consultant. He devoted himself preferably to surgery for which he was by nature and training well adapted. In 1862 he passed examinations for a surgeoncy in the army, but did not enter active service. He became, however, examining surgeon for the pension office, and during 1867 and 1868 filled the post of city physician in Augusta. Dr. Bell was throughout his life a consistent and ardent adherent to Homœopathy of the strict Hahnemannian order,

and his medical influence radiated throughout a wide professional and lay circle.

His homœopathic affiliations were numerous. He joined the American Institute of Homœopathy in 1868, the Boston Homœopathic Medical Society in 1881, the Massachusetts Homœopathic Medical Society in 1885, the Massachusetts Surgical and Gynæcological Society in 1899, the International Hahnemannian Association in 1881—serving as President of the Association in 1891, and the Boston Society of Homœopaths at the date of its founding in 1903.

In 1874, while he was still practising in Augusta, Dr. Bell delivered a course of lectures on Tumors at Boston University School of Medicine, and, after his removal to Boston, from 1879 to 1893 he was connected with the chair of surgery of that institution as lecturer.

He became connected with the surgical staff of the Massachusetts Homœopathic Hospital in 1881 and served continuously until 1910 when he resigned active service. He was elected to the Board of Trustees of the hospital in 1905 where he had opportunity to make use of his hospital experience and his influence in conducting the affairs of the hospital. In 1869 Dr. Bell published a monograph on the "Homœopathic Treatment of Diarrhea." It was classical from the point of view of Homœopathy and was his chief medical literary production.

As a man, Dr. Bell possessed traits which endeared him to his relatives and friends. He had a sense of humor which coupled with a remarkably retentive memory made him an agreeable host and companion. He was very fond of music, in his earlier days playing the flute. He had an artistic temperament, and some facility in the use of water colors and for years spent much of his summer holidays in sketching and landscape drawing. For recreation he later took up astronomy and found great pleasure in the use of the telescope.

A distinctly human touch is found in his fondness for domestic and pet animals—it being a distressing experience for him to give up his horse for an automobile; also, in his fondness for nature in all her moods, the sea and the mountains appealing to him with more than ordinary force.

His aptitude for mechanical things led him not only into surgery, but the precision of thought connected with mechanics, possibly, aided him somewhat in forming habits of unusual punctuality, so that he was accustomed to meet his appointments promptly.

Such are some of the characteristics of our late colleague, Dr. Bell, who, as a faithful Homœopathist, a capable surgeon, an earnest and upright Christian, will be long remembered by all who knew him.

J. P. S.

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Motion was made by Dr. Rushmore that the President's address be read at the evening session.

Motion carried.

A motion to appoint Drs. Case, Stevens and Rabe as auditors to audit Treasurer's report and to act as a Finance Committee to assist the Treasurer in collecting dues was made and carried.

A motion was made and through it written notice served, regarding a change in the By-laws by which Associate Membership in the Association was to be abolished.

Motion to change By-laws carried and final action deferred until session of 1917.

At the suggestion of the Secretary and on motion by Dr. Krichbaum it was carried that only the actual business of the Association be printed in the Transactions; all discussion on motions being eliminated.

At suggestion of Secretary the President's address was read.

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#### PRESIDENT'S ADDRESS.

### *THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION—ITS HISTORY, ITS SCOPE AND ITS PRESENT OPPORTUNITY.*

BY HENRY BECKER, M. D., TORONTO, CANADA.

Thirty-six years ago in Milwaukee sixteen hundred names constituted the membership of the newly organized Interna-

tional Homœopathic Association with P. P. Wells and H. C. Allen as President and Secretary-Treasurer, respectively, and the following year saw thirty-six new members added and since then the growth has been slow and steady, a healthy development of good material, not the streak of a season's growth, but the oak, firm of texture and well rooted, not swayed by passing storms of prejudice or the jibes of envious criticism but gaining in the bulk and dignity of its contributions, year by year, to the literature of the pure practice of Homœopathy and now ready for further progress on the good foundation of a third of a century's steady adherence to the immutable law which, enunciated by Samuel Hahnemann, will constitute for all time the only principle of cure.

In these thirty-six years what kaleidoscopic changes we have witnessed in old school methods and every change more pernicious in its effects than what preceded it. We must be charitable but we cannot be blind to the obvious. When we see Milton's lazar-house become a sanitarium in comparison with modern conditions generally and observe the quality of health deteriorating rapidly in spite of the advancement in improved living, hygienic and sanitary measures, and malignant diseases attaining a virulence which is appalling, we cannot fail to make logical deductions and so place the blame where it properly belongs.

We may be just and tolerant and patient with those in error but we must in all honesty discountenance and, with all our power, oppose practices which are undermining the physical welfare of the whole human race. Crude drugging has always been more or less mischievous. The use of the active principle is much more so but fully surpasses itself when diseased conditions are induced in the lower animals and the products of these are implanted in the human blood to vitiate, for generations to come, the current of life. Well may we ask,—“What will the harvest be?” Truly may we answer,—“We cannot even imagine it”—though we know well what the harvest has been and is in the rapidly accumulating mass of pneumonia, tuberculosis, locomotor ataxia, sarcoma and carcinoma and with this

experience in view we may well be appalled with the prospect for the future.

Eternal vigilance is the price of safety and the best defense against such a terrible danger is a most vigorous offensive. Never has threatened usurpation of inherent individual rights been more serious than now. With a fair field and no favor, our task against the enemy would be an easy one as the active agents are comparatively few and very timid in facing opposition in the open but they are cunning enough to endeavor to gain their end by means of legislative enactments through persistent lobbying and thus putting the power of the state behind most nefarious laws whose makers never suspect that they are being made the dupes of the most unscrupulous combine against the common weal that has existed since the strangle hold of the hierarchy was broken.

This old world of ours evidently likes to be ridden, booted and spurred and the number of those willing to oblige it seems never to fail while the ridden ones are always giving the riders a leg into the saddle. But there is always an alert, if numerically small, opposition to ill-gotten privileges and powers and in time saddles are empty and ready for a new set of occupants and so history is made in recording the struggles of succeeding generations in rectifying their wrongs. And now comes to us the call to buckle on our armor and fare forth in the war against the latest marauder, forgetting our hopes of ease and comfort and giving of the best in us to leave conditions better, than were we to idly acquiesce in the wrong accomplished or contemplated. This is of course what our organization stands for. It came out in protest from a large body which was not holding fast to the truth bequeathed it but was being seduced by the plausible pretensions of the old school into practices at variance with the principles which it was its duty to cherish and now must endeavor to conserve what has been so strenuously won and prepare for its extension and to gain additional strength for the accomplishment of our purpose we must unite to ourselves those who are for us. Though not yet with us and then with added numbers and increased activity we shall have

a return to the days when Homœopathy loomed large as a benign power in the land.

This association fails to grasp its present opportunity if it does not succeed in registering on its membership roll the great majority of the names of those practitioners who are endeavoring to demonstrate in practice their belief in the Law. We do not expect the impossible and liberal latitude is accorded to individual judgment in peculiar and protracted obstinate cases and so long as there is adherence to the law we are ready to welcome with open arms every one willing to continue along the lines indicated by Hahnemann. This question of reaching the faithful practitioners not yet affiliated with us is what I wish to have your thoughtful attention in considering and your best judgment in helping to devise the most effective measures to accomplish so laudable an object. Every state in the Union has many men eligible for membership. Concerted action will result in bringing them into the association much to our mutual benefit.

Our present condition indicates clear head work for every member and the services of every one must be enlisted in the different spheres of duty incidental to our organization. Study and investigation and the presentation of the results of these at our annual meetings are done so thoroughly that we are kept well to the front in our acquaintance with every detail of real progress in all departments of the various branches of medicine and we appropriate to our own use what is valuable, rejecting the rest.

In gaining recruits for our ranks we must realize by this time that team play is essential as no one individual, officer or otherwise, can influence more than a very few outside the circle of his personal acquaintance and it is through personal solicitation only, that we shall get the best results. There are enough men in the various states measuring up to our standard who could, if persistently canvassed, be persuaded in one year to join us to the extent of our present membership and to obtain them we must perfect an efficient organization including every member. In our Hahnemannian directory we find the non-members outnumbering in many states our num-

bers and we have many good men and true who are not in our directory—and to reach all these I beg to outline a plan which with thorough and active co-operation should with a minimum of effort yield a maximum of results.

I recommend that a chairman be appointed in every state, province and country, where we have members or those eligible for membership and it shall be the duty of each chairman to appoint deputies in the proportion of one deputy to every five members and the duty of each deputy shall be to advise every one of the five members allotted to his jurisdiction to write to as many prospective members as he knows or can hear of requesting him to become a member and to persist in repeated requests until a positive refusal shows that the matter should be left in abeyance for another year. Every member should report to the deputy and he in turn to the state chairman and he again to the secretary of the association every three months. Many men need only to be shown the benefit of membership to become actively allied with us and it is not fair that they should be allowed to walk in the lonely furrow when they could do so much better work and be much happier if associated with us. I have no doubt you will see that the scheme is a feasible one and very easily applied. A committee of three may be appointed to nominate state chairmen, such nomination to be ratified by this convention after any necessary amendments.

On motion of Dr. Rabe, President's address was referred to a committee of three with instructions to report back to the Association.

Motion carried.

#### REPORT ON PRESIDENT'S ADDRESS.

Your Committee heartily endorses the President's Address. In its sterling appeal it is an echo of the enthusiasm and faith of the founders of this Association. Its condemnation of the evils of present-day medical experimentation is forcibly and clearly presented.

Your Committee does not think it wise to condemn all experimentation lest we be accused of bigotry. Rather, we rec-

ommend that a permanent committee be appointed to investigate and report annually upon the activities of all schools along their lines. Furthermore, we recommend that this address be printed as soon as possible in our journals.

Many states have not a sufficient number of Hahnemannian physicians to form a committee. Therefore, in lieu of the President's recommendations and those of a special committee appointed yesterday, we suggest a letter be sent out annually by the President and supplied in sufficient numbers to all members of this Association, asking the attendance on our meetings of all physicians whose names appear in the Hahnemannian directory, and other physicians whom our members may wish to invite.

P. E. KRICHBAUM,  
JOHN HUTCHINSON,  
JULIA M. GREEN.

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#### REPORT OF COMMITTEE ON MEMBERSHIP.

Whereas it is a fact that the International Hahnemannian Association is not gaining in membership as rapidly as it is believed it should and whereas the number of members in arrears for dues, is becoming increasingly large, be it resolved that each member of this Association constitute himself or herself a committee of one, to secure at least one new member to be elected at the next annual meeting in 1917 and be it further resolved, that the Treasurer of this Association be instructed to have printed and sent a special appeal to each delinquent member, in order if possible to retain such member in the ranks of this association.

Your committee furthermore, would suggest the use by members in their efforts to secure new members, of the following pamphlet or appeal:

The International Hahnemannian Association is an organization of men and women, homœopathic physicians, whose sole aim is the development and advancement of the knowl-

edge of homœopathic philosophy, materia medica and therapeutics and which seeks at its annual meetings to further this work by the presentation of papers and discussions bearing upon these subjects. If you believe in Homœopathy rightly applied in its legitimate sphere, if you believe it to be the best therapeutic method in medically curable diseases, if you wish to perfect yourself as a homœopathic physician, will you not sign an application blank for membership in this Association?

R. F. RABE, *Chairman*,  
E. E. CASE,  
GRACE STEVENS.

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Election of officers was taken up and on vote of the Association and ballot cast by the Secretary, the following officers were elected for the ensuing year:

President, Henry L. Houghton.  
Vice-President, Geo. E. Dienst.  
Treasurer, Wm. R. Powel.  
Secretary, Wm. W. Wilson.  
Cor. Secretary, Harry B. Baker.  
Nicrologist, Edward Rushmore.

Board of Censors: C. M. Boger, Chairman; Guy B. Stearns, John B. Campbell, C. L. Guild-Leggett, Erastus E. Case.

Board of Publication: Milton Powel, John Hutchinson, Grace T. Stevens, W. W. Wilson (*ex officio*).

The Board of Censors reported favorably on the name of Thos. E. Reed, M. D., for Associate Membership and he was duly elected.

The Board of Censors reported favorably on the following names for Active Membership and they were duly elected:

W. A. McFall, 919 College St., Toronto, Canada.

Ida Virginia Reel, 4027 Spring Garden St., Philadelphia, Pa.

Richard Hearn, 269 Dovercourt Road, Toronto, Canada.

Chas. W. Becker, 349 Sherbourne St., Toronto, Canada.

D. C. M. Laren, 141 Laurier Ave., Ottawa, Canada.

Mary Parker, 85 Brattle St., Cambridge, Mass.

Grace I. Bidwell, 809 South Ave., Rochester, N. Y.

K. A. McLaren, 163 Beatrice St., Toronto, Canada.

Wm. F. Kaercher, 1452 N. Eleventh St., Philadelphia, Pa.

Donald McFarland, 1805 Chestnut St., Philadelphia, Pa.

Theodora W. Krichbaum, 33 S. Fullerton Ave., Montclair,

N. J.

Geo. H. Thatcher, 2008 Chestnut St., Philadelphia, Pa.

A committee, of which Dr. E. A. Taylor was chairman, reported, advising the acceptance of Dr. Cole's proposition to publish the Association's Transactions in the North American Journal of Homœopathy and leaving the matter to the Publication Committee and the Secretary.

Motion to accept and adopt the report was carried.

Meeting adjourned to meet at Chicago, Ill., in 1917.

## Bureau of Homœopathic Philosophy

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### ACTION OF THE HOMŒOPATHIC FORCE.

BY B. L. B. BAYLIES, M. D., BROOKLYN, N. Y.

When the human system receives the prescribed drug force, similar in quality, in potency and direction of action, to the morbid force invading it, the two forces interact, as proved by our homœopathic observation and experience and neutralize each other. The result is a vital reaction in all the organs affected, and the restoration of health.

On the other hand, the action of the dissimilar or allopathic drug is conflict of forces, organic disturbance, complication, and aggravation of disorder. The vital force is necessitated to expend its energy in the combat and exhaustion or death may result.

An aggravation following administration of the homœopathic drug, indicates similarity in quality, to the disease force, although dissimilarity in potency and is succeeded by improvement.

An exactly adequate dose of the most similar will, without aggravation, effect greater and more immediate improvement.

The most lethargic and least sensitive organisms by evident correlation require, under the homœopathic law, the lower potencies; the most responsively sensitive, the higher potencies.

In my own experience and that of many other observers, the higher potencies are more actively penetrative and diffusive. I have seen many times, relief of acute pain follow within five

minutes, the giving of a high potential dose; although I believe the evolution of potency, is rather a modification and adaptation, to various grades of sensitiveness, than an augmentation of force. The wonderful efficiency of potencies from the lowest to the highest, even of the millionths, tends to prove not the augmentation, but the indestructibility of medicinal force.

The specific almost toxic phenomena produced by the truly homœopathic medicine when administered to the highly susceptible and sensitive, even in very small doses, may delay the remedial action, so that only a comparatively low potency for example the 30th, approved by Hahnemann, may be capable of promptly curative effect.

Vigilance is necessary to discern such modification of the symptoms and even of the modalities of a case as would indicate a change of remedy, or a series of remedies, during the same illness. These effects are intensified in highly nervous, very feeble individuals, and the remedy, although of very high attenuation may produce an unexpected and unsuspected aggravation, vitally affecting the functions of the body and of the mind; yet attributed to the normal development of disease. In a case of pneumonia, in a very feeble, anemic gentleman, 75 years of age, of highly nervous temperament, occurred delirium with irritable humor; persistent delirious efforts to leave the bed; muttering in sleep; inability to protrude the tongue and to swallow solids; for which Hyoscyamus 45m, Fincke, in solution was given every three hours; resolution of extensive inflammation of the left lung progressed and was complete; but the symptoms of the remedy continuing, its use was suspended; no medicine was given; delirium ceased, the tongue could be fully protruded, and normal deglutition was restored.

Every potency has an efficient range, and will cure some case of a certain grade of intensity or activity. For general use in acute cases, I like the 200th. When higher potencies are employed, they must, as we all know, be used in much less frequent doses; no more doses than suffice to effect a perceptible improvement; for as I have personally experienced, they often cause primary aggravation, so that I have no doubt

of this fact. An aggravation on myself was caused by a single dose, dry, of Phosphorus 200, relieved by a few doses in solution of the 30th. At one time a few doses of solution of *Rhus tox* 25m. for acute sciatica, greatly increased my suffering, which the 200th of the same remedy immediately relieved, and quickly cured.

I used several years ago *Lycopodium* 45m. in solution every three or four hours, for a diphtheritic bronchial trouble; initial benefit was followed by a very critical condition; not an aggravation but arrest of improvement, the patient could not attempt to sit in bed without danger of fainting. Then my venerated friend Dr. P. P. Wells, suggested the same remedy very high; a dose of the millionth dry, cured. In cases of very susceptible idiosyncrasy and when the relation of the remedy to the organism is very evident, as in *Belladonna*, *Pulsatilla*, *Aconite*, or *Calcarea*, individually, it is desirable not to begin treatment with the highest potencies; a lower, if not curative, may be followed with confidence by the higher. Due regard should be given to the constitutional miasm in the selection of the remedy, which if not itself curative, may develop symptoms, indicating the remedy.

*Dr. Hayes:* As there seems to be no general discussion I want to express my appreciation of this paper. It is very easy to prescribe the most apparent remedy so as to empty your office as quickly as possible. I do that more often than I should, I suppose, but when we hear of some great results secured by Dr. Case or some of our other Nestors in prescribing, we are stimulated to do better work. The scope of our materia medica is so great that we can make fine selections and do fine work—if we will.

*Dr. Carleton:* Any further general discussion?

I see Dr. Close is here. I would like to call upon Dr. Stuart Close.

*Dr. Close:* I am reluctant to discuss this paper, Mr. Chairman, under the circumstances, and I think I will take advantage of the suggestion of the President, and make my remarks exceedingly brief.

I must say that I sometimes envy Dr. Baylies the exceed-

ingly admirable expression of his ideas. Dr. Baylies has the faculty of putting into half a dozen lines what would take some of us as many pages to express. His opening paragraph is such an expression. His paper deserves reading, reflection and admiration as an example of true expression in the terms of physics. There are one or two points, however, that could only be corrected by entering so far into the discussion from the standpoint of physics, that I fear it would be entirely beyond the limits of time assigned for the discussion here; and, that being the case, I think I will not attempt to discuss them.

*Dr. Case:* Mr. Chairman: I did not have the pleasure of reading the paper and cannot say anything of value extemporaneously. Regarding the action of the remedy and the disease force my mind is best satisfied with the idea that the action of the remedy is a little more powerful than the sick making force, and this arouses the antagonism and curative action of the vital force.

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## THE LAW OF CURE.

BY DR. C. M. BOGER.

During the historical period man has slowly evolved, at a fearful cost, from the intuitive state into one largely based upon a knowledge of the laws of nature. In doing this he has hedged about his own natural freedom on all sides, building up what he calls culture, an artificial thing that materializes his thoughts and finally disintegrates his soul.

He builds for himself big cities, lives in close quarters and pampers or abuses his appetites and body. When the inevitable result follows his materialized mind falls down before the fetish of material medicine in the hope that his inherent vitality will carry him safely past the danger point. It is moreover a philosophy not always confined to the laity.

Health, the result of natural living, is almost unknown, because our ignorance and the maddening pace at which we move along is depleting our vitality and reducing the average capability for the larger things of life. By the constant pursuit

of the smallest things man's mind is being dwarfed and his vision is becoming myopic. His sense of general perspective is leaving him and he is rapidly losing his bearings amidst the myriads of minutiae daily forced upon his attention.

The great weakness in our educational scheme is that we continually hammer into the student the material view of things; then we wonder that so few of our students finally reach real light. We make moles of them and then throw them upon a world of noonday glaring light. Only one result is possible; failure in ability to cure, and the encouragement for those drugless cults which depend almost exclusively upon the blind recuperative powers of nature. Severely handicapped as these are, they should give the heavy druggist and the nihilist alike food for reflection. The former abuses the already sickened economy, while the latter throws it back unguided upon its own resources. Neither is capable of restoring the natural harmonious equilibrium which belongs to every living thing. This is one of the reasons why specialists and tinkering doctors increase. All of them would like to be known as physicians, but their grounding is such that the few who do venture into the field of general practice rarely become real healers of the sick, except by inadvertence.

In proportion as simplicity develops out of complexity so does efficiency increase, and if we wish to cure safely, effectually and permanently we must be able to grasp the law of cure in a rational and easily understood way; which means that as long as our bodies retain their natural equilibrium, each living cell must of necessity cast out a certain amount of detritus, which cannot be abnormally retained or artificially suppressed unless we wish trouble to follow. Such secretions are often far from pleasant or convenient. Foul foot or axillary sweats, fetid menses, abnormal discharges and secretions, etc., all belong to this category and must be corrected constitutionally if we wish to cure. The far-reaching effect of autogenous poisoning is but partially grasped, if we are to judge physicians by their daily work. Efforts at elimination are made, of course, but they are crude in the extreme, purging being the commonest instance of how it is attempted.

No man who reasons in this way can be a real Homœopath. Do we not see crises precipitated every day by the action of the simillimum, when nature demands them in order to establish recovery? Do we not likewise see a re-established equilibrium of nervous energy, when the homœopathic remedy assuages pain? And are there not countless other daily confirmations of the law, which says that all cures proceed from within outwardly, from above downward and in the reverse order of the coming of the symptoms? In other words all cures proceed from the soul through the spiritual body and finally manifest themselves in the physical body. It cannot be, therefore is not otherwise.

The distressed vital force or spiritual body responds to our treatment as best it can, while still endeavouring to hold the physical body in harmonious equilibrium, but when our efforts are crude, inappropriate or suppressive it does the best within its power to still keep the physical body in order. If our efforts are too violent or strongly suppressive it takes refuge in side stepping or diversions in order to turn aside the force of our misplaced efforts and still preserve some semblance of physical integrity. These are the deceptive pathological effects that Hahnemann points out in paragraph 74 of the Organon.

Absolute curè means the establishment and maintenance of mental and physical harmony. Admittedly our recoveries don't have the highest percentage of such cures to their credit, for the number of times the physician sees the whole picture, mental as well as physical, is not very large, but when he possesses acumen enough to elicit both of these phases in sickness the reward always far exceeds his fondest expectations.

It is a thing to be proud of that Homœopathy makes the essential factors of the cure revolve around the mental manifestations for in them are reflected, as well as out of them come all physical acts, and by acts we get the clearest and most intimate view of what is going on in the mind. In this same category come hallucinations and dreams; if we but know how to interpret them. Both are subconscious thoughts brought to the surface. Lately, in a case of acute mania the patient saw numberless babies, which enabled the prescriber to easily trace

a sexual connection in the symptoms, bringing out Phosphorus as the remedy, resulting in one of the most brilliant cures I have ever witnessed.

Of the numbers that yearly struggle over the artificial barriers which have been erected about the medical profession precious few finally grasp the real meaning of the healing art. Students are drilled in large classes, taught to look upon disease in the mass and overimpressed with the importance of demonstrable phenomena; thus creating a great gulf between objective and subjective morbid states, when in reality the two are almost invariably conjoined.

It is the duty of the physician to not only find the foci of disease but also to go far beyond, if he wishes to comprehend and cure sickness in its totality. If man is the most tangible expression of his ego, is it not better to get a glimpse of his real self, than to be continually stumbling about amidst the rocks of morbid matter? It is here that we will soon come to see that he is a visible manifestation of the great primordial force which pulsates throughout the whole universe and only as he lives in full conformity with nature's harmony will he unfold and become healthy. Hahnemann and the early fathers were really constructive builders who accomplished their object by hard work and were by that sign called geniuses, and he who would know the kernel of the homœopathic or natural law of cure must not only learn what they teach, but he must also make the experiment for himself. To do this efficiently he had better read Burnett's "Fifty Reasons," Wheeler's "The Case of Homœopathy," Nash's "Leaders," Farrington's "Lectures," the "Organon" and Kent's "Lectures" which will carry him to the experimental stage when he will need Jahr's "Forty Years' Practice," Bœnninghausen's "Characteristics and Repertory," the "Synoptic Key" and Hahnemann's and Allen's *Materia Medica* for constant reference.

His practical work, guided by these books, will inevitably lead him to getting better and better results. Disease will become to him a phase of nature's way of throwing off those hostile forces which must always remain powerless as long as he retains his quota of vitality.

The things which we use to arouse depressed vital action are homœopathic when they accomplish the cure with rapidity, safety and certainty. To do this in such a manner necessitates similitude. All other methods are in the nature of crude bungling by comparison.

As may be guessed from the above I don't have much patience with heterogeneous practices, misnamed homœopathic. They confuse the prescriber and mislead the patient, who only too often becomes the martyr of ignorance, laziness or hurry. I tell you our profession above all others needs men who are not afraid of taking time enough to think out the problems which daily confront them, men whose judgment is mature, and who will not be swayed too much or overpersuaded by diagnosis, by pathology or surgery. Men who have the vision to see that only one thing cures or can cure, that is the simillimum. Let no one persuade himself that he has seen a cure, until the whole system has been restored to harmonious action; a state in which the sufferer again feels it a joy to live and go forward fulfilling his divine destiny.

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### “THE HOMŒOPATHIC MATERIA MEDICA SPECIALIST”

BY DANIEL E. S. COLEMAN, PH. B., M. D.,

Professor of Materia Medica in the New York Homœopathic  
Medical College and Flower Hospital.

Frequently we hear the statement that homœopathic prescribing is really a specialty confined to a few enthusiastic, studious physicians whose occupation is, or should be, the selection of the indicated remedy for cases brought to them by members of the profession less inclined to devote the amount of application necessary to attain proficiency in materia medica. While it is true that some of us apply ourselves closely to the study of the action of drugs, thereby acquiring greater knowledge of their application to diseased conditions, I cannot but feel that to relegate Homœopathy to the ranks of a therapeutic

specialty is productive of injury to its vitality and promulgation.

After a dozen years' experience as a teacher of materia medica I know that no physician or surgeon can afford, if he wishes to obtain really scientific results, to neglect the beneficent power of the law of cure established by Samuel Hahnemann. How often do we hear: "I am a surgeon," or "I am a specialist," "Materia Medica is out of my line." Shades of Hippocrates and Hahnemann!! Ye gods! because one is a surgeon or a specialist, is he to neglect the greatest therapeutic method the world has ever known? Is a surgeon's only duty to operate? Is a specialist's only duty to acquire diagnostic technique and the knowledge of local or palliative therapeutics? Let me tell the gentlemen of this great homœopathic society that no severer harm can be done our cause than such narrowing of that wonderful system which possesses countless therapeutic gems for every practitioner of the healing art. Homœopathy is for the surgeon, the gynæcologist, the oculist, the aurist, the dermatologist, the laryngologist, the neurologist, the proctologist, the obstetrician, the genito-urinary expert, the dentist or any other exclusive clinical worker. It is not for the few, but for the many. Its magical power should be the property of all.

Edmund Carleton, Gilchrist and William Tod Helmuth were surgeons who appreciated the value of homœopathic prescribing, an art much neglected by the modern operator. Many operations have been prevented by the timely administration of the homœopathically indicated remedy, and in those cases in which operations are necessary, and it behooves us to recognize such, the pre- and post-operative conditions are bettered by the proper use of drugs. The woeful lack of the employment of the similar and single remedy by the surgical specialist indicates the necessity for reform in this important field.

Many times I have caused lumps in the breast, some of years' standing, to disappear under the action of Conium, Phytolacca, Iodine, etc., *after operations were advised*. The exclusive surgeon would say that they were only adenitis, with which diagnosis I fully agree, but why operate for "only adenitis" when such can be cured medicinally? I have cured

a number of patients suffering from cervical adenitis with the indicated remedy. Operative measures were strongly advocated in many of these cases. I have prevented most appendicitis patients from going on the operating table, but not all. A few must be operated, and it is for the clinician to decide. Deep ulcerations in which amputations were advised after the failure of all known local treatment have healed rapidly under the beneficent action of the similia.

An old lady who was passed on to me after the removal of one kidney for cystic degeneration, the remaining one being so diseased that it was left only because a third did not exist, was literally snatched from the grave by the power of Homœopathy and is alive today over seventeen years hence.

Carbuncles have been cured promptly by such remedies as Arsenicum and Anthraxicum after ordinary "up to date" surgical measures had failed.

Calendula, Arnica, Hepar sulph. Hypericum, Ledum, Rhus tox, Ruta, Symphytum, Silica, etc., are as superior to the so-called local therapeutic measures, like the application of bichloride of mercury, carbolic acid, lysol and a host of others, as the modern automobile is superior to the old Roman chariot.

The surgeon who aspires to become a prescriber and thus enhance his value to his patients must not fall into the error of utilizing a few stock prescriptions often useful in surgical conditions. He must remember that there are "specifics," that knowledge of materia medica means a broad conception of the use of drugs and that it is only the *indicated* remedy which applies to any individual case. Routinism must be avoided.

The value of Homœopathy to the gynæcologist is as apparent as to the general surgeon. Amenorrhœa, dysmenorrhœa, menorrhagia, metrorrhagia, neuralgia, leucorrhœa, etc., when not due to mechanical causes requiring operative measures, find their most valuable therapeutic aid in the indicated remedy.

I am sure that there is not a single member present who has not frequently seen the value of Homœopathy over reflex symptoms resulting from uterine or ovarian disease, and what a blessing to the woman at the menopause! Can other methods of treatment show similar results?

The oculist's ability to achieve success in many patients would be greatly diminished if it were not for the discovery of Samuel Hahnemann. Asthenopia, amblyopia, whether ex-anopsia, reflex, hysterical or tonic, conjunctivitis, ulceration of cornea, iritis, etc., yield to homœopathic medicinal therapeutics. I have found Gelsemium often indicated especially in hysterical amblyopia, and I have obtained results after the "old school" oculist had failed. I made one very gratifying cure with Nux vom. prescribed on constitutional characteristics. Allen mentions this remedy for atrophy of the optic nerve under clinical symptoms in "The Handbook," which previously appeared in Hering's "Guiding Symptoms." I believe this verification was of hysterical amblyopia which resembles atrophy in some of its symptoms. One condition will positively respond to the homœopathic remedy, while the other is a grave pathological degeneration presenting a discouraging prognosis. The use of glasses, the dilatation of the pupil in iritis, etc. are purely mechanical procedures in no way related to dynamic therapeutics. Surely the oculist's duties extend further than these.

The twin specialist, the aurist, also requires the knowledge of homœopathic remedies if he is to reach the pinnacle of his art. Those of us who have had some experience with ear conditions know the importance of such remedies as Belladonna, Calcarea carb, Capsicum, Chamomilla, Ferrum phos., Gelsemium, Hepar sulph., Mercurius, Pulsatilla, etc., in acute conditions. Even in that discouraging disease otitis media chronica remedies will often be of benefit. Some cases cannot be helped by anything.

The following quotation is from the paper "Therapeutic Reform" by W. M. Storar, L. R. C. P., L. R. C. S., Ed., read before the Ulster Branch of the British Medical Association, April 5, 1905. "Charcot says: 'Quinine perseveringly used, is sometimes attended with the best results in relieving the vertigo and tinnitus of Meniere's disease.' Dr. Stephen Mackenzie says he has seen many cases which corroborate this statement—(Quain's Dictionary)." Pretty good Homœopathy for "old school" physicians!

I have found Carboneum sulph., a remedy not generally used, of value in tinnitus accompanying chronic catarrhal otitis. The aurist should never forget the medical Eustachian "Catheters," Kali mur, and Merc. dulc. In ear conditions, as in all others, we should prescribe for the patient, carefully individualizing the totality of the characteristic symptoms. Again, we must not neglect diagnostic methods of examination. All should be familiar with the ear speculum and the ophthalmoscope.

The knowledge of homœopathic materia medica is of inestimable service to the laryngologist. It is my privilege to have among my patients a number of professional singers, and I know from numerous comparisons the superior results obtainable from our method of treatment.

Following is one of the numerous examples illustrating the greater potency of homœopathic medication. Mr. W., celebrated tenor. Duration of trouble eight months. Absolutely no results from local applications by one of New York's most noted throat specialists (allopathic). October 13, 1915. Hoarseness, cannot control voice; feels as if a little mucus were on the vocal cords; raises a little, thick, yellow mucus. < evening. Laryngoscopic examination showed a catarrhal condition ( I always examine the vocal cords of such cases.) Arum triph. 6th four times daily. He improved steadily for a week, then improvement ceased. Nov. 5th I considered his case again for a complementary remedy and prescribed Hydrastis on the indication of thick, stringy mucus. Nov. 17th almost cured, but was obliged to take intercurrent remedies for acute coryza. Dec. 20th very much better in every way, but is troubled with post nasal dropping of thick, stringy mucus. Hydrastis four times daily. He has required no further treatment.

I remember making it possible for a former comic opera "star" to accomplish a successful re-appearance after the exclusive laryngologist had completely failed to improve her condition.

The presentation of such cases could be continued, but time is short.

My preceptor was one of the greatest dermatologists in the world and a keen homœopathic prescriber. Frequently one of the very highest authorities in the "old school" would call him as a consultant. The brilliance of the cures obtainable in skin diseases through the law of similars is sometimes almost uncanny, as personal observation and experience have verified.

That Homœopathy is indispensable to the neurologist few will deny. For example, on May 28, 1916 a young lady twenty-four years old was brought to me for treatment. Periodical weak spells (so-called) since a child. About a year ago began to have epileptiform convulsions which no treatment (bromides no doubt) benefited. Symptoms. Prodromal: day before attack; weakness, inability to talk, peculiar taste in mouth, no appetite, headache<bending forward. Motion begins at the lips and extends to other parts until every portion of the body shakes; foams at mouth, but does not bite tongue. Paroxysm lasts about one half to three quarters of a minute. These have occurred regularly every six weeks. Pupils normal. Knee jerk normal. Menses every six weeks (at time of paroxysm). R̄ Belladonna 30th four times daily and every hour if prodromal symptoms appeared. June 17th. Had no convulsion at expected time.

Such cases could be repeated.

I remember curing a case of epilepsy with Belladonna 30th after several "old school" authorities had completely failed after two years' treatment. When I heard from her many years later, she had had no recurrence.

The proctologist has not as yet come to fully realize the value of the homœopathic remedy. If he would devote more time to his prescribing and less time to local applications there would be fewer sore rectums in existence today. I *know* that I have cured hæmorrhoids and pruritis ani with the indicated remedy. The proctologist would perhaps say that I did not know a hæmorrhoid when I saw it, but we cannot elevate these lesions to the dignity of being only capable of recognition by the specialist. I do know a hæmorrhoid when I see it, and I do know that I have cured such.

Pruritis ani is a very untractable condition, but of late I

have looked upon it with far less mistrust. After carefully observing the various methods of treatment calculated to relieve this most annoying complaint, I am convinced that the administration of the indicated homœopathic remedy along with simple cleanliness and proper diet will do far more than any other treatment now in vogue.

How keenly would we feel the loss of our remedies in obstetrics. Who of us have not seen the rigid os dilate under such drugs as Gelsemium or Belladonna, inefficient labor pains become efficient, after pains become less intense, mental intolerance to pain reduced, post partum hæmorrhage controlled, by the indicated remedy.

In genito-urinary diseases the worth of the similar remedy is not always recognized. A few months ago a young man left my office whose chronic "morning drop" is diminishing under the action of Phosphorus 15th.

The dentist would do well to study the action of remedies especially related to oral disease. For example, Hepar Sulph., Mercurius, and Silica hasten the cure of alveolar abscesses, Aurum is of benefit in necrosis of the bone, Calcarea carb, Calcarea phos, and Silica aid dentition, the tendency to decay is retarded by such remedies as Kreosote and Staphisagria, etc. I recall one case which was somewhat amusing. I was asked to treat a young man suffering from diabetes who was formerly under the care of a celebrated "old school" physician. He had been suffering from an alveolar abscess which discharged a thick yellow pus and was very sensitive to touch. His dentist and physician were not helping him. Hepar sulph, 30th promptly cured. The father of the young man told his former doctor of the results. He answered: "I know vot he gave, it vos Calcium Sulphide." The father asked why *he* did not give it. The good medical man replied: "I vos nod er dendust." I suppose if the young man had severed an artery, he would not have tied it on the ground of not being a surgeon.

No less harmful to our school is the materia medica specialist who neglects to make himself reasonably familiar with pathology, diagnosis and mechanical conditions. For example, one of my patients was treated more than a year for

deafness by a great prescriber. He would ask the doctor to examine his ear, but always received the same reply with a wave of the hand—"Let us search the authorities." Books would be taken down and his symptoms carefully analyzed. He grew no better. Finally he consulted an aurist and had a large quantity of cerumen removed. His hearing returned. Fortunately he was a man of education and did not blame Homœopathy for the lack of diagnostic skill in one of its followers.

It is of vital importance that the expert materia medicist, especially one occupied in teaching, be a competent diagnostician. If he does not know the nature of the illness he has cured, how can he inspire the student with confidence? It is necessary that he be able to differentiate mechanical from dynamic conditions. He should know that a dilated heart with broken compensation requires mechanical therapeutic measures, and he should be able to present the reasons in a scientific manner. When the student observes that his materia medica professor knows something about diagnosis, he is inspired with greater respect for the teachings of Homœopathy.

My connection with the Metropolitan Hospital, Blackwell's Island, N. Y., gives me material for teaching physical diagnosis which cannot be duplicated in any other hospital in this country.

For the welfare of Homœopathy, let the materia medica specialist who sits behind his desk with his repertory in his hand ready to prescribe for pathological conditions with which he is not familiar acquire the skill of the technical specialist who knows nothing of and cares nothing for the law of Similia Similibus Curantur, that he may rise like the phoenix from the ashes, a giant at the bedside as well as a "giant in the library."

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## DIAGNOSIS IN HOMŒOPATHY.

E. WALLACE MACADAM, M. D., NEW YORK CITY.

Of all the criticisms to which our school has been subjected there is none more poignant and at the same time more justi-

fiable, than that directed to our neglect of diagnosis. Very early in my medical studies I began to recognize that to take the history of a case for a homœopathic prescription, required quite a different slant of mind from that needed to take the case for a diagnosis. I saw that my grossest mistakes were not in my prescriptions, but in my absolute innocence of what really ailed the patient, and recognizing this as a fault of my own I was comforted somewhat to discover it was shared by many of those whom I regarded as great prescribers. I found that in my eagerness to find a remedy for my patient I frequently neglected entirely to examine him objectively and after I had prescribed vainly for a pain in the abdomen in a case which later proved to be gall-stone colic, and, after I had confidently given *Colocynth* to a man doubled up with cramping pains, who, being unrelieved the next day was discovered to have appendicitis, it began to dawn on me that I must go through a physical examination of every patient that came under my hands. So strong was the feeling that this particular neglect would one day be my Waterloo, that I made a little prayer which I tried to use every night before I went to bed and every morning before I got up—"Lord, make me examine every case!"

Perhaps my unbelief in the efficacy of prayer was a handicap to me, because I still find that some of my most grievous mistakes have been because my prayer remains unanswered. I do not know of anything more disconcerting than to treat a patient for six months, and then, because his grocer or his washerlady or his barber suggested that he might have Bright's disease, find, to my horror, that I had neglected to examine his urine, and then to examine it and find that he had! Something of this kind happened to me, and, after that, I added a postscript to my prayer relative to the advisability of urinary analysis.

I speak of this fault as one peculiar to our school, yet it is far from being so. A tale is told of an old-school man who treated a case of lumbago for several weeks and finally sent to Johns Hopkins for one of the professors to come in consultation. The professor travelled one hundred and fifty miles, and,

having arrived at the house of the sufferer, proposed to examine his back. As there is nothing to be seen externally in lumbago, this had not been done before. The examination revealed an abscess, and the professor went home. This kind of mistake, however, is the result of gross carelessness, while the mistakes we Homœopaths are apt to make are due more to a singleness of purpose. It is difficult for a man with the habit of concentration to prosecute two lines of inquiry simultaneously, and the more conscientious the Homœopath, the more does he study his patient from the viewpoint of remedial drug, and the less is he inclined to put a physical meaning to his symptoms. The fault, therefore, is inherent in us, and we must devise some method of overcoming it, and that is the object of this paper.

*Is it worth while to examine every case?*

Against the proposal to examine every case some objections may be raised. It may be said (a) that diagnosis is not always possible; (b) that diagnosis is not necessary nor even desirable in the making of a prescription; (c) that it is not practical to examine every case; (d) that the physician cannot afford to make a routine physical examination of every patient who comes to him.

Let me answer these seriatim:

(a) *It is not always possible to make a diagnosis.*

Surely we will agree to that. But we must be pretty sure that it is not attainable. We must examine the patient to find out.

(b) *The diagnosis is neither necessary nor desirable in making a prescription.*

Answer may be made that the pathological changes are just as much a part of the totality of the symptoms as are the subjective changes. Who among you will trade one good objective symptom for two indefinite subjective? And more than this, the diagnosis often aids in the selection of the remedy. For instance, a patient may have a slight cough with severe, sharp pain in the chest. The pain is made worse by moving, by deep breathing. *Bryonia* would be the remedy first coming to mind. But upon investigation, a diagnosis of intercostal neuralgia is made and the diagnosis—or rather the objective findings of

the physical examination—immediately change our prescription, for in this condition *Bryonia* seldom relieves, while *Ranunculus bulb* almost always does. In the same way we distinguish between *Capsicum* and *Hepar sulph.* or *Silicia*, in ear conditions, depending upon the tissue involved. Since when has not the knowledge of tubercular infiltration modified our viewpoint of the prescription?

It is said that the remedy shall be based upon the symptoms of the disease, but unless the diagnosis be made, how can we tell which are the symptoms of the disease, and which the symptoms of the patient? Surely we must diagnose our case if we can, in order to be able to select those symptoms which should be lightly considered, in working for the remedy.

And, finally, a diagnosis is absolutely necessary for proper treatment in lines of diet and hygiene, and for the prognosis. Am I a safe doctor if I allow a patient with a grave cardiac fault, full liberty of action? Am I a safe man in the community if I do not ascertain the blood pressure of my patient, but with no warning and no precautions allow him to go blithely on to cerebral hemorrhage?

(c) *It is not practical to examine every case.*

This must be frankly answered, "No, it is not." Yet I contend that if we hold this as the ideal, if we make our slogan: "Every patient is entitled to at least one physical examination," we will find it practical to go over almost all. The complete examination need not be made at one time. We must keep a record of what we find, and if we attach to the patient's history sheet, a physical-finding form, we will record on that paper what we find, and next time we may be able to complete the record. The incomplete record is there as a reminder that our duty is not done.

Rarely the objection comes from the patient. When this happens I say: "It doesn't seem fair for you to expect me to help you unless I know what is the matter with you," and the obstacle is withdrawn.

(d) *The physician cannot afford to examine every case.*

I maintain that a careful Homœopath is the most careful physician in the world. He can afford time to go exhaustively

into the minutia of symptomatology. He can afford time to transcribe pages of subjective symptoms. If convinced that more time were needed, he will gladly give it. He must take the time—for the good of his patient, for the good of himself, for the good of his School—he must take the time needed for a careful scrutiny of the patient's body. And, after all, if done systematically, very little time is needed—about twenty to thirty minutes.

#### METHOD OF EXAMINATION.

But to accomplish this work in so short a time, the manner of the examination must be by some definite plan. The plan must be simple, convenient and complete. It must be simple so that it may be remembered easily, for only a method which can be carried in the head will be of daily use. It must be convenient, that is we must go easily and naturally from one part of the body to another. It must be complete so that when finished no part of the body is neglected. Your plan is defective if, while going home, you say to yourself, "I wonder if his spleen is enlarged? I forgot that."

There are in the text books, buried often in a mass of other matter, schemes for the physical examination. Any of them is good if complete. It makes no difference where you start; you may start at the feet and go up, if you wish, but you must learn a system, and stick to it, examining all cases in the same routine. To my mind the best plan, because it best fills the requirements of being simple, convenient and complete, is the one taught by D. W. N. Berkley of New York. Originally devised by Skoda, it was modified by Rokitansky and has been used ever since in the Vienna School.

The examination is divided into two parts, a *general* and a *special*. The *general* examination comprises taking the temperature, rate of pulse and respiration; then noting the condition of skin, fat, muscles and bones; then posture, gait and tremors.

The patient is imagined to be standing before the examiner, hands above the head, palms to the front. The *special* exam-

ination begins with the topmost point, viz., the finger tips of the upraised hands, then goes to the nails, fingers, palms; then a study of the pulse is made; then, running up the forearm, look for epitrochlear glands, and then for glands enlarged in other parts of the body; note condition of the veins at this time; and usually here is a good time to test the deep reflexes. Now commencing at the head go down the body in anatomical order and in the usual way. The rectum and pelvis are examined only if the history or findings require it, but a urine analysis is done in every case.

### *THE RECORD.*

No Homœopath needs to be told how useful a record is. We cannot prescribe intelligently without it. We ought not try to get along without a record of our physical findings.

Dr. Laidlaw used to ask the students "What is the difference between a scientific doctor and an unscientific one?" and when the students gave up the conundrum, he would say: "Records! The scientific physician writes down what he finds." If you train yourself to put down your findings, in black and white, you will train yourself to be accurate in your findings.

Then too, as I have already indicated, the record is useful as a reminder that we have not done our duty by our patient until that record is complete.

The record may prove to be surprisingly useful weeks or months or years after it was made. For instance, after a child has diphtheria we note a rapid heart-beat, but no other untoward sign. The question at once comes up, what was the rate before the little fellow was ill? The record will tell us. Or take the case of a patient ill with slight cough, some fever, no abnormal physical signs save a rapid pulse, venous tracery of the chest, forcible heartbeat, slight enlargement of deep cardiac area, accentuated pulmonic second sound and a systolic blow at the apex. Have we here a case of septic endocarditis? The old record may give us unexpected help in answering.

### THE EXAMINATION SHEET.

After considerable work I have devised a form which embodies the scheme I have described. It is printed on thin bond paper, and by folding it once is made to slip into a five by eight envelope, which holds the rest of the case history.

#### PHYSICAL EXAMINATION

NAME		DATE	
GENERAL		HEART	
T	P	Apex in	Space
Fat	Muscles	of med. line	inches left
Posture	Gait	Impulse Faint	Forcible
		Areas Superficial	Diffuse Thrill
SPECIAL		Auscultation	Deep
Nails	Fingers	Palms	Apex lying
			Base lying
PULSE	Freq. Reg. Irreg.	Tension	...louder than...
Sclerotic,	Dicrotic, Corrigan,		...louder than...
Synchronous		Neck lying	Sitting
Veins		ABDOMEN	
Distended, Varicose, Tender	Inflamed	Inspection	
Lymphatics		Palpation	
Reflexes		Ascites	Spleen
Arms,	Legs	Liver	R. Kidney
		Gall Bladder	L. Kidney
HEAD		Teeth	
Face	Ears	Gums	
Eyes	Nose	Throat	
P. R. L't.	Tongue	Thyroid	
THORAX		RECTUM AND PELVIS	
Inspection			
Palpation		URINE	
LUNGS		SPECIAL NOTES	
R			
	Inspection	L	
	Litten		
	Palpation		
	Percussion		
	Width of Apex		
	Resp. Mobility	DIAGNOSIS	
	Auscultation		

Physical Examination Sheet of Dr. E. Wallace MacAdam.

In practice this blank form has worked out in a useful and satisfactory way.

#### CONCLUSION.

In conclusion let me say that physical examination is neither difficult nor mysterious. Diagnosis may be and sometimes is difficult, but it is the examination especially that I am urging. Any of us can go over our patients. And remember the aphor-

ism of Jenner: "We err more by not seeing than by not knowing." This is true today. We make our mistakes not through ignorance but through neglect.

The older men were cognizant of the importance of this side of their work. Hahnemann himself was painstakingly careful to ferret out the physical changes in his patients. It would be a pity if we were to permit the fair fame of our School to be blemished in even the slightest degree by carelessness in a matter so simple.

Dr. Houghton: The paper is now open for discussion.

Dr. Hayes: I am quite in accord with this method of examination but it is important to let the patient tell his story and get the subjective symptoms first. These are usually the basis of whatever selection will effect a curative reaction. Physical or mechanical examinations will seriously suppress or deflect the subjective expressions if interposed before the patient's story is completed.

Dr. Rabe: I think that Dr. MacAdam is to be congratulated upon his able presentation of such a paper, and this Society, likewise, for being permitted to hear it.

Dr. Boger: Dr. MacAdam has given us much to think about that should spur us on a little in the hope of making correct diagnosis. A patient who had symptoms like Dr. Rabe's patient, upon urinalysis showed not nephritis, but diabetes. He was just recovering from gripe. The urinalysis showed ten percent sugar. The question of diagnosis is a pretty broad one. It is a question of a general estimate of what is going on in the patient. Of course certain groups of symptoms may reveal, to the practiced eye, the diagnosis at once. Here the examination of the urine showed diabetes, but it did not show what would cure him. It did not show why Phosphorus should help him, which it did.

A man had chronic trachoma and had been treated by many physicians and in hospitals. He received Phosphorus two or three times for a year when he was well.

Everyone of us makes mistakes in diagnosis. But we must all remember that the diagnosis should take in every possible phase of the case. This examination sheet that the doctor

has given us is very good. We all follow a little different method; each one has his own. Let the patient tell his whole story first, then you can generally put your finger on the spot. Occasionally there are other things to be found, and then this table, I believe, will come in very well.

Dr. Patch: I want, very briefly, to express my appreciation of this paper of Dr. MacAdam's.

I think there are one or two elements that Dr. MacAdam did not mention however which it would be wise to note. One is the element of time. I think most of us feel that if we have the requisite skill in diagnosis we ought to be able to see the patient, go over him, and make an immediate diagnosis. This is inadvisable. We should let the patient tell his story and then reserve our findings for the future and keep the patient under observation when possible. There is a great deal to be learned by careful observation of a patient, without asking any questions, and then we shall be better able to size up the case as a whole. I do not think there is any especial reason for the homœopathic school being criticized today for lack of appreciation of the art of diagnosis. Hahnemann insists on the necessity of careful diagnosis, not only as a help in selecting a remedy but for prognosis.

There is one other feature, that is, never make an absolute diagnosis of any abdominal lesion until after the abdomen has been opened.

The only criticism that I should make of the Doctor's sheet of reminders is that he has supplied no means to check up the carelessness of an individual physician who will have all these reminders before him and still put it off.

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### TO-DAY'S TOPICS.

GUY B. STEARNS, M. D., N. Y. CITY.

A tremendous amount of work of a constructive character is being done in the research laboratories, which would be much more constructive if interpreted in the added light of homœo-

pathic facts. Perhaps largest in the medical field of vision is the use of the sera and vaccines.

Disregarding the value of these methods as compared with homœopathic prescribing, we cannot gainsay that anti-toxin has greatly reduced the mortality of diphtheria; that anti-meningitis serum has reduced the mortality of cerebro-spinal meningitis; that anti-typhoid vaccine is a preventive against typhoid; that in many instances, the vaccines (both autogenous and stock) bring about rapid recovery in infectious cases. All this is generally if not universally admitted, but we Homœopaths know, besides, that the giving of the remedy which causes symptoms similar to the symptoms of their disease cures the patients.

Arguments have been presented to show that the vaccine and serum therapy is identical with that of Homœopathy.

The mechanism of cure by means of the homœopathic remedy has never been worked out, whereas the use of sera and vaccines was deduced from study of the various reactions in the blood during infections.

We do not know that the mechanism is the same in Homœopathy and in sera and vaccines, but we can deduce that all methods which are curative depend on the same mechanism.

It is known that in every infection the blood manufactures chemical substances to neutralize the particular toxins which the bacteria throw off, and substances which aid in killing off the bacteria themselves.

Anti-toxin sera are chemical neutralisers of the toxins of specific germs. When introduced into the blood of the patient, they combine with the toxic proteins of the infecting germs and destroy their toxicity. Vaccines are made from the killed bacteria, and, when injected into the body, stimulate the blood to manufacture protective substances. The white blood-cells are the elements most concerned in the manufacturing of these substances and the injection of leucocytic extract in some infections has apparently hastened recovery.

In the reactive processes of the body against infection, various substances are produced, generally known as anti-bodies.

There are, besides the antitoxines already mentioned, other protective products. There are the opsonins, which are sub-

stances that act on the bacteria so as to make them more appetizing for the leucocytes; much as the chef prepares food for the gastronomic reception by savoury sauces. Only the opsonins become chemically bound to the bacteria. There are lysins that act by disintegrating bacteria; these are related to substances that destroy, by chemically dissolving other cells such as hemolytics, which dissolve the red blood-cells and proteolytics, which dissolve protein. There are agglutinins that act by causing the bacteria to clump together; this phenomenon is taken advantage of by the laboratories for diagnostic purposes, the most familiar example being the Widal reaction for typhoid.

There are precipitins, which cause a precipitate to form in the serum of the infected being.

Antitoxins, opsonins, lysins, agglutinins, and precipitins are all absent from normal blood and are manufactured only when the body is invaded by infective bacteria, and all bacteria call out their own specific substances.

In the normal serum is a substance called alexin which destroys bacteria. This is always present. It appears, therefore, that there are static protective forces, and others that are summoned only as occasion demands.

Vaughn made cultures of different bacteria on large trays of media, so that he obtained them literally by the quart and demonstrated by analysis that they are composed chiefly of protein. He further demonstrated that every protein molecule, whatever its origin, contains a poison radical that is deadly poison to living organisms.

Other investigators have shown that the proteins of one organism are always poisonous to the proteins of another.

All of the alexins and anti-bodies of the blood are proteins, so that the pitting of one protein against another in the mechanics of protection is a sort of metabolic diamond cut diamond.

Abderhalden has shown that not only does the blood fight the battles of the body, but every cell also manufactures ferments which differ automatically with the substances which they are called on to neutralize. The poison radical of every

molecule of protein must be neutralized before it can enter the circulation, or the body is poisoned.

The digestive system of all animals is built up to protect the body against the proteins which are taken as foods. When proteins get by the digestive membranes unneutralized and enter the blood, the animal is poisoned, unless there is present in the blood the proper neutralizing substances.

If a small amount of foreign protein is introduced into the blood once, poisoning may not occur, but if, at some later period, a small quantity of the same protein is again injected, some change has occurred in the blood from the first injection, and the second injection causes violent poisoning.

The first caused the tissues to be sensitised to that particular protein. This phenomenon of sensitisation is called anaphyllaxis.

If one-millionth gram of egg-albumen be injected into the blood of a guinea pig, the animal will be so sensitised to egg-albumen that a second dose will as certainly kill it as a lethal dose of hydrocyanic acid.

Hay fever is a disease of anaphyllaxis, the poison-protein being plant-pollen. The state which we describe as lack of reaction in the last stages of tuberculosis is anaphyllaxis. In late tuberculosis, Sulphur or Phosphorus will sometimes induce this state.

Some persons pass through all sorts of epidemics and are never ill. Some races of men take lightly diseases that devastate other races. Diseases which are endemic with a people lose their virulence with that people, but become very virulent in a new race. A person once having had certain diseases rarely can be infected with those diseases again. This opens up the topic of immunity. Those who do not take disease have a natural immunity.

Immunity is acquired for the exanthemata and some other diseases by having had them. Immunity can be artificially produced by giving a person small doses of one of the infective agents. Persons can be made immune to serpent and spider poisons through the use of small amounts of virus. Partial immunity can be produced against drugs by gradually in-

creasing the dose. We have evidence to prove that drugs can produce immunity against some diseases.

Sum up all these facts and phenomena and pass them back to me and ask, "what has all this to do with Homœopathy?" I answer, "I do not know," but back in my mind I have a glimmering flickering thought that all these things *do* have a bearing on Homœopathy and that some of us will some time focalise these and other facts through a lens of intellectuality and will illuminate with these focalised rays, all the obscure corners of the subject of Homœopathy.

Dr. Lehman: The subject of diphtheria antitoxine bothered me very much when I first began the study of Homœopathy and I took the trouble to write to a great many homœopathic physicians who have or rather were forced to treat diphtheria before the days of antitoxine and I found that their death rate was from 1-5 and 6-7 percent so that the death rate from the use of antitoxine is only a relative one. Now we are very glad to know that the toxine had reduced the death rate with certain practitioners but we ought to understand that that reduction in death rate is only relative and applies to that part of the profession that do not use the homœopathic action of remedies.

Now this subject of immunity has bothered me a great deal likewise. It is a very great subject, and, as I have stated, I know very little about it but the question has always come to me, that when you introduce into the blood of a living individual a poisonous protein of a lower order you have introduced a force from the lower animal creature, do you raise or do you lower your system? You do one or the other. Can it not be determined whether the homœopathic remedy applied, whatever it may be, shall not raise the individual up out of the condition in which he is susceptible to the particular infection prevalent, or whether it is better to introduce a lower force of life in a crude form, causing a sudden chemical catalic action and thus lower him down to an increased resistance? Which is right? My point is whether we should raise the individual up or lower him down to a certain immunity. We may do one of two things: purify and cleanse the system and thus work up

to a place of purity complete perfection or we can poison the system and lower it to a lower level and a lower order of life will be the result.

Dr. Boger: The questions of antitoxine and vaccines have been pretty thoroughly discussed several times before this society and I believe, after a while, all come to the conclusion that, as Dr. Lehman says, the vital resistance is lowered. I have observed that patients who are persistently treated by this method take on a form of arrested development; they become stunted mentally and physically. I believe that Dr. Lehman's point is well taken; that you cannot introduce lower cell forms into the higher to the advantage of the higher.

Dr. MacAdam: I fear that some of the members may think, from the trend that the discussion has taken, that Dr. Stearns is advocating the use of vaccines; I think his idea has been rather to bring these matters to the attention of the Society in order to elicit discussion as to what bearing they have upon the things we are most vitally interested in.

Dr. Becker: About fifteen years ago, on my brother's coming home from a lecture he told me of a statement a professor made to the class of an experience he had in one of the large hospitals in Toronto. This doctor was in charge of two wards and he said that diphtheria had broken out in the hospital and he determined to experiment with antitoxin. He gave antitoxin to all the nurses and children in one ward and none to those in the other ward. He said that when diphtheria broke out in these wards it was more virulent in the ward where the antitoxin had been used than in the other ward and he remarked: "Gentlemen, an experience like this gives one a shock."

We have a large isolation hospital in Toronto for diphtheria and scarlet fever. The Medical Superintendent then in charge said fifteen or twenty years ago in his annual report to the governors of the hospital that he did not find antitoxin a benefit in the treatment of diphtheria in that institution. Dr. Chas. Sheard, the medical health officer of Toronto, at the same time, held the view that the ordinary measures then in use should be employed with antitoxine to obtain the best results.

When I began the practice of medicine, I read of a French physician who said he had wonderful results from a solution of *Iodine* and *Carbolic Acid*. He added *Carbolic Acid* to water until the taste was pronounced then dropped tincture of *Iodine* into it until the solution refused to decolorize and with this he swabbed the diphtheritic throat. I first practiced in a locality infested with diphtheria where there were many deaths. I used this mixture and was charmed with the way it worked. In twenty-four hours I noticed marked improvement and in forty-eight hours the membrane was all gone. The following year a number of cases refused to respond and the third year the Carbolic Acid and Iodine treatment was a failure. That, incidently, was preparing me for Homœopathy. I noticed in these years that the type had changed; it was at first a different kind of membrane, white and shining, often pearly and to this day when I meet this white exudate I think of Carbolic Acid before Lac. can. Lyc. and Phyt. It is claimed that when we get beneficial results from antitoxin we are getting it from the Carbolic Acid preservative and this claim is probably true.

The old school clings to anything that seems to give them standing ground. Now it has vaccines which it thinks must be good because it labors under the delusion still that vaccination prevents small pox and the serum thereby appears to be analogous. We know that in the war districts especially at the Dardanelles typhoid fever is prevalent under conditions which are better than we have ever known them to be in modern war history, with the exception of that of the Japanese, which has given far better results without inoculation than the best we have had with our armies. They had a much lower typhoid death rate, and a quicker return of the disabled to the ranks. Our losses from typhoid are being hidden; they are not being published. We seldom see reports and we are not getting the truth which we may have trouble in obtaining from the medical authorities after the war is over.

Dr. Gladwin: May I tell just one little story of how one little child was made immune by the use of antitoxine? It was in a boarding school for boys near one of our large neighboring cities. One of the children came down with diphtheria.

The State Board decreed that all of the boys of the school should be vaccinated with antitoxine. The boys were lined up and took their turn one after another. Before the end of the line had been reached one of the first little fellows came running back saying "I am so very ill" and fell to the floor in collapse. Before the day was over he was immune; he had gone to the other world.

Dr. Lehman: Just a word, Mr. Chairman, if I may be permitted to speak, on this antitoxine matter.

There was an epidemic of diphtheria in this city. The general mortality was forty percent among the Allopaths, and the general mortality among the Homœopaths was fourteen percent. There were two hundred and forty cases under the care of Dr. Lippe, Hering and Farrington, and they did not lose a single case.

The last speaker, I think it was our honored past president, referred to the certainty of death from the use of antitoxine in cases where there was asthma, and I want to relate this case. A year ago I visited a carpenter in our vicinity. I learned that he was subject to attacks of asthma whenever he came in contact with a horse. The first attack he had was when he was cleaning off his horse. He had to give up his horses and was dependent upon his friends with their automobiles to conduct his business. I said "I think I can give you a remedy that will help you." At first he was rather reluctant because he thought I was looking for business. I said "It won't cost you anything; I have never seen it tried but it ought to help you." I sent to Boericke & Tafel's for *Castoreum equi*,—I think it was the 30th potency. I gave it to him and some time afterwards he said that he was better. He said his spells were lighter and I think I gave it to him the second time. He went to Florida last winter, as usual, and I did not see him again until a few days ago, and he told me he was no longer afraid of attacking any kind of a horse. That is a review of his case and I think it will show you what some of our remedies will do.

Dr. Stearns: I am glad to get that point. I have a case of horse asthma in a little girl in which I may be glad to use Castor later.

An experiment was made at our college on several students who were found by the Shick test to be susceptible to diphtheria. Potencies of Diphterinum were given to find if immunity could be brought about in this way. This point was not determined conclusively, but two of the students informed me that while taking the potencies they had a severe sore throat, a coated tongue and great fetor from the mouth.

### THE HAHNEMANNIAN PHYSICIAN'S EQUIPMENT.

RICHARD S. TRUE, M. D., BOSTON.

The Hahnemannian Physician's equipment is indeed peculiar to his improved method. He must first be equipped with all the qualifications which the curriculum of the "Old School" authorities require of its graduates, and, in addition thereto he must become faultlessly familiar with the "Philosophy of Homœopathy," the provings of remedies and their values, symptoms and the relations of personal idiosyncracies and such freedom in the use of the implements of homœopathic warfare in general, as will enable him to deal not only intelligently with the responsibilities entrusted to his care, but he must acquire such a degree of rapidity in every detail as to make it possible to save life, perpetuate health and to support himself and family with the fruits of his efforts. This achievement consumes so much time that very few attain the goal until prominent marks of age appear, facial lines which mental concentration brings are in evidence, and although these are secondary equipments, they come to stay, welcome or otherwise. But with all its sacrifices comes a most satisfactory compensation—a power akin to intuition—the legitimate return for hard work, a conscientious record for careful and correct prescribing, from the first to the last of his professional career, whether the patient be a pauper or a millionaire.

Such a man stands like a temple set on a hill and cannot be hid, a temple having seven gates:—The north gate is investigate and swings inward, the mellow northern light affords the best aid to the research to which this temple is dedicated. The east gate is congregate and also swings inward, and the earn-

est effort to assemble the elements of character, sincerity, knowledge, integrity, perseverance, endurance, continuity, diplomacy, wit and wisdom, health and power to acquire everything of value, and the fulfillment of the rapidly increasing freedom, which enables him day by day to perform the tasks encountered, with lightning speed, to his own satisfaction and to the best interests of his patients, and all by reason of knowing how to congregate. The south gate swings outward and its name is propagate; the products of the temple move out and abroad, precept and example are established, like the warm rays of the noon-day sun it perpetuates the kindly influences which emanate from the enlightened spirit which prevails within. The west gate swings outward and is called delegate. Here is an array, a delegation, a consignment, an enthronement, symbolized by the setting sun, as it moves on in its brilliant course and conveys light, truth and health to other lands. The fifth gate is mitigate, which is in the dome of the temple and swings upward toward the source of mitigation of wrongs committed and wrongs received. The sixth gate is irrigate and this perfects the system of sanitation and renders the temple a healthful abode. The seventh gate is promulgate, which leads to the tower of the temple, from which there is a perpetual flow of silent influences, which attract receptive minds and create devotees and able students of Homœopathy—living proofs to the world that he is, by reason of his methods and skill in applying his knowledge, the master of disease and that he is duly fulfilling the mission of Hahnemann, who said: "The first and sole duty of the physician is to restore health to the sick."

Dr. Becker: I was in hopes that we would finish up with a few suggestions like this.

I do not see how we can readily discuss the paper. Once while the Doctor was speaking I thought he was going to give us a mixed metaphor, but he didn't. A number of years ago at a colored camp meeting in Canada the Bishop preached a very good sermon from the text "And there was a rainbow round about the throne," and the finest metaphor I ever heard was I think an original one by him—"The brightest scarf that Nature

weaves is thrown over the shoulders of the storm." Dr. True's imagery in his very good paper this evening recalled this to mind. As I said before, we cannot very well discuss the poetical and, I trust, useful as well as interesting paper.

Dr. Dienst: I enjoyed that paper very much but I want to add two points.

A smile and confidence in medicine are two essential things in the equipment of a physician. Step to the bedside with a frown on your face, and a questionable look on your countenance and your work is spoiled. Step to the bedside with a smile on your face and confidence in your remedy with the assurance that you know just what you want to do and the battle is won. I don't know just how it is—how you do it, but when you take that little vial out of its case and sprinkle the powder on the patient's tongue, you do it with the confidence that that will do just what you expect it to do and then three quarters of the battle is won. You all have had experiences in this line, but I want to say that the two most important elements in the physician's equipment is a smile, even though you may be tired and weary, and you may feel like saying things that you do not want the public to know, yet after all you step to the bedside of your patient with a pleasant appearance. I might say, in this connection, that Dr. Becker brought out that phase last year. One of the essential things in giving a dose of medicine, is confidence, and if you have no confidence in the medicine you are giving or in the potency you are giving, don't give it, for if you are not confident that that will strike the conditions exactly, you will have to change your remedy before very long.

Any further discussion?

Dr. Roberts: I agree heartily with the last speaker, on the question of confidence and the spreading of joy wherever he goes. But that joy must be temperate. If you cannot smile you can give confidence. There is such a thing as smiling, and smiling as Shakespeare says "being a Devil still." You have got to give confidence when you smile and oftentimes without a smile, the manner of taking the pulse or a grasp of the hand will do more than a smile. It carries more weight oftentimes.

## THE PATIENT OF TO-DAY.

BY JOHN HUTCHISON, M. D., NEW YORK.

The unconvincing counterfeits in medicine today make us more than thankful for the genius and labors of Hahnemann, who studied the patient from every side. He forestalled what is good in every modern medical cult. He observed in the individual case all that was reflected, suggested, expressed, visualised. Then was verified what was absolutely new to the profession of medicine, that the patient presents so much more than his anatomy, physiology, and chemistry, it were idle for the physician to limit his survey to these alone. All the acquired wisdom and skill of Hahnemann were manifestly gained through the channel of his original medical provings, without which knowledge through like experience it is doubtful if one may become in any safe sense a physician to the sick.

In the light of such understanding it is inconceivable—is it not?—that Hahnemann could have posed as does a modern specialist of regional medicine, medicine that conveniently dismembers the organism, depending only on the sometimes denied vital force to hold the parts together. But, rather, Hahnemann was the first human physician to the human patient, the patient whose ailment in any possible case could not by the very nature of his constitution be scientifically limited to any one region or part or function or attribute of the whole organism.

Patent as it is today that the body is controlled by mental and nervous rhythms and fluctuations, by influences of innumerable kinds and grades, one, who has learned something of the physician's first obligation, knows that it is all-important intelligently to perceive the exact response of the human organism to any therapeutic measure instituted. This is exactly what the science of similars teaches. On the contrary, imperious medicine of the present is brutally bent on its mission of disease, the source of which is denied, and the victim of which is regularly tortured on the road to incurability. Read the published cases intended to exploit the virtues of certain treatment,

whose authors seem to assume that the sick have long since been obliged to part with their sane prerogatives.

"Treatment of Tetanus: Sept. 10, Mrs. B. stepped on a rusty nail. Wound apparently healed. Sept. 16, ability to open mouth but slightly. Nervous jerking of arms and shoulders. Apparently no inflammation present in wound. Opened it; bled freely; cauterized with phenol. Injected 1500 units antitetanic serum, followed by 5,000 daily till over 40,000 had been taken. Disease progressed in severity. Large doses of morphine given hypodermically, also chloral and potas. brom., 20 grains each every three hours by mouth, and two or three times that amount by enema after swallowing ceased. Sulphate magnesia per bowel. Delirium for days. Temp. 105, pulse 140, resp. 38. Hot sponge baths. For high temp., a combination of acetanilid, caffen, etc., Sept. 27, being out of serum, gave a preparation of iodine and continued it till Oct. 4, when recovery ensued." While this is supposedly reported as what might be called a perfect cure, we venture a prediction that the future history of this patient's case will never be written.

And we submit to those of our friends who are so patronizingly fond of patting us on the back with, "Hahnemann certainly accomplished a wonderful work when he taught the old school to use smaller doses," that if this example of small dosage chosen at random from current old-school literature is to be credited to the foresight of Hahnemann, we hope he will never hear of it.

A young woman with neurotic disorder was so thoroughly tested for anæsthesia, perhaps for all 50 varieties, in one of the neurological institutes that her body showed many deep scars. To what purpose? The patient survived, but uncured; instead she was greatly injured, and only after the lapse of years did she find homœopathic treatment and recover under it. This surprised her, as she had grown almost content with all sorts of diagnoses and laboratory diseases, having been reared to believe that they were the chief end of medicine.

It certainly is a far cry for the untutored to Homœopathy, with its principles of cure that rest on health standards and which it keeps ever in view. Homœopathy does not say, "Wait,

and the child will outgrow that disorder," for Homœopathy well knows that the best Nature can do unaided is to transfer or refer the ailment to some other portion of the organism, repeating the process as the years go by. In other words, the malady of childhood, not properly eliminated, persists in changing manifestation till adult life, old age, or death, varying its character or location as time passes.

Accordingly, it strikes us as a bit peculiar that we should fail to recognize in Homœopathy and *Materia Medica Pura* the highest essence of diagnostic acumen. If any physician can make a sound diagnosis it is the practicing Homœopathist.

The demand for the homœopathic remedy at different periods of life is illustrative. The childhood symptoms of *Calcarea carb.* are usually quite distinct from those of the adult needing the same remedy. True, certain ones may persist from infancy, and when they do, the happy effect of the remedy later in life is bound to be impressive. But oftenest, the abdominal and circulatory and dermal crises are replaced by the articular and neuro-muscular. The scientific demonstration of remedy proving as a part of diagnosis is indispensable.

On the other hand, we may note blood-pressure, body temperature, hæmoglobin index; investigate the 109 and more reflexes; secure from laboratories all the chemical reactions from all the specimens available, secretions, and excretions; we may be materially efficient in these analyses, but we shall fail utterly to reach the need of our patient, or even a comprehension of his diseases, if we depend on them alone. We know there is a better way. We know that while all these paths of study are interesting, may be valuable, may promote precision, yet they are often unrelated to the far more important discernment taught by the scientific research and practical method of Hahnemann. We need not hesitate to revert a century back to him in preference to the unscientific assumptions of up-to-date arbitrary medicine.

What shall be said for sentiment today that submits: "Nowadays, all the wise who know say: 'Use the knife first, physical measures next, and drugs never, or at least, last?'" Again, for the same sentiment that placards workrooms and the press with

the advice to all men and women to submit themselves to anti-typhoid vaccination before summer vacations?

The chronic sufferer today is what modern medicine of this type has made him. And he is a much more serious problem than ever before. But the power of Homœopathy in the circumstances is not to be minimized. Let us never permit our patient or his friends to say, unrebuked—"There wasn't much the matter after all, though every other doctor had pronounced the case incurable. All the Homœopath did was to give him a few little powders and he got well."

The modern patient is a sufferer from all the phantasmagoria of today. He submits himself to minds and methods that regard everything but him, himself, and so his future welfare is at the mercy of issues that are worse than unknown. The facts are appalling.

In the event of advanced cancer, when accomplished surgery is requisitioned, there may be nothing better at command. But in the incipience of this malady the imposition of an operation as being the rational treatment is without the support of any judgment that accepts the facts of results. The average prolongation of life by surgery, and not always of comfort, is two years; when recurrence of the malignant growth occurs within or without the reach of surgery and in either case is followed by death.

Nine years ago an unmarried lady of 31 was examined by a gynæcologist, who pronounced the uterus affected by incipient fibroid. The examination has been repeated yearly. The patient has been meantime under infrequent homœopathic care, and the fibroid has remained quiescent. Last March this patient complained of two lumps in the right breast, giving pain whenever the right arm was employed. Strangely, already there was facial cachexia. Her physician felt that here was a grave manifestation, studied it carefully, and prescribed Calc. ars. 200, then Calc. ars. 1000. In three weeks the patient showed great improvement, the lumps being no longer painful, and the face showed its wonted cheerful expression. She asked, however, if the last medicine could have produced an aggravation of her condition, as she felt such for a few days. He told

her he hoped so, and, indeed, that seems to have been in her case the "happy omen" mentioned by Hahnemann.

Cases like this continually remind us that back of the ogre of cancer with the futility of its surgical banishment there must be an avenue of investigation and reasoning that has been little entered if at all; a basis of cause and control that has so far eluded study.

When the remedy that presents itself as most similar to the symptoms of the patient, when it brings relief and promises cure, may we not reason fairly that the functional origin of neoplasm has a large place in our estimation? One may venture the opinion that if each and every homœopathist who prescribes for cancer in its incipency would follow as far as he is able the physiological peculiarities of his patient, constituting a state which may also embody the demand for a remedy, some helpful conclusion might be reached as to the onset of the pathological condition. No doubt our foods are extensively responsible for our ills, far in excess of the digestive line of demarcation, but this is only one of the many highly important items.

Why should not we, rich possessors of the most stupendous, potent, and far-reaching armamentarium, say to the money-endowed laboratory, focused on experiments that are really worked from preconceived results?

"There are more things in heaven and earth  
Than are dreamt of in your philosophy."

And, further, Hahnemann declared that while his professed followers might number thousands, his true followers could be counted on the fingers of one hand. This has an important bearing on the patient of today.

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Dr. P. E. Krichbaum: This able paper presents, in a few words, the whole gist of the glaring fallacies of so-called modern, scientific treatment of disease and diseased conditions. These up-to-the-minute methods—no longer regarded as mysterious measures, known only to a wise few and jealously guarded from prying eyes—are described and discussed with

the utmost freedom. Even our children prattle today of blood tests, blood pressure, etc.

The man or woman, who has not carried half a dozen or more different infirmities to as many "Specialists," is taking chances with his or her health and running the risk of allowing some bacterial invader to hibernate in his or her economy unmolested.

The whole patient—as Hahnemann viewed him, a living entity—as the essayist so clearly puts it, so much more than his anatomy, physiology, and chemistry, receives no attention at the hands of the modern doctor. At the most he takes but a bird's eye view of the disturbed economy *in toto*, so keen is this scientific devotee to dip and dig, and measure, analyse and tabulate the exact location and extent of each pathological lesion. A brilliant diagnosis once achieved, a certain scientific curiosity appears to be satisfied. Half a score of equally precise and painstaking men may be called upon to corroborate the original findings. Meanwhile the treatment of the sick man follows; again, the last word in modern experimentation. Wonderful technique, ingenuity, credulity, and false premises, all play a part in these heroic efforts to restore to health the patient of today. Such procedures, employed by members of the allopathic school, of course, occasion no surprise. It is when we find self-styled Homœopaths reaching out for the spectacular weapons of modern disease defense, that our indignation brews. And this reaching out is not all. Under the banner of Liberalism, this type of Homœopath attempts to belittle the Radical, even casting reflections upon the great pioneers of our school. When a homœopathic physician becomes so liberal and so up-to-date that we have to crowd him into a corner occasionally and put his real Homœopathy under a magnifying glass, we commiserate his patients and, according to our mood, speak our mind.

To restore the sick to health is our excuse and our justification for being. The greatest prescribers of this, or any other age, have only scratched the surface of the possibilities of our Law of Therapeutics. We can go up in air ships of speculation, and down in submarines of conjecture if, in our wanderings,

we but hold to the Compass of this Law. It has never failed, and will never fail, if correctly interpreted.

On the other hand, it is certainly true that no man or woman, who follows the noble calling of curing sick people, can afford to disregard or underrate the great advantage that must accrue from an adequate knowledge of all the adjuncts and aids to physical diagnosis lying at our hands today. A Homœopath likes to take a few telling shots at a prognosis now and then, and he feels all the elation of his brother of the old school when he is able to tack a name to some obscure disease. But this elation is, or should be, minor and subservient to the chief business in hand, i. e., that of really curing his patient. Dr. Hutchinson tellingly amplifies this point in his paper. We quite agree with the Doctor when he describes the serious pitfalls that lie in wait for the poor victims of a too strenuous dosage of the popular preventive measures now in vogue. The serum-and-vaccine-injection friends are truly a dangerous set of fanatics to encounter, especially as their pet performances are still confessedly in the stage of experimentation. We have always been a little afraid of the brilliant surgeon, much as we need him when his work is really called for, but the dangers of ill-advised surgery sink into insignificance when compared with the wholesale inoculations forced upon people today.

In the old days the over-zealous disciple of Aesculapius weakened his patients with blood-letting; his modern brother goes him one better and supplies his patient with a happy family of more or less virulent bacteria to add to the gaiety of nations.

Truly man ranges today up and down the whole gamut of extremes in his handling of death-dealing implements, from the big gun to the infinitesimal microbe. The sane and gentle method of restoring the sick to health, as taught by Hahnemann, seems very far off. Much learning has made us mad.

Dr. Milton Powel: The internal adjustments of life's processes are very minute and very delicate and, if interfered with by force requiring additional and unnecessary changes, the more difficult it is for the vital force to make them keep their

natural equilibrium? Is it any wonder we have Bright's disease after years of calomel, etc.? Vaccination has made its record also, and what the future has in store for poor, abused humanity after the present use of vaccines and serums for nearly every ill, God alone knows. The "patient of today" reads the newspapers and magazines, and, as Josh Billings said, "learns much that isn't so." Therefore, he wants a specialist for every organ. He comes with a diagnosis and is disappointed if we do not confirm it. A Latin name satisfies him more completely than the remedy we select. The more mystery, the more he is pleased. He delights in discussing his ailments with his friends and, in return, receives much free advice as to how to cure himself, or what great specialist he should consult. He says, "It takes a big dose to affect me; little sugar pills will not do." He looks for immediate effect, appreciable to his five senses, not knowing how easily these senses may be deceived. As Dr. Hutchinson has said, this patient is what modern medicine has made him. Often we realize the truth of Hahnemann's statement:—

"It is impossible that such mismanaged cases should be cured in a short time by means of an art which has never pretended to have in its power directly to act upon organic defects.

"These cases are so often so complicated that the physician is obliged to abandon them at once. But, were they ever so favorable, he ought never to promise more than relief after a long lapse of time.

"The first thing to be done is, that the various medicinal influences which undermine the system in all directions should be removed from the system. This result may be obtained without the patient taking any new medicine, by going for a few months into the country, following a strict diet, and carefully regulating his mode of life. Medicine can do almost nothing against these chaotic devastations from old school drugs.

"Woe to the homœopathic physician who means to make his reputation by the cure of such wofully mismanaged diseases! He will fail in spite of all his care."

## Bureau of Materia Medica

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### A SYMPOSIUM OF THE METALS—FOREWORD

BY G. E. DIENST, M. D., AURORA, ILL.

What we assume in general, and in medicine in particular, would fill libraries. What we believe in general, and in the virtue of remedies in particular, would fill volumes. What we know in truth, and about which there is no shadow of a doubt, would scarcely fill a forty-page pamphlet. This is true in all vocations and professions—doubly true in medicine.

My reasons for preparing the following program were first—negative. I do not like a haphazard program of any kind. I do not desire a few brief essays on some very familiar topic which rehearse what is common to all. I do not like a program which courts discussion on non-essentials.

Secondly—I desire a program different from the usual. I wanted to learn something new, while confirming the things known, and then in thinking, I grew egotistical and desired the selection of my own subject matter. I also wanted some of our worthy members to steer away from the routine and write on lines which compelled greater research and more accurate comparison, for I assume that the most costly gems still lie hidden beneath the unsurveyed granite.

You will, therefore, pardon me if I indulge in a bit of pride in the preparation of this program, and express a feeling of gratitude to those who so kindly consented to aid in exploring fields scarcely known before.

The program subject is divided into ten parts in such a man-

ner as to present a totality when completed. It affords me much pleasure to announce that every member on this program has spared neither pains nor study in bringing before you the very best that can be had in his or her particular subject. You will find strong nutritious mental food in every course served, and I trust the diet will prove healthful.

Permit me, by way of introduction to the several remedies of this symposium, to call your attention to a few brief generals. This, not to interfere with any writer in any manner whatever, but to touch lightly upon some things not provided in the program. Thus, in the general pathogenesis of Alumina we are confronted with a strange and peculiar mental weakness as a basilar element. This weakness is found in nearly every particular. It is so persistent that it produces an uncomfortable desire to lie down at inopportune seasons, and paradoxical as it may seem, the weakness is not only not relieved by gratifying this desire to lie down but is keenly aggravated by it. This weakness is accompanied by tremors, jerking, twitchings and squinting and is aggravated by discharges from the orifices of the body. The symptoms are worse in the early morning and late evening; when sitting and after dinner. They are better every other day; in the open air; from eating and walking.

*Aurum metallicum* leads into realms of destruction, diseases which destroy connective tissues, bones, glands and tissues of parenchymatous organs. When such destruction is in progress we are not surprised at the language of the symptomatology—for we hear such things as tremulousness, agitation of nerve trunks and endings, bruised pains all over the body, as well as in the joints and back, all of which are made worse by lying and relieved by rising. Then we hear of bruised pains in the head, the very bones of the skull seem to pain, and the limbs pain so severely when seeking rest at night that one is almost driven into a frenzy. These pains of Aurum are often characterized as bruised, fine, acute, keen, and any suggestion or thought of pain seems to intensify them. The general weakness is likened to an internal emptiness of soul and body.

*Argentum metallicum* is known by its electriclike shocks through the body, particularly the upper, ending with a sort of

explosion in the foramen magnum. It is full of twitchings and pulsations in muscles and tendons particularly about the neck. It is lamentably weak and depressed in the early morning, though its severest attacks occur every other day at twelve noon.

*Argentum nitricum* is a destructive element. This we find particularly in nerve tissue with a tendency to violent titanic convulsions followed by paralysis. Sharp splinter-like pains annoy the mucous membranes. There is great excitement of nerve tissue with consensual excitation of the nerves of the stomach. There is often a tantalizing sense of expansion, as if the bones of the head were being separated. Flushes as of heat, orgasms throughout the body, with weakness, tremor, and debility are elements not to be forgotten.

*Cuprum metallicum*—Stacy Jones has this to say of the copper.

“Cuprum signs his name in cramp.

“Cramp and spasm is his stamp—

“Screaming spasms, rigid, blue,

“Lockjaw and chorea, too

“Glottis spasm—spasms of

“Scarlatina, whooping cough.

“Cramp and vomiting combined

“As in cholera we find

“Chills are his that foremost set

“On the back—and bloody sweat.

“Ailments that in groups prevail,

“Time of new moon, suiting well.”

The fact to be remembered is this—symptoms appear in groups. We may have palpitation, vertigo, cough, hemoptysis, painful contraction of the chest and arrested respiration; or we may have as another group, aching in the chest, lassitude, vacillation of sight, closing of the eyes, loss of consciousness, quick moaning respiration, restlessness, cold feet, hic-cough, short hacking cough, which arrests respiration. These groups of symptoms appear at irregular intervals.

*Ferrum Metallicum*. *Ferrum metallicum* often presents itself by its putridity; putrid eructations, as of rotten eggs, often associated with intense pain in the stomach. There is

violent oppressive constriction across the stomach, Asthma in persons between twenty-five and thirty-five years of age. Incipient Tuberculosis. All these arise from within the patient. Another characteristic which impresses the observer is the peculiar phenomena on contact. Thus we have a tonic spasm of the thigh and leg by touching the sole of the foot. Sensation of violent coldness and rigidity and spasmodic contraction of the fingers, in choreic individuals by touching them in the interval of a paroxysm, or conversely, cessation of the choreic paroxysm when touched during the paroxysm. Violent convulsions on touching some sensitive part of the organism, as the Schneiderian membrane. Add to these chlorosis and you have a fair picture of Ferrum metallicum.

*Palladium.* This is the Irish flea of the materia medica, for the pains are erratic, keen, penetrating, come so quickly, change places so rapidly that they are indeed hard to find or locate. Thus the patient may awaken with a pain in the abdomen and before he can define or locate this pain it may dart into the right temple leaving the abdomen perfectly comfortable. Rheumatic pains are guilty of this bandit-like manner of dodging. There may be sharp, decisive pain in the right hip, suddenly it is in the right thumb, and before he can put his thumb in hot water for relief the pain is in the index finger, then, like a dart, it is in the right temple or right shoulder or back again into the hip or thigh. There is but one part of the anatomy where these pains love to linger and that is in the temples, possibly because it loves to provoke a form of poetry not taught in Sunday School.

*Platinum.* Platinum is neurotic, prone to peculiar forms of hysteria. Thus the patient lies in the morning with his legs spread out. Painful tremulousness of the whole body with throbbing in the veins. The pains are largely cramp-like, but when the parts are pressed, the sensation is that of a bruise. These cramp-like pains are predominately migratory, Platinum is vacillating, conditions alternate, anæsthesia alternating with hyperæsthesia. The conditions are aggravated from rest and ameliorated from motion. The pains like Stannum increase and

decrease gradually. The symptoms are predominantly left-sided.

*Plumbum.* Plumbum is synonymous with cramps, colic, and contraction. Contraction of connective tissue whether in nerve, muscles, or parenchyma of organs. Emaciation, anæmia, tremors, convulsions, epilepsy, hysteria, pains in the trunk and limbs, anthralgia, hyperæsthesia, restlessness, weakness, faintness, anæsthesia, and paralysis—belong to the general pathogenesis of Plumbum. The symptoms of Plumbum are worse at night, on lying down and from drinking. They are better from friction and strong pressure.

*Radium.* Radium needs more accurate proving. The pains are twofold—shooting and bruised. Symptoms are worse at night and from extreme warmth. The irritation of the skin is worse at night and relieved by scratching. Motion aggravates the headache, and reading aggravates the pain in the eyes. The general conditions are ameliorated by a very warm bath.

*Stannum.* Stannum is another deep and long acting substance—the “Jupiter of the alchemists.” Hahnemann says that “the ancients have recorded wonderful cures of the most serious disease within,” but until its proving it was used largely as a vermifuge. Stannum has many pains and many peculiar conditions and with them all we must not forget the strange and peculiar feature of the pains which begin lightly, increase gradually to the highest point of severity, then just as gradually decrease. The weakness so characteristic of Stannum is felt more keenly going downstairs, than ascending.

*Uranium.* Little is known of this remedy except its use in Diabetes mellitus, and ulcers of the duodenum. The provings are meager, but valuable, it is predominantly a left-sided remedy, with many symptoms worse at night.

*Zincum* well proven and valuable, has a very marked breadth and depth of action. The key which unlocks the door to its treasures is “fag.” Tissues wear out faster than they are repaired. Poisonous products accumulate from waste tissues and bring about lassitude, enervation and general debility. It has strange sensations, as of insects crawling from occiput to forehead. As from worms crawling in the arms, as if muscles of

wrist were too short. The symptoms are worse by touch, though relieved by rubbing. Sitting, lying, jarring, riding, and exertion aggravate the symptoms. It is worse evening, at night, from over heating and in a warm room Zincum is very sensitive to draughts. It is better while eating, but is aggravated from taking sugar, wine, or milk.

Pardon me if I again reiterate that each member of the program has worked hard. I want you to give each one your undivided attention. In the discussion of the papers please confine yourselves to the question in hand.

It gives me great pleasure to introduce this program and I am glad to bring before you Dr. Stearns of New York who will tell you something of the *Mentality of the Metals*.

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## MENTAL SYMPTOMS OF THE METALS.

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

A drug can affect the mental state of a patient in various ways, but the mental symptoms are always secondary to and consistent with the action of the drug on the organism as a whole. To use the mental symptoms alone, without considering the general aspect of the case, would be like prescribing on any key-note symptom; an unsafe and uncertain procedure. On the other hand, a good general understanding of a drug should include some comprehension of the type of its mental symptoms.

The excessive reflex irritability of the *Nux vomica* group would lead one to expect a similar irritability of the mind. Drugs which cause active cerebral congestion, like the *Belladonna* group, will naturally be accompanied by some form of delirium. Drugs which cause venous congestion have a general relaxing effect and cause some form of depression, as in *Pulsatilla* and *Sepia*. Heart drugs cause anxiety. Drugs which affect the female generative organs cause hysteria. These examples are very general, for the mental effects of some reme-

dies are not so easily traced: e. g., the apprehension of Kali carbonicum and Causticum or the sadness of Natrum muriaticum and Apis. Nor does anything but the actual proving develop the different kinds of irritability of Nux vomica and of Ignatia, or the different kinds of delirium found in Belladonna, Hyoscyamus and Stramonium or the different depressions of Pulsatilla and Sepia.

A study of the mental symptoms caused by the metals shows them to be divided into three groups. A group causing changes in the tissues, corresponding to some of the tertiary manifestations of syphilis and, like this stage of the syphilitic infection, causing the most profound mental depression, even to the point of suicide; to this group belong Aluminum, Argentum metallicum, Argentum nitricum and Aurum. A second group affects the nervous system and muscles, causing cramps, spasms, convulsions, jerkings going toward paralysis; and mentally, causes violent delirium, mania and general excitement, with a tendency to repressions of all functions and to coma; to this group belong Cuprum, Plumbum and Zincum metallicum. The third group is more general in effect and its mental symptoms are more general, beginning with irritability and going on to sadness. Of this group Platinum and Stannum have each a well-defined group of mental characteristics. Ferrum, Palladium, Radium and Uranium are not distinguished by any unusual mental symptoms.

Taking up the remedies of the first group in the order of their depth of misery, Alumen would be mentioned first. This is a slow poison and dries up the mucous membranes, causing tremors, twitchings and lightning pains, going on to weakness and paralysis; the mental symptoms are anxiety, depression, a lazy mind given to imagination, horrid thoughts of killing oneself when seeing blood on a knife, yet dread of death; changeable mood, for example, assurance alternating with timidity, using words not intended, weakness of memory, great depression upon waking. The physical symptoms appear, however, to dominate the mental, for I cannot find any evidence of the clinical use of Alumen in mental diseases. Argentum metallicum has but few mental symptoms, the most characteristic be-

ing a state of restlessness and anxiety, driving the patient from place to place. *Argentum nitricum* causes a more active depression than *Alumen*. In fact, it causes more active symptoms in all the tissues where both metals act. The nerves respond by more violent tremblings, twitchings, and convulsions, followed by paralysis. Both remedies have helped in locomotor ataxia, and *Argentum nitricum* has helped in epilepsy. Mentally, it causes an impulse to hurry with anxiety, irritability and trembling; won't undertake anything for fear he will fail; feels as if a cloud hung over him, with sighing and great depression; thoughts of suicide; much heat in the head with nightly nervousness and inability to concentrate on an idea; any emotion causes diarrhoea. Clinically, this has been useful in melancholia with apprehension associated with weakness, or diarrhoea during attacks of anxiety, also, brain-fag with debility and trembling.

*Aurum* causes hyperemia of the tissues which tends toward induration, with ulceration of special parts. Mentally, it is the king of gloom. As in *Argentum nitricum* the patient is hurried and cannot do things quickly enough; is self-condemnatory and feels unfit for the world; fancies that he cannot succeed in anything and constantly weeps and prays; thinks of suicide but lacks courage to carry out the notion; if contradicted, becomes furiously excited; weak memory; labor is irksome. Clinically, *aurum* has been useful in melancholia of the religious type, especially in syphilitics.

*Cuprum* causes cramps, tremblings, and violent convulsions. Mentally, it causes delirium with disconnected talking. Furious rage in attacks; tries to bite and tear things to pieces; continuous talking; anxiety with tossing about. *Cuprum* has cured manias of this type where the patient shrinks in fear and tries to get away from everyone.

*Plumbum* affects the spinal nervous system especially and causes interstitial changes generally. The mental effect is delirium, at first tending toward imbecility, violence, and fear, with biting and tearing of clothing. This, although at times as violent as in *Cuprum*, has a tendency toward depression. The *Cuprum* state is apt to be associated with muscular cramps;

that of Plumbum, with abdominal colic. These Plumbum patients tend to go into a quiet, melancholy condition, with slow perception and loss of memory.

Zincum depresses the central nervous system, causing weakness, tremblings, twitchings, and paralysis. This effect is of such a nature that the condition is particularly worse from wine and Nux vomica. Mentally, it causes delirium, but not of so active a type as that of Cuprum and of Plumbum—delirium with subsultus tendinum. The patients become unconscious and present signs of effusion in the brain. This occurs where eruptions fail to come out and is relieved by the onset of some discharge. Restlessness of the feet is an accompanying symptom; dullness, forgetfulness, and difficulty in grasping ideas or co-ordinating thoughts. It has been useful in general paresis.

Ferrum mental symptoms are associated with its anæmia; prostration, mental and physical; an erythism is present, such as is found in all anæmia drugs. In Ferrum, this is manifested by excitement from any opposition, with restlessness alleviated by slow walking about. Confusion of the head with indisposition to think.

Palladium is full of pains which change places and it affects the right ovary and uterus. Like most of the uterine remedies, it causes mental symptoms of an hysterical type. Pains make her impatient and irritable, inclined to use forcible language and violent expressions: as in Cannabis sativa time seems too long.

Uranium, being of a higher atomic weight than Radium, may be the parent of that substance. Its proving brought out no more striking mental symptom than the indefinite one of ill-humor.

Radium profoundly affects metabolism, causing increased katabolism and loss of weight and a corresponding depression of mind; also apprehension, as though something disastrous were about to happen. Patient is blue, discouraged, dissatisfied with self, dislikes being alone; fears to be alone in the dark; bad dreams at night and low spirits during the day.

Platinum has very marked mental symptoms, which at times alternate with bodily symptoms. The predominate state of mind is that of arrogance, pride, and contempt of others. Pa-

tient looks down on those whom he usually venerates, with a kind of casting them off. Even the surroundings seem too small, while he is large and superior. In other cases, depression occurs and he thinks that he is alone in the world. After a short absence, everything seems changed and he does not belong to his own family; feels that he is not fit for the world.

Stannum causes a general nervous weakness, especially in the chest; the mental symptoms are consistent with this. Can't muster courage to do anything; thinking makes the patient wretched; feels like weeping all the time, but weeping makes him worse. Sad, anxious, restless, discouraged, discontented.

Summary:

Alumen; Depression of mind so lazy that he cannot control his imaginings.

Argentum metallicum; Hurried.

Argentum nitricum; More hurried; depressed; emotions cause diarrhoea.

Aurum; Hopeless gloom; self-condemnation; brightest thoughts are of suicide; saddest thoughts defy description.

Cuprum; Violent delirium with muscular cramps.

Plumbum; Violent delirium tending toward imbecility, with abdominal cramps.

Zincum; low delirium with suppressed eruptions; general paresis.

Ferrum; Depression and weakness from anæmia.

Palladium; Hysterical pertness.

Uranium; Slight ill-humor.

Radium; Apprehension and fear of being alone in the dark.

Platinum; Arrogance.

Stannum; Sadness with weakness.

Dr. Patch: I am very much interested in this discussion. If there is any one remedy in the Materia Medica which is abused, more than another, it is Aurum. The proving brings out among other symptoms, unusual mental depression and

on account of this the ordinary physician gives Aurum for every case of mental depression that he comes in contact with. I do not think I have ever seen any patient relieved by this remedy unless there was an underlying history of syphilis as a feature of the case. We ought to emphasize that fact very strongly in the discussion of the remedy. There are a lot of remedies in the *Materia Medica* that show a marked mental depression; Kali Phos, for instance, but Aurum we seem to have emphasized and we are inclined to give it too frequently.

Dr. Patch: I wish the Chairman would ask Dr. Mary Parker to tell us what she knows about Alumina.

Dr. Parker: This case came to me through Dr. Patch. The patient was at his sanitarium a good while and after she went home, the family wanted me to continue with the case. It was her third attack of melancholia and she would probably have gone on to other attacks but the remedies seemed to check their progress and at times I even thought we had some improvement.

After trying some other remedies the thing that led me to Alumina was that the patient persistently refused to eat anything or work upon anything that was red,—to eat tomatoes, or cranberries, or to crochet a red tie for instance out of red silk material—she could not do it. And for a long time I could get nothing from her as to why she did not like these red colors. Finally she told her sister that she did not like red because it reminded her of blood, and that led me to look up Alumina, and she also had some of the physical symptoms of Alumina; rather characteristic constipation, I do not recall just what the other symptoms were; but apparently she has seemed to improve, although I think Dr. Patch will agree with me that she is not a curable case. Dr. Patch can give you the last word in her case as she has returned to Woodside for a while.

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## THE METALS IN RELATION TO VASCULAR AND TISSUE CHANGES.

BY WALLACE E. MACADAM, M. D., NEW YORK, N. Y.

The metals become active only when capable of dissociation

into ions. Large quantities of mercury may be swallowed without mercurial poisoning; silver and copper coins have been introduced repeatedly into the stomachs of delicate babes with no effect other than increasing the cerebral circulation of the parent. When the ions become dissociated then metals become active.

Their action may be either local or general. The local action is due to the direct irritation of the tissues at the point of application, while the general effects follow the absorption of the poison into the tissue. It is the general effect of the metals with which we are more concerned. These effects are elicited in man often only after prolonged ingestion, but in animals the metals have been injected directly, with more prompt development of symptoms; even here symptoms are often late in appearing. "Slowness of action" may, then, be put down as characteristic of the metals.

The general symptoms arise chiefly from the central nervous system, the alimentary canal and the kidneys. On the central nervous system the action may be made manifest by disturbance of the psychical centers, delirium, hallucination, mania, stupor or coma. Convulsions of all forms may appear, chorea, clonic and tonic spasms and epileptiform seizures, general weakness and in some instances peripheral neuritis. (e. g. lead).

The metals seem to have a specific action along the alimentary canal quite independent of the local action produced when swallowed. There is loss of appetite, pain in the abdomen, nausea, vomiting and purging. In most instances congestion and swelling of the mucous membrane of the stomach and intestine are found post mortem, or the surface may be covered by inflammatory exudate, resembling the pathological appearance in dysentery.

The kidney is affected by all the metals excepting possibly Palladium and Platina. Albumin and casts appear in the urine and in severe cases of blood. If the irritation is prolonged, cirrhosis of the kidney results.

The circulation is differently affected by different metals. None, with the possible exception of gold and lead, acts directly upon the heart; the symptoms are produced rather by vasomo-

tor affections, effects upon the arteries and veins, and upon the blood itself. These effects may best be studied separately.

*Alumina.* The chief tissue changes in this metal are in the mucous membranes causing a form of dry catarrh. This is evidenced throughout the body, eyes, nose, pharynx, etc., burning and dryness of the eyelids, dryness of the nose, sore throat with dryness, etc. In experiments on animals it produced a very slow intoxication, mammals never dying sooner than one or two weeks after intravenous injection of the salts. In frogs the symptoms were those of a descending paralysis of the central nervous system, the heart, peripheral nerves and muscles being little affected. This bears out the nervous symptoms of the drug, "weakness of muscles," "heaviness of lower extremities," "staggering in the evening," and it will be recalled that Bønenhausen cured four cases of locomotor ataxia with this remedy.

No vascular changes have been noted, but it has been found useful in anemia and also in chlorosis, especially indicated when there is a craving for slate pencils, chalk, etc.

*Aurum* has a general destructive action on tissues, especially on the tissues of liver, kidney and heart; upon bones, especially the nasal. Its effect upon the brain is illustrated by this extract from Hahnemann in an essay "On Uncharitableness towards Suicides:" "this most unnatural of all human purposes, this disorder of the mind that renders them weary of life, might always with certainty be cured if the medicinal powers of pure gold for the cure of this sad condition were known" (1819). On the circulation *Aurum* has a marked hyperemic effect. The force of the heart beat is increased; attacks of anguish coming from pericardial region. In other organs the symptoms are even more marked,—"hyperemia of the brain;" "rush of blood to the head;" "red face;" "congestion of the chest;" uterus is hyperemic and becomes prolapsed because of its weight; nose congested and has red knobby tip; hyperemia of kidneys going on to fatty or cirrlosed kidney.

*Argentum metallicum* acts prominently upon the mucous membranes of the respiratory tract and upon the cartilages and ligaments of the articulations. Our symptomatology gives

under heart "frequent spasmodic though painless twitchings of the whole cardiac muscle," but though we may believe the sensation, we may doubt the fact. The heart itself is comparatively little affected, and in poisoning of mammals, often continues to beat some time after the respiration has ceased. It has indeed no prominent vascular changes.

*Argentum nitricum*, because of the nitric acid element, is much more marked in its effects. In keeping with the irritation of the acid we note violent inflammation in mucous membrane generally,—eyes, throat, stomach. But aside from the inflammatory congestions it has little circulatory action. It does have, however, direct influence upon the blood, destroying red cells and leading to ecchymosis.

*Cuprum* acts chiefly upon the nervous system producing cramps in all parts of the body, which may go on to convulsions. The cardiac and vascular changes are entirely subordinate. It has been recommended for angina pectoris when the attack is one of "sudden dyspnea unto suffocation, with cold face, blue lips and coldness all over; slow pulse."

In *Ferrum* we have a remedy with vascular changes. Its destructive action on the red cells is well established. It corresponds to the secondary anemias. In addition to its direct action on the blood itself, iron acts upon the blood vessels, producing various congestions: flushes of blood to the head; congestive hammering headaches; throbbing in all the blood vessels, congestion in the chest, with spitting of blood; varicose veins.

*Palladium* and *Platina* both affect the uterus and the ovaries and appear to have no vascular changes beyond inflammatory congestions.

*Plumbum* produces an abnormal destruction of red blood cells and very early causes anæmia. In lead poisoning, indeed, anæmia is sometimes the only symptom. The rapid breaking up of the cells liberates large quantities of hemoglobin, often causing jaundice. The poisonous effects of *Plumbum* have been studied more than those of any other metal because of the extensive use of the lead in the trades. Painters, type-setters, linotypers—are frequently affected, and even plumbers

may, in the course of paid-for time, absorb some of the poison from sitting on lead pipe. So frequently is arteriosclerosis seen in chronic lead poisoning, we presume the arterial condition to be caused by the metal. Yet it must be borne in mind that unhygienic surroundings, food and so on, may be more potent factors in the changes of the arterial walls. The kidney is often affected; and probably as a consequence either of the nephritis or the hardened arteries,—or both—the left ventricle of the heart is often hypertrophied and dilated. Lead causes veins to break down and become varicosed.

*Radium bromide* increases catabolic changes in the body to a marked extent, excessive amounts of urates are excreted and one of the provers believes his present nephritis is due to his proving of this metal. In the blood Radium causes marked leucocytosis.

*Stannum* has no characteristic cardiac or vascular changes, but the mucous membranes may become engorged up to the point of hemorrhage.

*Uranium* develops cirrhosis of the liver, pancreas and kidney. One of its chief claims to our interest is that it is one of very few drugs which have actually developed sugar in the urine. It shares this distinction with phlorizin.

*Zinc* acts chiefly upon the central nervous system. It produces anæmia with profound prostration. When injected into mammals in poisonous doses the effect is to depress the central nervous system, and to a less extent, the heart. Symptomatically it has "stitches about the heart."

SUMMARY:—The blood is altered by Ferrum, Alumina, Argentum nitricum, Zinc. The heart is acted upon by Aurum, Plumbum, Zinc; the arteries by Aurum, Ferrum, Plumbum; the veins by Ferrum, Plumbum.

Dr. Alliaume: I have been having an opportunity lately of studying *Radium* in rather large quantities and I have learned some things of value. Radium is being used intravenously, in quantities ranging from 10 micrograms to one hundred micrograms, for arthritis deformans, all forms of chronic arthritis, pernicious anæmia, neuritis and various skin lesions, with quite remarkable results in many instances. The injections are some-

times frequently repeated without any apparent deleterious effects. The positive results obtained by exhibiting Radium in this way shows its power to produce tissue changes. I do not know of anything in the literature which shows that Radium used intravenously or by drinking the water charged with it, has produced any destruction of normal tissue or produced undesirable tissue changes.

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### THESE METALS AND THEIR RELATION TO THE FUNCTIONS OF THE REPRODUCTIVE ORGANS.

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

The symptoms appearing within the general sphere of the metals hardly deserve any special prominence except as they are related to or accompany other manifestations.

To say that this or that remedy is good for this or that thing is absurd for any drug having a special field of action in the generative sphere, of necessity has a still more general action, of which the former is but a partial expression. I wish especially to raise my voice against piece-meal prescribing altho it is admittedly a great temptation in this particular instance. That it may be imperative is doubtless true; that it is the most advisable thing, is open to much doubt.

I wish especially to urge that we train ourselves into the habit of thinking of the sick as units,—hence of treating them as such. The thing that we are internally must finally show itself externally, hence the only radical cure proceeds outwardly in every sense of the term. Let us study every patient by his acts, by his thoughts, and by his sensibilities. No other guide will so quickly lead to the desired goal and point out the similimum. Homœopathy is only as strong as its curative power. Just as soon as we begin to adopt makeshifts, we weaken it by that much.

The natural law which Hahnemann demonstrated has been with us from the beginning and will be here when we are gone. It behooves us to learn all about it in order that we may, while

we are here, learn our lessons so well that no emergency may catch us napping and unprepared. The habit of looking too closely at localized symptoms is, in its very nature, confusing and misleading. It makes for therapeutic myopia, and unsettles our confidence in the larger and more embracing things. The things that will cure the patient, will remove her leucorrhœa, her pus tubes, or what not; provided the disease is curable. Dynamic action pertains to available powers within and not to powers from without, altho the latter may be admittedly necessary in order to prolong life. But we should always bear in mind that such things are palliative only and have nothing in common with a radical cure.

A man once cried "What shall I do to be saved?" Our patients every day ask "What shall I do to be cured?" All we can say is FIRST,—be cleansed from within, then all other needed things shall be added unto you.

The human economy is, in a sense, a self-eliminating machine. Crudely imitating this it has led the old school practitioner into giving laxatives, purgatives, soporifics, etc. The results of these procedures we all know. Occasionally similar crises are provoked by potencies of crude or only apparent similarity. The ideal course is gentle, radical and invigorating, both physically and mentally. A new world appears and life becomes richer and more joyful. The absence of these leaves the cure in doubt.

Dr. Stearns: I agree with what Dr. Boger has said and with what the others have said, but am much disappointed at not hearing something about the cures that have been made through the symptoms and conditions that have been caused by these remedies in their provings.

I have never used Palladium but I have always had it in mind as a uterine and ovarian remedy; Platinum, I have used only once or twice and some of the others not at all.

Dr. Dienst: Dr. Boger, have you anything to say in defence of this paper?

Dr. Boger: There is nothing in that paper that conflicts with any of the criticisms. Because I called it piece-meal prescribing does not mean that I did not take into account all the

symptoms that occur in any particular organs. The best of us do some piece-meal prescribing when we cannot help ourselves. All patients are cured from the mental phase out and you cannot get around it; when you are supposedly curing piece-meal, you are only patching, that is all, and after a time it is going to give way again.

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## THE METALS IN RELATION TO THE GLANDULAR SYSTEM.

### SOME INDICATIONS TO AID IN DIFFERENTIATING ABOVE REMEDIES.

BY THEO. H. WINANS, M. D., MEXICO, MO.

#### ALUMINA.

Confusion of mind in regard to his personal identity. Dazed. Using wrong words. Is low spirited. Worse in the morning.

The physical, like the mental condition, is inactive even to symptoms of paralysis in throat, arms, lower limbs, bladder and rectum. Even a soft stool requires great straining. Vertigo like a drunken feeling. Can't walk except with eyes open. The inactivity shows in the mucous membrane and skin as a dryness. Mouth and throat feel dry. Voice husky. Skin dry and subject to eruptions and itching, worse when warm in bed. Fissures in rectum.

#### ARGENTUM METALLICUM.

Memory and reasoning faculties weakened. Mental fatigue. Nerves affected. Twitching of muscles. Spasmodic and painful twitchings. Rending, tearing pains along nerves, worse *during rest*. Neuralgic headaches, worse right side. In the mucous membrane it tends to cancers. Scirrhous of the uterus. Uterine ulcers. Foul smelling discharges. Bad breath. Rawness in larynx. Loss of voice.

## AURUM METALLICUM.

Weary of life. Wants to commit suicide. Rheumatic and syphilitic pains. Pains worse at night. Pains in bones. Caries. All glands involved and syphilitic and mercurial in character, as are most of patient's symptoms.

## CUPRUM METALLICUM.

Convulsions, cramps, and twitchings characterize this remedy. Congestion to brain. Delirium. Incoherent talking. Tossing about. Eyeballs oscillate. Unconsciousness, lying as if dead. Lips blue.

## FERRUM.

Mental restlessness, but mind tires on slight mental exertion. Excitable. Easily angered. Flushed face. Congestive headaches. A cold patient. Anæmic. Chlorotic. Lips blue. Skin waxy. Muscles relaxed and easily tired. Dropsical. Relaxation and tiredness may be manifest in bladder, lungs, heart, genital organs or in any organ or part of the body. Varices. Prolapsed rectum. Hæmorrhages from nose, lungs or genital organs. Pains and other symptoms come on during rest.

## PLATINUM.

A proud state of mind. Thinks others inferior in mind and body. Haughty. Delirium with this over estimation. Hysterical. Anger. Head numb. Neuralgia. Increased sexual desire. Voluptuous tingling and sensitiveness in genitals. Nymphomania. Pruritis vulvæ.

The metals Alumina, Aurum, Arg.-m, Arg.-n, Cuprum, Ferr, Palladium, Platina, Plumbum, Radium, Uranium and Zinc, in their relation to diseases of the glandular system:

A repertory study of above remedies in glands:

1st. Generals:

Atrophy—aur. plumb.

Crawling—plat., zinc.  
Induration—aur. cupr., ferr., plb.  
Inflammation—aur., plb., zinc.  
Pains—alum, aur.  
    Bruised—cupr., plat.  
    Cutting—arg.-m.  
    Digging—plat., stann.  
    Gnawing—plat.  
    Jerking—aur.  
    Pressing—arg.-m., aur., zinc.  
    Smarting—alum, plat., zinc.  
    Stitching—arg.-m., plb., stann, zinc.  
    Ulceratic—aur., zinc.  
Sensitiveness—aur., cupr., zinc.  
Swelling—arg.-m, aur., cupr., plb., zinc.  
    Bluish—aur.  
    Painless—plb.  
Swollen sensation—aur., zinc.  
Tension—alum, aur.  
Ulcers—aur., cupr., zinc.

2nd. Particulars:

Tonsils:

    Inflammation—alum, cupr., plb., zinc.  
    Suppuration—alumina, aur., cupr., plb.  
    Swelling—alumina, aur., plb., zinc.  
Cervical Glands; swelling—alum, cupr., ferr.  
    Thyroid Gland, pain—cupr.  
    Goitre—aur., plat.

Liver:

    Enlarged—aur., ferr., plb., zinc.  
    Pain—soreness—ferr.  
    Stitching—plb., zinc.  
    Swelling—aur., cupr.

Spleen:

    Enlarged—ferr., plb.  
    Pain—Stitching—alum, zinc.

## Mesenteric Glands:

Swelling—aur.

## Inguinal Glands:

Swelling—alum, aur., cupr., zinc.

Bubo—alum, aur., zinc.

Alum according to Farrington, in gonorrhœal bubo, when there is a yellowish gonorrhœal discharge with burning and itching along the urethara, particularly at the meatus.

Aurum, after abuse of mercury, with nightly pains in the bones (Raue).

Dr. Dienst: I want to say to you that after you have studied Dr. Winans' paper you will find it of great value. That paper was not written in a minute. It is a splendid paper and I have been waiting ever since this Bureau was begun to start out on a line of something that I have not heard anything about, but I am not going to start it just yet.

Is there anything more on the paper?

Dr. Krichbaum: The doctor has said so much that we cannot say anything.

Dr. Dienst: In prescribing Alumina for a sick man, Dr. Krichbaum, what conditions and symptoms would you expect before you prescribed the Alumina?

Dr. Lehman: Doctor, may I say a word or two?

I cannot answer your question but perhaps I can start it off a little better. Now you take for instance the subject you speak of. We have with us today in our fields of practice numerous cases of glandular difficulties in children. It is expressed in the form of enlarged tonsils or in the form of enlarged mesenteric glands, and the most that is being done for these sufferers is the excision of the tonsils. Now then, the particular case that Alumina will cure is not the kind that has gone to the tonsils; it has left the tonsils, and gone lower down; it has been suppressed by operative or local interference and has attacked the mesenteric glands. The abdomen is more or less enlarged. The child has been deprived of a useful nutritive hormone. The mineral matter of the muscles and the glandular secreting apparatus has been depleted. The hormones are now no longer natural, but unnatural, the min-

eral elements have been depleted by the acrid condition of the mesenteric fluids, this is a picture of the condition that Alumina will cure.

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## THE METALS IN THEIR RELATION TO DISEASES OF THE SKIN.

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

In studying the action of the metals on the skin one is impressed by the general tendency to a lowered vitality, to dryness, cracking and itching. It would often be impossible to differentiate the remedies without taking into account the more general symptoms.

Under Alumina this lowered vitality shows itself by a tendency of the skin to thicken and to become hard. There is lack of reaction both in skin and mucous membranes. From this results breaking down where there is irritation or pressure and ulcers are formed with thickened indurated bases. The indurations favor the formation of lupus or epithelioma. The typical Cuprum skin is doughy, inelastic and cold, that of Plumbum ill-nourished, almost clay-colored, rough, dry and scaly. With the thickening Alumina comes the tendency to cracking and bleeding, as for example at the point of the nose. The only other remedy given by Kent as having a crack at the tip of the nose is Carbo animalis. Another marked symptom of Alumina is itching of the skin, with or without eruption, itching worse from warmth, especially the warmth of the bed, and so extreme that the patient wants to scratch until the skin fairly bleeds.

A case of mine which finally yielded to Alumina was that of a woman about 55 years old who is very sensitive to drugs and ought to take only the high potencies. She had a coryza for which she took Gelsemium 3x and soon developed on legs and thighs a red eruption which gradually extended and became confluent. The itching was so extreme that she wanted to scratch and tear the skin. It was worse from exposure to air, much worse from the heat of the bed although bathing in hot

water relieved temporarily. A number of remedies were given in vain but Alumina finally relieved her.

Cuprum, too, has an unbearable itching of the skin without any eruption. Under Alumina the hair and eyelashes tend to fall out. The hair is very dry, the scalp dry, scaly and itching.

Alumina together with Baryta carbonica, Magnesia carbonica and more especially Graphites, has the sensation of a cobweb on the face and there is a constant tendency to rub or scratch the face.

With these skin symptoms should be remembered the sadness and mental depression of Alumina and also the sense of hurry which is characteristic of it. This last symptom reminds us of Argentum nitricum but another general helps to distinguish the remedies. Alumina, in spite of its aggravation from heat of the bed, lacks vital heat. Argentum nitricum is a warm remedy always worse from heat.

Argentum metallicum is said to follow Alumina well. This remedy too, is lacking in heat. The patient is worn out and shows weakness both of body and mind; great weakness of memory.

The skin symptoms show a deep-seated dyscrasia. There are ulcerations beginning in cartilaginous tissue and breaking through into the cellular tissues. Ulcers on the eyelids, infiltration of the cartilage of the ears. There are itching spots on the body, scalp and ears; spots on the ears and toes that burn and itch like frost-bites and suggest Agaricus. The patient scratches these frantically, even until they bleed but there is no relief from scratching. Argentum metallicum is sometimes of use in the exanthemata when the eruption is very sensitive, worse from touch and even worse from the motion of the skin.

Argentum nitricum has a bluish-black eruption in scarlet fever. It has erysipelatous bed-sores covered with dry, bloody crusts. Ulcers in the throat that have a stitching pain suggestive of a fishbone but relieved by cold drinks and so distinguished from Hepar sulphuris calcareum which has the fishbone feeling but is better from heat. The skin of the Argentum nitricum patients looks old. It is blue and cold, but the patient

wants cool air and food and is worse from heat. There are warts of syertic origin about the genitals and anus.

Aurum is another warm remedy. The patient desires coolness and open air. The liver is apt to be enlarged and inflamed and there is the mental depression which is characteristic of such a condition—depression even to longing for death. There is jaundice as a result of the liver affection and the skin is dark yellow, or we may find the dark brown patches known as liver spots. Aurum is often useful in syphilitic cases, especially those which have been overdosed with mercury. There we find the deep ulcers affecting the bone or the syphilitic warts. One of the frequent marks of an Aurum patient is a very red and knobby nose, the knobs composed of varicose veins. This may be due to the patient's long addiction to whisky or to the fact that he has a bad heart. Aurum has proved useful in some cases of epithelioma, and Dr. Kent says that it has cured epithelioma of the wings of the nose and of the lip.

We have already spoken twice of Cuprum in comparing with Alumina—first of its cold, doughy, inelastic skin and second of its severe itching without any eruption. The itching of Copper is apt to be aggravated at night and near a fire.

In measles or scarlet fever this remedy serves to develop an eruption that has been delayed or suppressed, especially when there are convulsive symptoms. This reminds us of Zinc which also has convulsions caused by a suppressed eruption.

T. F. Allen describes an eruption of Cuprum as "resembling leprosy especially on the scalp, the largest spots being white and scaly with a moist base appearing as if something acrid had been secreted under the cuticle which had thickened and separated from the deeper layers." From the convulsive Cuprum we turn to the hemorrhagic Ferrum with its pale or greenish yellow, flabby skin which flushes easily with excitement or exercise. Sometimes the face is constantly red, but the patient is weak and delicate and apt to be anæmic.

Several of the metals have been mentioned as being useful in the eruptive stage of scarlet fever. Ferrum may be indicated

in the stage of desquamation, as it has the symptom of desquamation in spots, the skin coming off in powder.

There is a burning sensation in the skin changing to a pain as of raw flesh when it is touched.

Ferrum seems to be a remedy of many colors for besides the greenish-yellow of chlorosis and the characteristic flushes, we find recorded sharply defined black or dark violet spots which are sore to touch. This is also one of the remedies for warts which occur most often in the fingers and back of the hands.

Palladium and Platinum, the next two metals on our list, present skin symptoms associated with irritable nerves and with diseases of the pelvic organs. Palladium is vain, loves praise and is easily offended and this condition of irritability extends to the skin which itches and burns, especially on undressing at night.

Platinum has even a more sensitive skin. Like Ferrum there is at times a pain as if excoriated, and there is a great deal of tingling, burning and itching all over the body. Both of these remedies are worse from any emotions.

Plumbum presents nervous symptoms of another sort—a poisoning which results in paralysis, so we are not surprised to find a dingy skin, yellow or almost clay-colored, which is rough, dry and sensitive. The brown liver spots which we notice under Aurum appear here too. Small wounds become easily inflamed and suppurate, and in the ulceration that follows there is much burning. The remedy has been of service in cases of burns where large yellow blisters formed with much itching and burning. There is a tendency to serious infiltration.

Radium is a comparatively new remedy from which we have reason to expect great things in diseases of the skin. The dreams of fire which characterize it would seem to find their cause in the terrible burning of the skin which is worse at night. The eczema which it produces and cures is often of the most severe type, with redness, swelling, itching, burning, smarting and profuse exudation which is worse from scratching. It would seem that the remedy should prove most useful in burns, especially X-ray burns and in cases of epithelioma

where the symptoms agree. There is intolerance of the heat of summer and marked craving and relief from cool open air.

With radium may be compared another metal, uranium, which also has much burning, both of the skin and mucous membranes. This usually is associated with some urinary disturbance, either a nephritis or diabetes, in both of which conditions the remedy has proved useful. According to Hering it also is useful in epithelioma and lupus.

Stannum—The skin symptoms of Stannum are rather indefinite, consisting chiefly in itching and burning which are not better from rubbing. These sensations may be due to chilblains, which appear in rather mild weather. Of course we should expect to find these skin symptoms accompanied by the general nervous weakness which is characteristic of the remedy.

Zincum—Since it has been found that Zincum attacks the central nervous system and also the blood, it must be expected that the skin will come in for its share of trouble. It is dry and itches violently—especially in the hollows of joints, as for instance the popliteal space and when it is scratched an urticaria like eruption appears. This remedy may save the day when in scarlet fever the eruption is scanty or suppressed and convulsions have developed with unconsciousness and collapse. The suppression of old eruptions is apt to result in serious nervous symptoms and here, too, Zincum may help.

While making a study of metals for this paper I have tried to see if I could find here an illustration of their chemical relation as exhibited in the electro-motive series. I have been able to do this only in the case of Alumina and Zincum as related to Plumbum. Both of the former metals are useful in symptoms due to lead poisoning. Both have a much higher solution-tension than lead has, and therefore tend to displace it when added to a solution of that metal. That is, Aluminum and Zincum, which have a much stronger tendency than lead to become ionic, will force it out of solution and take its place. Does not that explain their remedial action in this case?

Dr. Stearns: I can appreciate the work Dr. Stevens has done on this paper. I worked on the same idea of trying to

find if there was any relation between the action of these drugs and their atomic weights, but studying along that direction I got very little,—practically nothing.

There is some similarity in the action of those elements that are grouped together under the periodic law. e. g. there is a similarity between Arsenicum and Phosphorus and Antimony. On the other hand, take the two elements Uranium and Radium: Uranium has an atomic weight among the highest and its atom because of its size is apparently unstable. Radium is probably the result of the breaking down of the Uranium atom. Radium in its turn disintegrates into metals of a lower atomic weight and probably ends at Plumbum. There is apparently no relation between the symptoms of Plumbum, Uranium and Radium. One point in connection with salts or metals—the dominating element in the salt seems to be the element with the highest atomic weight.

In the salts of Radium, it makes little difference whether the chloride or bromide is used as Radium is so much heavier than Chlorine or Bromine. The chloride or bromide of soda differ greatly in their action as the atomic weights are close enough to each to impress it with their individuality. This general fact can be observed running through all the salts.

Dr. Dienst: Anything further on these metals and their relation to diseases of the skin?

Dr. Roberts: The partial proving of Radium action gives some interesting symptoms but there is one condition that has come to my attention; I have had two different patients with the same trouble which it has been able to overcome.

Two different men,—about sixty years of age developed persistent sores on the lobe of the ear, lasting for about five or six months; not painful, not particularly sensitive, but just a scab, and it made me very suspicious of epithelioma. It was entirely cleared up, in both instances, by Radium. I prescribed for them, being unable to detect any other symptoms, except this scab of the lobe of the ear, and it cleared up very promptly under Radium 30th.

Dr. Patch: It might not seem inappropriate at the present time, as long as we are speaking of these metals, to ask for the

experience of different members in the use of Radium during the past year.

You remember, last year, at Niagara Falls, several interesting papers were given on the provings of Radium and now yesterday one of the members spoke of the intravenous use of Radium. I think we are far from settled as to the best form in which Radium should be used and the best manner of using it. Personally I have used only the potency and I have had no success with the lower potencies. The 12th and 60th I have used but with absolutely no results although of course I may not have used them in cases where they were well indicated. On the other hand I have had remarkable results with the C. M. of Radium.

I should be very glad to have a little more light on the subject.

Dr. Rabe: I would like to make a statement in regard to the experience of Dr. Patch with the C. M. of Radium. I am very glad to hear of this case because it has been said by men who are very familiar with Radium that the potentization of Radium is a very questionable thing. In other words it has been questioned very seriously whether you can potentize Radium at all; whether the action you might get was not, after all, a manifestation of Radio-activity, etc., and that furthermore, any proportion of Radium, regardless of whether it be potentized or not, would have the desired effect, and it has therefore been questioned whether the potentizing is of any value. Now of course, this is a matter for experiment. Nevertheless, Dr. Patch's experience with the C. M. is very interesting. Personally I have never used the remedy higher than the 60th decimal potency. In some of my rheumatic cases, I have made what have appeared to be remarkable cures, with the 30th decimal and 60th decimal potencies.

Dr. Lehman: Scientists tell us that a cubic centimeter of matter such as is in the corner of this chair,—that could it be utilized and its atomic force liberated the power derived therefrom would drive a ship across the Atlantic Ocean.

When we consider that the Ions of Radium transfer themselves from one space to another at the rate of millions of

miles a second we can get an idea as to what we have when we separate these Ions by potentizing them to use in the system. Perhaps you have read of the experiments of Dr. Bailey showing that we have a very strong remedy in the 60th potency of Radium. I have been able to cure one case that has come under my observation,—a case of beginning epithelioma of the cheek. I used, I think, the 60th of Radium. I had a remarkable case of Arthritis Deformans which I traced to a shock from an accident some twenty years previous and I think that every joint in the body of this lady was sore and enlarged so that she could rarely sleep at night. Various remedies would relieve the condition to a considerable extent and then I would have to change the remedy until it finally came to a standstill. I began giving her Radium with the after result that it turned it into a Magnesia phos. case which cured the condition entirely. The swelling is all gone; the deformity has practically left her and she does her own housework, and while the joints are still somewhat deformed we would consider it a remarkable cure and Radium helped to produce that cure.

Dr. Stearns: If there is anything to be learned from the pathological effect we have the fact that Radium causes sebaceous cysts in its provings, and in one case there resulted a large amount of bran-like scales over the whole body.

Dr. Alliaume: I have had three cases of Psoriasis which have been apparently cured by Radium—either by the 30th or the 12th potency. The eruption disappeared and after a lapse of three or four years has not returned.

Dr. Rabes: How often was the remedy given?

Dr. Alliaume: One tablet in a glass of water every day until the improvement took place, and then I stopped it.

I want to call the attention of the Society to the action of Aurum met. in the treatment of interstitial keratitis. The first case that I saw cured was by Dr. L. A. L. Day at Chicago at the Hering Medical College Clinic; a girl of about eighteen years was totally blind from a syphilitic interstitial keratitis and during that season Dr. Day cured her. I have been able

to cure a few cases with Aurum met. I consider it the greatest remedy in that affliction.

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## A SYMPOSIUM OF THE METALS.

*"These metals in their relation to diseases affecting the special organs of sight, hearing, taste, smell and sense of touch."*

ROSALIE DE LA HAUTIERE, M. D.

### ALUMINA.

#### *Sight.*

Dim vision, dry in the evening.  
Fiery spots before the eyes.  
Dimsightedness as if looking through fog.  
Sensation of coldness, agg. in open air.  
Thickening of lids, dry burning of same.  
Tottering, falling on closing eyes.

#### *Smell.*

Sense of smell weak, chronic catarrh.  
Disposition to colds. Discharge dry,  
Disposition to colds. Discharge dry, hard, yellow-green mucus from the nose, nose swollen, red nose sore to touch, agg. evening.  
Violent pain at root of nose.  
Copious yellow sour smelling mucus.  
Sore nostrils; point of nose cracked.  
Hardness L. alae nasi.

#### *Hearing.*

Humming; roaring; whistling.  
Sound of large bells.  
Redness and heat of one ear agg. in evening.  
Sensation as of something before the ear when blowing nose, removed by swallowing. Purulent otorrhea.

*Taste.*

Taste flat; tongue coated with a thin fur; acrid sweetish taste; taste almost lost.

Bites tongue in sleep.

*Sense of touch.*

Touch and pressure agg. pains in the right temple.

Parts sensitive to touch: vertex; scalp; perineum; ovaries.

Scratching amel. but bleeding follows.

Agg. pressing teeth together. Amel. wiping the eyes.

## ARGENTUM NITRICUM.

*Sight.*

Intolerance of light.

Photophobia, eyes filled with mucus.

Dilated pupils. Purulent ophthalmia.

Syphilitic form of iritis.

Chemosis with strangulated blood vessels, most profuse purulent discharge.

Cornea looks hazy as if it would slough. Pannus.

Acute granular conjunctivitis, muco-purulent discharge.

Ulceration of cornea of new-born infants.

*Smell.*

Dullness of the sense of smell.

Coryza, with constant chilliness.

Lachrymation, sneezing, violent headache.

*Hearing.*

Whizzing, feeling of obstruction and hard hearing in left ear.

Complete deafness, in Typhoid.

Fullness and ringing in ears.

Otalgia.

*Taste.*

Bitter, astringent, metallic, taste as of verdigris, exciting nausea and inclination to vomit.

Pappy, chalk-like taste; pappy bitter taste, with viscid mouth.

Sweetish-bitter taste, with hypochondriac mood.

*Sense of Touch.*

Agg. from touch: globe of eye; lip; stomach; abdomen tense, cannot bear touch. Sternal region sensitive.

Touching region of kidneys, increases pain. Rubs nose until raw.

ARGENTUM METALLICUM.

*Sight.*

Sight vanishes. Amaurosis of left eye, contracted pupil, insensible to light.

Violent itching of lids and corners of eyes.

Blepharitis; abundant purulent discharge.

Inflammation of left eye with lachrymation; great intolerance of daylight.

Thickening of and greatly swollen lids.

*Smell.*

Exhausting fluent coryza with sneezing.

Epistaxis, agg. blowing the nose.

Epistaxis with tickling, crawling sensation in the nose.

Throbbing in the left nostril.

Affections of the nasal cartilages.

*Hearing.*

Buzzing in ears, with ebullitions and heat.

Corrosive itching; scratching until bleeding ensues.

Pain from fossa under the ear-lobe, drawing pain short intervals, as if in the periosteum, to the cheek and lower maxilla; when chewing, a cutting sensation into the Eustachian tube towards the parotid, as from sharp acid.

*Taste.*

Accumulation of viscid saliva in the mouth.

Indifference to food, or violent appetite.

*Sense of Touch.*

Head painful. Pressure increases pain of scalp. Aggr. riding in a carriage; painful soreness of whole abdomen, in uterine complaints.

Worse when touched: muscles of upper arm; bones of thumb and the last phalanges of both big toes.

When pressed upon, parts feel sore as if bruised.

## AURUM.

*Sight.*

Photophobia, scalding tears opening the eyes.

Eyes sensitive to touch.

Eyes cannot be forcibly opened.

Eyes better by moonlight, and after active muscular exercise.

Sight better on looking intensely and steadily on an object.

Everything looks blue.

Hemiopia, sees double or mixed up.

Weak sight and eyes.

Chorio—retinitis chronica.

Cornea opaque. Eyeball more tense than normal.

Interstitial keratitis. Pupil contracted. Pannus.

Scrofulous ophthalmia.

*Smell.*

Sensitive smell: everything smells too strong.

Putrid smell when blowing the nose.

Want of smell.

Excessively foetid discharge from the nose.

Nasal catarrh with melancholy, or even suicidal mood.

Caries of nasal bones. Nose sunken.

*Hearing.*

Humming, buzzing and rushing in ears.

Roaring in ears.

Oversensitiveness to noises but music relieves.

Difficult hearing from annoying dryness of ears.

Caries of the mastoid process.

Fetid otorrhœa; obstinate otorrhœa, burning, pricking, itching.

Congestion to ears.

*Taste.*

Metallic taste in mouth.

Milky taste.

Loss of taste.

Foul taste, of even the water.

Bitter taste, with sensation of dryness.

Putrid taste, as of spoiled game, between meals.

Taste is insipid.

Sweet taste on the anterior part of the tongue.

Sourish taste at times.

Bitter taste with a sense of dryness.

*Sense of Touch.*

Touch agg. boring pains in skull, pains in the eyes, pains in swollen parotids, soreness of nasal bones and upper jaw, of gums, in testicles, and inguinal region.

CUPRUM.

*Sight.*

Eyes lusterless; fixed, staring, protruding, glistening, turned upward.

Sunken, blue rings; closes them from weakness.

Red, inflamed eyes, with wild look.

Balls move like the pendulum of a clock.

Quick rotation of balls, closed lids.

Blepharo—spasm; photophobia.

Periosteum and cellular tissue inflamed.

*Smell.*

Sense of smell gone.

Copious fluent coryza, or stopped, affecting the frontal sinuses.

*Hearing.*

Difficult hearing. Distant noises in ears, while lying, disappears on rising.  
 Itching; boring behind the ear.  
 Pain in ear from swelling in meatus externus.

*Taste.*

Sweet or sour or sweetish-metallic; coppery; bitter.  
 Sudden metallic, sour taste in mouth with a flow of saliva.  
 All food tastes like clear water.

*Sense of Touch.*

Touch: agg. headaches; convulsions are renewed. Swelling on head is agg. by touch. Pain in the tonsil.  
 Epigastrium is sore to touch.  
 Stomach is agg. by pressure.  
 Abdomen agg. pressure of clothing.  
 Screams from the slightest touch on spine from the sixth cervical vertebra to the small of the back.

## FERRUM METALLICUM.

*Sight.*

Capacity to see in the dark at night in hysteria.  
 Letters run together when reading or writing.  
 Bloated appearance about the eyes.  
 Blue rings around eyes, puffiness.  
 Inflamed eyes, burning, stinging, suppurating styes. Nightly agglutination.  
 Morbus Basedowii; from suppressed menses.  
 Protruding eyes, enlarged thyroid.

*Smell.*

Epistaxis morning from stooping.  
 Epistaxis in anæmic children, with frequent changing of color of face.  
 Epistaxis in anæmic patients subject to ebullitions.

*Hearing.*

Left ear aggravations.  
Over-sensitive to sounds.  
Discharge from left ear.  
Impaired hearing.  
Ringing in the ears agg. at night.  
Stitches in ears in the morning.  
Ulcerative pain in outer ear amel. laying head on the table.

*Taste.*

Unbearable taste of blood; children complain of it.  
Taste like rotten eggs.  
Sweet or bitter taste.  
Bread tastes dry and bitter.  
Earthy putrid taste; all food has a dry, woody, insipid taste.  
No appetite, no thirst.  
Bad taste; mouth dry.

*Sense of Touch.*

Touch: head and scalp very sensitive to touch. Pit of stomach, bowels sore to touch; flesh of right arm and shoulders sore too. Burning sensation with pain in skin when touched. Constant light blows on stomach causes hæmoptysis.

## PALLADIUM.

*Sight.*

Left sided conditions.  
Dull, heavy pain in left eye and back of orbit, in the evening after walking for one hour; after disappearing, pain spread with greater intensity over forehead and vertex.  
Pain in right eye, temple and region of ear.  
Violent itching on left eyebrow.  
Disagreeable sensation around the left eye.  
Dryness and itching of eyes in evening, not relieved by rubbing.

*Smell.*

Slight feeling as of having taken cold in nose during day.  
 In the evening burning in nose as from horse radish, followed by running water.  
 When sneezing and coughing, pain in abdomen.

*Hearing.*

Pain in head just above and behind tip of right ear.  
 Acutely sore pimples behind and above left ear.

*Taste.*

Slimy taste.  
 Burning sensation on surface of tongue near tip.  
 Middle of tongue redder in morning.

*Sense of Touch.*

Touch: on "cautiousness" relieves the headache.  
 Pustule under eyebrow burns and bites.  
 Rubbing: does not relieve itching of eyes; amel. pain in Ovary.

## PLATINA.

*Sight.*

Scintillations before the eyes; headache.  
 Objects appear really smaller than they are.  
 Spasms of eyelids, in hysteria.  
 Painful cramping and compression around orbital region, particularly supraorbital, globe of eye sometimes participating and feeling sore.  
 Sensation of coldness in eyes.  
 Spasmodic trembling and twitching of eyelid.

*Smell.*

Oversensitiveness of smell.  
 Catarrhal obstruction of nose.  
 Fluent coryza in open air, stopped up in the house.  
 Epistaxis with dark coagulated blood.  
 Corrosive sensation on nose from something acrid.

*Hearing.*

Nervous deafness; great variety of noises in ear; reports in right ear like distant thunder.

Ringing, rolling or rumbling sound in ears.

Otalgia, with cramp pain; often with rumbling in ears.

Sensation of coldness in ears, with sensation of numbness extending to cheeks and lips.

*Taste.*

Sweet taste on the tip of the tongue.

Sensation as if the tongue were scalded.

*Sense of Touch.*

Touch: agg. headache. Unbearable on genitals; groins and back painfully sensitive; mons veneris very sensitive

Touch upon parts where nerves are easily reached produces paralyzed feeling; lower vertebrae sensitive.

## PLUMBUM.

*Sight.*

Diplopia; cloudiness before eyes, must rest them.

Dimness especially on right eye.

Sudden loss of sight or transient amaurosis and deafness complicating motor palsy in some cases.

Neuritis optici.

Hypopion after iritis, extending up nearly to center of cornea.

Nightly tearing pains in eye and forehead, could hardly distinguish day from night.

Eyeball feels too large.

Ophthalmia, lachrymation, photophobia, redness of whole ball. Lids spasmodically contracted; paralysis upper lid.

*Smell.*

Smell too sensitive or too feeble; total loss of smell.

Tough mucus in nose, which can only be discharged through posterior nares.

Cold nose; puffiness of nose.

*Hearing.*

Hardness of hearing; often sudden deafness.

Buzzing in ears.

Hears music; frightful delirium.

Stitches and tearing in ears.

*Taste.*

Sweetish; metallic; bitter.

Tongue: dry, brown, cracked; coated yellow or green.

Glazed in chronic gastritis; heavy paralyzed.

*Sense of Touch.*

Touch: pain in the abdomen agg. by; cæcum and ascending colon sensitive; ileo-cæcal region painful; sensitive especially on arms and eyelids.

Pressure: hepatic region sensitive; amel: pain in abdomen; whole right side sensitive; umbilicus sensitive; pain in thighs scarcely alleviated; pain in limbs agg.

Hard pressure: relieves stomach; colic.

*Sight.*

Sharp pain over left eye; in left eye; darting pain in left eyeball, as if small bodies were moving in the eye.

Swelling of tissues of left orbit with slight itching, amel in open air.

Eyes have a sticky feeling and are reddened.

Dull ache in top of eye, agg. pressure.

Margin of lids of eyes inflamed and burning.

Sensitive to light.

Decided left-sided agg.

*Smell.*

Itching and dryness of the mucous membranes of both nasal cavities, amel. in open air.

Picking of nose due to formation of hard crusts or mucous particles.

Itching of the nose.

*Hearing.*

Tickling in the ears, very severe at night.

Sounds in ears of rushing water (associated with rapid heart action, following vivid dreams.)

*Taste.*

Slight metallic taste in mouth.

Metallic taste marked in another prover. Peculiar metallic taste.

Peculiar metallic taste, between sour and bitter, a little more to sour than bitter.

Taste of chalk in mouth after taking drug, increased salivation.

Bitter and oily.

Parched, dry sensation in roof of mouth leading symptom in most patients who received Radium injections; temporarily relieved by cold drinks.

STANNUM.

*Sight.*

Sees rainbow about the candlelight.

Eyes sunken, weak, lusterless.

Contracted pupils, neuralgia left eye, increasing from 10 a. m. to noon, then decreasing, with lachrymation during the pain.

Agglutination of lids at night.

Ptosis from sympathetic paralysis returning every Tuesday.

Pustular swelling left inner canthus.

Blenorrhœa, profuse yellow-white discharge.

Burning stitches in eyelids.

*Smell.*

Over sensitive smell; stuffed feeling and heaviness high up in the nostril.

Dry coryza, one sided.  
Soreness, redness, swelling of nostril.

*Hearing.*

Shrieking noise blowing nose.  
Ringing in left ear.  
Feeling of obstruction in the left ear, with hardness of hearing diminished by blowing the nose.  
Ulceration of ring hole in the lobule.

*Taste.*

Flat taste in mouth.  
Bitter taste, sour taste.  
Everything except water tastes bitter.  
No bitter taste in mouth between meals.  
Sweetish rising in the throat from below upwards.  
Beer tastes like herbs.  
Flat and sour taste to beer.

*Sense of Touch.*

Touch: Malar bones painful; stomach sore; slight touch causes feeling of subcutaneous ulceration; soreness of abdomen agg. Pain through hips agg.  
Pressure: Pains to navel relieved by hard pressure. Epigastrium; on stomach; hæmatemesis; colic; stitches in abdomen all amel. by hard pressure.

URANIUM.

*Sight.*

Eyelids inflamed and agglutinated; glands enlarged.  
Pain over left eye.  
Child 12 days old, had from birth yellow discharge from left eye, causing adhesion of lids; left eye red and watery; afterward same kind of discharge from right eye, but less; discharge chiefly in inner canthus.

*Smell.*

Nostrils sore with purulent, acrid discharge; chronic catarrh.

Dry coryza; left nostril stuffed.  
Itching in nose, small scab in right nostril, purulent discharge from left nostril.  
Chronic scabbing of inner nostril.

## ZINCUM.

*Sight.*

Marked left-sided symptoms and aggravations.  
Conjunctivitic; kerato—iritis agg. night.  
Syphilitic iritis.  
Photophobia; dread of sunlight, with dim, watery eyes.  
Sensitive to light; brain affections.  
Sees luminous bodies; after operation.  
Yellow, blue and green rings before eyes with a suffering expression and sleepiness.  
Dimness and mistiness of vision after waking.  
decided strabismus developed.  
diplopia: left eye more affected than right; increased and  
Upper lids heavy, as if paralyzed; ptosis.

*Smell.*

Aggravation of left side of nose.  
Pressure upon root of nose, as if it would be pressed out into head, almost intolerable.  
Stoppage of the nose.  
Nose feels sore internally.  
Swelling of one side of nose, with loss of smell.  
Itching in left nostril, followed by frequent sneezing, succeeded by profuse nosebleed, stopped by cold water.

*Hearing.*

Loss of hearing.  
Hardness of hearing.  
Many noises in the ears; buzzing, whizzing, reports before ears as of breaking glass.  
Purulent discharge from left ear day and night.  
Otalgia. Tearing in the ear at different times, sometimes

*Taste.*

Taste: metallic; sweetish; like spoiled cheese; bloody; bitter, in fauces; flat; of a sweetish powder, in throat sweet, beneath forepart of tongue; blood in mouth.

with itching, or in the morning with creeping, or in the evening with burning Otorrhea of fetid pus.

Of bad cheese in forepart of mouth, disappearing on swallowing.

Coppery; clammy; saltish with dryness of mouth as after eating raw peas.

*Sense of Touch.*

Scalp feels sore; pain as after a blow beneath and in front of right ear.

Neuralgia of 5th nerve agg. touch. Left kidney sensitive; mammae swollen and sore; ribs of left thorax painful; tenderness over cardiac region; left nipple sore; spine sensitive; soreness of genitals.

Itching here and there in skin amel. by touch.

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## CLINICAL OBSERVATIONS AND VERIFICATIONS OF THE EFFECTS OF SOME OF THE METALS.

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

About a third of a century ago the old homœopathic doctor of my native town was having a sign made. As the redundant parts of the gold leaf from which the letters were made fell to the floor, the good doctor picked up some of the fragments and triturated them with sugar of milk up to the fourth decimal potency. Some time later Burnett's work on "Gold as a Remedy in Disease" appeared, and the old doctor perused its pages with diligence born of a desire for knowledge and proficiency. Having prepared the medicine and acquired a knowledge of its effects, he required but one more factor to complete the evolution of his purpose, namely, a patient whose symptom-complex most nearly corresponded

with the morbid perspective presented in the pathogenesis of the remedy. Fortunately for both doctor and patient this final factor was soon forthcoming. Mr. H., formerly a patient of the doctor's, but for some years past a resident of a neighboring city, wrote a letter stating his condition as follows:

The right testicle was greatly enlarged and indurated. It measured seven inches in length and ten inches in circumference, and was "as hard as a board." It had a smooth, even surface, and, aside from the sense of weight, which the increased size would necessarily entail, was practically painless. With the exception of a history of syphilis in former years, the previous record was unimportant. He had consulted several of the most prominent old school doctors and surgeons in the State, and their unanimous verdict was that the only help was in operation and removal of the testicle. In this dilemma he wrote to the old homœopathic doctor, who had formerly been his physician, asking for his opinion. The doctor did not offer any opinion, but sent him a few powders of that *Aurum metallicum* 4x, prepared with his own hands, and asked to see him soon. In two weeks he presented himself at the doctor's office, and the testicle was then beginning to soften in one place. This continued and after several weeks it regained its normal size and function, the entire transformation being accomplished with less than a dozen powders of *Aurum metallicum* 4x. I knew the doctor and the patient, and can vouch for the correctness of all that is herein stated.

Mrs. M., aged 30, married, consulted me about an ovarian tumor which three doctors had told her required immediate operation. The left ovary was the size of a large orange, and was painful much of the time. The pain was worse before the menstrual period, but relieved when the flow was well established. In answer to my question whether she drank any beer or wine, she replied with great earnestness that she did not dare to drink any wine for it caused great distress in the ovary. *Zincum metallicum* cured her. She remained well after many years. The relief during the menstrual flow and the aggravation from drinking wine were the salient features of this case.

Just here let me refer briefly to a case cured by Dr. Lippe in this city (Philadelphia). The patient, a woman, was caught in a drenching rain, after which the menses were suppressed, and there was a general and persistent decline until she was bedridden. Many good homœopathic prescribers had tried and failed. They gave her *Rhus tox*, *Pulsatilla*, and *Calcarea carb.*, etc., led to these remedies because of her getting wet. They were treating the rainstorm instead of the patient, and failed. Lippe found twitching and jerking of muscles, burning pain along the spine, and those two symptoms added to the ill-effects of suppressed discharges make a symptomatic tripod upon which *Zincum metallicum* may rest secure. This remedy was given in a high potency, and the patient was permanently cured. It is a mistake to attempt to base a prescription on external influences or etiological factors. Not what *happened* to the patient, but the *effects* of what happened are the indications for the remedy. The etiology, like the temperament, may be suggestive, but never indicative. The symptomatic expression of the patient's deviation from his normal condition must ever be the basis of all correct prescribing.

Mr. J., aged 70, had for a long time suffered with frequent attacks of cardiac asthma. He would wake after midnight with much heat in the chest and upper part of the body, violent palpitation of the heart and great dyspnea. After uncovering the chest he would feel better, and the paroxysms would subside. There was a pronounced aortic regurgitation, with its attending consequences, a chronic rheumatic state, characterized by twitching, jerking pains, stiffness of affected parts, and a general aggravation in damp weather. Many years before he had taken large quantities of quinine, which left him with an enlarged spleen, ringing in the ears, and partial deafness. Several remedies were tried with unsatisfactory results. Finally, in going over his case again, he remarked that the "slightest exertion seemed to ameliorate the condition." Just the motion of putting off the covers would often afford relief, and he could go to sleep again. Here was the key to the situation. I now gave him *Ferrum metallicum*, with marked relief and permanent improvement of the asthmatic condition, and he lived in com-

parative comfort for many years. When you have asthmatic conditions to treat, that are better from the slightest exercise, do not forget Ferrum metallicum.

In this connection, it is well to recall a cure made by that master of the healing art, Dr. Adolph Lippe. The patient was a woman residing in Illinois, and after taking a great deal of quinine for chills and fever she came into the hands of the homœopathic physician of her town for treatment. After trying a number of remedies without relief, the doctor was in Philadelphia and, calling on Dr. Lippe, sought his advice. Lippe suggested Ferrum, which was given in a high potency, and the woman never had another chill. Upon being asked for his reasons for prescribing Ferrum, he selected from among the numerous symptoms presented three salient features: First, the time of the chill—it came always at 4 A. M., and Lippe said Ferrum metallicum is the only remedy having this symptom. Second, she had long been troubled with prolapsus of the vagina. (Lippe's repertory gives only six remedies for this symptom.) Third, she had taken much quinine, and Ferrum is one of the prominent antidotes for the ill-effects of this drug.

The following case is from one of the most scientific writers that our school ever owned, and is too valuable to lie dormant and inaccessible, in a book long since out of print and difficult to obtain. It is taken from Grauvogl's Textbook of Homœopathy. He says: "I was asked to examine a boy, eleven years old, because I was told he always acted like an imbecile; now laughed, now cried, without being able to give any reason for it. As soon as he is not observed, he seeks to rub the genitalia against tables or chairs, or in any way, even against the thighs. This he pursues with such a passion, that he gets angry and cries whenever he is prevented from so doing; hence, he has to be kept constantly under the eye. He was no child like other children; he never played or took any interest in those of his age, was always absent-minded and forgetful, did not hear what was said; was seldom induced to speak, and when compelled, only answered a word or two, whereupon he forgot, right away, what the question was. He also made all sorts of grimaces,

distorted his eyes and mouth; suddenly raced about the room, with all sorts of gesticulations, then sat down again, relapsed into a stupid mood, or whistled or sang to himself.

"Irritable and very easily aroused, he was most quiet in the open air. Whatever was taught him, had to be taught mechanically, but above all things, of whatever he read, he could relate nothing. At the same time, he had no confidence in anybody. Every one was indifferent to him, he showed an inclination for no one, and was in the highest degree timorous and distrustful. His hunger could hardly be appeased and he slept, if not disturbed, unusually long. At the same time, I observed after watching him a long time, that he was always more indolent and acted more peevishly and ugly one day than the other, on which account I forbade that he should be punished on his bad day.

"To this child I gave, according to the law of similarity, Platina 30, four or five drops night and morning. In a very few days, everything improved, and the Platina was discontinued after having been given in this way for eight days, in order to let it produce its entire effect. Hereupon, however, the old vices made their appearance again in a few days. Nevertheless, I continued in this same way, and gave platina 30 for eight days, and then discontinued its use for eight days, and afterwards for a longer time, and then had the satisfaction of curing this child so completely in the course of four months that he was freed from his unnatural sexual passion, even. Just in proportion as this declined, all his intellectual functions were brought up to their normal state. This every skeptic can imitate, and the result will release him from his subjectivity."

I now wish to speak briefly of the most desperate case that I ever saw recover. It occurred in my own practice and has been reported, but there are some important features that have not been fully portrayed or properly emphasized. The patient, a man in the fourth week of typhoid, had not slept for seventy-two hours, and was in a state of coma when first seen by me. He was lying on his back, the lower jaw dropped, the eyes partly open, the eyeballs turned up, showing only the whites of the eyes. The pulse was 150 and flickering, the head rolling from

side to side occasionally, and the hands, held a little above the body, were constantly trembling. A consultation decided that he could live but a few hours. I gave him *Zincum metallicum* 30; in fifteen minutes he closed his eyes and mouth, his hands quit trembling, he slept most of the night and awoke in the morning conscious of his surroundings and made an uneventful recovery. I have said that he rolled his head, and that his hands trembled constantly. These are the two points I wish especially to call attention to. On taking hold of his arms and bending them it was found that there was considerable rigidity. Muscular rigidity with trembling is the thing to be remembered. The rolling of the head from side to side had its own individuality, its own distinctive delineation. It occurred only occasionally, as he was too near dead to display much activity, but when it did occur it was done quickly; it was rolled with a quick jerking movement. Earlier this movement was more frequent, but it was always a jerking motion, never the steady continuous movement found in other remedies.

Dr. Roberts: I do not want to discuss this most excellent paper directly but I have something that bears upon it indirectly.

I remember Dr. T. F. Allen giving points to the Senior Class in relation to the effects produced upon working men in the different fields where they could be poisoned by drugs. About six years ago a man came to me who is a mixer of the metals—in Britainia works, suffering with poisoning on the skin from the metals,—from *Antimony*. I relieved that by a high potency of *Antimony*, but only two days before he came into the office or rather sent for me and he was holding on to his head and the minute he would let go of it he told me it would jerk. He was getting the poison from the *Zinc*. He had been working in that metal for twenty-eight years doing mixing. I think Dr. Taylor would be interested to know the direct effect of the *Zinc* on this worker in metals.

Dr. Becker: In Toronto, several years ago, there was a bad epidemic of scarlet fever with a high percentage of deaths, but I heard of no deaths in homœopathic practice. But had it not been for Homœopathy there would have been another death.

At 11 o'clock one evening I was called to a patient and found her comatose; the face was red and swollen, and she was twitching and jerking and had a high temperature, but there was no sign of eruption on the skin. I put it down as a case of suppressed scarlet fever. I gave her Zinc, and the next morning her temperature had dropped considerably. She was rational and the eruption was very copious and general. I had many other cases, but this was the most serious of all and with a gratifying re-action under the influence of the remedy.

Dr. Boger: A case of contracting kidney: The man was a new patient and had been through a number of attacks of ureamic coma, when the case was turned over to me. The next attack came within a few days, when the man appeared to be dying. The only symptom was a continuous moving up and down of the feet. He received one dose of *Zinc 1 M*. By the next day he was a little better and he continued to improve for several weeks though we knew he could not get well. In the next attack of coma he gradually failed so that while *Zinc* helped, it could not cure because it could not do the impossible.

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## THE PATHOGENIC EFFECTS OF FOODS

BY BENJAMIN C. WOODBURY, M. D., HONOLULU, HAWAII.

There is probably no subject at the present time that is attracting the attention of the medical profession as much as that of dietetics. It is of interest alike to the physicians, the laboratory expert, and to the intelligent layman.

At the outset of his career the physician is confronted with the problem of the proper feeding of his patients. Without careful instruction in the underlying principles of physiology and hygiene, he will find himself inadequately prepared to undertake this most important branch of therapeutics. Unless he has paid very close heed to the instructions of his professors of physiology and clinical medicine, he finds himself either open to the criticism of his patients, or he must make the subject of dietetics one of his chief concerns.

It will be well for him to study this subject from its broadest aspects, and in its relationship to the great principle of individualization, which is one of the first requisites in homœopathic practice. In this connection he can be given no better counsel than that found in the writings of Hahnemann. In his "Dietetic Conversations with his Brother," Hahnemann thus reminds us that the voice of nature (instinct) "is only audible to persons who live upon very simple articles of food, and that they come at last to understand it in a very remarkable manner . . . . "The sense, which we term *hunger, thirst* and *satiety*, is in the case of healthy persons who have not much choice of food, almost the only guardian of their health . . . . It is, however, very good and laudable . . . . to have some knowledge of the various articles of food, their nature and properties.

But I should like if our dietists were more careful and exact in regard to the particular constitution of the body in which this or that article of food makes this or that particular impression . . . . but this a Herculean task, and a useful system of diet of this kind will long remain ideal only."

Is there not in these observations at least a suggestion as to the proper method for determining the positive effects of foods, and should we not as the distinctive school of Hahnemann, set ourselves to the task of recording the definite effects of foods upon this individualistic basis?

Since medicine itself is not yet an exact science, it would certainly seem beyond the dictates of sound judgment to postulate as much of the science of dietetics. In fact in this branch of hygiene the custom has been for the most part to follow the deductive rather than the inductive method in obtaining a practical knowledge. Until comparatively recently there has been little trend in the direction of ascertaining the pure and individual effects of foods. Individualization has ever been the method of election in Homœopathy. Following along the line of Hahnemann's investigation into the pathogenic effects of drugs, would it not seem to be the part of wisdom to pursue a similar method in the investigation of the pathogenic effects of

foods? Is not such investigation one of the chief problems for our present day Homœopathy to solve?

Until comparatively recently the study of foods has been almost entirely deductive: that is to say, food values based upon the older high protein percentages, have been compiled and the daily intake of food calculated in accordance with the regulation mixed diet. It is at once obvious that a diet based upon the older standards of *proteids*, *fats* and *carbohydrates*, while proving of service for the man of brawn, might not apply equally to the man of brain. In other words, occupation, climate, hygiene, personal habits et. al. altogether conspire to make the feeding of the individual one of greatest difficulty.

The experiments of Chittenden in the establishment of the low proteid standard, and the observations of Dr. Wiley with his "poison squad," have largely modified the older interpretation of relative food values.

The basis of the experiments of Dr. Haig was for the most part inductive in his preliminary experiments for ascertaining the relation of uric acid to disease, with a final determination of the proper individual diet. Thus we see that the inductive method should go hand in hand with the deductive. Formerly, however, the latter method was the only one that was considered of value; the sick-making effects of foods being catalogued from the records of accidental food poisoning. The experimental method of food analysis was not then in vogue. Among the first to investigate the value of foods from the pathogenic standpoint was Salisbury. The immediate value of his work lies not so much in advocacy of the so-called "Salisbury Diet", which consisted in the use of muscle pulp and hot water, particularly popular at one time in the treatment of nephritic conditions, but from the fact that the last especial emphasis on the therapeutic value of this inductive method of food study, by which he was able to show the harmful effects of many foods, afterward given but scant space by him in his dietetic category.

Briefly his experiments, according to his own evidence, originated about as follows: "In 1854, he writes (*The Relation of Alimentation and Disease—Preface*), "the idea came to me, in one of my solitary hours, to try the effects of living exclusively

upon one food at a time. This experiment I began upon myself alone at first. Fortunately, in our works on physiology, beans are placed at the head of foods as regards their nutrient qualities. On this account I opened this line of experiments. I had not lived upon this food over three days before light began to break. I became very flatulent and constipated, head dizzy, ears ringing, limbs prickly, and was wholly unfitted for mental work. The microscopic examination of passages showed that the bean food did not digest; that it fermented and filled the digestive organs with yeast, carbon dioxide, alcohol and acetic acid; that the sacs of legumen containing starch granules were insoluble in the digestive fluids, and consequently these fluids could not reach the starch until it had fermented, and liberated sufficient gas to explode the sacs. By this time the starch was too far changed into gas, alcohol and vinegar to afford much nourishment to the body.

From this date until September, 1856, I subjected myself to testing upon my own person the effects of exclusive feeding upon several foods in turn as often as I could find time to do so. My eyes opened to the vast reach of the field before men. I had found a door standing ajar, through which I began to get glimmerings of light in the right direction.

"In September, 1856, I hired six well and hearty men to come and live with me, as I myself would live, on baked beans.

In 1857 I engaged other well men to live with me upon oatmeal porridge solely for thirty days."

These experiments are given in detail in the body of the work. This method is alluded to here for the purpose of showing that this is the identical method pursued by Hahnemann in his investigation of the pathogenetic effects of drugs. Note that the author insists that his experiments be carried out on "well men," Hahnemann's idea in the testing of drugs. Similarly the foods tested were to be taken not in combination, but each was to be examined individually.

In the Hahnemannian drug experiments, however, the minutest effect of the medicine was recorded in the journals of the provers. No such detailed accounts are available of the Salisbury experiments, yet as far as they were carried out the

records were carefully compiled, and note taken of the general *symptomatic effects* of the individual foods tested. Again it is well to note that these experiments were carried out with single foods; and it is interesting to find at the present time that dietitians are frequently recommending the monodiet in disease. Just here it may be recalled that certain other experiments of Salisbury in the investigation of the causes of measles and other infectious diseases, led him to recommend in their treatment immunizing doses of the very agents which to him represented the active factors in their production, truly as nearly a crude application of the homœopathic principle as the modern methods of vaccina-immuno-therapy.

Let us consider his original experiments with the "baked bean" diet. A careful analysis was first made as to the physical condition of his "provers." The diet was to consist at first of baked beans and coffee; meals at 7 a. m., 12 noon; and 6 p. m.; exercise to be a two mile walk morning and evening. This regime to continue for one month.

The experimenters were designated as A., B., C., D., E., F., all being free from disease and having one regular movement of the bowels daily.

The first day he tells us that "all felt well and enjoyed themselves greatly." Towards evening they began to bloat, but had no special feeling of discomfort. Slept well. Entered upon the second day feeling about as well as on the first, except that all were flatulent and constipated. Yet all had a scanty, hard movement of the bowels before evening. In the after part of the day they were uncomfortable from the bloating. Took them on a brisk walk of two miles, which was something of a relief.

He then gives a table of the condition of his provers from the third to the eighteenth day. Let us take the record of A for example; from the third to the eleventh day, this man was very constipated, with bloated feelings, colic, passing wind freely, dizzy, with ringing in the ears, confused, uneasy, prickling of the hands and feet. From the eleventh to the eighteenth days, he passed from one or two up to as many as ten yeasty stools, daily. His subjective symptoms were as follows:

"Dizzy, much bewildered. Ears ring. Feet prickle. Hands

numb. Feels strangely. Head vacant. Eyes staring. Walks with difficulty. Feels drunk and lost. Head feels empty, tired and strange. Walk unsteady, bewildered; strange; heart palpitates on exertion. Very unsteady in gait. Feet and legs numb."

By comparing and corroborating all the symptoms of the six experiments "the totality of symptoms" produced might be tabulated. Suffice it to say that, according to the author, symptoms "of Progressive Paralysis or Locomotor Ataxia began to show themselves in all six cases on tenth day; these paralytic and peculiar symptoms increased each day after the tenth. On the sixteenth day the disease was so marked, that not one of the six could walk straight without support. All wobbled and dragged their legs, not being able to lift them clear of the floor."

On the 19th day the diet was changed to meats, and by the morning of the 22nd day of the experiment, all had so far recovered as to have but one normal healthy stool, and felt well and clear-headed.

It will be observed that the Author states that "symptoms of Progressive Paralysis or Locomotor Ataxia began to show themselves in all cases on the tenth day." Now it will be recalled that Hahnemann, in his experiments with Cinchona called attention to the fact that while bark produced in the healthy a peculiar kind of fever that resembled ague, he did not say that it actually produced ague, but only a condition closely resembling it; therefore we feel that the author of this test would better have characterized the effects of this or any other single article of diet experimented with, as having produced a kind of paralysis *resembling locomotor ataxia*. In other words, he was producing a similar condition by food experiment, but not necessarily the identical condition found in the disease. This is owing to the fact that in disease manifestations there is found a multiplicity of combinations of symptoms, owing to the effects of not single articles of food, but more often of foods in combination. (Granting of course that there is a constant disease producing power in improper articles of diet, and excesses or improper combinations).

The effects produced by an exclusive oatmeal diet were in brief as follows: From the first to the eighth day, constipation, bloated, uncomfortable feelings in the bowels, with occasional colicky pains; mentally all were dull and stupid. From the 8th to the 30th day, the following characteristic symptoms were exhibited: (From A's Table)—

"Very flatulent; wandering pains in bowels; head dull and achy; constipated; appetite fair but not ravenous;" constipation till about the 25th or 26th, when large, full yeasty movements began to show themselves, until on the last day of the experiment A had 9 thin yeasty discharges. Among the developed pathogenesis were to be found: "Bowels feel lame as if bruised; feet prickle, ears ring, lumbar pains, bowels very much bloated, neuralgic pains in heart, feverish, thirsty, forgetful, languid, and disposed to lie down. Feet cold, nightmare during night, forgetful, stomach and bowels distended with gas, colic pains. Breathing oppressed when exercising much. Thinks he is losing his mind. Sleep heavy with bad dreams, feet and hands prickle, heart palpitates, eyes blur in reading, limbs prickle much and drag in walking. At times choking in swallowing. Submaxillary glands tender and somewhat swollen. Feels 'as if his mind was giving away.' Memory poor, quite deaf at times, voice weak and husky; eyes look a little wild."

Among additional symptoms (produced in other provers) were: "Swelling of the feet towards evening; sometimes sees double, and imagines he sees snakes, devils, etc. Urine scanty, high colored, and deposits heavy; sediment of urates on cooling. Neuralgic pains in left arm, side and leg, with numbness in extremities."

"Experiments connected with producing (what the author called) consumption of the bowels, or chronic diarrhoea of armies, by feeding upon army biscuit" developed in the main the following characteristics:—Constipation preceded or associated with yeast fermentation in the stools, which conditions were "always worse towards evening and during the night, and go on increasing from day to day," until distention and paralysis of intestinal walls develops. With this condition there were sensations of prickling of the legs, ringing in the ears, a numb,

confused feeling in the head. A cough with much hoarseness, especially during the night and on rising in the morning; expectoration thick, cream colored, and of sweetish taste. Constriction of breathing with palpitation of the heart on exertion, with later development of the characteristic diarrhœa.

In the discussion of this kind of diet, the author writes that the first abnormal condition produced was a lessening of peristaltic action, this in turn giving way to a fermentative diarrhœa. Just previous to the loose discharges, the intestines seemed to be generally paralysed, with involuntary passing of fœces. About the time of the diarrhœa, there were noticed huskiness of the voice, dry constricted feeling in the throat, accompanied by a scalded, smarting soreness, as if inflamed. This was accompanied by the characteristic sputa above described, oppression and tightness of the chest. There were also palpitation and oppression of the breathing. And finally, he writes: "On the tenth day of the feeding, all the men began to show quite evident signs of semi-paralysis of the nerves of the extremities. This gradually increased until the army-biscuit was discontinued. During the last few days of the feeding the symptoms of locomotor ataxia were strongly marked, and the disease was progressing with alarming rapidity. The eyes were growing more dim and the deafness and ringing in the ears were becoming strongly manifested."

This will suffice for detailed accounts of these experiments. The essential point to be emphasized by them is the fact that herein we find definite experiments with the individual food products, given to healthy persons by way of experiment. Is not this in a large measure the proper basis of inductive food experiment? Would not this study be of profit in our homœopathic medical schools as supplementing our pharmacological studies, and in corroborating the manifestations of dietetic indiscretions found in the case of records of actual patients? The objection may be raised to our using the Salisbury method from the fact that the deductions made by this experimenter led him to the conclusion that of all available foods for human consumption the red meat of healthy animals is *par excellence* the one most suitable for general use. The results of such a

method of feeding clinically undoubtedly do not substantiate the theories upon which and for which the experiments were carried out, namely that of gaining information as to the proper balance of foods in the dietary of the healthy person, and the corresponding therapeutic values of food.

In view of the extended use made of meat by Salisbury and his followers, it is interesting to note that the author did recognize (and what others have noted likewise) what he chose to term "meat dyspepsia." Its symptoms he described as follows: "In meat dyspepsia there is more or less distress, oppression and load about the stomach, with usually a ball in the throat, and the 'gulping of wind' that tastes like 'rotten eggs' (Sulphuretted Hydrogen). With these symptoms there is frequently much sickness and weakness, with loss of appetite and great heat and bewilderment in the head." Apropos to the above reference may perhaps be made to the experiment carried out several years ago by Dr. H. W. Taylor, and reported to the American Institute of Homœopathy (Trans. 1881). This paper may be cited as having a more definite bearing upon the subject from the standpoint of pure symptomatology; it was entitled "The Hygiene of Foods." In this article the author suggests the term "proving" for his experiment, and consequently we have applied the term "Food Proving" to the general method of experimenting with the effects of foods upon the body for the purpose of obtaining their pure and unadulterated pathogenic actions. The method employed in this experiment was that of excluding all articles from the dietary save seven and one-half ounces of bread, and making up the deficiency in quantity "by the addition of a large portion of animal flesh, amounting to first three and one-half pounds daily, afterwards to four pounds, and finally to five pounds per diem. This consisted mainly of lean beef, fresh, and selected carefully. Occasionally this was varied with wild game, such as young hares, young squirrels (fully grown), prairie chickens and fresh fish."

Careful observations were made for one month preceding the experiment, upon the pulse, temperature, respiration and urine, and the urine was carefully examined throughout the experiment. The meat "proving" was conducted from May 10th,

1877 to September 10th of the same year, during which time the prover lost 38 pounds, and urine increased in quantity from 36 ounces to 56 ounces; sp. gr. from 1019 to 1026. The conclusions drawn by the experimenter were to the effect that "*the whole of the meat eaten had been excreted by the kidneys*, involving these organs in an amount of extra work as proven by the enormous increase of the daily flow of urine." The test was discontinued owing to the advent of "frequent severe attacks of acute laryngitis, closely resembling 'catarrhal croup' in a child. This with an obstinate constipation and a threatened loss of voice, the author writes, "determined me to suspend the 'proving.'"

His conclusion was that animal food is not assimilated in the body. As there was, judging from the frequent urinary examinations no albumen or sugar in the urine, the excessive sp. gr. must undoubtedly have been the result of uric acid. While he contends that the meat passed out of the kidney in the exact amount ingested, we should, however, rather think that it was metamorphosed into uric acid within the body, and the excessive urinary excretion and heightened sp. gr. were its cumulative effects. Among the most characteristic symptoms produced were the following:

Primarily bilious diarrhœa, which gave way to obstinate constipation; (the writer has seen meat produce a most violent bilious diarrhœa in a patient who had been subsisting for some months on a vegetable and cereal diet); acute laryngeal symptoms resembling croup; somnolency after meals, with wakefulness in after part of the night; dull headache, great irascibility, anxiety and melancholia. "A species of narcosis, characterized by flushing of the face, somnolency with deep sleep and stertorous breathing. As a secondary effect, insomnia and night vigil occurring in the after part of the night. An unhealthy condition of the skin; pimples, boils, and dark discolorations, especially of hands and face." This is the most detailed experiment we have ever had the pleasure of analyzing. Undoubtedly these symptoms are genuine, and in fact correspond in a measure with Salisbury's definition of "meat dyspepsia."

According to Salisbury the symptoms of the various types of fermentative processes are due not so much to the direct action of the offending substance, as to its by-products. Thus he contended that in the fermentative changes set up in the system from the imperfect digestion of the carbohydrates, alcohol and vinegar as well as carbon dioxide were liberated, and acted in a similar manner to these active chemical compounds themselves. And singularly enough his experiment with vinegar, for example, only goes to corroborate the homœopathic provings of acetic acid. This experiment was carried out somewhat as follows: Three men whose diet consisted of "boiled and roasted meats, vegetables and bread for dinner and supper, and hash, potatoes and bread for breakfast," the meats making up one twelfth of the vegetables and bread, were given as an exclusive drink; three ounces of strong cider vinegar in half a pint of sweetened water at each meal, and the same amount from two to three hours after breakfast.

"First night all slept soundly and well. On the afternoon of the second day, all began to feel more or less uncomfortable, with flashes of heat and watery condition of eyes. Pulse accelerated; sour eructations with considerable flatulence, and constant movement of wind in the bowels."

From the third to the ninth day the following were among the prominent and characteristic symptoms induced by this ferment:

Third day. Considerable colic and very flatulent. Flashes of heat towards latter part of day. Bowels moved once. Urine flowed freely. Good appetite.

Fourth day. Bowels bloated, causing much discomfort, with increased heart's action on exertion. Appetite good. Eyes and fauces congested and watery. No movement, sleep somewhat disturbed, blood getting ropy and sticky, urine free.

Fifth. Very flatulent with colic; flashes of heat, pulse 80 to 84; easily excited. Rheumatic pains in knees and shoulders. Pain in region of heart. Eyes and fauces watery, breathing oppressed, constipated. Blood ropy, sticky, stringy. Vinegar yeast appearing in blood. Head mixed. Languid and feels tired on exertion. Stomach acid, appetite only moderate.

Sleep disturbed with dreams. Urine free but contains bile. Eyes and fauces congested and watery. Sneezing occasionally, feverish, perspiration sour.

Sixth. Bowels distended with flatus, colic pains, sour eructations. Head mixed, ears ring, eyes and fauces congested and watery. Hacking cough at times. Blood very ropy, stringy and sticky. Pains in knees, feet, hands and shoulders. Shooting heart pains, breathing oppressed, perspiration sour. At times feverish. Urine high-colored, and moderate in quantity; density 1,026. Breath sour, vinegar yeast increasing in blood, hard, small, light-colored movement, with much wind. Sleep disturbed. Pulse 85 to 88.

Seventh. Bowels much distended with wind, severe colic pains. Acid stomach; sour eructations. Head confused. Ringing in ears. Eyes, nose and throat congested and watery; throat has a scalded feeling. Coughs and expectorates a tough mucus, blood very ropy, stringy and sticky. Pains in knees, feet, ankles, shoulders and wrists. Shooting heart pains, oppressed breathing, limbs prickle and get numb at times, perspiration sour. Alternate fever and chills, urine high-colored, scanty; density 1,030. Breath sour, vinegar yeast increasing in blood, a small constipated passage, followed soon after by 2 loose movements. Sleep uneasy, pulse 87 to 90, neck glands swelling.

Eighth. Bowels very flatulent and full of pains, stomach acid with sour eructations. Head confused and aching, ringing in ears, staggers in walking. Eyes, nose and throat congested, as with a cold. Throat has a scalded feeling, with some difficulty in swallowing. Cough quite severe at times. Expectorates a tough mucus. Blood ropy and sticky, but less tenacious. Vinegar yeast increasing in blood. Pains in upper and lower extremities, with pricking and numbness; head feels numb. Darting pains in heart. Oppressed breathing on exertion. Perspiration sour, alternate fever and chills, urine high-colored and scanty; density 1,032. Two profuse, loose, yeasty movements. Sleep disturbed. Pulse 88 to 92. Glands of neck considerably swollen and tender. Trip-hammer pulsations beginning to show themselves, indicating fibrous deposits in and near the heart." (We have given A's record in full—urine and

blood examinations were carefully recorded throughout the experiment).

"On the morning of the ninth day, all were in such a forlorn, used up, miserable condition, that it was deemed advisable to bring these experiments to an end, for fear of some serious result. All had a profuse diarrhœa, having two or three large yeasty movements each, before time for rising. In all the cases the heart-beat was becoming more or less intermittent and spasmodic, with trip-hammer pulsations, and the numb and dizzy feelings were increasing. I accordingly ordered a breakfast of broiled beefsteak."

Careful comparison of these tables with the provings of acetic acid will show a close correspondence. The especial interest that all such experiments have for us is the fact that such tests to ascertain the pathogenic effects of foods more universally carried out, especially under the guidance of experimentors schooled in homœopathic methods, would tend to develop the finer actions of such substances, that through proper tabulation might be excluded from the dietary of persons manifestly affected by them.

Such general indications as furnished us by experiments of the Salisbury type might well be supplemented by the more extended and carefully conducted tests known to Homœopathy. Whereas, ordinary experimentation relative to metabolic and caloric values are of distinct value, such data need to be supplemented or corroborated by investigations along the lines suggested by drug provings.

While the majority of modern dieticians deprecate the excessive ingestion of proteins, especially red meats, and adhere to the low-proteid standards set by Prof. Chittenden, there are very few who do not still advocate a certain amount of meat or animal food in the dietary.

On the other hand, following in the line of Haig and his teachings regarding the lacto-vegetarian regime, there are but few who still advocate the strict vegetarian regime, but instead we find that most vegetable diets so-called, allow a certain amount of animal products in the form of milk, sweet or fermented, eggs, butter, nuts and cheese in moderate amounts.

Thus we avoid the difficulties that were found to accrue as the result of the total depravity of the vital stimulus furnished by animal products.

Dr. Wiley in his dietetic studies still adheres to the flesh foods. Dr. Woods Hutchinson openly defends and advocates them, Mr. Alfred McCann in his popular and much-talked-of book, "Starving America" and in his various published essays advocates the use of chicken and certain forms of fish in small proportions.

Prof. Allyn of the Westfield Book of Pure Foods fame, while not strictly an advocate of the meatless diet, lays special stress upon the careful chemical examination of foods, and insists upon the asserted purity of all food products, including condiments, spices, et cetera.

S. Lepel, and other dietists of the popular (unprofessional) type are loud in their praises of meat and other flesh foods in the production of the so-called "brainy diet."

McFadden, Otto Carque, Eugene Christian and many others are strict advocates of vegetables, fruits, cereals and nuts; and among a certain class of food specialists, the use of unfired or uncooked foods has gained great popularity.

Among many physicians, there exists the greatest uncertainty regarding this question of diet. Few have the facilities for individual food testing; few have the inclination for the pursuit of such study, yet of all subjects pertaining to the practice of medicine, none is so important, and so deserving of careful, impartial, and sane judgment.

In a modest, but convincing book upon the subject of diet, by Dr. Richberg of Chicago, entitled "Eat, Drink and Live Long," the author states her experience upon the subject of meat eating as follows:

"During her no-meat eating seasons the writer has realized a brightening of the mental faculties, an elasticity of bearing, with comparative freedom from her (inherited melancholia and other disturbing experiences; but also a slight decline of physical force, a lowering of body temperature, an increased irritability as to external impressions, noise, lights, uncongenial associations and to weather changes. With a return to occasional

meat came restoration of the general powers of resistance, a sense of renewed vigor to the muscular system, less easy chilling; but also the less favorable manifestations of mineral deposits in the by-ways—causing lame joints, tired spine, blurred eyes and unsteady hands and head. She has never given the no-meat diet sufficient time for the best results—that is, to overcome the natural but necessarily objectionable, disturbance which any radical change of body-habit arouses.

Conditions not under control have prevented this and the temporary efforts have been each time abandoned with the intention of fully testing the matter at some future time.”

This experience coincides in a large measure with what the present writer has experienced in these investigations; finding it possible to change or alter the dietetic status almost at will, under proper conditions for investigation. There is certainly a marked degree of freedom in finding one's self able to break away from the hard and fast rules of orthodox dietetics, and to wander in the fascinating by-paths of natural living, under the improved conditions of life which it engenders.

Dr. Edward Markham, in his monograph on twentieth century living, entitled, “A Message of Health,” openly advocates the meatless menu for the child up to the age of eight years, in accordance with the latest word upon this subject, as coming from the Report of the Child Welfare Exhibit of Columbia University. He advocates the use of flesh foods for the adult, but in relatively small quantities.

Dr. John P. Sutherland in a recent paper published in the North American Journal of Homœopathy (November, 1914) is able to adduce very cogent reasons why, to his mind, the use of bolted flour, refined or granulated sugar, and flesh foods are distinctly “pathogenic.”

Certainly the opinions of educators of this type, who have not only made careful investigation, but wide clinical applications of such data can but bear great weight in the formulating of our opinions upon the subject, and at all events stimulate us to renewed investigation.

You are all familiar with the advanced papers that have been presented before this Association during the past two

or three years, by Dr. Hutchinson and Dr. Powel; also the careful analysis of food chemistry and physiology of Dr. Carleton and Dr. McAdam. Such creditable achievements are but convincing evidence of the scientific trend in the Homœopathy of today toward a better knowledge of this subject, based upon the proper relationship between food ingredients and the individual patients, for whom such study is intended.

It is not the desire of the writer to consume valuable time in the further consideration of this subject, but it suffices to say that he has long been interested in the subject of Food Provings; and it has been his personal good fortune to apply this method in a simple way for the acquisition of direct and definite knowledge of the pathogenic action of a variety of different foods; knowledge which any person may readily ascertain and apply in the study of the individual dietetic problems which present themselves to be solved. Nothing remains for us but to take active steps in this study; in our homes; in our medical colleges; and finally at the bedside of the sick.

No better preparation can be given the student for the future problems that await him in the care and feeding of the sick, than such study of food pathogenesis as we have outlined. Only brief and simple tests are necessary, provided we get the proper angle from which to view the subject. We do not need to extend our researches to the point of producing pathological conditions, any more than we need to push our drug provings to the point of toxic or even strictly physiological actions. All we require is to get started along the proper channels; the fully developed pictures of food symptomatology will readily appear in the variety of acute and chronic cases furnished us in our clinical material.

In addition to the articles previously mentioned as investigated in the Salisbury experiments, the list included observations upon beef, mutton, eggs, fish, pork, chicken, turkeys and game; and a great variety of the grain preparations and most garden vegetables.

Our developed materia medica contains already the provings of almost the entire list of condiments, adulteratives, and special "rare and peculiar" articles of diet, which, while for

the most inert when properly prepared, occasionally, owing to the peculiar idiosyncrasy of some sensitive patient, readily elicit provings.

The toxic effects of mushrooms, alkaloidal substances found in certain of the vegetables, ptomaines developed through the decomposition of animal food furnish us a readily accessible toxicology of foods; the records in our materia medica contain the more fully developed pathogeneses, and finer symptoms; and finally, further researches along the lines of systematic food proving will furnish us a ready index of the totality of pathogenic food effects. We shall thus the better be prepared to approach the problem of the proper management of acute and chronic diseases. In this light the intricate and complex portraits of the chronic miasms may be shown to better advantage, and finally we shall be better able to meet the qualifications of the true healer of the sick.

## Bureau of Clinical Medicine

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### A PLEA FOR A MORE SCIENTIFIC PRESENTATION OF CASE REPORTS, AS AN AID IN THE ADVANCE- MENT OF THE INTERESTS OF HOMŒO- PATHY, WITH AN ILLUSTRATIVE CASE IN DEMONSTRATION.

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For many years Homœopathy gained adherents, both lay and professional, through the numerous case reports of the frequently remarkable cures it is capable of making. The many failures of old-school therapy were cited and the brilliant successes of the law of similars extolled in medical journals, and by word of mouth in medical gatherings far and wide. Although it is true that the majority of these reports were convincing to the initiated, it must be conceded that many could not bear the light of modern scientific investigation and analysis.

Today men of science seek facts and build up theories afterwards, and where theories do not harmonize with the facts so much the worse for the theories. To such men it matters not at all whether the law of Homœopathy be involved in a therapeutic measure or whether the latter is based upon some other law, or none at all, provided that such measure is in accord with facts proved to be true and is logical in character.

In the homœopathic school of medicine, case reports commonly take on one of two forms; either they assume the char-

acter of dogmatic assertion unsupported by convincing proof, or they lay stress, intentionally or not, upon symptom verification. Where the latter is emphasized, such reports are not only interesting, but of great value to those who may listen to them, since they confirm the experience of others with the remedies employed and strengthen confidence and faith in their use. Under such circumstances, the question of diagnosis of the conditions reported cured is of secondary importance, since to the Hahnemannian the main point is not which particular disease entity was cured, but the fact that a patient was cured, in whom certain symptoms, the counterpart of those known to be produced by a certain drug, were caused to disappear.

This attitude is good as far as it goes, but is of little value to men who are trying to place Homœopathy upon a sound scientific basis. Dr. A., for example, may report a most interesting and valuable verification of *Arsenicum album* say, in a case of septicemia, but unless he can give scientific evidence as proof of his asserted diagnosis, such as the identification of the particular micro-organisms responsible for the infection, his cure will not be accepted at its rightful value and Homœopathy has, to this extent at least, been deprived of an opportunity to advance its claims.

Again, Dr. B. may report an instructive case of aneurism of the thoracic aorta, apparently cured by *Baryta carbonica*. He may, in his presentation of the case, detail good *Baryta carbonica* symptoms which no one can dispute, but if his diagnostic ability is such as to fail to command the confidence of others, no one will place any credence in his statements, or any value upon the supposed cure.

Yet these asserted demonstrations of the alleged superiority of homœopathic therapy have cluttered our literature for years and in reality have absolutely no value as scientific evidence. One swallow does not make a summer, and similarly, one case proves nothing. Patients get well without medicine, or often in spite of it. Medicine is far from being an exact science, although Homœopathy, in its rightful sphere, approaches more nearly this condition than any other therapeutic

method. If we are to advance, nay more, if we are to survive, we must depart from time-worn methods and among the numerous things which we must do, is the necessity for scientific demonstration of Homœopathy in our clinical reports and these, furthermore, must be presented in series of hundreds and not as isolated scattered examples here and there. This means that, for the most part at least, the work must be done by our homœopathic hospitals, especially by those in the large medical centers, such as New York, Boston, Philadelphia, Chicago, etc., where trained men, clinical facilities and laboratories of diagnosis, pathology, bacteriology, radiology, chemistry, etc., are available.

If we can do this, it is certain that within a few years we shall have gone a long way toward compelling the universal acceptance on the part of scientific men, of our fundamental principles. Such men are already acknowledging the truth of our philosophy and are reaching out for confirmation; it is for us to meet them more than half way and convince them of the truth and justice of our claims.

As an example of the kind of case reports the essayist has in mind, the following is in all modesty presented, although not by any means urged as a finished model.

On November 23d, 1915, the writer was called to see a nineteen-year-old college student from Ithaca who, as a result of failing health, had been compelled to give up his studies and enter the college infirmary. While under the treatment of one of the infirmary or college physicians, a diagnosis of "intestinal toxemia" and "decided chronic colitis" was made. After each meal, a small pasty stool was reported and the patient's temperature ranged from 96 to 98, but never became normal. The opinion was expressed by the physician, in a letter to the boy's foster-mother, this letter being now in the essayist's possession, that it would be some two weeks before the boy could be cleared of intestinal toxins and that it would "take quite a month for the patient to get at all in reasonably good condition, with care."

So far as can be learned the treatment was supportive, together with the use of intestinal antiseptics; but the boy not

only failed to improve, but became actually worse. It was then that he was sent home and came under the writer's care. A careful physical examination showed the area of cardiac dullness to extend to the left mamillary line with the cardiac impulse in the same line and fifth intercostal space. No adventitious sounds were present. The pulse was weak and rapid, varying considerably on any slight physical effort. The lungs were apparently normal and there was no enlargement of either the liver or the spleen. No swelling of any of the lymphatic glands could be detected. The pupils were dilated, but reacted to light and accommodation. The patellar reflexes were exaggerated. The early history of the patient was negative, except for malarial fever some four years ago, controlled by quinine, and one or two recurrences of this, again checked by the same drug. The boy's mother was reported to have died of nephritis, following an attack of typhoid fever. The symptoms elicited were the following—feels very weak, is very forgetful, mind seems hazy, mental concentration difficult so that he studies with great difficulty. Dull pain in the forehead, especially on the left side. Vertigo after sitting in one position, or after reading and then directing his gaze at some other object. Dull pain in the abdomen, more on the right side, coming on about thirty minutes after eating and lasting about an hour. Good appetite; bowels moving two or three times a day, but has been taking sodium phosphate. Temperature, by mouth, constantly and persistently subnormal; has been as low as 95 but is never above 98. Sweats from the least exertion on hands, feet and in the axillæ. The sweat feels cold. He feels cold constantly, particularly his hands and feet; has to wear a heavy woolen sweater in the house. Is losing strength and has lost twenty pounds in weight in about three weeks. Is short of breath from the least exertion and when surprised. Even while sitting still his breathing is labored. Stools were constipated before using the laxative and contained mucus. Has not felt well since the latter part of August, 1915.

An examination of the blood was now made and the report, dated November 24th, 1915, among other things showed a

color index of 0.80; hæmoglobin 78 per cent; number of red cells, 4,428,000; number of white cells, 8,200. In the differential leucocyte count, the polynuclears showed 70.5 per cent; small mononuclears, 23.8 per cent; large mononuclears, 4.1 per cent; eosinophiles, 1.6 per cent. The Widal reaction for typhoid was negative. A small number of plasmodia malarix was found.

An analysis of the urine showed nothing but a high specific gravity, 1,030, and a moderate number of calcium oxalate crystals.

An examination of the fæces showed a large amount of indol, a gas volume of 105 per cent, a small amount of skatol, a trace of phenol, no ova or parasites and a moderately high number of colon bacilli.

The diagnosis was secondary anæmia, due to chronic malarial poisoning.

With the symptoms detailed above, no one of our well-proved remedies seemed to agree, so that by a process of exclusion, rather than by direct choice on symptomatic grounds, *Malaria officinalis*, a product of decaying vegetable matter in water, was given in the 200th potency, four times each day, and continued for three days. An immediate improvement was manifested. At the end of eight days, the morning temperature being 97.2, one dose only, of *Malaria officinalis* in the 6000th potency, was given. Five days later decided improvement was noted, with a temperature mostly normal, but never lower than 98. Strength and vigor were rapidly returning. Two weeks later the patient presented practically no symptoms. One dose of the same remedy in the 50,000th potency was given and was the last that was required.

On January 19th, 1916, less than two months after the previous examination of the blood, another was made and showed a general improvement in its condition. The color index had improved from 0.80 to 0.86; the hæmoglobin from 78 per cent to 84 per cent; the number of red cells from 4,428,000, to 4,586,400; the number of white cells had decreased from 8,200 to 7,252. In the differential count, the polynuclears had improved from 70.5 per cent to 73.2 per cent and furthermore no

malarial plasmodia were to be found. Moreover, the patient looked well and felt well, complaining of nothing, was able to return to college and has remained well since.

Surely this interesting case is of value as a concrete demonstration of the truth of the law of similars and of the curative power of the high and highest potencies. The evidence, it seems to the writer, is conclusive and cannot be disputed or cast aside. The remedy used, *Malaria officinalis*, is to be sure, not a polychrest and needs reproving, development and further verification. So far as its evident power to cause the disappearance of the plasmodium of malaria is concerned, the same power undoubtedly belongs to any remedy which is homœopathic to the symptoms presented by any other malarial case. In the writer's own experience, *Natrum muriaticum* has done the same thing, when chosen according to the law of similars. Certainly these facts have an important place in any demonstration of the really scientific nature of Homœopathy and must be of aid in its advancement.

Dr. Roberts: Dr. Rabe's paper is certainly a good one and I think we all agree with him that we ought to be careful in the matter of diagnosis, and, after all, there is no antagonism here between ourselves and the other schools. The methods of diagnosis are the same in all the schools of medicine and moreover we know that even we ourselves are careless in the diagnosis. We know how we feel when someone reports a case who has made some marvellous cure, and we could easily see that it was very uncertain whether or not the diagnosis is correct; whether it was not something entirely different. We know how very unsatisfactory such a report is.

If we knew a little more about diagnosis, it would be a little more satisfactory and we ought to be good diagnosticians. We ought to be able to cure; we ought to know what our patient has, and also, what to expect when we are treating the patient. Something was said about making your diagnosis, and then forgetting it. Well, that is not a bad plan. Make your diagnosis and then forget it when you come to make the prescription. But perhaps the doctor's suggestion is even better than that—to make the diagnosis last, which would obviate

being biased at all by diagnosis. The paper is a good one. We ought to be very careful about diagnosis.

Dr. Dienst: I enjoyed Dr. Rabe's paper very much and I want to emphasize the point partially touched upon, and that is exactness. Dr. Rabe says medicine is not an exact science and yet, he has shown, in the case reported, something that was decidedly exact. It behooves us to work on that plan more carefully, and the more exact we are the better we will be able to prescribe.

Dr. Alliaume: I enjoyed Dr. Rabe's paper and I fully agree that every one of us should make a correct diagnosis of our cases and prove them, wherever possible, by authentic evidence of our pathological findings. A complete analysis of the urine, blood count, blood pressure,—the signs and symptoms of pathological nerve conditions,—X-ray photographs of diseased bones, lungs, kidneys, stomach and intestines,—demonstrate the micro-organisms, cancer cells, etc., in your history of a patient, and then, by being able to show the cure of these cases by homœopathic treatment you can compel recognition of Homœopathy and substantiate your claims to superiority.

Dr. Becker: No one can practice medicine in this country without making an attempt at diagnosis. As soon as we are called in, the family wishes to know what is the disease, meaning what name is given to this group of symptoms. We must make a diagnosis. Everything that we meet with has not been classified. Of course many affections, in fact hundreds of them, are distinctly classified but more frequently than not we meet with groups of symptoms that have not been classified and here we must say these are troubles that have never yet been classified.

Dr. Hayes: I have often thought that it would be a fine thing if this Society could have some sort of a Bureau to collect our cures and present them as they should be. It would be a difficult thing to do but it would not be impossible.

Dr. Stearns: Would you have used that remedy if you had not found the plasmodium?

Dr. Rabe: Most assuredly. That did not influence me in choosing the *Malaria officinalis* in this case.

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### “A CASE OF CHOLECYSTITIS.”

BY HARRY B. BAKER, M. D., RICHMOND, VA.

Dr. B., male, age 46, rather delicate as a child, but no history of serious illness except typhoid fever when six years old. He suffered a good deal from indigestion from his 20 to 26th year when he came under homœopathic treatment. Since then he has had fairly good digestion, though coffee and sweets always disagreed and excessive quantities of starchy food were apt to give trouble.

In April, 1915, he had a slight attack of what was diagnosed as gall tract infection, the symptoms being nausea and vomiting, slight jaundice, temperature running from 100 to 102, and rather more prostration than the symptoms would seem to call for. The attack lasted all together about ten days. The patient was quite weak, and had some soreness in the region of the liver especially when jarred for some time after the attack. His complexion also did not clear up very well.

He was given *Psorinum* 500 in June, 1915, and improved during the summer and fall. Was quite busy during the winter, keeping very irregular hours, eating imprudently, and drinking a good deal of coffee. He was apparently as well as usual on February 4th, but was awakened at 4 a. m. the next morning with a sharp cutting pain in the region of the gall-bladder which was followed by intense nausea and retching. This lasted for 6 hours and was not affected by the remedies administered, but was finally relieved by a hypodermic of one-fourth grain of morphine. The temperature rose to 102 and kept up, and during the day the patient passed a number of small tarry looking stools. His condition did not change much during the next 19 days, except that he became weaker and very emaciated.

Remedies apparently producing no effect, he was taken to the hospital on February 24th and operated on the next day.

The conditions found at operation were a very much enlarged gall-bladder filled with a very thick black bile, and a great deal of inflammation in the upper part of the abdomen, so much inflammation that the surgeon, Dr. McGuire, told him that he simply opened and cleaned out the gall-bladder, put in a drain, and got out as soon as possible. No stones were found and the ducts were normal. Some temperature continued for a couple of weeks, and there was very free drainage of yellow bile. Patient left the hospital on March 31st feeling well though of course very weak. He resumed his work on May 1st.

The etiological factor in this case was probably the diet. Had the patient observed a proper diet, avoiding such things as coffee and sweets which disagreed, he would probably have avoided the second attack. I believe that errors in diet are the cause of most liver troubles. The majority of people, especially those living in the city, eat too much and get too little exercise, their diet also is not properly balanced. In treating cases of this kind we should be specific in our instructions in regard to the diet; general directions are rarely observed. It would be well to have a few plain menus written out or printed so that they could be handed to the patient at the time that he gets his medicine.

Dr. Stearns: Dr. Baker has described a condition which it is always hard to treat and which must at times be taken care of the way he took care of it. The matter of diet is an extremely difficult matter in all cases. The trouble is that most of us eat too much proteid, and a very simple way of reducing the proteids is to consider all of the high proteid foods under the head of meat, and allow meat not oftener than once a day. e. g. If eggs, fish, fowl and flesh are considered as meat, when a person eats eggs for breakfast he has had his allowance of meat for the day.

Dr. Patch: This interesting case of Dr. Baker's brings to mind an experience I have had recently in which a factor has

entered into the etiology which I think has not been brought out in the discussion to-day.

This was a case of severe periodical nausea,—vomiting and headache. Ordinarily it would have been diagnosed chronic migraine, but the thing became so persistent and so severe and so serious that something over a year ago she was seen by several of our best physicians in Boston, X-ray pictures were taken of the case. Dr. Walter Dodd, who is one of the pioneers in X-ray work, and one of the best men to interpret the findings, located stones in the gall-bladder. It was finally decided by three physicians who saw the case from time to time in its most severe phase that an operation would be wise. A little over a year ago an operation for gall-stones was performed. No gall-stones were found, simply a viscid, dark fluid. The wound was drained—she had a pretty serious time of it but eventually made an uneventful recovery. I have been able to follow this case during the past year very closely. The patient was not benefited in any way by the operation. Periodical attacks of severe headache, nausea and vomiting extending over a period of forty-eight hours, have continued during the past year without any pain. She has been prescribed for as carefully as possible but has not been relieved.

Now, in this case, I felt that possibly an etiological factor might have been too heavy an allowance of proteids so I put her on a very low proteid diet; it made no difference; in fact she was not as well. That of course might have been due to the fact that the diet was not well balanced. This woman is now fifty-eight or sixty years of age. She had two brothers, one of whom is living, but incompetent. He has never, since a young man, been able to take care of himself. He has had several attacks of excitement (mental) and has, at times, had to be restrained. During recent years he has been simply in a harmless mental state. Her other brother had acute mania, and finally died, after a severe attack. Her father was a prominent man, but erratic. The mother was the only normal individual in the family and she suffered from these occasional attacks of migraine. The case was undoubtedly of neurotic origin.

Dr. Alliaume: Any further discussion? If not, I will say just a word about cholecystitis from a surgical standpoint.

While the element of diet enters into it very largely, it has been demonstrated that cholecystitis is due to infection coming up from the intestine and it is very often impossible to cure this by any known means of medication. The gall-bladder does not properly drain, the walls of the gall-bladder are very much thickened and the bile itself is so thickened that it does not flow out, and the remedy is drainage, a cholecystotomy or possibly a cholecystectomy. I have had several cases where the destructive inflammation had extended to the obliteration of the gall-bladder. Upon operating we may find gall-stones or we may not. Adhesions about the gall-bladder, occasioned by severe attacks of cholecystitis, often obstruct the outlet of the stomach, the pylorus, and here surgical measures are imperative. At times it is possible to break up these adhesions but at others it is not, and this problem is solved by performing a gastro-enterotomy.

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### WHEN THE DOCTOR WAS SURPRISED.

BY S. L. GUILD-LEGGETT, M. D., SYRACUSE, N. Y.

Case I. March 22, 1916. Miss McL.—88 years of age, taken in the night with suffocation, inability to lie down, etc., called a nearby physician, who injected morphia, gave a "heart tablet" to be taken each hour, and ordered them to send for her own physician early in the morning.

I found stertor, rattling and cog-wheel respiration, lividity about the mouth, rasping systole, and almost obliterated diastole of the heart, which caused me to fear death before the coming night.

Indications for prescription were few. The nurse who had been with her for a long time, said that the previous morning the patient had told them they would better "watch out," as she "would go out before night." I took from case Aconite cm (F.) made a solution in three teaspoonfuls of water, gave

at intervals of fifteen minutes, left a powder to be given if the suffocation should return, and, then, seeing the deep blueness about the mouth, left a powder of Arnica cm. to be given, in solution, two doses, one hour apart, in the afternoon.

Five weeks later she was as well as before, having slowly recovered by careful feeding and nursing. I think Aconite was given once, within a day or two of the attack. That was the only medication she had except the "next best." On May 9th, I saw her in excellent condition, and in spite of watchfulness, she had climbed the stairs that morning, a thing she had been altogether too prone to do before her sickness. This day she complained of seeing "snakes" about her feet. I sent a dose of Calcarea 200. as the simplest of the group containing that symptom, and the most similar to her condition. The heart is all right, beating as normally as you could expect at 88 years. I neglected to state that the doctor first called, when told of the improvement, said, "Miss McL.—was a remarkable woman."

Case II. Miss McL.—blind since 8, now 83 years of age, adopted sister of former patient, had been growing deaf during the past few years; her aurist, a friend, had diagnosed a "hardened tympanum." So, when, during the attendant anxieties of the sister's sickness, the deafness increased rapidly, until she had almost lost her hearing, I looked upon it as irretrievable, and paid little attention, when taking symptoms for a prescription at this time. I had to prescribe occasionally, she was very frail and had had attacks of palpitation which would cause her to sit up in bed unable to sleep. She would be relieved for a time, but the conditions would arise again. This time I saw something more in the indications than usual, returned home and made a re-study.

"Choking; difficult deglutition; considerable pause between each act; catarrh; must eat every few hours; <after eating; losing flesh; weakness; palpitation; <exertion; melancholy; disposition to weep, etc."

I sent Iodine 58m. F. with plenty of our "next best."

A very few days later I was called on the "phone" and some one joyfully exclaimed "Do you see I hear again?" "I had

lost my hearing entirely; having knelt in front of Mary and put my ear close to hear, could not hear a word."

A few days later I saw and talked with her, the happiest woman "ever." She could hear as well as before the late attack. Covering a period of two or three months. I turned to Iodine in Guiding Symptoms, and saw, "Deafness due to morbid condition of the Eustachian mucous membrane; catarrhal deafness, etc.;" but had never thought of prescribing Iodine for deafness of any kind.

Case III. Mar. 24, 1916. Mrs. J. B.—age 35 years, 5ft. 6in. tall, weight 154, robust looking, full of neuritic pains, appearing first in one place, then another, especially head and face; pains constricting, sore, agonizing, lasting hours. Previous night had been right face, neck and upper arm when too bad with Caffein. Sore spots vertabræ and coccyx. Pains like bands, arms, wrists, ankles. Pain in right abdomen extends to knee by drawing up the leg, and followed by large, dark, earthy stool, of pains by slightest jar, by anger; if irritated could strike, throw things, but of course does not; feels like it, cross for first time in life; dark, dry stool, daily. Sleep: many dreams, frequently of hurt animal for which she is to blame because of neglect, offensive flatus and breath. Sleepy.

This is sufficient to recount the painful symptoms for which she demanded relief, as she had endured all she felt was possible. Further examination, from head to foot, pointed to some cause, other than her daily bread and habit of life, and the entire condition suggested mercurialization. I asked that she open her mouth, let me see her teeth, etc. The mouth did not look badly to me, but there were amalgams, and I told her that although I might relieve, I was sure she would never be cured while they remained in her mouth. She owned that she had very sensitive teeth, that dental work almost drove her distracted, and that her dentist would not remove the fillings. I told her to go to another dentist, starting her off with a dose of Belladonna which seemed to cover her general state of irritability.

For the next month by work of an hour a day, the dentist cleared her teeth of amalgams, extracting the two upper wisdom teeth in which were large amalgams. Thereby hangs a tale. I had been able to relieve her of the pains caused during the work by an occasional dose of Staphisagria 200. which is peculiarly indicated for sensitive teeth in dental work. First the pains from jaw up over the bridge of the nose, disappeared; then others, gradually; the jerking when falling to sleep, the soreness of the body, all leaving until it only remained that the legs ached if she sat too long; had even to rise from dinner table and walk up and down for relief.

A "phone" from the dentist to call and see the teeth extracted, sent me to his office in haste. The left wisdom had been filled down upon the nerve and one prong of the root was almost at right angles with body of tooth. The other tooth had been filled upon the nerve, without having been "killed" although it had been professedly treated, and that nerve was sclerosed to the end of the root, and no one knows how much further into the jaw. A piece of the jaw had come with it, which was not exactly necrosed, but was flaky and friable.

The patient had not feared anesthesia, had never suffered from it when before used, so had gone without dread. The first or left wisdom had been removed in about fifteen minutes. The teeth were crowded close in the jaw, with hardly room to work, and the peculiar formation of the root prevented quick work. But, if that was bad, the second was worse, and the patient was under the anesthetic more than an hour, with surgeon, assistant and nurse.

Three days later, April 28th, she came to my office, still nauseated, shaking, weak, unable to retain any food. Questions did not bring the indications of Phosphorus so frequently found after anesthesia. So, looking further I found Glonoine low potency recommended. Reading up in Guiding Symptoms, I found it fitted the present conditions, and gave Glonoine cm. (H.S.) with immediate elimination of disagreeable conditions and much to the delight of the patient.

## RADIUM AND ITS RAYS.

BY CHARLES E. ALLIAUME, M. D., UTICA, N. Y.

To understand the value and action of Radium in the treatment of cancer and other morbid tissue conditions, one must become acquainted with its physical characteristics.

Like so many of the great discoveries, the discovery of that property of matter called "radio-activity" was the result of an accident. In 1896, the French physicist, Becquerel, was investigating the effect of the fluorescent light of uranyl potassium-sulfate upon photographic plates enclosed in a light-proof cover. One cloudy day the uranium salt was laid upon the covered plate in a drawer to await a day, when the salt might be excited to fluorescense by the action of sunlight. Several days later, when a new plate was put into the holder and the old one developed, to his great surprise, Becquerel found that in the closed dark drawer the unexposed salt had strongly affected the photographic plate, causing a very dark spot. Numerous experiments convinced Becquerel that he had discovered a new property of matter, and careful investigation showed that this property of affecting the photographic plate was peculiar to the element uranium, the effect being proportional, ordinarily, to the uranium content of the various salts which were used.

This property of spontaneously sending out energy in the form of rays which, like the X-rays, penetrate through matter and cause such changes, has been called radio-activity, and the rays of these substances sometimes are called Becquerel rays. Later Becquerel found that the rays of uranium cause also the discharge of electrically charged bodies, and Rutherford showed this to be due to the ionization of the gas through which the rays pass. These phenomena were most remarkable as they seemed to be due to a substance being able to give energy in the form of these rays without undergoing any change or receiving energy in any ordinary form.

The photographic effect and the ionization of gases furnish very delicate tests of radio-activity, the photographic being a qualitative test, where the electrical method may be quanti-

tative. Gases ordinarily are non-conductors of the electric current, but when acted on by the Becquerel rays, the molecules of the gas are split into electrically charged parts or aggregates called ions. The simplest form of instrument for measuring the intensity of the ionization of gas, which is a measure of the intensity of the radiations of a radio-active substance, is some form of a leaf electroscope. A very thin, narrow strip of metal foil, gold, silver or aluminum, is attached by its upper end to a well-insulated vertical metal support which is contained in a metal case, suitably provided with windows for observing the leaf. When a charge of electricity is communicated to the leaf system, the charge on the leaf is repelled by the charge on the metal support and the leaf moves out towards a horizontal position like an inverted L. This repulsion is proportional to the charge on the leaf system. If a radio-active substance causes the air in the electroscope to be ionized, that is, to become a conductor, the charge leaks away and the leaf moves back to a vertical position. By means of a reading microscope and scale, the rate of movement of the leaf may be observed. This rate is proportional to the intensity of ionization of the gas. If the instrument is calibrated, the result may be expressed as a current, since a current is the rate of passage of a quantity of electricity. These ionization currents are exceedingly small, that due to a square centimeter of metallic uranium being .00,000,000,000,026 ampere. But activities of the order of 1-100th that of uranium may readily be detected by this method.

Uranium is not the only radio-active element, for after, in 1898, Schmidt, and, independently, Mme. Curie, found that the element thorium was radio-active, its activity being a little less than that of uranium. Mme. Curie, in studying the various minerals by an electrical method, found that certain of these were more active than metallic uranium, which was supposed to be the most highly radio-active substance. On separating the uranium from these minerals, it was found to have its normal activity, and so it was concluded that the minerals must contain a more highly active substance. In a chemical investigation of the residues from the most active of these

minerals, a pitchblend from St. Joachimsthal in Bohemia, Mme. Curie discovered that the bismuth in the mineral, when separated, possessed a considerable activity. To this new substance she gave the name polonium. Shortly afterwards, Professor and Mme. Curie and G. Bemont found that there was another radio-active substance which remained with the barium from the pitchblend. This barium salt was converted into barium chloride and subjected to a process of fractional crystallization, resulting in a concentration of the radio-active substance, which was found to possess (in a pure state) an activity several million times that of uranium. This substance was called *radium*. Later Debierne obtained another active product from pitchblend, which he called actinium. Working with the radio-active substances other interesting properties were discovered. One property is their ability to cause many substances, such as barium-platinocyanide and Sidot's hexagonal blende (a form of zinc sulfide) to become luminous. Curie and Laborde found that radium salts are continuously giving off heat in sufficient quantity to keep the salt several degrees warmer than the surroundings. In one hour one gram of radium evolves sufficient heat to warm 134 grams of water through one degree centigrade (134 calories). Walkhoff, Giesel, Curie, Becquerel and others, found that radium rays produce burns on the skin, much the same in character as those caused by X rays, and it is well known what important and wide application this property, carefully controlled, has found in dermatology and in the treatment of malignant growths.

It may easily be shown by means of an electroscope that the radiation from uranium, polonium, radium and actinium is not homogeneous. A very thin layer of radium salt exposed in an electroscope produces a very intense ionization, so that the charged leaf moves rapidly. If the salt is covered with a thin metal sheet, (say 0.006 cm. of aluminum) or mica, or a sheet of ordinary writing paper, the ionization is found to be only a few per cent of that due to the freely exposed salt. If a second sheet is applied, the ionization is only a little less than that with one sheet. With ten such sheets, the ionization is reduced to about one-half that observed with one sheet. This

is due to the fact that the first sheet cuts off completely some rays which have a greater ionizing effect. The residual ionization is due to the penetrating type of rays. With very great thickness of metal, screening the radium preparation, there is found to be a very penetrating radiation which produces an ionization of the order of one ten-thousandth of that due to the free exposed salt. The readily absorbed rays have been called the alpha ( $\alpha$ ) rays; those of intermediate penetrating power, the beta ( $\beta$ ) rays; and the very penetrating radiation, the gamma ( $\gamma$ ) rays.

The alpha rays produce by far the greatest ionizing effects in gases, although after passing through a few centimeters of air, they are completely absorbed. They have been shown to be positively charged helium atoms, shot out with a velocity of about 12,000 miles per second (1-15th the velocity of light). Due to this velocity and the comparatively great mass of the particles, it is only with the most intense electric and magnetic fields that deviations of these rays could be produced. The deviations, however, proved that the particles are electrically charged, for a moving charged body will always be deflected from its path when passing through a sufficiently intense electric or magnetic field, whereas an uncharged body does not change the direction of its motion. Crookes, using a lens, found that the light of phosphorescent zinc sulfide made luminous by the rays of radium, consisted of numerous flashes of light. The spintharoscope is an instrument which he devised to show these scintillations. A small speck of radium or other highly radio-active material is supported a few millimeters above a zinc sulfide screen fixed in one end of a tube, which contains a lens at the other end. In a dark room, the screen is seen as a dark field dotted with brilliant flashes of light, which come and go rapidly. This experiment very vividly impresses the observer with the fact that the radio-active material is continually shooting out particles, whose impact with the screen is marked by a spark of light. This effect was found to be due to the alpha particles; for, if the radium was moved away a few centimeters or if it were screened with a very thin paper, the scintillations ceased. The length of a

path through which an alpha particle produces its characteristic effects of ionization, photographic effect, scintillations, etc., is called its range. The ranges of the alpha particles of the various active substances have been measured and are found to be different for the different elements. The range of the alpha rays of radium is 3.3 cm. in air. This means that at a distance greater than 3.3 cm. from a radium preparation, there will be no ionization in air, so far as the *alpha rays* are concerned, and no scintillations on a phosphorescent screen.

The great energy with which the rays are shot out is the source of the heat that all radio-active bodies produce, for on stopping the alpha rays their extra energy finally is converted into heat. The alpha particles produce the greatest heating effect, furnishing 123.6 calories of the 134 calories which one gram of radium produces in an hour. The effect of alpha rays on the skin, because of their ready absorption, is confined to a thin surface layer, and depending upon the activity of the preparation and the time of exposure, the effect varies from a faint reddening to an intense necrosis.

The beta rays are about a hundred times as penetrating as the alpha rays and have been found to be of the same type as the cathode rays. They are negatively charged particles, having a mass of 1/6800th that of alpha particles, and their velocity is of the order of that of light, 186,000 miles per second. The total ionization which the beta rays of radium produce in gases is about 3 per cent of that due to the alpha rays, the heating effect being also of this order, since the beta rays furnish 4.3 calories of the 134 calories given off per hour by one gram of radium. The beta rays of radium are nearly completely absorbed by 8 millimeters thickness of aluminum or 2 millimeters of lead. Roughly, it may be assumed that the thickness of matter required to absorb any type of rays is inversely proportional to the density of the substance, or that the absorption is proportional to the density. Beta rays are more energetic in their action on the photographic plate than are alpha rays, but while they excite phosphorescent substances, the effect is generally much less than that due to alpha rays. Changes in coloration take place when many substances

are exposed to the action of the rays—but here again the effects of beta and gamma rays are usually much less than those of the alpha rays, although in the latter case the change is limited to a surface layer, whereas the change due to beta and gamma rays penetrates deeper. Some kinds of glass at first become violet and on longer exposure almost black. The rays cause many chemical changes to take place. They ionize the air, and under the action of its own rays, the solid bromide of radium exposed to air decomposes its water of crystallization into oxygen and hydrogen, the salt loses bromine and is slowly converted into a carbonate. Under the influence of the beta and gamma rays of radium, hydrogen and chlorine combine to form hydrochloric acid, and water is decomposed to give hydrogen and hydrogen peroxide. The physiological effects of the beta and gamma rays—while not so intense as those of the alpha rays—because of the greater penetrating power of the beta and gamma rays, find very useful application in the treatment of many forms of skin diseases, tumors, etc.

The gamma or very penetrating rays are analogous to the X-rays, but are much more penetrating than the X-rays produced in a hard vacuum tube, and they are from 10 to 100 times more penetrating than the beta rays. The total heat effect of the gamma rays of radium is about of the same magnitude as that due to the beta rays. The gamma rays are not deviated by the electric or magnetic field. They are closely related to the beta rays, since they are capable of being transformed into beta rays. It is quite probable that their ionizing effects in gases is due to the secondary beta rays, which the gamma rays produce. The gamma rays of radium are half absorbed after passing through 115 meters of air. Due to the gamma rays, a delicate electroscope could readily show the presence of one gram of radium more than 100 meters distant. The gamma rays of radium are absorbed to the extent of about 40 per cent after passing through one centimeter of lead; and after passing through ten centimeters of lead, there is still 0.6 per cent unabsorbed.

Gamma rays from 30 milligrams of radium can still be ob-

served by means of an electroscope after passing through a foot of iron. As it is difficult to accurately measure the current due to the intense ionization produced by larger quantities of radium (quantities of the order of one milligram or more), it is now the practice to compare such quantities of radium by means of their gamma ray ionization current. The international gamma ray radium standard was prepared by Mme. Curie by carefully weighing out a quantity of pure dry radium chloride, and standards prepared by comparison with this international standard, furnish the means of accurately estimating larger quantities of radium.

In the use of radium for treating cancers, skin lesions, etc., it is put up in various forms and quantities. For skin work it is used in square applicators, where it is held by varnish, applicators made of cloth and so on. The universal applicator is the glass tubes of various sizes, in which the radium is sealed, and which are placed in silver tubes,  $\frac{1}{2}$ MM. thick. These are in turn placed in brass screens and then used as required. All of these various forms of screens are further screened by pure sheet rubber, because it not only protects the applicator from the foul tissues, but prevents burning from the metal of the screens which becomes radio-active from secondary rays.

A large part of the substance of this paper was obtained from Charles H. Viol, Ph. D., with whom I spent some time in studying the physics of Radium.

#### *Radium in Medicine.*

In medicine, Radium has its field. It is now recognized that the therapeutic value of most of the noted mineral springs is due to the water being radio-active.

Radium solutions of various strengths are being used intravenously,—by drinking, and by bathing, for such intractable conditions as simple and pernicious anaemia, high blood pressure, neuritis, rheumatism, arthritis-deformans, etc.

#### *Radium in Surgery.*

In surgery, Radium has reached its highest development,

but even in this department we feel that the use of Radium is very imperfectly known and that the future will reveal still more value of this wonderful agent. Many of the unsightly birthmarks, port-wine stains, angiomas, moles and pigmentations of the skin which have heretofore been treated with rather indifferent results, yield to the use of radium, while in epithelioma, rodent ulcer and the various forms of cancer, the results have been marvelous, and beyond those obtained by any other known methods.

It should be understood that Radium will not cure all cases of cancer,—that no claim is made that it takes the place of surgery or that it relegates the up-to-date X-ray outfits to the scrap-heap. But the claim is made and amply substantiated that Radium is curing more cases of cancer than any other one method; that it often reduces an inoperable cancer to an operable one; that it is curing many cases heretofore looked upon as hopeless and in those cases that really are incurable, it takes away the pain, the terrible odor, and relieves or entirely does away with the alarming hemorrhages incident to this condition. Fibroid tumors of the uterus are being successfully treated by radium, and the value of such a treatment can easily be seen when the radical hysterectomies can be avoided with their percentage of fatal terminations, shock and other sufferings incidental thereto.

Many factors enter into the problem of the successful use of Radium. The technique of filtration, the length of time of the application, the amount of salt necessary to be used, as well as its form and shape, the location and position, the susceptibility of the tissue involved, its pathology, the varying degrees of resistance of the different normal and abnormal tissue cells, as well as other chemical and physiological and biological facts must be understood before the therapeutic value of this element can be determined. Until experience has given us more knowledge, reports of the results of treatment must continue to be unsatisfactory in many cases; not because Radium is not capable of doing the things we expect, but because as yet we do not always know how to make proper use

of it. There is naturally much scepticism regarding the power of Radium to cure many of the pathological conditions, which it is claimed it will cure. But this scepticism comes entirely from those who are not using it.

The men who are using it are unanimous in declaring that their results are wonderful, and they are astounded frequently by obtaining results far beyond their expectations. The action of Radium on cell life is being scientifically investigated and up to date it has been determined by experiments with the eggs and ova of various animals that radium radiation inhibits cell growth and metabolism and by this means it will cause the death and absorption of the younger and less resistant cells of neoplasms or morbid growths.

Dr. Alliaume: Now, ladies and gentlemen, there is no claim in this paper, no suggestion of its being homœopathic at all, except in its therapeutic use internally. We all know the use of it in that respect. I am making no excuses for the use of Radium but I wish that every man and woman here would investigate the thing before you condemn it.

There is no specific for the cure of cancer; you all know that as Homœopaths. If you believe me at all you can believe that I have seen results that are perfectly marvelous in the treatment of cancers and fibroid tumors and for palliating conditions which are not yielding very satisfactorily to any method of prescribing, or any other known method of treatment. I have tried earnestly to do this work homœopathically and I have succeeded in a few instances. I have been able to absorb lumps out of the breast and I have cured or palliated ulcers and morbid growths that were cancerous. I have been able to carry on a patient affected with an incurable cancer and give them a painless, comfortable death. I have seen a great many cases of cancer that have been treated and clinically cured by Radium. \* \* \* If it will do that much, I am sure you will all agree with me that it is doing better than any other method. In incurable cancerous conditions, when you can, with a few hours' application of Radium, remove all their pain, take away the horribly offensive odors and stop

the exhausting hemorrhages that so frequently occur, and save them the necessity of being stupified by morphine to the extent that they do not know their family, and dying a miserable death, it seems that it is worth while.

Dr. Patch: Have you had any experience with Radium in acute arthritis?

Dr. Alliaume: I have not. I have used it in chronic arthritis.

Dr. Patch: Have you had good results?

Dr. Alliaume: Yes—very good results. I have a case of Arthritis Deformans that I have injected with 100 micrograms of Radium intravenously, a young man who has been bed-ridden for about five years. His joints are practically all immobile, including the jaw. He can't open his mouth far enough to get a spoon in. He has to lie on his back, his knees flexed and resting on pillows. He is extremely emaciated. His condition is the result of gonorrhoea. I injected \* \* \* \* \* Radium solution into his veins and the day after, he had sensations of warmth and comfort all over the body. He slept better, he felt less nervous and there was a marked loosening of the joints. His father massages him every night in order to keep out a certain amount of this stiffness. At the time I made this injection his right wrist had become inflamed and very much swollen, and his fingers were getting into a clawlike condition. His hand was decidedly red and inflamed and he could not lift it without excessive pain. In two days the pain had all gone out of it. In two weeks after that I gave him another injection and in a lesser degree it produced practically the same effect. I asked him if there had been any effect upon the kidneys and he said "No" and the reason I asked this was because the intravenous injection of Radium often produces a great flow of urine.

Radium is also used in skin diseases—in various forms of eczema, pruritis of the vulva and anus, acne, and different things of that sort, with wonderful results.

## VERIFICATIONS AND CURED SYMPTOMS.

BY ROYAL E. S. HAYES, M. D., WATERBURY, CONN.

Chronic effects of puerpural sepsis: cachexia weakness; uterine tenderness and subinvolution; purulent white acrid leucorrhœa; daily headache; sensation of motion in abdomen; dizziness when rising in the morning: *Carbo animalis* 1m.

Effects of grief: Woman, sleepless; restlessness after first nap from dwelling on her loss; mental apathy; horrible dreams; rectal bleeding at stool; dull frontal headache; cerebral congestion; heightened color; heat waves night and day without perspiration: *Amyl nitrosum*, 1m.

Traumatic shock: weakness; weeping; trembling; sensation of general quivering (after effects) *Lecithin*, 2c.

Remnant of chancre: after *Merc. sol.* had ceased to improve; intense burning appearing 10 minutes after urinating; local symptoms relieved after bathing; a warm-blooded patient: *Calcarea sulphurica*, 9m; 4 doses about 4 months apart; no secondary symptoms.

Cankers: appearing and increasing rapidly on lips and gums; white base, large bright-red areolæ: *Kali chloricum*, 2c.

Cholithiasis: Intense aching and beating in epigastrium <after eating and while lying: *Bellis perennis*, 2c.

Interstitial renal insufficiency: Occipital and vertical headache when awaking in the morning >while lying <attempting to do easy housework; lying awake nights to think; dyspnœa as from excitement; end of nose red; confused when in a crowd or with people talking: *Ambra grisea*, 1m.

Uremic convulsions: begin in face; thumbs turned in; unconscious; jaws locked; muscular soreness; face, neck and chest flushed; flushes to head; headache >cold applications; numbness of fingers; face intensely red; pupils dilated; *Kali bromatum*, cm.

Whooping cough: <late afternoon except worst spell at 5 a. m.; >outdoors; eructations during paroxysm; >lying; desire to shriek when awaking; clear stringy expectoration; sensation in stomach as of fright; restless; raw sensation in throat. *Euphrasia*, 10m.

Colds: appearing before menstruation periods; hoarseness <evenings; <talking; hoarse cough; tight sensation throat and larynx; incipient abscess in left breast; pain in epigastrium as if patient had received a blow; sour eructations: *Lac caninum*, 10m.

Eczema: dry eruption; a persistent family trait; warm-blooded; uncovering at night; sleeping quietly only when cool; uncovering feet especially; damp feet in evening. *Calcarea sulphurica*, 2c-45m at long intervals for two years cured two brothers.

Chronic diarrhoea: Diarrhoea every two weeks; stools soon after eating; excessive flatus <after dinner and supper; flatus causing urging as to stool. *Kal phosphoricum*, 1m.

Renal colic: dull forcing-down pain, centering at first in right illiac region then intense and shooting into penis; tenderness of right kidney; constant sensation as though bladder was full but not >after urinating. Violent attacks; intelligence and speech at times obliterated by shock from the pain. *Equisetum*, 10m, then 2c.

Late effects of arterio-sclerosis: Flushes of blood to head, dark red, even bluish countenance; extreme dyspnoea, dilated pupils; bulging eyeballs; <lying; thirstless; violent shaking. *Opium*, 1m.

Confused delirium: Wants Yale dean 'phoned about the medicine then soon forgot it; thinks his symptoms are new; answers foolishly; doesn't know where he is; scrutinizes close to nose; suspicious; flush of blood to head, when lying, with bursting sensation in neck and about ears. *Amyl nitrosum*, m.

Varicose veins: Left leg; smarting; stinging; swelling; <after hot bathing; preventing sleep at night; head sweats easily. *Calcarea fluorica*, 2c.

High tension of pregnancy: Spells of fullness in head; sensation as if blood would burst from eyes, ears and nose; pressure in epigastrium with dyspnoea. *Glonoine*, cm.

Poisoning from suppressed boil: He "killed" an incipient boil on wrist by opening and applying some chemical. After three weeks the site of the boil remained sore and an auxiliary gland was swollen, smarting and stinging <at night, after

sleeping; then burning and aching of left arm <when moving it; tendons taut; general stiffness; lameness of all joints except in back; vibrating surging sensation all through the body; pains in various places as if pounded, crushed, cut in pieces, shooting in chest, shooting upward in hips, sawed-off sensation of extremities <right and as if the partially amputated part was hanging with throbbing pain; <motion; >changing position; hysterical agony; aversion to answering; stifled sensation in warm air; <11 p. m. to 3-4 a. m.; swearing; repeating sentences over and over; threatening suicide; arose in bed, gasped, had chronic convulsions, then lay down saying, "Back in this hellish place" over and over, fainter and fainter; slept three minutes; awoke with a start, told of dream, then convulsion again; craved cold drinks; repeated over and over, "S-o-t, sot." Jerking of right leg, then head, so forcibly and quickly as to be a snapping; spasmodic stifled breathing; twitching mouth; convulsive sobbing (not weeping); pounding-throbbing in body like short waves rising to throat; seeing "wriggles"; >closing eyes; twisting, wrenching, bruised, frost-bitten, pounding pains; crushing agony in epigastrium <thinking of it, >changing position; nausea at thought of food. Lachesis palliated; other remedies failed; Oxalicum acidum, 40m then 2c cured.

Dyspeptic diarrhoea: 3-5 daily green, slimy, painless stools; frequent urination alternating with retention; gums irritated by rubbing them; uncovers at night; sweating head; emaciation, <in legs. Calcarea fluorica, 2c.

Quincke's Œdema: Forearms red and swollen mornings; first day right; later the left; forearms appear like bags of water, with blotched redness. Lac. deflorata, 1m.

Subacute catarrh: Stitching in throat while indoors; >warm food; deep redness of throat; choking sensation; adherent white mucus in posterior nares; dribbling of urine evenings; young man of 18. Hydrastis, 6m.

Stage fright: Violinist; nervous trembling and holding breath; mental lethargy; says his mind is prostrated by lack of confidence. Kal phosphoricum, 1m.

Lumbago: Stitching when breathing; spasmodic rigidity ar-

resting respiration; compelled to sit bent far backward; could not turn. *Gelsemium*, 1m.

Gastric tetany: Hands and feet affected; gnashing teeth; sighing, screaming during sleep; throws himself backward; swallowing during sleep; shrieks unless held. *Cina*, 1m.

Tetany: Infant, age 11 months; ill two months; dozing, waking with a start; frets; must be held standing; cries when holder sits; alternate constipation and diarrhœa; diarrhœic stools; yellow water, mostly in the morning; loss of weight; sweating of scalp; fever. *Magnesia muriatica*, P.

Tumors: Probably adeno-sarcomata; lump in center of each cheek the largest about an inch in diameter; stony, hard, tender; appeared first in right, then in left; skin over the larger tumor bluish; appeared about to ulcerate; cervical glands hard and round; size of marble; sleepiness; aversion to being disturbed; aversion to touch or being lifted; would not lie on left side; large ill-shaped head; bony prominences exaggerated; scalp perspiring freely. *Calc. fl.* 200. Improved three weeks then left cheek became worse, sluggishly inflamed, very sensitive to touch and painful in cold air. *Lachesis* 1m. In a few weeks the child appeared normal.

Metrorrhagia: climacteric; soreness of lumbar sacral and abdominal regions; bearing down pains; feels uterus push up in act of sitting down. *Natrum hypochloridum*, 1m.

Anæmia: after hemorrhage; dizziness; feels heart beat hard; dyspnœa; exhausted after walking; numbness and tingling of fingertips. *Coca*, 2c.

Bladder irritation: after removal of uterine fibroid; roused every two hours at night; constant urging in daytime; sensation as if bladder was full even after urinating. *Equisetum*, 30.

After grippe: Weakness; empty sensation without appetite; slight jaundice; mucus rattling in bronchi. *Hydrastis*, cm.

Neuritis: After carrying a weight with forearm extended with the arm and shoulder relaxed (stretching the nerve); numbness and tingling of hand and forearm while extended; prickling sensation prevents grasping. *Strontia*, 2c.

Car sickness: Turning sensation when seeing vehicles in motion; tremulous appearance of atmosphere; always with

headache. Chloroform 30x. One dose when travelling. Stirred sensation in head; >fresh air; hazy vision; <closing eyes; plethoric woman; weight 203 pounds. Arnica, 2c. in five weeks Arnica 1m.

Neuralgia: Patient a spinal sclerotic; after a fit of anger; intense burning pains shooting downward appearing suddenly; wild, delirious, writhing and tossing. Tarentula hispania, 2c.

Dysmenorrhœa: Scanty flow first day with throbbing, streaking pains. Bellis perennis, 2c.

Muscular Rheumatism: Pain in lower extremities; extends to back <right; <first motion; weakness felt in morning until after moving awhile; >after dinner siesta; >warmth; sensitive to cold weather; history of several years; old lady. Calcareo fluorica, 2c; one dose eight weeks apart.

Chorea with cough: Boy of 9; recurrent cough since emphysema 6 years previous; <indoors; <when confined to school; dry, hacking cough; sounds as if coughing in an empty barrel; from cough caused by sensation as of something rubbing in larynx; twitching; constant motion; stammering; <attending school; irritable; physical examination negative. Kal phosphoricum, 1m; two doses, two and one half months apart.

Chronic catarrh: Nasal passages dry in the morning, blowing clotted blood; raw sensation when inhaling cool air; difficult swallowing; hawking of crusts from throat; secretions viscid, stringy, yellow, blood streaked; chronic bronchitis; fulness after eating a little, much belching, ancient constipation. Many similar cases. Hydrastis, 6m.

Dental abscess: Hard lump on lower jaw; stitching pain <lying; >cold applications; >nights; occipital throbbing and aching; salivation. Ferrum phosphoricum, 2c.

Footsweat: Offensive odor; tender feet; swollen in evening; numbness and prickling of arms at night; <in front of elbows. Kal phosphoricum, 60x.

Acute pharyngitis: Right side then left; dark redness; intense soreness; <moving tongue; pain extending to left ear; lumbar backache; frontal headache; dizziness when rising and after sitting awhile; bitter taste; sensation of lump left side of

larynx; craving fresh air; following wet feet. Many similar cases. Kali iodat, 1m.

Hemorrhoids and hematuria: Hard, dry, sore, purple hemorrhoids; large dry stools; heavy pain in bladder and urethra: <after urinating; stinging like a bee, then burning; history of nephro-lithiasis; probable calculi in bladder. Calcarea fluorica, 2c.

Hematuria: Old case of nephro-lithiasis; sharp-aching pains in bladder; the hemorrhage is from the bladder; no other symptoms. Oil of Erigeron in 2-3 drop doses is the old eclectic specific for old hematurias. Erigeron, 2c; One dose did finely; better than all previous antipsoric and other remedies.

After pains: Genito-crural pain, appearing suddenly and shooting downward; urine retained. Xanthox 41um, 50m; one dose.

Hypoadrenia: Tachycardia, weak spells; dyspnoea lying with head high; prostrated feeling; lies down all day; perspiration; backache. Kali phosphoricum, 2c; one dose.

Delayed resolution in pneumonia: Hacking cough <coming indoors; >outdoors; <lying on left side; easy perspiration; tired constantly. Iodum, 1m; one dose.

Indurated liver: Aching in epigastrium which had been a distressing symptom for many years and had been relieved by many remedies; this attack lasted many days resisting all ordinary remedies; the aching was relieved with heat; there was a sensation of bruised soreness in the left hypochondrium; history of cholithiasis. Gallstone 30x, one dose relieved effectively.

Gastralgia: Intense smarting in epigastrium, shooting up chest to head and down arms; >heat, everything taken into stomach increases the distress. Bismuthum, 3m; one dose.

Recurrent colds: Four months; obstructed nostrils with raw sensation; watery discharge; soreness of scalp and eyelids; cough while talking or while under any excitement. Justicia adhatoda, 2c; one dose.

Gastric neurosis: Old lady; after sleeping 2-3 hours at night jumping suddenly out of bed with violent hawking attempts to eructate mucus from stomach; sensation of mucus in stom-

ach which must be brought up; tickling in abdomen and stomach causing cough. Hydrastis 30x every two hours averted the paroxysms for a time.

Nasal catarrh: Orange colored discharge; aching and tenderness in scalp; also several cases of antrum disease. Kali phosphoricum 2c; one dose.

Dysmenorrhœa: Dull pain in uterus; sharp pains in ovaries; sensation of something tight across sacral region; restless tossing; discontented with everything and everybody; irritable; cold as if blood was chilled; cutis anisera; sleepless until late; restless; fidgety. Kali phosphoricum, 2c; one dose.

Wounded finger: Two weeks after end of finger was accidentally amputated and treated with balsam of peru, a spur of horny tissue was projecting and growing out from the end about a half inch long. It was covered with black crusts from the cracks of which exuded thick white bloody pus; spells of sudden aching and pricking; <mornings i.e. first moving about; <heat. Kali muriaticum 12x, t. i. d. cured in ten days.

Effects of surgical operation: Exhausted sensation; physical weakness; apparently from constant anxious dread of disease. Lecith 2c; one dose.

Acute sinusitis: Shifting soreness of scalp; <occiput; >pressure at first then much<; <awaking in morning; dizziness with blinded vision from any quick motion of head; bright orange colored glutinous discharge from nostrils with scales; stringy, elastic discharge from posterior nares. Kali phosphoricum, 1m; one dose.

Bronchitis: Continuing six weeks after wet feet; loose cough <morning and after supper; <outdoors; <when tired from exercise; cold feet; wakens in the morning with headache; full sensation in trachea; fainting in the morning; generally >out of doors. Kal nit 5m caused a flashy improvement, followed by paroxysmal spasmodic cough morning and evening; >after thorough expectoration of thick, yellowish, lumpy sputum; <warm days. Kali sulphuricum, 1m.

Effects of alcoholism: Headache; dull heavy drawing from forehead and temples to back of the head; dizzy spells. Paris quadrifolia, 30x; one dose.

Tachycardia: Woman of 30; apparently the effects of diphtheria poisoning when a child; dyspnoea when first retiring at night; >after lying a short time; distention of stomach with gas causing dyspnoea and a full sensation in the throat. Palladium, 2c and 45m at long intervals.

Acne vulgaris: Papules sore and sensitive; serous discharge forming small crusts; <by shaving; lazy sensation; sleepy spells. Carbo animalis, 3m; one dose; an attack lasting five years, cured in two weeks.

Headaches: An overworked contractor; waking with dull heavy headache in morning or at night; >after rising; throbbing with quick motion; pressure across forehead and nose; sometimes sharp and shooting pain; mental activity preventing sleep. Kali phosphoricum, 1m; one dose.

Effects of worry: Worrying about ill husband; chilly shaking spells with real coldness coming when warm in bed; >warm drinks and a little attention; sensitive, fretful and worried. Kali phosphoricum, 1m; one dose.

Quinsy: Right side; sensation of a dry spot; regurgitation of fluids; pain in ear when swallowing; tongue covered with dirty yellow coating; saliva increased, thick and stringy. Lycopersicum 30x; one dose.

General exhaustion: A pale thin woman with feeble vitality many years; prostrated by least extra exertion; constant weariness; attacks like hepatic colic preceded by arthritic lameness and stiffness; gallstones had been removed; backache compelled lying much of the time. Cascarella, 1m; one dose produced a wonderful and lasting change.

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## CLINICAL EXPERIENCES.

BY ERASTUS E. CASE, M. D., HARTFORD, CONN.

### 1.—*Eczema.*

This case is interesting because of the return of old conditions which cured chronic ailments that had resulted from them.

A teacher, aged forty-two, has had facial eczema several years under old-school treatment.

Thick crusts cover both cheeks, and when they are removed the exposed surface is purple and moist. She has used ointments always and steam baths to remove the crusts.

Sensation of cobweb on the face is ever present.

Heavy, pressing pain in the occiput; worse from bending the head backward.

ringing sounds with deafness in the right ear.

Pharyngeal catarrh; mucus thick, albuminous, sometimes yellow.

Stools hard, knotted, so large that the anus is cracked.

The remedy is clearly seen.

1915, June 12. One powder Graphites 1m B. & T.

June 29. The face is already better. An old symptom—stiffness in the muscles of the neck, with sensation as if the head were pulled backward, came and is passing off, and the occipital pain is going with it.

Saccharum lactis.

July 21. Face still improving. The pain has gone from head and neck.

Saccharum lactis.

August 21. Lately some new spots of crust show on one cheek.

One powder Graphites 9m Fincke.

September 22. The face is much better. She had a cold after the last prescription with raw, peppery sensation in the throat, but that yielded to the usual remedy (Placebo).

This was the same type of colds that she used to have frequently.

Saccharum lactis.

October 20. The deafness and ringing of the ear, also the pharyngeal catarrh are no longer present.

She sometimes has the sensation of web on the face, but very little of the crusty eruption.

One powder Graphites 23m Fincke.

December 15. Improved until recently. Not much scale on the face, and no sensation of a web.

New symptoms:

Itching of the face; worse from warmth and from bathing it.

Chilly in bed at night; cannot keep warm.

These are symptoms of the remedy complementary to Graphites.

One powder Sulphur 1m B. & T.

March 16. Improved until recently.

One powder Sulphur 40m Fincke.

May 22. In answer to a letter of inquiry she writes—"I am well, and shall probably explode with satisfaction and vanity over the appearance of my face, which is free from blemish. If such a disaster befalls me, you will be responsible for it."

## 2.—*Neurasthenia.*

A tired school teacher, twenty-nine years old.

Loss of memory; cannot remember what she reads.

Worries about herself, fearing that she will die.

Objects before vision look red.

Taste in the mouth like carbolic acid.

No appetite; full of gas in both stomach and abdomen.

Menses come once in three weeks, very profuse.

Feet and hands cold and damp.

Extremities feel hollow, light as if they would float away.

Whole person seems light, as if it would not stay upon the ground.

Difficult to get to sleep, then soon reawakens.

No energy of mind or body; does not care to think or move at all.

Böenninghausen's repertory is consulted. The remedies of the second, third and fourth degree of importance are compared, and dropped as they cease to be indicated by the symptoms.

Light sensation in the limbs: Agar. (2), Asar. (3), Cannab. i. (2), Coff. (3), Dig. (2), Hyos. (2), Op. (3), Stram. (3).

Anxiety: Agar. (2), Cannab. i. (4), Coff. (2), Dig. (4), Hyos. (3), Op. (2), Stram. (3).

Memory weak: Agar. (2), Dig. (1), Hyos. (4), Op. (2), Stram. (3).

Objects before vision red: Hyos. (3), Stram. (1).

Menses early: Hyos. (1), Stram. (1).

Menses profuse: Hyos. (4), Stram. (4).

Hyoscyamus and Stramonium vie with each other, the former with seventeen points, the latter with fifteen. Of these Hyoscyamus can not remember what she reads. A study of the *Materia Medica* leads to the conclusion that Hyoscyamus is the correct remedy.

1915, May 7. One powder Hyoscyamus 1m B. & T.

May 26. She felt much better, but took physic because the bowels were constipated.

One powder Hyoscyamus 40m Fincke.

June 11. Great improvement. Memory better; no red colors before vision; light sensation gone; taste is all right; sleeps well.

Saccharum lactis.

July 2. Still gaining.

Saccharum lactis.

July 16. Not sleeping so well. Objects again look red, and the sensation of lightness is sometimes present.

One powder Hyoscyamus cm Fincke.

September 8. Improved until recently.

One powder Hyoscyamus cm Fincke.

1916, January 18. Gained until this month.

One powder Hyoscyamus 5cm Fincke.

Her good health was restored.

### 3.

A tool maker, aged twenty-eight years, has had for several months:

Heat in the mouth and throat by day and by night.

Sensation of weight in stomach after eating.

Stomach is sore to touch even of clothing.

Frequent attacks of bilious vomiting from no known exciting cause.

Abdomen full of flatus in the evening, painful; cannot expel it in either direction.

Constipation with no inclination to stool; takes physic daily. During urination has acute pain in the testicle.

The last symptom is very peculiar. Kent's Repertory has only one remedy under that rubric, and that remedy covered all his symptoms. It was a remedy that I had never prescribed, and four doses of it were given to make sure that it made an impression, and it did.

1916, March 14. Four powders Polygonum hydropiper 9c Fincke, one powder every three hours.

March 21. He came into the office saying: "I congratulate you upon curing me, but I thought the medicine would kill me at first."

His sufferings were thus described: He soon had severe colic pains with rumbling in the abdomen. This was followed by two or three stools per hour, dark, watery, with some mucus, great tenesmus, burning and smarting of the anus. These continued for about twelve hours. Then the former troubles were gone and he is well.

All the symptoms during the aggravation are found under the same remedy in the Guiding Symptoms.

#### 4.—*A Doubting Thomas Convinced.*

A merchant, aged sixty-six, a man with deep prejudices, had been sick a month under allopathic treatment. His son, who had seen the good results of homœopathic prescribing in his family, tried to have him call his physician. The father replied: "I have no faith in him. He does not give any medicine." "Have you not been sick a month?" "I have." "Have you not taken plenty of medicine?" "Yes, indeed! large doses and frequently." "Are you any better?" "I am growing worse." "Then why not try the small doses?" "Well! send the doctor along."

The son told me the morning conversation.

The call was made at 7 o'clock in the evening.

The patient was pacing the floor, and when asked why he did not sit down, replied that he "felt worse while sitting, and much worse while lying in bed, he was so restless."

He had a cough, with yellow, sweetish expectoration; worse while lying down, especially if lying on the left side. He could only lie upon the abdomen.

He was anxious, afraid that he would die.

The pulse was slow, tremulous and small, skipping irregularly every second, third or fourth beat.

While symptoms were being gathered he objected, saying that "he never before had such questions asked him by any doctor." "It is necessary to know about you, for if successful the prescription must be made for your condition."

When from the tail of his eye he saw the appearance of Bœninghausen's Repertory the expression on his face was amusing, but nothing was said.

This is the study, comparing the remedies of third and fourth degree of importance under the leading symptoms.

Aggravation from lying upon the left side: Acon. (3), Am. c., (3), Bar. c. (3), Cact. (3), Colch. (3), Nat. c. (3), Nat. m. (3), Nat. s. (3), Par. (3), Pho. (4), Pul. (4), Sep. (3), Sul. (3), Thu. (3).

Anxiety: Acon. (4), Am. c. (2), Bar. c. (2), Cact. (2), Nat. c. (2), Pho. (4), Pul. (4), Sep. (3), Sul. (3).

Restlessness: Acon. (2), Pho. (2), Pul. (4), Sep. (4), Sul. (3).

Expectoration yellow: Acon. (3), Pho. (4), Pul. (4), Sep. (3), Sul. (3).

Expectoration sweetish: Acon. (2), Pho. (4), Pul. (2), Sep. (2).

Pulse tremulous: Pho. (1), Sep. (3).

Pulse slow: Pho. (1).

Pulse small: Pho. (3).

His march was halted and a powder of Phosphorus 2c B. & T., made with a purposely small amount of sugar, was placed upon his tongue. "There is nothing in that. I cannot even taste it." "Did you taste, smell, or see the disease force that made you sick?" "I do not know that I did." "Is it not reasonable that a small amount of the remedy that is exactly adapted to you might cure?" "It may be so." "It is most certainly so."

Saccharum lactis was left in water for the following day.

The next evening he asked: "What did you do to me last night?" "I gave you a carefully selected homœopathic remedy." "Well! I began to feel better right away. I went to bed, did not cough very much, and slept all night; the first good sleep I have had in a month. This morning my pulse was as good as ever. I ate a good breakfast, enjoyed sitting and reading the morning paper, have taken two hearty meals since, and feel well, excepting weakness and an occasional cough with easy expectoration."

Two weeks later the heart would sometimes give a strong beat after missing one, and that was set right by one powder Phosphorus 1m B. & T.

He went to Florida for his winter outing in good health.

Since then he has called me to see every member of his family that is living at home.

Dr. Case: The laws for selection of potency have not yet and probably never will be definitely formulated. Some thirty years ago a case of neuritis was under my care, to which *Calcarea carbonica* seemed appropriate but it had no beneficial effect in any potency up to the 2c, the highest that I then had. I went to Brooklyn, N. Y., to consult Dr. P. P. Wells. After taking the symptoms and a study of Bönninghausen's Repertory he said: "Go to Dr. Fincke and get *Calcarea carbonica* 40m; dissolve some of it in four tablespoonfuls of water and have the patient take one tablespoonful night and morning for two days, and it will cure her." His advice was followed and the result was as he predicted. The whole evening was spent with Dr. Wells and very profitably. Among other questions I asked him how we could select the potency proper for a patient. After a long period of reflection he said: "After years of experience you will become able to select the potency suitable for a patient and do it very accurately, but how you do it, and why you did it, you never will understand yourself or be able to tell anyone else."

## CLINICAL CASES.

BY MARGARET BURGESS-WEBSTER, M. D., PHILADELPHIA, PA.

Miss K., aged 70, consulted me in September, 1914, on account of neuralgia with which she had suffered for twenty years. She had been under the care of many prominent physicians and had received treatment at most of the well-known sanitariums without the slightest relief, except from the use of various "headache tablets." Because of her poor health she spent her winters in Florida and her summers in the mountains. She had little hope of ever being any better and presented herself to me for inspection only because a friend had urged her to try the "sugar pills" and "my doctor." She would come under my care only on condition that I would permit her to continue the use of "megrin capsules,"—at least until my treatment had produced some relief. She had on the very morning of her consultation taken two capsules, and as a result would feel well the rest of the day. Her lips were blue, however, and the heart muscle greatly weakened, which was, I explained to her, the effect of the drug,—but the drug she would have. I finally consented to see what could be done and she recited the following symptoms: "The first attack, some twenty years ago, was caused by a long drive against a high wind. The pain extends from the occiput over the head to the eyes and is relieved by wrapping the head in a *woolen scarf*—a hot-water bag aggravates. Using the eyes for a few moments in reading or writing will produce an attack, as will sleeping in a room which is not dark. The pain is difficult to describe but when I waken at 4 or 5 a. m. I feel as though a band were being drawn tighter and tighter around my forehead. I am extremely sensitive to cold or even cool weather, cool dampness is especially trying. I suffer from more or less pain daily unless I take the megrim. On these symptoms Psorinum 200 was given. In three weeks she went to Florida. Improvement was noticed within a couple of weeks and continued with occasional relapses, the remedy being repeated in gradually higher potencies as needed. In December she wrote from Palm Beach, "You have accomplished what I even

feared to hope for—broken up my daily neuralgia habit!" The latter part of April, 1915, she came into my office jubilant. "I am cured—I have not had neuralgia for over two months. I have never been free before for fifteen years. I have even forgotten where I packed my megrim." Her summer was spent at Wernersville and toward the end of August reports came which were not as favorable—but the pains were different. I then learned that four years ago she had had some kind of a rectal operation and now small hard gritty balls accumulate in a little pocket just within the anus and must be removed mechanically—the headaches are then generally relieved—but sometimes she resorted to megrim. Psorinum failed entirely as did several other remedies given during the winter of 1915-16. In April, on her return trip from Florida, she was seized on the train with an acute intestinal attack and taken to the nearest hotel. Reports state that she recovered from this attack but she died in four days from heart failure. Query—What should have been her second prescription?

In September, 1912, Mrs. S. consulted me for increasing loss of power in her hands,— her hands ached and were so heavy she could hardly lift them and the tips of the fingers felt as though blistered and were painful to touch. She had had a great deal of grief, worry, overwork and financial strain and she was the picture of distress as she tried to tell me in her broken German way how badly she felt. She complained, in addition to the weakness, of loose morning stools, burning palms, hot vertex, hot flashes, and general aggravation from bathing. I jumped at my prescription and gave Sulphur. I did not see her again for four months. A few of the Sulphur symptoms had been removed but the patient was worse,—the loss of power in the hands was continued and progressive, the tips of the fingers being exquisitely sensitive, the least touch causing pain to streak up the arms to the shoulders. She was sad and tearful; loud talking caused a general aggravation and she jumped at voices. The case reminded me of one reported by Dr. H. C. Allen. His patient had extreme sensitiveness of the tips of the fingers; touching anything produced a sharp painful thrill, compelling her to wear gloves constantly in order

to protect this sensitiveness. She was cured by *Tarentula cubensis*. I, therefore, gave Mrs. S. *Tarentula* 200. In one week she reported "I feel more like having fun," her finger tips were less sensitive and she was less sensitive to noise. In two weeks she had gained five pounds, had more power in hands, better sleep and better spirits. In four weeks she reported herself well.

Mr. E., aged 23, had a very severe attack of scarlet fever eight years ago,—since which time he has had twitching and jerking of the lower left face, left nostril, left neck with violent jerking of the left shoulder. He presented no other symptoms and was apparently in excellent health. *Mygale* 200 produced an immediate improvement,—in two weeks he said "I can wear a high collar now all day, before I could not keep one on for longer than two hours." In four weeks all jerking had disappeared. It is now too soon to say yet if a permanent cure has been effected.

Miss F., aged 21, of Montreal, Canada, consulted me during a brief visit in Philadelphia relative to a menstrual disturbance. Her menses were established at 12 years of age and were regular until she was 16, when she went to school in Switzerland and later in Germany, and for two years the flow was entirely absent,—then it would appear once in four or six months—the last period occurring eight months ago, the flow being very scant, very black and drying into hard crusts. She is a tall, fair, fine-looking young woman, perfectly developed in every way, and presented a dearth of symptoms past and present, except a feeling of nervous tension, no sleep for hours on first retiring and troubled dreams. She was returning to Montreal within a few days, but return to her own climate had never produced any good effect as far as her amenorrhœa was concerned. One powder of *Natrum mur.* 1500 was given on her tongue on February 28th and she was furnished with a good supply of *Placebo*. On April 12th I received the following letter. "You will be interested to hear that on the 30th of March I became unwell and had three days of real flow, proper color and quantity, the best I have had since I was 16 years old. To me it is unaccountable but most satisfactory.

The odd part of it is—I had not yet started on the pills which you had given me.”

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### CLINICAL CASES.

BY THOMAS G. SLOAN, M. D., SO MANCHESTER, CONN.

Case 1. A woman of 73 has had neuralgia for several years which has always been controlled by morphine. It is in the left forehead, eye, temple, behind the left ear, and left side of the occiput, comes on about 8 a. m. <in the middle of the day, >towards evening, >pressure, <cold applications. She is chilly with the pain. A cataract in the left eye antedates the neuralgia by several years. I saw her about 2 p. m. and gave her several doses of Magnesia phosphorica, with a little relief, then one dose of Spigelia 200, when she went to sleep and slept two hours waking free from pain, and has had none since (three months later).

Case 2. A boy of six has had, off and on for a year, rawness and itching behind the left ear. He has a crack in the middle of his lower lip, his head sweats, he is sensitive to cold and is irritable.

Hepar sulphuris calcareum 1m.

The eczema was gone in three weeks and has not returned. (Five months).

Case 3. A woman of fifty has had a diarrhœa for a week; yellow, watery, offensive stools with much hot flatus. The movements begin at two or three o'clock in the morning and continue more or less frequently all day. She has had a number of similar attacks in the last year and a half. Otherwise she has been constipated for twenty-five years, rarely having a natural movement. Ineffectual urging to stool. Eruption around anus. Hot flashes for several years, menopause three years ago. March 16 Sulphur cm.

May 21. While her general condition is better and she has had no more diarrhœa, the constipation is no better, Sulphur mm.

July 27. Bowels no better. Hot flashes >. Eruption

around anus gone. Rheumatism in back, >motion, <stooping, <rest, (new symptom) Rhus toxicodendron 20m.

August 4. I learn today that twenty-eight years ago she had eczema of the face, cracks in the tips of her fingers <washing, <winters lasting several years. Back no better, Petroleum 40m.

September 1. Backache was well for two weeks, now <. Petroleum cm.

September 28. Another attack of diarrhœa, the first since beginning treatment, Sulphur mm. I did not see her again for over two months and supposed she had given up treatment, when she came in to say that her bowels were moving daily and that she was well in every way. She has remained well.

Case 4. The fourteen-months-old girl of a physician is very slow teething, has a sweaty head, a large abdomen, and is constipated. Three of his other children should have had Calcarea. October 21, Calcarea carbonica 40m.

January 25 she has six teeth, her head does not sweat, the constipation, which was better, has returned; Calcarea carbonica cm.

February 3. A red pin-point eruption has appeared on her forehead and spread all over her body. It itches some.

February 20. Eruption gone. Bowels moving daily.

March 24. Some eruption has returned. It itches considerably. Constipation rather better, Calcarea carbonica cm four doses in water.

May 11. A normal baby in every way.

Case 5. An Irish servant girl complains of the following symptoms: Menses every three weeks, flows freely four days, stops a day and then flows again; dark clots in dark fluid blood, severe bearing down pain the first two days. The menstrual symptoms have been very troublesome for three years. Perspiration during menses, weakness during menses <warm room. Soles burn during menses. Pimples on face during menses. Very constipated, large, hard and dry stools, with unsuccessful urging, as long as she can remember, Secale cornutum 1m.

Two months later she reports that her menses came at four-

week intervals, not as clotted or dark, very little pain, no eruption on face, and that her bowels, for the first time that she can remember, are moving every day.

Case 6. A man of seventy had a severe chill at four o'clock in the afternoon when I was in the house. There were at this time two cases of pneumonia in the house. He was sure he had pneumonia and would not recover. He was given Aconite 200 every fifteen minutes till about ten doses had been given.

After the chill his temperature was 103; and he was a little delirious that night.

The second day his temperature was 99, extreme thirst, sharp pain in the right side < motion, cough, and deep breathing; he was raising bloody mucous. No physical signs. Bryonia 1m every two hours for four doses. The third day his temperature was normal and remained so, the bloody sputum gradually decreased, the pain decreased, the cough lessened, and with one dose of Sulphur 1m he made an uneventful recovery. On the third day I found an area of crepitant rales and increased voice, which remained several days, clearing up after his dose of sulphur.

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## APPENDICITIS.

BY SPENCER CARLETON, M. D., NEW YORK, N. Y.

These are the days of high tension. Everybody is rushing at top speed mentally and physically. Especially in our large cities work, so-called, has largely become a combination of worry and competition; rest a compromise with noise and confusion; recreation a continuance of excitement in altered form; dress ridiculous as a protection; food a matter of haste and stimulation. Hurry, flurry, worry, scurry and gobble seem to almost displace all else. These seemingly are the popular conception of preparedness for the battle of existence. What is the outcome on the delicate human mechanism subjected to this abuse? Two diseases preeminently:—Neurasthenia and appendicitis. So closely are they connected with American

life and conditions that they are generally known as the American diseases.

To call a halt; to point out the danger; to urge a simpler, saner, safer, fuller existence is just as much the daily duty of the physician as to repair the damage done. Volumes—in fact libraries, both popular and scientific, have been written on behalf of the simple life, the efficient life, how to eat, breathe, sleep, exercise or even think and memorize. Learned societies,—the medical profession and the daily press and the humorous magazines,—vie in telling us how to avoid and dispel neurasthenia and psychesthenia. That side of the results of modern “Civilization” is so well covered as to have become a matter of current conversation.

That appendicitis, even if a trifle less direct, is just as clearly an outcome of the conditions mentioned is generally conceded. Just bear in mind the quick lunch, the egg and milk chocolate, the cabaret and lobster supper taken on the run or on the dance, and above all the constant stimulants taken to keep up the pace. But popular ideas and information concerning this disease are as brief as erroneous. They sum up:—Hospital, surgeon, operation. If one doesn't die immediately, as soon as the appendix is removed and the surgeon's bill paid, one doesn't have to think of trouble but can go on as before. Against these misconceptions, this modest paper is directed.

As far back as 1904 Sir Wm. MacEwen, the eminent surgeon of Glasgow, sounded the first great warning against the rapidly growing practice of indiscriminate operation of all appendix cases. After a masterly review of the diagnosis, cause, treatment and surgical results in the disease, he concludes with a most instructive research in physiology showing that the appendix, though rudimentary in men, probably has an important function, secreting an enzyme for the digestion, at least partial, of cellulose. Unfortunately his work has not been sufficiently followed. But it served a great purpose, deterring some over-zealous surgeons who advocated routine appendectomy in early infancy. The latter was proposed as a prophylactic measure, like vaccination. More recently I heard the

late Dr. Wm. T. Bull, well known as a surgeon in New York, advise his students never to operate in a case of appendicitis until satisfied that medical means had been exhausted; simply because measures purely medical and non-surgical were ample to cope with the great majority of cases. Since then, from time to time, some well-known surgeon has lent his voice in caution until fortunately there is a better conversation among surgeons which in time should reach the laity.

But if the more careful of our esteemed brethren of the prevalent school can do all this with their simple medicaments, what shall we Homœopaths accomplish with the law of cure and proven *Materia Medica* to aid us? Much more, naturally. Yes, much more; not only logically but literally. I am not exceeding the bounds of truth, and I hope not of propriety, in stating that I have known men, splendid Homœopaths, who, in the many years of their long private practice, never dodged a case, turned one over to another, operated or lost a case of appendicitis. That is exceptional. But at the same time I submit that the overwhelming majority of cases can be and are cured by the homœopathic remedy. Upon reflection I am impelled to omit here the usual list of cases. They are apt to be a bore to the majority and time is short. They are unnecessary as evidence and to those who are interested, they are available at any time. What will be more interesting and practically valuable is that a large proportion of the simple catarrhal cases of appendicitis, such as the average busy general practitioner frequently meets,—three-fourths or four-fifths of these I should estimate may be cured promptly with *Bryonia*, *Belladonna*, *Nux vomica* or *Ignatia*. I do not want to be misunderstood, and before such a body as this have no fear of being; I do not use or advocate routinism. Appendicitis is a serious disease. Its real cure requires Homœopathy. That not only implies but depends upon prescribing for the patients symptom-totally. But just as the simple nasal catarrh will usually yield to *Aconite*, *Nux vomica*, *Ferrum phos.* or *Camphor*, if given promptly, so likewise will the appendicitis yield to the remedies mentioned.

I want to impress upon our minds that we have most potent non-surgical weapons against this common, dreaded and often

dangerous condition. At the same time I must ask you to discriminate. The dispensary and hospital cases, seen late, progressed to a dangerous degree with necrosis, gangrene or peritonitis, may, and often do, need prompt operation. Such patients are often, if not usually, insufficiently clad and nourished, worn out and run down to begin with. Even here the action of the remedy is sometimes almost magical. But if you cannot find your remedy and get response from it quickly, don't dally; operate. In private practice, however, patients are generally well nourished and cared for, the family physician is called early in the course of the disease and can nearly always successfully cope with it, if he will properly administer the homœopathic simile.

Recurrence seems to be the chief dread. In my own experience, after primary cases it is practically nil. Many patients, who have had sharp attacks, have gone for years without any subsequent signs of trouble or discomfort; in some instances having to perform arduous daily labor in the pursuit of their vocations. These are true cures. This is in sharp contrast with an unfortunately large percentage of post-operative cases. Doubtless, you are all familiar with the large number of patients suffering acutely, frequently, sometimes long and almost continuously, after removal of the appendix. From the patient's point of view, the suffering is not infrequently greater than before. The discomfort, danger and trouble from adhesions, intestinal obstructions, hernia, ptosis, or the need for abdominal belts is far from inconsiderable. Please remember, also, that operative treatment, even in mild cases, is NOT free from mortality. As one of my father's patients remarked to a sufferer after the operation:—"Your doctor has cut out the appendix. Tell him he didn't finish the operation. Why doesn't he cut out your bad feelings?" Even in selected operations during quiescence between attacks, all this is altogether too frequent an occurrence. It is our plain duty to call attention to it during the discussion with patient and family of the proper management of the appendix cases.

Real homœopathic treatment shines all the more brilliantly by contrast. I'll grant that there are fulminating and gan-

grenous cases. But they are rare, rarer as primary conditions and rarer still in private practice. Most of the so-called gangrenous cases are really ulcerative. These and the pus cases will, I maintain, yield to the simillimum in potency.

Of mistaken diagnoses, there are quite as many in appendicitis as in any condition. For surety's sake I always have another, preferably a surgeon, make diagnosis with me. And, too, the errors work both ways, probably counterbalancing. Not long ago a young man developed violent and suspicious symptoms during my absence. I was summoned, but before reaching the house the family became so alarmed they called in a surgeon, head of the staff of a hospital. On my arrival the room was prepared and the young patient just about to receive an anesthetic. As he was writhing with pain, all concerned were skeptical enough when I objected to operation and proposed to substitute little homœopathic sugar pills. I had finally to agree to demonstrate relief within an hour or let the operation proceed. Two doses of *Colocynth*, fifteen minutes apart, dispelled both pain and operative ideas. It may have been appendicitis, but I don't count it among my cases of cures.

Of diet and regimen we need say little. Give nothing but water at first in obstructive cases, and fluids only until the bowels are clear. A word of caution about milk. The curds cause trouble in many cases. Olive and mineral oils are often useful.

In conclusion, the purpose of this paper is clear I trust. Homœopathy is the treatment par excellence for our private cases of appendicitis. The similar remedy must be prescribed upon the totality of the patient's symptoms, not the disease. The selection of the remedy is not unduly difficult. The results compare most favorably with the operative. The disadvantages of operations in this disease should be made clear to patient and family. Indiscriminate operations for appendicitis should be opposed. Operative measures should become the dernier resort for the few and exceptional cases. Right homœopathic prescribing should be the method of choice in the man-

agement of appendicitis. Under it, the disease and its operation should cease to be the dread of civilization.

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### A SARSAPARILLA CASE.

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

1915, July 7th. Miss Alice S., aged 15. A child of seven pushed a small shell into the patient's right ear; shell was removed under chloroform. In about a year deafness commenced in right ear, worse for last six or seven months. Now both ears deaf. Tuberculosis was diagnosed 4 years ago.

Present symptoms. Noises in ear, like banging on a tin bath; occurring often, lasting some time, coming and going suddenly.

Sharp rotating pains from right ear to right temple, and especially to bridge of nose; only by day; more frequently lately.

Very nervous lately; everything worries her.

Cough on rising in morning; thick yellow sputa; auscultation normal.

Diagnosis of remedy. (Kent's Repertory).

Noise like a gong. Sarsap.

Pains from ear to nose. Silic.

Pain from ear to temple. Eupion, Ferro., Indig., Lach., Lact. ac., Nux v., Puls., Sarsap.

Stitching in right ear. Sarsap., and many others; but the directions not recorded.

I gave one dose of Sarsaparilla cm (Fincke) July 21. Pain in ear ceased in 2 or 3 days. Cough better. Deafness and nervousness unchanged.

July 28th. No return of pains. Sounds less frequent and shorter. Soon afterwards reported the ear normal except to deafness. Have not heard from her since.

## PROMPT ACTION OF THE REMEDY.

BY HERBERT BEALS, M. D., BUFFALO, N. Y.

Case 1. 2 a. m. "Come at once across the way; woman crazy," the messenger said,—On entering her room I found a young woman of refined appearance aged about 22, sitting on her bed facing the head board, and being held firmly by two attendants. I noticed the foot board of the bed was well covered with pillows to protect her from banging her head when she had spells of thrashing about. The patient looked slightly dazed but aside from this I could notice nothing abnormal. Soon she was seized with one of her spells of struggling to free her arms and throwing herself backwards with great force and crying out in a clear voice—"Oh, take your hands from my throat you are choking me." Without waiting for further study of her symptoms, I at once gave her Hyoscyamus tincture, a few drops in water. In a very few minutes after the first dose we had her turned about in bed and fast asleep. She did not awaken for ten hours. I called at 4 p. m. and found her up and about with no recollection of the night before. It seems that she with friends of her sister, whose guest she was, were out that evening to some entertainment where refreshments were served; she drank a glass of beer and during the rest of the evening seemed perfectly normal, until suddenly during the hour before retiring she was seized with these attacks; after trying for two hours to quiet her the sister sent for me.

Case 2. Woman, aged 35. Severe colic; pains in umbilical region; in great distress, and had been so for some hours. The only relief was in lying flat on her back with no pillow under her head; these were all the symptoms I could get from her. I gave her *Dioscorea* 3x with almost instant relief.

Case 3. Young man, 22 years old, married, subject to convulsions since a child, said his mother had been subject to the same, liable to come on at any time. After some hours of convulsions at intervals of 15 to 30 minutes I was called to his room in a hotel near my office at about 1 a. m. After seeing him through one convulsion I gave him one dose of *Cicuta* 30 and waited for results. The next attack was a feeble one and

then no more; in 30 minutes I left him fast asleep. The next day he called to report and thank me for having quickly relieved him, and promised to settle his bill from New York. I am still waiting for the settlement of this bill contracted eight years ago.

Case 4. August, 1914, Mrs. L., aged 75, small build, active temperament. I was called in early morning and found patient had been suffering all night with intense pain in umbilical region. This pain she referred to one spot seeming to pass through to her back. I recalled seeing this symptom in Nash's Regional Leaders only a short time before under Bismuth. This I gave in the 30x and in five minutes or less she was greatly relieved; she took three doses in all.

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## CURE OF PHAGADENIC ULCERATION OVER ENORMOUS, COMPLETE VENTRAL HERNIA.

BY WILLIAM JEFFERSON GUERNSEY, M. D.,  
FRANKFORD, PHILADELPHIA, PA.

Mrs. J. P. H., now sixty-four years old, became a patient thirty years ago. My attendance at that time, and much since with the exception of what I am about to relate, was for attacks of indigestion for which Bryonia was most often indicated and which it speedily relieved.

It was not until 1909 that she told me of a large hernia which had appeared some three years before I met her. Her physician thought that it had been caused by the lifting of a tub of water although she had felt no pain at the umbilicus where the protrusion began and which was at first about the size of a lemon. No truss or other support was prescribed or operation advised. She had purchased a truss at the suggestion of some friend and had discarded it after wearing it one day because she had found it uncomfortable. She had given birth to three children before the hernia appeared, and three afterward, though I did not attend her at those times.

It seems that the hernia had continued to increase in size though she made no complaint about it as she had supposed it something that could not be relieved in any way and had philosophically made the best of it. She mentioned to me several times that she had a rupture at the navel but said little about it and seemed averse to wearing any support there until the fourteenth of May, 1909, when I first saw it. I was much alarmed, as was the family, at the condition. Its size was so great that I wondered how the poor creature could have so patiently borne it all those years, for nearly the entire contents of the abdomen appeared to be contained in it and for the past five days an ulcer had developed there which was rapidly spreading in both breadth and depth until it seemed as though there must be instant perforation; any attempt to rise brought on profuse hemorrhage from the affected surface. She spent most of her time sitting in a reclining chair and suffered from burning as from fire and a feeling as though the parts were about to give way, which indeed was likely.

The case looked so necessarily fatal that I thought only of making her as comfortable as possible and with that in view questioned her for symptoms. What she complained most of was intense restlessness, and this, with the burning sensation and the ulcerated condition, suggested Arsenicum, but I found something associated with the unrest and that was that it was not merely a nervous condition but a compelling desire to change her position to *relieve a stiffness* that seemed to affect her all over. She would feel better for a moment and then have to seek another position to find comfort. Rhus toxicodendron 2c in water, at first every hour and then every two hours for a period covering three days, gave marked improvement in every way and the ulceration was stopped in its destructive process. Eleven days after, she complained so bitterly of itching at the anus that I gave her Sulphur 5c, every two hours for a couple of days. Her general condition as well as the local ones had so improved that I photographed the hernia, regretting that I had not done so at the first inspection as the ulceration then covered all that portion showing a ruffled appearance in the print where resolution had taken place. No

local application was permitted save cold cream to prevent irritation of dressings.

From that time on her appetite and general health returned and the past prescriptions were allowed to act under *Saccharum lactis*. By the fourteenth of June there was scarcely any of the ulcer left and she was able to, or insisted on, resuming her household duties.

I may be censured for giving so many doses of the two remedies named and in defense will simply point to the result.

She had no further treatment until December 15th when she suffered from slight gastric disturbance, and my record passes over to New Year's Day of 1911 when she had the peculiar symptom of cough that caused chilliness. I found this mentioned under *Pulsatilla* and five powders of the 52m quickly cured it. She has had a number of the attacks of indigestion mentioned in the beginning of this paper, which I think are due solely to the wretched condition of her teeth, and these she stubbornly refuses to have attended to.

This case would appear to belong to the surgical bureau but as it was purely medical in treatment, and as I am not fond of the surgeon, I preferred to report it here. There is one point that I would like to call attention to that the chairman of the bureau of homœopathics may lay claim to, which is the danger of placing cured symptoms in the *Materia Medica*. It has been repeatedly argued that if certain conditions disappear under a given remedy they must per se belong to that drug, but I do not think so, for Homœopathy always corrects the system and in doing that will heal diseased conditions that are not pathogenic to it. We all cure ailments that we do not know to exist. I have many times been told "Doctor, I intended to come to you for treatment for another condition after I got well of this you have been prescribing for but that is all gone now too." So the *Rhus toxicodendron* did not cure that ulcer but it was capable of producing the other symptoms that were really more annoying to her and so in correcting her perverted nature this more dangerous one was thrown off in the general resolution.

IMPROPERLY TREATED MEASLES FOLLOWED BY  
AN ERUPTION ON THE SCALP WHICH WAS  
SUPPRESSED BY OINTMENTS AND FOL-  
LOWED BY BLINDNESS.

BY F. H. LUTZE, M. D., BROOKLYN, N. Y.

Gussie M——, aet. 2 1-2 years, when about six months old, had an attack of measles. An old-school doctor was called, who treated the child for several weeks and then pronounced her cured. When the mother called his attention to the fact that the child's eyes were still inflamed, the doctor said nothing could be done for them, that they would get well of themselves in time. The conjunctiva of the ball of the eyes was red, there were profuse lachrymation and agglutination of the lids every morning on waking.

After several weeks an eruption appeared on the scalp, forming thick, yellowish-green, dirty looking crusts. The mother, fearing the girl's hair would be ruined, called in another old-school doctor, who gave her a prescription for an ointment, which she must spread thickly on a cloth and apply to the girl's scalp several times daily, after washing the scalp with hot water and castile soap.

Under this treatment the eruption disappeared, but the eyes became much worse and for more than two years thereafter she could not or would not open them, spending her life in a dark room with a thick bandage over her eyes to which an eye shade had to be added, if she left the dark room for even a short time, on account of the great photophobia. Several old-school doctors had attended her since, without any benefit. When she was finally brought to me, having heard the history of the case and having seen the condition of the eyes, I advised the mother to take her little girl to an oculist as he would be much better able to treat her than I. The mother said she could not afford to pay the charges of an oculist; she had heard that I was a good doctor and I must treat her. When I attempted to open the eyelids forcibly, the child screamed and resisted so much, that I gave up the attempt. The lids seemed healthy but I could not see the conjunctiva of

the lids nor of the eyeball and therefore I again advised the mother to take the child to an oculist as I could not treat her, but the mother insisted that I take charge of the patient and promised in writing, that she would not hold me responsible, if the girl remained blind.

On account of the history of the case and some symptoms I obtained, I gave her Bryonia, Pulsatilla and Euphrasia in the order named, and at the end of three months' treatment, a single dose of Sulphur; but there seemed to be no apparent change.

The mother then told me that she would take the child to a very celebrated oculist of New York City, as he had been very highly recommended to her, and there had been no improvement as a result of my treatment. I told her this doctor was no doubt a very good oculist and a good eye-surgeon also, but that as he was an old-school doctor, he could not help the child; that if the child could be cured at all, Homœopathy was the only way in which it would be possible; no other school or method could do it.

After a month the mother returned and told me that the oculist had examined the child thoroughly and had said that nothing could be done; that nobody could do anything for her; that she would be blind for life. When she then told him that I had said: Homœopathy alone could cure her if she were at all curable, he advised her to take the patient back to me; that if the Homœopath cured her, he would like to see her again; but he knew that to cure her was quite impossible.

When asked why she had come back to me, she answered: "I saw quite some improvement in Gussie's condition lately which I had never noticed while she had treatment from the other doctors, and as she has had no medicine, since I stopped giving yours, it must be due to yours."

I gave her: Sulphur 1m, one dose, and Sac. lac. After two weeks I was called to attend her and found her sick with a perfectly developed attack of measles, the most severe case I ever saw. She received Bryonia, later Pulsatilla and finally Sulphur 1m, one dose. There seemed to be a complete re-

covery from the measles but there was not the change in the condition of the eyes for which I had hoped.

Several weeks later, she again came to the office, the same old, crusty eruption having again appeared on the scalp; massive yellowish-green dirty looking crusts, matting the hair, and tender to touch. Eyelids were still tightly closed, yet great photophobia, with pain in the eyes, worse toward evening; the crusts were especially large on the vertex and behind the ears, pushing them forward; the photophobia is worse during the day than in the evening by gaslight. Toward evening she can open her eyes a little, but then sees fiery zigzags at the edge of the field of vision with greatly increased pain. Eczema following or alternating with internal affections.

Graphites is the only remedy covering all these symptoms.

Arsenicum: Chronic eruptions on the scalp; pustules or vesicles filled with pus or silvery white scales.

Calcarea carbonicum: Thick scales with yellow pus.

Mercurius vivus: Fetid pustules with yellow crusts.

Mezereum: Head covered with thick leathery crusts, under which pus collects, and if the crusts are disturbed, the yellow pus oozes out, matting the hair together; elevated, chalk-like scales, white, with ichorous pus beneath them, breeding vermin.

Staphisagria: Fetid eruptions on occiput, sides of head and behind ears; itching which changes place on scratching and increases the oozing.

She received now: Graphites 200, four powders, and Sac-lac. The scalp is much worse, but the eyes are improving, less pain and photophobia. She received now an occasional dose of Graphites, 200, 1m and finally 50 m, and at the expiration of a month, Gussie actually came to see me for the first time with her eyes wide open, clear and healthy, and shortly after her scalp was in a healthy state, showing no vestige of the former eczema.

#### *Diphtheria.*

August S.—, aet. 6 years, had been ill for three weeks with diphtheria. When I was called in consultation I found the

throat so far as I could see, free from any membrane and of normal appearance, but from the larynx down to the bronchi he was full of diphtheritic deposit. His voice nearly inaudible; the mother could only understand him by placing her ear close to his mouth; rales could be heard all over his chest; temperature 104 1-2; pulse uncountable, so rapid and weak.

Symptoms as given me by the mother:

1. He said he was not sick, nothing the matter with him, only hoarse.
2. He was hungry, wanted to eat all the time.
3. I saw him throw the covers back; he was too warm, wanted to be cool.

He had three glasses with medicine standing there, which the attending physician told me later were: Aconite, Hepar and Spongia, Bœninghausen's croup remedies, which were given in alternation.

I suggested, they probably would cure croup, but could hardly be expected to cure this case of diphtheria and told him Iodium was the indicated simillimum here, as it covered all the symptoms present in this case. The doctor not having this remedy with him and at home only in the tincture, I gave him: Iodium 45m, to be given in aqua, two teaspoonfuls every 2 to 3 hours, and three more powders should more be required. I predicted that if the treatment were continued on these lines he ought to be well in a week and sit at the table with the family for dinner at the end of that time.

Early the next morning the doctor came to inject Anti-toxin, saying it was the only way in which the boy could be cured.

But as he had visibly improved and was sleeping quietly at that time, better than he had done for the three previous weeks, the parents positively refused to allow this to be done, declared they would as soon see the boy die as to permit this, dismissed the doctor and telephoned for me.

I called early the next morning, finding the patient much better. Temperature 101, pulse 100, chest entirely free from rales, but the voice had not improved in the least; no such craving for food, he coughed some and ejected a thick, ropy

mucus at times; he still wanted to throw the covers back; desired to be cool.

I gave him: Lachesis 41m in aqua, to take two teaspoonfuls

Two days later the voice was stronger, no more ropy mucus; the left side of the throat was now chiefly affected, tender to touch on the outside; pain aggravated from swallowing saliva.

I gave him: Lachesis 41m in aqua, to take two teaspoonfuls every 3 hours. Four days later, on the eighth day after the consultation, he was perfectly well and had his dinner with the family at the table as I had predicted.

Several weeks later he was somewhat suddenly attacked with paralysis (post-diphtheritic); his walk was tottering; he fell often and then could not rise nor rise from a chair; Nux vomica cured him quickly and thoroughly.

#### *Chronic Nephritis.*

Mr. F.—aet. 45 years, was sitting in a chair, with legs and feet bare, the skin on them broken all over and oozing a dropsical fluid, the feet resting on a carpet-covered brick lying in a dishpan to collect the effused fluid; a putrid odor of decaying flesh filled the room. Thus I found him, thus he had been sitting for several years. A number of physicians, allopaths and the last one a Homœopath had attended him during these years, then he had resorted to patent medicines. The diagnosis of all these physicians was: "Chronic Nephritis," their prognosis: "Incurable."

Previous to this illness he had suffered from frequent, severe headaches, for which he had taken a great many headache powders, often three or more during one of these headaches, ere the pain would subside. His mother had just such headaches, but she had treated them simply by a bandage, saturated with vinegar and applied very tightly to her head; she had reached her 81st year and was well otherwise.

Since the case seemed hopeless, I accepted the diagnosis of his previous physicians and agreed with their prognosis, telling the family there was no hope whatever; but they wished me to attend him and I was to call twice a week or whenever they would 'phone for me. I advised them to wash the legs and feet

daily with warm water and soap, dry them and then dust them with powdered charcoal which, I thought, would dispell the putrid odor in the room, and it did so. Frequently I obtained seemingly very good symptoms, studied them, even made analyses of them, gave the remedy thus found, often testing it in different potencies, but without any good results; on account of the seeming hopelessness of the case, I kept no record of the treatment.

The dropsy increased steadily, extended upward and distended the scrotum to such a degree, that he could not endure the pain of the great pressure. I was obliged to tap it to relieve him, drawing off a large quantity of fluid, enough to fill a large chamber vessel.

On one of my visits some time after this I happened to enter the room, just as his legs were being washed and instead of the odor of decay I noticed an odor of old strong cheese. This at once called Hepar sulphur to my mind. I questioned him further on this line and obtained more symptoms pointing to the same remedy, which however I did not try to remember on account of the apparent hopelessness of the case, but gave him: Hepar sul. 30, to take two teaspoonfuls every hour. About a week later he thought he felt a little better, there seemed to be less oozing from the legs, the scrotum which had begun to fill again remained stationary as regards the distention and in the week following commenced to decrease in size, and the patient showed general improvement, especially in the color and expression of the face.

Continuing Hepar sulph. in the 200, 1000 and still higher potencies the patient continued to improve steadily till at the end of about six weeks the dropsy had entirely disappeared, the skin on the legs and feet had healed, he said he felt perfectly well (and seemed so) and I was dismissed. I remonstrated strongly, told him he was not fully cured by any means, but I thought, that now he could positively be completely cured.

But he would not listen to this at all. He said he had paid enough money to doctors, but did not need them now any longer, as he was perfectly well. His employer had given him his pay regularly every week during all the years of his illness,

and now he would earn it back for him by collecting his bills; no more money for doctors; did not need them, being perfectly well.

With horse and buggy he drove through the streets of the city for a number of months collecting bills.

One evening he came home not feeling as well as usual, remained in bed the next day, soon became delirious, later on comatose and died about a week later. None of the medicines I gave him seemed to produce the slightest effect.

*Three Carbo veg. Cases.*

1. A boy, aet. 12 years, had been confined to bed for two weeks, when I was called in consultation.

His face was full of bluish coloured boils, discharging a very offensive smelling pus, these were also on the body and limbs. For the past week he had an epistaxis of dark blood at night, followed by palpitation during the day, Carbo veg. 900 cured him in one week.

2. Miss Laura P——, coloured, aet. 26 years, 6 feet tall and weighing 190 pounds, never been sick with any disease except colds, commenced to menstruate at the age of 14 years. The flow was dark and offensive accompanied with cutting, cramping pains in the abdomen, which extended through the abdomen to the lumbar region and these symptoms had occurred at every menstrual period since. Sometimes the pains were so severe, that she could not work during the first two or three days of the menstruation.

Carbo veg. 200, lm, 40 m and cm a powder dry on the tongue each week, beginning with the 200, cured her of this trouble completely; she has been free from pain during the menses ever since.

3. Mrs. B—— had taken a large amount of charcoal tablets during her pregnancy, as she said, in order to have a very beautiful baby. The labor was normal, easy, the baby seemed all right; but did not seem so very beautiful as the mother had wished and hoped; but at each nursing of the baby, the mother had a severe, cutting pain in the abdomen.

Croton tiglium: has pain during nursing, shooting from the nipple through the breast to the scapula on the same side.

Borax: while baby nurses one breast, the mother has pain in the other breast.

Carbo animalis: the mother has stitching pains in the breast and cramps in the stomach while baby nurses.

But this was something new to me, nor could I find it in the *Materia Medica* or repertories.

Thinking that the large amount of charcoal tablets she had taken might be responsible for this condition, I gave her *Carbo veg.* cm two powders three days apart, which cured the trouble.

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### THE POWER OF THE SIMILLIMUM.

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

The physician's highest aim should be to cure the sick, speedily, gently and with precision. In order to do this, he must have some idea of what really can be cured, what is more doubtful, and what remains most difficult of all. Certainly no sharp lines can be drawn between these classes, and we commonly see cases pass from one to the other by, or in spite of, our efforts, as the case may be, mainly because human judgment is not capable of fully gauging the power of the most variable of all phenomena, the vital force.

Until now surgery has overcome one great difficulty after another while old-line therapy was sleeping or actually retrograding, a condition which has spread like an infection in the general homœopathic camp, also. Here its effects have been doubly destructive because Homœopathy has had much more than empirical methods to lose. Decadence in our own ranks has had many causes, the greatest and most fatal of which has been the glamor which material findings have cast over the whole medical world. The parade and glitter of the operating room, the power of tangible disease causes and the boastful-

ness of our regular brethren have all made their appeal to the poorly equipped Homœopath. The wonder is not that so many have fallen and followed devious paths, but that any at all are left who have penetration enough to see the emptiness of what are exclusively materialistic pretensions.

It is almost axiomatic to say that the broader the culture, the more ready is the mind to grasp homœopathic fundamentals, and the narrower the mind and the more thoroughly it is drilled in mechanical routine, the easier it is to put allopathic goggles on its eyes. For this reason especially I am inclined to look askance at much of our hospital training.

True education develops and upbuilds inherent qualities and talents. Above all, it avoids forcing the mind into grooves and hard-trodden paths, where hardly a green blade of originality can grow. Curiosity looms large in our mental makeup, and if it can be so aroused as to interest the student in the continuous unfoldment of nature's ways, we shall have opened up a path which will safely lead him into the natural sciences, of which Homœopathy is the one whose ramifications interlock with all of the others most intimately. The laws of physics and our own dynamics, as amplified and extended by modern developments, are all of a piece. Our philosophy is thoroughly Baconian, while our relation to the sciences of botany and chemistry are most intimate.

In the field of practical therapeutics, we draw from, as well as are guided by, all of these sources of knowledge; so that when the prescriber comes to choose the essentially curative agent, he is first governed by the general aspect of the disease as compared with the general outlines shown by drug action, which said outlines of necessity include the minutiae upon which Hahnemann said the final choice must almost entirely depend. Obtaining details without being able to grasp the general motive or whole color scheme only makes for confusion and is especially to be avoided by having the student well grounded in the general relationship of morbid action, whether arising from disease or induced as a counterpart thereto by drugs.

If some one were to ask me to name the drug which has led me further afield I should very likely recall *Lycopodium*.

Some years ago it fell to my lot to point out the very great power of Lachesis in a large proportion of cases of laryngeal diphtheria; now I wish to speak a like word for Lycopodium in tubercular meningitis. We have all had doubt cast upon the diagnosis of every suspicious case of this disease which recovers, and per contra, the true-to-name seal set upon every one that dies. A more preposterous kind of reasoning is hard to imagine, especially from the truly homœopathic view point, which takes note not only of all the available life forces and their impedimenta, and not of the time-frayed opinions of what calls itself scientific medicine. It is a practically unanswerable argument when I say that in the early days of my practice these cases nearly all died, while now more than two-thirds of them recover. Even a Homœopath may learn.

As usual, little things have pointed the true way to this great polychrest. From the very inception of his sickness the patient inclines toward irritability, at times only on awaking. Later, when rolling of the head and the "cri encephalique" ensues, irritability still clings, and the scream also has an angry tone in its note. When the wings of the nose begin to quiver, you are foolish if you wait for them to frankly flap in and out and the cry to subside into a low moan before giving Lycopodium. Part of the time the eyes are half closed and gummy mucus collects on the ball and in the canthi. The urine may be suppressed for a day or two, but do not despair; stick to your remedy and repeat only when improvement halts, then take a step higher with your potency. The interval will probably be four to six days between doses. At best, these are not every-day cases; but we should be well prepared to meet them, and have the courage to see them through to a successful end.

When our late confrere, Dr. H. C. Allen, pointed to the nosodes as the most important of remedies in arousing re-action, he did the greatest thing of his busy life. Carrying the idea a step further, and coupling it with the fact that tuberculosis certainly has a great predilection for the lungs, has led me to give bovine tuberculin as a clearing up remedy at the close of pneumonia. We know that these patients are very

susceptible to tubercular invasion, hence any measure capable of rapidly raising vital resistance is very welcome and the striking results often obtained have more than justified the prescription. Hahnemann said that similar diseases mutually extinguish each other. For this reason and the one that similarly acting medicines are more effectual than isopathic ones, I selected a potency made from the product of bovine tuberculosis.

Some months ago two girls, aged ten, were brought to me. Something over a year before this they had been vaccinated, whereupon an eczematous eruption appeared all over both hands and wrists. Every allopathic measure had failed, and I confess to feeling a little uncertain as to the outcome, especially as Thuja in several potencies did nothing. I now reasoned that the results of animal vaccine, which being, in reality, a modified small-pox product, should be just as amenable to a high potency of Variolinum as small-pox itself is, and gave each of the little girls a powder of Variolinum Dmm of Swan and repeated it in ten days. A remarkable thing followed. Many large typical small-pox pustules which emitted the characteristic variolous odor appeared all over the affected areas, and as they dried off, the whole disease process disappeared. To me this was a most striking exemplification of the law of similars. The effects of vaccination and small pox are similar enough to be antidotal, but more decisive results are evidently only to be obtained by using the highly potentized preparations.

One more point, owing to the pressure of materialistic ideas the use of the so-called imponderabilia has almost disappeared from Homœopathy. Only an occasional cure has been reported, even among ourselves. Hence the following may be of interest:

Mrs. W., æt. 60.

1. Intention tremor <right arm <emotions.
2. Sleeps >in a noise.
3. In a half waking state as when she tries to sleep; visions of horrid face, <on closing eyes, keep her awake or she actually dreams of her work. Eyes heavy.
4. Fear affects her greatly.

5. Frequent scanty urine; must go at once or gets very nervous.
6. Lack of interest in anything, yet worries over trifles.
7. Chilly; with gooseflesh as she sneezes.

This condition has gradually increased for many years. She received a single dose of *Magnetis pol, aus.*, 20m., because only this remedy and Camphor have great aggregation during the half-awaking state, while several other of her symptoms are fore-shadowed in the proving. The improvement has been going on for ten weeks. The visions and gooseflesh are gone, she sleeps well and the intention tremor has almost disappeared. Great is the power of the simillimum.

One of our brothers who has now passed over the great divide, said that he could almost always cure, provided he could find the symptoms of the case in the "Chronic Diseases." It has been my experience that no single work offers as many hints that point straight to the curative drug as this book does. Its very language is suggestive of what we may expect to find in a minute examination of the patient, only we can never make that examination too searching. Unless we do so, every little while more new things, which should have been uncovered at the first examination, will crop up to surprise or confound us.

It is only by accident that this paper is here. After writing it I was about to throw it into the fire, but a friend of mine, after reading it, persuaded me not to do this.

Dr. Patch. I did not have the privilege of reading this paper before the meeting so I am afraid my remarks will have very little of value. I was unprepared for just what was coming. I had an idea that this paper would follow Dr. Baylies' lead, a purely scientific discussion of homœopathic remedies but instead we have a paper, perhaps equally valuable, but less practical.

The word or two on the education of our physicians interested me greatly. Just how are we going to arrange these educational matters so that we may get the best results? I do not believe we ought to decry scientific education because it sometimes fails to bring about a better understanding of

Homœopathy and the wonderful work that can be accomplished through its application. I have an idea that we would not be any better off by limiting our students in their necessary hospital practice; that perhaps we should fall upon some other stumbling block equally troublesome. Possibly we should go back to a method of selecting our physicians because of their mental qualifications. If they understand homœopathic philosophy, I do not believe that hospital practice or any scientific work will be able to influence them; on the other hand I think they will appreciate homœopathic work all the more.

Dr. Boger's remarks about *Lycopodium* were most interesting. I have never had an opportunity to use *Tuberculinum* as he did but shall be on the lookout in the future. I have used *Tuberculinum* in many instances where it has proven wonderfully helpful in a variety of conditions.

I remember a very severe case of typhoid fever where I was in despair of being able to save the boy. He was about as near death as anyone could be and I must confess that I had no special indications upon which to prescribe *Tuberculinum*. I did prescribe it however and within twenty-four hours the boy began to improve. It was not necessary to repeat it. There was no tubercular history but the patient was psoric. I have to deal largely with nervous cases and I find that many of these have a tubercular history so that I have come to realize that tuberculosis is a prominent factor in the etiology of neurotic cases. *Tuberculinum* consequently is not infrequently helpful in bringing them out. I remember one case a good many years ago where the trouble centered about the digestive system and here *Tuberculinum* was most helpful. Another case of intestinal tuberculosis responded wonderfully to *Tuberculinum*. It was practically an acute case; within three or four months she was comparatively well. In that instance it was necessary to repeat the dose once in three or four weeks.

The *Imponderabilia* I have never had an opportunity of using to any extent. I have been much interested in what Jahr has to say of these remedies.

## Bureau of Surgery

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### FOREWORD.

BY H. A. ROBERTS, M. D., DERBY, CONN.

The homœopathic physician is first of all a physician and yet there is that in each of our experiences that compels us to go beyond the real province of the physician and enter the domain of special branches of the healing art. Surgery is one of these special fields that demands of each of us peculiar faculties and definite training if we would be the means of conserving the work of the physician in the world. This is especially true of homœopathic physicians.

Surgery is neither homœopathic nor allopathic, but is surgery pure and simple with no hyphens. We are liable to err and place Homœopathy in an unfavorable position in the class of cases coming under our care, that try the skill of the physician and surgeon alike to decide whether a given case is surgical or medical. It is very essential that we should be trained thoroughly to discover the line of demarcation the one from the other. It is just as blameworthy to decide against surgery as in its favor unless we are correct in our judgment. It is ignorance here that becomes a crime, just as truly as when Hahnemann declared ignorance of the healing art a crime. A few illustrations from practice will emphasize this principle.

The following two fracture cases illustrate the need of utilizing all the agencies at our command to help in judging whether they are medical or surgical. This patient slipped and

fell heavily upon the outstretched left arm and hand. He complained of a great deal of pain which was made much worse by attempting any motion. The swelling of wrist and forearm increased very rapidly. There was no deformity nor could crepitation be elicited. However, an X-ray was taken and revealed an incomplete Colles fracture—the radius being fractured about two-thirds across. The forearm was made immovable and complete recovery took place. This case illustrates well the care to be taken in these suspicious cases for here immobility was indicated and essential for complete recovery, whereas, if there had been no fracture the moderate use of the arm would have been beneficial.

An unusual case came under my care this last fall. Three months before, the patient had fallen from a hammock and struck heavily upon the left shoulder. She kept about her household duties but with increasing difficulty; when she consulted me for rheumatism of the left shoulder I could discern no difficulty with left shoulder except limited motion both voluntary and with assistance. But an X-ray revealed a fracture of the clavicle in the outer end of the bone. The arm was placed in a Velpeau's position for the regular time. When the arm was released she experienced the most excruciating pain in the forearm and wrist. This pain was present for several days with marked loss of function. Upon very deep manipulation it was evident there was a fracture of the coracoid process of the scapula at its neck as revealed by crepitation. This fracture did not show in the X-ray plate for the reason the exposure was in a direct line with the continuity of the process. The arm was again placed in a modified Velpeau's position and strong fibrous union has taken place, so much so that the use of the arm is largely restored. The fracture of the coracoid process of the scapula is very rare and occurs only as a result of direct force. The remarkable thing in this case is the length of time elapsing from the date of injury and when help was sought. It made the diagnosis more difficult and the complete restoration of function limited. There is danger of treating these cases as rheumatism without exercising constant vigil-

ance in each case to place it in the correct department of the healing art.

Again in another class of cases the same principle must be utilized. A woman 73 years of age had a very large ovarian tumor that was interfering with circulation and general weakness showed she had only a short time to live. I had before advised an operation but was refused because two excellent homœopathic prescribers had advised against it. Now she was in desperate straits and she was willing for the operation if only it would hasten her death. A nineteen-pound ovarian tumor was removed and the patient has enjoyed four years of good health. Had she not had the operation she would have long since succumbed. In cases of pus formation in the internal organs like the pluræ and abdominal cavity with the positive sign of pus formation available by the simple blood count it is nothing more than a crime not to avail ourselves of this reliable life-saving means of diagnosis for the welfare and safety of the patient.

Such safeguarding of life redounds to the placing of the homœopathic physician far in the lead in medicine and conversely the neglect of such methods justly brings criticism on our cause. Let us then go forward, using every available means of distinguishing medical cases from purely surgical cases, and then when we know a case is medical we will work the harder to find the indicated remedy and proper choice of potency and it must follow as the night the day, Homœopathy will become more glorious as the day advances and internal medicine according to the law of similars be more quickly adopted as the universal system of treatment for the sick.

Dr. Becker: I am glad to see that you can show where these aids to diagnosis are so helpful. We must be careful not to rely so much on internal medication as to fall into the danger of treating things with internal remedies that should be treated by mechanical or other means, and there is no reason why we should not take advantage of the help that we get from our thorough-going medical and surgical men in having these things brought to our attention, and so pointing out excellent methods of help to assist in the diagnosis of obscure cases. Without

the X-ray it should scarcely be possible for the least experienced physician to fail to diagnose a Colles fracture but one can become so expert in manipulation as to gain a very fair idea of the derangement in even very obscure cases by this means alone. Men, years ago, had to depend altogether on their perceptions both technical and mental, but we have aids now that make it easier, and we must not fall behind the Old School in any way, and certainly the X-ray is something we should avail ourselves of; it is too useful to be ignored. It does not fulfill everything that was expected of it but it has a great use.

Twenty years ago when the use of the X-ray was first discovered it was hailed as a "cure-all." Medical men were advising its use in every abnormal condition with of course the usual results, but its limitations were soon ascertained. There is no doubt, however, that the examination of the blood and the use of the X-ray will save a great number of mistakes. Surgery, as you have said, is so distinct from medicine, that if we can only differentiate their fields, and use mechanical measures when mechanical measures are called for, then we are more likely to do good homœopathic prescribing when such is called for.

Dr. Roberts: I might say just one word. Dr. Becker has called attention to the discovery of the fracture of the coracoid process with the X-ray. The process points right at you. It was not discovered at all by the X-ray as the line of continuity was in the same direction; you will get that only by cross section through the whole shoulder, which it is almost impossible to get. They did discover the fracture clear to the end of the scapula, but they could not get it by crepitation because it had been so long since the injury.

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## TREATMENT OF BURNS AND SCALDS.

BY RICHARD S. TRUE, M. D., BOSTON.

Traumatic injuries of this type must be promptly recog-

nized, and rational "First Aid" rendered, if we are to expect the best possible results. The process accomplished in the "Fireless Cooker," threatens, to say the least, when judicious treatment is delayed, and the wounds are hermetically sealed by the use of local dressings with ointments, absorbent cotton and bandages, as we often find the conditions, hours and possibly days, after so-called "First Aid," has been rendered.

The first consideration should be the magnitude of the injury, the effects of the shock, amount of suffering and the powers of resistance, and it is no less important that we recognize the constitutional as well as the local symptoms, before prescribing, even though the intense suffering of the patient may appeal to sympathy and strongly urge palliation. Let us not forget that our first prescription is our "golden opportunity," and if we fail to make the best of that, we may not have another as good.

Superficial burns, according to John Hunter, subjected to the near-by-glow of an open fire, or Hahnemann, in his "Lesser Writings," immersed in as warm alcohol as can be tolerated, or Dr. Hering, in his "Guiding Symptoms," bathed or immersed in Cantharides and water, will, after a short interval of acute suffering, be permanently relieved, and the tissues soon restored to their normal condition. Internal medication may not be necessary, in such cases, unless, by reason of an acute susceptibility, the patient develops a severe nervous shock, or some constitutional disturbance is manifest.

Burns of greater magnitude, involving the deeper tissues, or a vast territory of surface, are attended with mental, local and constitutional disturbances, which often threaten most serious consequences, and require a well-chosen internal remedy, and locally, either a medium alcoholic potency of the same remedy, or plain alcohol, applied as hot as it can be tolerated. Later the process of granulation and the formation of the cuticle may be protected, either with a cerate of the remedy which is being administered internally, or a neutral dressing of like character.

In the selection of the remedy for the treatment of burns

and scalds and their sequels, in any given case, and the study of Arsenicum, Cantharides, Causticum and other remedies, which have become prominent in the hands of physicians of the Hahnemannian type, for whom we have the most profound respect, I am sure the temptation is very great to try to adapt the symptoms of the patient to some of these remedies, rather than to search diligently for the true similia, until we find it, as we do in other cases, and especially is this true, when "watchful waiting" becomes exasperating. Expert familiarity with remedies and symptoms is indeed worth while, and becomes a most valuable asset, to both physician and patient, when it enables the prescriber to relieve the local manifestations with the same remedy the totality of symptoms, constitutional and otherwise, requires.

Case 1. Mr. T. E. W., aet. 42 years, complexion light, hair brown, of a nervous temperament, the proprietor of a grocery store. After an hour's swim in the salt waters of a nearby beach he crept up on the sandy incline, far enough to escape the visitations of the incoming tide, and went to sleep. His bathing suit, which covered his loins, was his only protection from the rays of the scorching mid-day sun, which was pouring down upon him. After two hours he awoke in the most intense pain and distress of mind and body. He was as red as a boiled lobster and the surface was greatly swollen and there were two large blisters on his chest. He had a very severe headache and great heaviness at the base of the brain. His hearing was greatly intensified and the slightest noises disturbed him greatly. The submaxillary glands were swollen and very painful to the touch. Bitter and slimy taste, pain at the umbilical region, frequent micturition, with distress in the process. I reached him very soon after the accident and put him to bed and applied old soft linen cloths saturated with warm alcohol and the tincture of Calendula in the proportion of one drachm of the latter to one pint of the former and administered internally, Calendula 1m. The burning sensation was severe when the applications were first made, but in less than an hour he tolerated them with less discomfort and after

awhile he said they soothed him wonderfully. The surface though still very red began to lose the swollen appearance it had in the beginning, and before the next morning, that feature had largely disappeared, and the blisters on the chest had flattened very perceptibly. On the side of the chest offering the greatest exposure to the sun there was a severe bruise, which I think the patient made by a blow he inflicted upon himself, while in his delirious moments, when he awoke from his eventful sleep and the burns were much deeper and more severe at that point; in fact suppuration seemed inevitable, for a time, but nature and Homœopathy were kind and that unhallowed process was avoided. On the third day we discontinued the liquid dressings and applied a Calendula cerate and the patient's general condition began to improve. In due time the peeling process was accomplished and in about two weeks the patient was able to resume his business relations, a wiser if not a better man.

Case 2. Miss H. E. T. received a very severe scald of the left hand. She turned the hot-water faucet at the wash bowl, with the right hand, while placing the plug in the bowl with the left. The large stream of very hot water, under great pressure, struck the hand with great force, and it was immersed in scalding water, before she could remove it from the rapidly filling bowl. The epidermis rolled from the true skin like a fold of wet tissue paper and between the fingers the damage in evidence was indeed alarming. A nurse rendered "first aid" with lime water and oil, enveloping the hand in absorbent cotton and closely bandaged it, "to keep the air out," she said. Very soon afterward, I arrived, to find the same old consuming process being worked out upon my own daughter, the victim, who knew, and had been trained in, a better method, but was too weak to do more, in her semiconscious moments, than to protest against it. I immediately removed the dressings and found the hand enormously swollen and the true skin seemed to be lifting from the tissues beneath, destruction of the deeper tissues between the fingers and the pain was becoming more and more intense every moment. The patient, already in bed,

was fainting every few moments and cold clammy perspiration prevailed, the extremities were cold, blue and ænemic, pulse hard, small, rapid and intermittent. I immersed the hand in warm alcohol and gave a high potency of *Veratrum alb.* internally. The intervals between the paroxysms of fainting soon began to lengthen and when the patient came to consciousness to remain so, she was quite comfortable, except for the sensation of whirling in the head, which was relieved after we raised the foot of the bed about six inches. *Veratrum* has that whirling sensation, I have since learned and may have given the relief, but when the foot of the bed was raised the patient said:—"O that is so good, I am better now." The patient remained in bed much longer than she was inclined of her own accord, the loss of tissue between the fingers was restored by the process of granulation, leaving no deformity or trace of the accident.

I purposely selected two cases to which I was practically able to render "first aid" and to arrest the progress of the burns, then and there, thus preventing the direful consequences of the "first-aid" methods in common use, but we are not always so fortunate, in fact, we are generally called to encounter, not only the effects of the original burn, but the needless consequences of worse than careless "first-aid" methods and their legitimate aftermaths of infection, bloodpoisoning, sloughing, gangrene and the beginnings of chronic maladies galore.

I might relate another case,—a son of mine, employed by the Edison Company in New York, several years ago as an inspector, received a very severe burn from short circuit. It burned the hand, thumb, and fore-finger, and the entire side of his hand. His comrades immediately rushed for their first-aid outfit. There was a furnace nearby, with a blazing fire in it, and the boy knew what to do better than they did for he had been trained, and he opened the door of the furnace and put his hand as near the fire as he could possibly hold it. The pain was excruciating, and his comrades were alarmed, because they thought the boy was "mad" from his burns; they thought

he was going to burn his hand off and they tried to take it out, but he resisted, and had very little trouble with it afterward.

Dr. Roberts: Just one or two things which I want to say in regard to burns. First,—the majority of them are aseptic. The very fact of the fire makes sterilization sure. I find, in deep burns, a very satisfactory process is to keep the part bathed continually with a saline solution. A saline solution comes the nearest to the feeding of the normal tissues of any solution that is known, and I have healed some almost intractable cases which have come to me by the application of a simple saline solution. It is worth trying.

Dr. Powel: Mr. Chairman: A weak, warm solution of *Urtica urens* is very successful in the treatment of scalds and burns.

Dr. Powel: (Dr. Winans asked about solution in water). One gram. to the ounce. *Calendula* I have also used successfully.

Dr. Dienst: In our country work we sometimes get caught. We are called to cases of which we do not know the history. Then we are puzzled as to what we should do locally. Two years ago an engineer was tampering with a can of gasolene, on a bitter cold day, which exploded, burning his hands and his right side badly. The message came to me to go at once. They said the man was burned, that was all, and I picked up my hand case, jumped into the buggy, and drove there. In taking his mittens off, the skin from the hands came with the mittens. His right arm, right side, were badly burned. Now then, what would you do? I called the farmer's wife and asked for four eggs. Then we took the white of the eggs and a dram of *Calendula* which I had with me, and I made a paste of it, and, to use a common expression, smeared that all over the burns, and told him to wait until it dried. His burns healed without the formation of a drop of pus and since then I have used it very frequently without the Cal.—a little burn or a little scald, rub it with the white of a raw egg, and you have a very good remedy.

Dr. Lehman: Mr. President: I would like to compliment

the doctor on calling our attention to the vital point:—that is, first-aid treatment. I think his paper called our attention to that fact in a very simple way. After twenty-four or forty-eight hours it is too late to apply anything of that kind; that is, and get any very great results. I have found, if the burn is very extensive and much skin has been destroyed, that *Carbo animalis* will take away many of the constitutional tendencies arising therefrom, provided no other indicated remedy or no other remedy is indicated. During granulation I use pure olive oil, applying it on strips of silk tissue or gutta percha tissue, whichever I happen to have, dressing it in cloths dipped in pure olive oil which seems to help granulation and keeps the wound free from pus and infections of various kinds. It is a most admirable process in large burned surfaces.

Dr. Guernsey: Bi-carbonate of soda is an old remedy and is something which you will find in almost every household. Common baking soda. I recall a case, some years ago,—just before I got there the mother of the patient met with a very painful accident. She was boiling some starch and the starch tipped over on her hand and scalded her very badly. The starch made a very sticky substance and was very hard to remove. I put on a solution as quickly as I could and the next morning I was very much surprised to see the woman open the door for me. It healed very rapidly. /

Dr. Howland: I was called to a case,—that of a child. The mother took the child to the tea table and the child threw up her hand, the tea spilled, and she was terribly burned. I was called at once, and I made a castile soap poultice, but before I did this I gave the child *Cantharis* internally, and the child had no pain at all, except when it was dressed, and it was getting along so well that I was at a loss as to what to do to complete the healing of this wound. It went on two weeks in this way. One morning I went, and the mother fortunately had not taken the bandage off. When she did, there were two large blood blisters on the arm. Now I saw the remedy; before I could not see it. It was *Lachesis*, and I told the mother that I was sure that this would take care of it. This was Wednesday morning. I gave the child *Lachesis*. I returned

on Saturday morning to find it very much improved; the blood had all escaped and left a spongy bottom. I was called to a neighboring town over Sunday. Upon my return on Monday the arm was smoothed over and new tissue formed.

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GALL-STONES CONSIDERED FROM THE STAND-  
POINT OF THE HOMŒOPATHIC PHYSICIAN,  
TOGETHER WITH THE INDICATIONS  
FOR SURGICAL INTERFERENCE.

BY R. F. RABE, M. D., NEW YORK, N. Y.

It is a well-known fact that autopsies frequently reveal the presence of gall-stones which during life never gave rise to any symptoms. This is important for the reason that it leads to the observation that as homœopathic physicians we do not treat gall-stones, but only patients who may have them. The diagnosis of their presence by the ordinary methods is frequently very difficult, if not impossible, and even during an attack of so-called gall-stone colic we have to be careful in our diagnostic differentiations. Since, however, the diagnosis of gall-stones is not intended to be within the province of this brief essay, no more will be said upon this point, except to mention that expert radiography is the one and only certain diagnostic measure outside of an exploratory laparotomy.

The object of this paper is to show if possible, how much can be expected of homœopathic therapy in cholelithiasis and when this therapy should cease to be applied. Given a patient whose history shows an undoubted attack of gall-stone colic, our efforts are directed at the patient himself and not at the supposed or alleged, or even actual presence of stones in the gall-bladder. This means that the patient is to be prescribed for in the usual Hahnemannian way, careful case-taking being of the greatest importance; it also means that all legitimate hygienic, dietetic measures be applied and that proper exercise be invoked. Treatment carried out according to this idea has many times been apparently successful,

yet it must be admitted that even without any such treatment, patients are known to have lived on without any return of an original attack of gall-stones. In other cases, patients have had no return of trouble for years and have then been seized by a most violent and at times even serious attack. Hence, we must not be too ready to conclude that, because a patient has remained free from trouble for even a long time after our best therapeutic endeavors, the credit for this happy state of affairs belongs to us.

An acute attack of gall-stone colic can be relieved by a well-chosen homœopathic remedy, particularly when given in high potency and provided that the patient presents, or is in a condition to present, intelligent indications for a remedy. There can be no question about this statement on the part of the Hahnemannian prescriber, who knows the signs of curative action of the remedy, properly given. Others may and do insist that any relief obtained after the administration of such a remedy, is purely accidental or a matter of coincidence. We have no sympathy with this view, but on the other hand it must be admitted that our best efforts do at times fail. They fail in those cases in which we are unable, no matter what the reason may be, to obtain clearly defined symptoms on which to base the selection of a remedy, or for mechanical reasons. Under such circumstances our only recourse is to employ the well-known, extra-homœopathic palliative measures, to be found in physiologic medication. Nor should we hesitate to employ the latter from any sense of a betrayal of principle, since after all the real physician concerns himself first with the best interests of his patient and then thinks of his own interests afterward.

Not all cases, however, of cholelithiasis, no matter how treated, terminate happily. In a goodly number, especially those in which the acute attacks of pain have been intermittently persistent for several days, followed by severe jaundice, the danger of impaction of the stone in the common duct, followed by cholangitis, must be kept in mind. Ulceration is then apt to ensue and of course pus formation immediately takes place. Or, the stone may become lodged in the cystic

duct, leading to a distended or dropsical condition of the gall-bladder or to an acute inflammation, at first catarrhal but later suppurative, a true cholecystitis.

In any of these cases, surgery is very likely to be required and will be immediately imperative if signs of perforation or of abscess formation show themselves, such as severe pain, nausea and vomiting, chill, fever and sweat, an increase in the leucocyte count above twelve or fifteen thousand. It is then that most excellent results may be looked for by a combination of good surgery with painstaking homœopathic prescribing, the former however being of the greater importance in this instance. One of our most reliable indications for the employment of surgery, and this applies to other conditions as well, is the fact that after the apparently well-chosen remedy has been given, even though the patient may be more or less relieved of his pain; pulse, temperature, blood count and diagnostic symptoms continue to indicate advancing trouble somewhere. The quicker we then turn to surgery the better for the patient, as a ruptured abscess in the peritoneal cavity is scarcely a condition to be trifled with.

On the other hand, we find cases of cholelithiasis which give a history of repeated acute attacks of hepatic colic, together with other symptoms of increasingly poor health, in which our best endeavors with carefully chosen remedies will be in vain. These cases need the knife and will get well only after they have been operated upon and the stones, frequently very numerous and often of large size, have been removed.

From the standpoint of Hahnemannian philosophy, such cases may be said to represent the tangible end-products of disease, themselves capable of creating further trouble, often most serious. But end-products are rarely amenable to medicine, which at best has a temporary palliative action only. Such cases should have been cured long before the end-product was produced, and at a time when the pathology of the case was still largely functional in character, always bearing in mind, however, the caution that perverted physiology means pathology and pathology means not only functional change, but organic change, however slight, as its starting point.

Again, we must remember that cases of hepatic colic occur in which no jaundice appears and in which no stones are found in the stools, even after the most diligent searching. These are cases in which either the stones have settled back in a diverticulum of the gall-bladder and have therefore produced no obstruction, temporary or otherwise, or they are cases where very small granules, intestinal sand, have been passed. Such very small stones are however, capable of producing severe pain by provoking spasm of the structures through which they are endeavoring to scratch their way.

In conclusion, we wish to affirm that the subject of gall-stones thus briefly treated, from the standpoint of the Hahnemannian prescriber, has by no means been exhausted and that furthermore, the thoughts expressed are based upon a fairly large personal experience with gall-stone disease. We wish however to emphasize the thought that, for the Hahnemannian physician, it is necessary to be mindful of the possibilities of this disease, of its diagnosis and of its pathology, of his own limitations which are placed upon him by the just and natural boundaries of his art, and of the fact that because surgery must so often be called upon, he has not necessarily failed in his well-intentioned efforts. It is hoped that a full discussion will extend and amplify the several thoughts suggested, or intended.

Dr. Baylies: In many surgical cases a homœopathic prescription is required and the surgeon should be qualified and willing to make it. If the homœopathic physician be jointly in attendance he will of course relieve the surgeon of that duty.

Dr. Rabe and other members have spoken of cases of gall-stones, some of which were very chronically affected. I have been treating one at occasional intervals for about a year, who has had attacks beginning in girlhood, and since womanhood often extremely severe; the pains in the gall-bladder, epigastric zone and inferior angle of the right scapula indicated, and were much benefited by *Lycopodium*. Pulsating pain at the lower angle of the scapula palliated by pressure, was relieved by *Natrum muriaticum*. Under homœopathic treatment she has greatly improved, and attacks have been seldom

and slight. She is not well, but I expect that possibly before she dies, she will get well. These cases seem parallel to the "ups and downs of Lot Wyman."

Dr. Stearns: Dr. Becker mentioned the X-ray. Some gall-stones can be diagnosed by this means while others do not show as they are transparent to the X-ray. If they contain enough mineral substance to demonstrate their existence, they can be diagnosed.

Another point has to do with the natural history of the stones after they are formed. They give trouble,—then no trouble ensues for a long time, and yet gall-stones remain. I am thinking now of a case under treatment that was demonstrated by X-ray. She had numerous attacks of gall-stone colic, but after receiving *Nux vomica* for one of her attacks, she did not have another for five years. On the other hand, the gall-stones remained and I don't know whether she will be cured or not, but the remedies do not seem to influence the stones, in this particular instance.

Dr. Hutchinson: I was interested in this case before the development of the gall-stones. We get a good many such cases. On the other hand, we get a good many cases diagnosed cholecystitis and then have a very nice case of gall-stones to deal with. With the gall-stone diagnosis we may prescribe as carefully as we can and finally conclude that perhaps, after all, we did not have much of a case, but we have had a chance to enter a very good wedge even if it was only choleangeitis. Some of these cases have not had much illness at all; perhaps they have had no Homœopathy, and we have an opportunity to teach the patient something about his health which he had never known before. We keep a case under observation and we find that there are more details in connection with it than seemed at first possible connected with the cholecystitis. I think this is a very important thing to consider always in these cases. Sometimes in a poorly developed gall-stone case we are not able to do much; at least we are not sure of it. Sometimes we do a great deal, and here, as in all homœopathic work, the combination of disorders is most interesting.

Dr. Franklin Powel: Concerning the matter of recurrence of

gall-stones I may say that I am carrying some gall-stones around with me and have for the past sixteen years. Fifteen or sixteen years ago I had frequent attacks of gall-stone colic but since that time I have had none.

Dr. Boger: This is rather a large subject and is one which has no doubt given us all something to think about. The most striking thing to me, has been the recurrence of gall-stone colic after many years of supposed cure. I recall two cases which recurred and promptly died; one, supposed to be cured eight years ago, and the other thirteen years ago. I did not see either of them in their last illness, but they died within a few days. They had been carrying these gall-stones around with them (or possibly more added to them) in addition to the ones supposed to have passed at the time they were thought to be cured.

Cholelithiasis, due to the gall-stones, is a very dangerous condition. A few cases of this kind were controlled completely by Lachesis. These patients remain well today so far as I know. Undoubtedly very large gall-stones may be passed.

Dr. Boger: I have seen two wonderful recoveries of the inflammatory condition after the passage of the stones. There was pus formation and persistent vomiting, for days and days. One case which was diagnosed gall-stones by several physicians upon operation turned out to be simply a spasmodic contraction of the gall bladder.

Dr. Stearns: I would like to ask Dr. Boger if in his use of Lachesis he cures the gall-stone condition so the concretions are dissolved, or if he only cures the colic during the passage of the gall-stones.

Dr. Krichbaum: I wish to commend the paper. Dr. Rabe wrote a much better paper than I thought he could. He clearly describes the dividing line between the medical and surgical but we forget, most of us, that after a case of gall-stones you have a sycosis to handle and you have got to keep up your treatment for years and years to eradicate the sycotic condition before you are going to get rid of the gall-stones. I remember sending a patient for X-ray examination two or three times before and then finally they decided he had gall-stones as large

as a hen's egg. After two weeks' treatment they were all gone. There have been no symptoms since and it is now four years; no pain, and no symptoms after two weeks' treatment. Marvelous prescribing! We forget, a great many times, our diagnosis, and we get off on a tangent and believe we make marvellous cures when the diagnosis was all wrong, but I have never yet had a case of gall-stones that I did not cure. Now I know that I do not have all the cases and I have not had these cases which are saturated with pus conditions but I have had case after case where I know there were gall-stones and they have been cured after treatment. There is one remedy which I have had, it was handed down by an old-school man who had never lost a case, and it has been guarded in that family for over sixty years, but I got on the inside and got the Treatment. Now I am going to try it. I remember one case I prescribed for and relieved, and the gall-stones were as large as those old-fashioned one-cent pieces. When I was away last year at the meeting he had another attack, and when I saw him he got this remedy; gone in three days—Hydrangea.

Dr. Patch: I want to express my interest in this paper.

It is a very vital subject and I imagine that my experiences have been similar to those of most of us who have seen any number of cases of gall-stone disease. I remember, twenty years ago, having a very severe case which had frequent attacks (before the advent of the X-ray, of course). I was in the habit of spending a good part of the night every few weeks giving Chloroform to allay the pain. It seemed the only way that it could be overcome. No remedy that I could select gave relief during the attacks. Later Lycopodium over a long period did accomplish great results apparently. Another case went over ten years without any attack whatever; I took it for granted that she had entirely recovered, but after this time another attack came on, much milder in form, which yielded to remedies readily, and she has had no further trouble.

I have been very much interested in the diagnosis of gall-stone disease and within the past few years have seen quite a good many cases where we have used the X-ray and the results have been very unsatisfactory. We have had two or three cases

where gall-stones had been diagnosed by X-ray but under operation they did not prove to be present. In one instance, the patient was operated on about a year ago, and the gall bladder was filled with a viscid, dark and heavy fluid, but no stones. Operation, in this case, had absolutely no beneficial effect. Another case, several years ago, where gall-stones had been diagnosed by the X-ray, was operated on, and no gall-stones found, but the patient had no subsequent attacks of pain. This case too, I believe was a neurosis. Prescribing had nothing to do with it. The case was not one of my own but was seen in consultation.

On the other hand the X-ray does not always reveal stones when they are present, and the reason for this seems to be a matter that is not entirely clear, but, as has already been suggested, is probably dependent on the chemical composition of the concretions. I have come to resort to surgery where I see these cases in consultation because it is practically impossible to accomplish anything in homœopathic prescribing unless it is done over an extended period, and with an opportunity for thorough observation and conduct of the whole case; I have seen some brilliant results and I think this method preferable to that of allowing patients to go on with indifferent prescribing, getting the indifferent results which are sure to follow. I have seen no serious results from operation when it has been performed under suitable conditions. In one or two instances, where patients have been very old, they have not recovered. I recall one case operated on for gall-stones five or six years ago, successfully, where they developed a second time. The patient did not recover, but it was due to her age rather than to any difficulty with the operation.

Dr. Powel: I would like to relate a rather peculiar case which occurred in my practice two years ago. I was called, one morning, to a patient who was suffering from severe pains. I had never treated this gentleman before except perhaps for a slight cold or ordinary trouble, and I made an examination; found him lying on his back, limbs drawn up,—very tender at McBurney's point. Of course I diagnosed it appendicitis, and gave him several remedies with no result. He got to showing

septic conditions so I suggested an operation to which he very strenuously objected. However, his wife insisted that he should submit, and I called in a surgeon from Philadelphia, who had not seen the case before. He came out, and made an incision for an operation for appendicitis. After getting through the skin a lot of pus oozed out, and a few seconds afterwards, small gall stones made their appearance. We then found he had ruptured the gall bladder. The incision was carried upward and the gall bladder exposed and drained. That man made a good recovery. I learned, afterwards, that he had frequent attacks of what he called pain in the stomach and he said he had always used Harlem oil to remove it.

Dr. Roberts (H. A.): I want to bear out what Dr. Boger has said in regard to Lachesis. I know of cases that have gone on,—cases where there was great distention of the gall bladder—where temporary relief was obtained. I remember having a case of gall-stones in a boy of sixteen years of age, and I was called for the first time to see the patient during the attack. There was great distention of the gall bladder and pain. I was able to relieve the pain with Lachesis but it did not relieve the condition, and I advised an operation very strongly, but it was refused. The boy died within two or three days afterwards from a ruptured gall bladder. I do believe that, as physicians, we must re-define the line of demarkation. As I said before, in my opening remarks, there must be a strong line of demarkation between pure surgery and therapeutics if you are going to save your patients in these critical conditions.

Another point was brought out in one of these discussions—and that is in regard to cancer. It is well to bear this in mind that the localization of cancer is apt to take place at the point of irritability and a packed gall bladder certainly gives irritation, and there is danger of this being followed by cancerous growth.

Dr. Becker (Henry): I would like to hear more from those who have had experience with the results from operation. Dr. Patch has given us several instances where operation on the gall bladder has had good results. I am skeptical with regard to operation for gall-stones. I have seen numerous cases with

very bad results and I can remember no single case where a good result was obtained. My experience has been most satisfactory with medical but not with surgical treatment.

In Toronto a very efficient Old School surgeon was operated on for gall-stones. He has never been well since. A big, six-foot, healthy, active man. I said "You know you don't get good results from operation in gall-stones," and he agreed with me. I said with Homœopathy we cure this trouble and I said "Why didn't you see my brother, who is a friend of yours, before undergoing the operation?" He answered "If I had to do it over again I would."

Sinuses often do not heal up well with us, which you will probably say is due to bad surgery. It does not seem to be because this operation has good results in other abdominal sections, but the health seems to break down generally.

Dr. Krichbaum (Philip E.): Any sycosis back of it?

Dr. Dienst (George E.): It seems to me to be merely a matter of accurate diagnosis. All causes looking forward to the formation of stones in the gall bladder are curable before the stones are formed, and as long as Nature is able to throw off a substance the size of a gravel stone and the conditions express themselves in intelligible symptoms, it is a curable condition. But when a stone enters the bladder, when the accumulation in the bladder is of such magnitude that it cannot pass off, then it is time to act.

I cannot answer Dr. Becker because I have never had a case of gall-stones that had to be operated upon. All that I have ever seen have been in the primary stages, and if you can recognize, in the beginning, when the gall bladder is becoming affected, where it is setting up symptoms, then is the time to use your remedy; not always the same remedy,—various remedies will cure the condition. But I want to emphasize the point that is clear in my mind, but not in my expression, that there comes a time when Nature cannot respond to the remedy; then it must respond to the knife.

Dr. Roberts: In regard to Dr. Boger's inquiry,—my experience has been this. I have had several cases of gall-stones. Possibly down his way they do not have gall-stone cases, but

in Connecticut we do have them a plenty, and I have had quite a good many of them operated on. I have only failed in one to get good results and that was where the patient was in a very critical condition to begin with, and in order to get her off the table alive, she was so far exhausted that we did not remove the gall bladder. We did remove the stones,—fourteen of them, packed in tightly, and made to order; large ones. Afterwards, a second operation was performed because of distress in the region of the gall bladder and instead of stones, we found a thick viscid fluid that has been spoken of as a viscid substance in the gall bladder, and the gall bladder then was removed. She has since recovered, and is fortunately in good health. That is the only one, in my experience, where the operation has not given satisfactory results. Now, do not understand me to say that every case of gall-stones is for the knife. In those cases where the gall-stones are sufficiently large to fail in passing, and you get an impacted condition, I cannot see anything but to remove them by mechanical means if you are going to get health for the patient.

Dr. Boger: I have seen both poor and good results. Some of the worst cases I have seen after operation resulting in suffering afterwards and general poor health, and it was very evident they were not cured. Perhaps Dr. Krichbaum is right—there was a sycosis back of it, but I have also known good results from surgical work.

Dr. Dienst: What per cent did you say?

Dr. Boger: At least a fourth.

Dr. Roberts: In regard to the fact that you found so many stones in the autopsies is along the same line as in the Johns Hopkins University Hospital where the autopsies showed that ninety-five per cent of all the patients had at some time in their life had tuberculosis, many of them without having known it. What is a manifest irritation to one constitution does not effect or phase at all another constitution in a similar condition, and that is the reason why you get a source of irritation from these conditions in the gall bladder in one patient and not in another under similar conditions; because there is some sycosis back of it that is disturbing.

I might ask Dr. Krichbaum to characterize that condition of sycosis in relation to gall-stones but instead I will ask Dr. Rabe to close the discussion.

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## INFECTED WOUNDS.

BY ERASTUS E. CASE, M. D., HARTFORD, CONN.

Success in the treatment of infected wounds has brought an unusually large number of them under observation. The employees of several markets send their friends to the doctor who cures without the knife. Seemingly desperate cases have recovered without the loss of even a portion of a finger. The dynamized homœopathic remedy and cleanliness have proved to be sufficient to cure them.

### I

A plumber cut the back of his hand while repairing a galvanized water tank three weeks ago, and the cut healed easily. Yesterday the hand and arm began to swell and the surgeon told him that he would probably lose his hand. His employer brought him to the office asking if the hand could be saved. He was told that it probably could be.

The patient slept very little last night because of pain.

He has alternate chills and fever.

The swelling is angry looking and has a bluish color.

These symptoms point to the remedy.

1904, Nov. 30. Four powders Arsenicum album 1m B. & T., one powder every two hours.

Dec. 2. The pain and swelling increased for awhile, then diminished. Since yesterday it has been growing worse.

One powder Arsenicum album cm Fincke.

Suppuration took place, but the recovery was so speedy that he was at work in one week.

### II

A milkman cut his finger while cleaning a glass bottle, then

put sugar on the cut, which closed it. Later in the day he sowed ground fresh bone fertilizer. That was ten days ago.

He now has pain and swelling of finger and hand, with red streak extending to the axilla, where the glands are painful.

1892, June 8. Four powders Arsenicum album 2c B. & T. one powder every two hours.

June 11. He felt better at first but is now much worse.

Frequent chills, then feels feverish.

Worse at midnight; so restless that he must walk about.

Arsenicum album 2c in water, two teaspoonfuls every two hours.

June 12. The cut has re-opened and is discharging freely.

One powder Silicea 1m. B. & T.

June 20. The swelling is nearly gone and the wound discharges an offensive pus.

One powder Silicea 40m Fincke.

It healed without stiffness of finger.

### III

A German peddles fish through the country. Two days ago a customer asked him to kill her cat, and he obligingly undertook the job. In the struggle for life the cat bit and scratched his left hand savagely, and "he vill nefer again anoder voman's cat kill."

The hand is much swollen. The inflammation extends up the whole length of the arm, and the axillary glands are swollen.

He is weak and feverish.

1908, Jan. 17. Four powders Arsenicum album 1m B. & T., one powder every three hours.

Jan. 19. Yesterday he was chilly with general aching, and according to custom when chilly he took fourteen grains of quinine and a dose of physic. The hand has not changed very much and he is still feverish.

One powder Arsenicum album cm Fincke, and he was commanded not to take any other medicine.

Jan. 22. The fever has gone; the swelling is diminishing, and suppuration is going on.

One powder Hepar sulphuricum cm Fincke.

Jan. 25. The abscess is open and discharging freely. It healed without further treatment.

#### IV

A telegrapher, while his hands were sore from abrasions made by twisting off the tops of turnips, mixed putty in an old tin can that had contained green paint. That was two weeks ago. His hands and arms were soon covered with sores. An allopathic doctor cut and scraped them every day to remove the poison, then covered them with an ointment. He also took drugs internally, but is growing worse. A neighbor tried to have him go to see his doctor. He finally consented to do so.

1915, Oct. 29. The man is weak, feverish, has no appetite and very little sleep at night.

The sores are black, filled with unhealthy granulations, and are discharging a dark, corrosive fluid.

The lymphatic glands are enlarged and sore.

One powder Arsenicum album 1m B. & T.

He was directed to wash the sores with castile soap and water, but to put nothing else upon them excepting vaseline to prevent the dressing from adhering.

He went home and told my friend that "he was up against it sure! for that doctor only gave him a little sugar and told him to keep the sores clean." He was told to obey directions and see what came of it.

Nov. 5. The glandular inflammation is gone. All the sores are healing, and he has resumed work.

Saccharum lactis.

Nov. 22. He is well and only traces of the largest sores remain.

Saccharum lactis.

Dr. Krichbaum: I thought I would not discuss another paper today. But I would like to ask if anyone here can tell me why they cut and slash those septic wounds all to pieces. I remember cases, hands and arms, cut all over. I have had any number of cases cured by Arsenicum. I recall one distinct case of septic condition where the little finger had been opened

many times, I believe they said there had been thirteen or fourteen operations. The bone has gone down to the first phalanx and one prescription of Sulphur controlled the whole process within a very little while. No more operations.

Dr. Case: I would like to answer that question—why they cut?

If they can't cure anything they must do something, so they cut. We find that among Homœopaths,—they are cutting too.

I had a case, about a year ago, in a little town about fifteen miles from where I live. Operative methods had been employed and the patient was, for about three weeks, under the care of the man whom I suppose did the work. When I saw her first she looked as though she had had typhoid fever for about three or four weeks, at least. The face was peeling, and the tongue was dry and almost black—that blackish condition which we all know so well. Temperature  $104^{\circ}$ , and I had a mind to back out and say that nothing could be done, but I always hate to shrink from duty and I said I will try this and do my best, and if I lose out, and lose my reputation, all right, I will have done my duty anyway.

I gave the patient Echinacea, 1m. for an hour or two, I have forgotten which, and I was a little afraid, because of the symptoms, that it would not re-act, so I gave the patient about five drops, and the third day I had the satisfaction of seeing the re-action complete, and in about ten days a large abscess presented itself in the vagina and ruptured itself. I expected to open it if it had not ruptured itself.

I am saying this to show the action of the homœopathic remedy, even in surgical cases. In cases like this, vaccination would have done no good whatever. The only thing that I could see was the elimination of the poison from the system by some remedy, and the cure of the case by the indicated remedy.

Dr. Close: The disposition to cut and slash is very much in evidence. The disposition to do things which are analogous to that in the way of local treatment of these septic conditions is also found among our homœopathic practitioners. This has

been illustrated to me in a case which I have under treatment at the present time. Ten days ago there came to me a man seventy-four years of age, with an infected hand. He told me that he had slightly injured the hand on the palmar surface about seven weeks previously. He used some simple application, and it apparently healed. Then he had occasion to trim his hedge. He took a pair of pruning shears and worked vigorously with them for about two or three hours. The result was that the wound broke out again and took on a very serious character. The hand became very much swollen,—there was great pain and fever.

This was the history he gave me. He had called in an old-school physician who diagnosed septicæmia and made two incisions, each about an inch long, on the palm of the hand and one on the palmar surface of the finger, well down to the tendons, and applied dressings of Bi-chloride of Mercury solution. To prevent anchyloses, the patient said, the physician used very forcible extensions in order to break up the adhesions, or to prevent adhesions from forming, and caused him a great deal of pain. At any rate, the extension was so forcible that the sheath of the tendon of the middle finger was ruptured. Analysis of the urine was made and the patient was found to be diabetic. Ulceration extended from the points of incision and large areas sloughed out, the hand remaining badly swollen. When he reached that point he left his old-school physician and went to a homœopathic physician who prescribed for him and reduced the swelling of his hand at first, so that it looked pretty well; but regarding the exuberant granulation which was beginning to take place as "proud flesh," he daily destroyed it with acid so that there was no progress. After a few weeks, both the doctor and the patient became discouraged, and the patient came to me.

Upon removing the dressings I found this sloughing gangrenous condition going on; there was copious and very foul pus. The hand and fingers were swelled to double their size and very hard. The fingers were rigidly flexed by contraction of the tendons. The edges of the ulcerating tissue showed no signs of granulations at all; the "proud flesh" had been very effectual-

ly removed. Not considering exuberant granulation in such cases as necessarily evil I do not believe in destroying it as fast as it is formed. I simply cleaned the wound, put on a wet dressing saturated in normal salt solution, straightened the finger and applied a splint, and gave him Arsenicum 6x. At the end of three days, healthy granulation began to appear on the edges, and at the end of six days there was no discharge except a normal serum. The opening has filled in about one third with healthy granulation. The swelling of the hand and finger is reduced about one third; no pain whatever. Previously he had had considerable pain with great anxiety and restlessness. He walked the floor half the night and feared loss of his hand and death. Here is a man seventy-four years of age, diabetic, with a septic hand, gangrenous ulceration, and edema, who in the course of ten days has made this rapid progress under the action of Arsenicum the 6th. Pretty good evidence that homœopathic treatment should supplement surgery, and pretty good evidence that unless surgery is properly done, it is better left undone.

Dr. Burgess-Webster: I had an experience this winter of which I am not particularly proud. One of my old patients, who had interstitial nephritis, had an infected finger. I prescribed to the best of my ability but the bone became rapidly affected. I called in a surgeon and he removed the first phalanx, and later thought there was need of removing the entire thumb. I urged delay. The patient's blood pressure at this time reached 260. After much study I finally prescribed Kali-iod. 200 which saved the thumb.

Dr. Becker: I used to do much surgical work but now I do as little as possible. I think though we should not turn the minor cases over to the surgeons. An old-school physician, a boyhood friend, talks about circumcision constituting with him a major operation. I think every homœopathic physician should be able to do surgical work of this kind. If we will only feel that we are competent to attend to the little things with simple methods and simple dressings I think we will get good results in minor surgery. I have not the fear of septic infection that I used to have. When I was a student I read a two-volume book on surgery by a man named Ericksen. It was full of the

most common horse sense that I ever read on surgery,—simple treatment, when treatment was necessary. He pictured meddling surgery just as Playfair depicted meddling midwifery. Four years ago, coming back from England, I got acquainted with the surgeon of the ship. He asked me in to see the Captain's back from which he had removed a large-sized wen. I looked at the wound and seeing no signs of inflammation, I said "You have union by first intention there; that will be all right in a few days." He took a probe and dipped it in Tincture of Iodine and said "I am going to see what it is like in there." I said "Oh don't do that. You are going to break down the first process of healing." "Oh no" he said, "I just want to see if there is any serum there." There was no elevation of temperature, no sign of any trouble whatever, and yet this surgeon was meddling there. Erickson deprecated this sort of thing.

Now, I take the temperature, look at the wound, and if it is healing nicely, no sign of redness, no elevation of temperature, I say let it alone. Often I leave the wound covered up several days, trusting to the thermometer and the pulse to show that everything is right. But if the temperature goes up, I take a look at it.

I like that paper extremely well. It shows us surgery without the use of the knife. There are many cases where old-school men fail, where Homœopaths, who should know better, try surgical means when homœopathic prescribing will do the work a thousand times better. That is the way we want to make the effort to help keep our school abreast of the times that we may be better Homœopaths, and get the results that Dr. Case gets. There are cases where the knife would be needed very shortly were it not for good prescribing. A short time ago a patient pricked her finger with a needle. A very sharp pain followed and she rang me up and thinking she was unduly nervous I advised her to bathe the finger in hot water. Next morning I went to see her and the red line up the arm to the axilla showed the trouble. Temperature 104°; pain very severe. The temperature was high until a large abscess formed and discharged in the axilla and recovery was uneventful.

A well-marked case of septic absorption, one remedy given, as Dr. Case has illustrated, and when we treat according to the homœopathic indications we get good results; treatment by prescribing and not by means of the knife.

A little boy some time ago was treated in the out-patient clinic in Toronto Hospital for an indolent ulcer on his hand which showed very slow progress. When he came under my notice the temperature was high. He was told to put the hand in hot water frequently and in a few days it was nearly well. I have seen women after childbirth showing signs of septic absorption. The temperature went higher daily and there was much distress. The uterus was irrigated with plain hot water. There was a marked chill immediately after in some cases which I presume was due to the dilution of the pus. The temperature came down very shortly and stayed down though sometimes in twenty-four hours it rose again. Another irrigation, of plain hot water, gave the same good results. In one case I had to repeat it several successive days and in another it had to be done twice a day. Another woman, after childbirth, had a well-marked septic infection. Chill and high fever. She was in a filthy home; she was filthy in person, her clothes were filthy and her surroundings were filthy. I gave her a dose of Sulphur. The next morning she was normal.

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## WHAT SHALL WE DO WITH THE FORMATION OF PUS?

BY JOHN HUTCHINSON, M. D., NEW YORK, N. Y.

This question walks deliberately away from the borderland of Homœopathy into that other dominion which virtually refuses to reckon with causes, but only with the heads that bob up in its Donnybrook Fair. Riotously to hit each head is the aim and end. Naturally, such a riotous viewpoint is little in keeping with the greater role waiting to be played by the physician who endeavors to follow the principles governing cure. The presence of pus is one story; the conditions associated with or

occasioned by its formation, as well as the conditions that occasion its formation, is another story.

The relevancy of the question has its claim, since the presence of pus within or without a cavity may suggest itself as a large factor in the case. It may appear to be a decisive factor. On the other hand, the presence of pus may exclude the maximum of distress and even usher in a period of grateful relief. In such an event surgical removal may be the obvious demand, dependent on position, character, pathological environment, or what retention would involve.

Happily, Homœopathy is to be credited with the duty of receiving vital problems exactly as they are presented. In this form they are to be duly weighed and considered by all the reasoning that may be brought to bear from the vantage ground of proven remedies. This of course implies an equally well-proved skill in the prescription of those remedies. The chief trouble, however, is that the needy condition too rarely receives either remedy or skill analogous to that which must accompany the choice of remedy. For only genuine Homœopathy provides for the specific demands. All other treatment expends its forces on generalizations, of which the formation of pus is really one.

New cases often arrive in all sorts of conditions of ignorance, mistreatment, distortion. That the presenting state is not rational, should not have developed, is in the path of a needless crisis, does not change the facts. They must be met. If best cannot be done, then second best. And it must always be remembered that actual Homœopathy is little known; it is so scarce that most people are wholly ignorant of it.

What we shall do with the formation of pus is decided by our discernment of the symptomatic reaction of the invaded organism. What we shall do with pus that nature has walled off for the safety of the organism must be determined by the symptomatology. Pus forms defensively in the cavities of the body, and its exit from the body is to be carefully studied before deciding on the knife.

A favorite way in some circles has long been to prevent its natural exit, though this cannot be laid exclusively at the door of Homœopathy. A case will illustrate.

For more than twenty years a noted ear specialist had treated every year—sometimes over periods of weeks, a patient with otitis media suppurativa. The discharge would duly appear, and then the noted specialist would institute antiseptic cleanliness by frequent irrigation and other means. After awhile the discharge would cease, and the patient, who meantime had had perfect deafness accomplished for him, would discontinue treatment till his deafness declined and the discharge returned, at which time he, himself, would faithfully return to the noted specialist for another series of irrigations or cycles of treatment. This having gone on regularly for many years, the specialist discovered that a radical operation would at last be necessary. It would be more than the attractive mastoid incision, since there was extensive osseous involvement, in fact all that might be expected after twenty years—either operation or death. But to the specialist's surprise this seemingly faithful patient got mad, and declared no operation for him after all his experience, particularly as no assurance of cure was given.

Having held off for so long, the patient finally decided to give Homœopathy a try-out. But his new-found Homœopathist assured him he would not accept the case unless he had it under complete control for at least two years, also that he would not attempt to check the discharge, but rather favor its freedom. To all of which the patient agreed, followed instructions, and in less than a year and a half wrote a handsome letter to his physician, declaring "the trick done." Hearing was good, and the discharge had very gradually lessened till it appeared only as slight moisture now and then on rising in the morning. That was some ten years ago, and the patient has had no further crises with his ears, has had no occasion whatever for local treatment there, and has enjoyed the best of hearing and the best of health.

We have heard so often and so emphatically that pus is never eliminated by absorption, that it never disappears from the body unless its disappearance can be witnessed by the eye, and we have heard this from the distinguished pathologist so much that it would be idle to dispute it here. It is enough to say, that in the light of all the Organon teaches in respect to incur-

bility, mechanical conditions, and last but not least, the eloquent demand for the simillimum, we are justified in exercising our prerogative as to keen estimation of the patient, his own requirements, his own call for help. Let us inquire in the individual case how we shall consider the incidence of pus. Shall it dominate our symptom study?

Much depends upon whether pus is the natural consequence of disease, of treatment, or of recovery. The presence of troublesome pus today is no doubt favored by and increased by prevailing serum therapy. We do not yet know to what extent direct introduction into the circulating blood of foreign toxic substances will hamper the reconstructive effects of homœopathic care.

Dr. Boger: Speaking of septæcemia it seems to me that I have never seen better results from any remedy than Rhus, particularly after abortion or miscarriage. As soon as there is a suspicion of sepsis I think of Rhus. Ordinarily Bibromum controls the uterine bleeding, after that she will need a few doses of Rhus.

Dr. Dienst: I rise, not to discuss the paper, for I did not hear it. I have heard the discussions and they lead me to mention something that we have not said anything about. We have toxic elements, without pus, and then, what will you do?

Two weeks ago I was called to LaGrange to see a young man supposed to have typhoid fever. I saw the man's face was paralyzed on the left side. I called the doctor's attention to it, and he was very much surprised for that condition was not present in the morning when he saw him. A week ago tonight I was called at midnight; that is, I arrived there at midnight, and, on entering the room found Dr. \*\*\*\* and Dr. \*\*\*\* giving this man a normal saline solution to relieve the condition of the bowels. I stepped to the bed-side. I said "Gentlemen, your man is dying." On careful physical examination we found the right leg completely paralyzed; right arm completely paralyzed; abdomen paralyzed. That is a strange feature for typhoid fever. I never heard of anything like that. I never have read of anything like that. Dr. \*\*\*\* and Dr. \*\*\*\* were doing the very best they could and they could not relieve the man. The

whole household was perturbed and they called me aside and said "Doctor, what in the world are we to do?" I said, I see nothing here but a toxic element and where does that toxic element come from? Then I was told that sixteen months ago when the National Guards were getting ready for a trip to \*\*\*\* they gave this young man typhoid vaccine. A few days later they gave him another injection of the same vaccine and a few days later they gave him another of five hundred million. This boy was never well after that, and I learned also from the family, in the meantime, that he had been ailing for sometime; that he had not been himself. What could Homœopathy do? I told Dr. \*\*\*\* that the only thing I could see was Pyrogen. This boy's pulse was  $186^{\circ}$  taken with the stethoscope over the heart. His temperature was ranging from 100 to  $100.9^{\circ}$ ; his respiration was 36. The only thing I saw was Pyrogenium. I then sat and gave it by his bedside and waited for improvement. In less than an hour the pulse went down to  $148^{\circ}$  from  $186^{\circ}$ . We let him rest until about four o'clock in the morning when we thought he was about gone and I said "Doctor, let us repeat our last remedy." It was over four hours since he had had Pyrogenium. We gave him another dose, and, strange to say, the pulse rose again to 152; temperature went down to  $99\frac{1}{2}^{\circ}$ ; respiration ceased.

The result of the toxic element in this boy's system introduced for the purpose of preventing him from getting something he probably would not have had, depleted his vitality to such an extent that when he took sick, though he responded to the indicated remedy, yet he had not enough vitality to recover. I do think that the most damnable thing in this world today, under the pretence of science—one of the most heathenish things, under the pretence of science,—is putting into a healthy human organism the elements of disease, to prevent something that that person might never have, and this introducing of toxic elements so depletes that individual that when he takes sick, his days are numbered and like in the case of this boy, the scene is closed in a very few moments. It was one of the saddest moments I have seen for some time.

Dr. Powel: That reminds me of the Turk's remark: "It

amuses me to see your people give themselves small-pox to keep them from getting it. To make them sick to keep them from getting sick." It is a sad day for medicine when some members of the profession have nothing better to offer than the products of the horse stables, cow stables and pig pens.

Dr. Stearns: I just want to supplement Dr. Boger's remark in regard to Rhus tox. Rhus is very closely related to Pyrogenium in its symptoms. Rhus is frequently indicated in suppurative conditions of the anus. In connection with Echinacea, in addition to prostration, it has a great deal of soreness and the suppurative state is slow in developing. The boils do not come to a head, the infection seeming to scatter instead of focalizing.

Dr. Roberts: I think that we should, in these discussions, bring out one or two points that have been hinted at, and that is, I feel that when we get "the damnable pus," that Dr. Krichbaum has spoken of, in the abdominal cavity or pleural cavity, we begin to realize that we should at least give it an opportunity to escape where it will not do damage.

Dr. Hutchinson: Perhaps I ought to say, Mr. Chairman, that the medicines used in that ear disease were Cal. carb., Thuja, Capsicum, though they are not distinctly pus remedies, and I tried to make this point in the paper, without saying anything about remedies, because I think in an Association of this sort we are all familiar with remedy symptomatology and the details of a case we have not seen can only be outlined by a man who did see it. To my mind, it is rather absurd to present before you a case I have seen week after week and prescribed for, and make you see the pertinence of the remedy.

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### THE A. B. C. OF SURGERY.

BY ROYAL E. S. HAYES, M. D., WATERBURY, CONN.

Not being a surgeon myself I thought I ought to be able to write a bit about the surgeon's work, at least on the basis of seeing it as they cannot see it themselves or do not wish to. I

did get so far into surgery once as to contemplate a major operation—on a wart—but the planetary bodies decreed otherwise and I discreetly abandoned the project. Probably my conception of the A. B. C. of surgery may have slight interest compared to the fascinating mazes of pathology, diagnosis and technique. It is not the major surgeon that I am after especially, anyway, he is so useful that we can forgive small faults; it is the fellow who tries to tramp up the stairs of surgical fame by separating a 200 lb. human being from a pin head tumor, for instance, who makes an incision into every boil, carbuncle, abscess and infective focus that shows itself on any visible or invisible portion of the human surface.

This is where the A. B. C. should be considered in more meanings than one. The man who can comprehend the real A. B. C. of any art or science has an insight of it that is more important than all the rest of it. The A. B. C. of surgical consideration is or should be intelligent recognition of the physics of that force which is originally combined with and which animates the material body. Anyone who will stop to think at all must see that the direction of that force is from the dynamic center or vortex to the external parts. This is no mere highbrowed sectarian sophistry. It is a fact that is perceptible in every known and visible act of living bodies. It is in the actions of the liver as it is in motion of the arm. There is a difference in range according to function but no difference in direction. The direction is always from within outward, from the cerebellum or sympathetic ganglia not to reach farther back to the skin.

Let us now apply this elementary fact to the elements of manual operation. The simplest operation a man may do is to make an incision with a knife. In this the non-specialist finds joyful opportunity in boils, abscesses, carbuncles, cellular infections, etc. He puts the knife in ostensibly to evacuate pus, to wash out the cavity and to provide drainage. To this purpose there is no vital objection but there is an important consideration. It is vitally, sometimes fatally, important to consider where the point of the knife goes, and what it does. To unnecessarily weaken tissue in superficial infections by

severing nerves, capillaries and other vessels, thus exposing them to the entrance of those infectious products which the organism is trying to isolate, is, in my humble opinion, not curative but abusive. To illustrate the success of this kind of work here is an extreme case, that of a man of 50, who had apparently been in prime health until five days before I saw him. Then a carbuncle had appeared on the right cheek. During those five days it had been lanced by his physician three times. Each time, so the relatives reported, the man had become more prostrated and the local infection had been accelerated. When I first saw him he was moribund. Although the local inflammation had spread over the upper part of the cheek, temple and about the eye, there were only feeble signs of pointing. Arsenicum relieved the restlessness but he lived only two hours more.

Per contra I once saw a carbuncle in full bloom that had been going on the back of a man's neck for two months. The denuded surface covered the entire cervical region. He was in charge of a botanic physician who had nursed it along with poultices. It was well circumscribed, there was no systemic debility, the patient himself feeling finely.

Any one who has watched a carbuncle develop without interference, and especially with the assistance of the dynamically similar remedy, must have observed that it becomes more circumscribed and more superficial even as it enlarges until the necrotic products are evacuated.

Not to exhibit a holy superiority of method but to illustrate the sometimes surprising effect of remedies here is another case:

Young man with palmar abscess came thinking to escape lancing by his physician. He was advised that his physician was quite reasonable and that it was dangerous to let the pus burrow there without an outlet. However, as he insisted, I consented to let it go one day if he would surely return, and prescribed Lachesis. As he did not appear I phoned when he astonished me by saying that it was "all dried up." I could not believe it, thinking him afraid, until making him come to

the office, found that the inflammation had almost entirely disappeared.

The idea that I wish to punctuate concerning the treatment of these superficial conditions is that they are not surgical but medical; that you might as well give a hypodermic of pus and infectious products as to take it into the circulation with the blade of a knife. Instead, the surgeon should, by the use of the dynamic similar remedy, bring the inflammation to a suppurative center (if it may not be not aborted) where it may discharge or be discharged without cutting so as to expose blood and lymph vessels to the introduction of infectious material. If he does not know how to do this he should consult with a remedy specialist who does.

Dr. Hutchinson: Mr. Chairman: It is very pleasant to me and I am sure to the other members of the Association to have such facts presented. They seem, perhaps, to one not familiar with medicine, as less significant than to us who have had the experience that Dr. Hayes has had. That one sentence in his paper on the introduction of infection into the circulation by the point of a knife means a great deal. It tells much that we as Homœopaths know and should keep in mind all the time.

Dr. Roberts: I think that the paper is well worth listening to, and it is well for us to keep in mind that fact, in a disease of this kind. I was particularly anxious that Dr. Hayes should write the paper because I knew and had talked with him about it several times before. It is a mistake, and it is done so frequently by physicians of good repute that we must emphasize it. Dr. Hayes, do you wish to say anything further?

Dr. Hayes: I think that is all.

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## SURGICAL CASES.

BY DR. THOMAS G. SLOAN, SO. MANCHESTER, CONN.

Case 1. A woman of thirty has an actual prolapsus uteri dating back eight years to a miscarriage. She has worn a ring

continually. She does not have any pain, simply the discomfort of the cervix in the vulva unless she wears the ring. No leucorrhœa, menses every two or three months, general aggravation before menses, irritability, one child of five, no other pregnancy.

January 19, *Sepia c. m.*

March 27, menses on time, no aggravation before menses, no more prolapsus, although she has not worn the ring since beginning treatment. Her previous physician insisted on an operation as the only relief.

Case 2. A man of thirty-five has had a boil on his forearm for several days which neither comes to a head or clears up. Today it has become acutely inflamed and the lymphatics streak up two inches above the elbow.

July 24 *Lyc. 1m*; one dose.

In twenty-four hours the lymphatics had cleared up and in a day or two more the entire process was healed.

Case 3. A small boy has had his hands badly disfigured by warts for a long time. The warts are on the backs and sides of his fingers, one is close to the thumb nail. They are flat, horny, dry and hard. The backs of his hands chap easily, his hands sweat.

*Sepia 40m*, and *c. m.* entirely removed the warts in four months.

Case 4. A mechanical engineer of twenty-eight has had for a year, increasing in frequency and severity, attacks of swelling of the sub-lingual glands (*ranula*). During the attacks he cannot swallow, or sleep, there is great salivation, his tongue is thickly coated, and his breath very offensive. He has sensitive cracks around the anus, itching around the anus at night.

Gonorrhœa at eighteen, a very severe sore throat cured by violet rays at twenty-one, severely inflamed lips at twenty-seven. No history of syphilis, either hereditary or acquired.

For the last month the swelling has been almost constant. Several men of excellent standing have suggested operating but will not promise anything.

December 29, *Merc. 200* every hour till relief. Inside twenty-four hours the swelling suddenly became much smaller.

February 3 except for one day, when the swelling returned, only a small induration remains. Thuja c. m.

February 30, one side badly swollen, one day.

May 1. Some swelling remains, no pain, no difficulty in swallowing. Nit. ac. 1m.

June 15. No return of the swelling.

Case 5. A young Italian has had the mumps and a peritonsillar abscess for two days. He can barely open his mouth, there is much saliva, and he cannot eat or sleep. The quinsy was on the right side. He was given Merc. iod. flavus 50m, one dose. The abscess was evacuated in twelve hours with complete relief.

Dr. Stearns: I would ask Dr. Sloan what his indications were for Lycopodium in that boil on the arm.

And another thing—about that Wasserman re-action—there might have been accidental infection in that case; it was something very peculiar,—or there might have been a mix-up in the laboratory. That sometimes happens.

Dr. Houghton: Any further remarks?

Dr. Sloan: About that boil. The reason for Lycopodium was that he had had a boil—had had it for several days. It did not go away and it did not clear up.

Concerning the Wasserman examination. Two examinations were made of his blood by two different men in two different laboratories, but there was absolutely no history of syphilis, and the man was intelligent and honest. The family history was absolutely clean. He was married. She had a Cæsarian section, and the child died. There was absolutely nothing suspicious about the case. The father and mother are living and well; there is also a brother. I do not think the Wasserman alone, without any other symptoms, can prove that he is syphilitic, and I have talked the matter over with good many men.

Dr. Stearns: Can you have that taken again when he gets well?

Dr. Sloan: I am going to.

About giving Merc. sol.—I gave the 200th the 29th of

December. He got better but he did not get well and the large swelling on the left side had been in about the same condition for nearly two months. Then, when I saw him, I found it started on the left side, which I did not know before. That is the reason I gave the Merc. iod. rub. and I thought it had remained stationary long enough to give something else. If I had not known of its starting on the left side I should have given Merc.

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### SURGICAL SHOCK.

BY HENRY L. HOUGHTON, M. D., BOSTON, MASS.

These two cases are reported to illustrate extreme conditions of surgical shock; the first case showing a very immediate acute profound condition and the second giving no evidence of disturbance until a month after the injury. The first case is reported by Dr. F. S. Keith and the second by Dr. F. W. Patch.

Case 1. Miss Mack, age 37. January 16, 1911. Hysterectomy with following surgical shock. Ether on at 10.30 a. m.; off at 12.50. Operation uneventful. Pulse before and during operation 90, good strength. Patient returned to room at 1.40 p. m. 2.15 p. m. pulse very weak not to be felt at wrists; extremities cold; patient cyanotic. No sweat or thirst. Ordered by phone one hypodermic of brandy and fresh air. No response from stimulant. Saline by rectum ordered 2.30 p. m. Only slight response: pulse still not to be felt at the wrist; patient fully conscious, absolute pallor, no restlessness or nausea. No signs of hemorrhage.

5.30 p. m. Strontian carb. 200.

Night nurse reports:—Pulse gradually improved through the night, could be felt and counted, color gradually returned. 5 a. m. pulse strong, regular. 99.6 degrees temp., patient comfortable in every way.

Further recovery uneventful, no complications or remedies.

Case 2. Mrs. H. W. B. December 12, 1908. Age 52. Father died "paralysis" at 65; mother of heart disease complicated with asthma at 71. Patient was sixth child in family of ten. Of a nervous temperament but usually had been strong and well. An attack of grippe two years before; had suffered from urticaria; three years ago had "neuritis" in right arm. Four months ago was in a railroad wreck. She was not physically injured but saw much suffering and assisted in caring for the wounded.

Present illness began one month after this experience as an attack of insomnia. The etiology may have been influenced somewhat also by more or less anxiety over her husband's business affairs. On admission she was tearful, loquacious and anxious. The insomnia with which the attack began had been somewhat relieved. Appetite and digestion normal. Bowels constipated. Menstruation ceased one or more years ago. Easy perspiration from emotional causes or exercise. Sense of suffocation. Craving for fresh air. Aggravated by talking or any weight on the chest. Cannot lie on the left side. Awakens from sleep in great fatigue.

At beginnings of attacks there were several paroxysms of pain in the hips as if pulled apart, especially after any exertion, walking or standing. She has sat up very little in the past four weeks and has not sufficient strength for walking.

Great nervous exhaustion varying from day to day and at times great restlessness, aggravated from weight of clothes. Palpitation; frequent sleepless nights with consciousness of throbbing of heart; throbbing all over the body. Frequent, frontal headaches with great sensitiveness to light. During several weeks following admission she was subject to frequent and severe headaches and constant photophobia, so intense that it became necessary to keep the room totally dark for several weeks; great sensitiveness to external impressions from any source, either noise or an uncongenial nurse, or any disturbing element. Her strength was such that it was impossible for her to sit up and she was kept constantly in bed. After the period of perfect rest and isolation in the dark room she began to improve, and her recovery was gradual and uninterrupted

except by the ordinary ups and downs of convalescence from attacks of nervous exhaustion of this nature.

She was a highly intellectual woman and very easily affected by mental impressions.

All these symptoms cleared up gradually until June 30, when she was able to go into the country by herself.

Spigelia, Silica, Rhus and Rhododendron were the remedies used, although there was no one that produced a marked and immediate change. The improvement was due probably as much to the isolation and care as to the effect of remedies.

## Bureau of Obstetrics

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### THE PROSPECTIVE MOTHER.

A PICTURE.

BY GEORGE E. DIENST, M. D., AURORA, ILL.

The physician is face to face with two very common, but peculiar pictures. He sees them every day. They are before him constantly. These two pictures are sadness! happiness!

Sadness: Possibly the saddest picture man ever saw is a sickly mother, the victim of disease or vice or both, with a sickly babe, the product of disease or vice or both, in her arms.

Happiness: The happiest picture the physician sees is a healthy mother, the fruit of virtue and right living, with a healthy babe, the product of virtue and a wholesome life, in her arms. No artist ever painted a sadder or happier picture than these. We pity the one, we love the other, we condemn the one, we commend the other. Samaritan like, we pass one by, we lock arms with the other.

Since sadness and happiness are so forcibly portrayed in these two pictures, permit this question, please,—What can we do to mitigate the one and multiply the other?

#### *Motherhood.*

It is doubtless the desire of every normal woman to be, in course of time, a mother. True, neighborhood gossip and "old wives' fables" often cast a gloom over this desire; nevertheless,

although possibly somewhat perverted, the desire remains. Since this is true in general, if not in each particular, what can we as physicians do, to dispossess the maiden, or prospective mother, of her unnecessary fear and promote a healthier and happier motherhood?

As a proposition, permit me to say that there are few periods in a woman's life when she needs the care and counsel of a wholesome, learned, conscientious and rational physician more than when she is a prospective mother. Why?

First,—If she has always been and still remains healthy, she needs wisdom to guide her through the various intricacies of pregnancy, in maintaining her normal health and in preparation for the hours of parturition and lactation. She is now living for two, and it is as imperative that the life, now in a vegetative state of existence, be given the utmost consideration preparatory to his future existence, as it is for the mother to maintain a normal balance between soul and body and the functions of each.

Second,—Many women are not healthy. There is lack of harmony in the organs and tissues of the body. There is often more or less perversion of the intellect, the sensibilities and the will. These things are augmented during pregnancy. This want of physical harmony and perversion of intellect will be communicated to the unborn, and in process of time we have two invalids instead of one. Indeed, this very problem is becoming more serious every day. An unhealthy woman approaching motherhood is approaching a storm. This storm may be a mild one, it may be a veritable cyclone and should be prevented. A human being is on the way to a world of life and death, and his future is now in the balance. He is a composite being. His physical and psychical self is in process of formation. He has already been given the vices and virtues of father and mother. The one should be mitigated as much as possible, the other should be cultivated to its highest degree of efficiency. To accomplish this task the prospective mother must be healthy and happy while contributing her life's blood as a food for the coming child. Not this only, but the organs and tissues of the body should be put into such a healthy tone

that she may approach the hour of parturition with a firm faith that the physiological function will be performed in an easy, natural and uncomplicated manner. To do this, to make the months of gestation comfortable, to remove, in great part, the terrors of parturition, to bring a healthy child into the world and provide a healthy mother to care for him—is one of the highest and noblest spheres of the physician's vocation.

*Treatment.*

How can a physician treat the prospective mother? The answer is not difficult. Simply study each prospective mother as you do any individual until you have the sum total of her discomfort and inherent disease elements; this done, select the remedy similar to her condition and discomforts and prescribe such exercises, foods, pleasures, etc., as will conduce to her greatest good.

Permitting a woman to approach labor without assistance, and in the hour of deepest gloom make spectacular demonstrations of scientific attainments, is reprehensible. Physical, mental, and therapeutic preparations for the hour of labor should be begun just as soon as the woman is conscious of her prospective motherhood. The body should be cleared as far as possible from disease; the mind should be free from superstitious gossip and idle tales of "pang" and "distress;" when the hour of labor approaches it should be entered into with as calm an assurance of a speedy and wholesome delivery as should characterize every normal birth. The prospective mother should then become a healthy mother.

The public in general is not cognizant of these possibilities, but we are, and it should form a part of our daily program to teach these things and teach them with authority.

The nausea, the vomiting, the irritable genitalia, the constipation, the irritable bladder, the sleeplessness, the malaise, the fear, the anxiety, the mental restlessness, etc., of the pregnant woman point to physical and psychical disturbances which impress themselves upon the plastic form in process of development and should receive the most thoughtful care; for most of this is abnormal and points to a disturbed organism, which,

if not corrected, may impress itself in an aggravated form upon future generations.

Where possible, the pregnant woman should follow her highest ideals unhindered. This, not only for the profit to one soon to become a mother, but for the salutary effect this will have upon the physical and mental life of the child. Further, the pregnant woman, pursuing some pleasurable vocation, will be subjected to less physical and mental disturbances, and will pass through labor with less fear and fatigue, thus shortening the hours and ameliorating the severity of the pains. The absolute necessity of preserving good health and a tranquil mind during pregnancy is beyond question.

There is another, no less imperative reason for preserving a wholesome physical, mental and normal health in the pregnant woman, and this is, the future individual.

The child, unborn, in a state of vegetative existence, is being molded for good or evil. It may be physically strong, and comparatively free from miasmatic influences; its infancy and youth may be made comparatively free from the destructive and inhibiting influences of "children's diseases," the period of adolescence may be passed without hindrance, and manhood and womanhood attained in full vigor of body and mind, if cared for during the most plastic period of its existence—its prenatal existence. So surely is this true that I am bold to say that imbecility, cretinism, deformity, insanity, and other impediments would be rare phenomena under proper care and treatment.

For obedience to the laws of health as outlined in the Organon, the proper administration of the homœopathically indicated remedy would so change the human organism as to produce health in the unborn, smooth the needlessly thorny path of the mother and make a highway easily traveled.

Dr. Case: Mr. Chairman: I wish to testify as to the truth of Dr. Dienst's paper by mentioning an incident that occurred in my early practice. The mother had had two children before coming under my care, both of whom were imbecile and died from tubercular meningitis. She was carefully prescribed

for and one year later had a son, three years later a daughter. Both of these children were very bright and grew to maturity in excellent mental and physical condition.

Dr. Boger: The mother should be happy, cheerful, and make every endeavor to keep her mind in a cheerful condition. Now it is an easy thing to tell this but there is a great difference in telling how to do it. If you will have her use a little suggestion every day, if she will say in the morning to herself "I am not going to be angry today," if she will say that every morning for three weeks, it will be a great help. Self-suggestion is very useful, especially for the pregnant woman, and if we are to raise healthy individuals, that are not to be dangerous in more senses than one, we have to begin with the pregnant woman and bring harmony into the home atmosphere, health and harmony in the family life, into the mind.

Dr. Patch: Mr. Chairman: There is one statement in this paper that I do not like to have go unchallenged although I dislike to insert anything inharmonious. The Doctor says, that if a pregnant woman is prescribed for homœopathically (I judge throughout her pregnancy) insanity, cretinism, and I take it for granted that he means feeble-mindedness, can be prevented. Do we believe that the great army of feeble-minded children and mental defects generally coming down from the long line of mental defects can be prevented by homœopathic prescribing, I wonder?

Dr. Hess: I for one, would agree with the writer of the paper. If we could have pure Homœopathy for four or five generations many of the ills, which now burden humanity, might be eliminated. I firmly believe that if we carefully follow the mother from the beginning of pregnancy to the end, much can be accomplished for both mother and child.

This paper brings to my mind a young mother whom I treated throughout the whole of the first pregnancy—the mother had an easy labor and made a fine recovery. The child is now past six years of age and has had practically no illness.

During the second pregnancy of this mother, I did not have the privilege of treating her so carefully—she did not

make a very good recovery from the confinement—the child is not so strong and healthy as the first one.

During the third pregnancy I saw still less of the mother. She was not so well during confinement, and the child was cross and fretful for the whole first year. The mother is now in her fourth pregnancy and her health has been wretched. I feel sure that the cause of all this trouble comes from not having the proper homœopathic care during pregnancy.

This is only one case; I give it because it illustrates the point in question.

If we taught pure Homœopathy in our homœopathic medical colleges, and all our homœopathic physicians would practice pure Homœopathy, especially while treating a pregnant mother, the health of the human family could be improved 100 per cent.

Dr. Boger: I do not feel that Dr. Patch's inquiry has been answered; but the field that it opens up is so very large that perhaps that is a good reason for not saying much about it. But it seems to me that if we are not able to eliminate cretinism, insanity, hereditary traits, etc., we are not able to follow Hahnemann. Perhaps the man who has had the smallest experience is the most ready to talk; at the same time we should have some foundation for our remarks. It seems reasonable, through successive experiences, that even so bad a factor as these can be removed through homœopathic treatment. The influence of the homœopathic remedy upon the on-coming child is certainly wonderful. There is one factor, however, that no one has spoken of very particularly. It is that the birth of the child certainly seems to eliminate something from the mother. The worst case of syphilis I ever saw subsided at once and became very amenable to treatment after miscarriage, at the end of six months. The case had resisted every kind of treatment; woman lost all of her hair, eyebrows—she was a sight to look upon. There was a miscarriage and the whole thing melted away like snow in the sun under the remedy given,—Phosphorus.

Dr. True: May we not expect much from a mental standpoint in the elimination of ills of any kind? To illustrate, I

remember about eighteen years ago having a patient who had tuberculosis. She became pregnant and was a source of great anxiety to me at least, because her physical condition was entirely depleted; and she had not strength enough to do even common housework, and strange to say after the first child had lived about a month, it died of tuberculosis but the strange thing about it was that the mother was better and in due time became pregnant again, and the same result followed. With every child she had, her own difficulty was lessened. The third, fourth, fifth and sixth died when about a month old, but the seventh child was absolutely perfect and is the living picture of health today. He is a beautiful specimen of a boy, nearly eight years of age and a joy to look upon and the mother is in perfect health.

The mother was under straight homœopathic treatment the whole time and my theory was that she was rendered more susceptible to the indicated remedies while this eliminating process had been going on.

Dr. Boger: That is very true. We would not expect to give the mother the remedy without having the child affected. Now to what extent would you affect that child? Such treatment is wonderful to me. I would like to know what the results have been in your children; have you had much trouble with your infants after birth?

Dr. Dienst: I should like to spend the entire evening on this discussion, but just two remarks.

With reference to the question raised by Dr. Patch and Dr. Stearns you will notice that the last sentence which they refer to, says "in part." We can "in part" prevent insanity and that is absolutely true.

With reference to the point raised by Dr. Krichbaum I am sorry but I do not know much about illegitimate children. However, this one thing is true, if they are as bright as he intimates they are, the outlook for first-class criminals is very good. There are of course exceptions. But I want to emphasize the point raised by Dr. Boger and that is the importance of not only the physical care of the mother when she is pregnant but her mental care, what she thinks. We are not able to measure

the psychological influences which are going on, much to our misfortune, and I came very near saying ignorance, for the mother is a power within herself to mould that child much as she wants it. I said I did not want to take much time but I could talk until breakfast time on this point for I have seen so many of these cases, and it behooves us to be careful because there is somebody on the way for weal or woe and the thoughts and character of the mother have so much to do with that which is coming into the world.

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### THE SPHERE OF THE REMEDY IN OBSTETRICS.

BY JULIA M. GREEN, WASHINGTON, D. C.

Appreciating fully the wonderful opportunity of the homœopathic remedy in obstetrics, and its efficient work in securing normal, easy labor, as well as improving permanently the health of mother and child, it is still to be considered that when the physician takes charge of a confinement, he should be sure first of his diagnosis. He must know whether there is any mechanical reason why the labor should not be a normal one and whether a mechanical obstacle in a given case can be removed by the correct homœopathic remedy, or only by surgery. In this field is Hahnemann's admonition to remove mechanical causes emphatically needed.

If the pelvic brim is narrow and the child's head is large, will the remedy given internally change these conditions? No, it cannot do that, but it can increase the power of the expulsive efforts and relax the soft tissues completely so that, in cases of mild degree, the head is molded sufficiently to pass through without injury to mother or child. To cite an example from practice, the mother of four children has a slightly narrowed pelvis and extremely hard, tense muscles rendered more so during labor by great nervous apprehension. In the first labor the obstruction of the tense, soft tissues was not overcome. The head engaged finally and descended part way, but would descend no farther without the aid of forceps. It was greatly molded and flesh

somewhat lacerated; respiration never had the normal rhythm and death came seventeen hours after birth. In this case I have always felt that better prescribing might have overcome the difficulty and enabled the child to live. During the second labor, the head engaged tardily and became caught in the same way, though in this case not so tightly wedged. The patient complained of heavy aching all over and inability to bear down with the pains which, she said, began in front and extended through to lumbar region and then up the back; she declared the pains did not do any good. One dose of Gelsemium 1m changed all this. The pains soon became so severe and expulsive that the patient was purple in the face and bowed forward with head, shoulders, and legs off the bed during the height of each pain. The child was born in twenty minutes after such pains began and the placenta delivered in another twenty minutes in one additional strong, expulsive effort. The third labor revealed a face presentation which changed to vertex but without sufficient flexion and this, too, came to forceps. The fourth presented a posterior position which had to be turned to anterior and forceps applied. These four experiences of one mother are described to prove the abnormality of the pelvis and to remark that clearer indications for remedies in three of them might have produced as brilliant results as did the prescription in the one case. It pays to watch every detail for symptoms during labor. The homœopathic remedy has corrected malpositions many times, the change wrought seeming little less than a miracle, and over and over the remedy has conquered rigidity of soft parts. To do it, the prescription must be for the patient and not for the local condition.

If the position is wrong, are mechanical conditions right so that the homœopathic remedy may correct it? Here is where the nicety of diagnosis comes in. If placenta prævia exists, can any remedy control the consequent hemorrhage when its causes are purely mechanical? The right prescription during labor can no doubt help, but the real sphere of the remedy here is in the puerperal period, to build up the patient and create more good blood. The remedy will do this much better than any food for anæmia or any so-called tissue-builder.

If there is degeneration of placenta or cord, can prescribing prevent miscarriage? Probably not after the mischief is done, but good prescribing early in pregnancy would prevent the condition altogether, for such degeneration is an ultimate state. I remember a case which had no treatment during the first six months of pregnancy and then went into premature labor at nearly seven months. The cause for it was a mystery until the placenta was delivered and found to be one-third calcareous. The child had developed as far as it could on two-thirds of a placenta and then was born, perfect, and rather vigorous at first, but it died in seven hours.

If fetal development is arrested, can the remedy prevent miscarriage? Probably the homœopathic prescription has many times caused arrested development to proceed to full term. If it cannot do this, it will bring on labor so as to save the health of the mother. If the cord is prolapsed, can the remedy restore it? I do not know. One very puzzling case of asphyxiation of the newborn was explained by a large coil of the cord over the nape and occupied parietal region, but not extending high enough on the head to be reached by the examining finger swept around the presenting part. That child, a large healthy one, suffered from strangulation of the cord during the second stage of labor, and so tried to breathe before birth, its lungs becoming full of blood and vaginal mucus, prolonged efforts were unavailing to make it breathe more than a few gasps.

Another peculiar case in which the remedy had its own sphere, presented post-partum hemorrhages quite severe. Pulsatilla was given on the symptoms and stopped them, but the cause was found two days later when the uterus was discovered to be fibroid and nearly as hard as a rock. In the next few days that patient needed Pyrogenium to overcome the septic condition dependent on retained discharges, because the uterus could not contract sufficiently to expel them. During pregnancy this patient had received Psorinum for an obstinate eruption on the abdomen. This remedy, given during several months after delivery, absorbed the fibroid so the uterus is now as soft as one could wish, though its condition is not satisfactory as it has remained flabby and prolapsed.

Queries and illustrative examples might be continued, but these are enough to start us thinking of the sphere of the remedy in obstetrics. Cases which cannot be helped by medicine seem to show it to us by a certain nervous helplessness which an experienced obstetrician learns to recognize. This condition becomes a warning signal to look for trouble requiring surgical interference, and this search in itself will differentiate between the remedy and surgery.

Dr. Stearns: A case with fibroid was mentioned by Dr. Green. I would like to hear some of the experiences of the members regarding fibroid. I never have been fortunate enough to help one with remedies. I know (at least I suppose) it has been done. I have heard reports of cures and I have tried to help a few cases, without any results whatsoever. There is a strong belief that all fibroids should be removed, because the danger of fibroids becoming cancerous is very great. A large proportion of cancers of the uterus originate in a fibroid condition.

Dr. Rushmore: Mr. Chairman: I would like to relate a little experience with a case in answer to the last inquiry. Some twenty or twenty-five years ago my notice was called to an unmarried woman in middle age who suffered most intense abdominal cramps in connection with a very large uterine fibroid; there was repetition of the suffering and such general aggravation of the case that operation had been seriously thought of, but I asked for an opportunity to see what medicine would do and I gave *Veratrum alb.* There was rapid relief and a complete cure of the pains a little later. They have never recurred even to this time. The patient is still living and enjoying good health. There was also very marked diminution of the fibroid which has not disappeared however. She is able to attend to her household duties and is now in the neighborhood of seventy years of age. The hemorrhages,—there had been very free flowing—ceased in due time without serious trouble. The case had been referred to a leading surgeon in our town and he had insisted on the necessity of an operation to save the patient's life.

Dr. Sloan: I recall an experience I had with a woman some

forty years of age I should think. She had hemorrhoids which bothered her a great deal and had experienced a great deal of pain in menstruating. She was quite an addition to my income and I carried her along several years on the ordinary routine treatment and then five or six years ago, after a conference with Dr. Case, I treated this patient from the homœopathic standpoint; I think Lachesis was her remedy, and I did not have any more income from her at all. She is a practically normal woman in every way. No more pain, no more hemorrhages, there is no flowing between times, certainly she is one of the best illustrations of what can be done by homœopathic treatment that I ever had. But it is hard financially!

Dr. Boger: Dr. Stearns' remarks call forth in my mind a thought that has not been touched upon and that is that these fibroids are often the first evidence of what is possibly a general fibrosis. After awhile the patient develops general fibrosis. The idea that every patient presents a complex of symptoms which is in itself an expression of some general condition of the system is one that is very strong in my mind.

The doctor's mentioning colored people calls to mind the fact that a vast percentage of colored people are infected with syphilis and fibroids are one of the results of syphilis.

Dr. Becker: Fibroids are occasionally associated with cancer but in an almost negligible percentage of cases.

Dr. Stearns mentions the prevalence of fibroids in colored people, who seem to be no more liable to cancer than the whites. I have seen many fibroids in the uterus and in the mammæ but never any of the degenerations sometimes found with them. Since disuse of the clay pipe in our country, cancer of the lip is not so common; while other cancers are more common but very seldom found associated with fibroid.

Dr. Stearns: I would like to agree with Dr. Becker but I do not know whether to agree or disagree. I have heard it said that a large percentage of colored women have fibroid tumors of the uterus. A year ago I had a patient operated on for a large fibroid of the uterus. The tumor was about as large as my two fists and weighed between two and three pounds, and its interior was the most disagreeable looking thing that

you ever saw. It was like a cauliflower that had begun to decay and had turned dark green. That woman died of cancer of the liver within seven months after the operation. Here the cancer began through degeneration of the interior of the fibroid and that is what is claimed as the natural history of a large proportion of the cancers of the uterus. That is the only one I have seen of the kind.

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### POTENCIES IN OBSTETRICS.

BY THOMAS G. SLOAN, SO. MANCHESTER, CONN.

In obstetrics, the Homœopath has all the knowledge possessed by the regular; his asepsis, his technique, his instruments, which instruments to be sure are not used very often by the good prescriber, and in addition he has his potencies. Only a Homœopath who has practiced obstetrics without the potencies can appreciate their value.

When labor pains begin to slow down the regular can give Quinine, Pituitrin, or use forceps. Quinine is of little use; Pituitrin is too often followed by retained placenta, and the use of forceps adds materially to the laceration of the parts, increases the shock, and requires a general anæsthetic. The Homœopath has a number of remedies, as Kali carbonicum, Pulsatilla, Secale and many others which increase the force of the pains and very materially hasten labor.

The value of Pulsatilla in correcting malpositions is doubted by many so-called Homœopaths, but nevertheless it does it, and is much easier than a version or a breach delivery.

Retained placenta often gives much trouble. The regular has only mechanical means at his command, while we have Pulsatilla and many other remedies.

Postpartum hemorrhage is a condition which taxes one's resources to the utmost. Ergot, massage, and packing are the usual procedures. We have in addition a number of remedies which, when properly used, act very quickly in controlling hemorrhage.

Puerperal infection is perhaps the most fatal complication of child-birth, and one where little of real value can be done without homœopathic remedies. If curettage is done the infection is spread to the deeper tissues, uterine flushing does little good, so that the "regular" stimulates the patient and hopes for the best. Vaccines are used a good deal at present. Our Sulphur, Lycopodium, Pyrogen, and others do certainly clear up these cases most wonderfully. The comfort of a few doses of Arnica after labor are known only to patients of Homœopaths.

The relief from cracked nipples afforded by Graphites, Mercurius corrosivus, or what is indicated, certainly compares favorably with painting with compound tincture of benzoin and using the breast pump.

If one is unfortunate enough to get a breast infection or abscess, Phytolacca, Belladonna, Bryonia, Hepar sulphuris calcareum and others act much better than hot applications and incisions, although pus should of course be evacuated. The proper remedy will limit the process and greatly add to the patient's comfort.

These are only a few of the conditions in this branch of medicine in which homœopathic prescribing offers a great advantage to both patient and physician.

Dr. Rabe: Mr. Chairman: Dr. Sloan has mentioned the use of various remedies in these conditions and he has spoken of Graphites, as a remedy for cracked nipples which may be indicated. It is the best illustration I have ever seen of the verification of the action of a remedy and the symptoms produced by that remedy. Some years ago in a case of cracked nipples Croton tig. was the remedy and it cured very quickly, relieving the pain first of all. On questioning the patient she made the statement, without any prompting on my part, that "it feels as though there was a string pulling my nipple right straight through to the back." Well, you may imagine I almost dropped dead to hear that expression, because it was the very line in the proving of Croton tig.

## REMARKS ABOUT INFECTION.

BY ROYAL E. S. HAYES, M. D., WATERBURY, CONN.

This is a reminder that Pyrogen will cure probably 95% of all strepto-staphylococcic infections (because it is dynamically similar to the cause) with remarks about the management of the remedy and some prefatory comments.

It has been the fortune of the writer to have an unusual proportion of maternity and abortive patients afflicted with sepsis, if he may judge by the claims of preventability set forth by the journals and text books. This fate has prevailed in opposition to my attempts at surgical cleanliness, so that, however reprehensible the confession may seem, I feel rather familiar with these conditions, though never entertaining doubt as to the favorable outcome when not too far advanced. None of my patients have been too far advanced to be cured with remedies though there were a few who were curetted because of a large quantity of material retained; and there were a few who put me "on my nerve" for two days or so.

No case has been observed where there was not reason to believe there was abrasion, laceration, retention of extraneous material or suppression of lochia. If there is retention attempts at asepsis or antiseptis will not prevent infection. A curetted patient is more easily managed than one harboring poisonous substance. Pyrogen will, however, bring about expulsion of extraneous material unless there is too much of it, and when indicated will re-establish a suppressed lochia.

During the last fourteen years of general practice there were only about a half dozen cases demanding other remedies. These were Kreosote, Carbo animalis, Calcarea sulphuricum and Sulphur. Occasionally a secondary or antidotal remedy is needed to polish the cure of persistent conditions requiring several single-dose repetitions of the Pyrogen.

Let no reader unfamiliar with the elements of homœopathic technique rely on using Pyrogen as a specific without depending on individual symptoms, for while it is the similar in most cases of puerperal infection it is also true that an unusual factor in the dynamic personality may deflect the symptoms so as to re-

quire some other remedy; then Pyrogen would be useless and valuable time lost while trying it. When it is the correct remedy, the temperature or pulse or both will begin to fall in a few hours then decided general improvement in twenty-four hours or so.

When the lochia has been partially or completely suppressed, the appearance of a discharge, even though putrid, is favorable.

Nearly all cases are cured with one dose. Occasionally a patient with high susceptibility or low resistance from an advanced stage will relapse several times. If so, the first relapse may appear to be more serious and downward progress appear more rapid than at first. Experience has taught me, however, that in such instances the curative re-action of the second dose will be correspondingly sharp and improvement more thorough.

Some cases of sepsis have distinct periodicity of chill and fever, like malarious conditions. Here again, the expressions of the afflicted vital spirit, the individual, are the only reliable indications of the remedy.

There are many reliable guiding symptoms in the *Materia Medica* but these are the most common: headache, with throbbing; quick, weak pulse; fever, localized tenderness in pelvis or abdomen; bodily soreness, "the bed feels hard;" frequent changing of position without much relief.

When these symptoms occur after termination or interruption of pregnancy, Pyrogen will prevent serious trouble. There are plenty of distinctive symptoms of the remedy in more advanced sepsis but the above should bring out the Pyrogen bottle without delay.

Here are two rather serious cases, the first because sepsis had been present four or five days before the patient was seen; the second because of the retention of a considerable amount of extraneous material.

Case 1: Irregular chills with fever and sweats; general bodily soreness and restlessness; sickly pinkish flushed countenance; weeping, expecting death; spasmodic involuntary deep and stertorous sighing something like hiccough; lochia previously putrid and offensive, now suppressed; bronchial breath-

ing and dullness in left lung; no cough. P. 112, T. 102, R. 28. Pyrogen cm, 1 dose.

General appearance and temperature, improved in 3 days though pulse, chills and sweats remained the same. Pyrogen cm, 1 dose.

Next day worse; general appearance of serious prostration. But the putrid lochia had returned. Pulse 120, temperature 103. Pyrogen cm, 3 doses; 1 powder every 3 hours. Next day temperature 96, pulse 94—all over except convalescence.

Case 2. Sepsis after abortion; the usual symptoms. Pyrogen cm, 1 dose. Improved two days only, then attacks of faintness, sinking sensations, anxiety, shooting pains from sacral region to the head, rapid pulse. Pyrogen 5 cm 1 dose relieved the prostration but twelve hours later the patient was in constant motion with bodily soreness. Pyrogen cm 1 dose. Improved four days then return of pain in back and abdomen; cm repeated. Two days later metrorrhagia in gushes; urging in abdomen as to stool; aching in entire body, >lying; little sharp shooting pains in abdomen. Pulsatilla 6c, 1 dose appeared to antidote the heavy effects of Pyrogen putting the patient in fine condition.

Pardon me for presenting such a simple subject but if it shall commend itself to someone not familiar with the wonderful effects of our therapy, it might be the means of attracting attention to other homœopathic remedies and to the method of selecting and using them.

Dr. Case: I have done very little obstetrical work during the last fifteen years, but before that a great deal of it. I occasionally had a case of puerperal fever, and in no instance did Sulphur fail to check it at once by means of a single dose of Fincke's cm. potency.

Dr. Boger: The paper brings out one point which I have to notice more and more and that is that it is a remedy that has to be repeated. One dose is rarely sufficient for cure, as in many of our older remedies where a single dose is sufficient. Pyrogenium seems often to require more than one dose. I mostly depend on Swan's preparation or Skinner's, but it seems to me that the scope of the remedy is greatly influenced by the

potency. One potency may be more penetrative than another. I would like to know what potency of the remedy was used by the doctor.

Dr. Close: The remarks of my friend in regard to the run of sepsis in the hospital here in Philadelphia reminds me of an experience related to me by Dr. Schall of Brooklyn upon his taking charge of the Surgical Department of the Cumberland Street Hospital in Brooklyn. There had been a very high percentage of sepsis prior to his assumption of the management, and the surgeons in charge were unable to account for it, the bad septic conditions arising where the operative technique seemed to be beyond criticism. A clean operation in a clean operating room would be followed by sepsis after entering the ward. There were any number of septic cases in different wards. Some wards seemed to have more than others and they were very much disturbed. It was known that there were some surgeons who were not technically up to the operative standard, but that didn't account for it.

When Dr. Schall took charge, the proposition was put up to him to remedy this matter and put the hospital in such a condition that septic cases could not occur. It was becoming a public scandal. One of the first things he did was to call in the city's technical experts and have a bacteriological examination made of the air in the wards, halls, etc., in the hospital building. This revealed the cause of the trouble. The examination showed large proportions of pathological bacteria in the air, as well as in the dust of the building. In some of the wards where the septic cases had been most numerous, the air showed the highest percentage of bacteria. In the wards where there were fewer cases of sepsis there was a lower percentage of bacteria, but the percentage was very high throughout the entire surgical department. The walls, floors and everything about the rooms were thoroughly scrubbed, cleansed and disinfected. Of course at the same time Dr. Schall made radical changes in the technique of the operating room and in the technique of the nurses. He formulated new rules and instructions for the nurses to carry out, many of whom were carriers of infection, and he brought the hospital up to modern standards, with the

result that, whereas, when he entered the hospital every operative case was septic, within two months there was not a single case of sepsis there, and none have occurred since.

Now there is a reason for all these cases. There are carriers of contagion. It has been the unfortunate experience of more than one obstetrician to have case after case followed by puerperal fever, irrespective of his personal efforts to free himself from infection. There are a number of records which I cannot quote definitely at present; but I remember reading of men who have been followed by these cases of infection in every case of confinement that they took for a long period of time. Some of the men have given up in despair and ceased taking obstetrical cases. I remember one case where the obstetrician was so affected by his experiences that he committed suicide. I believe the cause is in the patient in many instances; but it is a question whether an obstetrician having such an experience as Dr. Hayes relates, should not for a time, at least, decline to take obstetrical cases.

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## HERITAGE VS. HOMŒOPATHY.

BY S. L. GUILD-LEGGETT, M. D., H. M., SYRACUSE, N. Y.

J. C. S., known as a patient, since 1910; married Nov. 1910; 22 years of age; tall, dark eyes and hair; rather ungainly build; pretty, of English descent.

Family History: Father drunkard; two sisters, epileptics, the younger having since died, increasing imbecility until death; the elder, fearful temper, ugly fits, conscienceless; resembling what is now defined as Moron.

Patient: Leucorrhœa as long as she could remember; profuse, offensive; chafing in hot weather; perspiration profuse in axillae, genital region, and on feet; menses scanty; stains difficult to wash out; constipation; hard, dark, painful stools.

Carbo-animalis relieved all symptoms but constipation which was marked; physometra appeared as a symptom. She received a dose of Sepia m. which continued good work until Jan. 1911 when she received a dose of Psorinum 42 m. F.

Very occasional prescriptions were made until she came to me on May 19th, 1915, stating that she had been pregnant since Dec. 1914, that she wanted my care for herself and prospective child, and my advice as to whom she should go for delivery.

She had no nausea, but the profuse leucorrhœa had returned, bland and not offensive. She suffered much from shifting pains in the legs; pains in the hip-joints, in the act of sitting; most comfortable in lying upon the right; much chafing of the inner thighs, which extended to the groin, between labia and thighs; the flesh was red, swollen, moist, <by the clothing or covering, >when free; once the entire genital organs had been inflamed.

She received one dose of Pulsatilla cm (H.S.)

On June 9th she again reported. No pains in legs since last visit until this morning, after a long walk; patches of fine varicose veins, with occasional ecchymosis; chafing which she believes due to perspiration, and has twice been "terrible"; no leucorrhœa for two days after the first powder.

July 16th. Some backache when fatigued or on waking, but not when moving about, induced me to give another dose of Pulsatilla cm. (H. S.)

July 28th. The increased leucorrhœa, which streamed from her when rising in the morning, first milky white, but staining napkins fairly brown; chafing; sexual organs swollen and puffy in the morning, as if they would break on first motion, but all right when she had risen and moved about; end of spine sore when sitting; led to re-study and was found to be covered by Graphites.

Graphites 35 m.F. cleared up the conditions entirely and on Sept. 13th, 1915, she was delivered of a 9¼ pound boy. She had a perfectly uneventful labor, and not a single dose of medicine.

The medical attendant circumcised the boy before its leaving the hospital, being somewhat of a crank on that subject, but he never gave a dose of medicine to the mother, or the child.

The only thing of moment that has happened to the mother or child since is diminished quantity of mother's milk; modi-

fied cow's milk was added to the baby's daily feedings; the boy had patches of tinea capitis on each cheek and scalp, which did not yield entirely until he had received one dose of Graphites, which was the mother's curative before he was born.

All this time, he is now several months old, he has slept the night through without feeding, from 8 p. m. until 5 a. m. The mother, of late, objected to waking him so early. I said to her I could only recommend that she give him a feeding later in the evening. She said repeatedly "I did not know there was such a thing as so good a baby."

The indications for the prescription of Graphites were: For the mother—excoriation between the thighs; swollen genitals; gushing leucorrhœa.

For the boy:—sticky, viscid exudations, when the scabs were disturbed.

A case of atavism? From where? There was surely enough evil to be counteracted, antidoted or eliminated, and we know how much the properly fitted remedy can accomplish in these cases.

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## THE GENERAL PRACTITIONER AND OBSTETRICS.

BY E. A. P. HARDY, M. D., TORONTO, CANADA.

The general practitioner is probably not the most reliable authority on any special branch of our professional work and it must be on this account and on account of the inherent modesty of our members that I received so few favorable answers to the letters I sent out to most of the members of the International Hahnemannian Association. The active attending membership is small and that is another reason, as we can hardly expect each member to write a paper for every bureau. One thing struck me forcibly in the replies that I did receive and that was the number who informed me that they had given up the practise of obstetrics. Some of these writers are amongst our older members, but a good number were amongst our younger ones. Now why is this? Several reason may be advanced, some of which may be that the practice is uncongenial;

the remuneration insufficient; the work too hard; the responsibility too great; and so another so-called speciality is added to those already recognized. To the first reason no answer is possible. If a branch of our work is uncongenial then that work should be sent to some one who will find duty and pleasure combined in doing the best that can be done. Under the headings of my other reasons I do not find the answer so very difficult. Charge more; charge in full for all the time spent and the work done; as for the responsibility—knowledge will assume most of that. Study more on the subject; learn to be automatically aseptic; above all interfere with nature's processes as little as possible.

To my own mind one of the most needed and useful branches of the homœopathic profession is the careful and successful guiding of our women through pregnancy and labor, so that after their period in bed they may once more return to their usual duties, in better health and spirits than before their confinement. This, I firmly believe, can be accomplished more successfully by the careful Homœopath than by any member of any other system of practice.

I am sure all will agree with me when I say that the opinion of a general practitioner would not be considered of much weight in the discussions at a meeting of obstetricians, yet as most of us are general practitioners one may rightly come to the conclusion that what has been of interest to one of us may also be of interest and instruction to some of the others. As others will record some of their experiences in detail as to treatment and remedies, it occurred to me that it might not be altogether out of place for me to speak of normal pregnancy and labor and of the methods I follow as being easy to carry out and, so far, with fairly good results. No claim is made of any originality; simply the boiled-down results of reading and experience and with the usual result you all have had, some grateful patients.

Accidents may be minimized by the

- (1) Proper care of the woman during pregnancy and labor.
- (2) Precautions taken by the physician during labor and after.

## I

*Care of the Woman During Pregnancy.*

First of all you must know the woman as well as possible and so her past history of health and sickness must be known in all details. The length of all sicknesses, with special reference to disorders of the sexual organs. With thorough questioning many cases of fibroids, gonorrhœa, with ovarian involvement, etc., can be diagnosed before a physical examination is made. Inquiry as to past labors will often suggest treatment that will prevent former troubles recurring. Detailed investigation as to habits and diet, should be undertaken. A thorough physical examination of every organ should be made, for often unknown heart, or lung, or kidney lesions may be discovered and a prognosis arrived at. Visits and examination of urine at least once a month should be insisted on. These visits in normal cases take up little time and make very little trouble and enable one to direct and correct the patient's method of living, if necessary.

So-called physiological symptoms, nausea, vomiting, sleeplessness, changed affections, nervousness, and especially any mental change should be carefully investigated and the diagnosis of their meaning made, if at all possible. On the other hand there is the woman who says she always feels much better during pregnancy than at any other time, both physically and mentally. In these cases I nearly always expect trouble during or after labor. No reason I have heard has appealed to me as the true one, but I remember that H. C. Allen told me he usually gave either Tuberculinum or Psorinum in such cases, in absence of the indication of a well-defined remedy. I have followed this line more than once and invariably after receiving the remedy, the patient has complained that she did not feel as well as with other pregnancies.

Examinations of the abdomen I usually make more than once and always a couple of weeks before the expected time of delivery. A fairly accurate diagnosis of size and position of child can then be made. Vaginal and rectal examinations I make in special cases when some physical signs call for them; such as a deformed pelvis, abnormal position, impacted uterus,

and growths of various kinds; I always make a microscopic slide in every case of very profuse or acrid leucorrhœa. The object of all the examinations being to discover, as well as may be, the condition of the patient, they should be made carefully and methodically and never hurriedly or with show to impress the patient. When once we have undertaken to conduct the woman through her pregnancy whether she be rich or poor we should spare no pains to do the best possible.

I usually instruct my pregnant patients to follow their regular mode of living, unless I find that that mode will not be conducive to health of either mother or child. Society women, women working at sedentary occupations, typists, machine operators, these can usually be led to turn to a more normal woman's life. With the usual exception, active exercise may be indulged in, golf, swimming, walking; in undeveloped or lazy women exercises should be instituted and attention given to see that they are properly carried out. Exercises that tend to strengthen particular sets of muscles are easily learned and a few minutes each day will often work wonders in such women. The so-called resistance exercises I find particularly effectual in many cases, but perhaps after all walking in the open air, in woods and parks, is the best exercise anyone can take.

As to diet little need be said. Plain nourishing food is the rule, as every one knows. Alcohol and coffee I stop, and meat almost always after the fourth month. The number of eggs is limited. Vegetables, fruit, cereals and carbohydrates form the staple diet and since adopting this I feel sure that the labors are easier to bear and are shorter. Several multipera have assured me that they had easier pregnancies and labors and more rapid return to strength after the confinement. In multipera who have had large babies, ten pounds and over, with difficult labor, I limit the amount of starchy food and fluids and I find that more nearly normal labors and sized babies are the rule. By this diet, extreme nausea and vomiting, intestinal indigestion and constipation will usually disappear along with the usual nervous symptoms accompanying these conditions; many women who have been taught that these disagreeable states are

normal to all pregnant women have learned their mistake—and been grateful.

*During Labor and After Labor.*

When the first stage of labor has been arrived at, one should be in a position to decide, fairly accurately, what is about to happen, i. e. whether the woman will probably have a normal labor or whether she will have to be assisted to give birth to a living child.

Before going farther let me call your attention to some late figures on puerperal sepsis which were most startling to me when I first read them. In the United States the records show that there are only two and a half times as many women of child-bearing age, who die from tuberculosis as die each year from puerperal sepsis; not more than one woman in fifteen of the female population between 15 and 45 is delivered of a full-term child during the year. Puerperal sepsis kills 1 in 400 women delivered at full term and it leaves at least ten times that number of incurable invalids. In 1913 over 26,000 women between the ages of 15 and 45 died of tuberculosis; over 5,050 died from cancer and during the same time 4,542 died from sepsis and 5,468 from other obstetrical accidents. To these numbers must be added all those who contracted sepsis and did not die, but who are still invalids, partial and complete, who are now, as a direct result of this sepsis, incapable of bearing more children and of attending to the duties they undertook before their confinement. 1913 again shows that per 100,000 of population 78 died from cancer; 127 from pulmonary tuberculosis; 8 from scarlet fever; 18 from diphtheria; 15 from puerperal sepsis and accidents.

The other side is shown by the reports that in well-regulated maternity hospitals puerperal sepsis has been reduced to almost nil; in these cases of course there was little if any care given during pregnancy. The causes of this difference of results as applied to hospital and family houses are probably the careless asepticism and the misuse and abuse of anæsthetics.

All these figures are practically repeated in the reports from the Boards of Health, of England, Scotland and Canada. These

figures should make us pause and ask ourselves if we are doing all we can to prevent our patients from contracting this infection with all its terrible results. Only by the greatest care, by the strictest attention to all details can such happenings or accidents, if you will, be prevented and the physician who carelessly neglects such care becomes potentially a criminal.

To prevent any such accidents in our own personal practice we must take personal care in all details. Whenever at all practicable, our clothes should be fresh from without inwards; underclothes as well as outer clothes, which should be fresh from the press. With this attention to our clothes, and with fresh gown and boiled rubber gloves we should feel competent to attend any labor case, even directly after seeing a contagious patient, and fear no bad results.

In normal cases I usually examine per rectum but when necessary I never hesitate to examine by vagina, making the examination as carefully as possible and taking all the time that is needed.

I have had no experience in country practice but in my own work I send practically every case to a hospital, rich and poor alike. I have attended patients in their own homes where the only nearly clean thing in the house was the paper I had bought on the street. I had good results in these cases, but the risks are more than any one should have to take. Even in the houses of the rich it is much more difficult to obtain and continue asepsis than in a hospital, even moderately well run.

The hands and arms cannot be washed too often or too carefully. Personally I use a liquid soap and follow this with alcohol, before putting on gloves. I have all dressings and pads handled only with metal instruments. When the head appears on the perineum I have it covered with a dressing which is frequently renewed and after the birth a fresh wash-up is made before examining for lacerations, etc.

The mother's legs are well washed and then covered with long stockings, the pubic hair clipped, not shaved; during labor a pad kept as dry as possible is applied to the vulva. I give no douches or antiseptic washes except in cases of gonorrhœa

when I have used a soda douche given during her ante labor toilet.

A few words about anæsthetics. Ether is probably the safest especially if there is to be a long-continued anæsthetic given. With ether, there is less liability to post partem hemorrhage, but owing to its disagreeable qualities and its bulk I usually use chloroform. When chloroform is given in moderate doses, with periods between administrations, by the drop method and open mesh mask—the only one that should be used—I have had little trouble. In normal cases a few drops given just as the pains begin will cause the pain to be bearable and will not affect the expulsive efforts. The degree of anæsthesia may be decidedly increased if pituitary extract has been given and the labor will not be delayed. When the head appears at the vulva surgical anæsthesia is often called for to prevent the too sudden expulsion with the consequent laceration.

Twilight sleep I have had little experience with, but from what I have heard the technique will have to be modified a great deal before it comes into universal use. At present the dangers, especially to the child, are too uncertain and great for it to be used on all cases without a most careful selection.

Gas has its supporters but as the apparatus is both very bulky and heavy and the gas expensive—somewhere about \$10 in a normal case—can be used only in hospitals and few hospitals have the proper apparatus for confinement work. Its popularity will increase just as soon as a simple apparatus is designed and also when the attendant has lots of time at his disposal.

Usually my patients are allowed to sit up about the 5th day, to get out of bed the 6th day and to walk about on the 10th day. If they feel well enough I allow the Fowler position on the 2nd day for half an hour or so.



Proceedings of the  
Thirty-eighth Annual Session  
1917

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PROCEEDINGS  
OF THE  
THIRTY-EIGHTH ANNUAL SESSION  
OF THE  
INTERNATIONAL HAHNEMANNIAN ASSOCIATION  
MINUTES OF 1917 SESSION.

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The thirty-eighth session of the International Hahnemannian Association convened at the Hotel Sherman, Chicago, Ill., June 25 to June 28, 1917, inclusive.

Meeting was called to order at 11.40 A. M. by the President, Henry L. Houghton of Boston.

The Secretary read his report as follows:

REPORT OF THE SECRETARY.

The work of the Secretary's office this year has been principally that of the routine correspondence.

Being new in the office, the Secretary has no suggestions to make as to the work of the Association.

The Publishing Committee of which the Secretary is a member, ex-officio, has been unable to get out the Transactions of the 1916 meeting because of lack of funds. The Treasurer and the members of the Publishing Committee would not recommend the pushing forward of the publication unless at least one-half of the cost money was in the hands of the Treasurer.

Many of the papers of the 1916 meeting have been published in the issues of the N. A. J. of Homœopathy. Through this medium the papers have been brought to the attention of many more individuals than would have been the case had they been confined merely to the Transactions of the Association.

A meeting of the Publishing Committee was called in New York during the winter to consider the action of the Association in making the N. A. J. of Homœopathy its official publication. It had been thought that this would be an economical way to have the Transactions published, but after due consideration it was found that this medium would not be able to get the Transactions out in time and that the storage on plates, while awaiting the publication of the later papers, would be very expensive. Thus, the Publication Committee while giving the papers to the N. A. J. of Homœopathy for monthly publication, thought it would be cheaper for the Association if bids for the publication of the Transactions were sought in the old way.

The Secretary has sent out a few copies of the old Transactions to physicians who have sought the same.

Two matters of business the Secretary calls to the attention of the Association.

First—The change in By-Laws through which Associate Membership is to be abolished. The minutes of last year's meeting show that such a resolution was submitted at the session and laid over for action this year.

Second—A committee consisting of Drs. Stearns, Dienst, Boger and Roberts was appointed to consider the matter of federation and to report at this session.

During the year the Secretary has been notified of the deaths of two members—Dr. Carolyn Putnam and Dr. Baylies. He has forwarded the facts to the Necrologist and no doubt the latter is prepared to report on same to the Association.

Only one resignation has come to the hands of the Secretary and he has been fortunate in inducing the withdrawal of the resignation and the re-placing of the name on the roll.

On motion of Dr. Krichbaum the Association accepted the Secretary's report.

The Necrologist, Dr. Edward Rushmore of Plainfield, N. J., next read his report.

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### REPORT OF NECROLOGIST.

DR. CAROLYN E. PUTNAM.

Dr. Carolyn E. Putnam was born in Rochester, N. Y., and received her early education in the graded and high schools of that city. She taught school in New York State and in Kansas City twelve years before she took up the study of medicine. She never married. She was a member of the First Universalist Church of Rochester, N. Y. She died April 1st, 1917 after an operation and was 61 years old. She graduated from the Kansas City Homœopathic Medical College in 1897 and practiced in Kansas City. She was instructor for 18 years in the Kansas City Homœopathic Medical College, the Kansas City Hahnemann Medical College and the Southwest School of Medicine. Her mother and one brother survive her. Her genial presence and active participation will be greatly missed from the meetings of this Association.

DR. B. L. B. BAYLIES.

Dr. Baylies was born in the City of New York; he was the son of Doctor Hersey Baylies and Harriet Blackwell. On the paternal side he was descended from Governor Bradford, second governor of Plymouth; on the maternal side from James Blackwell, from whose original ownership Blackwell Island derives its name. He was the sixth of a consecutive line of physicians descended from Dr. Francis LeBaron of Plymouth.

He studied at the College of Physicians and Surgeons and graduated from the Medical Department of Columbia University in 1852. He served as junior and senior aid and as house surgeon in the New York City Hospital for two years, and subsequently at the Blackwell's Island Hospital. He became a member of the Pathological Society, and a Fellow of the New York Academy of Medicine.

Dr. Baylies first practiced in Astoria, Long Island with his father, finally succeeding him. He removed to Brooklyn over thirty years ago and there remained in active practice until the day of his death. He was probably the oldest practicing physician in New York.

Over forty years ago he became interested in Homœopathy through the influence of his cousin, Dr. Hempel, and gradually abandoned allopathy as he learned by experience the efficacy of the homœopathic remedy.

In 1902 he received a unanimous vote of congratulations on his half century of active practice from the Kings Co. Medical Society, and in 1913 the Alumni Association of the New York Homœopathic Medical College and Flower Hospital unanimously extended their congratulations, upon his "many years of honorable service in the cause of humanity and Homœopathy." He became a member of the International Hahnemannian Association in its early history and he was president at the meeting held at Watch Hill in 1895.

Dr. Baylies was a member of the Kings County Homœopathic Society and at one time its president; trustee of the Brooklyn Eastern District Homœopathic Dispensary, and for many years chairman of the board; Senior Member New York State Society; Senior Member American Institute of Homœopathy, of the Alumni Association of New York Hospital; Honorary Member of the Bayard Club and Corresponding Member of New York County Homœopathic Society.

Dr. Baylies died on February 9th, 1917, in his 88th year; he was ill a few weeks with bronchitis, which developed into pneumonia and a congestive chill; only a few hours before his death he said, "It is nothing serious."

Dr. Baylies' large fund of experience made him a most helpful participant in medical discussions and in his removal our Association has lost a devoted supporter and medical truth a most efficient exponent.

On motion of Dr. Alexander Donald the Association accepted the report and ordered it placed on file.

The bills of the Secretary for printing, postage and sta-

tionery were next presented and on motion of Dr. Krichbaum were accepted as correct by the Association and ordered paid.

The President next read his address, Dr. Edward Rushmore filling the chair during the reading.

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### PRESIDENT'S ADDRESS.

#### *Members of the International Hahnemannian Association:*

Some time in the third or fourth century before Christ Euclid enunciated his "Elements." How much of his work was original we do not know but as one writer has stated, "He arranged the discoveries of Eudoxus, perfected those of Theætetus, and reduced to invincible demonstration many things that had previously been more loosely proved." After two thousand years his work is still recognized as sound and fundamental and there is no better mental exercise than reading his theorems and following the demonstration of the propositions. Geometry is an important part of mathematics and its development has been from the foundation which Euclid laid.

About one hundred years ago Samuel Hahnemann brought to the attention of the medical world the possibilities of the Law of Similars as applied to the use of drugs in the cure of disease. The words quoted above may well be applied to Hahnemann's work, he "Reduced to invincible demonstration many things that had previously been more loosely proved." He made no claim to the discovery of the Law of Similars but so far as we know he was the first to, in any adequate degree, realize its importance and to systematically and consistently apply it to the cure of disease. Until now there has been no method of curing disease through the administration of drugs to the sick individual except in accordance with the Law of Similars. Empiricism occasionally results in cures; this being due to the fact that the drug employed in a large number of cases will be the similar to some of the cases. Epidemics of acute diseases vary in severity; grippe, scarlet fever, measles, diphtheria all

seem to go somewhat in cycles; the average severity over a term of twenty years showing a distinct rise and fall; the manifestations of these acute diseases vary from year to year in character as well as in degree. Knowing this one fact how foolish it would seem to expect any one remedy to be curative in any acute disease at all times. The symptoms in one epidemic may be so similar in those afflicted that one remedy will cure most of the cases; under such circumstances the epidemic remedy would come as near being as "Specific" as it is possible to have a remedy; but even in the above conditions no one remedy will cure all of the cases in the epidemic as there are always some which do not correspond with the majority and there are always some which require a chronic remedy to complete the cure. The Law of Similars does not permit of "Specifics" and a tendency to prescribe on that basis always means that the physician is not individualizing and is neglecting the study of the *Materia Medica* and Repertory. Perhaps the worst feature of using remedies as "Specifics" is the tendency to use sufficiently large doses to cause suppression of the disease; relieving the patient of an acute manifestation but starting a deep seated chronic disturbance which is not self-limited in its nature but which will in time cause incapacity and invalidism.

The Law of Similars is the starting point of the science of therapeutics; progress can be made only by a constant recognition of this fact and by always making a proving of a new drug so that it is not administered until such proving permits of its administration in conformity with the above law. The enthusiasm of a careful prescriber is for the old well-proven remedies which always do such wonderful work when properly administered. The enthusiasm of the "Specificist" is for the new untried remedy, "The fad of the day" which is being advertised and exploited and for which even the layman may express a desire. The limitations of Homœopathy are for the most part the limitation of the individual physician. At the present moment all that is curable in disease through the administration of drugs can be done only by virtue of the Law of Similars; whether the word Homœopathy is used or not, disease is cured by the administration of drugs only as they are similar

to the disease for which they are given. There is no other known way in which drugs assist nature in the cure of an acute or chronic disease. If a physician is not shortening the duration and lessening the severity of his cases of typhoid, measles, pneumonia and scarlet fever instead of taking a day off to write a paper on "The limitations of Homœopathy" he should take several days off and devote them to renewed study and meditation of the Organon, Chronic Diseases and Materia Medica Pura. Hahnemann ceased to be a man of his day and generation when he gave up the apparently successful practice of medicine and began the research work which culminated in the recognition and general application of the natural law of cure; this law is as fundamental and capable of demonstration as Newton's law of gravitation and it is the only known and demonstrated law from which a science of therapeutics has been built up; it is the only law to guide us in further progress, our advance must be made along the lines blazed by Hahnemann. Like so many who have had the vision, persecution, ostracism and finally exile followed. Even now it is not considered ethical to cure a case according to Hahnemann's directions which has been pronounced incurable by the present day representatives of those who caused his exile.

Thirty years ago the medical schools of the civilized world were teaching students everything then known concerning disease except how to cure it; the administration of drugs was entirely empirical and without interest except as some new "Fad" like Koch's tuberculin temporarily roused it. The foundation, such as it was, was entirely materialistic; matter was the beginning and the end; vital force or life force were meaningless terms; cell activity and chemical reaction denoted the all of life; the pendulum had swung to the point of complete negation of the ideals and realities of life; naturally it had to swing to the opposite pole and there was found Mental Science, New Thought and Christian Science vigorously announcing that there was no cell, no material but all was spirit.

Both of these are extreme—action and reaction—history teaches us that such has been the way of the world; the pendulum swings from one extreme to another; somewhere between

these extremes is balance and sanity. The energy of the Old School of Medicine during the present time is principally devoted to the prevention of disease; the energy of the Christian Scientists is devoted principally along religious lines; both of these bodies may be doing very valuable work and accomplishing results that may be for the permanent benefit of mankind; but neither of them are devoting their enthusiasm, intelligence or energy to curing the sick; this mission has long been that of the disciple of Hahnemann and it must continue to be in an ever-increasing degree. When the pendulum slows down in its oscillations and reaches equilibrium the Law of Similars will then be universally recognized and applied for healing of the sick.

During the past forty years medicine has been dominated in an ever increasing degree by the intelligence and methods of the nation which recently announced to the world its creed "Might makes right." Power and wealth have been the objectives rather than refinement and development along the lines of the Ten Commandments. With the provings of all of our remedies first importance is given to the mental states produced; all of us know from experience with chronic cases that by proper prescribing obstacles are removed so that the character of a person is apparently transformed. Ideals for the welfare of humanity are being born into the world at this time; the labor pains being "The World Conflict."

This society was founded, and for over thirty years has fought and suffered, for an ideal, for a truth; every member has had to pay a price in social and professional ostracism for honestly and faithfully devoting his life to this ideal, to this truth. Within the next year or two the whole civilized world may be seeing ideals and truth as it never has before; Homœopathy will be needed and may be sought as never before; conditions may be made easy and favorable for its dissemination and application. In this event let us beware as an organization and as individuals lest we relax our vigilance, diminish our endeavors and lower the high standard which we have maintained. If one looks back to the foundation of this society we read the following: "We believe the Organon of the healing

art as promulgated by Samuel Hahnemann, to be the only reliable guide in Therapeutics." History teaches us that Truth has appeared before the world was ready to welcome it; the greatness of men and women and the truths which they attest have usually been recognized long after their departure from this life; often their departure has been a speedy result of their statement of a fact. Do not make the mistake of being persuaded or put in a state of doubt by any statement that we have outlived the Organon. We have no more outlived it than we have outlived Euclid's work; they are both fundamental and can be built on to all eternity.

On motion of Dr. Krichbaum the chair appointed a committee of three to report later on the President's address.

Carried.

The chair appointed Drs. Krichbaum, Taylor and Stearns, as Committee on President's address.

At the afternoon session Dr. Geo. Dienst made a motion that the program of the Society of Homœopaths be included in that of the International Hahnemannian Association and presented at this session.

Motion carried by the Association.

Evening session was devoted to the reading of papers exclusively.

#### SECOND DAY—MORNING SESSION.

Association met at 10 A. M. and on motion of the Secretary, Dr. Krichbaum was appointed Treasurer, pro tem, in absence of Dr. Powel.

Motion carried.

Owing to the presence of only one member of the Board of Censors it was moved and carried that the chair appoint four other members.

The President appointed Drs. Dienst, Kimball, Howland and Lehman.

#### AFTERNOON SESSION.

Association re-convened at 2 P. M. President called for matters of business.

Dr. Elmer C. Schwartz moved that the International Hahnemannian Association accept all members of the Society of Homœopaths, not yet members of that Association, as active members of the International Hahnemannian Association, subject to the approval of the Board of Censors.

Motion carried by the Association.

Evening session devoted to reading of papers exclusively.

#### THIRD DAY—MORNING SESSION.

Association met at 10 A. M. and was called to order by the President.

The Secretary brought up the matter of change of By-laws regarding the abolition of Associate membership in the Association, as brought up by Secretary Patch at last year's session, and presented in writing at that session.

Dr. Kimball moved that the By-laws be changed and the Associate membership in the Association be abolished.

Association passed the resolution.

Under unfinished business the report of the committee in whose hands the matter of federation of the International Hahnemannian Association with the American Institute of Homœopathy was left at the 1916 session, was taken up. The committee was Drs. Stearns, Dienst and Boger.

Dr. Stearns not having gotten in touch with the other members of the committee it was first suggested that the matter be laid on the table but later a motion was made and carried to leave the business in the hands of the present committee, which would report at the 1918 session.

The committee on President's Address next reported through its chairman, Dr. Krichbaum.

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

Your committee on the president's address have read it carefully and find nothing in it but what we commend.

The whole essay is so full of solid food that we are at a loss to know where to place the emphasis.

We give our unqualified approval to this address and wish to call attention to the following quotation from it:

“The energy of the Old School of Medicine during the present time is principally devoted to the prevention of disease; the energy of the Christian Scientists is devoted principally along religious lines; both of these bodies may be doing very valuable work and accomplishing results that may be for the permanent benefit of mankind; but neither of them are devoting their enthusiasm, intelligence or energy to curing the sick. This mission has long been that of the disciples of Hahnemann and it must continue to be in an ever increasing degree.

“When the pendulum slows down in its oscillations and reaches equilibrium the Law of Similars will then be universally recognized and applied for healing of the sick.”

P. E. KRICHBAUM,  
G. B. STEARNS,  
E. A. TAYLOR.

On motion of Dr. Kimball the Association ordered the report accepted and placed on file.

#### AFTERNOON SESSION.

Dr. Farrington moved the re-consideration of the question of federation of the International Hahnemannian Association with the American Institute of Homœopathy. Motion was carried.

Dr. E. A. Taylor: “I move we dispose of the matter of federation now and to that end I move that this Association decline to enter into federation with the American Institute of Homœopathy. I would like to say in this connection that if at any time the American Institute of Homœopathy offers anything which is for the welfare of real Homœopathy, we will gladly co-operate with them, but decline to be a part of a federation.”

Motion carried.

Dr. Schwartz moved to reconsider the motion just passed.  
Motion lost.

Dr. Dienst: I would like to present a few motions which I want the Association to act upon.

1. That the meeting of 1918 be advertised as extensively as our treasury will permit, and at least three months before state meetings will be held.

2. That every pastor and priest in the city or neighborhood where our next meeting is to convene be extended a personal invitation to attend this meeting.

3. That every local medical society in the city or neighborhood where our next meeting is to convene be extended an invitation to attend this meeting.

4. That the officers and members of civic, commercial, religious and charitable organizations in the city or neighborhood in which our next meeting is to be held be cordially invited to attend this meeting.

5. That one evening be devoted to a popular address (I said by a member of this Association) during the session of the meeting.

My object in presenting these motions is this: I want to see the meetings better advertised than they have been. Personally, I would like to see every homœopathic physician in the United States get an invitation; I would like to see every allopathic physician in the neighborhood in which the meeting is held receive an invitation. It would not do them any harm to come. I would like to have the laity know what we are doing. It will not hurt pastors, priests, or members of charitable organizations or of church organizations, both men and women, who are doing the thinking, to be present and hear such papers as we can present to them.

Seconded by Dr. Holman.

Dr. Dienst: I would like to get these motions on record as the action of this meeting. Let us go as far as we can. We are altogether too modest; we are a little too timid, or perhaps we are wrapped up in ourselves too much.

Motions put and carried.

The President: Election of officers is in order.

Dr. Krichbaum: We have with us a member who has attended meetings east and west for a good while, and I would like to nominate for the office of President, Dr. Theodore H. Winans.

The nomination having been seconded, Dr. Krichbaum moved that the rules be suspended and that the Secretary be instructed to cast one ballot for Dr. Winans.

Seconded and carried.

The Secretary cast the ballot as instructed and Dr. Winans was declared duly elected.

The following officers were nominated and declared duly elected:

Vice-President, Dr. Guy B. Stearns, New York City.

Treasurer, Dr. William R. Powel, Philadelphia.

Secretary, Dr. William W. Wilson, Montclair, New Jersey.

Corresponding Secretary, Dr. George E. Dienst, Aurora, Ill.

Necrologist, Dr. Edward Rushmore, Plainfield, New Jersey.

Board of Censors, C. M. Boger, Chairman, Parkersburg, West Virginia; Guy B. Stearns, New York City; John B. Campbell, Brooklyn; C. L. Guild-Leggett, Syracuse, New York, and Erastus E. Case, Hartford, Connecticut.

Narragansett Pier was selected as the next place of meeting.

In the absence of the Treasurer the Secretary now read the Treasurer's report

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## REPORT OF THE TREASURER, 1917.

DR. WM. R. POWEL.

In Account With International Hahnemannian Association.

June 21, 1916. Balance on hand . . . . .	\$171.23
Receipts from Dues, Donations and Sale of Trans. . . . .	478.00
	<hr/>
Total . . . . .	\$649.23

## EXPENDITURES.

Printing 1915 Transactions . . . . .	\$473.28
Stenographer . . . . .	100.00
Programs 1916 . . . . .	19.57
Postage (no voucher) . . . . .	3.00
Secretary's bill . . . . .	35.76
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Total . . . . .	\$631.61
Balance on hand . . . . .	\$17.62

The President appointed the following as members of the Auditing Committee: Drs. Krichbaum, Kimball and Taylor.

Dr. Kimball reported for the Board of Censors that it had met and after careful consideration had accepted the resolution that was passed by the International Hahnemannian Association by which the members of the Society of Homœopaths become active members of the International Hahnemannian Association

On motion the report was accepted.

Dr. Krichbaum reported for the Auditing Committee that it had examined the accounts of the Treasurer and found them correct with the exception of four dollars in the Treasurer's favor.

On motion the report was accepted.

The matter of printing the Transactions of the 1916 Session had been discussed informally during the early part of this session but nothing definite had been done. At this point of the meeting Dr. Krichbaum arose and said: "Dr. Houghton and I, after some discussion about the publication of the Transactions of 1916, have agreed to bear the expense. So hereafter if any member wishes to contribute to this end he can send the money to the Secretary or Dr. Houghton. This saves the members of the Society of Homœopaths from any embarrassment." (Applause.)

Dr. Kimball moved that the Association extend a vote of thanks to Dr. Houghton and Dr. Krichbaum for their generous offer.

Motion carried by a unanimous vote.

Regarding the testimonial dinner tendered Dr. Edward Rushmore, Dr. Farrington said:

Last evening we had the plates on the table, we had some flowers, nice speeches, and some other things, and yet our little play was marred by Dr. Rushmore not being present. We did not catch him. Dr. Rushmore was to have been the chief attraction. We are not going to let him get away this time. He happens to be the only charter member of this Association that is living, and he is here now, and we want to do him the honor of giving him this little present to show our appreciation of his labors and his faithfulness to Homœopathy and also to the International Hahnemannian Association. On behalf of the members of the Association, I desire to present to you, Dr. Rushmore, this watch fob with our affection. (Applause.)

Dr. Rushmore: I am exceedingly grieved that my absence last evening should have caused you inconvenience, but I had in coming to Chicago some matters to be attended to other than those connected with the Association, and I am very sorry I attended to them at a time that caused inconvenience to you. I am sure, I should have enjoyed being with you last night, and I thank you very much for this present. I hope to be able to devote myself to the interests of Homœopathy so long as I am permitted to remain in the world and have the strength to do it.

Again, I thank you sincerely and heartily for this gift, with best wishes for every member of the Society and for every friend to the cause of Homœopathy. (Applause.)

#### EVENING SESSION.

Dr. Taylor: With reference to the matter of publishing the Transactions of last year (1916), Dr. Houghton and Dr. Krichbaum have been generous enough to guarantee the publication of those Transactions. Now, it is up to us as a Society to get busy and see that it does not fall upon them. I move that the Secretary be instructed to send a notice to every

member of the Association, stating that Dr. Houghton and Dr. Krichbaum have guaranteed the publication and asking every one of them for a contribution.

Dr. Kimball: I second the motion. This can be done by postal card, stating the fact that Dr. Houghton and Dr. Krichbaum have guaranteed the publication of these Transactions, adding that if other members do not respond it will fall upon the shoulders of two of our members.

Motion put and carried.

The Secretary: The Board of Censors have looked over the four names the Secretary had in his hands and have approved them. These individuals have paid their dues and have handed in their application blanks.

The following names have been submitted to the International Hahnemannian Association for active membership and have been acted upon by the Board of Censors and found satisfactory:

Edwin A. Ogden, A. G. Smith, and C. Q. Nelson.

There was one application made last year through Dr. Taylor, namely, Dr. Elmer Schwartz, who was eligible for associate membership, and through some miss in the mails this application blank did not get to Philadelphia in time and was sent back to Dr. Taylor in Chicago. As a consequence we were not able to submit the application to the meeting last year. Dr. Schwartz had paid his fee and his application could not be acted on. We feel that his application should be acted upon now.

Dr. Krichbaum: I move that Dr. Schwartz's name be placed on the roll as a member and receive a copy of the Transactions.

Seconded and carried.

The Secretary: I move the election of those physicians whose names I have read to active membership in the Association.

Seconded by Dr. Kimball and carried.

The President: Is there any further business to come before the Association?

The Secretary: Not unless some member has something to bring before us at this time.

The President: I want to thank the members before we adjourn for their faithful attendance and for the intelligent work which we have had during these three days, and I congratulate you on the man who is to direct the work of the organization for next year.

If there is nothing further to come before the meeting, the Chair will entertain a motion to adjourn.

Dr. Kimball: I move we adjourn until such time as is decided on by the Executive Committee.

Seconded and carried.

The Association thereupon adjourned.

## Bureau of Homœopathic Philosophy

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### HOMŒOPATHY.

BY EDWARD RUSHMORE, M. D.

*Paragraph 153, Hahnemann's Organon.*

In searching after a homœopathic specific remedy—that is to say, in making a comparison of the entire symptoms of the natural disease with those produced by known remedies, in order to discover among the latter an artificial morbid power resembling the natural disease that is to be cured—we ought to be particularly and almost exclusively attentive to the symptoms that are striking, singular, extraordinary and peculiar, (characteristic) for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond; in order to constitute it the remedy most suitable to the cure. On the other hand the more vague and general symptoms, such as loss of appetite, headache, weakness, disturbed sleep, discomfort, etc., merit little attention, because almost all diseases and medicines produce something as general.

The truth of the doctrine of this paragraph has been so verified in experience as to entitle it to the place of an axiom in practical therapeutics. It shows how insufficient a *materia medica* constructed on the basis of morbid anatomy, falsely called pathology, would be for purposes of healing. Sensorial disturbances constitute, strictly speaking, the subject of the purest pathology, rather than anatomical and objective changes although everything unnatural in the human body becomes an

element of pathology. For the symptoms peculiar to the patient and not necessary for a nosological classification of the disease, which in no way so far as present knowledge goes throw any light on the morbid anatomy of the case, are proven to be symptoms of greatest value for that higher diagnosis, the determination of the true curative, which it is our high privilege and solemn duty to be able to make.

Drug provings develop symptoms which happily do not admit of arrangement into the exclusive likeness of the named diseases of the present time. But the diseased states caused by drug provings when of a purely individual character do happily correspond with the states brought about by what we will for the moment call the causes of natural disease. These states often include what are called individual or peculiar symptoms. In the production of every symptom are two elements, the differing vital energy of every person and the action of the unvarying, or but slightly varying drug. Every drug symptom is drug modified vital action. And we cannot say that the unusual symptom is not genuine nor diagnostic any more than we can say that the same is imaginary when occurring in the sick. These appear to be the symptoms referred to in the text of our Paragraph, 153.

It was, I apprehend, the recognition of the danger of this principle of the highest value of individual symptoms being obscured and lost in the maze and glamour of a rapidly developing pathology, that led our revered predecessors to unite in the formation of this Association in defense of this primary truth. And I believe our practice has been largely characterized by our aim to apply in this manner the precious knowledge stored up in our *Materia Medica*. We examine our cases so as to be able to say at the end, what is generic and what is specific in our patient's symptoms. We distinguish much between the symptoms which name the disease and those which are necessary to name the curative remedy.

How then do we proceed to find out the peculiar, characteristic and striking symptoms which must be added to the general and nosologically diagnostic ones before we can know what is to be cured in the sick? I answer we must know or have at

hand the indications of what is specifically curative in our remedies. We must examine our patients in the light of our *Materia Medica*; and I do not need to say that its many thousands of well-attested symptoms defy the grasp of the mightiest memory. The light of *Materia Medica* must there shine from its open pages at our side. It is too voluminous to take everywhere. Yes, but the excellent analytical arrangements of its characteristic contents, our repertories, are not. The *Materia Medica* gives us the individuality of all our drugs, and in our repertories we find these arranged indicating the precise location, direction, character, time, circumstance and committance of symptoms. The knowledge of these details is necessary to homœopathic prescribing, because it is the knowledge of our drugs and it shows what we need to learn from the sick in order to make and establish the specific and accurate similarity demanded by the necessities of law. Often the repertory is insufficient and then happily we have the original sources to appeal to and we find the deficiency supplied. Almost next to the physician's pleasure in witnessing a cure I would place that of seeing the close likeness to natural diseases in the symptoms of the *Materia Medica*.

The physician truly has other duties than the choice and administration of the curative drug; Hahnemann taught these fully, and we shall not pretend to understand them better than he if we carefully read his writings. He knew as well as recent observers the power of circumstance over life and health. Hering says of Groso's *Comparative Materia Medica*,—"The book is of the greatest value to show the necessity of a true sharp individualization, and will enable you to learn whether your examination of the sick has been imperfect. You may often return to the sick bed and examine again and closer, after having consulted the *Comparative Materia Medica*." Let any one use this book in studying the relations of remedies pointed to by the symptoms of a given case and he will often learn how imperfect his examination of the case has been, and how much he has failed to ascertain of what the *Materia Medica* requires when it lays open its bountiful resources.

You may have heard of Hahnemann's reply to the pupil who,

having seen him examine and prescribe for a case which was cured by the first prescription, wanted to know what remedy was given. Hahnemann's answer was "Study Materia Medica;" again at a later time the question was put and again the answer was, "Study Materia Medica." Do we know our Materia Medica so well that we can say of complicated cases without study, that one remedy and no other is indicated?

I would maintain then with all the strength of my conviction of the truth of Homœopathy that we must use the Materia Medica in some form in the examination of the sick if we would do for them that good which it is in the power of our art to do. Questions of potency, of administration, of repetition, all of commanding interest and importance must remain useless and unsettled till the method of the determination of the remedy is learned. Hahnemann said that when the symptoms of a case are properly written down the most difficult part of prescribing is done. The many fine distinctions of the Materia Medica demand a knowledge of the same distinctions, the same individualizing of the symptoms in the sick for the most successful application of medicinal powers. Let the remedy only be correctly chosen and other practical questions will present much less difficulty.

Dr. Dienst: Permit me to say that this paper has brought out some points that will interest every one of us, but, as Dr. Krichbaum has said, it may cause trouble. The rare, the peculiar, the very singular things that come up in sick people sometimes do not come at once. You may prescribe once or a dozen times with more or less indifferent results before the real and the peculiar and rare will come to the surface. I want to illustrate this because of the importance of this particular paragraph in the Organon.

For two years I had a trying patient in the person of a school teacher down in Plainville, and as time went on I was very much annoyed by her constant reference to tuberculosis. She seemed to think of nothing else while in my office. After repeated examinations I discovered no symptoms or signs of tuberculosis. I said to her, "What is the use of being frightened about something that you do not possess at this particular

time?" But during the past winter she developed trouble with the ears. It annoyed her a great deal. When she came to my office and reported this, in order to overcome it, I realized I had to change my prescription. I told her to wait two or three days and I would send the indicated remedy. After looking the matter over, that peculiar aural trouble, I was led to prescribe Elaps, not knowing at that time the peculiar mental feature of Elaps. Strange to say, the trouble with the ears disappeared very rapidly. Her hearing improved remarkably, and I noted after a time, when she came to see me, she grew less loquacious about tuberculosis. Ultimately she said nothing more about it. It was strange. I began to study my *Materia Medica* anew, and discovered one proving of Elaps was "fear or anxiety about taking malignant disease; the fear of death;" in other words dying of something that was very terrible. Elaps removed that mental condition. She stopped talking about tuberculosis.

While I have prescribed for tuberculosis, as time goes on I would like to know whether she is likely to forget the whole thing and enjoy good health.

A Member: Did you ever give Tuberculinum?

Dr. Dienst: I did, using it in the usual potencies but she continued to talk about tuberculosis.

Dr. Winans: One thing that struck me in connection with this paper is that the author speaks about the difference of vital energy in patients. There is something to match besides the symptoms, sometimes symptom similarity and force similarity, selecting the potency that is similar. The author touched upon that a little in his paper, and I believe that is one of the things we should discuss further because, it seems to me, force similarity is more of a dividing line between our school and the old school today than symptom similarity.

Dr. Pierson: Just as a sort of corollary or complement to the paper under discussion, I presume it is the experience of every observing physician that where we fail to find these peculiar, unusual, rare symptoms that we have very little reason for fear about the result of treatment. It is negative. You have no beginning place and fortunately for the patient as well as for yourself, there is no ending place in view. Many times

we can afford to wait with a Placebo as the indicated remedy until in the cycle of events these peculiar symptoms will come up that will point unmistakably to the curative remedy. I have found that to be true so many times that it is almost a rule in my practice, that when I come to a new case or a new case comes to me from which I can secure nothing that is truly characteristic of the individual, I can afford to wait and watch the development of the case until I have knowledge sufficiently intimate of the real workings of the mind of that individual to find out something that will be characteristic.

Dr. Nelson: It seems to me, that this is a subject on which Homœopaths can dwell a good deal more than they do. I can remember when I did not know what it meant to talk about the strange, rare and peculiar symptoms. I did not know what we were talking about, and I think that is the case with a great many pretty fair homœopathic physicians today. They do not know what it means. I know I did not because I just happened more by accident than in any other way to light on and prescribe for a few cases with rare or peculiar symptoms or symptoms that led to the correct remedy. It was as much of an accident as anything else, or as it would be for an old school doctor to give a mixture of remedies and happen to have in the mixture some remedy that suited the case.

Regarding that paragraph in the Organon, when a homœopathic physician prescribes for gathered breast for instance, instead of prescribing for the gathering he is prescribing for a symptom that feels heavy like a stone. My preceptor made this mistake.

In another case a woman had what they call break bone fever, a severe aching of the bones in ague. He prescribed for ague instead of prescribing for the break bone symptom. Of course he missed curing the cases in both instances. Take another case of gathered breasts, where the patient has a throbbing sensation, if you prescribe Belladonna on that indication you will wipe it right out before it has had time to go on to supuration and has to be lanced. Homœopaths, as a rule, do not pay any attention to these things, and if we do not do so, how can we expect the old-school folks to do it?

Dr. Rushmore: I have nothing further to say except to thank the members for their attention and for the discussion.

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### CASE-TAKING.

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

As I work with the students on the hospital ward, I see more and more the need of instruction in systematic case-taking. However much *Materia Medica* a student knows, he seldom knows how to obtain from a patient the symptoms essential for making a correct prescription. The internes, likewise, seldom take a history containing the totality of the patient's symptoms and their resulting prescribing is of the loosest offhand sort.

For several years the problem of how to teach case-taking has been constantly in my mind. The old masters in Homœopathy gave general directions for case-taking, but their appeal was more to those of ripe experience than to the average student. Bedside instruction, where the patient is examined before the student and the remedy selected by the instructor, has proved a failure for turning out good prescribers. Giving the students general instruction in case-taking and turning them loose on the patient has been equally a failure. Cases are not properly taken and the remedies are prescribed on superficial indications; this results in infrequent cures and frequent changes of remedies, as well as in much that is un-homœopathic. Seeking a solution of this problem, I have gradually assembled the indications on which most homœopathic prescriptions are made, and I find, instead of a haphazard collection of "strange, peculiar, and unusual symptoms," that the essential symptoms fall naturally into groups, and that these groups can be arranged logically and schematically. Using such a scheme, it is easy to give specific, easy to follow directions for case-taking.

This arrangement comes so near to representing a basic

principle of homœopathic prescribing that students who knew very little of either Homœopathy or *Materia Medica* have, by following the rules, not only taken difficult cases properly but found the indicated remedy even though the drug was an unusual one.

The first thing to understand is that, from the Homœopathist's point of view, there are two distinct kinds of information to be sought: One has to do with the clinical and diagnostic side of the case and is the kind sought by all diagnosticians of whatever school.

The other has to do with those manifestations which indicate the homœopathic remedy, and these manifestations are seldom observed and never sought by any except Homœopathists.

Thus a case can be perfectly taken from the clinical standpoint and yet the history give no hint of the curative remedy. On the other hand, all the homœopathic indications can be brought out without giving a hint of the diagnosis. To illustrate this: Within the year, I have treated two patients who had great drowsiness, flatulent distention, great dryness of the mouth without thirst, a dry skin and sensitiveness to cold. To the Homœopathist, this gives a perfect picture of *Nux moschata* as the curative remedy in each case. The clinical examination showed one to have glycosuria, and the other to have Banti's disease, diagnosed by a splenic tumor extending six inches downward, a large nodular liver, frequent nose bleeds, profound anæmia with a low white cell-count. In addition he had albumin, blood and casts in the urine. This case was desperate as he could retain very little food and he was losing weight at the rate of a pound a day.

Under *Nux moschata*, which the finest diagnosis in the world would never have suggested, this patient immediately stopped vomiting, he soon regained his weight and resumed his business, and in seven months his spleen has become much smaller. Under the same remedy the Glycosuria patient was soon relieved of his symptoms and his sugar.

First, last, and always, then, the point to be driven home in case-taking is the necessity for getting the remedy indica-

tions. Unless tissues and organs have degenerated beyond all hope of recovery, *there is a remedy that will cure*. Every bit of the examination focuses on the finding of that remedy. Of course it goes without saying that every effort should be made for a correct diagnosis, and the case-history, when taken, should contain both the diagnostic and the remedy data. In other words the case history should be a vivid, accurate account of the patient's condition, his sensations and all that affects them, together with the cause and sequence of his symptoms.

Now what technique should we follow?

### *PATIENT'S STORY.*

The first step should always be to obtain the patient's story. This the patient should give in his own way and without interruption except such prompting as is necessary to hold him to his case where he is inclined to wander. Unnecessary interruptions break the continuity of his thoughts and he will forget symptoms or state them differently than if encouraged to spontaneous expression.

Take down all that is essential for a record of the case, and in-so-far as is practicable in the patient's own words.

Every symptom to be complete must be described as to its character, its location and its modalities.

The patient usually gives his symptoms in general terms and without their distinguishing characteristics, so, when he has finished, the different points should be taken up and the patient questioned about each. In questioning, never put direct questions, such as can be answered by yes or no, for then he is likely to follow the questioner's lead and answer as he thinks the doctor expects him to. Put all questions so the patient must think of his symptoms and describe them in his own language.

The patient will begin by describing his condition and his sensations. Every condition must be described in detail. Thus, a swelling or inflammation should be described in detail,

its color, hardness and temperature. Discharges, as to consistency, color, odor and acidity.

Cough as to its being dry or loose, paroxysmal or in single coughs, etc. Sensations must be exactly described: Such, for instance as burning or bruised or cutting or numb or splinter-like; if constant, or wandering or if coming or going quickly or slowly.

The location of every condition and sensation must be described as to organ, part of the body and side affected.

### *MODALITIES.*

When these points have been given go carefully into the modalities.

Modalities are aptly defined by Boger as "the natural modifiers of sickness," and include all circumstances of aggravation and amelioration.

Ask, concerning each symptom, what circumstance or condition makes it better or worse.

The most important modalities have to do with:

1st—Time of day or night, periodicity, season.

2nd—Temperature, weather, open air.

3rd—Motion, position, touch, pressure, jarring, light, noise, sleep, eating, drinking.

After the patient has volunteered all that he thinks of, ask specifically if any of the above apply.

In disturbances of the special functions of the eyes, ears, nose, mouth, throat, and the digestive and sexual tracts, not only the above but special modalities will suggest themselves.

### *CAUSE AND HISTORY.*

When every symptom has been fully elaborated, inquire as to the cause of the illness, its manner of onset, the duration of the symptoms, their sequence and the direction they travel.

Observe carefully those symptoms that naturally group themselves together in a case, known as concomitants, such

as hot head and cold extremities; dry mouth without thirst; face becoming red with the cough; etc.

### GENERALITIES.

When the patient has related all that comes to his mind, and each symptom has been elaborated, we are ready for the second step in taking the case, i. e. inquiry into the generalities.

Generalities are those conditions of aggravation or amelioration that have to do with the patient as a whole, and are obtained by putting the questions something like this: "Are you in general better or worse from heat or cold, wet or dry weather, etc., regardless of any special part of the body?"

The Generalities can be divided into four easily associated and remembered groups:

2nd—Cold, heat, wet or dry weather, storm, before a storm, thunderstorm, wind, sun, out of doors, warm room, draught, bathing, change of weather, takes cold easily.

3rd—Motion, position, lying on painful or painless side, mental exertion, exercise.

4th—Sensitiveness to light, noise, touch, music, odors.

The part of the history relating to the character of the symptoms, their location, cause, sequence and duration contains most of the diagnostic evidence. The modalities, and particularly the generalities, have slight bearing on the diagnosis, but are of the greatest use in differentiating the remedies. They should be taken with great care and their degree of intensity noted. Thus, for example, a patient may prefer cold weather to hot, but to be of value in remedy selection, there must be a positive aggravation or amelioration when it is hot or cold. A patient may say he is worse in stormy weather, but it must be ascertained whether the aggravation is before or during a storm, or if it is in damp weather in general.

After obtaining all the modalities which the patient volunteers and all that the schema suggests and all that are sug-

gested by the symptoms, ask if he thinks of any other things which make him better or worse. Then proceed to the third step, viz.: Inquiry concerning the general functions of the body.

### *FUNCTIONS.*

#### 1. Digestive function.

Alteration of taste.

Appetite: Ravenous; wanting; capricious; quick satiety; loathing of food; good appetite but losing flesh.

Cravings and aversions; aggravation from special articles of food.

Eructions; character of and amelioration after.

Thirst for large or small amounts. Thirstlessness.

Desire for cold or warm food or drink.

General aggravation or amelioration after eating or drinking.

Constipation: With urging or with no desire; with soft stool; alternating with diarrhœa. Character of stool.

#### 2. Sexual Organs.

Any disturbance of the sexual function.

Menstruation: Early; late; irregular; profuse; scanty; protracted; of short duration; character of discharge.

General aggravation or amelioration before, during, or after menstruation.

Leucorrhœa: Its character and modalities.

#### 3. Sleep.

Sleepless: Sleepy but can't sleep; sleepless from active thoughts.

Sleepiness: Stupor.

Restless sleep; jerking or crying out in sleep; wakes frightened.

Dreams and their character.

General aggravation or amelioration after sleep.

## 4. Skin.

Dryness; oiliness.

Inability to perspire; profuse sweat; sweating from slight exertion; local sweat; character of sweat; aggravation or amelioration from sweat.

Color and appearance of skin.

Local coldness or heat.

Easy suppuration.

Chill, fever and sweat: Note if in normal sequence or if occurring independently or irregularly. Concomitants and modalities with each stage.

## 5. Mind.

The mental symptoms are purposely left until the last, because by the time the rest of the case is taken, the patient will either have revealed his mental state, or he will have so entered into the spirit of it all, that he will readily and understandingly give them to the physician.

Mental symptoms are among the most important, but a full understanding and appreciation of them comes only with experience.

A complete exposition of them would require a long article in itself. It is sufficient here to state the important groups into which they fall.

First understand that the most important ones have to do with those strong likes and strong dislikes that are contrary to the patient's normal state of mind. e. g. Aversion for company or family or light, etc.

Then there is the irritable group, such as:

Irritability, restlessness, hurry, intolerance of pain, starting at slight disturbance.

The depressed group, such as:

Depression, sensitiveness, despair, suicidal thoughts or tendency, aggravation from consolation.

The fear group, including all phobias.

Intellectual and emotional aberrations, such as:  
Delirium, delusions, loquacity, jealousy, suspicion, indifference, haughtiness.

Note such aggravations as occur from mental exertion, excitement, fear, anger, grief, shock, mortification.

#### *Miscellaneous.*

Finally gather such information as is suggested by the questioning and also the following miscellaneous information:

Personal history from birth to present. This is well taken up in ten-year periods. Note all conditions that might have a bearing on present trouble, such as: Former diseases, injuries, pregnancies, miscarriage, mental shock, grief, disappointment, wounded pride, humiliating habits or experiences.

In lack of reaction note especially tuberculosis, gonorrhœa, syphilis and vaccination.

Habits: Tea, coffee, alcohol, drugs, food, bathing, occupation.

#### *Family History.*

Father, mother, brothers, sisters. Inquire as to tuberculosis, syphilis, cancer and insanity.

#### Objective indications:

In unconscious patients and in infants, all the indications are objective but none the less striking.

In all cases observe particularly the patient's general behavior; his position, if quiet or restless; motion of any special part, twitchings.

Expression of face, color and appearance of skin, sweat, local or general.

Hunger, thirst, distention, involuntary or suppressed discharges.

Sleep, stupor, delirium, crying out.

Note eyes, ears, nose, mouth, tongue, throat.

Relation of pulse, temperature and respiration to one another.

To this history, add all the physical and laboratory findings and the case is ready for both diagnostic and remedy study.

This sounds like a formidable list to remember and to apply, but a very few minutes' study reveals it as a line of questioning such as naturally develops itself and is practically that which is employed by all careful physicians. One has simply to keep in mind four steps:

1st. The patient's story with its five subdivisions:

- Conditions.
- Sensations.
- Location.
- Modalities.
- Cause and sequence.

2nd. Generalities with four subdivisions:

- Time.
- Temperature, weather, etc.
- Position, motion, etc.
- General sensitiveness to light, odors, noise, touch.

3rd. Functions under five heads:

- Digestive functions.
- Sexual functions.
- Sleep.
- Skin.
- Mind.

4th. Miscellaneous:

- Personal history.
- Family history.
- Objective symptoms.

These directions, when schematized, should never be used as a checking list for a patient's symptoms, as that would produce a history as expressionless as a child's blockhouse. The patient should tell his story in his own way regardless of this or any other schema, and the physician should follow the un-

folding history in whatever direction it goes. The schema is not for the patient to follow, but for the physician, that he may check himself up to see if he has left out any essential line of inquiry.

Only portions of the schema will apply to any given case, and it is not always necessary to go through the entire list of questioning, just as, in diagnosis, it is not always necessary to make a complete laboratory examination.

In acute cases, but a few minutes will be required for obtaining the data necessary for a prescription. Chronic cases will take much longer, but the time is well spent, for only by this thorough-going method can the remedy picture be revealed.

In an obscure case, where the diagnosis is uncertain, very often diagnostic methods requiring several hours of expert work are used, and it cannot be gainsaid that the time is well spent. But the time required for the systematic taking and studying the average chronic case and for selecting the curative remedy is less than the time required for making a complete blood-count.

Good prescribing is learned by following correct method. Speed will come when experience has taught one how to pick out essentials without going into unnecessary details.

This method of examination applies equally to surgical and medical cases, for every sick person ought to be properly prescribed for.

Most cases of severe pain can be prescribed for homœopathically, and as quickly relieved as with opiates, with the added advantage that the similar remedy acts curatively while relieving.

Not to attempt to find the similar remedy in every case is a therapeutic crime.

Dr. Houghton: It seems to me, this is an excellent method of teaching. After thirty years I can look back upon that and see what a help it would have been to me.

Dr. Richberg: There is too much silence on a paper of this kind. It seems to me, there is something about this paper that would be wonderfully helpful to a great many of us. A paper

of this kind should be put into print so that members can have it to refer to when they are tired and remind themselves as to the points, the details, the conclusion that comes from going from one patient to another until you have the remedies so thoroughly ingrained that whenever the symptom is mentioned you have about ten or fifteen remedies, and only four or five of these fifteen will apply. I know with a great many of us, after we have visited two or three patients, we become so tired mentally that if we had a little scheme of this kind that we could glance over before seeing the next case, it would be of great assistance to us and especially to those who are beginning to practice. This scheme should be reduced to print at our expense so that we can all have the benefit of it.

Dr. Ridgeway: My husband is engaged in Life Insurance work. I go over the cases he brings, and every applicant for insurance has to answer certain questions. There is a space for putting down the answers to questions, so that one can readily see how a scheme such as the one that has been outlined may be very useful to homœopathic practitioners.

I would suggest that a standard homœopathic blank be prepared which could be used by all homœopathic physicians all over the world and which, when the questions were answered by the patient, would give a picture of his condition to the physician. This would be especially useful for people who write from out of town to physicians.

Dr. Farrington: No doubt Dr. Stearns, in closing this discussion, will answer many of the comments on his schema and explain it further. I agree with the former speaker that it is a useful contribution to the study of materia medica and especially excellent to start with. As I understand it, the doctor has laid out this scheme primarily for his students. This is the way he teaches them. There are almost as many ways of teaching as there are teachers and it is best for each to follow the method that suits his own bent of mind and ability. I do not believe that Dr. Stearns intends to have us copy his scheme and use it in stereotyped fashion. And yet, if you consider it carefully, you will find that he has given us the gist of the whole subject of case taking in those few paragraphs.

Dr. Pierson: It is strange that there should be any surprise about this. Bœnninghausen gave us this same scheme years and years ago, and every one who has studied Bœnninghausen has consciously or unconsciously adopted this very method in his work, and I do not see how you can work without it. I can give you among the papers I give to every one of my patients by correspondence a scheme that is so similar to this that it seems surprising that every one does not use it. But the most commendable feature of the whole proposition is the fact that you are beginning at the root of the matter with a student. We have gone on year after year teaching our medical students materia medica in such a way that when they get through it is a heterogeneous mass, and they know less about their materia medica and less about their prescribing when they get through college than they did when they began because they had some simple rudimentary ideas to begin with that were greatly confused in the end. There is a great inspiration in the knowledge that there is one college actually starting out along a line that is fundamentally correct, logical, consistent, and will lead to an orderly form of work that cannot fail to bring results. The men who follow this method of orderly work are going to be the homœopathic physicians of the future. It is just as inevitable as fate.

Dr. Eastman: The scheme that the doctor has given us is very similar to the one Bœnninghausen has given us. Dr. Hering told me once that the homœopathic materia medica was destined to become a natural science, but that it is not a natural science as yet. It will become a natural science inasmuch as we have men who can work out schemes like this. He said that we should have more men in the profession like Dr. Farrington who followed in the footsteps of Dr. Gross. We have not arrived at the result yet, we are going to some day when this materia medica of ours will become a natural science. The time will come when we will select the remedy, with as much certainty as a man can botanically analyze a plant or a flower.

There is one point that the doctor spoke of, I think, which is very important. The question comes up in our minds, what is the difference between a malady that cures itself, and one that

is cured by a remedy? Nature has a tendency to cure disease. Hering used to say that when a remedy cures a malady the symptoms disappear in the reverse order in which they came; that when nature cures a malady she does so in the opposite order. The symptoms that appear last in a malady are very important; we should study those symptoms particularly and see if they disappear first and follow the symptoms of the malady in the reverse order. There are a great many rules and corollaries that we have got to work out, but we are the men to work them out or those who come after us, and this is a splendid thing; I think it is in the right direction, but it is not complete as yet. There is a whole lot to do.

Dr. Taylor: Dr. Stearns has given us an excellent presentation of this subject and has said many good and useful things. One of the first things that attracted my attention was his remark in reference to diagnosis when he said that it will not suffice to give a prescription unless it has a bearing on the diagnosis. I am not altogether sure that I agree with him in that remark. I am in the habit of telling students that one of the ways to determine whether or not the selection of a remedy has been correct is to ask themselves after they have selected the remedy and made the diagnosis, "would this remedy be equally applicable in this case if the diagnosis was something entirely different?" If the remedy would be equally applicable in that case the selection was a good one, if not, it was a poor one, and I believe that is true. In other words, as Dr. T. F. Allen put it years ago, the greater the value of a symptom in a diagnostic sense, the less its value in a therapeutic sense. In other words, diagnosis has nothing to do with the selection of the remedy, and I really believe it may and often does lead people astray. The doctor says it may be suggestive. That is quite true, and it may suggest something erroneous. Like many students of Homœopathy and some practitioners, the moment they get a case of dysentery they feel that the diagnosis suggests Mercury which, of course, is liable to lead them far astray. So I think we had better not attempt to compromise in the matter but stand firmly on the principle that the diagnosis never helps us to select the indicated remedy. For that mat-

ter Dr. Stearns approves of that and his practice is in that way. Again, he says, the Repertory is a brainless mechanical thing, another very correct statement. We ought never to forget it. It should never be the final consideration, but it only suggests a group of remedies and to go from there to the *Materia Medica* and study that group. Those are all words of wisdom. You can no more depend with any degree of accuracy on what remedy you want by the Repertory alone that you can determine with perfect accuracy, just what a man looks like by a written description. The difference is perhaps an appropriate comparison there. You get a report from a friend to meet some one who is coming on a train and he describes the party. The train comes in, you go and look for this particular party, and perhaps you may decide you have identified him, but what a difference there is after somebody has pointed him out. You grasp in that case the whole individuality of the man, while in the other case from the written description you have gathered only a few points in his makeup. It is the same with the Repertory and *Materia Medica*. In consulting the Repertory it gives you some symptoms, then if you go to the *Materia Medica* you will see additional features and symptoms and expressions that go to make up the individual, for we never lose sight of the individual we are treating in the few symptoms or the name of a disease, whatever plan we follow. The plan should lead us to distinctive symptoms, to all the symptoms that distinguish one case from another, that distinguish one diagnosis from another, and one patient with the same disease from another. If, therefore, we determine what are the distinctive symptoms in any given case, by whatever method we arrive at that conclusion, we will have selected the correct remedy, and in that way it will suffice. Another way of going about it is to search for satisfaction in some theory, fanciful or otherwise—in other words looking for a remedy which we hope will help the patient will never suffice, but we must, as Hahnemann says in the *Organon*, select a remedy which must be indicated by the symptoms which distinguish this patient from other patients having a similar disease.

Dr. Nelson: I would like to ask whether a diagnostic symptom ever leads to a correct prescription?

Dr. Winans: Every one of these—A, B, C, D and E—is very important. With me the family history is important. I had a case where I was undecided between Hydrastis and two other remedies. I learned of a history of cancer and I gave Hydrastis with a result.

Dr. Houghton: We all of us run up against cases where we get comparatively little. For instance, a person comes and wants the urine examined as a routine, or a person has been turned down for life insurance because of something wrong with the urine. That is the first a person knows of anything wrong. We may find sugar in the urine, but you cannot get a symptom out of that individual. What are you going to do? Unless some of you are much less human than I am, you give these patients a remedy—at least, some of them. You give remedies on imperfect indications and give them remedies on your diagnosis of sugar in the urine or whatever the condition happens to be when you do not have symptoms. In some of these cases you can wait two or three months and you will not get any symptoms. You can prescribe on that basis which you call routine, which is as unhomœopathic as anything can be because you have obtained results in a large enough per cent. of cases, where you had no symptoms but had conditions, to feel justified in doing it rather than waiting for the patient perhaps in the course of a year or two to be in a serious enough condition to develop the symptoms that go with the disease.

Dr. Farrington: The trouble as I see it is this: There are so many Homœopaths, so-called, who cling to diagnosis and use pathognomonic symptoms as a guide to the remedy that the rest of us, who follow Hahnemann's teaching and realize the true worth of peculiar and characteristic symptoms, must seize every opportunity to combat it. This is quite proper. We should everlastingly damn the doctrine of diagnosis as a guide to the selection of a remedy. But as our president (Dr. Houghton) has said, we occasionally meet with cases where we get nothing but common symptoms—symptoms that indicate only the name

of the disease as for instance, sugar in the urine. What are we going to do in such cases? Prescribe nothing? It seems to me, as thinking men and women, we have a right to make use of any factor whatsoever, even diagnosis, if this is all we can get from careful examination. I once had a case of marasmus in a baby, with loose stools and a few other nondescript symptoms. It was several days before I could find the remedy. This is the way I got at it: The mother said something about two older children in the family visiting the grandmother and eating the salt that she had sprinkled between the slats of a little board-walk in front of her house, to kill grass that grew there. On the supposition that the baby would have done the same thing if it had been old enough to walk, I gave *Natrum muriaticum* and made a perfect cure. Back of it all, we do right or wrong in so far as we give these various factors their *relative* importance.

Dr. Kimball: There is one point I wish to call attention to, and that is this: If we make a correct diagnosis, it helps in the proper treatment of the patient, from a hygienic standpoint. If you get a patient in as good condition as possible it helps the indicated remedy very much in its action. I do not think the diagnosis has anything to do with the selection of the remedy, but you cannot treat a patient intelligently without knowing what is the matter with him.

Dr. Richberg: I was persuaded to prescribe for a patient I never saw. Apparently *Cactus grandiflorus* was strongly indicated, and the patient died the next night. I had another patient I was unable to reach. They were sure I could help her and I was foolish enough to prescribe for her. As soon as possible I induced her to come where she could undergo a thorough physical examination. She was examined and found to be in the last stages of tuberculosis, and died soon afterwards.

Dr. Taylor: In order that there may be no misunderstanding, no one is attempting to decry diagnosis. While a diagnosis is important, it has nothing to do with the selection of the curative remedy; it has to do with other things, however, and should be met. We are not decrying diagnosis at all. We say again it has nothing to do with the selection of the indicated

remedy. It may be suggestive possibly, but it is never indicative.

Dr. Richberg: I fear my remarks were misunderstood by Dr. Taylor. In a spirit of inquiry, I would like to know what a doctor is to do under such circumstances, prescribe or refuse to prescribe.

Dr. Taylor: I was not referring to you, Dr. Richberg.

Dr. Stearns (closing): I do not think there is any real difference of opinion regarding diagnosis and its relation to the care of our cases and prescribing. Diagnosis does have a bearing on the prescription. Sometimes that bearing is quite definite. For instance, if you have a patient with pains in the side of the chest which are like the Bryonia pains, and you find on examination that the patient has intercostal neuralgia, that would indicate *Asclepias tuberosa* rather than Bryonia. If, on the other hand, it were a case of pleurisy it would lead you to think more of Bryonia, other things being equal, because although these two remedies are pretty close as to symptoms, they have different pathologies.

Last winter there came into the ward a young girl, 11 years of age, with Bright's disease. This girl gave a history of sore throat, and the only symptom we found was that the tongue was yellow at the base. On questioning her further as to her sore throat which came on several weeks before, she said it was on one side; she thought it was the right. Now, all the Mercuries have an effect on the kidneys. When satisfied the sore throat was on the right side, I gave her Merc. protoiodid. In that case the three points led me to Merc. protoiodid, with a most remarkable and quick cure. She got better right away. The other case was one in the practice of my associate. We had been working together on his case for the last year. My associate had a case of an old man who had a chronic cough. Put this down, that every chronic cough is either a heart cough or a tubercular cough. If you can rule out the heart, it is a tubercular cough. If you hunt long enough you will find tubercle bacilli. If you can rule out tuberculosis, you will find that it is heart failure even without enlargement of the heart. This old man had a heart cough. The symptom was coughing with a

profuse expectoration, with no modalities, nothing else to help him. He looked in his Repertory for cough with profuse expectoration, and found Arsenic, Calcarea and Cactus. He stopped at Cactus, looked it up, decided that his patient's was a heart case and Cactus helped that patient immediately.

Dr. Nelson: Would you include the stomach with the heart cough or a peculiar cough?

Dr. Stearns: It all goes back to the heart. There may be a great deal of distention that is apt to be secondary to the heart. It is one of the indications of heart failure. With failing heart the digestive organs are getting less able, they do not perform their functions as they should, and you will get a cough from a backing up of the venous side of the heart. The difficult cases are the myocardial. The valvular conditions are easy to diagnose.

My reason for presenting this schema was to get suggestions to improve it.

Within the last two years I prescribed for a case for a considerable time without finding the remedy. She said to me one day, "I cannot sit in the window with the sun shining on me without feeling badly." Lachesis was her remedy. I never would have found Lachesis if I had not found that symptom, and it was because I was not following my own schema. Next year I may find something else that is useful to my prescribing, but if any of you think of anything when you get the reprints which I hope to have later, or see anything wrong, write me in regard to it. This schema is not perfect; it is not finished and I would like to have suggestions from any of you.

As far as having this written in such form with spaces left to answer questions is concerned, I should say no, you will thwart your own efforts. Have the patients tell their own story, and the first directions I give are never to ask questions in such a way that the patient can answer yes or no. If they do you have only a mechanical case. It is a suggestion for the kind of information you need. Leave it without any room; crowd it in so that you cannot get yes or no in. Make patients tell you the story in their own language.

I tell my students to take what is in the case and not what is

not. Prescribe for what is and not for what is not. It may come within three or four of these suggestions, but it does not take long to run through it when you have system in mind, and every one of you use just the same system as this whether you know it or not. If you write it down, it would follow some such outline as I have given you.

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### THERAPEUTIC AIDS FROM BØENNINGHAUSEN.

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

There has always been much speculation regarding the proper method of using the Bøenninghausen "Concordances."

While Bøenninghausen gave suggestions, in the preface of the Therapeutic Pocket Book, for the use of the concordances, yet he did not give full directions. Consequently, as these suggestions are meagre, they have been overlooked and so the use of the concordances has languished.

Nevertheless while some Homœopaths have made use of the concordances they have usually, at the same time, felt that there was something, in or about them, that they did not understand, which, if explained, would be of inestimable help.

Let us see what Bøenninghausen says in regard to the concordances and possibly, from that, we may be able not only to understand the scope of this part of the Therapeutic Pocket Book but also, by its help, be able to make use of the concordances in therapeutic case study.

In speaking of his concordances Bøenninghausen says—"In studying the *Materia Medica*, which I consider the fountain head of Homœopathy, these concordances have been of the most decided importance to me, as they have not only led me to understand the genius of the medicines but also to select with more certainty the proper remedies, and to determine the order of their successive exhibition, particularly in chronic diseases."

Here, then, are three applications of the concordances. First, the grasp of the genius of the medicines; second, greater certainty in selection; and third, sequence. These three uses can best be comprehended if one first recalls how Bøenninghausen's

repertory is constructed. Therefore I will briefly outline its arrangement.

In the Therapeutic Pocket Book there are seven separate, and at the same time related, sections. They are—

First, *Mind and Soul*, whose rubrics, though few, cover all moral and intellectual variations.

Second, *Parts of the Body and Organs* or "Location."

Third, *Sensations and Complaints*, comprising those in

a—External and Internal Parts of the Body in General,

b—In Glands,

c—In Bones, and

d—of the Skin and External Parts, These four are thus grouped under one general heading and not dividing into four separate parts as in Dr. T. F. Allen's Bönninghausen.

Fourth, *Sleep and Dreams*.

Fifth, *Fever, including—*

a—Circulation of the blood,

b—Cold stage (chilliness),

c—Coldness,

d—Heat,

e—Shuddering,

f—Perspiration,

g—Compound Fevers.

Sixth, *Alterations of the State of Health*, that is

a—Aggravation according to Time,

b—Aggravation according to Situation and Circumstance, and

c—Amelioration by Position and Circumstance; and lastly—

Seventh, "*The Concordances of the Medicaments*," to use the old phraseology.

These sections are not all as clear cut as the names seem to indicate, but, for the sake of completeness, encroach on each other. Thus the second—"Parts of the Body"—contains details in the way of "Sensations" which properly belong in that, the third, section, but could not be given as well there.

In each concordance these seven sections are represented and the harmonious relation of the remedy, to others, is given under each section.

Now these three applications of the concordances, of which

Bønninghausen tells us, and a few words more, further along, in the same preface—this is all we have, in the way of instruction, concerning the use of the concordances. What help can be derived from these brief directions?

First “the grasp of the genius of the medicines.” Bønninghausen puts it that in studying the *Materia Medica* the concordances were of decided importance to him as they, among other things, led him to understand the genius of the medicines. This we also can do. The basis of such study is the help afforded by the concordances in *comparing* the remedies. Certainly one way, and perhaps the most satisfactory, to study *Materia Medica* is by comparison.

This brings us to the second use “to select with more certainty the proper remedies” which would be a logical result of the comparative study of the *Materia Medica*.

So far we can, in both ways, follow Bønninghausen’s suggestions and thus gain all the benefit from remedial comparison and increased certainty of selection that the concordances offer. There is nothing obscure nor difficult to follow here.

The third application of the concordances may be summed up in the one word “sequence,”—that is the sequence of the remedies. Bønninghausen says “particularly in chronic diseases,” yet we find the concordances useful also in putting out the “next remedy” in acute affections.

This, the “sequence of the remedies,” is the most important of the three uses of the concordances, and possibly the one which has seemed obscure, but as to there being anything hidden, I feel that it is a mistake. The concordances are to be used in this regard, that is to find the next remedy, in the ways I shall soon point out. The almost always satisfactory result obtained from using one of them, in indicating the remedy to follow, is due to the wonderfully accurate and comprehensive manner in which they are compiled and not to there being anything concealed or esoteric. The hidden thing is the knowledge of the simplicity of using them.

How many physicians are non-plussed when it comes to the selection of the following, that is the “next,” remedy!

Having selected the first medicine for a case with accuracy and worked out its action in various potencies, or if the symptoms change substantially, new ones developing,—either case demanding a change of remedy,—it is here that the difficulty comes.

To meet these new and trying conditions there are the instructions in the Organon which may be followed; or Hering's advice, in regard to the importance of the new symptoms that have appeared, may be taken; and besides there are the suggestions at the end of each remedy in some of the *Materia Medica*s—notably in the Guiding Symptoms,—as to the following remedies, and elsewhere, all of which is very helpful.

Yes, it is all helpful but it is not as specific as are the concordances in this respect and besides it takes much less time, to use the concordances, as I hope to show, and time often is of importance.

Truly we cannot have too much help in this matter, and, as it was with special reference to the sequential relation of remedies that the concordances were constructed, we frequently find in them the assistance we need and which we have sought for, unavailingly elsewhere.

To my mind this is the great use to which the concordances may be put—in fact, as I have said, for which they were made—and this help may be obtained by using them without undue waste of time or effort.

Take for example the arrangement of the concordances of two remedies, Aconite and Belladonna. Here, almost at a glance, one can see the careful way in which the relation of these remedies, to each other, was noted.

These medicines, Aconite and Belladonna, have many points of contact, but it will be seen, on examining their concordances, that while under Aconite the sequential relation of Belladonna is shown, yet, in the concordance of that drug, there is little, if any, indication of such relationship—sequential—of Aconite to Belladonna, which, we know, seldom, if ever, occurs.

The concordances of both Aconite and Belladonna show distinctly their relation to the remedies which bear to them respectively a chronic relationship, that is, to Sulphur and Cal-

care. And so it is, throughout this part of the Therapeutic Pocket Book, is regard to remedial relationship.

Incidentally there are two things in the concordances to which I wish to call attention. The first is in the way of correction. In the Allen edition of Bœnninghausen the sixth section of each concordance has been changed. Originally this sixth section, or rubric, was in two parts. This is the rubric corresponding to the sixth part of the main body of the Therapeutic Pocket Book covering the "State of the Patient according to Time and Circumstance." In the original the first part of this rubric related to "aggravation according to time," and the second to "aggravation and amelioration according to circumstance." Dr. T. F. Allen put these two parts together. Certainly they are more useful in the original form, that is separated.

The second matter is that in each concordance, in section seven, which Allen has called "Other Remedies" we have in reality a concordance of that particular concordance, as section seven, in the divisions of the whole work, is the section of the "Concordances of the Medicaments." Thus in each *concordance of the concordance* there is a resumé of what has gone before in that particular concordance. This rubric is often of great help and may be the only one to be used.

How *are* the concordances to be made use of? That depends upon the case and so, unfortunately, no hard and fast rules can be given. Something may be said, however.

For example—the concordances may be used either with or without assistance from the first part of the Therapeutic Pocket Book as the case requires.

Generally they are to be used alone, taking as the first rubric the one which covers the "part affected." Thus if it be a mental case "mind" is used first, or if the "part" be elsewhere in the body then the rubric of "localities" is first taken, and so on. I use the rubric headings, in reference, as given in the Allen Bœnninghausen.

The following is an illustration. In the study of a case, in which *Silicea* had helped, the concordance of *Silicea* was used together with the first part of the Therapeutic Pocket Book.

The rubric of "localities," in the Silicea concordance, was taken. Then the various "sensations," presented by the case, and lastly the special "aggravations" in the case. These gave Calcarea as the remedy to follow. Not only did the Materia Medica, when consulted, confirm this but also, on exhibition, it proved to be the simillimum.

In another case with mental symptoms of Hyoscyamus, in which that remedy helped for a time, but finally failed to improve the case further, the concordance of Hyoscyamus assisted when used as follows:

The first rubric taken was "mind." Here Belladonna, Cannabis sativa, Stramonium, and Veratrum album are the leading remedies, with Glonine, Lycopodium, and Opium next. As a skin efflorescence had recently developed the rubric of "skin" was next consulted. These two rubrics gave Arsenicum (4), Belladonna (6), Lycopodium (5), Phosphorus (2), Rhus (2), and Sulphur (3).

Further study in the Materia Medica showed Lycopodium to be the remedy. It not only cleared up the eruption in proper order, that is first, but soon the mental state also.

Another illustration of the use of the concordances is one in which Lachesis was helping a joint case but, after being exhibited in rising potencies, at last the patient failed to respond. Then in the Lachesis Concordance "localities" was taken. After that the rubrics for the "sensations," "modalities," and "concomitants," that were present in the case then, were selected from the first part of the Therapeutic Pocket Book. The resultant remedy—Pulsatilla—took hold at once and cured.

This was successful, of course, but the study could have been much shortened by taking just three rubrics in the Lachesis concordance, that is, "localities," "sensations," and "aggravations: time and circumstances," to use the rubric headings as altered in the Allen Bœnninghausen. This gives Pulsatilla ahead of any other remedy—based upon the analytic value — as expressed by the different type.

I give this example in both ways because it shows the simplicity and rapidity with which the concordances can be used and also indicates how accurate the result may be.

There remains then to speak of those cases in which one makes use of the seventh rubric—tenth in Allen—which, as I have said, corresponds to each concordance as a whole and which I have called the *concordance of the concordance*.

In certain ill-defined cases, that is partially developed symptomatically, which may be said to have failed to localize, it is often the only rubric to use. One may get enough suggestion from it alone or it may have to be helped out, as it were, by other rubrics in the concordance or even, exceptionally, by the first part of the Therapeutic Pocket Book in a way similar to that I have already indicated.

The key to the special concordance to be used in a case consists in the name of the remedy last effective in that case. It matters not how this remedy was selected—whether by Boenninghausen, by some other repertory, or in some other manner—or even as to the potency in which it was exhibited. The deciding point being that the remedy affected the case favorably, that is, it was homœopathic.

Take a case coming from old-school hands that has had, for example, either Ferrum or Colchicum (Colchicine). It may or may not be evident that the remedy has worked out its usefulness. It is not necessary always to give an antidote, in such an instance, though that is one of the things to be considered. As the medicine has helped it is possible that, if it be given in potency, that there will be a further response to it. If when the remedy is thus exhibited in potency there be no reaction the concordance of that medicine may be of help.

Therefore in such a case there is a choice between these three procedures—that is antidote, repetition in a different potency, or reference to the concordance.

From what has been said I hope it is clear that a concordance may be used in several ways. Particularly is it of value in selecting the “following remedy,” which it does with much accuracy and with the minimum expenditure of time and effort. Also, because of its comprehensive grasp of the sequential relation of remedies, it is quite likely to suggest, in its workings, a medicine, to follow, which would not be thought of, without the aid of the concordance, except after laborious study, and

which will be found, in the large majority of instances, to be the desired simillimum.

Those who use the Therapeutic Pocket Book, and likewise make use of its concordances, should add, if they have not already done so, the use of the eighteen groups of "concomitants." They too are included in the Therapeutic Pocket Book. These help to increase the accuracy of the remedy selection and decrease the time and effort required for its discovery.

As a paper of mine on this subject has already been printed, in the Medical Advance, I will give only one short example here.

Take the case of an unmarried woman of thirty, whose menstrual flow comes too early, is scanty, bright and without clots. All the associated symptoms—concomitants—which are hardly characteristic, occur *before* and *after* the flowing. During the flow, and in the interval between periods, she is free from symptoms. The *relief during the flow* suggests a small group of remedies—a half dozen. Note, please, that in the "working out" the remedy finally selected is one of the six though the modality of relief during menses was not used in the study except inferentially. While Bovista (15), Phosphorus (17), and Sepia (15), cover this syndrome in Bœnninghausen, Phosphorus most markedly, yet a reference to the *Materia Medica* shows Sepia to be the "most similar," which is therefore given. The concomitant rubrics here are "before" and "after" menses.

This use of the concomitant rubrics makes available symptoms which would otherwise, from their commonness, be difficult to find in the Repertories, and which if found would, for the same reason—because they are common symptoms—be valueless for prescription purposes.

These common symptoms are available because of what may be called their *mass or concomitant value*. When grouped in this way under "concomitant symptoms" they thus collectively indicate a remedy, that is a remedy which is more or less likely, as the case may be, to develop extraneous symptoms associated with various morbid states. The concomitant or mass value of each remedy, as estimated by Bœnninghausen, is indicated in the concomitant rubrics, as is the remedy value in

the rest of the Therapeutic Pocket Book, by the different size of the type.

Bønninghausen speaks in regard to the rubrics of "Concomitant Complaints" as follows—"Convinced of the importance of the symptoms which occur simultaneously with others, and form with them a group of symptoms, I have increased for a great many years the secondary symptoms in the *Materia Medica Pura*, by adding to them every secondary symptom occurring in my own experience as well as in that of others, and their number has increased so incredibly, that I have been able to abstract from them general rules. By these rules it is proved with great certainty, that one remedy inclines much more than another to certain secondary complaints; that these last do not take exclusively this or that form, but that in general *every kind* of complaint which is at all related to the sphere of activity of the remedy, may be its attendant, although its true characteristic secondary complaints attend it most frequently. This discovery, proved by long experience to be true, has led me to bring the "Concomitant Complaints" together under *one* head, where the order of the remedies has again been pointed out by means of a different print; and whenever those secondary complaints require to be taken into consideration in the treatment of a case, they will have to be looked for among the peculiarities of the remedies, which are simultaneously indicated, in a greater or lesser number." It would seem that this explanation is as full and clear as could be desired.

The following list of these "Concomitant" rubrics may be helpful as they are renamed, in the Allen Bønninghausen, and therefore, many of them, are unrecognizable. The page number and the rubric heading under which they are given, in the Allen edition, follows in parenthesis.

Mental—Concomitant Complaints (Drugs which have Concomitants of Mental Symptoms, p. 23).

Nose—Concomitant Complaints (Accompanying Symptoms of Nasal Discharges, p. 49).

Stool—Complaints Attending (Troubles Before Stool,—During,—After, p. 90).

Urine—Concomitant Complaints (Troubles Before Micturi-

tion,—At Beginning of,—During,—At Close of,—After, p. 100).

Menstruation—Concomitant Complaints (Before,—At Beginning of,—During,—After, p. 109).

Leucorrhœa—Concomitant Complaints (Accompanying Troubles of Leucorrhœa, p. 111).

Breath—Concomitant Complaints (Respiration, Accompanying Troubles of, p. 114).

Cough—Concomitant Complaints (Troubles Associated with Cough, p. 120).

Yawning—Concomitant Complaints (Associated Troubles, p. 240, see Aggravation Yawning, p. 310).

Complaints Preventing Sleep—(Sleep Prevented by Various Symptoms, p. 240).

Waking—Concomitant Complaints (Waking, Associated Symptoms, p. 241, see Aggravation Waking, p. 306).

Sleepiness in the Daytime—Concomitant complaints (Sleepiness During the Day, Associated Symptoms, p. 243).

Sleep—Concomitant Complaints (Associated Symptoms, p. 245, see Aggravation Sleep, During, p. 300).

Sleeplessness—Complaints Causing (Symptoms Causing Sleeplessness, p. 246).

Fever, Cold Stage—Concomitant Complaints (Symptoms During Chill, p. 256).

Heat—Concomitant Complaints (Heat, Associated Symptoms, p. 259).

Perspiration—Concomitant Complaints (Sweat with Associated Symptoms, p. 265).

Compound Fevers—Concomitant Complaints, Before, During, After, the Fever (Compound Fever, Before, During, After, p. 268).

These concomitant rubrics, as well as the concordances, appeared originally in *Therapeutic Pocket Book*. They were, unfortunately, either unappreciated or soon forgotten. No other repertory contains anything like them. Being unique, practical and accurate it would seem that the help of both the concordances and concomitants should be invoked when possible; first because of the saving of the time their use insures; second

because of the accuracy their use adds to the prescription; and lastly because the precision derived from their use also adds a scientific element to the prescription which is, unfortunately, too often lacking.

Those physicians who are able to elicit characteristic symptoms in every case, at whatever stage the case may be, have, of course, no need, nor use, for either the Bœnninghausen concordances or concomitants.

Many of us, on the other hand, have to cure, if possible, chronic diseases occurring in patients whose symptoms are devoid of characteristics, no matter how carefully we examine or question them. This may be true either at the first scrutiny or later when the action of the remedy ceases. At such times the concordances or the concomitants may be of great help.

There seems to be no valid reason for avoiding these aids in prescribing which have, by Bœnninghausen's genius, been worked out and arranged, and which are available for our use and assistance. All that is required of us is to learn how to make use of them.

I trust that what I have given here may help some one in the use of both the concordance and concomitants. The aid given by them is too valuable to be ignored, too important to be neglected. While they are not needed in every case yet the accuracy of remedy selection, which results from the use of the concordances and concomitants, in those cases to which they are suited, is something which every physician longs for and for which he should strive.

With these prescription aids in Bœnninghausen at hand, and a knowledge of the ease with which they may be applied, it is one step nearer to that ideal simplicity in prescribing which all desire.

Dr. Farrington: We owe Dr. Turner a vote of thanks for giving us such a scholarly paper, even if we do not get very much out of it owing to its abstruse and technical character. We ought to have the opportunity to read it over with a copy of Bœnninghausen before us. It will be of great assistance in making the "second prescription," which, as we all know, is often much more difficult than the first; and it should en-

courage us to study Bœnninghausen's Pocket Book and make greater use of that wonderful work.

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## THE PHILOSOPHY OF PALLIATION AND ITS RESULTS

BY J. W. WAFFENSMITH, M. D., H. M., SANTA FE, N. MEX.

All forms of activity in organized society have their explanation in the economic structure of any particular time.

This applies to the question of palliation as well.

Two great forces are ever at work, one the constructive or co-operative, the other the competitive or destructive.

Palliation in curative conditions is based on quick results, relieving the discomfort of the patient, irrespective of serious results in the future. It uses surgery, the laboratory, drugs, or any other means at its disposal to suppress the symptoms of suffering. It represents the destructive principle in medicine. It crushes the constructive programme of Homœopathy by the competition of its suppressive measures in acute conditions and complicates its action in chronic states.

I do not look for any marked acceptance of Homœopathy by the profession or laity until the passion for profit, now holding the world in an iron grip, has been replaced by the passion for man, when it will take its rightful place as true servant of the race.

I will present for your consideration a case of suppression, with marked mental sycosis resulting from injections. This is in a man who is a giant in build yet a mental wreck from so-called scientific treatment.

It will show you how a condition which had its inception in a wrong form of treatment, was gradually growing during a period of nine years, until deterioration of the mind was immanent; how the application of the homœopathic law through the potency of the proper remedy was able to reproduce an original condition, namely proper elimination, and thereby completely clear up this abnormal mental state, replace his ambi-

tion, his desire to live and remove the terrible cloud of fear from his mind.

Mr. W. E. B., New Mexico—American—married—No children. Blonde; blue eyes. Height 6ft. 2in. Weight 180 lbs.

History of specific urethritis 9 years ago; attack of orchitis two years ago, right side.

Urethral discharge suppressed by injections, followed by fistulous opening in glans.

March 14, 1917—Dissatisfied; easily angered; loss of ambition, which formerly was unusual; no desire to work; loathing of life; gloomy outlook; all agg. in day-time. Memory weak in detailed thinking. Emaciation. Chilly. Attacks of sticking, cramping pain in stomach, agg. about midnight, with restlessness, amel. heat, (this symptom began about two years ago). Flatulence. Ravenous appetite. Thin, watery discharge, of a fishy odor, from fistula. Medorrhinum 50M.

March 18—Profuse watery, yellow discharge from urethra and fistula. Mental symptoms cleared up at once.

March 31—Pain in right testicle, same as he had with former orchitis, agg. night after being on feet all day. Soreness in meatus urinarius. Medorrhinum MM.

April 13—Burning in urethra, agg. during urination. Sac lac.

Although this case is still uncured I feel it has answered the purpose of the paper.

There is a legitimate field for palliation, which is to be found in an incurable condition.

It is here that Homœopathy has scored some of its finest hits. When the results of disease have to such a great extent replaced normal tissue that the stage of curability has been passed, then homœopathic palliation comes in to bring ease and euthenasia to the suffering patient.

I present to you a case of epithelioma of the face, in the last stages, with the following symptoms, viz:—

Mr. E. A. M., New Mexico—Jan. 21-16—Drawing pains in occiput, as if muscles were being pulled out. Pains unbearable; screamed with pain. Attack came at 10 A. M. Heaviness in occiput. Chilliness. Pupils dilated. Natrum sulph. 200.

Jan. 22—Pain in occiput much relieved.

This case suffered very little after the prescription and passed away in comparative ease, about ten days after it was given.

No opiates were given in this case.

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### SOME RANDOM THOUGHTS.

BY W. A. YINGLING, M. D., EMPORIA, KANSAS.

If all the homœopathic physicians of the Nation could grasp the underlying principles of the Law of Cure propounded by Hahnemann, and would seek sincerely to be governed by them, Homœopathy would not only maintain itself, but would advance rapidly to a full and complete and lasting victory. The main barrier in the way of success is a lack of proper comprehension of the principles of Simillimum. The mere use of the remedies, even in potencies, does not make the homœopathic physician. Even the crude drug selected and applied according to Hahnemann's teaching is better Homœopathy, and more successful in the cure of disease. Routine prescribing is always detrimental and subversive to the Law of Cure. It will never do to prescribe by impulse, nor because a similar case was cured by a certain remedy. The remedy must be suited to the individual case in hand according to the totality of symptoms. The question is not, What are all the complaints or variations from health, but what are the complete symptoms, the prominent, uncommon, unusual or characteristic symptoms, of the case. This is seen from the fact that we are often called upon to prescribe for an acute sickness wherein the latest and most prominent symptoms are to be the basis of the prescription. Often conditions and symptoms not revealed to the prescriber are cured by the remedy selected or the most prominent and uncommon symptoms. It is not all the symptoms, but the true totality, the complete symptoms. The aggregate symptoms list would ordinarily be but a conglomeration of ailments and complaints, whereas the carefully selected symptoms according to the 153 section of the Organon would unerringly lead to the

curative remedy. The totality is essential, but the totality is not by any means the simple aggregate of symptoms. The honest poor prescriber will have an aggregate of possibly thirty to fifty symptoms to confuse him, whereas the expert and efficient prescriber will cull a half dozen from the list, rearrange, classify, and complete the totality of each symptoms so as to easily and clearly point to the one remedy that will cover the case and permanently cure. Of course, there are cases where the best prescribers fail and cannot secure or elicit the necessary completed symptoms list. In some cases the cause of the sick condition may be the predominant key to the situation. In other ailments the locality or organ may predominate, or some very prominent and peculiar sensation may be the essential feature. In one case a lady had symptoms referring to the uterine region which called for *Pulsatilla*. She complained of a very distressing sensation of an apple core in the throat. *Pulsatilla* did not contain that sensation, but the remedy containing it was not to be thought of in respect to the other conditions. *Pulsatilla* did no good at all though it fully covered the aggregate symptoms except the one peculiar and very prominent sensation. On her return after several days her great complaint was the apple-core sensation. She had not eaten an apple and never had any actual experience as to how an apple core would feel in the throat, yet she said it felt *just like an apple core*. It was the great prominent symptom, the uncommon and peculiar condition. I did not like to prescribe on one symptom, but decided to test the matter and thus gave the only remedy containing the sensation with dryness and pain and constant inclination to swallow. This remedy was *Mercurius*, and very promptly and completely cured the patient as well as the apple-core sensation. *Phytolacca* has the sensation as if an apple core had lodged in the throat, but not with the above concomitants. This cure was nearly thirty years ago. Another case wherein I had prescribed several times with only meagre and temporary results complained of a sensation as though a hole was in her clothing on the dorsal back and a cold wind was blowing through it. This was so marked and prominent that she often had some one examine the back to find the hole. Sev-

eral remedies have the peculiar sensation of air or wind blowing on the back: Cold wind blowing on the back between the scapulæ, *Causticum*. Cool wind blowing on the back, *Asarum*, *China*; as if wind was blowing on the back, *Hepar*. As if cool air was blowing on the back, *Camphora*. Cool air spreading from the spine over the body, *Agaricus*. Cold air blowing on left lumbar region, *Castorum*. From the fact that there had been a history of malaria and ague I selected *China* with prompt relief of the whole condition, yet *China* was not indicated by the other symptoms of the patient. This kind of prescribing is not ideal and will fail in many cases, yet at times it is the only course.

I had one case where the peculiar condition, the prominent symptom of inability to urinate in the presence of any one, completely failed to respond in any degree from *Natrum mur.*, the only remedy known to have that symptom. But *Lachesis*, selected on strict *Lachesis* keynote, promptly and permanently cured.

Prescribing on one peculiar symptom must be the exception and indulged in only when at the end of our string, not knowing what else to do. While it is not a commendable practice, yet it will sometimes be the only key to open the difficult lock leading to success.

There is no doubt the changing of the potency from a higher to a lower or from a lower to a higher will accomplish what the continuation of the same potency will not accomplish. It is the practice of the best prescribers to go higher or lower when a case comes to a standstill or the potency used will not hold the case. While this is a good rule and efficient in most cases, yet in many cases it is the repetition of the dose or remedy and not the change of potency that acts curatively. It is true that we should repeat the remedy as seldom as the conditions will permit. The fear of spoiling the case or doing injury to the patient acts as a barrier to repetition with some excellent prescribers, yet I cannot but believe this is erroneous, especially in acute conditions. If it were true in all cases the majority of cases would be spoiled, for most cases pass through the hands of inefficients and come to us after repeated dosing by crude

drugs and low potencies. I have found that the indicated remedy acts promptly in curable conditions no matter what the previous drugging has been. It is fortunate for humanity that this is really true. It is the hope of the world, based on experience and not on theory.

It is thought dangerous to repeat *Lachesis*, especially in high potencies, yet Doctor Berridge, of London, England, reports a case cured by the repetition of *Lachesis* mm (F.) (Millionth potency), night and morning for one whole week. The reason he repeated was that it was not the Simillimum, but only a similar remedy. Yet this is no argument that the remedy should be indiscriminately repeated. The fewer doses that will cure that patient the better and the more homœopathically scientific. The place where the danger comes in is not the continuous repetition of the remedy, but in interrupting the action of the remedy which has been withheld for a few days or longer. When we get action and see that the remedy is doing its work, we must allow it to act uninterruptedly as long as possible. It is better to wait too long than to repeat too soon, and the next repetition should be a single dose. Symptom conditions remaining the same if the repetition fails to get the proper response, a higher potency of the same remedy should be given. If the symptom condition is changed and the old remedy is not indicated, a new remedy must be very carefully selected and a different potency used, usually a higher one. If the higher potency of the same remedy fails, and the symptoms are unchanged, then a lower should be used. Dr. Ad. Lippe advises, where no response has been obtained by the change of potency, and the remedy is still clearly indicated, to repeat a lower potency in water every two hours till a good response is obtained, even if several days are required, and then wait on its action. The single dose is the ideal dose, but it is only applicable with the true Simillimum which is very difficult to get, owing to the masked symptoms through promiscuous drugging. The farther removed from the Simillimum the greater must be the repetition to get the necessary action upon which to wait for a cure or a change. But even the very near Simillimum in certain cases must be repeated till there is a decided action of

the remedy. Doctor Kent wrote me some years ago that in low fevers it was usually necessary to repeat the dose every two or three hours for days before getting the required impression of the drug essential for a speedy and complete cure. Yet all pure Homeopaths know of the wonderful action of the single dose and what it will accomplish when administered in a high potency. The lower the potency, the nearer the crude drug, the greater must be the repetition as a rule, unless it be the one remedy, the true Simillimum, covering the totality of the patient's symptoms.

In the last January number of the North American Journal of Homœopathy is an illustration of the positive action of the crude drug in the cure of even very difficult and serious sickness. These illustrations are made to prove that the crude drug will cure when selected according to the Law of Cure. But it will be noticed that the drug is necessarily repeated most frequently, even every fifteen to thirty minutes for days, then one or two hours for other days bordering on weeks even when the patient is better and the drug action has been quite marked. While these cases were cured with the crude drug, they could have been cured more promptly and with less suffering and expense by the use of a potency from the 200th upward. There is no question but that the crude or very low potency will cure when homœopathic to the diseased condition. Experience teaches and proves this beyond a doubt. But the experience as fully and completely proves and establishes the fact that the high and higher potencies act more promptly and efficiently and will cure cases, especially of chronic diseases, that the crude can not touch. It is erroneous to suppose that the high potencies excel in the treatment of chronic cases and are not efficient in the acute stages of disease. My experience goes to prove that the high potencies are more reliable and efficient in the acute cases and will abort sickness, or restrict it to a few days, whereas the crude would require many days or weeks to accomplish the same. Right there is the rub with some physicians. **The financial results are not so large.**

We often hear of the broken dose. By dissolving a small powder or a few pellets in water it is supposed that the whole

amount of water is the actual dose and that each teaspoonful is but a part of the actual dose. We consider this erroneous and far from the fact. Instead of a broken dose it is but a step higher in potency. If this were not true all potencies would be but broken doses when administered; the mother tincture would be the dose. We would have to state the 30th of a dose, or the 200th or 1000th of a dose was given instead of a potency. When we dissolve a small powder or a few pellets in twelve teaspoons of water each teaspoon represents a distinct dose when given separately, whereas to give six of the teaspoonfuls of the mixture at once would be but one single dose and have the same action on the system as one teaspoonful. It is not the quantity or size of the powder or fluid administered (within reason) that constitutes the dose. It is the resultant effect on the diseased economy and the single teaspoonful of the medicated mixture will have the same effect as six given at precisely the same time or instant. This is the reason that a child can eat a small vial of medicated pellets without serious injury (unless very sensitive to the action of the remedy), whereas if the child had taken the same amount in small portions at intervals of a couple hours there would likely have followed a proving of the drug.

Hahnemann thought he was giving a small dose the size of a mustard seed when placing that small pellet in a powder of sugar of milk. This was one of the extremely few errors of the master and was an error based exclusively on the want of experience and opportunity to thoroughly investigate. Today the same error is made by many and in the same way. We now know the little mustard seed pellet really medicated the whole powder and that the size of the dose was the full powder and not the tiny pellet. Those who doubt this statement can easily verify it by actual experiment. The result of the little pellet in the powder of sugar of milk is the same as the same pellet in water. In the remedy or potency there is subtle power that speedily diffuses itself through the mass of sugar or water the same as a magnet will magnetize repeatedly iron or steel when rubbed across it and without perceptible diminution of its own inherent magnetic power. We

accept the power of the magnet without question simply because we know by experience it is true. We can and should have the same positive experience or acquaintance with our weapons against disease. I do not profess to know what it is that is potentized nor how the potency is developed, but I am inclined to the conclusion that it is what may be called a Vital Electricity. It acts very much like electricity. It is as quick in action and as subtle in its sway through the nerves of the patient. The dose of the potentized medicine does not have to go to the stomach, but when the one true Simillimum barely touches the tongue there is an effect on the entire economy. I have seen very severe pain or quite profuse hemorrhage cease within a moment or two, in a fractional part of a minute, after the potentized remedy was placed on the tongue. It acts like electricity, goes right to the spot like a flash of lightning. Potentization seems to free this Vital Electricity from its crude material environment by the breaking up of the atoms and electrons of the drug. Every substance of its own vital life that acts in its own peculiar way on the sick condition through the nervous system. The nerves are the connecting wires to carry the current of vital fluid. The further this Vital Electricity gets away from the crude material environment of the drug the freer is its action. The steps in potentization accomplishes this, hence the higher potencies are more active and powerful when indicated, and still more active when the impressed vital force is in tune with the Vital Electricity, when there is what has been termed a "sensitivity" of the patient. These sensitives make the ideal provers of our drugs whereas the person remote from the sphere or line of action of the Vital Electricity of a given drug has but little or maybe no impression, hence would have no symptoms as provers of the drug.

This brings us to the aggravation from the repetition of a remedy. Some of our better prescribers fear to repeat because of the aggravation or injury following the repetition. I think this fear is largely unfounded. An intensification or aggravation will follow repeated action of a drug only with those *sensitive* to that particular drug. Those without this

sensitivity can repeat the drug within reason without any other than curative results. This sensitivity is more than a mere receptivity of the drug action. It implies such a condition of the patient's vital force to the action of the Vital Electricity of the drug that an over action is produced by even one or two impulses. The voltage of the remedy is too great and burns out the wires. All persons do not have this sensitivity to one drug and yet may have it in a marked degree to another. He may be sensitive to one drug and may be immune to all others. Some one related that the wife of a druggist was so sensitive to Ipecec that while she was in an upper room with all the doors tightly closed the preparation of an Ipecec compound in a mortar in the drug room would seriously affect her. Ill results from repetition are produced by the Simillimum on the sensitive. A similar remedy is not likely to have ill results, and the further removed from the Simillimum the less likelihood will there be of overaction. The rule is and must be to give as few doses as will markedly effect the vital force and then wait on its action before repeating. Often a new train of symptoms will come on, but if these are in line with the action of the drug administered no repetition must be allowed as that would interrupt its action and retard the case. Sometimes it is difficult to decide whether the drug action has ceased. A general rule to decide this is found in the general condition of the patient. If the *patient is better*, even though the local conditions may appear to be worse or new symptoms come on, the remedy is doing its work and should not be interrupted. The only exception to this is in cases of extreme suffering or danger. Following a remedy if old symptoms arise, those of years ago, especially those of the initial stage or onset of the disease, there should be no repetition of the remedy as the return of these old symptoms plainly show a favorable and curative action of the drug. The same may usually apply also where a skin eruption comes on or is intensified or apparently aggravated by the administered remedy. It is a good rule to do nothing when in doubt, but to await the development of symptoms and condition, and till they point clearly to the right way. Time will be saved

and danger avoided. If you give the wrong remedy or dose you must wait some hours to find out your error and then go over the same field again possibly to find another error manifested. If nothing had been done, placebo being administered, during the several hours necessary to find out whether you had made a mistake, a careful watching and study of the case would have led to success. Be sure you are right and then go ahead. Waiting the action of the remedy, withholding the repetition of the drug till its action is fully expended, requires nerve only with those who are not fully convinced of the Law of Cure, or are ignorant of its force and dependability.

The Law of Cure is potential and wonderful in its results when rightly followed. The one who knows it and follows it can rest in assurance of the best possible results. If there should be a failure it is not the result of the Law of Cure, but the failure of the prescriber to successfully take the case or select the true remedy. I have learned that failures are my fault and not that of the homœopathic law, for when I try again, go over the case, elicit new symptoms and causes and conditions, success follows. Had I given the successful remedy first there would have been no failure. Hence I must not blame the Law of Cure, but acknowledge my own inefficiency. And I may add that there is no physician living or dead but that fails sometimes. There is no use to be discouraged, but buckle in with firm determination to master the intricacies and make a telling success.

Doctor Ad. Lippe pointed to the fact that when a patient responded to the action of the remedy administered, but kept falling back, the remedy or its repetition would hold the case but for a short time only, then do no good and another remedy will seem equally indicated and do good only for a short time, the case was incurable and the patient would die. I have noticed this in several instances and conclude Doctor Lippe was correct in his conclusions. In one case I had, every organ in the body was successively affected, and each change indicated another remedy and each remedy apparently acted promptly for relief, still the patient gradually declined and

died from inanition, wasted to a skeleton. The most carefully selected food was not tolerated and did no good at all.

Dr. Richberg: This paper in referring to repetition of the remedy reminds me of one of my experiments. I had a Japanese patient who was much troubled with sweating of the hands and feet, so much so that his hands and feet were fairly dripping water. It was necessary for him to change his socks frequently. When he tried to take lessons on the piano water would drip from his face and hands. I had quite a time in finding his remedy, but gave it and was delighted with its action. Silica produced a wonderful effect on his feet. It seemed to me that it effected a complete cure, but after about three weeks he came to me and said his feet were all right, but his hands were wet again. He did not know anything about Homœopathy and I said to him that Homœopathy seems to cure in waves. I said, at times, you will be much better, and then some days you will be worse, it is just like the waves, and then you will come up again, but we will wait and see before giving any more medicine. I forgot all about him. My son was quite well acquainted with him and happened to touch his hand and he exclaimed, "Oh, my, what wet hands! Why don't you go to the doctor?" He replied, "I just have a wave." (Laughter.)

Dr. Taylor: This is one of the best papers I have heard for a long time. The writer evidently is a follower of Dr. Adolph Lippe, and any man who follows Lippe will hardly ever go astray. Lippe was one of the few men in the homœopathic school who never got off the track, who never had a hobby or fad, who never went astray in his principles. This man is following him. His paper is sound and sane all the way through.

I have heard a certain doctor say that he will succeed if he uses high potencies. High potency will not do any good if it is not a similar remedy. On the other hand, if it is a low potency and similar remedy it will help the patient every time. A basic and fundamental principle of our practice is that a remedy, first of all, must be similar and after that potency. If it is not similar, no potency will do any good.

Another point the author of the paper makes is with reference to aggravation. You need have no fear about serious aggravation from the use of a similar remedy, properly repeated, and I agree with him. People do not need to get scared about serious aggravation from the use of a similar remedy, if properly administered. It will not happen very often. It seems to me, that this sort of scare effects particularly the young members of the profession more than it should.

In regard to the matter of *Natrum muriaticum* I am sorry to have to dissent a little from the attitude of my friend Krichbaum, but in the days before I entered a medical college I had a friend whom I was trying to induce to study Homœopathy, although he knew nothing about it and was somewhat a skeptic. He said to me "If you can convince me or show me some demonstration of the value of Homœopathy, naturally I would believe in it more." I did not have an opportunity for some time, but there was one peculiarity about him, and that was, he could not urinate in the presence of others, especially if you said anything about it if he attempted it in the morning. I used to room with him and if one little remark was made he would be unable to urinate. Finally he got a sore throat, a pharyngitis, and kept coughing up a clear mucus in the morning. Every morning he would cough up a clear, whitish secretion from the throat. I associated the two and gave him *Natrum muriaticum*, and the whole thing vanished, and I made a convert to Homœopathy.

Again, I want to say this paper is one of the best I have heard. There are no fallacies in it, but it is full of sound truth and facts.

I do not believe we see aggravation very often with serious results. Most of us have seen some aggravation from the remedy given, but no aggravation with serious results.

Dr. Nelson: I believe aggravations occur in the cases more often of persons who are sensitive to the action of a particular drug. I could mention cases of aggravation from *Belladonna*. My wife prescribed *Belladonna* for the baby, five weeks old, that had erysipelas. I did not see the child; I was away from

home at the time. She wrote me that inside of half an hour my father and mother were thinking the child would not live until midnight. The aggravation came on almost at once, and my wife sat down and held the child on her lap, as she knew it was an aggravation, and it subsided after a while. The homœopathic doctor came the next morning and repeated the dose of Belladonna. The aggravation came on again, but did not last so long. These aggravations, I am satisfied, do come on and if they are aggravated too much the patients will die. I feel we ought to be careful.

Dr. Farrington: I think that the potency has a great deal to do with this matter of aggravation. In patients that are weak and especially those who have organic disease, the higher potencies almost always bring on an aggravation if the remedy is the simillimum. It is bad practice and sometimes even dangerous for an accurate prescriber to use the 50m, the cm and higher in such cases. Fortunately those who boast that they "never use anything less than the hundred thousandth" are usually poor materia medicists.

Dr. Stearns: How about the warning given us not to use Silica and Sulphur and Phosphorus for tuberculosis, and Hering warns about giving Lycopodium as the first remedy in a chronic case.

Dr. Krichbaum: If it is not indicated, it is going to kill her.

Dr. Stearns: I have not seen anything so serious. I was warned by the late Dr. Carlton who said, "You will get it one of these days if you give Lycopodium on the start in chronic cases." I have never happened to do any harm with it.

Dr. Stearns: I can speak from experience. During my term as an interne we had one ward of tuberculous patients, and I feel I have seen Phosphorus hurry patients out late in the disease. I have seen Tuberculinum do the same. I have seen Sulphur do the same. I have not seen remedies like Calcarea carb. do it. I have looked at it in this way: the action of Phosphorus and of Silica is to break down deposits and to cause a discharge from the body, while the action of Calcarea carb. is to heal by building up calcareous deposits around diseased nodes. That may not be the true explanation, but there is some reason

why one set of remedies will hasten death in late tuberculosis and another set of remedies will not.

Dr. Taylor: There are few men who do not go astray some time in their career. Hering at one time in his career accepted Isopathy and afterwards renounced it. Another mistake is to say, if *Lycopodium* is indicated, don't give it, but give something else. It strikes at the root of the system of medicine to say that when a medicine is indicated, give one that is not indicated. Where does your fabric go? What else can you give than the indicated remedy? Are you going into the realm of empiricism?

Dr. Stearns asked how about Phosphorus and Silica in tuberculosis. Many years ago I remember asking Dr. H. C. Allen about that matter; at the same time that I asked a question I offered an explanation which he said was correct. I said, how is it about this matter of giving Phosphorus in tuberculosis? He replied "If you give Phosphorus to a case of far advanced tuberculosis you will kill the patient." Why is that? Is it because of the fact that the patient is so exhausted already that Phosphorus being a similar remedy starts up renewed activity of the disease with the result that the patient succumbs? Is it just the same as if two men, who were prize fighters, became debilitated from disease, might live for some time, but if you got them into a fight they would soon die? Is that it? He said, "That is it exactly." The indicated remedy starts up an antagonism between nature and the disease, and it is possible that a patient may die a little sooner, we are not disputing that. On the other hand, the question is, is this possible danger not more than an offset by the fact that you might be mistaken in assuming the patient is going to die, and if you do not give him the indicated remedy he continues to grow worse and worse until he dies. If you gave the patient the indicated remedy in the beginning there was enough recuperative power present to bring about a reaction and save the patient.

I have heard older practitioners say they have never seen these evil effects and they give Phosphorus when it is indicated and other remedies. They have seen no bad effects

and have advocated giving them. It is a dangerous doctrine to go away from the indicated remedy to something that is not indicated. It is like saying that when the apparently well indicated remedy fails to cure or bring about relief in a case of tuberculosis, give Tuberculinum. It is a fallacy; it is a great mistake. When the apparently well indicated remedy fails to cure or to afford relief permanently, it is only apparently indicated. In other words, it was not indicated, and the fact that the remedy does not cure does not say what other remedy is indicated. It says that the remedy failed. As to what remedy you should give, you must hunt it up in the regular way.

Dr. Kimball: In regard to giving Phosphorus and Sulphur in consumption, it only applies to the higher potencies. Kent advised that a 30 or 200 should be given, and not to give higher potencies. The higher potencies are the dangerous ones.

Dr. Richberg: Dr. Taylor answered one of his own arguments in the little tale he told, but I want to remind him that negative evidence is useless, and the fact that five hundred doctors have never had any such thing does not disprove the fact that probably several hundreds have had aggravation, and perhaps their wisdom is just as conclusive as that of the others.

Dr. Taylor: I stated that a man like Dr. Hawkes had had great experience, and he says he has followed his cases carefully and closely and has given the indicated remedy in tuberculosis and other affections, whether it be Phosphorus or what not. He has done that during the forty years of his practice and has never seen any bad results. That is not negative but positive evidence.

## Bureau of Materia Medica

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### FOREWORD.

BY S. W. LEHMAN, M. D., DIXON, ILL.

#### *FIRST:—STATING THE CASE.*

We are told that the field of medicine is so large that it is impossible for one man to comprehend it all and that is the excuse for dividing its work into specialities. One part of the body is allotted to one specialty and a little more to another and so on until we arrive at the chiroprapist.

If we consult four specialists for four different disorders will their different analyses and judgments and advice as to treatment correspond to one harmonious whole? When their separate work is completed will the individual have a perfect physiological equilibrium? If not, then there is something wrong with our diagnosis and training and such is the case, for numerous examples coming under our observation illustrate the inharmonious results of these different specialities.

As the individual is a complete whole, no man should put himself completely into the hands of a specialty that studies only one department of the whole for he is almost sure to be led astray. We must have men with master minds who can see every part in relation with every other part. We are not trying to depreciate the skill developed in the local treatment of special conditions such as the fitting of glasses to the eye, delicate surgical operations that are sometimes necessary or to those local conditions which demand time and apparatus which the ordinary man cannot have at his command.

But this does not obviate the absolute necessity of having a master mind to direct treatment along the line of local needs. No local condition is superior to the system as a whole. The master mind takes into account nutritive and physiological effects as a whole and these things in themselves are superior to local conditions. The reason for this statement is the fact that at the present time there are few specialists who have adapted themselves for their particular work, that have first trained themselves in the art of general diagnosis and treatment that they might be master of the whole instead of the particular.

Many people are deaf or have had their hearing ruined and many people are blind or have had their sight ruined simply because they were given local treatment instead of general. Even though medicine may have been given internally, the one idea was the particular part affected.

Why not enlarge the amplitude of medicine? There is not a disease in the catalogue that its course may not be made lighter, its convalescence shorter, the complications fewer and the death rate reduced by giving remedies according to the law of similars rather than otherwise. Whooping cough may be cured in an average of fourteen (14) days without complications. I have been practicing this method for the cure of whooping cough for ten (10) years. I have never had a complication. My clients have invariably told me that their children were better after the whooping cough was cured than before. I understand that with the vaccine treatment the best possible record reported is an average of thirty (30) days and the complications which follow are something quite pitiful to behold. The anti-pathic and allopathic treatment advocated in all the regular text books on diseases of children the average length of cure is six (6) weeks to all summer.

Why is it that medical educators, leaders in hygiene, and millionaire philanthropists are not attracted by such results? There must be other factors at work besides results, dominating the thinking element of our land.

Regular medicine recognizes the power of protoplasmic ac-

tivities as embracing the whole organic phenomena exhibiting the activities of the majestic power that we call the life force. Yet in their treatment the language of this force is misunderstood and seldom analyzed until it speaks to them in terms of pathology which is only the echo of its voice. At this point medicine has constructed treatment on hypothetical grounds ardently maintained as rational. Its results are unsatisfactory and I offer in evidence as a testimony against it my own experience, the experience of my co-laborers who are students of this great subject of *Materia Medica* and in addition the multiplication of drugless healers and the large number of people who flock to them for relief.

And yet the leaders in medical education do not. High philanthropists are not interested. There must be some other factor at work apart from results.

Again we offer in evidence its own testimony from its great leaders who say that there is no therapeutic value in medicine. And they have substituted surgery in order that they can maintain their position and their support. It calls into requisition and its support oftentimes the law, great endowments, hospitals, etc. And yet, take the disease called pneumonia, with an admitted death rate of over twenty (20) per cent and I have lately seen reports from well recognized hospitals giving a death rate of thirty-three (33) per cent. While the death rate under treatment applied according to the law of similars varies from three (3) to seven (7) per cent.

There must be some other factor at work apart from results.

Again I offer in testimony against it that there are estimated less than ten (10) per cent of physicians that depend upon their own resources for the application of remedies for disease. The other ninety (90) per cent use proprietary remedies devised and built up in a pharmaceutical laboratory and it is given out simply because the public demand medicine.

If the child asks for bread, will the father give it a stone?

Rationalism is an enemy of the human race when it is perverted. The perverted kind has invaded our country. It was copied from abroad. I am sorry that there are so many apes left. It has associated and called into requisition social, ec-

clesiastical, and political forces. It saps the vitality of any body of students or any society that allows it to barnacle itself to their organization. It is the enemy of the best and devitalizes the thinking power of its victim.

Rationalism is peculiar. It is so constituted that it never shows what it really is. When it is discovered to be in error at one point, it takes up another and the change is called progress. The procedure is scientifically analyzed and called evolution and thus by a process of mental gymnastics each defeat is turned into a victory. They call it progress and evolution. Eventually it will collapse as Germany has collapsed. The mills of the gods grinds slowly but surely.

It is estimated that there are five millions (5,000,000) in the United States with enlarged tonsils that need medical treatment instead of surgical. They need their nutrition corrected, hereditary influences wiped out instead of having their tonsils cut out. These organs are not ordinary lymph glands as many suppose but have an individuality of their own. They are as necessary to the lymphatic system as the kidneys are to the circulatory system.

And what shall we say of the grown-up children who have been mismanaged in earlier years by such treatment and because of this are now offered on the altar of Esculapius, the god of surgery, and the results when compared with what might have been done with medicine are eminently unsatisfactory?

Therefore, we say the art of creating a normal condition by the aid and use of well-selected remedies is the largest and the most neglected field in the domain of scientific medicine.

Is there any effective and just method by which we may bring to the attention of men this wonderful, therapeutic procedure that reduces the death rate in every known disease and when properly and patiently applied will cure seventy-five (75) per cent of the pathology created by uncured disease or mismanaged conditions?

Heresy and schism, the agents of human progress, are always right but, right or wrong, they seem to be the only means by which great and necessary changes can be brought

about. The principle of the law of similars is yet understood by very few men in medicine. The only thing that keeps it from becoming popular is the fact that it requires patience and perseverance and perspiration to make it successful, but after all it is something worth while and when one has mastered its principles, so far as time and opportunity will permit him, he is satisfied with his results and that is one half of life.

### *DIAGNOSIS.*

The diagnostic methods in vogue today, as to effect in the practice of medicine, lead largely to two results: either surgical interference or the application of a remedy on an empirical basis. The reaction of the system is entirely ignored.

The treatment of effect may be rational but it is very far from being scientific. If these conditions do not change, the time will come when medicine and surgery must be separated.

To be a good diagnostician it is very necessary to know a vast deal more than the names of bones, muscles and nerve fibre. It does not require any particular surgical skill to diagnose a tumor. The laity can do that. It is more difficult to determine the kind of tissue construction, the histology of the growth and still more difficult to determine the nature of the growth but the average diagnostician of today fails absolutely on determining the causative factors that produce the growth. They have searched these growths by every known mechanical means to discover the cause of the growth. Inasmuch as no effect is the cause of itself, their labors have been in vain for the reason that the cause is external to the effect.

To discover the causative forces in operation is the most essential part in making a diagnosis (and is the most neglected). To find the remote cause in any case and then to trace the reaction of the individual as far back as the cause and to try to understand the changes created by these reactions and then by the use of well-selected remedies to unravel and untangle the difficulty is the secret of the highest art in medicine. By this method the most difficult cases of acute and chronic diseases may be successfully prescribed for.

The diagnostician then must include in his diagnosis three distinct factors. First the cause. Second the reaction and third the results. To be well trained in discovering the relation of these three factors, the one to the other, opens the door to the greatest efficiency in the treatment of any given case.

There can be no real cure without readjusting the life forces that cause the pathology. It is absolutely necessary then that one should understand all of the phenomena of reaction in a given case that an intelligent readjustment may be made. One must be able also to discern interferences to reaction. The reaction may have stopped or have been suppressed or modified by misguided therapeutic treatment. Hence, the man who has become very skilled as a diagnostician from the standpoint of pathology may be almost without skill in determining causative factors and curative reactions.

When we consider the comparative value of diagnostic points in establishing pathology as compared to the revelations of reactionary symptoms, we find that so far as treatment is concerned we are in a much safer and saner and truer basis, for even the most careful diagnostician makes many mistakes in naming exactly pathological states. The average error of diagnosing pathology, I believe, is about thirty-three (33) per cent which is one mistake in three. Whereas, the possibility of establishing reactionary findings may be done in most every case without error.

And when we have established the line of reactionary forces correctly, we have gained a further advantage by knowing where to supply the lack of vital force. On the contrary, when only a pathological diagnosis is made, the treatment is empirical because of the lack of knowledge regarding cause and reaction.

The mind is a greater instrument of diagnosis than the microscope. While the microscope analyzes tissues, the mind may analyze reaction which is the cause of tissue change.

All pathology is the result of the allopathic action of tissues. Hence, we note that a remedy whose action is allopathic to the reaction will also cause artificial pathology. The resulting pathology is always the ultimate of imperfect reaction. It is always created on a lower plane than the former, perfect life

force. Immunities created by anti-bodies may establish immunity but the system is on a lower order than it was before and is much more liable to other forms of disease. All these are factors that must be taken into a diagnostic analysis.

It is easy to be seen and understood that one must be more than a mechanic to be a good diagnostician. There must be an inner consciousness of the general condition of the patient, not merely of his symptoms at the time but effects of perverted symptoms in times past. These must all be co-ordinated and their values recognized. In other words, one must see and feel all the discrepancies of the inner life of his patient. The immaterial must be seen and understood and an analysis made of conditions so delicate that a microscope, 500,000 times more powerful than any we know of at the present time, would be required to see these delicate changes.

Such are a few of the necessary qualifications of a good diagnostician.

#### *THE PRESCRIBER.*

The patient and his symptoms are the harp of the senses. The prescriber is the player. This harp presents to the prescriber the great diagnostic key-board of reaction. All these are to be understood in the art of healing. Every organ, nerve, muscle and tissue in the body has sensations. When every sensation is normal, there is an absolute harmony of life and of their relations, one to another. When a certain tissue begins to produce under-tones or over-tones the prescriber must be well trained in order to catch the most delicate sensation of discord and, greatest of all, he must know what to do and how to do it.

To diagnose indications for a remedy is far more difficult than to diagnose pathology. This defect in training of our medical men is clearly evident on all sides. Discords of the harp of the senses, over-tones, are treated by sedatives and undertones by tonics. These remedies are so strong that while they are correcting under-tones on one part, they are producing over-tones on another part and the harmony usually is made worse.

The best tools that any physician has to work with are the *Materia Medicas* of homœopathic origin. We hear much about reproving our old remedies and about its defects but it is my experience that the longer I study and the more I know about the action of the remedies described in these books the fewer the defects. In fact, I am inclined to say that our best works are as near perfect as human agencies can make them. Our greatest trouble is not in books but to get men to understand them. It is hard to master books of this kind and for the beginner it seems well-nigh impossible to master the rules governing the law of similia. Many good books have been written as aids to the understanding of this law and I rather think that there is yet need for a better book for students. So many of our simple books lead the beginner astray and often to empiric prescribing, using the 2x and the 3x potencies and thus led to think that he is prescribing for his case homœopathically.

The first stumbling-block to the adaption of the law of similars is its similarity and let me state positively that isopathy is not similia and never will be. Always remember that there is a marked distinction between the application of a remedy antipathically, allopathically, isopathically, and homœopathically and the distinction is marked in each and every case.

Now regarding the law of similars, it is hard for men to understand that symptoms are the reaction of the patient and not the disease. No matter how many typhoid germs you inject into the dead body there is no disease and no reaction. If you really wish to enter into the inner courts of what you call disease, drop your prejudice, call it reaction and study it a while and a new light will break in upon you. You will find a new world. You will discover for the first time that pathology and disease are synonymous and are the effect of the reaction.

The second stumbling-block is the application of the remedy and the dose. If we enter the field of science, we find a world of infinitesimals in the form of atoms and ions, the existence of which we had not dreamed.

If we think in the terms of digestion, we may be able to comprehend the idea better. The ferments are reducing agents. They attack food and we call it digestion but in reality it is the separation of aggregations of food that are being held together by the law of cohesion. Ferments are greater than the law of cohesion because they are living and the law of cohesion is overcome and the food mass distributed to the organism as atoms and ions for use as food.

When the ferments are low in the stomach, we often predigest food outside the stomach so that it will be readily absorbed and in condition to be taken up as nutrition. Food that is not digested becomes a clog to the system and poisonous to it and a disadvantage rather than a benefit.

Potentiation of remedies at which so many men balk is nothing more nor less than predigesting the remedy so that the system can utilize it. We have found that potentiation breaks up the law of cohesion. When a remedy has been so treated so that it does not act in mass or under the power of its cohesion, we get what may be known as the spirit of the remedy or what the ancients call the arcanum. It is nothing more nor less than the action of the atomic and ionic elements in their free state.

You say that the patient needs iron. Give him three (3) grains, three (3) times per day so that it will do him some good. Each blood cell contains about one billionth of a grain of iron. Something must do some work before your three grains will be made available for use. It must be reduced hundreds of times before the cell will take it up. If we give the 6 centesimal dilution, we will have reduced the iron to the possible place where it may be taken up by the cell without predigesting. The system will utilize such amounts at once. The only other consideration is to really know that the system is calling for iron.

We may, in this way, endow the protoplasm with the possibilities of new life, providing we digest the remedy far enough, or, to be exact, raise the potency of our remedy high enough so that the life forces may lay hold on them without life ferments.

We must always and forever remember that the real prescription, that is to cure the patient or give him any lasting benefit, must be based on the phenomena of reaction and the association of perverted life forces that produce the effect.

Suppose now that instead of aiding the reaction to a successful issue, we suppress the reaction. What happens? The system will come to a state of rest below its normal and there will be either a long convalescence or complications will result.

Illustration: A young lady of eighteen years took a severe cold. The sodium atoms or ions were released from the tissues which immediately set up a strong reaction in order to prevent further release of this salt and to restore it to the normal. This reaction then should have been studied as a basis for treatment but was not. An Antipathic remedy was introduced and the condition brought to a standstill and the tissues were left weak because of the lack of salt. A few days later, from the same reason, the pleura began to fill. She was then advised to go to the hospital for an operation, at which time she appealed to me for advice. By careful analysis, I recognized enough of the symptoms to point me to the loss of this salt within the tissues. I, therefore, prescribed *Natrum muriaticum* 6x. Every vestige of the water had disappeared in about a week. The patient, however, was convalescing for three or four weeks from the ill effect of the suppression.

Here then is the principle of similia. The reaction was an attempt to stop further depletion of *Natrum muriaticum* and to restore that which was lost. I have not given to you the symptoms for the want of space but you will find them carefully worked out and described in many text books on Homœopathy under the heading "*Natrum muriaticum*."

A remedy given according to similia increases reaction and restores the patient to a normal equilibrium much sooner than if left to itself and further prevents complications.

I am usually asked by doubting Thomas for a proof of all this, to which I reply that I have proven it myself many times. It has been proven by others thousands of times. Go and prove it yourself and be convinced.

Therefore, the real work of the prescriber is not to relieve the patient of a symptom and to suppress his reaction but to get in relation with the reaction and to assist the reaction to establish a perfect normal within the system of which the symptom was only a sign. Any remedy that does not aid in re-establishing this condition cannot be said to be a curative agent.

He that is immersed only in the effect of perverted life force cannot see the problem of existence.

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### FRAGMENTS AND VERIFICATIONS.

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

It is said that any remedy may be indicated in any disease and I have never thought to question it until recently when a very good prescriber challenged the statement and said that every disease finds its simillimum in some definite group of remedies having a pathological similarity.

Both views are true, depending on one's viewpoint. Aconite or Cactus would probably never be curative in typhoid fever. Most acute diseases have a fairly restricted symptomatology that limits their therapeutic field. On the other hand chronic systemic diseases are at times very disconcerting in the way they show need for some unexpected remedy.

About fifteen years ago I cured a woman of tuberculosis with Ignatia 30th. The indications were a nervous, high-strung person with a paroxysmal cough, and the more she coughed the more she had to. The tubercular bacilli disappeared and her symptoms cleared up although she still has the physical evidence of the old lesion in the right apex. Ignatia did not cover the gross pathology in her lungs, but it did cover the essential pathology of her vital force.

Another odd case was a man of 28 who had a continual fever that was diagnosed as typhoid. After three or four weeks he got about, but still had evening fever. Then an enlargement of a gland in the left axilla occurred. This was

removed and diagnosed as tubercular. Soon after this, he had sharp pains in the liver; the liver enlarged and his abdomen filled with fluid. Tubercular peritonitis was diagnosed and an operation advised. Examination revealed moderate emaciation, large liver, ascites, and a sinus that had no discharge at site of operation in axilla. Heart, kidneys, and spleen normal. No characteristic symptoms. On the indications of the history of sharp pains in the liver and the drug sinus, Bryonia 200th was given. Improvement began at once and he was cured in about two years.

However, most chronic conditions call for a different class of remedies than Ignatia and Bryonia. In looking over my case-records, it is astonishing how frequently Sepia has benefited. Probably this is because in all chronic cases there are inertia and relaxed tissues, and relaxation of tissue is the keynote for Sepia. It has cured more cases of chronic constipation for me than any other remedy. In the two types of constipation, one with soft stools and no urging and the other with hard stools and urging, it is equally curative.

Sepia should always be studied for cases which are worse before a storm. It is useful in all types of menstrual difficulty: early, late, scanty or profuse, though it is most characteristically late, scanty or missing. The Sepia woman feels worse before, during, and after menstruation.

A woman with gonorrheal arthritis of the right knee was cured with Sepia 10m and 50m after much other treatment had left her crippled. The indications were aggravation before a storm, aggravation in the evening, and amenorrhoea. Sepia upsets the digestion, creates a craving for sweet and sour, and causes milk, fat and pork to disagree. It induces nausea at the sight or smell of food.

The Sepia patient perspires easily, especially after exercise and upon waking. I have verified all of these symptoms many times, but have not so often come across the bearing down in the uterine region or the empty sensation in the stomach. It causes a dry, spasmodic cough resembling whooping-cough.

One of the quickest cures of acute articular rheumatism I have ever seen was made with Sepia 1 m. The patient had an

accompanying valvular lesion that disappeared with her recovery. The indications were, craving for sour, sweat on waking, and the fact that she had had a dry, spasmodic cough for several weeks before the attack of rheumatism.

In the hospital wards, there are many cases of acute articular rheumatism, and I have been surprised at the few cases requiring or being helped by Bryonia or Rhus. Pulsatilla has helped more than any other one remedy.

The Pulsatilla inflammatory rheumatism patients are thirstless or have a dry mouth and constantly want water; they say they are thirsty, but close questioning reveals that they want water only to moisten the mouth. They sweat much at night, the perspiration is usually sour, and they do not get comfort from the hot-water bag and cotton wrapping. Some Pulsatilla patients even dislike heat. They do not weep any more than any patients with the disease. All patients with inflammatory rheumatism suffer a great deal. The pains of the Pulsatilla patient do not shift about more than is characteristic of the disease.

Cham. 30th cured two cases of acute articular rheumatism for me, both in young women. In both, there was a red streak down the center of the tongue, but no greater intolerance of the pain than is usual in rheumatism. Both had the heaviness and paralytic sensation, but not the numbness of Cham. One had one red cheek. I believe the red streak down the middle of the tongue more characteristic in adults than is the one red cheek.

A case of pneumonia in a 50-year-old woman was promptly helped by Cham. 30th. She had the red streak on the tongue and was kept awake by her own talking; when she dozed off, she would begin to talk in her sleep and wake herself.

An interesting Kalmia case occurred last winter. The patient was a Swedish servant; her right side only was affected, she was worse after midnight, very stiff, not thirsty, and her pains came and went gradually. The coming and going gradually of the pains and the stiffness led to Kalmia which, in the 30th, promptly helped. Her pulse was not slow. An interesting clinical point in her case was that her heart was

enlarged and extended from the midsternal line four inches to the left. The second pulmonic sound was accentuated, but there was no murmur. On the enlargement of the heart and the accentuation of the pulmonic second sound, mitral disease was diagnosed. This was confirmed within a week by the appearance of a presystolic murmur at the apex. Not seldom, in early mitral disease, the murmur is absent.

The number of cases with old valvular disease that appear in the hospital gives the attending physicians food for thought as to what can be done in a curative way.

All of the ward-cases are working people, and, when compensation begins to break, the best that treatment can do results in nothing better than a patching-up. There are all degrees of heart-failure and most of them can be helped by a remedy in potency. But when the condition reaches the stage of auricular fibrillation, sometimes *Digitalis* in material doses seems the only thing that will control it. I admit this with humility, that I have been driven to the use of it by hard-fought experience.

Dr. Donald: In heart troubles, such as endocarditis or angina pectoris, have you ever used *Crategus* with beneficial results?

Dr. Stearns: Yes, but it is not as good as *Digitalis*, still there are Homœopaths who use *Crategus*, but the best men have gone back to the use of *Digitalis* because they find none of the other remedies work so well.

Dr. Donald: I have used it in two cases of angina pectoris to relieve pain with satisfactory results, and then I have gone on with my other remedies.

Dr. Stearns: I have seen *Crategus* used some, but as long as we have to use anything of that sort, in these cases of extremis I prefer *Digitalis* and am perfectly satisfied with it.

Dr. Pierson: You speak of giving 20 drops, three times a day. Why not give 6 drops and give it oftener?

Dr. Stearns: You may do that. I am following MacKenzie and those who are giving it if the case is bad. I do not always start with 20 drops unless the case is bad.

Dr. Rushmore: *Lachesis* is effective in overcoming inter-

mittency of the heart, no matter with what regularity or irregularity the intermittency seems to occur. Of course, there are many other remedies, but I mention that particularly because of its great efficiency. I recall an experience I had more than thirty years ago in which Lachesis in 900 potency removed intermittency. The apparent cause in this case was strain of the nervous system or some condition of anxiety.

Dr. Schwartz: While we should not forget the heart, we should pay more attention to the characteristic symptoms, and if this was done more frequently we would have less trouble in handling heart cases. The pains in the heart and the characteristic beats of the heart may have very little or a good deal to do with the selection of a remedy.

The Chairman: What is your experience with rheumatic conditions?

Dr. Schwartz: I have not paid attention to the heart in rheumatic conditions. It is the symptoms the patient presents that I consider—his disturbed sensation, his lack of poise, and the symptoms in general, not his heart.

Dr. Taylor: This question of the use of Digitalis or some palliative in incurable cases of heart trouble bobs up every now and then, and there are some men, probably no women, who pander to the prestige of popular opinion, especially in a society like this, and if they use anything else in treatment they won't admit it. It does not clash with the law of cure at all. These cases where Digitalis has been used are incurable cases. It has nothing to do with the law of cure. It is a question of palliation and, if possible, extending the duration of life of the patient. It does not invalidate the law of cure for one minute. If a case is curable, I will not give Digitalis in material doses. It is the incurable cases, I understand, the doctor is dealing with. If you have an incurable case where the patient is suffering great pain and you are unable to control it with the indicated remedy, you would not feel justified in letting the patient die without using something besides the curable or indicated remedy in order to make him as comfortable as possible. As I say, it does not invalidate the law of cure; you are not curing him but treating him in a humane

way. That is all. Let us get the idea fixed in our minds that the moment we try to palliate some hopelessly incurable case we are not invalidating the law of cure. I have seen some of these cases. I remember one that jarred me considerably. The patient was the brother of a homœopathic physician. For some strange reason, he wanted me to treat his brother who had organic heart disease. Compensation had failed. Doing the best I could for him he got worse and worse, and I tried to get out of the case but his brother insisted that I should continue. Finally I went there one morning when the doctor was present and said to the best of my judgment the patient did not have twelve hours to live. He was cyanotic, almost unconscious, weak and exhausted. I insisted then on getting out of the case. The brother was there and I said "I will not come back any more; you can do as well as I can." I went away. I felt sure he would die within twelve hours. I waited and did not want to call up the doctor to disturb him. I waited two months and felt the logical and proper thing to do was to find out when the doctor's brother died. I called him up and asked him how his brother was. He replied, "He is fine." Well, I could scarcely hold on to the telephone. I said, "What did you give him?" He replied, "Digitalis." I said "How did you give it?" "In the infusion in teaspoonful doses." He said his brother was able to work and was working every day. He lived two years and then dropped dead like that (snapping the finger.) As a rule, that is what these cases do. They die suddenly. Some of them get along very well, their lives are prolonged and then they die quickly. Digitalis does not cure them, but it may prolong life; that is all, it does not *cure*. It does not invalidate the law of cure. It is a sort of miserable makeshift that we do not like to resort to, and if we can get a homœopathic remedy that will do it, we always use it.

I consider this paper an excellent one, and especially do I admire the doctor's statement in regard to the use of *Sepia* in acute diseases. It seems he has verified the experience of the immortal Dunham who called attention to the fact that he found *Sepia* quite frequently indicated in acute diseases where

too often Aconite and Belladonna and remedies of that class were given.

Dr. Howland: I had a little experience this winter which I would like to relate. I was treating a woman for various conditions—pain and so on, and while she was under my care she developed quite a severe pain around the heart so that she had to be held up. I gave her Naja No. 7 (better) I then gave her Kalmia, and that brought her out of a serious condition, and later on I put her up Lachesis, which seemed to be indicated, and she improved greatly for a while. I then gave her Hepar. The woman is now apparently quite well, and is able to do her own work. I believe she needed Hepar when I gave her Lachesis. Later on she may call for Lachesis. At the present time, I believe this woman is in a better state of health than she has been in forty years. She was badly constipated, and it was said that for at least thirty-five years her bowels had not moved without force. It took me some time to get her bowels into a natural condition, but Hepar has done it. She had four natural stools one day and now her bowels are moving with regularity. I allowed her injections of olive oil before the bowels would move, believing that olive oil would strengthen the tissues and give aid to the passage of the stools. Now, she has no more injections, her bowels are moving regularly, and the last time I saw her she was looking fine.

Sept. 1. This patient was kept on Hepar to date when the symptoms called for Lachesis. She has done well on Lachesis, as there were some returning symptoms. Oct. 20th the dose was repeated.

Dr. Nelson: I do not want to get away from what Dr. Taylor was talking about. Every doctor who undertakes to practice Homœopathy, if he has a practice that amounts to anything, will meet with cases in which he is tempted to push Homœopathy aside in the treatment of the case, especially now and then, and assume that the case is incurable. That is a serious decision to come to and the tendency is to decide that a case is incurable when it possibly might be cured. That is the point. When you decide in that kind of case it cannot be cured and you commence to give the patient the allopathic

type of treatment, if the case is not incurable it soon will be. A case that has lived for two years after being pronounced incurable has got something to go on, to say the least of it. When it comes to giving Codein or something to ease them over the road when they are pronounced incurable and near the point of death, and you are expecting them to die, it always touches me at a tender point. I can show you a man who is living today and holding his own right along. He was unconscious. His mother and another doctor attended him as I happened to be away from home at the time. It was my own son. The doctor was hoping and wishing I would come home and talked about the case with my wife. The doctor said he did not think the boy would live. He said that if he did live he would not know anything. He is living today, practicing law in Detroit, Mich. Suppose we had doped him with something because we thought he was incurable, there would be a different story to tell. That shows what we are up against in a case of heart trouble or some other trouble. That is one of the reasons why I am just about as willing to let them die under homœopathic treatment or in trying to give them that treatment as to fly off on to something else.

Dr. Donald: I try to follow the symptoms as near as I can according to the Master, and yet there are times when all of us, if we have many patients to treat, would hardly hesitate to use a remedy which we thought might benefit the case.

Speaking of Digitalis, I had a patient in the past year with heart trouble and edema whom I put on a prescription which relieved. When I first examined that woman I said to myself that she would likely drop before she got home. She had charge of a dining room in our Central High School for two years. Finally edema started in and it seemed I could not do anything for her. My symptoms would not co-ordinate. I made an infusion of Digitalis, gave it to her and she got relief. Whether it was Homœopathy, Allopathy or any other "pathy," it was common sense, and I wanted my woman to live.

Dr. Farrington: This is an interesting subject, and I agree with the former speaker, that any one who has had consider-

able experience with heart lesions, no matter how good a materia-medica he is, or how closely he prescribes, will find a few cases that he cannot help. He has a mechanical condition to contend with. He cannot by any means repair the distorted valve and prevent the blood from backing up and forcing the heart to dilate. If there is sufficient reactive power he may stimulate with his potentized remedy. Otherwise he must palliate. The patient may live for sometime afterwards. I think all of us should agree that whatever we do we should not consider a case incurable until we have searched the Materia Medica and until we have employed the best counsel we can find, and have done all we know according to the law.

A number of years ago Dr. Wm. Cowley of Pittsburgh, Pennsylvania, was treating his mother who was ill and who was suffering frightfully from some bladder trouble, I believe. He called a doctor, an excellent Homœopath, in consultation. The doctor said, "There is nothing you can do; you have got to give this woman morphine." Cowley said, "Well, I do not know; that means the end, and I do not feel as though I am justified in doing that." And the consultant rode away. After careful study, Cowley found the remedy and his mother lived six years afterward, dying of some other disease. If she had been given morphine she would have died then.

I was much pleased with the doctor's paper. It contains many excellent points, as for instance one in regard to Pulsatilla where he said that the Pulsatilla patient was not really thirsty, but wants water only to moisten the mouth. How many times we hesitate to prescribe a remedy because one or two symptoms seem to contraindicate, when, if we only stop to consider their true significance, they will prove not to be contraindications at all.

Dr. Howland: It has been said that the difference between Homœopathy and Allopathy is that the homœopathic patient dies of the disease and the allopathic patient dies of the cure.

Dr. Taylor: Dr. Baker, formerly of this city, a good homœopathic physician, came down with failing compensation of the heart and among others Dr. Kent treated Dr. Baker, but

he did not get any better in spite of good doctors. A doctor from New York City, one of the ablest Homœopaths there, treated him but he grew worse, and finally the case went into the hands of an allopathic physician who put the patient on moderate doses of Digitalis and he got better and was soon driving around the streets feeling well. After some months he died. Digitalis does not cure anything, but we do claim that if it was your brother's case or your father's case, you would probably like to have his life prolonged as long as possible.

I would like to ask you this question and ask you to give me a candid answer: Have you never had a case of organic heart disease that you could not control and cure with your homœopathic remedy? If you have, then I would ask you, are you ready to condemn some other practitioners if they palliate and prolong life with remedies other than those that are homœopathic, or would you let the patient die under homœopathic treatment rather than adopt some temporary expedient?

Dr. Pierson: The paper did not really hinge upon heart cases, but the essayist is interested in heart cases and he threw out a challenge for us to take up.

I have at the present time an old lady, 72 years of age, who has heart disease. She has an edematous condition of the limbs extending to the hip. Two weeks ago this edematous condition extending to the hip was so great that the skin was as shiny as if it had been polished. The heart was beating at the rate of 132 times a minute. She was gasping for breath. She was asking for more air, air, air. She wanted to be fanned. She wanted the windows open. Everybody expected her to die and I was among those who were there. I expected she would die. The thought of giving Carbo veg. to her would be a natural thought that would come to almost anybody, but here was a peculiar condition which is not found under Carbo veg.: Notwithstanding the edematous condition and the action of the heart, she had to sit up. She could not have her feet put in a chair. She could not lie in bed. She had to sit with her head bent over in this way (indicating). If she wanted air she would hold the head back. Instead of giving Arsenic or the remedy one would most logically think of, after making a

careful study of the case it finally resolved itself into Apis. Even this condition of breathing, due to water that had accumulated in the lungs and about the heart, looked as though it simply was a desperate state, but under the action of Apis the heart has cleared up. Today when I saw her there was only a little water at the lower part of the left lung. She is in bed, she can lie down, she lies on her left side inclined in that way, and I believe she is going to get well. There is no question about it that Apis is going to do the work so far as it goes now. I do not believe I would have thought of Apis if I had not studied the whole, going back for years in the history and the record showing the peculiar picture. Apis is doing the work and is doing it in a wonderful way.

I was an old-school physician and I commenced studying Homœopathy for the purpose of attacking it, and perhaps I am more conscientious now in the use of my homœopathic remedies than I otherwise would have been, but I do not like to give up. I do not like to use these palliatives; I would rather let the other fellow do it. It is hard for me to do it. I am exceedingly glad that in this case I did not have the temptation to do something that I should not to give that woman relief.

Dr. Kimball: It occurs to me, that where you get such beautiful results from a crude remedy there must be a homœopathic relation between that remedy and the condition.

I remember a case Dr. Thurston once told me about. A friend of his related a case to him of fatal heart disease which he was called to attend in consultation. He gave her one-sixth or one-eighth of a grain of morphine. She went into a beautiful sleep, slept all night and did not die until the next day. He said, "What do you think of that, Thurston, and what about the effect the morphine had on this woman?" Dr. Thurston turned to "Allen's Encyclopedia" and there under *Morphinum* were the symptoms almost exactly. It was a remedy homœopathic to the case, that relieved her.

Dr. Houghton: A homœopathic remedy does not always afford relief. Three years ago I was called early one afternoon to see a woman, 58 years of age, for the first time. She has

always had a chronic arthritis and a rheumatic heart. Her physician, who had been attending her for a term of two years, had made a visit that morning and told her he was not coming again. I saw her two or three hours after he left the family with those words. The patient was unable to lie down; she was in a surgical chair, cyanotic, no pulse, and cold. Apis was the remedy for that condition and Sepia was the chronic remedy. She has had Sepia for three years at intervals. She died last week. During most of these three years she was getting enough out of life to make it worth while. Strychnia and Digitalis were certainly not homœopathic for that case. Apis was homœopathic to it and Sepia was homœopathic to it. One of the striking things about the action of Apis in its effect was that she passed large quantities of a gritty substance which was not a liquid but a gritty substance. She passed a dram of it at a time. After years of a steadily progressive condition of deformity, the joints were gradually limbered up in the last week of her life when she was passing that stuff and was getting more and more motion in the joints.

In contrast to that is a case that comes to my mind in which Digitalis was given. Digitalis apparently was the indicated remedy in her condition and the woman was about 50 years of age. She had refused treatment for a number of years. She had treatment only when she had some acute condition. She had been advised to have treatment for her heart but refused. She was one of a considerable class that consulted a doctor only when she was gradually incapacitated. Her condition finally progressed to the point where she was incapacitated. I gave Digitalis, one m; I gave her the 30 and she was puffing up all the time from edema. She had more and more distress for a number of weeks from the time I gave it. I then had an infusion of Digitalis made up and gave her dram doses, several times a day, with the result that I told her frankly we would undoubtedly get, the edema disappeared very rapidly. The woman also disappeared inside of a week from the time we began giving it. That is logically what you would expect. If your homœopathic remedy cannot cure and does palliate, the palliation is not going to last a great while, and

the woman is not going to last a great while. I should never expect to give the drug in a crude form when I was sure it was indicated homœopathically and expect anything but a short palliation. I question very much whether in this case that has been referred to, where *Digitalis* was used homœopathically, the *Digitalis* cured the case. I have never seen proof that the remedy acted in any such manner as that.

Dr. Stearns (Closing): Many interesting points have been brought up in this discussion, and I want to take up a few of them briefly, and before finishing I want to tell you how I give *Digitalis*.

In the first place, Dr. Pierson and Dr. Fulton have presented two cases in which *Apis* represented a condition which *Digitalis* might palliate, but those were not cases where you want to give *Digitalis*. Those were not *Digitalis* cases under any circumstances. I know just how Dr. Pierson felt about using this sort of thing. I have felt the same, and it is only in the last year I have cut my eye teeth to a certain extent in the handling of heart cases. It is through studying heart cases especially I want to find out why we have to give *Digitalis* and how to use it, because I think it is a great discredit to any of us to give up the case to another man who gives *Digitalis*. We should learn how to use it ourselves and learn when to use it.

*Strychnia* is absolutely of no use as a heart tonic or stimulant. If you get in a hole, use *Digitalis*. Is it homœopathic under these circumstances? No. Do not fool around and say, "I am using a homœopathic remedy," when you use *Digitalis*. You are not. You are using it for a physiological action.

A word about these acute dilatations of the heart. *Carbo veg.* does not cover the symptoms. The remedies for acute dilatation of the heart, when there is beginning pulmonary edema and filling up of the lungs are *Camphor*, *Kali iodid*, *Ammonium carb.*, *Antimony carb.* and *Arsenic*—those five remedies cover better than anything else cases of acute pulmonary edema due to dilatation of the heart. Do not use *Digitalis* in these cases. It does not act quickly enough. *Strophanthus*, if you use a remedy in the crude form, is a better one.

When shall we give Digitalis and how? Never give Digitalis in crude form when you have slowing down of the pulse; in that sort of case you can give Digitalis in potency and get action. The reason you get slowing down of the pulse in heart disease is because the impulse which begins in the auricle and passes down into the ventricle is slow. It is a contraction impulse. In fibrillating auricle you give Digitalis. What is fibrillating auricle? Clinically you can tell it by the feel of the pulse or by listening to the heart. It is a heart where no two beats are alike; there is no regular rhythm. Not all beats follow in orderly sequence. Every beat is different. Why? In a healthy heart the impulse begins in what we call the sino-auricular node and that impulse comes down at regular intervals and discharges the energy of the heart with each contraction. In auricular fibrillation, instead of each impulse beginning in the node, bastard ones originate in different parts of the auricle and the heart energy is discharged prematurely. One will discharge, then another, and then another, until the heart is contracting out of all order. Pretty soon it gets so tired that it can hardly work; the blood backs up in the lung. The tissues all begin to get waterlogged; the lungs begin to fill up; the legs swell, and these patients have great difficulty in breathing. We have to prop them up; they are cyanotic, and no homœopathic remedy seems to touch them. How will you help them? Give them Digitalis. You can use the tincture or the infusion. Give tincture of Digitalis, 20 drops, three times a day, until the patient is easier; they begin to pass an enormous amount of urine; they begin to breathe more easily, and within twenty-four to forty-eight hours are comfortable. After the patient begins to get better, reduce the dose. Before the end of a week you may be able to stop giving Digitalis; then prescribe homœopathically, and you may get some curative action. If you know what you should do and know when to do it, and can get these patients under control, you can study your homœopathic remedies and may cure them eventually. You can relieve them in such a way with homœopathic remedies that they will go on for years.

## URETHRAL CARUNCLE.

BY GEO. E. DIENST, M. D., AURORA, ILL.

A case of this kind was presented to the American Institute of Homœopathy at Baltimore last year by Dr. E. S. Baily and reported cured with Radium pads.

The patient here under consideration is a married woman, mother of several children, a brunette of nervo-bilious temperament.

On consulting me Jan. 28th of this year, she reported that she was never strong, many years ago had "typhoid fever," is very nervous. She is of the anxious type of humanity, worries much and seems to live in constant fear of some malignant disease. She has consulted a number of doctors and has taken much medicine with negative results. Indeed, it seems the more she heard doctors speak of her lamentable condition the more she lamented.

Nine years ago a surgeon attributed her indisposition, fear, and anxiety to a functional disturbance of the uterus, and for the purpose of relief removed the offending organ.

Some time previous to this hysterectomy, she had what was diagnosed a skin cancer on the left leg and this was removed by cauterization.

The constant pain in the leg since this cauterization, is very strong evidence that the removal of the external evidence of disease did absolutely nothing towards the internal and invisible disease element. Not alone this, but the display at the spectacular suggested malignancy to the patient and caused her to dwell seriously upon what might be possible.

The shedding of blood and display of electric cauterization did nothing towards curing the patient, it rather suggested a deplorable incurability.

This caused her to have frequent "nervous attacks." These attacks began in spots and spread over the entire body until she was in a full bloom of hysteria. Coupled with this was the knowledge that several cousins had died from cancer, probably under the same method of cure, and this conferred a

meager comfort to one, by nature weak, and distressed by disease.

A careful record was made of the symptoms as presented at this consultation. The major symptoms were:

Anxiety about her health.

Fear of some malignant disease—cancer.

Aggravation from heat and becoming heated.

Urination frequent when nervous.

During the menstrual life we learned that—

During menses, sharp-cutting pains in the uterus.

Menses copious and dark.

Urethra—orifice sore, aggravated when sitting.

Urethra, pain burning, almost constant, except at night.

Urethra, sensation of tremor or quivering at the orifice.

This called for a physical examination which was granted, and we found a well-developed caruncle on the left external margin of the urethra. This was almost as large as a grain of wheat, slightly discolored red, and sensitive to touch. Now then, the particulars in this case were:

First—the pathology—a caruncular growth.

Second—the sensation of soreness in the region of this caruncle which was aggravated by sitting.

Indeed, this modality was so marked that the patient often found it necessary to “walk the floor” for relief.

This put us to thinking. Were the symptoms and the condition of the past but prodrome of the present? Had the hysterectomy and the cauterization of the skin cancer any influence in producing this growth?

Is a caruncle necessarily malignant? Or to search deeper into complexities of this cause let me ask, had her disposition to anxiety, worry and fear any influence on the functional activity of the pelvic organs sufficient to encourage their removal?

Could such a disposition of soul, and condition of the body be corrected in its incipiency and thus prevent pathology? These are questions we must answer in the light of sane reasoning.

On analyzing these symptoms—for this is the only true

basis for a prescription—we find four remedies in strong favor; these are Calc. carb., Cann-sat., Cocc. and Phos., with Phos.—leading in one rubric and two grades. Which one shall I select? For on looking over my record, I find my patient distressed greatly about the soreness at the orifice of the urethra when sitting, and neither of these remedies cover this particular and rare symptom. I must re-study my case, and in doing so I find but two remedies indicated in such condition; one is *Carduus mar*—the other *Paris*. *Carduus* having the higher grade I selected it and gave it in the 1000 potency once daily for three days. Before this patient can report, we are naturally led to question the prescription.

Is it wise, in a condition like this, to select a remedy on such rare and peculiar symptoms, when the remedy does not, in its pathogenesis, govern the common or the general symptoms? Is its action deep enough to reach back to a common cause, and by the removal of the particular, remove the common also?

Or had it been wiser to select a remedy—Phos.—for instance—which covered the common symptoms, remove them and then remove the particular?

Let us see. This patient reported, Feb. 15th, great improvement in the generals as well as in the particulars. No remedy was given. In the early days of April a second report said that the soreness of the urethra had disappeared and with it the caruncle, and with the removal of these conditions—one subjective, the other objective—there disappeared also the anxiety, worry, fear, want of appetite, sleeplessness, etc. Since then the patient has been in better health than she has had for more than twenty years.

Let us take one step further. There were no laboratory experiments. It is but just to ask—did the symptoms and conditions point to malignancy or minor pathology only? What virtue is there in *Carduus marianus* that will remove malignancy? Was it not a better surgeon than the scalpel?

#### *Poisoning from Antitoxin.*

Some years ago, late one evening in February, I was called

to see a child four months old suffering, apparently, from the most excruciating pains in the abdomen. On arriving at the home I found this babe screaming and crying most pitifully, her little legs were drawn up to her abdomen, her fists clenched, and her facial expression—where not covered with sores and blisters—showed intense agony. A hasty enquiry into conditions brought the remark from the mother that her milk must be “bad,” as the child is much worse after nursing. The lights were dim and I could not see clearly what I thought necessary, and with no physical examination possible under these conditions, I prescribed Colocynthis 1M in broken doses until I could see the child by daylight. In doing so the thought, that the child was beyond help, was uppermost. I called the following day to find the baby quite free from abdominal pains, but such a sight! Its face, hands, arms, legs and body were one mass of blisters, scabs and sores as if dipped into some violently acting acid. Why such a horrible picture? I had never seen such before. The baby was poorly nourished, greatly emaciated, and no wonder. The skin trouble was consuming its vitality. Why such a condition?

#### *The Story.*

Here is the story. This baby was born the preceding October. Late in November, the mother, a strong, well-built, and wholesome looking woman did a washing. In the afternoon there came a cold drizzling rain and in taking in her wash she took a severe cold, which developed in a few days into a severe sore throat. The mother said her throat was swollen, was inflamed and painful, but there were no spots nor membrane. A physician was called late one evening, but refused to prescribe for the reason that the throat looked suspicious and he would wait until the following day for developments. On his return the next day, he insisted that the throat looked suspicious and, omitting a laboratory test of the exudate from the throat, insisted on giving antitoxin. To this the mother objected, not because of her own condition, but because of the babe who was strong and apparently in the best of health. The doctor assured her that the antitoxin would not injure

the babe in any way and gave her 5000 mimims. The mother seemed to improve, but continued to nurse this baby. On the third day the doctor seemed pleased with the result, but for good measure gave her an additional 3000 mimims of antitoxin and dismissed the case. There was no official report of this case nor was the house quarantined, nor any measures used to protect the child. The mother recovered except for a tremulousness of nerves for some weeks following the antitoxin. In a few weeks' time, or in the early days of December, the child showed symptoms of distress and ill health. Her appetite failed, she cried almost constantly, and the nights became a bugbear to the family. A few days before Christmas, blisters began to appear on the body, face and extremities. From the cries and restlessness of the child, these blisters must have occasioned much pain (burning) and extreme restlessness. She emaciated rapidly. The doctor was re-called and seemed at sea as to the diagnosis. Counsel was called and still no diagnosis. As time passed five physicians saw this child which continued to grow worse—if possible—with each passing day, and the mother was almost distracted. She asserted her belief very frankly in the antitoxin as the primary cause of all this distress. Counsel would not admit it for a moment, and on learning that the father was a railroad employe plainly told the mother the cause was syphilis.

This was most strenuously denied by both father and mother, neither of whom showed any external evidence of ever having had the disease. Precious time was lost and the family put to very great expense. At this juncture I was called.

#### *Treatment.*

After listening to the story as just related, seeing the emaciated form covered with blisters, noting the restlessness and pain which was evident, I ordered the child taken to the hospital where it could be given artificial food, proper nursing and where I could observe it the more carefully. The hospital staff offered some objections to this child's presence on the assumption that it was syphilitic, and when I asserted my diagnosis as toxine poisoning there was, of course, a profes-

sional disagreement. My orders, however, were obeyed. The child was given malted milk as a food, and after studying the conditions for 24 hours, I gave Carbohc acid the 30th. potency in water one dram at a dose, and repeated this every six hours until improvement was evident and clear. For one week there was no change. The orifices of the body grew exceedingly sore. After the seventh day improvement began, the interval between doses was lengthened to 8 hours until there was no mistake about the possibility of a cure. The remedy was then discontinued, feeding and nursing was changed from time to time as seemed necessary and in six weeks the child was taken home cured, and a recent report from the mother, who has moved to another town, says "Mary is doing fine."

#### *Analysis.*

In the analysis of this case, the first question is the one of diagnosis, and this was made by the process of exclusion. It was not syphilis, because there was no syphilis in either parent. It was not syphilis because the conditions, the pathology and symptoms as found precluded such a diagnosis. It was not one of the peculiar forms of infantile eruptions, for the reason that the onset of this disease in a child apparently healthy a few weeks previous was too sudden, and too severe. It was not, then, a natural eruption, nor were the pains and accompanying symptoms those of a natural disease. This being true, and the fact that the mother, previous to this child's illness had injected, subcutaneously, into her body 8000 mimims of antitoxin and continued to nurse the baby, we must conclude that the mother's milk was so violently poisoned that the child, taking this milk for food, could not eliminate the poison and therefore became saturated with it and developed the aforesaid results.

The remedy was selected on two fundamental principles. First, the appearance of the blisters and the nature of the pains, as well as accompanying symptoms were similar to the poisoning by carbohc acid. There was no blood test made for the reason that the diagnosis seemed clear. Secondly, the only medical part of antitoxin, of value, is carbohc acid.

This was injected into the mother and at once found its way into the blood stream and fluids of the body. Lactation being copious, it is but fair to conclude that this fluid became the principle reservoir of the antitoxin, and this was fed to the child every three hours. Judging from appearances of the orifices of the body, the excretory organs were almost as sore as the skin, or else the secretions were intensely acrid. There are few remedies more similar in their pathogenesis to the conditions as we found them than carbolic acid, therefore, it was given as the *simillimum*.

Five doctors, because of ignorance or prejudice, failed in their diagnosis; five doctors for the same reason could find no remedy for the suffering babe and condemned it to die.

A popular fallacy; a barbarous method of treatment, and ignorance of the Materia Medica caused all this sickness, sorrow and expense.

The simple remedy, the single remedy and the minimum dose removed the sickness, soothed the sorrow, lessened the expense and deferred a visit from the undertaker to a future date, with the result that parents are happy and the child is strong and healthy in spite of its narrow escape.

Dr. Pierson: The thought which came to me regarding this condition of urethral caruncle was whether all the symptoms had been presented in that particular case. If so, I would imagine that that would be the governing factor in the selection of the remedy, regardless of other symptoms or a group of symptoms due to that condition. He gave a history showing other conditions, but he was not able to associate, except by inference, the one condition with the other, showing that the symptoms presented called for the remedy selected and the result followed. That was the logical sequence, I think. The curing of the common symptoms or general symptoms had no bearing whatever in the selection of the remedy. He got the result, and that would seem to be a logical conclusion.

Dr. Lehman: I would like to ask the doctor if *Carduus marianus* has a pathology of this kind, and does Paris have it in our text books?

Dr. Dienst: They have the sensation of caruncle. *Carduus* stands in the second degree and *Paris* in the lowest.

Dr. Lehman: Is it not true that *Carduus* has a pathology of enlarged veins, very marked in its pathogenesis?

Dr. Dienst: It is possible.

Dr. Lehman: I did not know *Paris* had. I bring out the point where the pathology would not often make a decision for us.

Dr. Dienst: The remedy was not only selected on the pathology but upon the peculiar sensation found in that remedy.

Dr. Lehman: If *Paris* was carried to its limit it would produce pathology of this kind. Evidently the provings of the remedy have not been carried to the ultimate of pathology. We want to know the pathology of these remedies, because all reaction produces maroscopic pathology sooner or later, and if we know the kind of pathology our remedy produces we are directed to the original reaction and we are thus more sure of a curative action in time.

Dr. Dienst: They would produce that pathology just as *Calcarea carb.* will produce a fibrous tumor, and if this were carried far enough it would produce similar conditions that they now cure.

Dr. Lehman: The reason why these papers are valuable is because our remedies are not proved to their maroscopic or pathological power and if we find clinically a remedy that will remove the pathology we are absolutely convinced it will produce it and it ought to go on our records that way.

Dr. Nelson: The case cited of a child reminds me of the case of a child whose age I do not remember. The child's father was firing an engine at a saw mill and the engine exploded and tore him to pieces, so that his wife helped gather his remains up in a gunny sack. She was nursing her baby at the time. A few days afterwards they came to me with the baby, sick with diarrhœa. The child seemed to be poisoned. I did the best I could. I do not recall what I gave the child, but I gave it some homœopathic medicine which had practically no effect in counteracting the poison, and the child

died. I attributed the sickness of the child largely to the shock the mother received under the circumstances.

Dr. Farrington: I have seen several cases. Just recently a little girl was given a prophylactic dose of antitoxin. In a few hours thereafter she developed intense restlessness and anxiety and fever with flushed face. She feared that something was going to happen, that she was going to die of some terrible disease. She was only four years of age, and we would not suppose her mature enough to think about that. The glands of the neck were swollen; the eyes were bright and sparkling; the pulse bounding, with throbbing headache, and soon the cervical glands began to swell. Belladonna quieted all the symptoms and eventually cured the child.

Dr. Lehman: Was there any eruption on the body?

Dr. Farrington: No.

Dr. Krichbaum: How long after the injection of antitoxin did you see her?

Dr. Farrington: About six hours, I think.

Dr. Krichbaum: You used Belladonna and it cured the child?

Dr. Farrington: Yes.

Dr. Kirchbaum: We do not know what the reaction would have been if it had gone along without any medication.

Dr. Farrington: It is possible the case would have recovered without Belladonna. A sister two and a half years old had been given an equal number of units, five thousand, I believe and she did not react so markedly. In fact there was little more than a slight rise in temperature, and a very sore place where the hypodermic needle was used. A man of 50 who had been given a prophylactic dose by the same physician in the same locality, complained of a severe back-ache in the left lumbar region extending downwards into the left buttocks where the Antitoxin was injected, and from there down to the knee. The patient was relieved while walking but very much worse while sitting. It hurt to sit, especially in a chair that was a little high in front where the limb rested. This continued for a week or ten days until he consulted me. I

gave him Valerian 30, and inside of three days his condition was entirely cured.

I would suggest one thing in regard to the doctor's prescription of Carbolic acid. It was a good one, not only because of its close relation to the pathogenesis of diphtheria. Whatever may be said as to the exact nature of Antitoxin, it is a fact that it is a poison the effects of which are similar to those of the diphtheritic miasm itself. We all know how cases with horrible fetor, violent burning in the throat and great prostration are cured by Carbolic acid. It should be a good antidote for Antitoxin.

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### CASES AND VERIFICATIONS.

GEORGE ROYAL, M. D., DES MOINES, IA.

#### *THUYA*

Case I—Miss Jessie B., age 22, dark; neurotic; tendency to catarrh of eyes and nose since a severe attack of measles at 8 years of age. Other functions normal. F. H.—Mother died of cancer when patient was 13 months old. The cancer was of the uterus. Father living, 61, has had frequent attacks of rheumatism; eyelids constantly red, sore and egg-glutinated in the morning. Such has been the father's condition since the patient can remember.

Ten months before coming to see me the patient went to a dentist and had a tooth filled with soft filling. A few days following a red, spongy growth appeared about the filled tooth. This growth was cauterized and then treated daily for 14 days without improvement. The tooth was then extracted and the gum curetted. The wound healed but after five weeks more of the red, spongy, bleeding growth returned. A second tooth was extracted and the gum curetted and treated. But this time the wound did not heal. A specimen of the tumor was examined and the patient was informed that she had "Cancer of the bone" and that a part of the jaw had to be removed. The patient then came to me. The place which was

occupied by the two teeth and the surrounding tissue was filled with a red, soft sensitive mass which bled profusely. The mass was irregular and very friable. Patient complained of pains in the face and right side of the head as if some sharp instrument were being driven into it. She also had several painless, watery stools, daily. Gave Thuya, 30th, five drops, three times daily. Improvement—i. e., less pain, less bleeding, fewer stools—began in about ten days. The remedy was discontinued and the improvement also stopped, so resumed the remedy in the 30th after a week but as no improvement followed during the next two weeks a dose of Sulphur 1m was given and then Thuya 1m, five drops every morning before breakfast, for five days when improvement again began and the remedy was discontinued. The growth was wholly absorbed and the patient cured. One dose of the Thuya 1m was given once a month for six months and the last traces of the growth disappeared at the end of eight months.

Case II—Miss M. B., aged 18; blonde; school teacher; thick set; skin unhealthy, would suppurate easily, heal slowly and on several occasions the patient had had “warts.” She also had had three attacks of rheumatism of both joints and muscles with high temperature. She came to be relieved of a shattering, paroxysmal cough which made her head ache as if nails were being driven into it. Slight heart murmurs and vegetative growth on the valves. The cough was so typical of Drosera that I gave it but it did no good. She was then taken to a throat specialist who found small vascular growths about the vocal chords and epiglottis.

Thuya 1m, five drops every morning for seven days and after that once a week completely cured the patient in four months, not only of her cough but of her rheumatism.

Case III—Wm. C., age 35; groceryman; light; family history, good; personal history, gonorrhœa and gonorrhœal rheumatism. As we sat side by side one night at a lodge meeting I noticed seed warts on both wrists and that they were being irritated by the cuffs and were bleeding a little. He said “Doctor, if you will cure me of those warts I’ll give you \$10.00.” This being about a year after having treated Case II and three

years after Case I, I felt sure of my \$10.00 and sent him Thuya 1m, five drops every morning for a week and the tincture for local application. At the end of a month no result. Put him on the 30th, three times daily, five drops at a dose. He took it about five weeks and then gave it up as he saw no results. About three weeks after this I called at his store and left him some 3x to be taken five drops every three hours. Improvement began after about four days and continued without interruption till the last trace of warts had disappeared. More than that he never suffered from rheumatism after that. He took the 3rd, every three hours for eight days.

### ARSENICUM

Case I—Mrs. W. G., aged 35; dark; nervous temperament; active; mother of three children. F. H.—Mother died at 40 of "Some stomach trouble," i. e. pain, nausea and vomiting aggravated by both drink and food. This condition had existed for 19 years following an attack of dysentery. Father healthy except for "an occasional attack of biliousness from which he had suffered all his life." Otherwise family history good.

Personal History—Measles at 7, good recovery; matured at 14, menses normal; was married at 23. Her three deliveries were normal. At 28 had a severe attack of ptomaine poisoning from which she nearly lost her life. Since the ptomaine poisoning she has had, every few weeks, severe attacks which she describes as follows: "About an hour after eating (cannot see that one article of diet is worse than any other) is taken with severe burning pains in the stomach; becomes extremely nervous and restless; then nauseated; and finally vomits, first food, then a dark liquid and finally particles of blood; has intense thirst; stools watery and dark accompanied by burning in rectum and about the anus; rapid prostration, taking days to regain her strength.

I felt sure the patient called for a high potency and gave Arsenicum 40m, at the beginning of an attack. She reported she could see no difference between this and former attacks.

Did not repeat the 40m but three weeks later, for another attack, gave Arsenicum 30th five drop doses, every four hours. Three hours after taking the first dose, her mother reported that beginning 20 minutes after taking the medicine there had been neither pain, vomiting or nausea, for two hours, but that now all were returning. The mother asked if the second dose could not be given at once. Permission was given with the instruction that if the second acted as had the first dose, the third was to be given as soon as the pain and the other symptoms returned. The next day I called and learned that, beginning about 10 minutes after the second dose, the patient was easy for three and a half hours. Then the pain returned and the third dose was given. The patient then slept for six hours. Although the pain at this time was not as severe as before, the medicine was repeated. Since that time there has been no return. The prostration of this attack was far less and the recovery much quicker than of former attacks. After about a year, during which time the attacks became less frequent and less severe, the patient said: "Cannot I be cured so that these attacks will never return?" I then gave five drops out of the same bottle from which I had given the first dose of 40m and the attacks never returned.

Case II—Miss R. G., aged 22; stenographer; dark; wiry; active. Family history good. Nothing in personal history except that she became very nervous during thunder-storms, which, if severe and long lasting, caused nausea and vomiting, also purging. The stools were dark green, watery and accompanied by burning. Was called to see her one night after she had been to a picnic. The symptoms were the same as in Case I under Arsenicum. Although I had been taught not to repeat Arsenicum at intervals of less than four hours, I decided to profit by my experience in Case I and left orders that if the symptoms disappeared and then returned to repeat the dose. The report was as follows: "Fifteen minutes after the first dose she was much easier. The improvement lasted forty-five minutes. Then the pain, etc., returned and the medicine was given. She went to sleep soon after the second dose and slept nearly four hours when she vomited and had a painful

stool. The third and last dose was then given. Since then, for acute cases calling for Arsenicum I have used the 30th and in the manner indicated above.

Case III—Mrs. M. E. K., aged 86. Family history good. Personal history excellent until two years ago, when a growth began on the right side of the nose. At the same time, sharp, lightning-like, burning pains came periodically in the region of the brachial plexus of the right side. These pains were ag. by cold and am. by heat. I gave Ars. as usual in the 30th but no results. I then tried the 1m and 40 m. Neither helped. Some six months after the 3rd was given five drops every three hours. Under the use of the 3rd the pains about the arm and shoulder ceased. The growth, which proved to be cancerous, gradually developed. It has destroyed most of the nose, invaded the eye and mouth and is still progressing. Though I have tried many remedies, none have done as much to control the pain as Ars. 3rd. The patient has a supply on hand, takes five drops every half hour or 4 hours as the case requires. The patient is still alive, 91 years old and only the other day when a change was suggested to control the odor and a slight hæmorrhage, said "No, doctor, we have tried such things but the Ars. is the only remedy which has done any good so I guess we had better stick to it."

#### *CALCAREA CARB.*

Case I—A typical Calc. carb. child of Dr. M. H., 18 months old. The doctor had been away from home about two months and on her return found the child with a tumor in the right cervical region about half as large as an egg. No pain; no temperature, in fact no symptoms of any kind except the tumor. The child was a beautiful one and the mother's fear was that the gland would suppurate and so disfigure her boy. F. H.—On the father's side the history was nearly perfect. On the mother's side, have been a pronounced exophthalmus which had been so improved by Fer. phos. that the patient was led to study Homœopathy. The mother's father had died of cancer and the doctor herself died of

cancer a few years later. The child was put upon *Calcaria carb.* 30, one dose daily. The tumor entirely disappeared but it was nearly seven months before it did so. The daily dose was continued for two weeks, then an occasional dose until the cure was perfected.

### *LAPIS ALBA.*

Case I—Mr. J. G. came to me with an enlarged neck. The glands and tissues of the right side had been constantly enlarging for nearly two years. F. H.—There was t. b. c. in several members of the family. His mother died of t. b. c. when he was two years old, having suffered from it for nearly five years. Aside from the growth on the neck, the young man seemed perfectly healthy. He had had old-school treatment, principally oil and hypophosphites, but the growth continuing, he had been advised to have it removed by the knife. He was told that it was a dangerous procedure, but that it was his only chance. The tumor was not hard, no discoloration, no pain. I gave him *Lapis alba*, 12th, one powder morning and evening. This for three weeks, then an interval without medicine for two weeks. After that, the medicine was taken for one week with an interval of three weeks. It was nearly three months before we saw any improvement. Then there was a little softening and I feared suppuration was about to take place. But it did not. The tumor gradually decreased and fifteen months after taking the first dose had entirely disappeared. This was over ten years ago and he has not lost a day from his labor since.

I have given the above cases, taken from my record book, because to my mind they throw some light on the question of potency and repetition of the dose. Having used my homœopathic *Materia Medica* for over a third of a century and taught it for a quarter of a century, I fully realize that there are no questions concerning which I am less competent to speak than potency and repetition of dose. Nevertheless, my experience has led me to certain conclusions which I will present for your consideration. Let us leave out of the discussion temper-

ment and idiosyncrasy, both of which, you know, play a very important part in determining the potency, and confine ourselves to the effect a remedy may have upon the tissue or organ for which it has an elective affinity. I teach that a drug may produce one of four results upon a tissue or organ, viz., it may irritate, inflame, cause a functional change, cause a structural change. Some have the power of producing all four conditions, some three, some two and others only one. By irritation we can produce an algia of the nerve filament of any tissue or organ of the body. A few remedies will go no further. Many will both irritate and influence. Some remedies will produce a functional change with little algia as it is while others, like Arsenicum, cause a great deal of both algia and itis before and with the functional change. What is true of functional is also true of structural change in its relation to the other three conditions. If my experience has taught me anything it is: 1st. That those remedies which simply produce an algia should be given in the medium or higher potency and if repeated at all should be repeated at short intervals. 2nd. That those remedies which produce functional changes without much irritation or inflammation are subject to the same rule. 3rd. That remedies which produce a high degree of inflammation should be given in the medium or lower potencies and repeated when the improvement which they cause. 4th. That functional changes preceded by much irritation and inflammation also call for the medium or lower potencies and repetition when improvement ceases. 5th. That remedies which produce structural changes should be given in the lower potencies, repeated frequently, continued for a long time but with intervals when it should not be given at all. 6th. That the exception to the above rule is that a high potency without repetition may be needed to complete the cure in cases of structural changes which the medium or lower potencies have improved.

Dr. Holman: What does Dr. Royal mean by elective affinity of a drug: Does he mean that a drug *per se* has an elective affinity to go to a disordered state of the body?

Dr. Lehman: Perhaps he has borrowed that idea from

Hughes who has written largely on the affinities of remedies for certain organs. I do not know that there is any particular objection to that statement at all.

Dr. Holman: I was wondering what he means, that is all.

Dr. Lehman: I suppose that is the idea.

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## SABADILLA.

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

This remedy was proved by Hahnemann and his contemporaries, who gave us our most useful provings, and while it corresponds to a wide and varied range of human ailments as indicated by its symptomatology and demonstrated by clinical experience it is nevertheless a much neglected remedy, especially by that large class of our school who boldly proclaim their inability to practice Homœopathy by stating in any given cases that they gave "the usual remedies" which failed and then they felt justified in seeking assistance in the cesspools of empiricism.

It is not our purpose to enter into an exhaustive consideration of the symptomatology of this remedy but rather to call attention to some of its most salient features, characteristic indications, and verified symptoms.

A glance at the first rubric in the *Materia Medica* is sufficient to call one's attention to the curative possibilities of this remedy in that great class of cases characterized by a modified mentality in its various gradations from hysteria to insanity.

The patient is full of erroneous impressions as to the state of his body. "Imagines herself sick; parts shrunken, that she is pregnant when she is merely swollen from flatus; that she has some horrible throat disease which will end fatally." Such are the symptoms of which Hering gives most prominence, and if properly appreciated they will help us in many a difficult case. Some of the surgeons of our school are prone to speak disparagingly of the Homœopathic *Materia Medica*, to characterize its symptomatology as being composed largely of "hysterical symptoms" and to cry loudly for revision and new provings. One of

these was called to attend a man who stated that for a long time he had been troubled with obstinate constipation which culminated in complete obstruction and that for many days there had been no movement of the bowels. He was taken to the hospital, the surgeon opened the abdomen and "explored" the intestine throughout its entire length only to find that there was no obstruction and no discoverable "pathology" to warrant his procedure. The patient nearly died from the operation but finally survived only to develop an increasing degree of mental impairment which was the sole basis of the supposed "intestinal obstruction." Would not the homœopathic physician with his *Sabadilla* including its so-called "hysterical symptoms" have rendered a more rational service and proved a safer custodian of this case than this prominent surgeon with his arrogant assumption and diminutive gumption?

The *Sabadilla* patient is not only distressed by his imaginary diseases and bodily ailments but his mind is in a tempestuous state because of imaginary moral delinquencies. He imagines that he has committed a great crime; that he has been unfaithful to his marriage vows or that he has deserted the true religious faith and is destined to be lost. With this there is an anxious restlessness that drives him from place to place precluding the possibility of tranquility either mental or physical, nervous and anxious, startled from the least noise. The sleep is restless and unrefreshing and in the morning he wakes suddenly with a start as if greatly frightened; easily frightened and startled by noises.

A woman becomes badly frightened and this is followed by paroxysms of hysteria. *Sabadilla* should be remembered for such cases. Its anxious restless nervous state with the ill effects of fright might cause one to mistake *Sabadilla* for *Aconite* but it lacks the all-absorbing overshadowing and dominant fear of *Aconite*.

The *Sabadilla* patient is a cold patient, many complaints are worse from cold, sensitive to cold which aggravates. The aches and pains are worse from cold, but with all the chilliness and sensitiveness to cold the face is hot and he wants a cool place for it, which ameliorates. I have used it in acute colds, in-

fluenza, etc., where the patient was chilly, wanted much cover, whole body cold, but wanted a cool place to lay the head. The face was hot and patient would frequently turn the pillow to find a cool place for his head; cold all over except the head and face. With this there is often a desire to stretch the legs which relieves the aching pain in them.

Vertigo with sensation as if all things were turning around each other; or as if turning around the patient. This is relieved only by lying perfectly still and looking fixedly at one object. It also has a headache with vertigo and the same modality: viz, relieved by looking steadfastly at one object.

"Headache and vertigo better while eyes are steadily fixed upon an object and while patient is thinking of one subject." One thing at a time seems to be the motto of this modality. Mental exertion produces and aggravates the headache. The brain seems tired and easily fatigued similar to the condition often found in neurasthenia for which it is an important remedy. Or the mental aberration assumes a serious aspect culminating in acute mania with rage and violence which can only be quieted by washing the head in cold water. Here is an exception to the aggravation from cold—the raging mania is relieved by bathing the head in cold water.

It would be a great remedy for the nose and throat specialists if they would use it when indicated; but unfortunately they are too much absorbed with sprays and gargles, which never cure but only antagonize the efforts of nature, or are vainly exploring the vagaries of some lost cause, like the vaccines, serums, etc.

Profuse lachrymation characterizes many of its complaints especially those associated with the head. The eyes fill with water on the slightest provocation, when walking in the open air, on looking at light, sneezing, coughing or yawning. A pain in any part of the body, in the hand or foot may give rise to profuse lachrymation. The following case taken from the literature exemplifies its action along these lines: Mrs. O., a lady of 40 years, who has had "rose cold," "hay fever" etc., for several years, even to the prohibition of having a rose in the house, and all through the summer she was constantly sneezing and

blowing her nose, applied to me last summer for a prescription. Knowing the obstinacy of some of these colds, I took down "The Symptomen Codex," and transcribed all the symptoms of sneezing, coryza, and their concomitants, on blank paper, and then compared them, and under Sabadilla I found the following symptom, which was the prominent one in her case: "Lachrymation, when walking in the open air, when looking at a bright light, when coughing or yawning." Mrs. O. experienced all the other symptoms, but this one was the only one that was characteristic, "that distinguished it from all other cases of a like character." I sent one powder of Sabadilla 200 to be dissolved in six spoonfuls of water, of which one spoonful was to be taken every four hours until all was used. The next day Mrs. O. rode up to my door and asked for a number of powders of the same medicine. She had not sneezed that morning. Today (one year later) I have inquired whether Mrs. O. has had any return of the complaint, but I am assured that she has not, and, what is further, she now has flowers and roses constantly in her house." Think of the work involved in transcribing all the symptoms of sneezing, coryza and their concomitants in the Symptomen Codex ! But look at the result, the splendid cure. If those who clamour for new provings would only study and learn to use what we have, our cause would prosper beyond expectation and there would be no need of grasping at the forlorn hope of salvation through organization and federation without the paramount pre-requisite of qualification. It requires work, much study, to practice Homœopathy and the homœopathic school of medicine will never be saved until it abandons the fantastic scheme of "federation" as a substitute for qualification.

Sabadilla is one of our greatest throat remedies. No remedy has a more painful sore throat than this one. It is so extremely painful that the whole body writhes when he attempts to swallow. So intensely painful is it that he cannot swallow saliva but must spit it out. Excruciating though the pain is, yet there is continual desire to swallow and whenever he attempts it he distorts his face, writhes in pain and says "It feels like it would take the skin off," meaning the mucous membrane. Ask him to open his mouth and he makes a wry face for it is painful to

comply with your request. Tell him to put out his tongue and the protest is more pronounced for the pain is greater. Ask him how his throat feels and he says "it feels like he had swallowed a pint of vinegar." There is a sense of painful constriction as after swallowing an acid drink, but with all the discomfort there is a constant desire to swallow and each time he says "It feels like it would take the skin off."

The mouth and throat feel extremely dry, a sense of great dryness in the throat prompts this constant desire to swallow, yet there is no thirst. "How does your throat feel as regards dryness or moisture," you ask. "It is as dry as a powder house," he answers. If there is any thirst it will be for hot drinks, but frequently there is no thirst, just the excruciating pain on swallowing "like it would take the skin off" associated with this sense of constriction and great dryness, "dry as a powder-house." There is often a feeling in the throat of a body or lump which he must swallow down. The pain is worse on empty swallowing but he can swallow warm food better than cold.

The direction of the throat symptoms from left to right as given in Hering is purely clinical and somewhat at variance with the provings which show a general tendency of complaints to go from right to left. The headache begins in the right side of the head and extends from there. The chest pains, pains in side and pain in the limbs, begin in the right side and go to the left, and Lippe says the sore throat goes from right to left; while Hering, accepting a clinical report from some German doctor that "In an epidemic of sore throat all cases which commenced on the left and extended to the right side," were cured with *Sabadilla*, gives prominence to this assertion.

If the apparent trend of the proving should substantiate the supposition that the throat symptoms too go from right to left then the fact that it also has relief from warm drinks will bring it into competition with *Lycopodium* which has both of these modalities. With *Sabadilla* *Lycopodium* also shares the distinction of having a cough which comes at the same time each day, always at the same hour, with clock-like regularity.

Intermittent fever with the chill always at the same hour with thirst only between the chill and heat is cured by this

remedy. If it were vomiting between the chill and heat it would indicate Eupatorium perf. and Lycopodium if bitter vomiting Eupatorium; if sour Lycopodium; the first will likely say "as bitter as gall," the last "as sour as vinegar." "Cough as soon as one lies down" is a symptom of Sabadilla and reminds one of Pulsatilla, Hyoscyamus and other remedies of this class.

"Pain in the right shoulder, extending to the chest, with the sensation as if a tape prevented the circulation of the blood." Chelidonium has the thirst for warm drinks and a sensation of a tape or cord around the abdomen.

Sticking pains in the right side of the chest during inspiration, and coughing. This looks like Bryonia but when we add he is unable to lie on the affected side and has no thirst, it no longer resembles Bryonia but Sabadilla.

Years ago I knew an old man who with stooped form and tottering step was going down life's western slope, white with the frost of age's winter soon to reach the final goal. In one hand he carried a cane, the other was pressed against the small of his back, the palm outward. He suffered with a backache which had bothered him for many years. He had used much liniment and tried numerous doctors but all to no purpose—the backache was still there. I observed him seated in a chair and noticed that he sat as far back in the chair as possible and seemed to press his back against the chair. Upon inquiry he informed me that this gave him relief, the pressure of the chair against the back and likewise the pressure of his hand against his back when walking. It was not only the pressure *per se* that afforded the relief but the fact that the pressure kept his clothes close to his back thereby keeping it warm which relieved; better from heat and pressure. In bed he wanted the covers pressed close against his back, he wanted his coat buttoned tightly around him, he wanted to press his back against the back of the chair, and always he walked with his hand across the small of his back pressing firmly upon it as he went his way. Better from pressure and heat. I gave him Sabadilla and cured his backache. He lived several years and had no return of it. Since then I have cured many cases of backache with this remedy when these symptoms were present.

Dr. Nelson: I like to hear that kind of paper read. It reminds me of a case I had, although I do not know anything about Sabadilla, but he mentioned the one symptom of worse on swallowing under throat symptoms. I had the case of a girl who had sore throat; she had diphtheria, but all I could get out of her was she had a sore throat; that in swallowing anything it hurt her. I could not find but two remedies that had that symptom, one was Mercurius and the other Lachesis. I did not try to differentiate one from the other. I gave Mercurius, and the next day finding it had not given her any benefit, I gave Lachesis and this cleared up the throat symptoms.

When I was a boy, about 14 years of age, I was doing considerable work on the farm, also hauled rails and did such business as that, and the small of my back began to ache. I quit work on Friday night and did not go to work Saturday. I woke up that night with a backache which continued Saturday and Sunday. I have had a weak back all my life, but in recent years it has not been as bad as formerly. I have waked up many a time in the night with a backache, and when the doctor mentioned such symptoms as backache, I could not help but remember some of my own.

Dr. Donald: I am pleased to have heard this paper because I have used Sabadilla for many years in the northwestern country where people come from the south and west with hay fever. He has brought out the points of difference, the watery eyes, the burning of the nose and soreness of the throat. I know of no remedy we have at our command that has relieved so many of these cases and almost instantly. I have had patients come to me in the forenoon, have given them a prescription of Sabadilla, and in the evening they were all right. They remained the next day all right. Sometimes I would have to repeat the prescription. The action of it is quick in hay fever. We ought to get a good proving of it as the German government is using tons of it in the war to blind the English soldiers. They have smarting of the eyes and sore throat.

Dr. Houghton: They are using the seeds.

Dr. Stearns: I have read somewhere that when in the prov-

ing of the drug, conditions go from right to left, the drug is useful in conditions going from left to right.

I would like to ask Dr. Taylor to speak on that point. I think it is in Farrington. I do not remember the remedy. I do not know anything about it.

Dr. Taylor (closing): As to the matter of sides, as I stated in the paper, Hering got that from a German doctor who reported an epidemic of sore throat in Germany, and all the cases examined in which the symptoms began on the left side and went to the right were cured by Sabadilla. Hering attached a great deal of importance to that, he put it in his *Materia Medica*, and it is there now. But I think we ought to be careful in accepting that as being a general rule or even accepting it here. If you are going to say in the proving of a remedy the symptoms go from right to left, the cure should begin in the opposite direction. What are you going to do with *Lycopodium* and *Lachesis* and other remedies which have a decided inclination to start on one side and go to the other? If you read the clinical cases by different men you find that *Lycopodium* begins on the left side and goes to the right, and they do not seem to have settled that point very definitely in the early days, not so much as they do now. It is a characteristic indication of where the trouble begins on the right side and goes to the left. That is true of *Lycopodium*. The same is true of *Lachesis*, it begins with the left and goes to the right.

I remember a good cure in a case of right-sided goiter with *Lachesis*. The patient had other symptoms of *Lachesis*. All the symptoms of Sabadilla that show any tendency to go from one side to the other go from right to left, and Lippe, for whom I have the highest opinion, and who I think was one of the greatest masters of the healing art that has ever lived, says sore throat goes from right to left. I called attention to this in the paper, and we should make observations as to how this works out and make reports in regard to the matter later to determine definitely how it is. It is dangerous to undertake to say that a rule which has been established and recognized

throughout all the years of our school can be very lightly set aside.

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## MATERIA MEDICA PICTURES

BY FRANK W. PATCH, M. D., FRAMINGHAM, MASS.

The title of this paper may be somewhat misleading; it is intended to be simply a discussion of methods of Materia Medica study partly from the standpoint of the teacher and partly from that of the student.

The application of the homœopathic Materia Medica has always been a subject open to much difference of opinion.

Students when confronted by page after page of symptoms, which seemingly have little apparent relation to anything that has gone before, are at a loss to know how to meet the new experience. The first thought that occurs to them is "how can we ever bring order out of this chaos or memorize enough to be able to prescribe even for the most simple case?"

I realize that it is not strange that these questions are constantly coming up especially in view of the fact that as instructors we often expect the student to memorize many symptoms for final examinations.

Every one who is in active practice throughout a period of years is bound, without conscious effort, to become familiar with the leading characteristics of many drugs; such knowledge is a part of our daily routine.

But how many of us know our drugs comprehensively as individual entities?

The study of Materia Medica has long appeared to me as identical with the study of human nature, if we may so designate it. The one is distinctly representative of the other. That this must be true is self-evident to any student of the Philosophy of Homœopathy.

One reason why we fail so frequently in our understanding of drugs may be that we do not begin early enough to familiarize ourselves with them. In our study of human individ-

uals we commence our observation, unconsciously, with the dawn of reason, recognizing the characteristics of our acquaintances through the senses, becoming familiar with them through association and finally reaching an understanding that we possess of very few of our drugs.

The study of *Materia Medica* is usually begun in adult life and, like the study of language taken up in adult life, can never become so much a part of ourselves as is that field with which we have been associated from childhood.

If, however, from the beginning greater emphasis is laid on this individual feature of drug study rather than on the attempt to memorize single symptoms, or groups of symptoms, I believe we may fare better. It surely is worth a trial. I believe we ought to recognize drug pictures as we see them brought out in sick individuals in exactly the same manner that we recognize our friends or acquaintances on the street.

When we can do this we shall be able to repudiate that charge so often made that homœopathic physicians are mere symptom coverers in their *Materia Medica* work. No one can be very closely associated with our work without finding out that the successful practice of Homœopathy means far more than the simple covering of symptoms.

Thousands of symptoms are common to many drugs alike. Were we to search only for a remedy in a given case that had all of the symptoms which might be present in a certain patient, regardless of the character of this remedy, we should probably fail in about 98% of our attempts to cure.

Given the totality of symptoms we must still further study case and remedy until we can determine which drug is homœopathic to the individual in hand. Which drug is capable of causing a train of symptoms comparable to the one before us?

Here is where the study of individuality comes into play and where we should attempt to form our *Materia Medica* pictures in such a manner that we can recognize drugs as their symptoms appear in the mirror of the sick.

It is easy to prescribe *Nux vomica* in many of our cases of indigestion regardless of the full picture; we find cramping pains in the stomach, discomfort after eating, distention and

pressure such as might be discovered in the symptomatology of any one of a hundred other drugs. *Nux vomica* is the one that is most frequently thought of and consequently given without further consideration. But what about the true picture of this drug? How shall we recognize its larger nature? Certainly it is not enough to prescribe a drug of such complexity merely in isolated cases of indigestion, headache, or hernia.

What we ought to be able to do in thinking of *Nux vomica* is to call to mind the wiry, thin, irritable individual, over-sensitive to noise and light, sensitive to the least draft of air, who comes downstairs in the morning with a sour face, after a night of discomfort, ready to snap the heads off the other members of the family, sedentary in his occupations, limited in his exercise, constipated, on the whole an individual not pleasant to meet casually and far less comfortable to live with. His appetite is poor, his food does not agree, he is full of idiosyncrasies of one sort or another, always out of sorts in the morning and sleeping poorly at night. We all know this individual because he is a common type met with almost anywhere in the business world.

What we do not always recognize, however, is some of the finer points of difference between this individual and other individuals who have certain characteristics in common but are markedly different in other traits.

For instance the Kali carb. individual, do we recognize him as readily? He also is highly sensitive to every atmospheric change and his complaints are likely to be worse in the morning yet he is an absolutely different individual from the man who calls up the picture of *Nux vomica*. The Kali carb. patient is of finer grain, more complex; his irritability does not arise from the same uncomfortable source as does that of the *Nux vomica* individual but is due largely to the fact of his hypersensitive temperament which is keenly alive to all that goes on about him and is played upon by every passing thought; he is irritable from the lack of order in his surroundings, from the lack of harmony in his associates or

from other mental causes rather than from pure cussedness as is so often the fact in the case of *Nux vomica*.

These peculiarities are the ones that stand out and are most evident but if we pursue the differentiation farther it will be possible to see many points of difference and perhaps but few of contact.

The *Kali carb.* patient is far more likely to develop diseases of the chest, diseases affecting the pleural membranes associated with sharp stitching pains or catarrhal symptoms while the *Nux vomica* patient when sick develops diseases of the liver or circulatory system, suffers from intermittent fever when the *Kali carb.* patient would have pneumonia and so on.

This is what I mean by *Materia Medica Pictures*. If we can think of each one of our drugs in this strongly individual manner we shall have much less difficulty in separating our cases and selecting remedies that may be expected to be of real service.

For instance, in the use of *Carbo. an.* and *Conium*; here are two remedies both of which are of great value in indurated glands. How are we going to know them apart? How shall we select the curative drug in a given case? Both remedies are capable of causing disturbances in the glandular system, the mammary glands or other glands. What then is to be the determining influence in our choice?

In the first place the *Carbo. an.* patient is usually one whose troubles are of very slow development, long standing symptoms or trains of symptoms which have lasted through a large part of the life of the individual, complaints that develop slowly; everything about the patient is sluggish. She is dark of complexion and the appearance of the skin, especially over affected parts is purplish or muddy in appearance; eventually ulceration of the tissues takes place, and active inflammatory conditions develop in indurated structures.

*Conium*, while a drug capable of considerable depth of action, is less tedious in its development and shows more tendency to nervous and paralytic disturbances than does *Carbo. an.* The mental side of the patient is much inclined to be disturbed and we have conditions resulting in dementia, loss

of memory and hypochondriasis, a weakened mentality easily excited by alcohol and of very little general resistance and power.

This method of comparison is of the greatest value and brings out the various shades of different individual types.

No writers on *Materia Medica* have elucidated this side of drug study in a more effective manner than Drs. Farrington and Gross, the first in his *Clinical Materia Medica*, which has long been one of our valuable works in this field; the second in the old volume, now so seldom used, on *Comparative Materia Medica* which was published in 1867 and which is as valuable today as it was then.

Even in acute work we may with profit study the individual features of the different drugs through comparison. For instance the two drugs *Ant. tart.* and *Ipec.* while not usually thought of as being in the same class really have many features in common and yet are as different as any two men we may see pass down the street. Both drugs exhibit nausea, both are capable of causing inflammatory states in the bronchi, both are most useful in the treatment of inflammatory conditions of the chest. But the differences in these drugs are so marked that it would hardly seem as though there would ever be any necessity of confusion.

Again in the matter of sequences and associations of the various individual drugs it is most interesting to observe the qualities that are found in a drug which has the power of developing order in confused cases as has *Sepia*, for instance, and the complementary drug which may be associated with it in caring for certain phases of any transitional period of illness.

Why should *Nat. mur.*, for instance, be complementary to *Sepia* and why should *Nux vomica* be complementary to *Sulphur*? Why should *Lyco.* follow *Calcarea* or *Phos.* and *Caust.* be incompatible? These are questions which are not easy to answer but on which some light may be had perhaps if we study carefully the individual characteristics of each.

It is not less difficult to understand why *A.* can form an

ardent friendship for B. and be unable to exist for a half hour at a time in the same room with C.

By making a careful analysis of these various characters we shall find certain points in common and other points at variance which will explain in a way certain peculiarities of the phenomena; it is undoubtedly the same with our drugs. Some things must be accepted after they are amply proven and these idiosyncrasies are among them.

The mistake we make in prescribing is in attempting to cover the few surface symptoms only with a drug which has in its anamnesis a similar group of symptoms. This is not really enough. We have got to dig down more deeply if we are to get at the heart of homœopathic prescribing.

Hahnemann and Bœnninghausen both realized this and both put forth work which has stood the test of many years but which is only rarely being duplicated today.

The nature of our time is not encouraging to study of this nature. We are too anxious for rapid results and have not the time to patiently plod along the *Materia Medica* road though if we could but bring ourselves to do it the eventual results, I am satisfied, would be beyond anything that we achieve under present conditions.

The Chairman (Dr. Lehman): This paper is open for discussion. It seems to me, this Society cannot teach too much of that thing. The young doctors are continually misunderstanding the objects of the practice of Homœopathy simply because they do not understand these things. The ancients, who tried to find specifics for diseases, had a name they gave to the specific action of the drugs they had selected, and they called it the *Arcanum*, the *Arcanum* of the remedy, and I do not know of a better word that covers the real, genuine action of a remedy, the spiritual conception of the remedy, than the word *Arcanum*, and if we embody in that word the picture of a remedy and the application of it to disease, it will be a wonderful help to our conception of it.

I would like to say just one more thing. I think perhaps we will express the idea I have tried to bring out in connection with these papers, and that is this: symptoms, like pathology,

are just cold, hard facts. Symptoms in the *Materia Medica* are nothing but cold, hard facts. Now, until the physician learns the secret of making the symptoms of his patient a living mental picture in himself, with a sympathetic outpouring of his own soul into it, he cannot extract from the vegetable kingdom or any other kingdom the living similarity. The process must be living. In other words, the physician transfers part of his living vitality to the patient through the use of the remedy he prescribes. It is the only way that I ever get the best and finest results. When I get into that sympathetic relation with my patient and my remedy, then I know I am right, and I have that feeling that I am always certain to get a result.

I wish to thank the Society for the indulgence of my Bureau, and I hope it may be of some benefit. I thank you. (Applause.)

Dr. Pierson: The man or woman who depends upon a superficial knowledge of individuals as the basis of his ability to make use of them is continually running up against obstacles that he cannot explain and cannot solve. Notwithstanding the fact that every woman and man present is supposed to be a close, careful student of *Materia Medica*, it is true that there are not half a dozen here who can give a clear, accurate, comprehensive picture of more than a dozen of our remedies, and it is because of this lack of knowledge—positive, clear, well defined knowledge—of the personality, the individuality of our remedies that we are so uncertain about our prescriptions and so indefinite in the expression of the same. *Our cases, as they are reported, are largely an index of the knowledge we have of our Materia Medica.* Our patients make reports and the symptoms recorded are so incomplete in many instances, that the picture is a very vague, indefinite, uncertain proposition. *Until we are able to so train our observation that we can see a clearly defined picture of the remedy indicated in the patient we are going to have altogether too much guesswork in the remedy selected and too much doubt and uncertainty about the action to be secured.*

Dr. Patch has given us, in the way of suggestion, something

that is of vital importance to every prescribing physician in the homœopathic school. Different methods have been employed in the past, different methods will be employed in the future, for filling out the detail of the picture that must be presented in order to know what to do. If you do not have this definite knowledge you are going to be symptom hunters, and if you do not have a clear, definite picture of the condition present you are not going to be able to know when that perverted picture is going to be transformed into the picture of normal health. You are going to have certain symptoms disappear because you have met certain symptoms with a certain remedy; you will be surprised when new symptoms come up with the disappearance of others; you are not going to know when your case is cured nor why it is cured; you are not going to know whether the cure is temporary or permanent or dependent upon conditions that may arise in the future. It is a part of me not to draw imaginary pictures. I try to see in my remedies an individuality that is broad. Almost every remedy has a composite picture made up of a great many individual pictures, and I try to see in my remedy one of those pictures which corresponds to the picture in the individual. I try not to go to extremes; I try not to be a faddist, but to get a clear, intelligent idea from the record of the reasons why I select a certain remedy, and I feel that it is imperative for each and every one of us to work along lines similar to those suggested by Dr. Patch if we would know where we are and what we are going to accomplish.

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### RUBRICAL ANALYSIS IN ITS RELATION TO MATERIA MEDICA STUDY.

BY BENJAMIN C. WOODBURY, M. D., HONOLULU, HAWAII.

In following out the line of Rubrical Analysis in its relation to the study of Materia Medica, it is obviously necessary to take the symptoms carefully, obtaining their precise location

as to time, place, and conditions or concomitants, and to analyze each case upon this basis.

For this purpose it will be well to utilize the general schema originated by Hahnemann, which consists in what Dr. Hering speaks of as the "Forty Eight Chapters," which, starting with "Mind and Disposition," extend through the whole gamut of physical relationships.

It must first be clearly understood that general symptoms are not delimited; such symptoms, as for example, "*physical anxiety*," which being general, affects the organism as a whole, including the mind and disposition. Whereas particular symptoms such as affect different organs or parts, are at once limited as to (1) *location*, (2) *sensation*, (3) *modalities*, or conditions of aggravation or amelioration; and finally (4), by their *associated* or *concomitant* symptoms. Dr. Hering's original outline, as given in the Preface to the Guiding Symptoms, consists of the following:

	Sensations.	
Localities.		Conditions,
Tissues.		or better
		Modalities.
	Concomitants.	

Thus he explains; "The characteristic may be found in one or more of these. Three points of rest, according to mathematics, being enough to support any object, we may assume that three characteristics should be sufficient to make a cure very probable."

Dr. Hering did not mean by this that, having gotten three or even four characteristics, we should immediately conclude that we had found the indicated remedy, and need look no further; what he did mean was, that having obtained at least three characteristics thus carefully delineated, we might be reasonably certain, that if the remainder of the symptoms agree the remedy we have chosen will be the proper one. It was to this method of analysis of *each single symptom* that he especially wished to call attention. In a general way, Bœnninghausen, Allen, Hering and other writers have followed Hahnemann's

original method of using the different chapters for recording the complete pathogenesis of the remedies. These forty-eight chapters or divisions of the symptom-register are based for the most part upon an anatomical or physiological outline; and in the search for given symptoms, each one should be analyzed with the intent to obtain whenever possible what has been called the "complete symptoms." Hering's "three points of rest," then, should appertain to every single symptom, which, together with its associated symptoms, go to make up the totality. For teaching purposes only the principal remedies under each rubric need be considered. Whereas, when taking the case for the purpose of finding the remedy, all the drugs having these characteristics must be taken and the concomitants must be found to agree. In the case of such rubrics as deserve to be designated as "strange, rare and peculiar," the remedies will need to be analyzed in their entirety, in simple but complete form, in order to obtain their proper emphasis.

Take as an example the rubric we have mentioned "Anxiety Physical." It is, in its first analysis, a general symptom, hence will not be subject to limitations, which is the case with those that are less comprehensive. It will therefore be complete in itself when once we have qualified its particular phase of expression, by its modalities and concomitants.

Bœnninghausen gives under this rubric, as chief remedies: ARG., ARS., CAMPH., CHAM., NUX V., PHOS., PHOS. AC., PULS., SULPH., whereas Kent gives, under ANXIETY, general physical: ARG-N., ARS. CAMPH., CHAM., DIG., IP., NUX-V., PHOS., PH-AC., PULS., SULPH. This stands as a *physical general*, without qualification.

If on the other hand we were to analyze Anxiety as a *mental general* and the conditions under which it is made better or worse, with its accompanying symptoms, we might proceed somewhat as follows (and here it is best to consult the Complete Repertory, as for example, KENT) where we find, under MIND (mental Anxiety): ACON., ARG-N., ARS., ARS-I., AUR., BELL., BISM., CACT., CAL-P., CAL-S., CAMPH., CANN-I., CARB-S., CARB-V., CAUST, CHIN., CON., DIG., KALI-AR., KALI-C., KALI-S.,

MEZ., NAT-A., NAT-C., NIT-AC., PHOS., PSOR., PULS., RHUS-T., SEC., SULPH., VERAT. (First value only).

Starting with this general list, we may for the purpose of analogy, select only such rubrics (from a long list) as show the relationships of some of the most prominent remedies having general mental anxiety. Let us examine two or three of these remedies. Starting with ACON., the first remedy under this rubric, we find the following remedies, having ANXIETY, with fear (using remedies of first and second values):

—Fear, with ACON., *alum.*, *am-m.*, ANAC., *ars.*, *aur.*, *bar-c.*, *calc.*, *canth.*, CAUST., *chin.*, *chin-s.*, *coco.*, *coff.*, *cupr.*, *dig.*, *graph.*, *hep.*, *kali-c.*, *kali-p.*, *kreos.*, *mag-c.*, *merc.*, *nat-m.*, *nit-ac.*, *phos.*, *psor.*, *puls.*, *rhus-t.*, SEC., *sep.*, *spig.*, *stront.*, *verat.*

—During fever: ACON., *alum.*, AMBR., ARS., *asaf.*, BAR-C., *bry.*, *calc.*, *chin-s.*, *ferr.*, IP., *mag-c.*, *petr.*, *phos.*, *puls.*, *rhus-t.*, *ruta*, *sec.*, SEP., *spong.*, *tub.*, *viol-t.*, *zinc.* \*

—crowd, in a: Acon., *ambr.*, bell., lyc., *petr.*, *plat.*, *stram.* \*\*

—Mental exertion: Acon., *ars.*, *calc.*, *camph.*, *cham.*, *cupr.*, *iod.*, *nat-c.*, *nux-v.*, *plan.*, *phos.*, *puls.*, *rhus-t.*, *sec.*, *verat.* \*\*\*

—motion, from: Acon., *aloe*, *berb.*, *bor.*, *mag-c.*, *nat-c.*, *nicc.*, *rheum*, *stann.* \*\*\*

Having given in detail the most characteristic conditions under which the Aconite anxiety is experienced, let us in brief survey some of the more prominent conditions and concomitants of Arsenic.

Under Anxiety in the evening we find (in general): ARS., CALC., CAL-S., CARB-S., CARB-V., DIG., SEP., SULPH.

—at night: ARS., PULS.

—3 A. M.: ARS., Sil. (first and third values).

after: ARS., Rhus-t., *verat.* \*\* \*\*

—in bed: ARS., *ambr.*, *bar-c.*, *bry.*, *calc.*, *camph.*, *carb-v.*, *caust.*, *cench.*, *cham.*, *cocc.*, *ferr.*, *graph.*, *hep.*, *lyc.*, *mag-c.*, *puls.*, *rhus-t.*, *sulph.* \*

—during chill: ACON., ARS., CALC., CAMPH., *cocc.*, PULS., *rhus-t.*, *verat.* \*

before chill: ARS., *ars-i.*, CHIN. (first and third values).

—conscience of (as if guilty of a crime): ALUM., ARS., AUR., DIG., PSOR.

about salvation: ARS., LAC., LIL-T., VERAT.

\* Remedies of first and second values only.

\*\* Remedies of second and third values only.

\*\*\* Remedies of third value only.

—during sleep (compare dreams): ARS., *bell.*, *kali-c.*, *nit-ac.*\*

waking, on: *Alum.*, *arn.*, ARS., *cact.*, *carb-s.*, *carb-v.*, *chin.*, *dros.*, *graph.*, LACH., *Nux-v.*, *phos.*, *spong.*, *stram.*, *sulph.* \*

As another example take Argentum nitricum, which appears first under the rubric:

—anticipating an engagement: ARG-N., gels., med. (all three values).

—walking in open air: *Anac.*, arg-m., *arg-n.*, LYC., (all three values).

Another prominent characteristic of this remedy is to be found, under MIND, in the specialized rubric of *fear* that high walls and buildings will fall upon him: *Arg-n.*, *arn.* \*\*

Also under Complaints from anticipation, we find: *Arg-n.*, ars., gels., lyc., med. \*\*

And finally under Excitement, when anticipating events: *Arg-n.*, gels., med. \*\*

In like manner we might traverse the broad highways of the Materia Medica, pausing here and there to investigate its multitudinous highways and byways. A legion of interesting stopping-places would in this way engage our attention, which, while little known or appreciated by the casual passer-by, prove not only interesting but instructive to the searcher, the learner. Hering's "Symptoms of the Mind," published originally as the first and only published volume of the Analytical Materia Medica, treats all these varied phases of mental symptoms in a most exhaustive manner.

In the Preface to this interesting volume, Hering thus speaks of General Symptoms, "i. e., such according to which, alone it would be impossible to base a correct prescription, there will be found at the margin of the page a list of medicines with the marks indicative of their grades of value. In the text adjoining, the different shades of variation will be given according to the uniform rule: that all similar sensations and feelings must be placed near each other; provers as well as patients, may

have used different words in endeavoring to express the same sensation. After this we have the connection, then the modalities and concomitants, of such a symptom or altered function."

Thereafter follows directions for the selection of the symptoms with directions for the selection of the proper remedy for each case.

\* Remedies of first and second values only.

\*\* Remedies of second and third values only.

Pursuant to our original remarks regarding the study of the Materia Medica, according to this rubrical arrangement, we can do no better than to quote from this Preface:

"In all chronic and lingering cases, the symptoms appearing last, even though they may appear insignificant, are always the most important in regard to the selection of a drug; the oldest are the least important; all symptoms between have to be arranged according to the order of their appearance. *Only such patients remain well and are really cured, who have been rid of their symptoms in the reverse order of their development.*"

"After deciding upon the leading symptoms of a case, three of which at least we ought to have (Lectures in Allentown, 1835), we can refer to such pages or chapters in this work as are devoted to them; there the concomitant conditions may be examined into, and the closest similarity with one or another drug may be confirmed. Next to this the pages, or chapter, with the pathological names nearest to the case, may be consulted. Very often the practitioner may find that he has omitted some questions, the answer to which he must, if possible, obtain, in order that he may complete his image of the sick.

"The greater the number of the drugs which are to be found under the same heading, the more ought the beginner to be convinced that he cannot select the medicine looked for out of so many by the similarity of such a symptom as is named in the heading. Not even if several peculiarities are known which, however, happen to have been produced by nearly all the drugs proven. For instance, *vertigo* does not indicate any

medicine, even if it comes on while walking in the open air or with a tendency to fall, or with nausea and vomiting.

“In all important cases the monographs should be consulted, and last though not least the ‘Materia Medica.’”

It is doubtful if we can do better than to follow these simple but safe rules given us by Dr. Hering. The beginner is at first appalled and confused by the vast array of symptoms in the homœopathic Materia Medica, yet after study he soon comes to realize that the complete Materia Medica, and likewise the Repertory represents the whole text, arranged either in detached rubrics, or in the original symptomatology of the provers.

A case may present many or but few symptoms. The clearness of an individual sickness is not measured by the number of symptoms it presents; it may present few or many; but rather by the importance of them and the ability we possess of finding their correspondence in the list of proven drugs. A few terse, clear-cut indications may suggest but a few drugs, yet it may need only a few generalizing rubrics, corroborating such symptoms, to show at a glance what medicine is indicated. On the other hand, it often happens that, after searching almost the entire Repertory, we still find only general indications, which are not clear enough to be decisive or individual enough to be characteristic. It is not a question of finding the symptoms in the Repertory, but in the patient. Consequently, it should ever be the aim of the prescriber to obtain few and brief symptoms, which shall be to the point and suggestive. Only thus can we be sure of obtaining rapid and sure repertory analysis. Undoubtedly some cases do not offer themselves readily to the repertorial method. In fact, the use of the Repertory came into being after the Materia Medica became so extensive as to preclude the majority from making direct application of their knowledge of remedies in prescribing. Undoubtedly there are, even at the present time, many physicians who are so well versed in the Materia Medica as to be able to apply this knowledge first hand in simple cases. It is greatly to be feared, however, that the early masters of our art, would find it difficult to recognize the correct type of pre-

scriber, in the careless and reckless off-hand Materia Medicist, or the hide-bound student of the Repertory, both of whom use either the head or the repertory for ready reference, without consulting the original records which are to be obtained in the Materia Medica and nowhere else.

The Repertory was never intended to be used instead of the Materia Medica, and obviously cannot take its place. The one is to be used as the supplement of the other. The patient is after all the real guide; if the symptoms can be clearly obtained, there should be no difficulty in finding the remedy, if it be among the list of proven drugs. It is discouraging enough to start with a comprehensive general symptom, and after following carefully through this list and noting every qualifying condition, to find at last that one is on the wrong track.

Hence in our rubrical study, let us analyze in-so-far as possible a sufficient number of rubrics to enable us at last to find but two or three remedies which will prove worthy of study in the Materia Medica. No one can criticise this form of study, if pursued carefully; and in such symptom analysis, the Repertory will be found our most trustworthy guide.

## Bureau of Clinical Medicine

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### CLINICAL CASES.

BY JOSEPHINE HOWLAND, M. D. H. M., UNION SPRINGS, N. Y.

#### Eva M. A Canada Case by Mail.

May 14—Brought home in an auto from her work suffering from an acute attack of appendicitis. Had to go right to bed. The mother wrote me at once giving me the following symptoms: Doubles up with pain. Says it feels as if a knife was sticking into her. Feels hot inwardly, but skin doesn't feel hot.

When I received this letter I sent Hepar 55m on the symptom of sticking pain, and also because some time previously she had had mercurius with great benefit for a time when it seemed not to do any more for her. If you look in Knerr's Repertory you will find in section 32, page 910 under "fingers," complementary remedies, and after Mercurius give Hepar, after Hepar give Lachesis. I therefore sent Hepar sul. 55m.

She had been under Chiropractic treatment for a short time when these symptoms of appendicitis developed. The medicine arrived May 18th, in the meantime the patient grew so much worse that the mother called another doctor. He pronounced it appendicitis and wanted to operate. The mother would not allow an operation, but gave his medicine. As soon as my medicine arrived, she dismissed the doctor. Up to that time she had given seven doses of his medicine. The temperature at that time was 100 and pulse 91. Face flushed and feet cold. Pain in region of appendix on any attempt to have her

bowels move. Pain on rising up in bed. Thirsty—wants to drink a lot of water. Pain in chest through to back and across small of back. Feels as if it would break in two. Pain in joints of hips and right knee. Right leg gets numb. Pains behind her right ear. Head feels full.

May 19—Seems somewhat better today—Pulse 72; temperature 99; feels well, but weak; no stool.

May 21—"A lot better." Temperature 98  $1/5$ . Pulse 72. Bowels—passed pus this morning. Abdomen—not nearly so much pain, but soreness. Wants to get up.

May 21—No rise of temperature since last writing. Pulse 72.

May 26—Bowels—no stool yet except by enema, but passes large quantities of pus. Feels better after. Temperature 98  $2/5$ . Pulse 72.

May 27—Pulse and temperature still normal. Sleeps very good. Bowels—no stool. Abdomen—wants cold water bag on her abdomen—says it feels good.

May 29—Feels a lot better today—

Pulse stronger than at any time since sick.

Been sitting up from 9 a. m. to 4 p. m. and out of doors.

Abdomen—has little pains in side, but not nearly as bad.

Bowels—no stool—no enema.

Things get black before her eyes rising from stooping. Faint feeling.

May 30—Temperature 98  $4/5$ . Pulse 72 10 a. m.

Temperature 99. Pulse 72 p. m.

Still improving—

Slept well last night.

Felt better this morning than usual.

Bowels—stool this morning without enema—the first since sick; no pus with stool.

Mabel W. Age 10 months.

I was called to this case after the allopathic doctor had taken her through pneumonia and found her in this condition: Pustules all over the body from head to the ends of her fingers. Itching intolerable. Cries if you look at her.

Genitals—hemorrhage and pus from vagina for two weeks, so

offensive the mother could scarcely stand it when changing the napkins. A large urethral caruncle was present as the result of it.

Coughs and has choking spells—

Rattling breathing—

Sleep—scarcely any—eyes half open.

Sighs.

Starts at the least noise—

Picks at her clothes—

Bowels—constipated—stools little balls.

Buttocks raw—

Sweats profusely—worse about head and neck—wets pillow.

Cold sweat on hands.

I gave Nux. v. 45m to rid the system of any possible drug effect.

As she was no better the next day I gave Sulph. 55m. This seemed to help some—Three days later there was a profuse bloody discharge from the rectum—the latter irritated and sore.

Sulph. didn't hold the case and various remedies were given with very little improvement. Three months later she developed a diarrhœa with fever—stools frequent night and day. Yellow, watery, excoriating.

When I went to see her the mother was feeding her water by the teaspoonful as fast as she could—says she wants water all the time, can't get enough. This led me to Phos. I gave Phos. 45m. There was a gradual improvement—This was April 16.

May 13—Getting along all right.

May 29—All right.

Skin eruption gone.

Bowels all right.

Sleeps well.

I saw her one year later and the mother said she was well. Nearly all cases die under allopathic treatment for pneumonia. Those that don't die usually go into tuberculosis, the suppressed pneumonia centering itself on the lungs, but in this case the blood poisoning from the pneumonia went all over the body, inside and out. Phos. no doubt was the remedy for the pneu-

monia, which had it been given in the first place would have cured the child.

Mrs. H. had been under treatment of Arsenic for some time as her chronic remedy which did wonders for her. In the meantime she took "cold" and torticollis developed. As I thought she would be impatient with my medicine to remove it, I said to her: "An Osteopath will remove that." She got the Chiropractor, but wanted to hang on to me at the same time. I told her she should wait until he got through with the case before I gave her any medicine again as if both treated her we would not know who helped her. He removed the torticollis in a short time and the pain went into her arms and hands. She kept on with him for about one month when I chanced to see her at her sister's where I was doctoring. I said: "How are you?" She replied: "The rheumatism has gone, but I can't breathe nights. I have to sit up to breathe." (Her brother-in-law told me later that she sat up all night one night to breathe.) I said, "I think you better have your chronic remedy." She agreed. I gave her Ars. 8m and at once the difficult breathing stopped and back came the rheumatism, then I got this letter: "I am feeling worse every day. My legs pain me so and my knees are so lame, I can hardly walk. It extends down into the ankle. My head ached over my right eye last night, and I felt terrible. I just have to hold myself and stop to be able to work. I feel so badly all over—just full of pains and lameness. I must have something to brace me up or I fear I will collapse. I look badly—my color is bad. Do what you think best." From these symptoms I worked this case out.

Lameness in knees—Abrot, Bar-c, Caps, Cinnb, Coc-c, Dios, Fl-ac.

Pain in leg—Abrot, Bar-c, Caps., Cinnb., Coc-c, Dios, Fl-ac.

Pain in ankles—Abrot, Dios.

Pain over right eye—Cinnb. Coc-c, Dios., Fl-ac.

3 2 3 3 4 2 2.

Abrot, Bar-c, Caps., Cinnb., Dios., Fl-ac., Coc-c.

3 2 2 2 4 2 2

As Dioscorea stood the highest, I gave 1m of Dioscorea—the highest potency I had. This was April 18th.

April 25—Been feeling very much better—Pains nearly gone.

“While coming down stairs this morning, something seemed to crack in the calf of leg. Can’t bend leg—tendons feel as if tied up in knots—Faint with pain—Can’t walk.”

It looked to me as if she had strained the muscles and tendons of the calf of her leg so I sent *Rhus. tox.* 50m. She grew worse at once after taking it.

“Sleepless for two nights—Can’t sit up but a little while. Awful pains in knees and hips—extends from hips to knees and ankles.”

I sent another dose of *Dioscorea* 1m May 1st. In the meantime I sent out of town for a 10m.

“Got better after taking the second dose of medicine” (second dose was *Sac. lac.*)

May 11—Some returning symptoms.

*Dioscorea* 10m.

May 19—Some stiffness and lameness in left knee and tendons of right knee.

No other symptoms.

Dr. Stearns: The last case illustrates one very important point in prescribing, and that is, stick to your last remedy. The *Rhus tox* in between was a bad move. As a matter of principle, there is another thing that has come home to me within the last two or three years—stick to the last remedy.

A Member: What else are you going to stick to?

Dr. Stearns: That is one of the things students have the hardest work to do, namely, when another symptom comes up the tendency is to give something different and they find it difficult to stick to the remedy.

In the matter of topical applications, I have to take issue with Dr. Krichbaum. A homœopathic principle is to give that remedy which causes the same kind of reaction that the patient is already establishing. I think we all stand on that. Anything whatever that works in the direction of nature will help. Anything that works in any other direction does no particular good or produces harm, depending upon how much away from nature’s efforts it works. You can use warm applications where the modalities are for warmth. You can use cold applications

where the modalities call for cold. You can use osteopathy in a Rhus tox case, but in Bryonia do not use mechanical treatment. I do not believe mechanical treatment or topical applications under these circumstances are suppressive. I believe, on the contrary, that they work with your remedy. They help your remedy. They are curative to a certain extent.

Dr. Houghton: I would like to ask Dr. Stearns and Dr. Howland if they have had any experience for any length of time with local applications of Omega Oil or Antiphlogistine to help them out?

Dr. Howland: I have not. This is the only experience I have had with Osteopathy. I was very anxious to have that experience because I had a chance to spread the truth of Homœopathy.

Dr. Farrington: This is really an important subject because Osteopaths are ubiquitous and, as Dr. Krichbaum has suggested, sometimes "iniquitous." It seems to me that the solution of it is not difficult. If the condition is due to internal causes, harm may be done by osteopathic treatment. If the condition is due to external causes, the reverse is true. You do not always get a clear case of suppression like the one that has been related, but I have seen one or two. I have seen an apoplectic stroke follow chiropractic treatment of the spine, not immediately but in the course of a few hours, and internal troubles, such as severe pain and congestion in internal organs produced by the manipulations of an Osteopath. I have also seen wonderful relief in cases where remedies had absolutely failed. For instance, a woman suddenly turned her head and misplaced one of the cervical vertebrae. For several weeks she suffered from occipital congestion, weakness of sight and pain at the seat of the subluxation which resisted the most careful prescribing for several weeks. One treatment by an Osteopath relieved all the symptoms, even the impaired vision. A young girl of about fifteen years of age was sent to me from the East with the diagnosis of Bright's disease. She was tall, slender, stoop-shouldered and of lax fiber. It is true that she had some albumin in the urine, but she also had a misplaced segment in the lumbar spine due to a fall. There were a few

symptoms which seemed to indicate Sulphur, but before giving her any, I sent her to an Osteopath who gave one or two treatments and the albumin disappeared without medicine. I simply wished to see what could be done in such a case. Later I gave the Sulphur, with continued improvement of all symptoms. The majority of Osteopaths claim to be able to cure most everything. There are a few, however, who recognize their limitations. Dr. J. Martin Littlejohn, a well-known member of this profession, was once treating a patient of mine, who among other complaints had a pain in the stomach extending to the back. After one or two treatments he said: "The trouble is really in the stomach; I cannot help the back until your remedies have cured the stomach."

As to the doctor's suggestion that we are safe if we have due regard for the natural modalities of the case, I cannot say. We do not know enough about the modalities.

Dr. Taylor: I would like to say that if you expect your remedies to reduce a dislocation, you will expect too much from them.

Dr. Farrington: Yes, I believe sometimes we can. A man who was sitting cross-legged on the floor, raised himself up without touching the floor with his hands, and started to walk off. He had not taken ten steps, when he was seized with a terrific pain in his right hip. He called an Osteopath who said "Yes, you have dislocated that hip," and proved this by showing that the right leg was an inch shorter than the other. He replaced the hip; the man was made comfortable for most of the night, but towards morning he was as bad as ever. The Osteopath was again called and this time brought an assistant. After strenuous exertions they claimed to have gotten the bone into place. In a few hours it was as bad as ever. The next morning I was called and gave Arnica 200 in water. Inside of half an hour the pain stopped; and in two hours the patient got up and could walk as well as ever, and both limbs were of equal length. This may be readily explained. The acetabulum was bruised and swollen, preventing the proper setting of the joint. The remedy simply removed swelling and soreness.

Dr. Donald: Are we discussing Homœopathy? (Laughter).

Dr. Stearns: I have no brief for Osteopathy, but I do believe there are cases where little slippings can be put back with relief of the patient's symptoms, but Osteopaths do not cure anything constitutional in the case. There are other cases where you can use adjuvants of this sort so long as you stick to the natural modalities without suppressing the condition. You can give the patient some comfort sometimes.

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### THE ACTION OF KALI-BICHROMICUM UPON A PROBABLE DUODENAL ULCER.

BY S. A. KIMBALL, M. D.

Mr. X., 55 years of age, tall and thin, presented himself January 25, 1916, with a history of attacks of indigestion for about thirty-five years. They began while he was in college and have continued off and on ever since.

They come on with a slight distress in the pit of the stomach and a gone sensation there, with gas in the stomach and abdomen. Better by eating, by warm drinks, and passing of flatus.

There is apt to be a fullness in the throat, better from eructations and a frontal headache, relieved by lying down and sleep.

He was generally more sensitive to cold than heat; usually cheerful and had no fears.

Appetite good with a liking for sweets.

Tongue red, with coarse fissures all over it.

Bowels regular. Sweat of palms and slight general sweat from exertion. No venereal disease.

Aching across shoulders since falling on right shoulder a year ago.

Examination of abdomen negative except soreness to deep pressure in pit of stomach.

Graphites in several potencies relieved for a while. Then Natrum carb., Nux vom., Sulphur and Chelidonium. Each seemed to help but gave no permanent relief and so he worried along until April 1917 when it seemed best to have an X-ray

taken to find out if possible the condition of the stomach and duodenum. At that time the pit of the stomach was sore to touch and he was having a constant dull ache there only temporarily relieved by eating and warm drinks.

His tongue was still red and fissured.

The X-ray pictures were taken April 11 and 12 and the following report was made April 14.

"The plates show a normal oesophagus; low stomach; active peristalsis; normal tone. Stomach normal in outline; sphincter seen and is regular, no six-hour residue.

Duodenum was hard to fill; tender at its upper limit; irregular; it seemed at times to be pressed upon. This irregularity was constant in two different observations and is very suggestive of an ulcer, but I have seen one or two cases, in which a congenital band from the gall-bladder caused this same condition. At six hours the head of the bismuth column was at the hepatic flexure. No abnormality seen in the right side. At twenty-four hours the head of the column was in the rectum and there was no abnormality seen. The second meal was given with the same results, as in the previous observation.

Conclusions: The definite pathology of the duodenum would suggest an ulcer, possibly adhesions as stated. I believe this should be seen again in from four to six weeks to see if there is any change as Mr. X is of the age when any lesion here should be carefully watched."

So much for the report which was not a very cheerful diagnosis with the history of no permanent improvement for so long a time, and no way of finding out the actual conditions except by an exploratory incision. A dose of Graphites 50m Kent was given April 18 with instructions to stay in bed for a week and to eat very little. His diet had been a simple one for some time and as he knew his stomach much better than any one else he was allowed to eat whatever distressed him the least.

This was followed out but with no special relief and on May 2 he presented the following symptoms: Possibly a little better from the lying in bed, but the dull pain comes on from three to four hours after eating, usually about ten A. M. and four P. M., with the pit of the stomach sore to touch, better by eating.

Tired between the shoulders. Irritable and depressed. Has been waking lately at three A. M. Tongue still red and fissured.

The symptoms agg. from cold, pain in stomach ameliorated eating; tongue red and fissured, were taken and the results were Aurum 12, Cham. 9, Kali-bich. 8, Lach. 9, Mag-mur. 9, Phos. 5. 1 being the highest value, the lowest numbers counted the most. Phos. was thrown out on account of the relief from warm drinks.

After carefully studying the remedies a dose of Kali-bich. 10m Kent., was given May 2.

He reported May 9 that the stomach had felt better up to the day before, but there was more discomfort today. Another dose of Kali-bich. 10m Kent was given, one week from the former dose.

May 16—He reported that the stomach had been improving. No pain at all today.

May 21—Has had no pain or discomfort. Is eating about the same, but has gained one and a half pounds.

June 8—No pain; is eating more, and more variety with no trouble. Has had a coryza and is now quite hoarse but nothing was given for it.

Another X-ray was taken June 11 with the following report:

“The second observation reveals still same deformity of the duodenum as seen in the previous observation. There is a decided improvement however, and the peristalsis is much less active. We believe this to be a duodenal ulcer with adhesions. I will not change our diagnosis of the last time with the exception that things seem much improved.”

June 22—No pain and no discomfort after eating. Has been to a college Commencement, ate ham sandwich, chicken salad, etc., with no ill effects.

Of course the case is not yet cured, and he may be worse again, but so far the result is very satisfactory.

It seems to me of the utmost importance that we should have as accurate a knowledge as possible of the conditions we are called upon to treat and that we should obtain this by examinations of the affected parts, by cultures, X-ray, or other methods which will give us the needed information.

These other methods should have been included in the circular asking for bacteriological confirmations of the diagnosis, as this is, to us, the only value of the bacteria, whether the cause or result of the disease, the same value as sugar in the urine in diabetes, or albumen and casts in Bright's disease. They have nothing to do with the selection of the remedy, but are of great importance in the proper hygienic treatment of the patient, which makes the indicated remedy much more effective.

Dr. Stearns: We do not fully appreciate the depth of action of Kali bichromicum. It was brought out in an argument as to the value of animal experimentation in teaching *Materia Medica*, and particularly the effect of Kali bichromicum on the animals that were used by Dr. Hinsdale within the last year or two. In every one of these animals where the poisoning was carried on to the extent of producing death, there was ulceration in some part of the intestine. Dr. Kimball's case was undoubtedly one of duodenal ulcer. I think the ulcerations were almost always below the stomach in the animal poisonings.

Kali bichromicum has the extreme prostration of the potashes and also of the chrome element. Its pains are apt to be in small spots or in small streaks.

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### LEST WE FORGET.

BY P. E. KRICHBAUM, M. D., MONTCLAIR, N. J.

There are many problems which must be solved by the prescriber when he attempts to treat and cure sick people; problems which at times appear to have very little to do with the correct application of the indicated remedy. To overcome these difficulties, is demanded patience, tact, and above all, keen appreciation and then painstaking, unswerving adherence to the fundamental principles of Homœopathy. This very adherence often calls for our best work when it bids us to maintain a therapeutic dead-lock so to speak. It is frequently easier to nervously follow the mere flicker of a changing symptom or two in a serious case, and thereby bungle into admin-

istering an uncalled for and premature remedy; than to sit tight, hold the cork in the bottle and intelligently await the unfolding of the situation. The few cases to follow, show, I think, how often this wisdom forsook me, and I describe them in detail just to emphasize the manner of my forgetting. Perhaps I reached the goal in more than one instance, but I followed rough paths occasionally, to get there.

Case I. Scarlet Fever. Mrs. C. F. D. A young woman, mother of two children, both labors of which were normal. The family history was good. She had had typhoid fever in early girlhood, but no illness since. I was called to see her on Wednesday night. She presented all the symptoms of scarlet fever minus the rash. The following morning this had developed so generously she looked like a boiled lobster. Eyes congested, throat swollen, with pronounced uneasiness. In spite however, of the profuse eruption, my patient did not appear to relax. I informed her mother of the gravity of the condition, and came away. Friday morning the rash had disappeared. The nurse's report was very favorable. Patient had had a fair night, but the temperature held the same. The general unnamable aspect of affairs, to my mind appeared more grave. I expressed this opinion, and asked for counsel. The mother wished to have their old family physician and friend who lived in New York City. Counsel came. We consulted Friday evening and he stayed all night. Counsel assured me, and the family that all was well. "A simple case of scarlet fever with no complications." The next morning the nurse informed me privately that some sharp criticism had been passed upon my tendency to take alarm. "Let them wait." We were able to obtain only temporary relief. Saturday evening, I again urged counsel. "Well, Dr. So and So will be out tomorrow to dine with us, and give you comfort." Going some. Sunday morning early only confirmed my fears. The patient was slipping away fast. I once more told the husband that there was no hope. The consultant arrived at one-thirty P. M. went in to see the patient, and then *he* got busy and fearful. He sent for a specialist. I refused to become a party to physiological dosing in spite of their assurance that if I agreed, a hypo would bring about a

reaction in fifteen minutes. My reply was, "Go to it." I don't think I will ever see so much done for a patient again. They repeated, multiplied, changed, combined, sub-cutaneous, and intravenous, by mouth, and by rectum, this preparation, and that preparation, your hypo, then mine. I shall not attempt to give the quantity of dope and stimulation; suffice to say, not only would it have killed a sick woman but two well elephants. And no reaction. This dosing continued, till I entered my protest in the name of humanity. The patient lived till early Sunday night. I have given you the details of this case without exaggeration, not to cast any reflection upon either of the gentlemen associated with me; they were both men of intelligence and much experience. I refrain from any comparisons along this line, but I do claim to have some knowledge of the "Law of Cure," which was my compass. It never fails in time of great trouble. I do not thank God because this Law enabled me to see the end of this case almost from the beginning, but I do thank Him for its help to cure when a cure is possible. What was the outcome? My stand against methods which I could not indorse, won the respect of my old-school counsel. Their failure to make good, probably intensified their respect for me. What would have happened had the patient reacted and gotten well? That never occurred to me. Suppose I had agreed and combined with physiological medicine? Personally, I would have been a good "mixer," but as a Homœopath, I would have been all wrong. My knowledge of the workings of the homœopathic remedy gave me the ability to make my gloomy, and at first derided prognosis. I saw the organization of my patient respond to my early prescribing and I saw the *deadly fall-back*. The fight was unequal. The poison was too powerful. Personally I have no use for a homœopathic physician who relies upon crude stimulation when he finds himself in a corner. Within the wonderful scope of the indicated remedy lies all needful stimulation. Gentle, safe, and certain it is in its action. Lest *we* forget.

K. J., boy, age 18. Vaccination and Innoculation. During first of attack lad was away from home on Coast guard duty. Onset Monday morning, slight chill, sore throat, no sleep till

morning; during drill, felt "all in." High fever now came on, pain in stomach, legs weak and painful. Pain in his head. Doctor called at 8.30. Diagnosis tonsillitis. Prescribed Quinine and a gargle. Suggested a physic, but none was given. No sleep till morning again. Patient very weak, head and throat stopped up. Tuesday all symptoms worse. Wednesday started for home. I saw him at 11 A. M. Tonsils were much swollen and raw looking, neck glands swollen. Tongue and buccal cavity red and raw looking, much difficulty on swallowing. He was chilly and sleepy. His vaccination mark showed but little inflammation with whitish color of scab, he claimed. I prescribed Sil. 9M. Thursday all symptoms better. Vaccination more sore, but inflammation around it less. Sil. was given upon the totality of the symptoms and not as an antidote to the vaccination. In fact I did not know of the vaccination till the occasion of my second visit. In this case, the vaccination was I think, the cause of his trouble, and not the inoculations, for subsequent inoculations have not disturbed him.

*Mrs. J. F. M.* History of Dysmenorrhœa for years. Patient married twice, no children. The result of my physical examination showed a pin-hole Os which would admit only the smallest pocket case probe and that for only about two-thirds of the length of the cervix. My diagnosis, prognosis, and recommendations were in strict accordance with two previous examinations at long intervals by different physicians. To sum up, I assured her that hers was not a medical case, and that dilatation alone would afford her relief. Her symptoms called for Sepia and Sepia she received. I frankly called my prescription a "tide-over" and she took it as such. Result—Menses first month subsequent, pain less, second month still better, and third no pain. I have earnestly urged her to allow me to make another examination but she feels so well, I cannot persuade her. In this case I lost an operating fee, and some of my conceit. I quote it to show how we sometimes forget, and underestimate the power of the remedy.

*Mrs. F. S.* This young woman, mother of four children, (all of whom had adenoids) received from an old family physician, instructions to use bichloride douches to prevent preg-

nancy. After the birth of her fourth and last willingly borne child, she increased her preventive measures, with a corresponding fall in health. In searching for some underlying cause for this, I finally ran the douches aforesaid to earth and immediately and emphatically interdicted them. My careful prescribing now proceeded to hold matters without the peradventure of a doubt. Her health is absolutely restored. She herself is so convinced and so enthusiastic over it, that she has gone gunning for other bichloride users of her acquaintance. Again I erred in overlooking, during all the earlier years of my treatment of this lady, the deadly part this stringent and drastic antiseptis may play with some patients. I had failed to find and remove an exciting cause, hence performed but part of my duty to my patient.

*Mrs. H. L. D.* This patient had suffered (more mentally than otherwise perhaps,) for years from what had been variously named anæmia, indigestion, chronic intestinal atony with its attendant constipation and heart trouble. Driven by an intense apprehension, and aided by ample means, she had sought many and various specialists, each of whom had instituted and maintained his own vigorous up-to-the-minute scientific treatment, heroic and futile to a marked degree. Her husband (my patient) finally brought her to me and I was given two weeks to bring about a change where my predecessors had had months, —even years. However, I accepted the challenge, and immediately took the following symptoms: Much loud belching of gas, great relief therefrom. Marked cachexia; fearful and anticipates trouble. No stool without cathartics for thirty years. I prescribed Arg. nit. This remedy, repeated at long intervals, has restored this woman to health. She now has daily normal stools.

*Mrs. N. B. M.* This patient came to me with a profuse leucorrhœa. The discharge was offensive, thick, yellow, lumpy, excoriating, and caused great itching in the vagina. She feels very blue, cries easily, is constipated, stools large mucus covered, pass every two or three days. Nights disturbed by frightful dreams, cries in her sleep; itching worse in bed. I gave this patient Graph. on the totality of her symptoms, which cer-

tainly received no support from her general appearance, she is *slim and dark*. Graph. did the work. Perhaps our mental imagery of remedies causes us to forget sometimes, that Nature does a little juggling occasionally with her external markings of temperaments.

*Mrs. R. L. W.*, age 35. This patient's mother died of cancer. She herself has an affection of the right lung. Febris Tuberculosis. For four weeks she had run a temperature of 99 to 100, a frail thin-skinned delicate looking little woman with one child. Digestion good. She has one soft stool daily after breakfast. She craves salt food, but not salt. Mouth is dry but she is thirsty. Triangular red tip of tongue. She desires to be alone, is depressed in spirits. For quite a period, during my early treatment of this patient, I blundered from remedy to remedy. The case was unresponsive, nothing to clutch at, no work done. I gave her at intervals, Nat. sulph. China. Rhus tox., then the mist lifted and I prescribed *Malaria off*. So anxious was I for immediate success of this venture that I forgot again, and changed. After weeks of waiting I again returned to *Malaria off*. and stuck to it. We are now on firm ground and her progress is steady. This wonderful remedy prefers to act without pushing.

*Mrs. M. B. M.* Age 80. This old lady is mentally deficient. Some time ago she fell and fractured her hip, which accident tended to increase her mental fog. Many symptoms, of course all objective, were baffling. Once she was continually putting her hands on her genitalia, as I supposed. Indeed they had to be tied. Her loud incessant talking, and the excitement caused by the presence of a man in her room, led me for many weeks to feel that I had a case of sexual mania. At last one of her nurses more observing than a previous attendant, assured me that the old lady was seeking to put her finger in her rectum and if not quickly restrained, would at once put the same finger in her mouth. This changed my opinion, and from believing it to be sexual mania, I decided that she was suffering from a constant desire for stool. *Aloe has this one symptom*. A key note. Nothing else about the patient supported its administration but it was a pointing finger to me and it took care of the

old lady's fingers besides. The propensity and irritation promptly subsided and she improved generally. Recovery of course was not to be expected, but a score of irritating disagreeable features left her.

Often we are asked by our patients:

"Doctor, what will this medicine do for me?"

"Make you better."

"But how will I know that I am better?"

"How do you know that you are sick?"

Such answers are evasive and of course, unsatisfactory to the patient. Some form of intelligible explanation is frequently your patient's due. As has so often been remarked in these meetings, this is pre-eminently an age of technique. The average Doctor is so busy doing things, and keeping his complicated array of diagnostic paraphernalia in order, small wonder that the individual patient occasionally eludes him. Scores of cases of mistaken emphasis confront us daily as we watch our esteemed colleagues go about their business of maintaining the public health. Often I have thought that I would like to see conducted an impromptu post-graduate examination of some of our own students. It would run like this:—

Dr. J.—examined by the spirit of real Homœopathy.

"Young man, can you examine the urine?"

"Certainly. What a foolish question."

"Can you make a Wassermann test?"

"I can."

"Can you make a blood count?"

"Surely."

"Can you differentiate in pneumonia Lyc. and Iod.?"

"No."

Dr. J.—"You remind me of the farmer who started to market with a load of apples. The road was muddy and the going was hard. The old man had all he could do to guide his team through the best part of the road. His team was about all he could manage. He could not watch his apples. In the meantime a loose plank slipped out of the body of his wagon and his apples began to drop through, first singly then by the dozen. Finally he reached a bog from which he could not extricate his

team. He jumped down to look about him. Every apple lay in the road over which he had so laboriously come.

“‘Stuck, by Heck, and nothing to unload.’”

Let us not forget that the essential, fundamental, all-absorbing goal of our efforts is to restore the sick to health. If we spend undue time and attention upon side issues, brilliant technique, and so-called scientific methods of diagnosis, to the exclusion of an everyday *dogged determined getting* down to a serious study of homœopathic *Materia Medica*, like the countryman, we will be apt I fear, to arrive at the end of our professional trip with an empty wagon.

Dr. Kimball: I would like to ask how much of the fibroid condition has cleared up?

Dr. Krichbaum: It is clearing up some. She was sick all last summer, was away from home, and went to Saranac Lake. There is no expectoration. It is the first case where a fibroid condition involved the whole right lung.

Dr. Stearns: Dr. Krichbaum has done one thing wrong. He reported this case as Aloes but has not told us why he prescribed it.

Dr. Krichbaum: Aloes was prescribed because the patient had a constant desire to go to stool and was in the habit of introducing her fingers into the rectum.

Dr. Stearns: Oftentimes we prescribe in that way and we hit the case, but there is something more than keynote prescription; that keynote led in that particular instance to Aloes, but back of it all was an Aloes case, and when we make a prescription like that we ought to leave it in our minds until we have leisure to dig back to find where it lay. I know the late Dr. Carlton made many prescriptions that way, and he could not, to save his life, tell why he did it, and I think a great many people who saw it done could not, yet he got results. Although we make a prescription, we should dig back and determine just why we did it outside of that one keynote.

Dr. Pierson: What has been said opens up one of the most important points the doctor has given in his paper. If we, as careful students of Homœopathy, will take these peculiar, uncertain cases, and when we find that our keynote of the case

led to the right remedy and will follow it back and see why it was the right remedy, it will be a valuable experience for us and give additional help to our patients.

I had a letter from Tampa, Florida, yesterday along that line. A certain case was diagnosed as epilepsy. The report was a fairly good one, and still very much was missing. The prescription was Calcarea carb. The physician who had the case in charge wrote me that the remedy was doing its work; there was no question about it, but why did he give it? He states in his letter "I have studied the case as carefully as I know how, and I found, as I thought, Silica was indicated and back of that Pulsatilla, but never thought of Calcarea carb." I have the record on my desk to work out in reply to this letter to show to the physician why Calcarea carb. instead of Silica or Pulsatilla was indicated. All three remedies came up in the analysis, but being governed by what some might call keynote prescribing, that is the one or two peculiar symptoms which seemed to stand out with great prominence, I found the other symptoms fitting in making the remedy.

If there is nothing else gained by the paper presented by Dr. Krichbaum than the thought that when we do have one of these keynote cases, the result will enable us to go back in our analysis and supplement that keynote with other symptoms that will bring about the three legs of the stool that are so important.

Dr. Holman: In the last analysis it affords a reason why the old lady introduced her fingers into the rectum. I would like to ask as to the character of the stools?

Dr. Krichbaum: I think they were dark.

Dr. Holman: There are a great many remedies that can be used for soft stools, but there are very few remedies that will promote the discharge of large dry stools, and Aloes does that. That old lady might have been disordered mentally, or may have been a neurotic and she may have had sense enough to feel something escaping from the rectum that was uncomfortable, and therefore she very likely put her hand down and removed the lumps of stools that were coming away. Aloes does that.

Dr. Stearns: It is the itching that causes the patient to bear down all the time to get relief.

A Member: It is due to the presence of dry lumpy stools presenting against the external os or internal sphincter or between the sphincter.

Dr. Kirchbaum: If I had had a normal patient to deal with, I would have found plenty of symptoms, but I had to take what symptoms I could get. The other symptoms did not come under Aloes. She was calling out in the morning. She required Stramonium sometimes. Aloes did her great good.

Dr. Nelson: The doctor reported a case of scarlet fever he treated. I want to mention a case of scarlet fever I treated in the late eighties. The patient was a little girl, 7 years of age. I took her temperature late in the afternoon and in the evening and found it was  $103^{\circ}$ . I prescribed a dose of Belladonna 200, and the child never had fever another day. The next day the temperature was normal. I always looked upon it as a peculiar case of scarlet fever, but recently I have wondered if that dose of Belladonna did not cure the case at once. At the usual time for desquamation she peeled off in areas an inch square, but never had fever but the one day. I attended her every day and she received the best of care. She got well in that way.

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## THE ANAPHYLACTIC PHENOMENA.

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

Inject into the veins of a guinea-pig one-millionth of a grain of egg-albumin and no effect will be apparent, but if the same amount be injected nine to fourteen days later the animal will die as surely as though prussic acid had been used.

Soon after diphtheria antitoxin came into use, Professor Langerhouse's young son died immediately after receiving a first injection. In 1873, Blackely observed that grass-pollens, when applied to the conjunctiva and nasal mucous membranes or on the scarified skin of persons having hay-fever, caused characteristic reactions. These three seemingly unrelated statements are three illustrations of the anaphylactic phe-

nomena. In the guinea-pig experiment, the first injection of egg-albumin sensitised the animal to that particular substance and when the proper interval had passed the next injection was fatal. In the case of the boy, he was spontaneously sensitive to something in the antitoxin and was overwhelmed by the first injection. Hay-fever patients are sensitive to something in the plant-pollens, and at the blossoming season inhale enough pollen-grains to cause the symptoms.

The recognition of this phenomenon and its significance is one of the most interesting of our recent medical advances, as it has an important relation to our daily life. To understand anaphylaxis the following facts must be noted: The substances which induce the phenomena are always proteins; the protein molecule is very complex and each molecule contains a radical that is extremely toxic. There are many proteins, each living thing manufacturing its own kind. All proteins are poisonous to every organism to which they are foreign. Plants build up their proteins from the soil and from the air. Animals obtain theirs from plants and from other animals. Man gets his from plants, fish and animals.

Protein digestion takes place through the action of substances secreted by cells of the digestive organs; these substances are known as proteolytic ferments; they break up the protein molecule into its constituent parts and these parts are reconstructed in the body into its protein. The poison-radical, when freed in the breaking-down process, is instantaneously neutralised through chemical combination, and does no harm. It is as though the protein molecule were a mosaic, each kind of protein having the same substances in different patterns. In each molecule of whatever variety, one of the blocks is poisonous; as this mosaic is broken up to be re-assembled in the pattern of human protein, the poison-block is rendered harmless by being immediately locked into the blocks that are manufactured by the digestive cells. When foreign protein is introduced into the blood parentally (i. e., by any avenue excepting the digestive tract), it is digested by cells which have not been evolved for that purpose. The first injection is digested so slowly by the blood and body cells that

the poison-radicle is taken care of and does no harm; but this first injection, like the first taste of sin, produces a subtle change in the recipient which reaches its culmination in from nine to fourteen days. This change is called sensitisation and results in a state wherein the foreign protein is attacked and broken down so swiftly that the uncombined poison-radicals are set free in the blood. If, instead of a single injection, a daily dose be given, the time before sensitisation takes place is much prolonged, though sensitisation eventually occurs.

If serum of a sensitised animal be injected into another animal, the second one becomes sensitive to the same protein as the first.

In man, sensitiveness to certain proteins is spontaneous in some individuals, and is apparently an hereditary characteristic. A common example of this is hay-fever, in which disease the patient is anaphylactic to the pollen of certain plants; I know one family where several members of each generation are thus afflicted. Asthma is another manifestation of the anaphylactic state; children who become asthmatic when near horses will be almost instantly killed if submitted to injection with antitoxin or any other horse-serum preparation.

There are three avenues of expression of anaphylaxis: the respiratory organs, the digestive tract, and the skin; common examples are the urticarias from fish, shellfish and strawberries, and the diarrhœas from veal, eggs and milk; eczema, at least, in some cases, comes under this head. I had one infant patient who always had eczema and asthma from the smallest quantity of beef-juice; many persons become bilious from milk and eggs; cases of recurrent headaches which have resisted careful prescribing have ceased with the stopping of some form of animal protein, notably eggs and milk. All of these examples represent something that can be avoided, and therefore are simple enough problems. There are, however, more subtle and far-reaching possibilities. There is the relation of chronic protein-poisoning to arterio-sclerosis and to other degenerative conditions. This was pointed out by Bishop a few years ago. In some manner after mid-life, the proteolytic barrier in the digestive tract becomes impaired

and an insidious poisoning takes place, which ends in renocardio-arterial degeneration.

Apparently the animal proteins or extractives are the chief offenders, for, when this type of patient is put on a cereal vegetable diet, the blood-pressure comes down and there is marked general improvement. Part of the improvement may be due to reducing the protein intake, for most people take more protein than the body requires.

Excess carbohydrate is stored in the form of glycogen and fat, but not so with protein. After the worn-out protein of the body has been replaced, all the rest that is ingested must be used up immediately. If the food contain an excess, sensitisation to one or more of the kinds eaten may be forced on the organism.

There is perhaps some relation between the anaphylactic state and cancer, for Bulkely reports cancers cured by putting the patient on a diet free from animal protein. The hereditary aspect of the phenomena may link it up with gouty states. I know a family where the grandfather has gouty joints and the grandmother diabetes and a general uric acid condition; of their three children, one son has catarrhal deafness, the other son has uric acid condition and glycosuria, and the daughter has asthma and hay-fever. In the third generation (the children of these two sons and of the daughter), the asthmatic mother has children with enlarged tonsils and the glycosuria father, one girl with horse-asthma and two sons with tonsillar enlargement.

A simple test for determining a person's sensitiveness to any protein is made by scarifying the skin and rubbing into the spot some of the suspected protein; if he is sensitive, a wheal will appear around the scarification within a few minutes. Usually if the gateway to sensitisation has been opened, the individual becomes anaphylactic to more than one protein. The Arlington Co. have isolated more than fifty pure proteins from different foods to be employed for skin tests. I have used these tests in a few cases but not enough to report about. The only satisfactory one was in a case of dry, leathery skin where the patient has occasional recurrences of angio neurotic

oedema. Mag. Carb., Ars., and Nat. mur. each apparently helped, but the condition relapsed after each one. The skin reacted to milk and to pork protein, so I eliminated these from his diet; he improved a little, but not satisfactorily until, on the indication "aggravation from pork and milk" I gave Sepia. Since taking this, he has improved more than with anything else.

Now, what is the treatment when a patient is anaphylactic? This somewhat depends upon the cause of his condition. Where the cause is a food, that food can be avoided. This condition has been overcome by injecting very minute quantities of the offending protein into the blood and gradually increasing the amount until the cells are trained to neutralize the toxic element. I have lately removed sensitisation to milk with Nat. carb. Dr. Deschere cured a patient who could not eat strawberries with the thirtieth potency of the strawberry. Dr. Rushmore cured a case of horse-asthma with the thirtieth of Castor equinum. If we use a potency of the protein to which the patient is sensitive, shall we use it low and in repeated doses or in single doses high? The phenomena of anaphylaxis cast an illuminating thought over the effects of the vaccines and may give us a hint regarding the treatment of the bad after results of vaccine therapy. Chemically, bacteria are composed mostly of protein. How much of their effect is due to anaphylactic shock? Probably in all cases of lack of reaction this plays a principal part, and it is in such cases that the nosodes act well.

The phenomena need study from the homœopathic angle of view for we have a wealth of remedies for all types of food-idiosyncrasies and for all kinds of lack of reaction.

Dr. Houghton: I would like to ask Dr. Stearns whether Dr. Buckley in his book on the "Treatment of Cancer" cuts out all animal products, eggs and milk.

Dr. Stearns: He cuts out eggs, all flesh and all animal food and allows a little cheese I think. He does not like that even.

It is a strict vegetarian diet. The book is a small one and costs about one dollar.

Dr. Rushmore: He has issued a second volume.

Dr. Stearns: Bishop speaks of Dr. Buckley's work in his book on "Arteriosclerosis." I am not sure which book it is.

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### CLINICAL CASES NOT BACTERIOLOGICALLY DIAGNOSED.

BY THOMAS H. WINANS, M. D., MEXICO, MO.

First a few Mercurious Cyanatus Diphtheria cases. How do I know they were diphtheria cases? Were cultures taken and diphtheria bacilli found? How would I know they were not mere "carriers?"

Given the usual systemic symptoms of diphtheria, with a greyish white membrane, involving a large surface and with no marked indications for another remedy, you have a pretty good picture for Merc. cy.

A child died in Macon, Mo., under the antitoxin treatment and tracheotomy, so they would not use the treatment with the other children. I was sent for. Each was given three or four powders of Merc. cy. c. c. and the usual S. L. after treatment and they made uneventful recoveries.

In another town where one child had died in a few hours after an injection of antitoxin and another the following day, I was sent for to treat three adults in a different family. Two were light cases, but one called for a second visit. The diagnosis of diphtheria was not positively made. When asked if it were diphtheria, I replied: "If you had called the young doctor, who gave the antitoxin, it probably would have been diagnosed diphtheria. However, your old family physician would, I think, have diagnosed the case otherwise. I am more concerned about making the right selection of remedy." Did these three people recover because they were grown?

A young lady, about the age of the one with the stubborn

case, had her sickness diagnosed diphtheria and was given an injection of antitoxin. Two hours later I was called to see the case. When I learned that two other doctors were already in charge I protested against their having called me. But as I was there I examined the patient. The pulse was tumultuous and the temperature 106 degrees. It was the first time I had witnessed the terrible reaction from an injection of diphtheria antitoxin. The throat was loaded with membrane. In three days she was dead. Antitoxin was used several times before the end came.

Merc. cy. c. c. was sent to two children without seeing the cases. They soon recovered and the mother went on a visit, leaving them in charge of a maid. When the diagnosis of diphtheria was made in a case next door, the maid took it upon herself to call the doctor in to take cultures from the throats of my former patients. The diphtheria bacilli were found; the diagnosis of diphtheria made; the mother sent for and six weeks of quarantine followed with the children at play in the back yard.

Two children in another family in the same epidemic were treated without seeing them. A month or so after recovery the father told me that one of them expelled a cast, a tube the size and shape of the throat. A year or more from that time the mother came for medicine for sore throats. I said, "So it is not diphtheria this time?" She replied, "No one could fool me on diphtheria again. I can never forget that awful odor." And she made a face that would make one smell the odor.

When our chairman wrote me that it was important to have bacteriological confirmation of our diagnoses and cures whenever possible, so they would be beyond criticism, I felt a little of the spirit of rebellion against bowing the knee to any old-school method. The implication was that if we would do so, we might the more frequently make converts of allopathic physicians. My experience is that they will go back on their own diagnoses rather than admit any efficiency in the homœopathic remedy. If they will not hear Moses and the prophets—Samuel Hahnemann and the Masters in Homœopathy—they will not hear though one were to rise from the dead. And we ought all to agree on that diagnosis. An instance:—An old man came home

from a journey and walked from the station to his house to find no one there. Being hungry he walked back to a restaurant and ordered a meal of ham, eggs and coffee. He ate it and died right there on his stool. Two men ran for doctors. When I reached him a doctor was standing by doing nothing as were a number of other people. I placed my fingers on the pulse and detected a faint flickering.

I said, "Have you given him any medicine?" He replied, "No, you can't give him anything." I said, "I can; may I?" He nodded. I did not know then that just before I came in he had put his fore-finger and thumb on the old man's eyelids and closed them and pronounced him dead. The mouth was wide open. As quickly as I could I threw a powder of Sulphur cc back into his throat and in about a minute, he that had been dead sat up and began to speak, and that doctor went back on his diagnosis.

In poison ivy there can be no mistake in the diagnosis, and you can cure your cases as I have done for twenty-nine years right under the noses of the "Regulars" and convert none of them. When a doctor was asked why he couldn't do it if I could, he said, "We know he can do it but we don't know what he gives." Another doctor, who had lanced the tonsils of his patient a number of times in a case, was told that the Homœopath never had to lance tonsils. He said, "Well, I will tell you. If you call him in time he will do better than any of us, but we don't know what he gives." That is as far as it goes. They make no discovery of a principle, a truth, or law back of it. We are to them and their patients like so many bottles of medicine to try.

Anyone of them could make the diagnosis to his own satisfaction and witness cures of his own patients by a Dr. Case and see nothing more in it unless he were a Dr. Sloan. A doctor said to me, "I know that our medicine is of no account, but know nothing of yours." Later to a former patient of his who showed him some of my powders, and asked whether they would do him any good, he said, "You keep on taking that medicine. It reaches cases our medicine will not reach."

I think it is not a question of correct diagnosis with them.

How can it be when they are unable to make a correct diagnosis in about fifty percent of their cases as has been proven by their hospital records and post-mortems? It is the patient that they have not been able to cure and the fact that we cure them that must eventually arrest their attention. Patients, not diseases by name, must win or lose for us.

Why yoke up and become identified with a school of medicine that is wrong in their ideas of diseases? It is this wrong idea that is filling the hospitals today, throughout our land, with material for the surgeons. It is the logical culmination of false ideas and false teachings, for many years, in the Old-School. When they don't know the difference between disease and the varied expressions of disease; when they think and teach that this or that expression is the disease, what is more logical for them than that they should cut it out or off? That they should dry up a discharge or an eruption? And why should not the ignorant people who don't know any more than the doctors do about disease rush to the shambles for slaughter of expressions of disease?

Give us independence of them in every way. Give us independent examining boards in every state, with adherence to our own methods of examining and treating patients, and we could soon become the Dominant School of Medicine.

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### INTERMITTENT FEVERS.

BY EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

Case I. Oct. 18th. Miss S. had an attack of intermittent the previous summer for which she received Quinine. The disease appeared again, and again disappeared under other non-homœopathic treatment. She presented the following symptoms: Chill every other day anticipating three hours, without shivering, but creeping coldness mingled with heat. With the chill thirst, nausea, stretching, headache, frequent urination, coldness especially of the feet and hands, nose and knees; cold first in the arms. Heat mostly in upper body with nausea, head-

ache and coldness of the feet in the early part; also thirst and stitches in the stomach near the end of heat. Heat began in cheeks. Sweat comes on in sleep and is profuse, most on chest with headache. Heat, creeping chills and sweat at same time. In the apyrexia nausea.

Arsenicum 45m. Fincke, a teaspoonful of a solution every two hours in the apyrexia cured permanently in ten days, there being a steady decline in severity and a lengthening of the interval till the chills ceased.

Case II. Aug. 4. Mr. D. came from Florida where the attacks had been repeatedly suppressed by Quinine, and last of all by a large draught of whiskey and black pepper. He was attacked as soon as he reached the north, and received Quinine again with only temporary suppression of the attacks. The form of the attacks had been much altered—the chill almost absent, and the heat as in other cases treated with Quinine, severe and long. Many new symptoms had been added, of which the chief were pressing, throbbing and shooting pains in the head and eyes. The regions of liver and spleen were painful and tender, with pain in the back between them. He had vertigo, sense of ball in stomach, pain in abdomen, the urine dark, scanty, of strong odor and containing bile, the skin and eyes yellow; never a free stool without a cathartic which he takes often. Under Rhus. tox., Arsenicum, Nux vomica and Lachesis he was freed from all these troubles and the shivering returned to his chills, which at the end of three weeks came irregularly, every day or three times in one day. He then presented the following symptoms:

Chill about eleven a. m. with shivering, shortness of breath and pain in the small of the back. Heat with pain in knees, in the latter part and dark urine. Sweat after which he feels as if another chill was coming. Much chilliness between the attacks and cutting pain at times in hips, feet, knees or wrists. No thirst for some days. He then received Pulsatilla mm Swan, one dose; the next chill was the most severe he had had; no more medicine and no more chills for one week. After a slight return he was induced by friends to take some specific which was followed by several weekly returns of the chill, each time arrested

by the same medicine. He got tired of that and came back to me, the chill being then attended with pains in elbows, knees and wrists, the heat with loquacity and the sweat with sleep. Podophyllum cm. Swan, was given every evening and morning and he had no more attacks.

Case III. Oct. 26. Miss L. had chills early in the season suppressed with Quinine, and followed with bending of the knees on walking; has anticipating chill in the forenoon, with shivering most in the lower body, chattering teeth, thirst, nausea, increased by drinking, pain in heart and palpitation (worse in the heat), shortness of breath, sleepiness, blue hands and face, pain in forehead, stomach, lower back and thighs. Heat with redness of cheeks and forehead, headache, thirst, sleepiness and pain in thighs, with chilliness from uncovering or motion. No sweat. Constant bad taste. Arsenicum cm, Swan, cured permanently.

Case IV. Nov. 14. Mrs. W. has had malarial fever for which she took "bitter medicine." Has had for three days chill in the forenoon, anticipating. Before the chill stretching, coldness, thirst and cough from a sense of fluttering of the heart rising into the throat. The chill begins in the legs; the shivering begins in the small of the back. With the chill, chattering teeth, thirst, rattling cough and pain in the right chest over the liver. The chilliness alternates with heat. With the heat, headache, no thirst, cramp in the fingers, pain in the lower back and legs, dimness of sight, delirium, cough and desire to put the feet out of bed. No sweat. Pulse small, 120. Constipation. Nux. vomica cm, Swan, to take two doses, three hours apart after each chill. Only one more light chill.

Case V. Sept. 28. C. W., a girl of about six years. At night before the attack nausea, vomiting, pain in the bowels and diarrhoea. In the morning before chill, heat, thirst, red face, nausea, white vomiting and pain in the bowels. Hard shaking chill at 10 a. m. for one hour, pale, lips purple, cold, desire to be covered, restless, little thirst, tongue yellowish, nausea and pain in the bowels. Heat right after chill for two hours, uncovered, quiet, thirst less, face red. No sweat. After

the heat watery vomiting. Pulsatilla mm, Swan, one powder and no return of the chills.

Case VI. Sept. 28. The patient had had three attacks of chill and fever on alternate days. For two weeks she had had headache and aching all over especially in the lower limbs. Chill about 10 a. m. Before chill thirst, hunger, gaping, stretching, increased headache and pain and soreness in the eyeballs. Chill with trembling began with intermittent creeping. The shivering worse from motion. Yawning, stretching, pain in head, spleen, back and limbs. The chill began in the back. At end of the chill, nausea and vomiting of bile. Heat soon after chill with some pains, and thirst, lachrymation, red face, weakness, and trembling from motion. Sweat scanty with slight relief of the pains and with chilliness from motion. Mouth dry, tongue white, blisters on tongue and inside of lips. Pains in apyrexia. *Eupatorium perfoliatum*, half a cup of infusion in the evening; only one chill thereafter, followed by a smaller dose of the infusion.

Case VII. Oct. 1. Mr. G. had third daily chill today at 11.20 a. m., postponing, lasting one hour, aggravated by motion and drinking. Before the chill, pain at the lower border of the left ribs and in the region of the left kidney, fulness in the forehead, dread of the chill and horror at the thought of going to bed. The chill seemed to begin in, or be worse in the stomach and to get hold of the muscles with oppression of the breath, which was worse from moving or turning in bed, with thirst and the breath hot in and before the chill. Heat with desire to be uncovered and pain in the left side better from lying on it, increased thirst, nausea, breath oppressed, fulness in forehead, and pain in the occiput. Sleep in latter part of the heat, waking in slight sweat, mostly on lower limbs with relief of the sufferings. Hunger and desire for oysters, yet stomach feels full after eating but little. Water tastes bad. Urine scanty, dark, offensive. Blisters on lips. Sweat from slight exertion. *Nat. mur. cm*, Swan, every two hours and only one more chill which was light.

Dr. Bergman: These cases that Dr. Rushmore has presented to us remind me of a similar experience I had in middle Illinois, and I found in intermittent fevers that all potencies work, not only the C M's but tinctures.

I remember one very peculiar case which took the form of facial neuralgia. The attack came on on the dot every morning at half past seven and left at about five in the afternoon, with excruciating pain involving half of the face. As the doctor says "he had nothing else," I had nothing else but tincture of Cedron, and it was such a clear case of Cedron that I felt sure it was the remedy because of the clock-like regularity of the pain. I gave ten drops of the tincture of Cedron in half a glass of water, and this was at three o'clock in the afternoon when the pains were at their height. I thought if I could tide her over until half past five in the afternoon she might sleep all night. At three o'clock in the afternoon she got a dose of medicine, fell asleep shortly thereafter, and there was no more trouble. That one dose cured her. It was the tincture that I used. I was rather surprised because Dr. Allen, my preceptor, always enjoined us to try high potencies in these cases. She had an attack sixteen years before I saw her. The treatment might have cured her and nothing was shown in these sixteen years. I lived in that town a number of years afterwards and there was no return at all of her trouble.

I remember the case of a pregnant woman where an Allopath was called in to take care of her; she was six months advanced in gestation. He said to her, "I can do nothing for you because you will abort if I give you the proper remedy." He left her with her chills and in a bad condition generally. It was my good fortune to prescribe *Natrum muriaticum*; on her symptoms I gave her a dose of that and there were no more chills, and she became fat and prosperous, and I found myself at the bedside when the baby came. I am sure, we can all repeat these cases ad infinitum. We should not bind ourselves to any potency because we get benefit from the tinctures. In long standing chronic disease we get better results from high potencies.

Dr. Rushmore (closing): Speaking about intermittent fever,

in New Jersey I rarely get a case nowadays. These records are more than thirty years old, and in regard to the case in which Eupatorium was given, it is my impression that the patient had taken that medicine when I was called and that two draughts of the infusion, one before the last chill, and one taken after, were all that was given to the patient.

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## TWO IODINE CASES.

BY MILTON POWEL, M. D., NEW YORK.

Case I. A young man, 22 years old, had a chill in the night, followed by a severe pain directly over the heart coming in paroxysms, worse from deep breathing and from lying on the left (painful) side, not worse from motion, with soreness to pressure along the intercostal nerve all the way around to the back. Slight cough at intervals, which also brought on the pain. Temperature 102. Pulse 96. Watery diarrhœa, five or six stools a day for three days.

During these three days I could not discover any of the usual physical signs of Pneumonia. Although there were no objective signs of typhoid fever, I feared it might be that disease developing, so had blood examination and urinalysis made. The day following, and before the laboratory report was received, pneumonia of the left lower lobe could be clearly diagnosed. The following day the whole lobe was consolidated, the temperature now being over 104, pulse 120, respirations from 36 to 50.

### *Laboratory Report.*

Urinalysis—Total quantity 24 hrs. 1440 c. c.

Slightly cloudy. Sediment scanty.

Sp. gr. 1018.

Urea 3%.

Total solids 60.4 grams.

Sodium chloride, only a faint trace.

Sulphuric acid 4.46 grams.  
Phosphoric acid 3.31 grams.  
Indican a trace.  
No sugar.  
Albumin., 7 grams.

*Microscopic*:—

Crystals negative. Pus corpuscles scanty.  
Epithelia scanty from upper bladder, ureter, pelvis of kidney and convoluted tubules. Red blood cells scanty. No bacteria.

*Blood Examination*:—

Hæmoglobin 90%. Red Cells 4,955,800. White Cells 17,480.

Polymorphonuclear 89%

Lymphocytes 7.6%

Large Mononuclear 3.2%

Eosinophiles 0.0

Basophiles 0.0

No malarial parasites.

The Laboratory gave an unfavorable prognosis, based upon the increased total white cell count, increased polymorphonuclears and the absence of eosinophiles, together with almost complete absence of sodium chloride in the urine, stating that usually less than one grain is certain indication of approaching death.

This patient was given Iodine, 2x. every two hours on the fourth day of illness. Later the crepitant and sub-crepitant rales had returned, the temperature was one degree less in the morning of every day until it became normal. He made a good recovery. No other remedy was necessary after beginning the Iodine.

Case II. A woman 81 years old, has had bronchitis for two years, with severe paroxysms of coughing, worse from 10 or 11 P. M. until 4 or 5 A. M., nearly every night during the two years. Worse lying down, could not lie down after the cough began. Wheezing, whistling, in the chest, mostly on left side, could be heard across the room. This whistling, wheezing generally preceded the attacks of coughing. Asthmatic breathing. Hands and feet cold, before and during cough. During the past

two months there has been oedema of both feet and ankles. The expectoration was very profuse, clear, frothy, gluey, stringy, difficult to raise. Sneezing frequent before cough and much eructation after coughing. Blows nose frequently before coughing and complains of coldness of the nasal discharge, also a sensation of fulness or pressure over the bridge of the nose. Voice husky, unnatural, nasal.

Heart normal. Urinalysis shows no kidney disease.

During the two years she has had many remedies, none of which benefitted.

In April of this year I began to give Iodine 2x. and for several days she took it every two hours, at the end of a week the oedema of extremities had disappeared, a few days later there was no more asthmatic breathing and at the end of the second week the cough had disappeared and has not returned.

Dr. Rushmore: If I understood the paper, the pneumonia in the first case was stated to be in the left lower lobe. It calls to mind that last week in Rochester, during the meeting of the American Institute of Homœopathy the treatment of pneumonia with Iodine was before the meeting and a considerable number of cases were reported, and it was stated that Iodine was applicable to pneumonia of the right side only.

Dr. Stearns: I usually give Iodin that way, being a right sided remedy, but one of the worst cases of pneumonia I ever saw was a double pneumonia in a woman over 50 years of age, a hospital case. Her temperature was  $105^{\circ}$ , and the indications for Iodin were almost identical with those of Phosphorus. McMichael gives the following differentiation as to the temperature: "In Iodin, the temperature is high, and in Phosphorus it is not so high," but that does not always work out. I remember a case in which the temperature was  $105^{\circ}$  where Phosphorus was the remedy instead of Iodin. That was a right sided pneumonia. In Hering's Condensed Materia Medica, Farrington edition, you will find probably the best picture of Iodin in fever—"hectic, thirst, somnolence in respiratory diseases," and I have forgotten what else. But it is a wonderful remedy and it pulled some cases out that would otherwise have died.

We had a case diagnosed as brain tumor; the patient had choked disc, constant one-sided head ache, and she began with an unceasing desire to kill her husband. She had hectic, thirst for cold water in large amounts, and I gave her Phosphorus with temporary relief only. I was hunting around and ran on that little grouping in that way in Hering. I gave Iodin and the woman got out of the hospital. Within a year she had twins and she is still alive, now nearly two years. They say a patient with brain tumor never recovers; that while the tendency for it is to get better, there is a recurrence. Maybe she did not have brain tumor, but she had all the symptoms of it, even some of the nerve symptoms, and the Babinski reflex.

Dr. Kimball: I could not see why the doctor gave Iodin in the first case. In the second case there was wheezing and whistling.

Dr. Stearns: That first case was a good Iodin case. I do not see from the pathologic findings why they considered it an unusually severe case, because I remember a case in the hospital which was a Phosphorus case where there was 97 per cent. neutrophiles, and the other three per cent. small lymphocytes, and 30,000 leukocytes, and a very small trace of Sodium chlorid.

Dr. Wilson: He used it largely because of the small amount of Sodium chlorid.

Dr. Stearns: You could only see a faint trace in the specimen.

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### CLINICAL CASES.

V. WIJETUNGE, M. D., H. M., COLOMBO.

March 17, 1917.

S. A. Kimball, Esq., M. D.,  
229 Newbury Street,  
Boston, Mass.

Dear Doctor:—

Your letter of January 18, last, was received and I hasten to pen these few lines.

I have been a medical practitioner for the last fourteen years. During the first four years I practiced as an Allopath and for the last ten years as a homœopathic physician. I may add that I am the only homœopathic physician on this island.

I was taught in the Old School to treat disease and at the start, as a homœopathic physician I found it difficult to think or practice otherwise. But I have since noticed that it is simply a matter of impossibility to secure the similar remedy by guesswork or to attempt to apply it to a pathological condition.

I have now much pleasure in giving you my personal experience in the practice of Homœopathy illustrated by a few clinical cases.

I may mention here that homœopathic remedies act just as well in our climate and on our people as they do in America, and I do not hesitate to say that "Similia similibus curantur" is a universal law.

The first patient I received after starting to practice as a homœopathic physician was a little boy of 3 years of age, who was suffering from chronic diarrhœa. The patient's mother told me that he had been under the treatment of allopathic physicians for several months, without any good results. As it was strongly impressed on my mind by the late Dr. H. C. Allen and Dr. Edwin A. Taylor of Chicago, that it was very necessary to dismiss from the mind for the time being the name of the disease and look for peculiar, uncommon symptoms in the patient, I decided to do so. And on examining the patient from head to foot, I observed the following symptoms (I have my old case book before me as I write):

1st. The head was large and damp (and the patient's mother told me that he perspired profusely in his sleep especially on the head) face was pale and puffed, body emaciated but abdomen was large and hard, feet cold but no perspiration. Stools were watery, whitish and offensive. I asked the patient's mother if he was fond of any special food. To my great surprise she told me that he had a craving for eggs. I prescribed Cal. carb. 200th (3 doses night and morning) and Sac. lac. for six days. By the time the powders were over there was a marked improvement. I gave him Sac. lac. for another

week. By the end of that time there was a change for the worse. Repeated Cal. carb 200th. Next report was very satisfactory—patient much better. Continued Cal. carb. once a week, for a month. By the end of that time he was quite well.

2nd. B. M., girl, age 2 years. Enteritis. Patient was in general hospital for six weeks, but was brought back home as there was no improvement in her condition and was placed under the treatment of one of the leading Allopaths in the city for another two or three weeks, but she was going from bad to worse. When the patient came under my treatment I noticed the following symptoms: She was quite emaciated, looked like a withered old person. She was short-breathed and her father thought she was dying. She was having three or four stools every hour. They were greenish, slimy and offensive. On questioning I learned that the little patient was extremely fond of sugar. ℞ Argent. nit. 1m, four doses, one powder every two hours. The next day when I saw her I was pleased to hear that there was some improvement. Breathing was not so rapid and her appetite slightly better and her bowels were not moving so frequently. ℞ Sac. lac. From day to day there was a noticeable improvement and in three weeks the bowels became normal. I may mention that the patient was given nothing but Sac. lac. since the first prescription of Argent. nit. 1m.

This was the turning point in my career as a homœopathic physician. The parents of this patient were very grateful to me, for they went on singing my praises and the people commenced to take the new "American Doctor" more seriously.

3rd. D. P. G., age 29. Clerk in a mercantile firm. Had been suffering from hernia for five years. Hernia left-sided, soft, no pain, was wearing a truss. Bowels costive, constant desire to go to stool but passes only a little wind. On further questioning I discovered that he was very irritable and better all round on rainy days. ℞ Nux. vom. 1m. Single dose, one hour before dinner. Sac. lac. for a week.

Report:—General health slightly better but no other improvement. ℞ Nux. vom. (3 doses night and morning). Sac. lac. for a week.

Report:—Bowels were moved regularly for a day or two but

they have become irregular again. General health better. ℞ Nux. vom. 1m, 7 doses. One powder every night. One hour before dinner.

Report:—Hernia much reduced. Bowels quite regular.

℞ Sac. lac.

By the end of the second month the patient was quite well. And I was agreeably surprised at the results, for I did not think it was possible to cure hernia without an operation.

I have had several cases of hernia under treatment since then but I was able to effect radical cures only in three cases. Nux. vom. being the remedy. Lycopodium failed in my hands in fairly well indicated right-sided hernia.

4th. G. C. H. M., age 22. Law student. Warty growth under the prepuce and on glans for about four months. Allopathic doctor applied lemar caustic, worse since then. Had a bad attack of gonorrhœa about eight months ago which was "cured" by injections. Patient apparently healthy. Failed to elicit any other symptoms excepting a burning sensation in the toes.

℞ Thuya 38th (3 doses) morning and night.

Patient was thoroughly cured in three months with an occasional dose of Thuya 200th or 1m.

5th. M. P. F., age 49. Married. Planter. Had been suffering from malarial fever for 20 years. Present complaint. Diabetes for seven years. Used to pass urine about 7 times a day. Now about 12 times a day. Sugar present. Estimate 4%. Patient very weak, hardly able to walk. Skin very dry. Lips parched and very thirsty. Appetite very poor. Severe burning sensation in the soles of the feet.

℞ Sulph. 1m (single dose). Sac. lac. for several days.

Report:—General health better. Burning sensation disappeared altogether three days after the first dose of medicine. Quantity of urine decreased. Sleeps well. ℞ Sac. lac. for seven days.

Report:—Much improved. Passes urine about 6 times in 24 hours. Appetite not good. Bowels costive. Very irritable.

℞ Nux. vom. 1m (single dose). Sac. lac. for seven days.

Report:—Patient cheerful, bowels regular. Feeling stronger. Quantity of urine less. ℞ Sac. lac. for eight days.

Report:—Slight burning sensation in the soles of the feet. General health not good. Passes urine about eight times a day. Sugar present. Estimate 2%.

℞ Sulph. 200th (single dose). Sac. lac. for seven days.

Report:—Burning sensation disappeared altogether. General health very much better. Passes urine about six times a day. No sugar in urine.

Advised patient to go without medicine for two weeks and then report.

Patient was under observation for two months and discharged as cured.

I met the patient about 3 years ago (that is a year after he was discharged) and he was quite well then.

6th. Mrs. A. K., age 39. Widow. Had been suffering from diabetes for six years. She was passing urine about six times during 24 hours. Sugar present. Estimate 2%. Her illness started after the sudden death of her husband. Had a constant pain in the small of the back. Could not sleep for more than two or three hours. Had a dull pain in the back of the head.

℞ Phos. acid 6x (3 doses) morning and night.

Sac. lac. for seven days.

Report:—Sleeps better. No headache. Feeling stronger.

℞ Sac. lac. for seven days.

Report:—“Headache returned. Feeling weak but sleeps better.”

℞ Phos. acid 1m (single dose). Sac. lac. for 7 days.

Report:—“Much better all round.”

℞ Phos. acid 6x. (3 doses).

Report:—“Feeling much better.” No sugar in urine.

7th. Mr. D. S., age 37. Married. Had been suffering from diabetes for about five years. “Had a severe mental shock, and had been through a great deal of worry.” Had been suffering from insomnia for the last six years. Bowels very costive. No desire to have a motion. Goes without a motion for two or

three days. Passes urine about four times during night and about five times during day. Sugar present. Estimate 5%.

℞ Phos. acid 6x (3 doses) night and morning. Sac. lac., for seven days.

Report:—General health better. Bowels still costive. No sleep.

℞ Phos. acid 1m (single dose). Sac. lac. for seven days.

Report:—“Sleeps better. Passes urine twice in the night and five times during the day. Bowels costive and very irritable. Burning in rectum after a motion.”

℞ Nux. vom. 1m (single dose). Sac. lac. for seven days.

Report:—“Bowels move better but not satisfactory. Burning in rectum continues.”

℞ Nux. vom. 1m (5 doses). One powder to be taken every night one hour before dinner.

Report:—“Bowels regular, sleeps well, no burning in rectum after a motion.”

℞ Sac. lac. for seven days.

Report:—“Feeling weak. Passes urine four times in the night and five times during day. Sleeps for about three hours after midnight. Rather thirsty.”

℞ Phos. acid 6x (6 doses) morning and night.

Report:—“Feels much better and stronger. Sleeps very well. Passes urine once in the night and four times during the day.”

℞ Phos. acid 1m (single dose).

Reported after three months that he is feeling weak again. He was passing urine three times in the night and five times during the day but he sleeps well.

℞ Phos. acid 6x (6 doses) morning and night.

Report:—“Sleeps well but is not better in other respects. Has decided to place himself under an allopathic doctor again.”

8th. Miss F. L., age 35. School teacher. Mother died in the insane asylum. Patient has been sleepless for three months. Looks stupid. Does not answer questions but mutters. Was under the treatment of an allopathic doctor for over a month without any benefit. Few days ago she was labouring under the impression that her people were trying to poison her.

℞ Hyoscyamus 1m (single dose).

Report:—"Marked improvement. Sleeps well. Eats well. Was able to take her out for a walk."

℞ Sac. lac. for seven days.

Report:—"Patient improving rapidly."

℞ Sac. lac.

Report:—"Again suspicious, afraid to take nourishment for fear of being poisoned. Sleeps fairly well."

℞ Hyoscyamus cm. (single dose.) Sac. lac. for seven days.

Report:—"Very much better."

℞ Sac. lac.

Saw patient after a month. She was quite well.

9th. Mr. S. S., age 56. Had been suffering from diarrhœa for over 20 years. Urgent desire to have a motion early in the morning, more often after the morning meal. Stools are loose, watery, undigested. Milk always disagreed with him. Flatulence in left side of abdomen. Has a burning sensation in feet most of the time. Has been under the treatment of very many able doctors in Columbo and they had failed to give him permanent relief.

℞ Sulph. 6x (3 doses) morning and night. Sac. lac. for seven days.

Report:—Stools are formed, two motions a day, morning and night. Burning sensation in soles of feet less, but he has a headache—pain on top of head. Much flatulence still in left side of abdomen.

℞ Sulph. 6x (3 doses) morning and night.

Sac. lac. for seven days.

Report:—Much better all round.

℞ Sac. lac.

Report:—Headache returned. Flatulence still troubling him. Gets a loose motion once in three or four days.

℞ Sulph. 1m (single dose).

Report:—Quite well.

10th. Mr. M. F. Planter. Age 35. Has been suffering from asthma for six years. Gets an attack once or twice a week, especially after much exertion. Attack comes on always after midnight, better by morning. Has to sit up. Worse on lying down.

℞ Ars. alb. 6x (3 doses). One powder every two hours in the morning.

Sac. lac. for seven days.

Report:—He was very bad the day he took the first three powders, since then he is very much better. Improving from day to day.

℞ Sac. lac. for eight days.

Report:—Got another attack two days ago. Not feeling well since then.

℞ Ars. alb. 1m.

Report:—Very bad since taking the single powder. Gets an attack every day.

℞ Sac. lac.

Report:—No improvement.

℞ Ars. alb. 6x (3 doses). One powder every two hours in the morning.

Report:—Very great improvement. Had only one attack since taking the three powders.

℞ Ars. alb. 6x (single dose).

Report:—Feeling quite well. No attack for two weeks.

I have successfully treated several cases of Asthma and so far as my experience goes Ars. alb. acts better in the lower potencies than in the higher.

11th. E. S. age 16. Schoolboy. Had been getting asthma for the past four years, once or twice a year. Catches cold often. Sneezes much every morning. Came to me with a fresh cold, complaining of headache, feverishness and restlessness.

℞ Aconite 200. (4 doses).

Reported three weeks after he first saw me that he got another attack of cold, since then has been suffering from asthma which he used to get before. He complained of a tightness in the chest and was gasping for air.

℞ Ipecac 200 (four doses). One every two hours.

Report:—Three hours after the last powder he fell asleep and he has been quite well since the next day.

12th. Mr. A. R. I was called to see this patient at midnight. He was vomiting and purging once in about ten or fifteen minutes. He complained of severe cutting pain in the

abdomen. The pain came on suddenly and after a little time disappeared suddenly. That has been the nature of the pain for nearly an hour. The patient's friends were very much alarmed, thinking that it was an attack of cholera. I dissolved a few pellets of Bella. 1m in half a tumbler of water and asked him to take a dessert-spoonful every five minutes. In twenty minutes the pain ceased completely and in half an hour's time he fell asleep. I saw him again the next morning and I found him to be quite well.

13th. Mr. T. H. Age 22. Complained of pain in the region of the appendix. Temperature  $102^{\circ}$ . He was examined by a well-known surgeon in this city and it was diagnosed as a case of appendicitis. An immediate operation was suggested to which the patient's mother strongly objected. At this stage the patient was placed under my treatment. The pain in the right ileocæcal region was very severe and he would not let me touch it. Temperature was over  $102^{\circ}$ , but there was no nausea or vomiting.

℞ Bella. 1m (4 doses).

One powder every two hours.

Next day there was a marked improvement. Pain was less and I was allowed to examine him.

The patient improved from day to day and in two weeks' time he was quite well.

14th. Miss F. K. Age 14. Complained of pain in the right side of abdomen two weeks before she came under my treatment. She had had this pain off and on for about eight days. Two days before I was called the pain became very severe. Her temperature went up to  $102^{\circ}$ . And there was nausea and vomiting. An eminent surgeon was called in consultation with the family physician (an Allopath) and the case was pronounced to be appendicitis. He advised her to undergo an operation at once but she strongly objected to it. The patient's uncle who was under my treatment at that time prevailed upon her mother to consult me.

When I saw the patient the above mentioned symptoms were more pronounced. I prescribed Bella. 1m every two hours. In twelve hours there was some improvement. I gave several doses

of Sac. lac. Saw her again the next day and found her complaining of pain but there was no nausea or vomiting. Prescribed Bella. 1m every three hours. Next day there was a marked improvement. Pain very much less. Temperature 99°. Continued on Sac. lac. for three days.

Report:—"Patient very much better. No fever. Very little pain in the region of the appendix. Bowels very costive. She had been so for a long time before she fell ill."

℞ Nux. vom. 1m (3 doses). One powder to be taken one hour before dinner.

Report:—"Bowels moved. Patient more cheerful. No pain. Appetite good."

Had patient under observation for another week and was discharged.

15th. Mr. H. G. and R. Age 45. Engineer, Ceylon Government Railway. Had been suffering from diarrhœa for over 14 years. Five to eight watery motions of undigested food; more often stools are of a white colour. Very thirsty. Great desire for salt. This patient had been under the treatment of several able physicians in Ceylon, Germany and Holland without much benefit. Never heard of Homœopathy before this although he had visited many countries. He wished to know whether Homœopathy meant "home treatment."

I forgot to mention that he had a few blue and pink spots in his hands and forearms. They first appeared as pink spots and then turned blue in a day or two (Purpura Hæmorrhagica).

Abdomen was very sensitive, especially the left side, it swelled up every afternoon. Burning sensation on passing urine.

℞ Phos. 1m (single dose). Sac. lac. for seven days.

Report:—"Bowels move only three times a day now. Motions are still white and watery. Abdomen still sensitive. There are a few blue spots on his hands but no pink spots."

℞ Sac. lac. for seven days.

Report:—"Feeling stronger. Bowels move twice a day. Abdomen still sensitive. No burning on urination. Blue spots disappeared. No desire for salt. No thirst."

℞ Sac. lac. for seven days.

Report:—"Feeling very well. Bowels move twice a day. Abdomen less sensitive. Appetite good."

R Sac. lac. for seven days.

Report:—"Feeling quite well. Stools are well formed."

He told me that he has formed a very high opinion of Homœopathy. So have I.

I think these few clinical cases are sufficient to show the members of the I. H. A. the good work I am doing here.

I may add that I am very thankful to my late friend Dr. H. C. Allen and Dr. Edwin A. Taylor for teaching me the right method of healing the sick. In this connection I must not fail to mention "Leaders in Homœopathic Therapeutics" by Dr. E. B. Nash, for I have found it to be one of the most reliable and helpful books to a beginner.

Long live Homœopathy!

Yours fraternally,

V. WIJETUNGE.

Dr. Rushmore: The relief of abdominal pain with Belladonna reminds me of a case which occurred on the train as I was coming to Chicago on Saturday. I was called to see a man who had been taken sick. I found it was one of the colored employees of the train who was lying on the floor. He had a severe cramp in the right iliac region. I found he had been eating heavily of beefsteak. I gave him two or three powders of Colocynth which quickly relieved. He came and gave me a fee before I left the train.

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#### A FEW CLINICAL CONFIRMATIONS

BY WM. J. GUERNSEY, M. D., FRANKFORD, PHILADELPHIA.

The above title indicates brevity and lack of originality but is corroborative evidence. It may seem like a lazy evasion of a promise to send something for the Clinical Bureau but what bet-

ter can we do in this age of skepticism than to emphasize by endorsement the wonderful truth of Homœopathy?

Hypericum is one of the remedies best known to our school for the cure of tetanus, which disease by the way, strikes terror to the heart of an honest Allopath in spite of his much vaunted serumtherapy. There should be more reports of homœopathic cures of this disease so that the public may know that we are prepared to meet even so-called fatal conditions. Some years ago a hard-working trucker's wife (at least the wife was hard-working, I always had my doubts about him) came to me while on her way to market saying that she was unable to open her mouth. A little inquiry drew out the fact that about three weeks before she had stumbled in getting out of the wagon and had lacerated her leg quite badly on the step in her fall. I insisted on her immediate return home but in the morning was informed that she had pursued her way to market, come back very late and was in bed and seriously ill. There was not the slightest doubt about the trismus but Hypericum 500 (Tafel) saved the day and made a good friend for the doctor.

A homœopathic physician once came to me saying that he was personally troubled with enuresis and had tried all the medicine he knew of without effect and that if there was anything in my high potencies he was willing to give them a trial. I regret to add that he made a practical demonstration of his weakness in my consulting-room before he could spring up from the chair and he told me that that was the way it always came—while he was sitting. This led me to Pulsatilla of which I gave him a vial of 52 m (Fincke) telling him to take it three times daily and that I would show him my record when he came again. Several weeks later he called to say that he had not had the slightest return of the trouble after that night and that he wanted to know what I had given him. He did me the honor to admit that I was a truthful man but his look, as he read the name of the medicine and its potency, was far from credulous. While on this subject I want to say a good word for Medorrhinum for nocturnal enuresis. It has done wonders for me many times. I have usually given the one thousandth of

Swan, night and morning, but directed the patient to omit the morning dose if there had been no trouble the previous night.

A letter carrier complained of having epistaxis at each of the four trips every day. He did not have the pale face suggestive of Carbo. veg. but the aggravation on exertion was so pronounced I gave him the CM potency (Fincke) of that remedy three times daily. He had no return of the trouble after the first day and continued on the force for years in spite of the fact that his allopathic physician had warned him that he would certainly have cerebral hemorrhage if he did anything to stop so persistent a nose-bleed.

I would like to ask for an expression of opinion as to the results obtained from the use of *Bellis perennis* for sprains. It has been very satisfactory to me.

A few months ago a young woman whom I attended called me on the phone about midnight saying that her mother, whom I had never met, was in great distress and begging me to go to the house. I found a strangulated inguinal hernia and was told that her physician, a surgeon, had been trying for an hour to reduce it by taxis. He had ordered her to the hospital for operation and their circumstances made it apparent that this was really the best thing for her. While waiting for the ambulance I gave her *Nux vomica* CM (Skinner) in water, a teaspoonful every ten minutes. For some unaccountable reason the ambulance did not arrive for an hour and when it did come the hernia was gone.

I do not find mention of *hordeolum* under *Psorinum* in either Lippe or Hering, but Kent's Repertory has it among some thirty-four other remedies given for that complaint. Other symptoms under the eyelids in Hering however are suggestive of that condition so that one may readily see the principles of Homœopathy in its application, and it is the best remedy that I know of to break up the sty habit which, while not a dangerous condition, is at least a very annoying and disfiguring one as well as, under some circumstances, a very stubborn one.

## TUBERCULOSIS. —

BY GEORGE E. DIENST, M. D., AURORA, ILLINOIS.

I am very sorry that I have to impose upon the good nature of the stenographer to take what I have to say.

I want to report a case of tuberculosis because of its peculiarity, its excellent cure, and the difficulties that come in handling some of these cases. Fourteen years ago a farmer friend of mine came into my office and reported that his son Arthur was feeling very badly. On inquiry I found the boy coughing very hard day and night. He could scarcely walk to school, a distance of less than half a mile. It was impossible for him to remain in the school room all day studying because he seemed all fagged out and would have to go out of doors to get fresh air. In the meantime there developed profuse night sweats; the boy was rapidly emaciating and showed symptoms of going down about as fast as such boys go. He was then in his fourteenth year. I told the father to bring the boy to the office, which he did, and on examining him carefully I pronounced it a case of pulmonary tuberculosis. Of course, there was a great deal of anxiety and considerable alarm. This boy was given Phosphorus 1M. It was in the month of March. It was not long until he showed symptoms of improvement. The improvement from that dose of Phosphorus continued something like six weeks, by which time the night sweats had disappeared. The cough was very much better. The expectoration, which at one time was purulent, was now becoming albuminous. His respirations were better, his strength was returning, and he could stay in school nearly all day. However, at the expiration of six weeks the Phosphorus was repeated. It was not long after that until the boy was able to go on the farm and help his father little by little until in July there appeared on this boy's body, beginning over the diaphragm, a dreadful rash which in its first appearance looked like measles. It began to spread rapidly, became papular, and soon pustular. It itched intensely and burned a great deal at night. It finally cropped out over the arms, down over the hands and fingers, on the limbs and feet, over the face and it became so profuse that we had to bandage his hands, and

each crop developed separately, but strange to say, with all this his strength increased. His appetite increased. He felt well except this trouble with the skin, and here the trouble began. The neighbors insisted that we should put something on this boy's skin to stop that eruption. Friends and relatives and people of the church interfered and said something must be done or the boy will die. The father came in repeatedly to see me until my patience was about worn out, and I turned to him one day and said, "Here, either you follow my instructions and let me treat the patient, or you will permit me to drop out of the case." I said "I want to tell you frankly, that your neighbors and your friends and your relatives and your church people know very little about medicine. This boy is improving. The trouble that threatened his life is coming to the surface. Let him alone. Let me guide the case and he will recover." He was then on Sepia. We had quite a tussle over the case, I became a little angry about it but won out. The father said, "Very well, doctor, I will stick to you. If the boy dies we will hold you up for it; if he recovers, we will be mighty glad." We went along for about two months with the boy in this condition. I had him come to my office occasionally so that I might talk to him. I told him that the lesions must not be scratched with the finger nails, but to use a coarse cloth for that purpose. I said to Arthur, "Do not pay any attention to what people say to you, we are in this job and we are going to finish it." After two months of suffering, pain, itching, distress and exfoliation, that boy was almost skinned alive. The skin began to heal. He grew stouter, began to broaden out across the shoulders, and in about three months after that everything dried up and cleared away. That boy today is running a farm of 180 acres between Naperville and Plainfield. He has a home, is married, and has a family and is as strong as any one here.

The point I want to make is this: In eradicating disease from the human system and in drawing it to the surface let it alone. Suppose, for instance, I had yielded to the demands of neighbors and friends and the desire of the father and mother, we would have had a first-class funeral. We would have had a talk about the destructive influence of the white plague, and justly

so, but having the white plague driven from the inside to the outside, we got it out of the system early, although it was very threatening at one time. This is what a few doses of Phosphorus and Sepia did for the salvation of this boy, and I want to challenge the world to produce a better cure than that and produce it more scientifically.

Dr. Donald: I understood the speaker to say that he allowed the boy to be rubbed with a rough unmedicated cloth.

Dr. Dienst: Yes.

Dr. Donald: There is a good deal of hog in all of us. I have had cases similar to this and have resorted to similar treatment with one or two remedies, but for the sake of humanity, for the sake of comfort, I have allowed them to use the plain hog on the skin which temporarily relieves itching, but does not drive anything in but brings it out.

Dr. Dienst: What about the absorption of the hog?

Dr. Donald: There is not enough lard used to get absorption, but merely enough to give relief. I go over the skin carefully with the lard, using enough to relieve, and it is surprising how much relief it gives. We are able to drive it out. It seems to me, we should do something for the poor devil who is suffering and by using lard on a soft cloth we relieve that suffering, and we do not do any harm by its use. I am not advising the use of medication, but lard is a bland substance.

Dr. Dienst: Why not use vaseline?

Dr. Donald: I have tried vaseline and have tried lard, and I find that vaseline will produce a certain amount of irritation.

Dr. Houghton: It is perfectly allowable to use in such a case olive oil or plain cornstarch powder.

Dr. Donald: I would not use olive oil. I put the lard on a soft cloth; don't rub it on the skin too heavy, but take a little bit of it on a cloth and go over the skin gently and you will be surprised at the relief it will give these cases.

Dr. Howland: I am laboring with a case of eczema in a child, three years of age, who has had the disease for over a

year. I have had the case for probably six months. The eruption is mostly on the face and head and wrists, and I have not found any remedy that will do a thing for the child. I have not used lard, but everything I have used seems to afford no relief. I questioned the mother the other day and found out that she and the child were sleeping in a north room without any air in the room. My opinion is—and I would like the opinion of others—that these unhygienic conditions are keeping up the irritation in spite of what I can do.

Dr. Kimball: These cases are aggravated by unhygienic conditions.

Dr. Howland: The eruption is scaly and red and the child scratches the skin lesions until they bleed. I have tried a number of remedies but they did nothing for her.

Dr. Krichbaum: Give her Miasm and keep on giving it high.

Dr. Howland: I have given it without any beneficial results.

Dr. Eastman: What is the diagnosis?

Dr. Howland: It is not psoriasis, I know that. The lesions are red, pointed and scaly, and when the child scratches them they become inflamed. What kind of eruption it is I do not know.

Dr. Eastman: Our friend A. C. Cowperthwait who wrote a *Materia Medica* some years ago, went out to the coast, and out near Seattle he and his son-in-law found a large deposit of material which is composed of certain potash salt and it is a very fine powder. This powder was made into a soap for mechanics which was something like sapolio, and it would do everything sapolio would do. It can be used in soft and hard water. They wash their hands with it. Lots of these mechanics had eruptions on their hands and with the use of this soap healing occurred. Dr. Cowperthwait's son-in-law, and one or two others formed a company for manufacturing this soap that is used by mechanics, also for eczema and other eruptions of the skin. The soap is manufactured in Buffalo, New York, and on each cake of soap you will see the name of A. C. Cowperthwait and his recommendation. He says he has never failed to cure a case of eczema and different kinds

of skin eruptions with it. You can make a lather and apply it. I have cured lots of cases myself of skin disease with that soap. It is called Rainier soap. I do not know whether the soap will drive the disease in and produce tuberculosis, but this soap will penetrate more deeply than any other grease. You can get a cake of this soap for 25 cents at drug stores. You can apply it to a child's skin, having eczema, and you will find it has a wonderful effect on the eruption.

Dr. Kimball: What effect will it have on a child's skin?

Dr. Eastman: It will have the same effect as it would have on the skin of a grown person. I have had babies with skin eruptions and in not a single instance has this soap failed to cure them and I have never seen any bad results follow. Maybe the soap kills the bacterium and nature brings about healing.

Dr. Kimball: Our old-school friend, Dr. Evans, of Chicago, who is general health consultant for the Boston Herald, receives many inquiries regarding cases of eczema in children and adults, and he recommends change in the diet. He rarely uses any local applications or recommends them, but usually treats eczema, especially in children, by dieting.

Dr. Howland: If I could cure this child's eczema by the application of soap or any other outward application, it would rather reflect on Hahnemann's Homœopathy. They expect me to cure this child internally, not externally. I believe the hygiene of this child is all wrong. I have insisted that the mother take an upper room where the sun shines into it, but whether she will do that or not I do not know. Again, the child should not sleep with the mother, and I believe if the diet was corrected and the child segregated and given plenty of fresh air with what I can do internally, the child will be cured. In this case the skin disease has persisted for a long time and if soap will remedy the condition I shall be tempted to try it.

Dr. Eastman: What difference does it make whether you put medical soap on the skin, or give it as medicine internally? Hahnemann applied medicine locally in that way, and he gave medicine by inhalation. What difference does it make whether you rub it into the skin or take it through the mucous mem-

lirane, or have it taken into the stomach? It is absorbed into the circulation in each instance.

Dr. Houghton: Hahnemann gave all these remedies in accordance with the provings, or he prescribed them according to the totality of the symptoms. He prescribed according to the law of similars, whether the patient inhaled the medicines or whether they were rubbed in.

While we are on the subject of eczema I wish to say that I have a number of patients, some of them a good deal older than I am, who, when they come to me now and then, remind me that they do not want their eczema to disappear. They do not want me to remove it. They look on that eczema as a friend. Sometime in the past they have had eczema treated locally; they have had it disappear. Under homœopathic prescribing eczema has reappeared on the surface. But they prefer to have the eczema on the skin. They have made up their minds to have it as long as they live. If that eczema disappears they think they are not going to live long. There are cases of eczema which, I believe, cannot be cured. I do believe there are cases in which, if the eczema is suppressed, the patients will eventually vanish along with the eczema.

Dr. Donald: Let us get down to good hygienic principles in the discussion of this subject. Use your hygienic measures. I do not care what soap you use, you wash it off or you cannot get the skin very clean. If the basin and towels are not clean, what are you going to do? Use your hygienic measures thoroughly, then apply the remedy. Do not treat the eczema. Do not treat the acne; do not treat the syphilis or gonorrhœa, but treat the symptoms you get from the patient. You have to use your soap, and that is the reason I suggested lard. Wash it off afterwards. I believe in these patients taking baths to clean them up and keep them clean. Give them plenty of God's fresh air and sunshine. That is my view of the subject.

Dr. Schwartz: From the description given by Dr. Howland of this case, there is no doubt that this child is miasmatic, and if she can eradicate the miasms, doubtless the skin trouble will disappear.

One of the worst cases of psoriasis I ever saw was in a physi-

cian. I did the best I could to get all the symptoms, and in thinking the case over and studying the possibility of miasms, I gave Psorinum, 10m, and with that one dose the patient got well.

Dr. Howland: I have given Psorinum twice, 42m. The patient has been given Phosphorus, Calcarea carb. and many other remedies. I do not believe you can cure any case of eczema with a patient living under such unhygienic surroundings as this child does.

Nov. 2. I have just received this paper from Dr. Wilson for correction. As I gave the above case from memory, I want to correct that statement that I made that I had given Psorinum twice. When I made that statement, I thought I had, but on my return home when I looked over my record of the case, I could hardly believe my eyes when I saw I had not given Psorinum. I said to myself: "I don't see how I overlooked it." I immediately sent it to the child and the result has been curative. The bowels are all right, she sleeps well, and the eruption did leave entirely for a time. Sept. 19th she was given Belladonna for a "cold" which removed the symptoms of the "cold" and during which time she had no eczema. On Oct. 21st there was some returning symptoms of eczema and I sent her another dose of Psorinum 42m. This makes the third dose. So far the eczema has not entirely cleared up, but will later I feel sure.

Dr. Sherwood: The doctor has described her failure to relieve the eczema in this case by any form of treatment, and that she has had the case under treatment for six months. She has enumerated several different remedies which she has prescribed and tried and which seemed to have no beneficial effect on the eczema. It seems to me, the doctor has only described to us the skin symptoms in this case, but has said nothing about the results of the treatment of the disease *per se*.

Dr. Howland: I think I have said before the child has no appetite. She eats very little, probably a teaspoonful of anything that the mother places before her. Most of the things she ought to eat she does not like. The mother allows her to eat what she likes. I find, at times, that the child's bowels are badly constipated. The child seems to get better under Pulsa-

tilla. The stool has various colors and varies in consistency which is strongly indicative of Pulsatilla. This remedy seems to help her, but has no beneficial influence over the eczema.

Dr. Kimball: Have you given Kali sulph.?

Dr. Howland: I have not. She has had Lycopodium.

Dr. Sherwood: In a case of this sort we should not expect any improvement in the skin condition in a month's time if she had the right remedy.

Dr. Howland: This child was terribly constipated, almost in pain, and when I did not believe the remedy was acting I changed it.

A Member: Where is the pain?

Dr. Howland: In the rectum. A remedy that is indicated in constipation or anything of that sort will usually act at once. For instance, I had a child come to me that had been constipated all her life. Four years ago she was operated upon for appendicitis. The constipation kept up after the operation and the child was so nervous that she was not able to do anything, and in this case I gave two or three remedies. The mother said when the child was badly constipated and had a desire to go to stool, she would get on the floor, put her feet against the bed and double up with pain. In this case Belladonna gave immediate relief. The second week the mother wrote me she did not think the child would need any more medicine. The eczema I was not prescribing for any more than other symptoms, but when I did not see any improvement I changed the medicine.

Dr. Sherwood: Did you try to correct the constipation through a change in diet?

Dr. Howland: I have, and have not succeeded yet. The child is not taking the proper food that she should. There is no use in trying to control the diet unless you can control the mother. Remedies will not act under these unhygienic conditions.

Dr. Schwartz: In these cases sometimes the child will have abnormal sensations which are expressed in constipation and in their influence upon the skin, and the patient is feeling much distressed. If the doctor would take all of these things

into consideration and bring them together and get all the symptoms she would be able to select the proper remedy.

Dr. Rushmore: Yesterday Dr. Stearns alluded to some of the conclusions of Dr. Bulkley, of New York, in relation to cancer. Dr. Bulkley also says that in order to cure some inveterate skin diseases, it is necessary to put the patient upon a diet of rice and butter. That cures them.

I recall an observation made by a past veteran, Dr. Edward Bayard of New York. He said he had a lady patient who had a very disfiguring eruption on her face which had existed for a long time and was a source of great annoyance and mental and physical distress to her. After a course of treatment, being no better, she asked him if he thought there was any hope of curing the skin disease and he replied, "Yes, my confidence in the truth of Homœopathy is the ground of my hope," and she got well.

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## CLINICAL CURES AND OBSERVATIONS WITH YEAST.

BY S. W. LEHMAN, M. D.

Yeast contains the ferment zymase which converts sugar into alcohol and carbonic acid. The zymase is a very active protoplasmic builder and will construct protoplasm out of cheap pabulum. For this reason, of late, it has been suggested for a diet and it is said that, in some instances, it may replace meat for a time.

To go into the theoretical idea involved, biochemically speaking, the sphere of action of the potentized ferment of the yeast ought to supplement the ferment qualities of certain cells, thus supplying a power to the individual cell that might have before been relieved of its ferment by some protoplasmic poison and the cell unable to recuperate or produce its own ferment again.

The zymase of the yeast is probably in vital or chemical association with the protoplasm itself. Therefore, when we release the power of this protein combination by the process of potentizing, so well known to homœopathic pharmacists, we have a very peculiar protein ferment combination. The yeast should

be potentized while living and should be obtained in as near the active state as possible in order that these combinations may be at their height of molecular and ionic activity. There is no way of knowing whether this combination is chemical and retained after the death of the cell as such, or whether it is a vital process and the combination dies with the vitality. If, however, we select the yeast in its active form, we are more likely to retain the true combination.

There are some departments of human physiology and metabolism which we cannot enter with the eye, even though aided by the most powerful microscope but only by deduction and comparison and by the power of thought are we able to enter in. Therefore, biologically speaking, we have a remedy that operates biologically in the same realm within the human organism that is invaded by infection and their toxins and likewise the vaccines made by human hands and injected therein, the difference being that the infection and vaccines are given in crude form and make chemico catalic combinations with the living cells themselves, releasing instantly a certain amount of higher class energy enzymes to unite with a lower class power and according to my limited observations, the potentized yeast gives the cell the power of releasing from itself this acquired combination and it again, through its fermentive process, takes on healthy protein as food and will assume its normal function.

Yeast has been tested clinically in Germany on a purin free diet which shows that the uric acid in urine was increased as much by 10 grams of dry yeast as by 100 grams of meat. This means, of course, that it has a profound effect on metabolism.

It also contains the unknown substance named vitamine. If this substance be added to a diet of polished rice, Beri Beri will not appear.

It has likewise been noted that the sugar content of the blood is increased in this disease and this indicates another sphere of vitamine metabolism.

The remedy was prepared from both alcoholic and watery extracts, macerated several days. I was unable to discover any difference in the therapeutic effect of the two extracts

which were potentized to the 6x dilution. I would, therefore, recommend the alcoholic extract for obvious reasons.

Case I. Young lady, age 24. Terrific pain in right ovarian region. Diagnosed by another physician as appendicitis but on account of yellowish, fetid leucorrhœa and otitis media of the right ear, without resorting to a blood test, I made a diagnosis of sycotic abscess of the right tube of gonorrhœal origin. The over the abdomen, especially located in the right ovarian region. There was severe burning of the vagina. Great soreness all over the abdomen, especially located in the right ovary region. The tongue had a brown coat on its posterior two-thirds. The eyes were red and watery. The pulse weak and receding. The patient complained of an awful taste in the mouth. Yeast 6x, two tablets every two hours, made a big improvement in 24 hours with an increase of the leucorrhœal discharge. On the fourth day the tongue was clear, eyes bright, and the pulse strong. There was much less pain but still some tenderness. At first she was very cold and had on a wool sweater although the weather was warm but after the fourth day there was no need of the sweater and she was normal in temperature sense with the rest of the girls with whom she worked in an office.

Case II. Female. Age omitted. Menstruation scanty, greenish and very offensive. Also a yellowish discharge from the vagina continuously, with the usual pale, anæmic appearance and metabolism generally slowed down. There were no characteristic symptoms. From the general history it was easy to make a diagnosis of sycosis and from the description of the origin of the trouble some years previous, I assumed it to be of gonorrhœal origin with the following result:—

After giving yeast 6x, every two hours, for ten days before the period, a great quantity of yellowish leucorrhœa appeared before the menses. Then the menses came more normal than for months. The quantity was normal and greatly increased from the last period. There was no odor and no burning with the relief of much pain. This burning sensation seems to be very characteristic of the yeast discharge and the moldy odor that goes with such conditions seems to be very characteristic

also. (Musty odor of secretions:—Borax-Rhus.—Stann.—also Puls.—Nux.)

Case 3. Female, Age 25. Gonorrhœa of three months' duration. Yellowish leucorrhœal discharge. Bad, offensive odor, like mold. Pain in the right ovarian region. Some tenderness in the left ovary. Eyes red and watery. Buzzing in the ears. Pulse regular. Not much tension. Bad taste in the mouth. Backache very severe. Urine scanty. Sour stomach. Tongue coated brown on posterior two-thirds. Hands cold like ice. This patient was cured in about one week's time. Yeast 6x, two tablets every two hours. You will notice the similarity of cases numbers one and three. These were two different people but the characteristics are marked in each case.

Case IV. Female. Age 27. Married. Severe neuralgia of the abdominal organs. The pains seemed to shift, not suddenly but some time during 24 hours, to different parts of the abdomen. She would almost give one the idea of hysteria. Irritable, restless, thirsty, aggravated nights after one P. M. Her physical appearance was slightly pale and only fairly nourished. These symptoms seemed to call for Arsenicum, more than any other remedy, of which she received the 6x, to be taken every two hours until relieved but there was no relief so she was given a dose of the 8m potency.

I waited 24 hours and there was absolutely no change in the symptoms which convinced me that I was in error as to the remedy.

By a careful anamnesis I obtained the additional information which led me to suspect the original cause of her unusual symptoms.

About two years previous, several days after being delivered of a child, she began to run a temperature. A diagnosis of puerperal fever was made and the usual treatment of vaccines instituted, with the result that the fever subsided but the patient was left in an anaphylactic condition, produced by proteins and enzymes from a low order of life, of which I can give no better illustration than that of mixing a pure, high-grade metal with a lower, base metal, such as is produced by mixing mercury with gold, the result being a base alloy.

On the basis of such a cause, producing such unusual anaphylactic symptoms, I decided to use yeast 6x potency, three tablets every two hours. The symptoms all disappeared after the third day and have not reappeared, to my knowledge, in two years.

Case V. Male. Age 35. Tenia Vericaler covering the whole chest, with its characteristic patches. This patient was not scrofulous or tubercular, which is so often the underlying base for such conditions, but on the contrary, was well nourished, well developed and had no symptoms except a catarrhal discharge in the pharynx, coming from the posterior nares. These were the only two evidences that presented themselves after a careful examination. Yeast 6x was given every two hours for the first three days. Then three times per day. The skin was practically clean in two weeks. We consider this a case of disturbed metabolism but could not find the cause.

Case VI. Here is a very good picture of yeast which occurred in one of my patients who is subject to asthma. Age, about 33. Has had asthma for a number of years. Was always rather delicate. Hereditary alcoholic history. Inclined to be thin rather than obese. Aggravated by baking bread. (Lyc.) Always has a gluey expectoration with the asthma, which is aggravated by exhalation. On other days it is aggravated by inhalation. The limbs feel like a burden. She has an uncomfortable, large feeling around the abdomen. Hands go to sleep easily. Must have water. Pain in the left ovary. Conscious of it. Disappears suddenly. Acute symptoms are decreased by Aconite or Veratrum viride. There is a drawing sensation in the muscles of the back, especially the neck, head, and down the back. Menses, scanty, dark, clotted, offensive. Easily excited. Much gas in the abdomen, hence sensation of fullness. Sneezing and wheezing constantly while baking bread. A thin fluid is excreted from the nose on these days. The chest feels heavy, eyes itch and burn. A stannum spot appears on the left upper arm. I believe that observation will demonstrate that there are stannum spots in more cases than we imagined and it is a strong evidence of sycosis. The leucorrhœa is acrid. There is headache at the back of the neck and in the head. Neuralgia around the eyes and teeth. Aggravated by dust of any

kind. Clutching feeling at the throat. (Snake poison. Evidence of profound protein poisoning.) Arms tired and weak from the elbows down, in the legs from the knees down. The flesh is sore on the thighs and back of the limbs. She gets on a nervous tension at night and cannot sleep. (Luna). Aggravated full moon. She gave a history of urticaria or hives. This appears as a white swelling after she is bumped or bruised or it sometimes appears after excitement. This, of course, shows an acid, protein intoxication. She says that she does not rest well if she goes to bed on an empty stomach. Does not feel clean after a bath. Most of these symptoms, including the asthma, were relieved by yeast 6x. In fact, I think that she has not had a recurrence of the asthma since giving the yeast about eight or ten months ago. She is increased in weight and in general tone and demeanor. In other words, she is much improved in every way. I have reason to believe that we are dealing here with a hereditary alcoholic sycosis and, so far as I am able to judge at the present time, Yeast has removed the largest part of this symptom complex.

Case VII. Female. I have no record of the age. The patient coughed every morning. Sputum yellowish. Sensation of soreness on the chest, with headache and sharp pains all over the body. We have noticed this characteristic symptom in practically all of the vegetable protein poisoning so far. The patient gets numb at night. She gave a history of infection twice, once with tonsillitis and once with appendicitis. A bump on the head caused brain fever when a child. Worries and is worn out. Faint until noon. Yeast 6x removed many of these symptoms and the general conditions improved at once. As the patient has not kept up the treatment, I concluded that the cure was complete.

#### CLINICAL INDICATIONS.

The remedy, when potentized highly enough, promises to become of first-class power in anaphylactic states produced by proteins and enzymes from the lower orders of life and especially sycotic conditions produced by the infection of gonorrhoea

or the injection of the gonorrhoeal virus and in disturbed metabolism with a considerable demoralization. It is indicated and may eliminate from the system the *saccharomyces homines* when present in such conditions as hay-fever, rheumatism and gout.

A great acute, sycotic remedy in all stages, acute, sub-acute and chronic.

It has reproduced the lochia that has been suppressed by vaccines. It has also reproduced suppressed sycotic discharges. Its discharges are acrid and have a sour, yeasty, moldy odor.

The eyes often get red and are watery and often burn. The pupils dilate and the lids often stick in the morning. These symptoms, associated with a sycotic history, have been removed by yeast.

Also disease of the ears, almost always aggravated in the right ear. Going on even to suppuration. If associated with sycosis, hereditary or acquired, this remedy is indicated.

Dr. Houghton: I would like to ask the essayist if he has ever had any provings made of this yeast?

Dr. Lehman: I have never tried that. I would like to have it done, and I hope somebody will take up the proving of it and give us a paper next year.

Dr. Donald: What yeast do you use, common brewer's yeast?

Dr. Lehman: I went to the grocery store and got a cake of new yeast.

Dr. Donald: Do you triturate it or how do you make it?

Dr. Lehman: I made an alcoholic extract of it. I put it in alcohol for a while and then made one x. I made it for a crude proving.

Dr. Sherwood: Along this line, while I have not had any personal experience, I have made an observation on a friend who was not my patient. He has suffered with chronic recurrent boils for several years. Just as one boil would disappear and he thought he was well, another one would develop. Sometimes these boils would appear in the nose, on the forehead, and had the appearance almost of carbuncles. A boil was apt to appear on almost any part of his body. He recently

changed physicians. He had had a pseudo-Homœopath prescribe for him, became dissatisfied, and I thought I was going to get the case, but he fell into the hands of an old-school man. This fellow told him he would give him some good advice, which was to go and buy a package of yeast foam, ordinary dry yeast, and three or four months ago he took a cake of yeast foam, used it, and since then, once or twice, he has used it whenever he had a boil start, and these boils have cleared up under this treatment.

Dr. Dienst: I had a talk with Dr. Lehman last year about this matter and had some correspondence with him. By nature I am not very venturesome, and there being no provings I felt some hesitancy in following his advice to try yeast. But I had Dr. French of B. & T. prepare the 6x and 30x potencies of Fleischman's yeast and watched for an opportunity to use it. One of my patients, whom I knew to have been decidedly syctic years ago, came to me with digestive disturbances. He had a string of symptoms, but the principal thing was pain in the stomach and abdomen about an hour and a half or two hours after eating. His appetite seemed much impaired. A careful study of the case led me, I thought, to the indicated remedy, which was prescribed at different times in the usual potencies with more or less negative results. Then I thought of what Dr. Lehman had told me. I gave this man Fleischman's yeast, 6x on rising and retiring daily for two weeks, and I was amazed at the result. He lived in another village. He came to my office one day and made the remark, "Doctor, what was that you gave me? I feel so much better." I examined him carefully and found all the conditions were improving, and particularly the accumulations of flatus in the stomach and in the intestines after eating. I had him wait two weeks without any remedy, and then I gave him the 30x daily upon retiring for about seven days. That man has been quite comfortable since then, and it is now more than three months. He rarely comes to see me because he is feeling decidedly better than he has for years. I have not ventured to try it on anybody else because there have been no accurate provings, but I was de-

lighted to get such a result in this particular case which I have just reported.

Dr. Houghton: The doctor referred two or three times to spots. I would like to have him tell us more about those spots.

Dr. Lehman: You will find these spots mentioned in some of the *Materia Medicas*; I don't remember the exact ones, but these spots are spoken of as appearing on the left arm. It is a sort of eczematous brownish spot and is highly characteristic of sexual trouble. It is undoubtedly sycotic. I call it the Stannum spot because of the relation that this spot has to the sexual region.

Dr. Kimball: Has it any relation to the Stannum remedy?

Dr. Lehman: Yes, it has. Stannum produces these spots.

Dr. Nelson: We applied yeast to wounds to prevent suppuration and yet when I hear this hygienic doctrine talked about and the danger of contamination by soap and all that sort of thing, the way it strikes me—I may not be right about it—is that the skin is throwing off stuff all the time and not taking up so much. If it took up everything, we would not live 48 hours, but the skin is throwing off stuff constantly, and if the soap happens to be contaminated, you not only wash it off in water but perspiration carries the stuff off. It is the same with local applications. If they do happen to get in their work, then the devil is to pay. If you cannot do anything for people who live under unhygienic conditions, ride up and down and look at the people who live in little pens and dark alleys under unhygienic surroundings and you will find the chances and opportunities for good hygienic living are not there. If you cannot do anything for the people that are handicapped, your usefulness is very limited.

Dr. Stearns: I am sorry Dr. Lehman was not present last night so that the paper I presented could not be taken along with his because I have no solution for the anaphylactic state; I have no remedy for it, only suggestions. We have remedies that undoubtedly apply to it, but I believe the remedy lies somewhere in this field. Perhaps Dr. Lehman has the key to the situation.

## PERITONITIS SACCATA.

BY GIUSEPPE SECONDARI, VIA SARDEGNA, 49. ROME.

Ugo Luchetti, ten years old, fell ill with influenza. An allopathic doctor was called who treated him for a month with the usual remedies—purgatives, quinine, antipyrin—the patient naturally got worse; at last his family asked the doctor the reason for such a long illness and the doctor replied that complications had arisen in the abdomen and that he could do nothing for the child who would die of consumption. A friend of the family, Oreste Giorgi, recommended them to try a homœopathic doctor and I was called in on February 12th.

On entering the room I found the little patient lying in bed with his knees doubled up, his face pale, cheeks hollow, eyes sunken. The pulse was feeble, temperature 39.5C; tongue furred, dry without thirst; he refused food. The skin of the body was shiny and sunken in the intercostal spaces; abdomen slightly swollen but hard and sensitive to touch; the lower right-hand quarter elicited dullness on percussion. The inguinal glands were swollen on both sides. Profuse sweat in the morning, especially from the upper part of the body, with remission of fever. *Cutting pains were felt on drinking cold water; the pains were relieved on passage of fetid gas; diarrhea.* The mother complains that the child has always fever and asks me for a remedy.

*DIAGNOSIS*:—Peritonitis saccata; of tubercular origin.

*TREATMENT*:—Calc. phos. 200, five globules three times a day.

February 17th.—Better. Temp. 38°C.—*Calc. phos.* 200, five globules a day.

February 25th.—Better. Temp. 37.8° C. *Calc. phos.* 1000, five globules every other day.

March 12th.—Better. Pains much diminished. Max. Temp. 37.5°C—The child asks for food. *Sacc. lactis.*

March 17th.—The abdomen more tractable; dullness two-thirds less.—constipation. *Sacc. lactis.*

March 23rd.—Fever has disappeared. Appetite voracious.

Unpleasant burning of the feet still present, constipation. Sulphur 81M one dose and *Sacc. lactis*.

April 10th.—Completely cured.

A year later I saw the child at my dispensary when I was called to attend his sister who was ill. He was strong and flourishing.

*COMMENTS*—The allopathic doctor had done all that his science and his conscience could do for the child, and had no fault. Quinine, antipyrin for the fever; purgatives, for the closed-up bowels for which an auto-intoxication (sapræmia) was feared. He had caused an inflammation of the intestinal mucous membrane giving rise thus to diarrhea. We shall see now how the official doctoring can produce constipation by the very means used to combat it. In the face of such grave complications, the doctor thought best to save his name by pronouncing on the seriousness of the malady, thereby being the means of saving the patient and throwing the discredit on his own system. If he had thought that Homœopathy, which he did not know and despised, would have been called in, he would have put off pronouncing on the case until it was too late to save the child.

The allopathic doctor does not believe in medicine and will not allow a true science, unknown to him, to save a patient that has been given up by himself, proving thus the incapacity of his system. Professional dignity must be preserved! Formerly, the blood was considered the cause of all maladies, and leeches upon leeches were used until the patient was exhausted and died in a few days or by a slow death.

Today, thanks to Homœopathy, blood-letting has been proved criminal (Vallai and Chomel in 1850 said it was a crime not to do it) and the Allopaths now make scientific war on the intestines. They say: "If you do not have a regular motion every day the stopping of the fæces will produce fermentation, will develop infectious germs (saproïds) and saprœmia will be the result." Just as if the mucous membrane of the intestine were not by nature perfectly accustomed to the presence of these micro-organisms and able to deal with them, when healthy! The bacteria are present in every intestine, yet only a

very few suffer from their presence. Cure the constitution and the infection will disappear. It is not the *saproids* that are the cause of the infection, but the disease of the mucous membrane which favours their development and virulence. You do not possess the means of curing the mucous membrane and therefore combat the effects, with the only result of producing chronic constipation, caused by purgatives which are administered once, twice, three times a week, or every day until they have no effect whatever, due to paresis of the intestine on account of continued stimulous. Then if, as you say, constipation causes saproæmia you cannot deny having actually produced it by scientific cures, shutting up in the intestine those very dangerous enemies which you hoped to eliminate forever.

We, on the contrary, do exactly the reverse, leaving the *saproids* in peace, as they have always existed and always will exist both in health and in disease; we take account only of the organ, which on certain occasions of disease favours their development and thereby the infection of the whole organism. We cure the diseased organ and the *saproid* remains eternal lodger in the mucous membrane, innocent and inert, as in all of us, who have never perceived how dangerous it can be.

Homœopathy—or the means of regaining health—is the only recourse of the doctor who conscientiously carries out his mission. You, guided by false suppositions, deteriorate the organism, we restore it *ad integrum* by a law of nature which cures the patient and not the disease, specializing the remedies by logical work of differentiation which belongs only to positive science.

In the case referred to above, the remedy that first presented itself to the mind of the doctor, was *Calc. carb.* for the nature of the disease, and for the *profuse sweating of the upper part of the body, especially of the head*. But it must not be forgotten that *Calc. carb.* cures rather the torpid condition of phthisis, when the patient is *scrofulous, fat and apparently strong*. (Far-ington)—*Phosphorous* rather cures those who are precociously developed, narrow chested, fair; partial sweats limited to the left side, without the peculiar indication of sweating of the upper portions which *Calc. carb.* shares only with *Selenium* and

less with *Arg.* and *Merc.* (Lippe) *Calc. carb.* is indicated when the abdomen is very distended and hard (Hering) and lacks entirely the indication of *cutting pains or drinking cold water*, which belongs especially to *Calc. phos.*, together with the indication of an almost normal abdomen coupled with extreme emaciation. The absence of thirst during fever is noted in connection only with *Calc. phos.* (Hering) *Calc. Phos.* is indicated when there is instant relief on the passage of fetid gas, which indication is lacking to *Calc. carb.* If at the same time profuse sweating from the head belongs to *Calc. carb.*, we must not forget that it belongs also to the *phosphorica* when *Hering notices profuse sweating at night, only partial in the morning.*

Guided by the differential diagnosis of the remedies, I decided on *Calc. phos.* to be taken three times a day during the first days considering that one dose a day would be overcome by the virulence of the disease, which by this time threatened to end in a few days this young life.

Nor was I mistaken, as improvement soon set in. Upon which I diminished the frequency of the doses, allowing the last dose of the drug to carry out its full action, without disturbing repetitions, which at this moment would have been harmful.

To finish up this cure, the two symptoms arose, constipation, and heat in the feet, which demanded *Sulphur*. It is my custom to give great care to the succession of remedies, on which often depends the success and rapidity of the cure. *Sulphur* besides having the above indications is also the only remedy to follow *Calc. phos.* (Hering) The happy result is a solemn confirmation of the truth discovered by our masters.

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#### CASE REPORT.

FRANK W. PATCH, M. D., FRAMINGHAM, MASS.

Mr. B.—A man of 53; father died at 64 of some unnamed heart trouble; mother died at 55 of septicæmia; patient was seventh son. Very abstemious in habits; ordinarily has had good health through most of life. A small, fatty tumor was

removed from the gluteal region one year before and he also had suffered from carbuncle at about the same time.

The present condition began eighteen or twenty years ago following a long period of excessive work in traveling with a consequent unsatisfactory diet for some years. For a time he was under the care of a Dr. Kidd in London, who put him on rather a strict diet but who evidently did not succeed in overcoming the difficulty. Before coming to Woodside he had been under the care of another member of this Association and had been given *Silicea*, *Sulphur*, *Psorinum* and *Natrum sulph.* at different times.

The symptoms present were as follows:—Mental state negative and normal; watery or fecal diarrhœa aggravated in the early morning hours before rising and especially on beginning to move about; again after breakfast and one or two stools in the latter part of the morning; painless, protruding hemorrhoids with very little bleeding, aggravation from standing, walking, etc.; aggravation from meat or fruit; some fermentation in the abdomen; sleep restless, usually waking from 2 to 4 A. M., oftentimes having no further sleep during the morning hours.

Is fond of fresh air, prefers cool weather but the diarrhœa not affected by temperature to any extent. Much of the time in recent years he has been on a milk diet or milk and bread with light desserts and a few other digestible articles; occasionally a small amount of meat or fish once a day.

At this time the patient was under observation from May 22 to the last of June, having a carefully regulated diet, with a limited amount of exercise and all conditions made as normal and comfortable as possible. In spite of this fact there was a slight loss of weight during the several weeks and very little change in the condition of the stools. As might be expected they were a little less frequent and he felt a little better and stronger.

He received during this period *Calcarea*, *Thuja*, *Podophyllum*, *Gamboge*, *Aloe*, *Carbo. veg.*, *Nat. mur.* Each remedy was given what seemed suitable opportunity to show whether any reaction was to be expected or not. None made the slightest impression on the trouble as far as I was able to observe.

The following year, March 24, 1914, the patient returned to Woodside reporting that the last remedy, Nat. mur., had seemed to hold things in check for several months apparently giving him partial relief.

His weight at this time was 147 pounds. He had been having for some months a series of painful furuncles one of which was quite evident on the right wrist during the week following his last admission; this opened and discharged without unusual incident; the stools continuing and the patient feeling far from normal in general strength and well-being.

On April 6th after new study, Nit. acid 2C was administered and from this time on improvement was wholly satisfactory. The stools diminished in frequency from day to day, the furuncles ceased to appear, the strength of the patient began to improve and sleep soon became normal.

It was necessary to repeat the remedy several times in the following month and each time the potency was changed for a higher degree. By the middle of April the patient was having one daily stool, somewhat broken but a little later wholly formed in character, and this continued up to the first week in May when he left for home.

I have since heard that the result was permanent.

Dr. Rushmore: I am the member of the Association who sent this patient to Dr. Patch. The man was a traveling evangelist and returned to my care after he had been under the care of Dr. Patch, and I can happily confirm the doctor's statement that under the occasional use of Nitric acid he remains well at the present time. Dr. Patch does not say why the Nitric acid was given. He suspected that the man's system was suffering from the mercurial fillings in his teeth which led him to think of that remedy.

Dr. Krichbaum: Why did he not give Natrum sulph. in the first place?

Dr. Rushmore: I had already given Natrum sulph.

Dr. Krichbaum: We make mistakes in firing too high.

Dr. Rushmore: I gave him the 30.

Dr. Krichbaum: Natrum sulph. would have cured the patient long before Nitric acid was given if the symptoms are correctly stated.

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## DIAGNOSIS, ITS RELATION TO PRESCRIPTION.

BY S. L. GUILD-LEGGETT, M. D., H. M., SYRACUSE, N. Y.

On Sept. 21, 1916, Dr. F., of Seneca Falls, telephoned that he was not well and had not been for two weeks. That first he had a seeming dysenteric attack, of frequent, scant, bloody stools; which he had attributed to a dose of Castor Oil that he had been persuaded to take—for the first time in his life. These conditions had disappeared, but of late, every day, at 2 P. M. he had found increased temperature, ranging  $101^{\circ}$  to  $102^{\circ}$ ; headaches; flushed burning face; cold hands and feet; thirstless; no appetite; soreness in cervical region, nape, extending to shoulders; a desire to stretch; coldness; (wore an overcoat in the house) weakness, lack of ambition.

We were in the midst of the polyomyelitis scare, and the combination of symptoms came near giving me a fright. However, telling him to take a few doses of Arnica, at short intervals, I set about a study of indications expecting to need one of the deeper acting remedies.

Sept. 22—In reply to a telephone, it was stated that he had motored to Syracuse, and not receiving a call from him, I was frightened again.

Sept. 24—Telephone message he had felt so much better on the 22nd, that he had taken the motor trip to Syracuse, and that conditions were again about the same. Further study seemed strongly in favor of Sulph. of which he took 1m and 55m at short intervals that day, two doses.

Sept. 27—Reported the 2 P. M. Temperature  $101^{\circ}$ ; dull headache; stools slightly loose; good appetite; hunger; same coldness; flush, etc., as before. During this time he was able to attend his usual practice, though felt ambitionless.

Sep. cm. F. 3 doses an hour apart.

Here I seemed to lose track of him, for a time, and learned,

later, that he had been interested in a search for diagnosis. As Health Officer of S. F. he had been much interested in the training class for those officers, which had been instituted in Syracuse that year and had been slightly stung by the *Diagnostic Bee*. He, therefore, interviewed five physicians, in good and regular standing, who examined and tested him from the "crown of his head to the sole of his foot," and these were some of the diagnoses, tests, and some of the prescriptions:

Diagnoses: Acidosis; typhoid (para); intestinal toxæmia; tuberculosis, (pulm.); pyorrhœa alveolaris; tonsilitis; syphilis.

Tests: Morro and Von Pirquets' for tuberc.; (two tests no reaction); X-ray examination for tuberculosis pulmonarium; Wasserman, (nil); blood test for malaria; blood count; blood pressure; urinalysis, clinical and microscopic; auscultation and percussion of every organic region; (liver, spleen, pancreas, stomach and abdomen).

The diseased teeth were extracted as advised by the consultants—in previous years had suffered from poisoning through mercurial fillings. He spent the week following October 5, in the Auburn Hospital where they removed tonsils. He reported that they were not diseased at the time, although colds always affected them.

Oct. 26—Reported, at my office, looking a *wreck*, having lost twenty pounds in weight, and having the same old list of symptoms: 2 P. M. fever, averaging  $101^{\circ}$ ,  $102^{\circ}$ ,  $101^{\circ} \frac{3}{5}$ ; Pulse 62 (normal 60); averse to tobacco; to stimulants; cold hands and feet, *during*; congestion to head and burning face; no ambition; coldness general.

Comparison of remedies, unsatisfactory. Still hunting for the so-called deeper acting ones. Comparison of the three great nosodes almost decided me to give Syphillinum.

Unable to take my attention from the similarity of Arn. in both its conditions and symptoms, I turned from my desk and gave him one dose of Arn. M. M. (F.), saying I would be in S. F. on Monday the 30th, believing in my soul, that it would be time enough, then, to give the nosode.

Oct. 30—On keeping the appointment, was met by the exclamation, "am better, meant to have 'phoned you *not to come*."

"Don't come, will come to Syracuse weekly if improvement does not continue." There was no temp. increase at 2 P. M. and but slight at 4 P. M. this accompanied by but little discomfort. He had gained two or three pounds and of course looked much better.

Nov. 6, '16—Syracuse, Arn. mm. F

Nov. 20, '16—Syracuse, Arn. mm. F

Still gaining, no symptoms of consequence to report the previous week. Shadows of former symptoms caused the repetitions.

Dec. 4—But slight signs of disturbance; "never felt so well;" gained almost to usual weight; throat remains irritable since operation.

Dec. 28—Reported a cold, with hoarseness, coldness, *soreness of chest*. This very unusual, colds usually affected throat. He considered this due to extirpation tonsils. Arn. mm. F. no other symptoms, >before left the office; weight now 169 lbs. "feels fine!"

Continued study of the case led to an examination of Ranney in relation to fevers exhibited in affections of the anterior horns, and found that fevers occurred only in cases affecting the horns of the cervical region.

As before mentioned the first symptoms presented had a strong likeness to what we were taught, by the State Department of Health, to look for in Polyomyelitis, and that always my mind referred back to conditions that might exist in that region.

Again, I have been much puzzled as to why some good Homœopath had not pointed out the fact, that, in many instances of sudden congestions, hemorrhages, or tendencies thereto, even actual blood clot, Arnica, that greatest of all remedies in such states, would meet the condition.

The only period of cure in a known case of severe progressive or destructive disease, is *during its activities*, and when perfect cure is impossible, alleviation often *is* possible.

When a blood clot encysts, in confined space, degenerates, and tissues die, there is surely nothing more to be done, ex-

cept to relieve the system from possible strain caused by elimination of part of the structure.

As Homœopathy recognizes no Specifics for disease by name, it *does* recognize Specifics for symptoms and conditions. The symptoms or signs point to the conditions, which, when found, convey what we mean by "totality," and when both are clearly presented the situation is fortuitous indeed.

That in the reported case we had a grave condition continuing some weeks, with wasting and exhaustion; that we have no name for it but plenty of signs; that it responded to no test for diagnosis most carefully applied; that it responded most beautifully to the remedy indicated as most similar, and in its highest potencies, is a fact over which the patient rejoices when he tells his confreres who diagnosed and tested him, "you fellows did a good deal of fussing, and Dr. Leggett cured me on the symptoms alone, and with three or four doses of medicine, two weeks apart."

There is another thing I think we are inclined to forget of Arnica, i. e., its tendency to produce and cure suppuration.

There was a case, in a gentleman of 80 years, of sudden and severe pyorrhœa, to cure which his physician ordered his teeth all extracted. His daughter, my patient, begged me to suggest a remedy for the consequent suffering, and I suggested Arnica high, which she gave surreptitiously, as he had no use for Homœopathy, and would take none. He progressed finely, but finally had large echymoses on lower extremities, which again Arn. relieved. A trip to the West Indies soon put him on his feet and he was better than in a long time. Since that time, perhaps twice, he has been anxious, cross, generally unhappy, which I attributed to cerebral irritation, and suggested Arn. high. The result was fine! and he said to his wife, "it is wonderful what a good night's sleep will do for one." His son-in-law calls it "*absent treatment.*"

If there is one thing more than another that a homœopathic physician realizes from his study of the physiology and pathology of the human race, it is, that the first signs of disease, or physiological disturbance, come through the functioning of

various organic structures, and the first examination made, is concerning the regulation of that or those functions.

The "totality" of signs secured, what need of treating the "name" of a certain group, as no two groups are ever alike, even though caused by disturbance or disorganization of the same structure.

The elimination of acids, of lime, of the various results *which are bacilli*, through the use of the indicated remedy by the vital force, will proceed as rapidly as if we had named Rheumatism, Septic poison, and its remedy a Specific. Given to the underlying vital force another force which can produce a similar disturbance in the human economy, the vital force readily makes use of it to restore normal action. If function had progressed to the destructive stage and of the more vital organs, even then progression may be halted and much relief obtained; more at least than by *any other method yet discovered*.

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## CLINICAL CASES.

BY THOMAS G. SLOAN, M. D., SO. MANCHESTER, CONN.

Case I. A young man has had sciatica in his left thigh for five months. He has consulted several physicians, one a prominent specialist, but continues to get worse and has been obliged to stop work. The pain is constant, worse lying, better beginning motion.

Lyc. 1M, 4 doses in water. Four days later he was so much better, he walked six miles, and had a relapse.

Lyc. 40M, 1 dose.

Eight days later he returned to work, and has remained free from pain.

Case 2. A man of forty-eight has sciatica in his right hip, extending down the front of his thigh, and into the groin. It is worse sitting, lying, at rest, and better from motion.

Lyc. 1M., 4 doses in water.

In five days he was practically free from pain and has remained well.

Case 3. A gentleman of seventy-nine has suffered acutely all night with a cramping pain in his right groin and in the front of his thigh. The pain is better from heat. He is in such pain he does not dare move.

Coloç. 200 in repeated doses was given. In four or five hours he was comfortable, and the next day was free from pain.

Case 4. A woman of sixty-four was chilled while waiting for a car and the same night her left upper and lower-eyelids became swollen. When seen the next day the lids were so swollen the eyeball could not be seen, even by using considerable force. There was a hemorrhagic spot on the upper lid and on the cheek. The temperature was 102, and the pulse 96.

Aconite 200, every two hours.

The second day, the erysipelas had extended to the right eyelids, the nose, the left side of the face and the left ear. Nearly the entire upper left lid was necrotic, as well as the hemorrhagic spot on the face. The progress was alarmingly rapid, more so than I ever saw before.

Canth. 200 every two hours for four or five doses.

The process stopped extending in about four hours, the next day the pulse and temperature were normal, the inflammation receded in the inverse order of its coming, and in ten days the sloughs were cast off, leaving a clean granulating surface. The end result was very good; only a slight deformity of the upper lid remaining.

I hate to think of what this case would have been without Cantharis. I never saw such a violent virulent case of facial erysipelas before nor a remedy act more satisfactorily.

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## TWO ACETONE CASES, WITH ANALYSES

BY MARY PARKER, M. D., CAMBRIDGE, MASS.

Case I. (At Talitha Cumi Hospital).

Clinical Department at Talitha Cumi Hospital.

Case F—8. *Acetonuria During Pregnancy.*

Mrs. G. Age 20. Family and personal history negative;

Wasserman and gonococcus tests negative; pregnancy began in November, 1915; confinement expected during the latter part of August, 1916.

*Urinalysis, June 15th, 1916.*

Quant.	Sp. Gr.	Sugar	Alb.	Acetone	Urea	Casts
96 oz.	1016	0	0	0	.8	0

*June 21st, 1916.*

Quant.	Sp. Gr.	Sugar	Alb.	Acetone	Urea	Casts
52 oz.	1016	0	0	Trace Present	1.2	0

Patient began to have nausea, vomiting and pain in stomach. She cried with pain and was much frightened. Was put on a milk diet and given soda bicarbonate by the physician in charge. Later the diet was changed to small quantities of mixed diet.

*June 27th, 1916.*

Quantity	Sp. Gr.	Sugar	Alb.	Acetone	Urea	Casts
32 oz.	1030	0	0	Very pronounced	3.6	0

After taking soda for five or six days.

*June 28th, 1916.*

Patient said she felt well. No more nausea, vomiting or vomited large curds of milk, one long like a banana and nearly as large. Had gas in bowels. Voluntarily spoke of feeling much worse after 4 P. M. (This was the first time I had seen her.) I put her on a full diet in small quantities, discontinued the soda bicarbonate and prescribed Lycopodium 1m 2 powders.

*June 30th, 1916.—2 days later.*

Patient said she felt well. No more nausea, vomiting or pain.

*Urinalysis July 7th, 1916.—1 week later.*

Quantity	Sp. Gr.	Sugar	Alb.	Acetone	Urea	Casts
20 oz.	1010	0	0	0	.6	0

*June 14th, 1916.*

Patient has been eating well and has no return of symptoms thus far.

*Note:*—Patient went throughout pregnancy with no further conditions of this kind. Uneventful confinement.

Case II. Louise F. Age 5 years.

*History*—Illness between 3rd and 4th year which simulated Infantile Paralysis at first, but as it soon cleared up, the doctors then in attendance decided it was a case of acidosis. The child however, continued to have attacks about every 3 or 4 weeks, of sour vomiting, with quantities of mucous stools following each attack. Attacks seemed to be precipitated by any slight chilling or cold that she took. Her mother had been instructed to give her soda bicarbonate during these attacks. *No urinalysis had ever been made.*

Mar. 8, '17, was the first time I saw the child. She was having an attack of acid vomiting and was taking soda as usual. I asked for a sample of urine before giving the medicine. Symptoms were few, aside from vomiting. Slight rise in temperature—thirsty—lips very red. Is generally not constipated, although has no desire for movement. Mother must remind her daily. Perspires freely, especially about face, if the room gets hot. Discontinued the soda and R Sulph. B. & T., 1m one powder.

*Urinalysis.*—Acetone very pronounced.

Mar. 11, '17.—Two days later.—Not entirely over the vomiting. Seems about the same.

R Calc. carb. B. & T., 1m 1 powder.

After that she was better and on March 26, '17, I received the report of a 24 hours' sample of urine, with the acetone entirely absent.

June, 1917.—Only one very slight vomiting spell since, which cleared up at once with a dose of Lycopodium.

*Note:*—My interest was especially aroused, as the first case showed the Acetone even *more* pronounced after taking the soda so generally resorted to in such cases.

Dr. Nelson: In answer to the doctor's question, I will tell about a homœopathic doctor who had sour stomach. He had been subject to gall-stone colic and had gotten into the habit of taking Morphine. He told me that in order to relieve the gas in his stomach he would take a little bicarbonate of soda on the end of a knife. Instead of taking a homœopathic medicine, he kept on with that, I don't know for how long. His feet began

to swell; he began to hobble around. He would stop me and tell me how he was and what he was going to do, and so on. He kept on that way for some time, but he did not get any better. Finally I was told, when I went down town one day, that he was dead. (He had told me he would probably go out by the Morphine route. Shortly before he died he was seized with some kind of pain and sent for another Homœopath in town, and I did not see him in his attack. I did not see him until he was pronounced dead.) He had taken about 15 grains of Morphine, I was told. I passed into the room where he was lying. He was pronounced dead and had been dead for nearly half an hour. I heard something that sounded to me like breathing, and I asked what it was. Just about that time an old-school doctor came in and felt his pulse, examined his heart, and he said he thought he could detect a faint heart sound but felt no pulse.

By the time the doctor who treated the case, who had been telephoned for, arrived all sounds had ceased and all three doctors pronounced the man dead, but the allopathic doctor said he was satisfied he was not dead when they thought he was.

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## A CASE OF CRETINISM

BY BINA SEYMOUR, M. D., SPRINGFIELD, MASS.

This case is reported because the diagnosis was undoubted, the treatment by other than homœopathic methods long and expensive, and the recovery under application of the law of similars quick and undoubted. Some months before coming to me the child's condition had been diagnosed, by means of the Von Priquet Test as tubercular peritonitis, with gloomy prognosis.

Jan. 8, 1917—Boy 23 months old, weight 30 lbs. Height normal. Facial expression dull. Body large in comparison with limbs. Hands short and thick. Neck short. Chest thick. Abdomen abnormally large. Genitals undeveloped. Examination of chest negative; except coarse bronchial rales. Examina-

tion of abdomen shows considerable distention and the abdominal muscles so rigid that it was impossible to palpate single glands. Does not walk or talk. Very cross. Now suffering from thick yellow coryza and loose cough. Eruption about corners of mouth. Has voracious appetite, especially for bread. Temperature by rectum 102.4. Is brought to the doctor because he keeps his mother awake nights, crying for bread. The more bread he eats the crosser he gets. Constipated.  $\mathcal{R}$  Ant. crud. The diagnosis of his chronic or constitutional condition was cretinism, of the acute state rhinitis and bronchitis following influenza.

Jan. 11—Symptoms of "cold" >but not gone. Continue Ant. crud.

Jan. 17—"Cold" practically gone. Still very hungry. Cries for bread at night. Constipated. At this time an old-school physician saw the child with me, confirmed my diagnosis of cretinism and advised thyroid gland. Knowing that this is one of the conditions in which thyroid gland has produced its most brilliant results, I decided to give Homœopathy a fair trial in comparison.  $\mathcal{R}$  Phos. 3x. The diet was regulated by restricting the amount of bread. Fresh fruits and cereals were given in abundance.

Feb. 17—The child sleeps all night. Eats like other children. Bowels move daily. Has been walking alone 5 days. Has learned to say several words, being especially proud of a new crib, which he wants to show and talk about. Continue Phos. 3x.

Apr. 16—The child appears normal mentally. He eats, sleeps, walks and talks like other children of his age. The change is considered remarkable by the family and friends.

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#### TAKING THE CASE AS IT CAME BY MAIL

BY G. C. EMMERSON, M. D., MARSHALL, MO.

On January 18, 1916 the following letter came to me.

"I have a bad pain under my left shoulder. I can cover the

place with my hand. It comes on about noon and hurts so bad until I go to bed. I am perfectly comfortable when lying down. It hurts me to draw a long breath. The hot water bottle helps some. It is such a sharp pain most of the time. If you can send some medicine to help me I would be very glad."

Hahnemann's Organon, Secs. 82 to 91, give full instructions for taking the case. If one would be a successful Homœopath he should become familiar with the instructions of the Organon. On page 910 of Kent's Repertory 2nd edition. Cutting pain under left scapula, I used cutting as a synonym for sharp pain. I found six remedies have this symptom in the lowest grade. I took this symptom because it covered the location of the trouble. The remedies are: Carb. s., Daph., Hyper. Lac., c., Lyc., Thuj.

Modality is next<afternoon page 1304 Lyc. and Thuj. are the only remedies given in the highest type that were given in the other rubric.

Page 1333>lying in bed Lyc. Italics. Thuj. stands in the lowest type.

Page 760 Respiration deep<Lyc. Italics and Thuj. is in the lowest type.

Lyc. and Thuj. were the two remedies which covered the patient's symptoms best. I prescribed Lyc. 200 dose every two hours.

On Feb. 7, 1916 I received the following letter from the patient:

"I am ashamed I have not written before to thank you for sending the medicine that helped me so much. As soon as I had taken about four doses I commenced to feel better and the next day it was gone, only a little soreness remaining. It certainly helped me. I had suffered so much."

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## WARTS.

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

Perhaps there is no disorder of the skin more annoying than warts and none that is apparently more thoroughly a local con-

dition. A patient who complains of them nearly always expects local treatment and is highly amused at being given an internal remedy. But in spite of all this the remedy must be internal and it must also be a constitutional one if the result is to be satisfactory. An interesting example of this was told me not long ago. A little girl of six years developed on her hands a crop of very ugly warts which were burned off with caustic only to return in full force. While the physician was amusing herself in this way a neighbor told the mother that she had heard of giving lime water internally for warts. Without much faith in the result, but rather in desperation, the mother tried this remedy and was amazed to see the warts disappear as if by magic. She could not understand it, she said, for the child had been fed on modified milk with much lime water!

The following cases simply show the action of the constitutional remedy:

Case 1. Miss H. S., a college student.

January 27, 1916—A large wart on the index finger sensitive to pressure; at times a dull pain. Perspiration of hands and feet, warm usually. Thirst. Sensitive to cold. Throat slightly sore. Gets hoarse easily. Feels better in clear, cold weather.

℞ Causticum 200.

This prescription for the wart was unsuccessful.

February 16—No better. Similar place on the sole of her foot which gives much pain. Has been told that it was a "stone bruise." The wart upon examination proved to be horny. There is aggravation of pain in damp weather. Sweat of feet, hands and head. She was slow in learning to walk.

℞ Calc. carb 1M.

March 21—The wart has disappeared from the hand and the foot is almost well. The recovery was soon complete.

Case 2. Mrs. B. Age 29. Married four years. No children.

July 25, 1916—She asks treatment for a large pedunculated wart on her neck which is very disfiguring. Inquiry as to her general health reveals a very nervous condition, mental depression, weeping, severe dysmenorrhœa, severe headaches at the menstrual period, etc., a group of symptoms pointing to

Pulsatilla, which was given in the 200th potency and about a month later in the 2000th, with general improvement. The wart came off September 23rd. The Pulsatilla CM was given later, and two or three other remedies have been called for but there has been a steady improvement in the general condition.

Case 3. Master H. L., aged 14. Has been under treatment for hay fever for two years. The attacks usually begin August 15th and last until frost. The general symptoms have seemed to call for Natrum muriaticum which has been given in ascending potencies. He also has had two or three doses of Tuberculinum. These remedies had relieved but not cured. On July 24th, 1916, he reports feeling well but applies for more medicine because he is going away to the seashore. He exhibits a number of flat warts which have recently developed on his hand and thumb. A new search is made for a curative remedy and the symptom elicited that the hay-fever is always worse in damp weather.

℞ Dulcamara 200.

Report September 25. No hay-fever until twelve days after the usual time when a light attack followed exposure and chill. The warts disappeared about six weeks after the prescription.

Case 4. Miss M. S., a student.

November 11, 1916—A wart on left great toe, also several callouses, one on the sole. Sweat of the foot, profuse on the great toe. Sleep restless, bad dreams. Appetite *very* large. Sense of pressure in the abdomen one to three hours after eating. Gurgling of gas during the night.

℞ Graph. 200.

November 28—Much the same, but the dreams are better also the digestion. Small warts on the thumb.

December 19—The warts are flatter, foot sweat is less. There is general improvement.

January 30, 1917—The warts are gone from the toe but they remain on the thumb, sensitive to touch. General good health.

℞ Thuja. 200.

May 12—A small ragged wart still remained on the inner

edge of each thumb nail, very sensitive to hot water. For this Causticum 1M was given.

June 11—One wart seemed slightly smaller and Causticum 45M was given with the hope that it would remove the trouble entirely; but the case is not yet finished.

Dr. Dienst: There are some interesting questions arising in connection with the subject of warts. Warts, of course, are abnormal growths. They apply to a certain class of pathology. Is it true that an internal remedy will reduce a wart and not leave a scar to show where it was? I presume most of you know that if you tie a red silk thread around a wart in a sailor's knot, then take it off the wart, and put it at the northeast corner of the house, and never look in that direction until after a rain-storm, the wart will disappear. Again, if you rub that wart with the secretions of the milkweed it disappears, so they say. Some say that if you have a wart and go out back of the house when the moon is at a certain stage and pow-wow the wart will disappear. If that is true—and are you prepared to deny it—how can you prove that a potentized remedy taken internally will cause a wart, a morbid growth, to disappear? I never read about warts or hear about them without smiling. I do not say this in a jocular spirit. There is a lady living less than 50 miles from here who some years ago thought of trying the pow-wow, the bean, and the potato. She tried these things but the wart still remained on the tip of her nose. This wart was so prominent that she could see it herself. One day she called at my office with her daughter (her daughter was the patient) and incidentally asked if I could cure a wart on the end of a woman's nose. I said possibly I could. Well, she told me she had tried this and that thing, neither of which was a success. I told her I would give her some medicine internally and that might remove the wart. She said, "How is that?" I replied, "You wait and see." There was absolutely no suggestive therapeutics in this case, no assurance that we were going to give anything in particular, but I never in all my life received such an exulting enconium as I received from that woman after having taken the remedy; and after waiting six weeks or more the wart on

the tip of the nose disappeared which it did not do under other treatment. She came back to me and said, "You are a very smart doctor to remove a wart from the tip of a woman's nose." But that is not what I wanted to say. This paper puts us to thinking. If a potentized remedy can remove such a thing as a wart, whether it is a pedunculated wart or not, why will it not remove some other things that are similar?

I remember an epileptic coming to me some years ago wanting treatment for epilepsy. I could get very few symptoms, but I treated him for epilepsy, bearing in mind my incompetency to do anything of value, but I did something. In the process of treatment I woke the fellow up. I shook things loose from the inside, and one of the first things he did was to develop a large wart in the sole of his foot. That wart became intensely painful. It began to drip as it was a big wart. One day when he came into the office I said "What is the matter?" He replied, "I have a sore foot." I had the suspicion from what I had heard about the paternal side of the house that things were not as virtuous as they might have been in years gone by, and I thought here we were arriving at some of the tail ends of that trouble. I looked at the wart and gave that boy three doses of Nitric acid. To my great surprise, in a few weeks the wart dropped off and the sore healed without even a scar. That was not all. Going at the root of the difficulty, his epilepsy was much lessened, so much so that he has not had an attack since. That was about four years ago. He has developed into a strong man, is peddling papers, and I have not heard that he has had an attack of epilepsy since. Once he dislocated his shoulder during an attack which necessitated taking him to the hospital and reducing it. You see what well-chosen, well-directed remedies will do for the human organism when you have your case clear. That was the result with Dr. Stevens. I have a high regard for Dr. Stevens. She is a good prescriber, and if those remedies will reduce warts or cause them to disappear, will not they do other things in the same way?

I want to emphasize the necessity of getting at the true condition, getting not the symptoms altogether, but the case as it presents itself to you so that you can almost remove mountains.

Dr. Houghton: One of the first cases I had when I started in private practice was a young woman the back of whose hands were covered with warts. After two hours' study of the case I gave her Sulphur, and one of the things that happened there I have had patients report a good many times since. She did not know when the warts disappeared. Both hands were covered and one day she noticed the warts were gone. I have had patients report that fact to me a great many times since. I have wondered whether they dropped off in sleep or what happened to them. I have been able to do that very few times since. In most of the cases in which I have had warts disappear I have been prescribing for something else. Frequently these patients would ask whether I had given medicine for the warts. Prescribing directly for the warts I found was very unsatisfactory and usually a very difficult thing to do, but prescribing for a patient whether you know he has warts or do not know it, often results in the warts vanishing.

Dr. Nelson: I have had a little experience with warts. The first experience was with warts on my own person when I was a boy. I have had the pow-wow business performed on them and it did not amount to anything. I had one on the ankle of my right foot in the bend. It got sore around the neck of it. It was as large as a small pea. It got sore around the root of it. I was riding one horse and leading another and in going home from a blacksmith's shop one horse crowded against me and pulled the wart off. It did not return and did not leave a scar. That was before I knew or heard anything about Homœopathy. Afterwards there were two cases of warts in my own family, one a girl, and the other a boy. The girl had a little mass of warts scattered around the hands and on her feet. I gave a dose of Sulphur 200 and it was not very long before she complained of itching. It looked rather dry and scaly around the warts and the first thing I knew they were all gone. The boy had a good-sized wart on one side of the forehead, so that it looked to me like a pathologic process. I gave him the 30th of Thuja. and that wart soon disappeared. Whether it was the medicine that did the work in these cases I do not know, but suffice it to say the warts all disappeared. It is very evident

that the Sulphur aroused something, but they could not go on in such a short time without some kind of process setting in.

Dr. Kimball: I have known of warts going away over night without doing anything for them. The elder Dr. Wesselhœft, father of Dr. William P., was an excellent homœopathic physician. He said that a gentleman and his wife brought their little son into his office one day. The mother asked him if he thought he could cure a wart in the palm of the boy's hand. He said he did not know but he would try. The father was skeptical about the action of homœopathic remedies. The old doctor handed the boy a vial of *Natrum muriaticum*; the boy smelled of it as he was told, the father of the boy sniffed at this, but in about four weeks the wart was gone.

Where do they go?

Dr. Stearns: They go where the tadpoles go. They are absorbed; they do not fall off.

Dr. Nelson: Warts are evidently abnormal growths. A certain amount of pain about the carcass is abnormal too, and they change about and disappear for a time. Is it not possible that warts resolve themselves into a mysterious process we do not know anything about, or that the condition which gives rise to them is simply a change? May not they give rise to something else just as other symptoms would?

Dr. Kimball: They fold up their tents like the Arabs, and as silently steal away.

Dr. S. W. Lehman: There must be some things accepted without proof. We cannot prove everything. A lady, about 31 years of age, came to see me in regard to acute warts on the vulva. I recognized them as being sycotic in nature. She refused my advice and treatment and went to another physician who cut them out and sent them to Chicago and they were diagnosed as inert growths. She came back and told me what she had done. I told her probably she would be willing to take my advice when 40 or 50 of them appeared on her neck later on. She laughed, and I heard no more from her for several years until I got a letter stating that not only the local condition had returned but her neck was covered with them.

She was perfectly willing now to take advice and treatment with the result that she was cured some months later.

A wart is the product of the system which frees a poison that cannot be excreted by some other organ, and that can be easily proven, especially by the sycotic variety. There is a secretion which comes out of almost every wart which cannot be taken care of by some other organ in the body. If you cure the fundamental metabolism in the system that has produced the attack of poison your warts will disappear because the system has no further use for them.

Dr. Kimball: I remember the case of a lady who had a wart under each forefinger nail. She fussed and worried about them so much that her husband gave her as a present the book entitled "Watts on the Mind." (Laughter.) These warts yielded to a potency of Nitric acid. After several months' treatment they entirely disappeared.

I recall a case of sycotic warts where the head of the glans penis was covered, following chancroid. Medorrhinum cured them. Dr. Allen mentions it in his *Materia Medica* of the Nosodes.

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## THE FAVORABLE NATURE OF SYMPTOMS.

BY GIUSEPPE SECONDARI, M. D., ROME.

When Hahnemann, after long years of hard study and trouble, announced to the world his law of similars he met, in the old-fashioned practitioner and ignorant public, innumerable opponents who without studying the arguments objectively judged them by old concepts and declared the most beneficial truths to be irrational and ridiculous.

Superficial thought was satisfied, relying serenely on the law of contraries, which was not contradicted by the academicians; and English doctors founded a journal: "The Lancet" in order to propagate (strange to say) the use of leeches in nearly every malady and in order to preserve health, in opposition to Homœopathy which desired to respect and preserve the blood as the vehicle of life and preserver of the animal organism.

It seems natural at first sight to counteract heat by cold, cold by heat, constipation by an aperient, diarrhœa by an astringent, fever by antipyretics, adynamia by a stimulant, if these phenomena are considered as diseases and not as symptoms, and when the nature and value of symptoms are not known. The value should first be known in order to judge whether it be a case of combatting them or rather of respecting them. Without knowing whether they are friends or enemies of the diseased organism, we have not the right conscientiously to prescribe a drug.

Disease is a battle carried on in the midst of the organism; on one side is infection, on the other the reaction represented by symptoms.

One day an allopathic doctor in consultation, insisted on the administering of a drug against fever in a case of pneumonia. I refused, saying that I must first know if fever were a good or an ill. "I do not know, and I do not care," he answered. "And I cannot consent to giving the drug, because fever is beneficent," I replied, adding "I shall give a remedy similar to the diseased condition which will act counter to the infection and when it is overcome, then the fever will disappear."

Fever is the index of infection and of the reaction of the organism, the most wonderful mechanism of nature for combatting infection. As a matter of fact in pneumonia of the aged, where reaction is slight, fever is low or absent, the case often ends fatally; in children where fever is high, the pulse full, face red, cough persistent they generally get over it. If fever were an ill, should not the child rather than the old person die? And yet, the old die and the child lives. Why? Because in old age, as against youth, adequate reaction is lacking, of which fever is the first representment; fever which generates the antitoxins that are the antidotes to those toxins which, starting from the centre of infection, i. e. from the diseased lung, invade the whole system and poison it, through the circulation of the blood, and that is why the aged die, because the beneficial fever did not come to their rescue. And they do wrong who in combatting the real enemy of the infection prevent the organism from using its right of defence. However, even if the organism

is overcome for the moment by the poisonous action of an antipyretic, it re-asserts itself more strenuously with higher fever than ever, necessary to health, as soon as the antipyretic ceases to act. Is this not the revolt of nature against those who try to interfere with her work of reconstruction? In lowering the temperature you are obliging the organism to fight against two enemies: the infection and the medicine. You prolong the illness and the convalescence, if you do not actually cause death. The doctor who desires to assist his patient must not combat fever, but the infection, which is the cause of fever, otherwise he is like the man who in order to prevent the emission of steam from a boiling pot, closes the cover hermetically, thinking to have attained his end, because he could not see the steam. Imprudence! And the pot bursts before him, wounding him. It was the fire he should have removed from underneath.

Today the allopaths have modified their views on fever and no longer think it an ill, provided it is moderate, say up to  $39.5^{\circ}$ . So far it is to be respected, but at  $40^{\circ}$  or higher, it must be combatted as dangerous. Strange reasoning! Are we returning to the mythological era, to the age of the two-headed Janus? How can fever which has one sole cause: infection, and one sole aim: reaction, change its nature at a certain degree? Is a piece of gold not the same, whether it weigh  $39.5$  gr. or whether it weighs  $40$  gr.? Difference of degree cannot change its quality. It will be high if the infection is serious, and the organism is strong; low if the infection is slight or the organism weak, because reaction cannot be greater than the cause which has produced it. Combatting this reaction means harming the patient.

To simplify this idea, let us represent infection by the letter X, and let us say that X infection equals  $40^{\circ}$  of fever. When we have reduced the temperature to  $38^{\circ}$  by means of an antipyretic, what has happened to the organism? The infection X has remained what it was, because the antipyretic has no influence on it, and the organism has ceased to produce the necessary quantity of antitoxins; in fact has also to overcome the added poison, thus doing double work.

In morphinism it has been shown that the organism, by means of phagocytes, forms a precipitate, antimorphine, which neutralizes the action of the ordinary dose of morphine, so that the victim, in order to feel the effects of the dose, must be continually increasing it. Is this not nature's defence against poison? In the case of an antipyretic Nature must work either to eliminate it, or to create an antidote, and those forces which should have been working against the poison of infection, are being dissipated against the doctor's poison, therefore, when the temperature diminishes, the patient gets worse, the pulse becomes more frequent and weaker, the appearance alters and somnolence comes on, a bad symptom in any disease; the doctor and family can only console themselves with the improvement registered on the temperature chart and not on the face of the patient, nor in the general conditions which are getting worse. Fortunately, after some hours when the action of the poison has ceased, Nature gets the upper hand, the temperature rises, even higher than before, in order to repair past damage, but the patient will die if the same cure be persisted in, unless he is strong enough to overcome the allied forces of the doctor and the malady.

This is what happens if you combat high fever. Fever is always good; infection is bad and is to be combatted. When that is overcome, the fever will go down, being no longer necessary.

*COUGH* is also a very valuable symptom. It is essential for expectorating injurious products that are filling up the respiratory organs.

*DYSPNŒA* is necessary in order to make up by means of increased respirations the diminished breathing surface in pneumonia, so that the blood may obtain the quantity of oxygen required.

What more valuable symptom is there than *THIRST*? The organism by its means announces the fact that it needs water, in order to purify the blood, tainted by the products of infection, and for expelling these through the kidneys and the sweat glands, or else in order to effect those chemical reactions needed in the production of antitoxins.

*DIARRHŒA* is necessary in order to eliminate toxins and microbes collected in the intestines; and in most cases of uræmia, it is able to overcome the convulsions.

Even *TUBERCULAR ADENOIDS* through long suppuration have freed many individuals from a disposition to consumption, and I have observed in consumptive families that those who have suffered from suppurative adenoids have lived to a good old age, and have not died of consumption. The facts today are easily explained; the products of suppuration are none other than the antitoxins of the bacillus of Koch, which coming into circulation, produce immunity. How much harm surgeons have done thinking that these were the disease and removing these products, thus depriving patients, especially children, of their only defence in the struggle for existence!

From the rapid glance at principal symptoms, it will be evident that these represent the weapons by which nature defends herself against infection, and instead of combating them, we should respect, and if possible help them. "*Quo natura vergit co ducendum,*" Hippocrates said. And how? Allopaths have no useful remedies except mercury and quinine, which are homœopathic, but they do not know it, or do not wish to know it; and should content themselves with the waiting cure alone, trusting only in "*vis medicatrix nature*" if they wish to respect the other aphorism of Hippocrates: "*juvare aut saltem non nocere.*"

For Homœopaths the case is different.

Considering that fever, cough, dyspnœa, thirst, diarrhœa, etc., are brought into play by nature, in order to bring about a cure, when we give a remedy that produces all these symptoms it will be of real use to nature, which has need of these means for overcoming the malady, and sometimes is unable to overcome it, without this assistance. Is this not the best proof of the rationality of the law of similars? How often does it happen that in critical cases a well-chosen remedy—the most similar—in a few days or in a few hours puts the patient on the road to recovery? And why? Because nature was inadequate to overcome the infection, the symptoms were too weak to bring about reaction and the remedy helped nature in the difficult task. The

forces of nature and of the remedy unite and bring about a surer and more rapid reaction, an immediate formation of those bio-chemical substances, antitoxins and *anticorpora* which are necessary for neutralizing the disease toxins and preparing a sterile ground for microbes. As the one increase and the other decrease, the organism has to work less, recovery sets in, and the symptoms diminish or disappear. The aid thus brought by the most similar remedy is so prompt and efficacious that we see the severest symptoms of *cholera* reduced in a few minutes by the action of *Veratrum*, *Camphora*, *Arsenicum*, *Cuprum*, and the disease disappear in a few hours. Two such instances have occurred to me (the only two I have had to attend) by the sole administering of *Veratrum*. And at other times the remedy acts like lightning, as Kent says, and this extraordinary effect has often occurred to me, in cases of colic, through the action of *Coloc.* or of *Cham.*

*Cham.* had a surprising effect on my wife before confinement. She was furious and beside herself, quite contrary to her usual gentle and quiet character. The medicine had scarcely touched her tongue when she bent her head as if hit by a stick, resigned herself and faced the pains like a soldier without complaint, and confinement took place in a few minutes.

Today, Allopaths are approaching Homœopathy both in principle and in the matter of doses, (1) in the use of serums which recall the isopathia of Drs. Lutze and Swan; but they vary in this that Lutze and Swan give as remedies the potentialized disease product (nosodes); while Allopaths give a serum containing the antitoxin produced in an animal from injection of the disease toxin: that is to say, they endeavor to give the patient those antitoxins which nature produces in the diseased organism, in order to neutralize infection and its products.

But by generalizing without taking account of the age, constitution, locality and concomitants, they think they can cure every patient with one and the same remedy, and take only account of the disease and not of the patient; we, by means of the most similar remedy and without neglecting any of the circumstances are able to excite and quicken the formation of those anti-toxins that are most suitable to him. We, guided by

symptoms, by all the symptoms, are able to give to each patient a different remedy, even when the name of the disease is the same, and really cure the patient by exciting individuated anti-toxins; the seropathists give only one kind of antitoxin which naturally lacks these individual properties which only nature knows how to create, and not man. They supplant nature following an hypothesis which, if right in general, is not always so in all the cases; we imitate nature, as Bacon says: "*Naturae non imperatur nisi parendo,*" and we assist her in her difficult but always wise work, and really cure the sick person.

(1) Neither chemistry nor the microscope have yet been able to show the active substances of serums.

With Homœopathy the organism can, I was almost going to say, renew itself, and homœopathic doctors have observed that after severe illness often some chronic trouble is cured as well, without this having been aimed at. And this is natural since the task of the symptoms is not merely to overcome the acute disease, but actually to restore health to the whole organism, oppressed with some chronic illness and the remedy has conquered this also, included in the symptoms. After the cure of some acute diseases, I have noted the cessation of obstinate constipation, neuralgia and tendencies to bilious colics; ulcus rodens, and my late master Dr. G. Pompili recounted with great satisfaction the curing of a ten years' blindness in a patient cured of typhoid.

If the doctors in Hahnemann's time had known the value of symptoms, they would not have cried out so and talked about ignorance and absurdity, but would have accepted the law of similars as the liberation from slavery of false and harmful systems, like the rising sun dispelling the shades of medical ignorance, a real science replacing, by order, the existing chaos.

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### THREE LIVER CASES.

BY C. M. BOGER, M. D., PARKERSBURG, WEST VA.

#### Case I.

Ten months ago a professional man came to me with the following history:

1. Twenty-five years ago he *worked in a cistern*; this gave him a severe cold, followed in turn by chills and fever, after which the following chronic symptoms gradually developed and have been with him in increasing intensity ever since.

2. Skin of face yellowish and dry; the lips dry and feel parched.

3. Weak feeling of upper lip and right side of tongue; < when he is flatulent.

4. Burning across upper forehead.

5. Wheat bread, starches and water distress him and turn sour. *He belches up soured food*. Eating is soon followed by depression. Always light colored stools.

6. *Water tastes flat* and the tongue is coated in the morning.

7. Soreness above and to left of navel.

8. Rainy or hot weather disagrees.

9. Lassitude and depression in evening. Occasional migraine at 9-10 P. M.

10. *Prefers not to lie on left side*.

11. Urinous odor of sweat.

During these ten months he has received seven doses of *Carduus mariae* beginning with one drop of the mother tincture and ascending the whole scale of potencies. Old symptoms have come and gone and he is quite a different man now. After the first dose he declared he could feel the bile dropping from the bile ducts. I laughed at him, but that has not changed his opinion. He has also had several mild attacks of gall-stones, but his color as well as that of the stools is normal now. On one occasion the remedy excited a head cold, relieved instantly by a dark nosebleed. At another a small hemorrhoid recurred after twenty-five years and rapidly left after slight bleeding therefrom.

#### Case II.

A woman who had several attacks of gall-stones asked for relief, giving the following symptoms:

1. Soreness and aching as of something in liver, with aching below scapulæ and in the heels.

*Worse from lying on the right side or stooping.*

2. Burning in gall-bladder and soles of feet at night. Standing hurts the soles.
3. *Eructates much gas on first rising in A. M.*
4. *Vertigo, felt in the vertex;* <reading, raising up and jarring; from stepping hard; *with drowsiness.*
5. Impatience.
6. *Aggravation from noise,* stooping, standing, starchy foods. *Better* in open air.

She received *Scrophularia nodosa* one dose. The relief lasted two weeks, then she got a single dose of the 6th with relief for three weeks followed by a severe sick headache with throbbing in the right temple, aching in the vertex and yellow-sour vomitus. These were old symptoms returning with unheard of severity and were gradually relieved by a single dose of the 12th. Since then there has been a steady improvement in her health and her color is better than it has been for years.

### Case III.

Three years ago I reported a proving of *Menispermum canadense* to our society. It happened that several months afterward the venturesome prover developed a persistently *hard aching throughout the whole abdomen*, with inability to lie on the right side; all of which I attributed to her previous experience and as late appearing symptoms are always of the greatest value I added this one to the pathogenesis. That I was not mistaken was soon to be proven, for an old patient suddenly developed congestion of the liver with *general aching, but much worse over the lumbar region and all over the abdomen*. The pulse was 90, full and firm; the temperature 102°, general sweat, tongue dry, flabby and moderately indented by the teeth and lightly furred. There was inability to lie on the right side, constipation and scanty urine. The face and sclerotic were slightly yellow and the patient wanted to stretch every little while. Quite a number of remedies have abdominal aching, many of them acting strongly on the liver, but none seemed to fit the case as well as *Menispermum*, aided as I was by this accidental proving. The sufferer received three doses of the 12th in eighteen hours. The result was such as we are accustomed to

see only when the simillimum has been given and the patient felt entirely well the next day.

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## THE SUPPRESSION OF DISEASE, WITH ILLUS- TRATIVE CASES

BY HARVEY FARRINGTON, M. D., CHICAGO

Ask any old-school man if there is such a thing as the suppression of disease and he will laugh at you. Ask the average Homœopath and he will probably tell you that it is a delusion— one of Hahnemann's theories long ago exploded.

And yet, it is so clearly in accord with the laws of Nature and confirmatory evidence is so readily obtained, that it is difficult to imagine how any one possessing ordinary common sense can deny it. The human organism is so constructed that deleterious or waste matter is constantly relegated toward the surface, that is, through the kidneys, bowels and skin. This is a plain teaching of elementary physiology, a fact that is almost self-evident. If this be true of "normal" waste matter, which is poison if it be left too long in the system, why cannot it be true of the miasm or poison of disease?

But it would seem that common sense may be applied in every branch of science and every art except that science and art of medicine. Here fad and fancy must rule—the ideas and theories of a few who are looked up to as "authorities." For centuries, physicians have been suppressing, covering up, driving in; and when more serious conditions affecting internal organs result, they are treated as entirely new diseases. It has always been a mystery to me how men of learning and apparently sane minds could do this when, in the case of acute exanthems, they take every means to prevent repercussion of the eruptive manifestations of the disease. Every old grandmother knows that if the rash of measles or scarlatina fails to appear at the proper time serious consequences are inevitable. Every physician, no matter what school or "pathy" he professes, appreciates the danger and applies every means at his command, to develop

the eruption. The condition here is acute and the effects of the suppression are more quickly apparent. But is there any real difference between it and the chronic, except that the effects in the latter may not appear for months or even years? To an unbiased mind, there is not. The crux of the whole matter lies in the fact that the so-called "regular," and many Homœopaths, for that matter, consider the skin and other lesions as due to infection and purely *local*. The only logical treatment, therefore, is to kill the bacteria causing the infection.

The following cases have been selected from a goodly number, not only because they are positive illustrations of the baneful effects of suppressive treatment, but also because the records are accurate in every detail.

Case I. In the summer of 1897, while serving as interne in Kent's Post Graduate School Dispensary, Philadelphia, I was called to see a child of about three years of age, in convulsions. It was the first case of the kind that I had seen and I sat and watched it for some time, not knowing exactly what remedy to give. The child had whooping cough, and with each paroxysm the face turned a bluish red, the breathing ceased, the body stiffened out, the hands twitched, the thumbs were flexed forcibly against the palms. At times the cyanosis was so great that it extended down over the neck and chest. How long it took me to decide on *Cuprum metallicum*, I cannot remember, but I noted one curious fact. Between the attacks, a rough, scaly patch on one cheek would gradually assume a slight reddish hue, and would become distinctly red in splotches, if the interval lasted for an hour or more. Metallic copper in a high potency cured both spasms and cough, and as improvement advanced, the patch developed into an angry looking sore the size of a silver dollar and another, smaller in size, appeared on the other cheek. The mother explained that the baby had had a similar eruption before it was taken sick and that she had "cured" it with zinc ointment. An acute disease will often cause the disappearance of chronic symptoms, but in this case the latter were driven in some time before the acute became evident and undoubtedly this had much to do in determining the convulsions. Cuprum is an excellent remedy, not only in

whooping cough and convulsions, but covers the convulsions following the suppression of an eruption. But, having reinstated the eruption, it was not sufficient to cure it. This was accomplished in a few weeks by *Calcareo carb.*

Case II. One of the most striking instances is to be found in the case of Mr. E. H. D. æt. 26. His first visit was November 3d, 1901, when he related the following symptoms: Subject to tonsillitis; hair falling badly; nasal catarrh; greenish discharge; gums receding; pain in the stomach several hours after a meal, relieved at once by eating or a hot drink, worse from coffee and in cold weather; profuse sweat in axillæ and occasionally on feet, offensive. He received one dose of *Petroleum* 50m. I believe now that it would have been better had I started with a lower potency, so as to give a longer range from the lower upwards. But sometimes we bungle through to a fortunate outcome. Mr. D. reported November 21st that the stomach pain continued about the same for a week and then began to improve and that shortly after that an eruption which disappeared in November 1898 under the action of some kind of salve, had broken out in its original location—the left side of the scrotum and contiguous thigh. He had forgotten to mention it at his first visit and vouchsafed the information that he had had the distress in the epigastrium ever since the November of three years ago. He improved on this single dose for two months and then the pain began to reappear. Another dose of the 50m was given January 5th but it did not hold and was followed on January 24th by a dose of the mm. The relief was not marked. By the middle of February he was complaining that he was not getting any better and I yielded to his importunity to the extent of giving a powder of *Magnesia phos.* 200th (B & T). He was helped so much by this remedy that it was repeated April 18th and June 10th. However, although the stomach pain was better I realized that the *Magnesia phos.* was not suited to the constitutional state and began a re-study of the case. The eruption on the scrotum had disappeared but he now complained of itching about the rectum. August 28th, *Petroleum* 50m, one dose. No medicine until December 16th, when the same potency was administered with evident ameli-

oration until about the first of the year. Then followed a series of remedies, Sulphur, Carbo veg., Silica, Psorinum, given on varying indications and over a period of three months, but the record contains no mention of the distress in the stomach. The patient was apparently well until early in May of 1904, when he gave the following symptoms: Gnawing pain in the epigastrium has returned; when severe it extends into the chest, back and shoulders; is always relieved by eating; bowels rather loose; earache when exposed to cold wind; itching and moisture around the rectum, fine rash in axillae; palms of hands dry and scaly or covered with small vesicles, oozing a sticky fluid when ruptured; offensive foot sweat; occasional nose bleed. powder of Graphites 35m started improvement at once. It was repeated in the cm potency, July 15th, in the dmm (Swan's) September 26th, 1905 and not again until January of 1906. Mr. D. then left the city and I heard nothing of him for nearly four years. On a business trip to Chicago, he had suffered an alarming hemorrhage of dark blood from the bowels and consulted Dr. Frank Billings of this city. The latter easily recognized it as a case of duodenal ulcer but as the patient still pinned his faith to Homœopathy, he came to me for medicine. His old "stomach pain" began again a week or so before the hemorrhage. One more dose of the *Graphites* in a very high potency and a special dietary regime for a while completely cured him and at this writing, over ten years after, he seems perfectly well. *A small patch of the original eruption appeared on the scrotum, lasted for a few days and faded away, proving the real cause of all his years of suffering.*

Case III. On the 29th of June 1915 a boy aged 17 was brought to the office. His appearance was striking—it did not require a second glance to see that there was something radically wrong. His mouth hung partly open so that saliva trickled down the chin; his eyes were dull and the lid edges red; his face pimply and spotted with blackheads. He had had recurrent attacks of what was diagnosed as appendicitis when eight years of age and these were cured by old Dr. Chaffee of this city; a light case of scarlet fever when fifteen and annual hay-fever.

On October 14th, 1914, he began to twitch like St. Vitus

Dance—the mouth would be drawn to the left, the head to the right, and later motions of shoulders and arms and stiffening out of the lower extremities were added. Under old-school treatment these symptoms gradually subsided. But on January 15th, or about two weeks previous to his visit to my office, a new condition appeared:—he would fly into a rage, strike or claw at any one or, any object near him, or clutch convulsively with the hands, throw the arms about and occasionally pound his face with might and main. During this performance his eyes were wild and staring and pupils dilated. These attacks ended almost as abruptly as they began. He would sink down, limp and sometimes apparently unconscious for a few minutes and on regaining his senses, seemed extremely penitent. Usually they were occasioned by a reprimand or when the boy was denied some simple whim. For instance, while riding beside his mother in an automobile that she was driving, he suddenly struck her in the face, breaking her glasses and cutting her painfully, simply because she refused to turn in the direction that he wished her to go. Then he was immediately penitent and with tears protested that he was sorry and would not do it again. His whole nature was changed. Formerly he was kind and gentle and never used profane language. Now he swore frequently, often without provocation. The attacks could sometimes be aborted by diverting his attention, as by reading to him and by music.

He received a powder of *Tarantula cub. cm* and *Placebo*.

In a week's time the mother reported spells less frequent and lighter. Improvement continued until about the 18th of July when he had a bad spell. But he was better in a general way; needed less watching and indeed he looked better. There was less drooling. He had a more intelligent expression and showed more "snap."

His next visit was August 23d. Under this date the record states: "The twitching of the face and shoulders returned soon after the last visit with entire absence of spells until a day or two ago. He had his hay-fever in July and again in August, but much lighter than usual." *Tarantula* 4cm, one dose and sac lac.

On September 19th he was brought to the office and exhibited

a miliary eruption about the arms and legs which he said, itched considerably. His general condition was good. He was given a Placebo.

His remedy was repeated in the 4cm, October 24th, after a light spell. From this date, until March 12th of the present year, the boy took no medicine. He seemed to be entirely free of the peculiar mental outbreaks, did well at school and was an entirely different boy about the house. But now the eruption complained of in September was becoming troublesome—it itched and burned, especially in the warmth of the bed. This in addition to the pimply face, red lid edges and brilliant vermilion of the lips, naturally led to a prescription of *Sulphur*, which completed the cure.

It seems to me the evidence in this case is clear. The natural expression of a diseased state was turned back by the allopathic treatment, remained quiescent for a time and then reappeared in a far more serious form—indeed one very much like dementia præcox. The remedy, *Tarantula*, which should have been given for the original chorea, reversed the procedure and even went so far as to develop a still more ultimate expression, a psoric eruption. The *Sulphur* might have been given September 19th, but improvement was so marked at that date that the spider poison was not interfered with, and the wisdom of this was proven by the fact that it had to be repeated on October 24th.

Case IV is an instance of how a so-called infection can be driven in, to the detriment of the patient. Mr. O. Q., a man of about 35 years of age, consulted me in the absence of his family physician (also a Homeopath). The whole buccal cavity, nasal passages, the tear ducts and even the edges of the lids were highly inflamed and discharges a thick, yellow pus. The gums were spongy and bled on the slightest touch and saliva flowed profusely. Here and there over the tongue and lining membrane of the mouth, were little white vesicles which burned and smarted on taking any food or drink, whether it was cold or hot. In some places they seemed to have ruptured to form ulcers. The eyelids were swollen and somewhat everted and the left one drooped a little. He was thirsty, had a craving for

salty things, though it was torture to eat them; he was irritable and despondent. He stated that he had had a similar condition a year before and in addition, some ulceration on the scrotum and glans penis. His physician had diagnosed it as streptococcic infection and, although he gave him homœopathic remedies, chiefly *Mercurius sol.* 6x, he also used local washes of some kind. It took six weeks to heal the affected areas and the drooping eyelid had remained ever since. Note this because it is important. One dose of *Natrum mur.* 1m (B & T) with the usual Placebo cleared up the mucous membranes in less than two weeks, and the drooping eyelid returned to its natural position. Whether we apply the term "infection" or not to a case like this, it makes no difference. Treatment by external means will do harm, unless Nature re-asserts herself as in this case of Mr. Q's. Some will claim that his second attack was merely a re-infection. This is disproven by the fact that the ptosis, something that he had never had before the first attack, was cured by the *Natrum mur.*

It matters not as, was said, whether we use the term of infection or some other, but it is sometimes interesting to watch a series of well selected remedies unravel and cure a mixed infection, as noted in the following:—

Case V. E. A. P. æt. 26 developed a urethral discharge about March 10th which the physician in the town where he was stopping diagnosed as purely streptococcic, two microscopic examinations having failed to reveal the presence of gonococci. He submitted to injections of "potassium salts of some kind" and protargol and the discharge disappeared in two weeks, but he did not feel quite himself; he was constipated and his stomach was not quite right. Then, about April 23d of this year, he was taken with a severe spell which was supposed to be ptomaine poisoning due to chicken hash he had eaten. This was followed by tonsillitis, which subsided, only to be replaced by swelling and painful stiffness of joints. He was confined to his bed for a fortnight, when being able to travel, he hurried back to Chicago. He was still constipated, with ineffectual urging. This seemed to start a slight discharge. He was stiff and lame all over but especially in the arms and calves of the legs. The

tendons of the elbows and knees felt as if shortened so that he could not fully extend them. He was better on continued motion and worse when cold. Dribbling after urination; burning on beginning to urinate. I could not help giving him *Rhus tox.* He got it in the 10m on May 7th. As might be expected it relieved him greatly. By May 15th he was relieved of all lameness except a little in the right arm, but he was greatly worried because his sore throat was trying to return. There were also some new symptoms—he felt “grippy,” as though he were catching cold; weak and heavy all over, and strange to say, the stiffness in the right arm was now *worse* from motion. *Gelsemium* 200th (B. & T.) and a bottle of blanks.

May 20th (I quote from the record) “The Gels. brought back the old discharge which is profuse and relieved all general symptoms; even the bowels are better. But a bubo is starting in left groin (had one there in previous attack but forgot to mention it.) Burning on beginning to urinate. Here our patient was back again to where he started. *Cannabis sat.* 20th one dose, followed in three weeks or so by another has removed urethritis and bubo and he has passed a strict examination for entrance into the United States Army.

Dr. C. Q. Nelson: There is one point I want to mention in connection with the doctor’s paper, and that is, about the old symptoms returning. The symptoms had subsided possibly of themselves and returned in the course of the development of the disease or in the course of treatment. If a patient has symptoms of one kind or another which have developed again, is it correct to call that suppression? I would like to ask the author of the paper to explain that a little more clearly.

Dr. Farrington: After we had treated the case by local applications and the symptoms disappeared, the symptoms returned again.

Dr. Nelson: They may do that.

Dr. Farrington: I understand the doctor to mean that the disease ran itself out, the symptoms subsided and afterwards came out again.

Dr. Nelson: You called them old symptoms.

Dr. Farrington: They were former symptoms. I want to

say right here that in reading the paper I left out one important point in the last case, namely, examination of the urethral discharge showed that it teemed with gonococci. I should have put that at the end of the paper.

Dr. Kimball: I think it was a case of streptococcic infection.

Dr. Sherwood: Dr. Kent's practice in these chronic conditions developing cold, was to prescribe for the cold, but he always later gave the chronic remedy that the patient was on in the same potency given before the cold developed. He always said that an acute cold would counteract and stop the good work of any chronic remedy.

Dr. Howland: I had an experience some years ago in my own sister. She had done very well for a number of weeks on Sulphur, and I thought it was nearly time to change the medicine. I left the house Monday morning and just as I was about to leave she developed a violent headache, and I said: "I do not know whether you have got the 'grippe' or whether these are returning symptoms." I gave her another dose of Sulphur, 55m., and left her and she was to report to me. I waited but did not hear from her. I went to see her Wednesday night and found she had had grippe in full blast. While I found she was no better, the grippe pains had left her, but the disease had settled itself upon the lungs and she was practically in pneumonia. I took her symptoms at 8 o'clock and they were clearly Bryonia. I gave Bryonia, 10 m., and retired for the night. In the morning I rose early and found the soreness had all gone from her chest. I left Bryonia to take care of the case. I followed up with the chronic remedy. I asked Dr. Kent how long one should wait on an acute remedy after giving it in acute attacks. He said two weeks, and that is the length of time an acute attack lasts, then I followed with the chronic remedy. According to Dr. Kent's teaching, when an acute attack is well established, a chronic remedy will not act. If you have had other experience, all right.

Dr. Nelson: I am reminded of a case of suppression of disease I had once. The patient was a girl, seven or eight years of age. There was an epidemic of an eruptive disease that resembled measles but was not measles. Patients were sick for

three or four days, and then it would disappear and they were able to be up and around all right. This girl had an eruption, and without knowledge of her parents she took a bath and suppressed the eruption and almost at once developed a severe chorea. I gave a prescription of 200 of Hyoscyamus as the symptoms called for that, and it straightened out the chorea apparently, but that girl was hardly ever well from that time as long as she lived. But the conditions at that time seemed to have disappeared in every other way.

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### IS THE INDICATED REMEDY ALONE SUFFICIENT TO CURE ALL CASES OF CONSTIPATION?

BY JULIA M. GREEN, M. D., WASHINGTON, D. C.

If the Allopaths could free their minds from the idea of a cathartic in considering what is meant by an indicated remedy, would not this title surprise them?

Perhaps every practitioner of pure Homœopathy could respond by declaring that 85 or 90 per cent of cases of constipation can be cured by the indicated remedy alone, if the case is handled by a competent prescriber. The remedy must be prescribed for the patient, and not for the constipation.

There are several reasons for failure in the remaining 10 or 15 per cent.

If hemorrhoids or rectal fissure caused by constipation are operated upon, so that the disorder cannot be expressed in them, the constipation is likely to recur in spite of good prescribing.

Mrs. M. E. W. came to me in 1902, when 49 years old, three months after an operation for hemorrhoids and rectal fissure. There was no control of the sphincter ani for a while but after this returned constipation became obstinate. It is a deeply psoric case; the patient has remained entirely loyal and obedient, coming to me whenever symptoms returned. Relief has come gradually and in good order during each recurrence of trouble upon giving deep psoric remedies, but this patient is

never free from symptoms for more than from 3 to 9 months at a time. She feels the pain of the fissure when constipation has been with her for a while. The same general symptoms return with the constipation and are >with it. General health has improved wonderfully but vitality does not rise above a medium level.

Sometimes repair of injuries after childbirth means a contraction of the rectum near the anus so that a mechanical constipation follows, amenable only to mechanical means. Here Homœopathy can relieve but not cure and these cases may remain obscure to the prescriber unless a clear history is given or an examination made.

Again a complicated case, with constipation as one of many chronic symptoms, may be due primarily to suppression of a skin disorder or of some miasm. If the primary condition cannot be made to reappear, the constipation cannot be cured, although often it is wonderfully relieved for long periods of time.

Miss C. B. N., 48 years, was brought up in Mississippi. She had malarial chills frequently and was given "loads of quinine" to use her expression. She came to me a year ago looking as one does who has taken a quinine pill for every ailment for 20 years or more. Constipation had been a habit since 18 years old. Fortunately many symptoms upon which to prescribe were given, and a course of Sep. followed by one of Sulph. has made a different woman of her. The chills have not returned as yet, and the constipation is not entirely cured and probably never will be.

The most frequent cause for failure in treating chronic constipation is lack of cooperation of the patient. People have been taught that direct evils will follow if the bowels are not moved every day and it is difficult to re-educate them. The patient is told on beginning treatment, not to take any other medicine. Obedience is promised and all goes well for a short time. Perhaps improvement is prompt; the patient is delighted. Then constipation recurs and the patient considers Homœopathy a failure. A return to catharsis follows and continues until the drugs fail to act. Then the patient returns to Homœopathy for further relief because it relieved once. Perhaps co-

operation can be secured this time, perhaps not. If such an experience is repeated several times with one patient the chances for permanent cure are very slim even if obedience is finally won.

We all have so many cases which fall under this head that it is useless to illustrate them.

I truly think that the next most frequent cause of failure to cure this trouble with pure Homœopathy is failure of the doctor to prescribe correctly.

So many patients with this trouble are so nearly well aside from it, that too few symptoms and these only common ones, may be the cause for not hitting the nail squarely on the head for the indicated remedy. Again a patient may come with few symptoms at best and these mostly common ones, but a remedy is chosen on the symptoms given and it fails. Another is tried and it fails and perhaps another if the patient perseveres in reporting so long. Then some peculiar characteristic symptom is given which illuminates the whole case and leads to a cure. This patient's mind has been so much on the state of the bowels that some condition which has existed for years is forgotten, even when the physician tries hard to bring out characteristic symptoms.

Miss M. D., 60 years, came two years ago for relief for rheumatism, a nervous heart disorder and constipation. We made little progress towards permanent cure until an indigestion early this spring revealed strong Lyc. symptoms. Since then the case looks promising for an orderly cure.

Mrs. A. R. B., 55 years, has been my patient for 13 years. She has need for a physician seldom and each time for a different disorder, but constipation threatens frequently and becomes marked whenever other symptoms develop. I am able to relieve her generally but have not been at all satisfied with results until nearly three years ago when a characteristic Kali. carb. backache appeared and had lasted for weeks when she came for medicine. This remedy promptly relieved the constipation as well as the pain in the back and I know now what to give her for nearly every group of symptoms she presents.

Ignorance of the homœopathic philosophy and lack of ability

to apply it, and secondly ignorance of *Materia Medica* will lead to failure in a large majority of cases. A few will be cured through an accidental choosing of the curative remedy, or will be zig-zagged back to health through prescriptions partially correct. Generally in the latter case the effect of the remedies is to confuse the case so that health is never reached. Probably under such conditions constipation will recur with more obstinacy than any other factor in the symptom complex.

It is marvelous to see the constipated habit of 20 or 30 years disappear under the simillimum. It contributes more than most things to a lasting faith in the homœopathic law and an abiding affection for it. It is often surprising too, to see constipation disappear permanently in a complicated case, whose symptoms are not all clear. Also we frequently find to our joy that several failures to prescribe the curative remedy do not hinder that remedy when found, from doing its good work thoroughly. I had quite a list of cases to append to this statement of causes for failure to illustrate the ease of securing permanent cures with the indicated remedy, so as to leave the reader enthusiastic over the idea that 85 or 90 per cent of cases of constipation can be cured and are cured permanently by pure Homœopathy in the hands of a good prescriber, but why describe them? We all have plenty of them. More can be gained by a discussion of failures and their causes than by a discussion of any number of successes.

When a good Homœopath has practiced in one place for a lifetime, the children of his first patients who are brought up in Homœopathy, are not constipated; or if they have inherited the tendency, they are quickly cured.

Of course in any discussion of this subject it goes without saying that erroneous habits of living and eating must be inquired into and corrected before permanent cure can take place.

Dr. Farrington: The essayist has given us an excellent paper. What she says about mechanical conditions in the rectum, shows the advisability of making examinations. I remember a man came to me one day with a sharp pain in the rectum. He had other symptoms which called for some remedy—I don't remember what, so that this symptom in itself was not the lead-

ing one, and I do not think I made a mistake in my prescription. But I did make a mistake in not examining him. In about an hour and a half he came back and said, "Doctor, see what I found." He showed me a small piece of a brittle yellowish substance, which proved to be the hard shell-like covering of an apple seed. He said he had introduced his finger and removed this foreign body, with immediate relief of the pain.

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### PSORIASIS.

BY J. W. WAFFENSMITH, M. D., H. M., SANTE FE, NEW MEX.

Mrs. J. M.—Santa Fe, N. M. Mexican. Age, 19 yrs, married 5 years. No children.

Four years ago had malaria, which came on every third day, and did not improve until she went to Arizona.

Psoriasis began about two years ago.

May 2, 1916. *Symptoms*:—

Desires warm food.

Leucorrhœa yellow.

Cramping pain in left ovary, agg. day before menses and after they cease, amel. heat; agg. cold foods.

Psoriasis eruption on left elbow; face and other parts of body; itching; scaly.

Skin is dark on face; freckles.

Pain in left hip-joint, passing down sciatic nerve, agg. walking.

Feet hot at night.

℞ Sepia 200.

May 30—Better.

For one year has an enlarged thyroid, agg. right side.

June 8—Eruption on chest, arms and legs increased.

July 1—Return of symptoms.

℞ Sepia M.

Aug. 24—Burning during urination.

Itching in urethra.

Excoriation.

Frequent urination.

(Husband appeared for treatment of specific urethritis; with history of previous attack seven years ago; duration 3 months; old-school treatment internally).

℞ Cann. sativa M.

Aug. 28—℞ Cann. sativa M.

Sept. 4—Hard swelling of left vulvovaginal gland, agg. touch, air.

Yellow discharge from vagina.

Pulsating pain, agg. motion.

℞ Belladonna M.

Sept. 5—℞ Hepar sulph. M.

Sept. 6—Better.

Nov. 21—Better in every way, except psoriatic spots on elbow still rough.

℞ Sepia 10M.

Feb. 12—℞ Sepia 10M.

May 1—Entirely well.

In connection with this case I wish to report that the discharge of the husband became thin, <A. M. and persisted until I prescribed Sepia 10M., after which it disappeared, but developed a non-itching eruption on scalp and back of arms, resembling psoriasis, which cleared up entirely after a second prescription of Sepia 10M.

It has been my experience that the sycotic element enters largely in psoriasis and I believe you will find in most difficult cases upon careful investigation symptoms of sycosis, which will direct you to some remedy having same in its pathogenesis.

By request of the Chairman I will incorporate in this paper a few brief remarks in reference to my experience in regulating the diet; also the potencies.

The last fifteen years in practice have been spent in New Mexico, with a large per cent among the native Mexican people in the treatment of chronic diseases. The diet principally consists of beans, meat, chili, potatoes and coffee, overboiled and without milk.

In practically every case I take chronic constipation is the rule and when I first came out here tried to regulate the diet, to

my sorrow. I could not hold the case and my chance to demonstrate the superiority of Homœopathy was lost.

I soon discovered that the indicated remedy would cure the constipation and that I need not endeavor to change the customary diet of the person under treatment. Simply regulate the appetite to meet the needs of the organism.

It has been my experience that the safest potency to use and still secure a good dynamic effect, is the 200th. If the patient is susceptible to the drug there may be a marked aggravation, but it is not of such long duration as with higher potencies, although I have seen it act as long as three months.

After the 200th one can often give the 50M or C M., without a severe aggravation, which can be judged beforehand by allowing the 200th to act long enough.

Much depends upon whether it is a clear-cut case, attitude of and time given by the patient.

The ideal case of course is the one where the simillimum is used in the series of potencies, so well explained by Dr. Kent.

In this age of suppression, the desire for quick results, etc., one must be very careful to take the case properly and give the remedy in such a potency as not to produce too great an aggravation, and thereby lose the case, yet to secure as quick a dynamic effect as possible.

It is hard to hold the patient who has taken suppressive forms of treatment, the first three months, either on account of the aggravation, or else on his part no appreciable indication of benefit.

What makes the potency question so hard to the Homœopathician today is the lack of time allowed by the patient; that our methods of education are fundamentally wrong; and that there is no language to express the sublime principles of our art to the lay mind.

Our method of healing, though, requires efficiency, time, patience. Our range of potency for race regeneration is beyond expression, a veritable deluge to one who enters upon its study.

Dr. Nelson: As to the point the essayist mentions of being able to cure cases of constipation and other things by changing the diet among the Mexicans, I will say that the beans he

speaks of are brown beans. If constipation can be cured there by regulating the diet, it can be done here or anywhere else. I believe there is a lot about regulating the diet, but in some cases it is only regulated in part.

## Bureau of Surgery

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### APPENDICITIS.

BY HENRY L. HOUGHTON, M. D., BOSTON, MASS.

A student, aged nineteen years arose as usual, ate breakfast and went to the College Library to study; between nine and ten o'clock that morning he was seized with pain in the abdomen, nausea and vomiting. He was seen by a physician at twelve o'clock noon; between three and four o'clock that afternoon a gangrenous, ruptured appendix was removed; the convalescence was the usual one in a drainage case. There was no history whatever of any previous attacks of appendicitis or of any abdominal symptoms suggestive of trouble with the appendix. He was a normal healthy boy up to nine o'clock that morning.

A woman aged forty-five years had been treated for "indigestion" for twenty-three years; the principal symptoms were the abdomen being always distended, constipation, belching, discomfort from any nourishment whatever; the history suggested mild attacks of appendicitis extending over all these years but never one of any severity. During most of these twenty-three years the patient has been under the care of intelligent physicians who prescribed to the best of their ability; but the condition progressed slowly from year to year; no treatment, either mechanical or drug, seemed to make any discernible difference. The patient was operated and a chronically inflamed appendix was removed and numerous adhesions broken up. At the end of a year after the operation the abdomen had gone down several inches in circumference, the diges-

tive symptoms had disappeared, bowels were normal and the patient was able to do more physical and mental work than formerly. This was nine years ago and the patient still attributes her present good health to the removal of the appendix.

These two cases represent extremes which I have seen in appendicitis; in one case operation was imperative within seven hours after the onset of the first symptoms in the first attack in a strong healthy boy; in the other case a history extending over twenty-three years where the life apparently was never in any danger but the patient was always working under a handicap.

In several hundred cases operated and many cases not operated in private practice there have been cases representing all degrees of severity between these extremes. The question has been so often asked—"Is appendicitis a medical or a surgical disease?" There is no general answer to this question; like all diseases it is necessary to treat the one individual; decide in the individual case whether you are dealing with a medical or surgical condition. An acute attack may quiet down and leave no symptoms after it. An acute attack may quiet down and be followed by chronic symptoms. There may be recurrent attacks. If an individual has had an undoubted attack of appendicitis and his business compels him to travel long distances or to remote places it is safer to remove the appendix than to risk an acute attack under unfavorable conditions. If the individual who has had an acute attack has no chronic sequelæ and lives where it will always be possible to operate if necessary in an emergency it is reasonably safe, perhaps nearly as safe as with a person who has never had an attack, to let the individual go without operating. Other physical conditions and age are factors to be considered. Given the same symptoms in a person of thirty and one of seventy-five one would be more inclined to conservatism with the latter than with the former. An acute case complicated with a chronic disease of some organ, as the heart or kidneys, would make one hesitate before attempting an operation. It is only a question of time when an acute case followed by chronic symptoms will demand an operation unless the patient is too old or there is too great risk from other dis-

eased conditions. If a person gives a history of several attacks the safest thing to do is to remove the appendix during an interval between attacks when the patient is in the best possible condition.

Dr. Nelson: In listening to the paper I was reminded of a case that occurred when I was a student. My preceptor had a boy about 16 or 18 years of age who had what they thought was a tumor in the left side just below the armpit. The doctor undertook to remove it and in so doing he happened to touch the knife against it and let out the contents, which was pus, and he continued to remove what they called the pyogenic membrane. I remarked to the doctor all that needed was to stick a lance in it and let out the contents. The point is this: it is what they call a cold abscess that occurred in that region. In some of these appendices badly diseased but with no symptoms may we not consider them in the light of cold abscesses? I would not undertake to say that anybody that has a cold abscess anywhere about the body is a healthy person.

Dr. Bergman: The remarks of Dr. Rushmore remind me of a similar case that I had. I was called to see a laboring man who had had what I assumed to be repeated attacks of appendicitis. This was his third or fifth attack. He had promised his allopathic physician that the next attack he had he would call on him for an immediate operation. So he did, but it happened the doctor was not at home, so I was called instead. I found the patient with a very high temperature and all the symptoms of Belladonna which I gave in high potency, and had the case under my care for about four days, when there was a great improvement noticeable, although I was much afraid an operation would have to be performed because the man himself and his wife were so scared and set upon this operation that I had all I could do to keep on with my treatment. He became so much better that he consented to dismiss the other physician, and in order to forestall further attacks, I put the man on Psorinum. He did not have any more attacks and escaped the knife and escaped me as well. (Laughter).

Dr. Taylor: It is a real pleasure to listen to such a splendid paper as this. We so often hear surgeons say that the only

thing to do in all cases of appendicitis is to operate at once; that every case of appendicitis is supposed to need an operation, and the quicker the operation is done the better. Some of the best men in the regular or allopathic school of medicine say that the idea that all cases of appendicitis should be operated on is passing away, and even the best surgeons of that school are abandoning that idea; that there are medical and surgical cases; that not all cases need to be operated on. Whether or not that boy, whose case has been reported, was healthy at 9 o'clock, makes very little difference. The doctor was not called until 9 o'clock and dealt with the case as it was. The important thing was whether or not he should operate. If some of us had had that case and had not operated or had it done, where would the boy have been? That is the practical point about it. We must exercise discriminating judgment and know what to do and do it, which the doctor did, and saved the boy's life.

I recall the case of a boy, the 15-year-old son of a doctor, who had attacks of vomiting, abdominal pain, diarrhoea and temperature. A number of doctors and surgeons saw that boy. One surgeon said it was better to wait until morning and if the boy was no better to operate. He thought it was a case of appendicitis. One very good diagnostician, an old-school man, pronounced it a case of enteritis. He had some doubt whether it was a case of appendicitis. The boy was given a homœopathic remedy and the next morning he was better and subsequently recovered without operation. Shortly after that he went out to Goldfield, Nevada, had another attack there, was operated on and died. As I recall, the abdomen was full of pus. He was in such a condition that the surgeon when he opened the abdomen said he had no chance to recover. Had this boy been operated on at first, he might be alive today. The important thing is to know what cases to operate on and what not. Some of them must be operated, and some of them can be cured with medicine.

Dr. Kimball: It is often hard to tell when to operate in these cases. Dr. Houghton has operated for me many times. In some cases we have found, where there were very few symp-

toms, a gangrenous ruptured appendix. We found that twice. There were no symptoms comparable with the severity of the conditions found.

I remember another case in which I called Dr. Houghton one evening. The patient was a little girl, 14 years of age, who had a good deal of soreness in the region of the appendix. She had a temperature and had been ill for several days. With those symptoms we thought the appendix might be at the bottom of the trouble. The doctor came over, we examined her carefully, and decided to wait until morning. In the morning she was yellow as saffron. The pain was all gone, but she was jaundiced and recovered in the usual time. She had no more pain in the region of the appendix. Evidently it was not appendicitis at all. Just as the doctor has said, you must individualize each case and decide in that case which is the better thing to do. Sometimes even then it is difficult to decide.

Dr. Lehman: It was my privilege to be associated with Dr. A. J. Ochsner in my earlier years of practice. He does more operations for appendicitis than any other man save one, Dr. John B. Deaver, of Philadelphia, consequently I have seen a great many cases. Appendicitis is a hard condition to diagnose correctly for a prescription. We must be careful in the diagnosis and we must proceed with extreme caution.

I have had several cases of ruptured appendix, a condition which becomes surgical immediately on rupture, so that these cases were operated on and a complete recovery ensued. After rupture the cases were treated medicinally until fever subsided and the process became localized, then the appendix removed without any trouble and without any further complications.

A young man consulted me regarding appendicitis. He had had five attacks. I went into his history very carefully, he had been a football player, and was hit in the stomach by the head of one of his antagonists. I got him through the acute attack. I then put him on *Hypericum*; he has never had another attack. That was five years ago. This is a fine example of local shock and its cure.

The appendix belongs to the lymphatic system and probably produces a regenerative normone as it enlarges during preg-

nancy. If we take out the glands in the throat the patient will be inclined to suppurative conditions and the appendix will often be involved within two years. Abscesses often follow the removal of tonsils. Save the tonsils and the appendix if you can. They are of great value. I have had two cases in which an erroneous diagnosis was made. There is a false appendicitis associated with the urogenital region. Probably the pain originates in the spinal cord opposite the Wolffian bodies, proceeds down the urogenital tract passing into the pelvic plexus near the appendix and is a reflex pain from testicles or ovaries, uterus or prostate. I have had two such cases that were diagnosed as chronic appendicitis and an operation advised. I advised against operation and made a diagnosis of false appendicitis and cured both cases in the course of two or three months. One of these cases had already been diagnosed as having pus in the appendix. I suppose a blood test had not been made so that they did not know what they were talking about.

I had another case of appendicitis in which I had recognized rupture of the appendix within two hours after the condition had occurred. The patient had been relieved of her pregnancy by another physician falsely, her vitality was low and her condition precarious. The consultant and I agreed we should let the inflammation quiet down until the peritonitis became localized, then we would operate and take out the appendix. But after the third day, when she had had a normal temperature for twelve hours, she developed a hysterical condition in which she began to roll all over the bed. We opened up the ruptured appendix, but she died of septic peritonitis later. There was not much reaction as vitality had been reduced by the previous abortion.

I have cured a large number of cases of chronic appendicitis by treating both the pathology and the patient. They do very nicely, and as I say, I think appendicitis requires a rare judgment in every case.

I wish to mention one more case before I sit down which will also help to elucidate the appendicitis situation. A young man, 21 years of age, had the grippe. After his recovery

he developed pain in the abdomen in the region of the appendix. The ileocecal region was quite sore. I did not know whether he was developing appendicitis or typhoid fever, but I finally decided we had appendix trouble to deal with. He was removed to the hospital and a consultant called who advised operation. I called attention to the appearance of the patient, his very grave toxic condition, and told the consultant that operation was almost sure to be fatal because peritonitis would surely set in from the start whether there was pus in the appendix or not, and that we were almost sure to lose the case if operated on. I thought the young man would have a fighting chance if we left him alone. We prescribed for the symptoms as best we could, kept him very quiet and without food, and a few days later he began to improve, and a small abscess ruptured into the intestine and discharged about a teaspoonful of pus, so far as I could judge from what came away, and the boy recovered entirely without operation. There would have been no censure had we operated and the patient died.

Those are some of the experiences that a man gets in regular practice, but still they are quite valuable in pointing out the dangers in diagnosis and the treatment of appendicitis.

Dr. Nelson: As to when to operate in cases of appendicitis, that, of course, is of great importance. I have not had much experience with appendicitis personally, but I had a case out in Iowa in a young man, 18 years of age. I had treated the family and met him in town on a Saturday and he complained of not feeling well. He had been exposed to measles and had some irritation about his lips. His lips were cracked. He was afraid he had taken the measles, and I was impressed at once with the fact that if he got the measles he would not get along well. Along about Tuesday of the next week I was sent for and found he had the measles and was suffering a good deal of pain in the abdomen. I gave him some Bryonia and went home, and that night the pain became worse, and his father came four miles to town for a doctor. He had to pass the place of another doctor, an old-school doctor, and stopped and got him to go out and see the boy. The boy continued to suffer terrible pain

in the abdomen, and I did not see the case any more. They had consultation and decided he had appendicitis, and the only thing to do was to operate, which they did. In talking over the case with another doctor, old Dr. King, I made up my mind the boy did not have appendicitis; that it was peritonitis, and not appendicitis, and that there was no excuse whatever for the operation, only they did not know what else to do. They operated, and the boy died in terrible agony.

I knew of another case there whom I did not see at the time. They pronounced his case appendicitis, proceeded to make the incision, got inside, shut things up, got out and left and said nothing to anybody. The thing ran on and the man who nursed the case found the patient did not die right away as they expected he would and the reason they stopped, closed up, and went away was because they found such a condition of the appendix that they thought he could not live. But the man continued to live instead of dying according to the rules and regulations, and the man who was doing the nursing removed with his fingers impacted feces from the rectum. The man continued to improve, was able to get up and around, and he may be living yet.

## Bureau of Obstetrics

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### HOW THE SIMILAR REMEDY AIDED ME IN GETTING AN OBSTETRICAL PRACTICE.

BY THEO. H. WINANS, M. D., MEXICO, MO.

The first obstetrical case I ever saw was my wife. The hard pains were as much a surprise to me as to her. I was getting nervous when she said, "Doctor, it is agony."

I stampeded and ran for another doctor. I knew how to give chloroform and I didn't let her suffer much more.

Soon after the baby was born it went into convulsions. I watched it have a few and then went to my office to find the remedy. The indications pointed to Hyoscyamus and a few doses of that remedy cured the baby, and the nurse never did get done telling about my curing my own baby when, she said, she never saw a case like that cured before. That aided in getting obstetric practice.

Some time after that I was called to take care of a German lady. I went with the knowledge of the "Gertrude Baby Patterns" in my head, but found I had something to learn. A long pillow was produced when it came time to dress the baby and the baby laid on one end of it. The other end was doubled up over the feet till it came to the baby's chin. Then it was wound with cords and decorated with ribbons and was ready to be thrown down anywhere, with no danger of hurting.

The German lady had a niece living about fifteen miles away who was about to be confined. The year before she had lost her child by craniotomy and had been told that she could never

have a living child. Soon her time came and the doctor she had with the other child, after two or three days of labor, sent word to the one who had assisted him the year before, that they would have to do the same operation again, and for him to be ready for a call. Then this aunt sent her word that the fault was in her doctors. That she must get this Chicago doctor, as I was called.

When I was named to the doctor in charge of the niece, he said, "If you call him, I will have nothing to do with the case." I was called and he went home. I was told how she had suffered for two hours the year before during the operation, one doctor holding her while the other tired himself out trying to get the baby, and then they would change until the other was tired out, and change again, and she under no anæsthetic, for they said she had heart disease and couldn't take any. She was confined to her bed for two months after the ordeal.

When I reached the case at 10 P. M., she had been in labor four days. She had pains at intervals, but they began low down and would go up, and the womb seemed to go up with them. I was told that the pains were that way the year before and that that was why nothing could be done. Here was a plain call for Gelsemium. I gave it till five o'clock in the morning with no results, so I sent for the doctor that had assisted the year before, and stretched myself out in a couple of chairs and went to sleep. When I awoke at 8 A. M., two women were holding the hands of the patient and she was having the right kind of pains and laboring hard. The Gelsemium had done its work. She kept this up for three hours and then she fainted, but she had brought the head down till I saw that I could easily place the forceps.

She was soon conscious, and just then our messenger returned without a doctor, and reported that the doctor told him that they had never made a greater mistake than when they called me; that he should go back and tell them to dismiss me and call their home doctor back to the case, and then he would come. He tried to get another doctor, who said, "I won't work under a Homœopath," and a third one refused to come. I turned to the husband and said, "John, you and I will have to

do this work. I will put her under the influence of chloroform and you can keep her there until I get through." He said that it would kill her; that she had heart disease.

I had examined the heart and told him that it was not true that she had heart disease. She then said that she would take the chloroform; that she would die rather than go through the suffering she had endured the year before. She was firm and John yielded. Believing that she would probably die, he said that we would have prayers first. All were called in and went down on their knees while John prayed. That prayer would have done credit to any pulpit in the country. Then they bade her good-bye, most of them kissing her.

After placing her in position for quick work, I put her under the anæsthetic and turned that part over to John, and in less than thirty minutes had a live baby, and the mother uninjured, a victory for Homœopathy. Gelsemium had made it possible. Two years from that date, John and I did the same work again, giving him a second daughter. Twenty years from this second date, I received a letter with enclosed photograph of a beautiful young lady. The letter said, "I am Gretchen, second daughter of John S. I want you to look at my picture and write me whether I can marry without having to suffer as my mother did. She has told me all about it." I wrote her that judging from the fine form as revealed in the picture that I thought it safe for her to marry. She is now raising a family of her own. Would she or any of her descendants be here today but for Homœopathy? Instead of spending a million dollars to get a statement that Hook Worm is caused by walking in polluted earth bare footed, which is not true, we would better have that money for the establishment of a homœopathic foundation, for knowledge of Homœopathy is the acme of medical knowledge.

Ipecac, Secale, Cinn., China, Sabina or Bell has controlled every post-partem hemorrhage that I have had, or that seemed imminent; Arsenicum or Pyrogen every septic case; and Phytolacca every indurated mamma, even in cattle; Pulsatilla many times has been useful in delayed placenta, in dead fœtus, and in malpresentation. Nux vomica has relieved when with the pain came the feeling that she would stool. Arnica and

Rhus tox, has helped in after pains, the Rhus, when they were worse at night.

Arsenicum seemed best for urine retained after labor.

As it is the case that comes from the dominant school that makes the greatest impression on the outsider, I will tell of one more such case. A woman whose child I had cured of convulsions and herself of a chronic diarrhœa, came to me with the question whether I could save her from abscessed breasts if she employed me with the child soon to be born. She came from the office of her old physician. He had told her that he saw no way for her to escape, for both breasts had been lanced so many times with her other child that one nipple had sloughed off and the breast was badly scarred, and that when the breast had once abscessed it was more likely to do the same thing again. She told me that there were three months that she wished to die with the doctor coming frequently and lancing one abscess after another. Yet she feared not to have this particular doctor, for like most women, she thought she could not live through a labor without the one who attended her the first time. I told her that if she wished to employ me I would guarantee that she would have no abscessed breasts. Bold, was it? Such was my confidence in *Phytolacca*.

When the time came the fear of the abscess was the greater and I was called. I found a very excited woman with red face and bounding pulse. She was afraid of me. After watching her for a short time I put a powder of *Belladonna c. c.*, on her tongue. She quieted right down and lay still like a child in hiding. Everything was quiet. Perhaps five minutes passed when she said: "Doctor, did you give me morphine?" I told her no, that I had given her a homeopathic remedy. Instantly I could see that I had won her confidence.

When the milk came into those breasts the fourth day, they swelled harder and larger than any I had ever seen. They almost met in the back as well as in front. We expected no milk from the breast that had no nipple, but we very soon found that we could get none from the other breast either, as it had been lanced so many times that the ducts were all closed with scar tissue. *Phyto.* was continued for about 24 hours, with the

swelling increasing all the time. Then I gave three powders of Syph. about 2 hours apart as her constitutional medicine, for I had cured her chronic diarrhœa of 15 years' standing with that remedy. Soon there was less tension, and the swelling went rapidly away.

In all my still-born babies *Phytolacca* has saved every breast. Not a drop of milk was allowed to be drawn away, as it but encouraged more to come into the breasts. No local applications were allowed. A few doses of the homœopathic remedy were sufficient in every case.

Dr. Donald: During the years I have been engaged in practice I have attended quite a few cases of confinement. When I started out I was an interne in a hospital where I saw many cases of obstetrics, and I agree with the doctor in his prescription of *Phytolacca*. It has done a great deal of good, but I think a little bit of hygiene in addition to that is a good thing. I claim that if the women who are attended by my professional friends have sore breasts it is their fault. I insist upon keeping the breasts padded or thoroughly warm from the time the child is born until lactation has passed the climax. I don't mean to bandage the breasts, but I insist upon the breasts being kept warm. Occasionally through carelessness in not washing the nipples properly, you will have a cracked nipple, and we have good remedy for that. I have never had much trouble. The worst trouble I have had in obstetric work is in cases that are not normal; in other words, freaks. They have given me the most trouble, but in ordinary cases of confinement, if you are cleanly and handle them carefully, there is no trouble. It is merely a part of nature's work.

Last year unfortunately I ran into a number of cases, one of which was a woman, 19 years of age, well built, of good form, healthy, and with a good family record. The case went along nicely; she was not sick over three hours and the after-birth was cleaning up generally. I had the nurse put her hand on the fundus as she was flowing like a little stream. *Secale* was given and did not have an effect for more than ten minutes. Eventually cold water was given but did not stop the hemorrhage. I washed my hands, disinfected them, and made an examination

and found the uterus had turned almost half the way out and around from the inside—subinvolution. I introduced my fingers and tried to work it up into the fundus, but could not do so. I put my fingers around the edges of the os and pulled it down all around. The other half would not come. This was an abnormal condition. It was a mechanical condition.

I had another case soon after that in a young woman, her second child, with normal confinement. She was going through it nicely in the hospital, and I do not suppose there was five pounds of weight on the cord when we had a complete subinvolution of the uterus into the world, and the placenta was attached to it so much that we had to use the scalpel and remove it. The uterus was pushed back into position; the woman never had a temperature over  $100^{\circ}$ , got along nicely under appropriate remedies. I dislike these abnormal cases. Normal cases of obstetrics can be handled in such a way that we need not allow the woman to suffer. I do not think for ten years I have had a woman who knew when her baby was born.

I wish to compliment the doctor on the use of Phytolacca. There is one thing I have used and that is Arsenicum, especially if the odor of the discharge is disagreeable or offensive.

Dr. Taylor: I read in one of the old numbers of the International Clinics a report from an old-school doctor, who was very painstaking, in regard to how to handle cases of retained placenta. Instead of simply going after it, he tied a piece of tape to the placenta and to the other end he attached a brick and pulley, let it hang there, and on the third or fourth day after confinement he was notified that the brick had dropped. He went and found the placenta delivered intact without any trouble. He had followed that practice in a number of cases. In three or four days the brick would drop and everything came away intact and he never had any trouble. His philosophy was that when an apple is ripe it will fall to the ground, and when the placenta is ready to come away, it will come away with the aid of even half of a brick.

Dr. Lehman: In regard to treating mothers with still-births, I would like to condemn the practice of bandaging the breasts, as I think it is a fearful thing. While it does the work, you will

have suppression of milk which will almost surely establish a pseudo sycosis in the mother. Furthermore she may not be able to nurse the next child. It has such a profound effect on the system that it is time somebody in the medical profession took exception to that thing. Bandaging is generally taught everywhere and somebody ought to raise a protest against the evil practice.

The method that the doctor mentioned of not relieving the breasts of milk I would take exception to. The breasts ought to be gently massaged or the milk removed with a breast pump for five or seven days until nature assumes control over it properly. The use of *Phytolacca* is all right, but I do want to condemn the bandaging of breasts of women who have lost their children. Any nurse ought to be able to massage the breasts. If she does not know how, teach her.

Dr. Farrington: Did you say that it breeds sycosis in suppressing the milk?

Dr. Lehman: Yes. Because some hold to the idea that sycosis is a germ disease I differentiate by saying pseudo sycosis.

Dr. Farrington: I don't see how that can be.

Dr. Lehman: Sycotic conditions do not always follow suppression of the milk, but are very apt to. And likewise the hypodermic injection of milk is very apt to do the same thing. The other school of medicine calls it anaphylaxis.

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## A CASE OF ALBUMINURIA OF PREGNANCY.

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

Mrs. M., age 29, two children, the younger two years old. Labors normal. Came to the office January 21, 1916. Reports herself six months pregnant. Is feeling well. Bowels regular. She says urine is sufficient in amount and brings specimen for analysis. Swelling of feet and hands. Has always had it during pregnancy. She is recovering from grippe and still has a cough with hoarseness. For this *Causticum* 200 was given and a careful diet was prescribed. Urinalysis revealed a small

amount of albumen. The patient was told to report in two weeks and to save the twenty-four hours' amount of urine for examination. This she did not do and I did not see her until about six weeks later when I was called to the house. She then confessed that she had been very hungry and had not followed directions as to diet but had eaten meat freely. The urine was scanty, less than two pints a day. There was swelling of face, arms and legs—worse in the right hand and foot. The right hand and arm ached, worse when getting warm in bed; worse resting it on the table and bones felt sore; head felt heavy. The albumen was increased in amount. The patient was put on a milk diet and given Apis 200. This was followed at once by loose stools and marked increase in the urine with relief of pain and pressure in the limbs. The improvement lasted only two or three days when the symptoms returned and Apis was given again 45M. A prompt and lasting increase in the urine followed, the twenty-four hours' amount varying between four and five pints. The face, hands and feet were less swollen and the patient felt well.

The albumen did not altogether disappear from the urine, however; indeed during the last few weeks of pregnancy it increased in spite of repetition of the remedy; but the patient felt well and the delivery was normal although slow. After this the urine cleared up very rapidly and in four weeks' time was free from albumen and casts.

This is not reported as a brilliant case. It simply shows what the homœopathic remedy can do under adverse circumstances.

Dr. Lehman: I should like to ask if Nitric acid would not have been better than Apis? I am asking for information.

Dr. Krichbaum: Why do you think so?

Dr. Lehman: Because there are deeper symptoms there than Apis. There are the symptoms of soreness of the bones, a phosphatic condition of the urine, etc.

Dr. Taylor: There is soreness of the bones in Apis, and under Nitric acid you have dark and offensive urine.

Dr. Lehman: Apis did not remove the albumen from the urine, and I wondered if Nitric acid would not have been a better remedy.

THE INFINITESIMAL DOSE OF THE PROPERLY  
SELECTED REMEDY AS AN AID IN  
ACCOUCHMENT.

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

As we contemplate the wonderful influences and developments in Nature, we are overwhelmed because of our want of knowledge.

If it were possible for us to fathom the intricacies of Nature, we would give unto ourselves a full apportionment of Nature's power, and the hidden mysteries would be revealed unto us. Being short of this, we must abide by the knowledge which has been granted unto us. We are enabled to form conclusions, only because Nature has revealed unto us that which she desires us to know.

Life, no doubt, is the result of the action of the three vital principles, heat, motion and magnetism. Heat is caused by the chemical action of the different constituents which compose that of which Nature ever has been the possessor.

In the untold ages of the past, there has been stored up, beyond the limits of our knowledge, vast quantities of material, from which there has been produced the untold, yea, endless number of millions upon millions of worlds, filling space, endless space, as Nature has desired.

Midst this wonderful manifestation of Nature's power and capability, our small earth is as but a speck. In the untold ages, this small volume, as compared to other heavenly bodies, was cast off from some immeasurably greater body, composed of liquified chemical substances, and has taken its place among the endless number of revolving bodies which Nature has under her control.

Precision, exactness, unlimited power of government are, seemingly, the principal attributes of Nature's ability to carry on this inconceivably immense undertaking.

As we know, from observation, these different members of Nature's family of worlds must be in certain positions, in exact juxtaposition to every other heavenly body within the realm of endless space, at exactly the pre-ordained second of time.

Thus we have outlined, briefly, somewhat of Nature's power to control.

The earth, this globe upon which we live, no doubt, in the ages past, was but a molten mass. No doubt the heat was intense. The motion of the earth ever has been an enigma to man. He fails to realize the rapidity of motion with which the earth travels. That swiftness was a prime factor in the cooling process.

In the untold millions of ages, there was formed this crust. And in the action of the heat and the motion, there was developed magnetism. These three are the cause of life.

In truth, magnetism ever has been an important impartment, when the numberless heavenly bodies have been cast off from that immense parent body somewhere in the distance.

And in no small portion has the earth been blest with this important factor.

Therefore, heat ever has been; motion, likewise, never has been unknown, and, in like portion, magnetism never has ceased to have been an attendant force, not only as concerns the earth, but, as well, during the numberless previous ages, even when naught but the parent body composed all that was of Nature.

In small compass, we have delineated the probable origin of life through heat, motion and magnetism.

Life in its primitive form was naught but a protoplasm, no doubt immersed in the water because of the great heat. In time, that protoplasm sought its own protection through a covering which was provided through chemical conditions which prevailed.

In the ages which followed, life was divided into the many different types, which are now seen upon the earth, and not the least importance is man.

It is not unreasonable to consider that man in the earliest form was bi-sexual. Later, the sexes were divided, and in that division there came conditions which facilitated propagation, because conditions contributing to the safety of life were better suited to the propagation thereof.

Along down the ages, man was governed solely by instinct.

Later, knowledge came to him, and with the increase of knowledge, there came conditions which, in a manner, were detrimental to his health and physical development.

As the ages passed, man gave unto himself conditions which oft times interfered with Nature's provision of propagation and proper development of the human body.

And now, as time passes, conditions arise which contribute to the discomfort in the delivery of that which must be added to the numberless numbers of those who have populated the earth.

Life itself being unknowable, therefore the agent which is best suited to influence life, or the action of the vital force, can be only through the medium of a like imponderable substance which Nature has provided in the different chemicals, vegetables and other products which we are enabled to convert into powerful remedies for the alleviation of the ills of mankind. And in not the least of these, woman in labor may be wonderfully benefitted by the use of these agents with which man must necessarily provide himself in the treatment of the different ills which come to woman; oftentimes because of environments, because of mode of living, of dress, conditions will be formed which are detrimental, and to overcome these conditions, we must give unto ourselves the benefit of the knowledge to be gained through the study of the different remedies Nature has provided.

It may be that the pains at the time of accouchment will be irregular, perhaps absent. It may be that they will be ineffec- tual. Numerous other conditions may arise; but in these ir- regular manifestations of life's effort to give unto herself the power of delivery, there will be most certainly ample aid to be derived from that source which Nature has provided.

That these different products may be available for use in the ills of mankind, and especially in woman's department, there must be proper preparation. And furthermore, the most im- perative factor must be, that each medicinal product of what- ever Nature must contain within itself that unknowable power equal unto life itself. In truth it is life. Not, perhaps, as man observes it; but, nevertheless, it is life. Were it not so, there

would be only the loss of the power to influence any other product or manifestation of life.

Woman, because of her over-sensitive organism, is influenced easily by the different conditions which surround her. If it were possible for all women, who having become impregnated, to pass the time of gestation within the confines of Nature's most sublime solitude, there would be a most happy conclusion to the months which compose the time which Nature has decreed that woman shall bear her burden.

But instead of this most perfect environment, she must be content with the unpleasantness of civilization. She must endure the petty annoyances which confront her day after day. She must know naught of quiet, because in the interests of her family she must be employed in the different diversified methods which contribute to her annoyance. Thus we see that woman, midst such environments, must give unto herself less of comfort, less of peace of mind; and, despite these surroundings, she is supposed to deliver unto her own arms a perfect specimen of that which Nature has provided.

A blundering ass is he who would dare give unto himself the privilege of interference when Nature's most perfect law should be allowed the opportunity to give unto itself a full completion of that which had been allowed to develop and progress to a full and complete termination that which would redound to the glory of Nature herself.

In the millions of ages which have comprised the life of mankind upon the earth, there have been developed conditions which to us of the present day seem to be of minor importance.

He who would be of material aid to Nature in the deliverance of a fully developed product of gestation, must abide by the laws which govern in all respects.

We will consider, for a moment, a most perfect and complete natural delivery. At the proper time, at the completion of gestation, there is the warning of intermittent pains. The gradual increase of those pains in frequency and in strength. Following Nature's law, dilatation must, in all respects, be complete before the expulsive effort is forth-coming.

In due time, following the force of expulsion, there is born

into the world that which, in its completeness, is an heir to possibilities.

Delivery being complete, thence cometh Nature's finishing touch of the expulsion of that which has been so necessary a factor in the carrying on of Nature's most wonderful in utero—placenta.

Without regard to the time, which in normal cases, can be but a few hours, Nature has given unto the mother, in full completion, that which will be a joy and a comfort and an encouragement to do for that which nature has given her.

But, alas, it is not in all cases that we meet this most perfect arrangement of Nature's power to deliver. Then it is that we must be prepared by having given unto ourselves the ability to correct the irregularities with which we meet.

Mayhap, the pains will be of different character. The location of the pains unusual, direction of the pains unnatural—even going so far as to give untold distress to the one who seeks to give unto herself the deliverance of that which must come forth.

In that most trying time, it may be that the nerves being o'erwrought will give most distressful conditions. These most unpleasant situations can be promptly overcome by the administration of such remedy as will be perfectly suited to the unnatural condition.

Man, in his small knowledge, has given unto himself the privilege of interference, when, seemingly to him, Nature has failed to give unto herself the proper action in her effort to expel the product of gestation. Under such conditions, man is prone to believe that mechanical measures can be the only solution to this most perplexing situation. Yet to him who hath knowledge of the action of the infinitesimal dose, gives unto himself the ability to correct those conditions and give unto Nature a wholesome benefit in her effort to give unto herself proper rendition.

The blear-eyed goddess of prejudice seals the eyes of the medical world, and gives the members thereof no opportunity to see the light of progression in medicine.

He who wields the knife, or other implements of torture, stands in the foremost position of the procession.

Oh, that there could be seen the intricate blending, in the action of the proper infinitesimal dose of the appropriate remedy, with that of the deranged vital force; it would be a revelation to those who are engaged in the alleviation of the ills of humanity, and more especially, the ills of womankind.

If it were possible to display upon the canvas, within the spotlight, the wonderful manifestations of Nature's procedure in the development of a life in utero, we would be enabled to fathom the most hidden secrets of Nature.

Let us consider, for a moment, the action in the condition of impregnation. The spermatozoon having entered the sublime precinct of Nature's provision for the development of human life, it traverses that most delicate pathway from the body of the uterus proper, threading its way through the narrow channel known as the fallopian tube, searching for that which it desires, at the crucial moment coming in contact with the ovum which has been cast off from its home in the ovary. In that contact and embracement, there is instituted the beginning of the formation of a life. Unconscious though it be of future development, yet there is in that small evidence of life the possibilities of a wonderful development forthcoming.

Following the contact of these two most potent infinitesimal forces, there is begun the journey in reverse order of the advancing spermatozoon, eventually landing within the cavity of the body of the uterus. There, this combined pair of forces, made one, dwells in quietude until such time after having gathered to itself sufficient embodiment to represent a member of the human family.

If it were possible to observe the building up of each individual portion of that body, it would be, in truth, the most interesting and sublime manifestation of Nature's wonderful manipulation. How each and every cell is placed in proper position to give that which ultimately results in the formation of a perfect child, is the enigma of the ages.

If we could but tarry in our observation of the building up of

each portion of that product of Nature! But within the limits of an essay, we cannot do ourselves justice.

Choose ye that which is right in the deliberation and exposition of this subject. We cannot refrain from giving unto ourselves the privilege of enlargement upon the subject of maternity.

Granting conception and the ultimate formation of the product of conception, we must make clear the duty of the attendant physician upon the pregnant woman.

Oft times there are physical difficulties which should be rectified. The morning sickness, if not corrected, gives warning of impending hardship. The infinitesimal dose of the proper remedy will aid Nature in the recovery of a healthful balance.

This condition having been relieved, mayhap other difficulties will arise in the form of albuminuria, often due to want of exercise or proper regulation of duties that must be performed. Too little fresh air hampers Nature in her efforts to keep in good condition the house in which is domiciled the prospective heir to possible advancement and enlargement. The diet should be regulated and other minor difficulties should not be overlooked.

Arriving at the time when Nature has fulfilled her every duty, in regard to development, then it is that we must be on our guard. The full duty of the accoucheur is to aid Nature, but not to interfere. In a healthful prospective mother, the pains will be regular, beginning as only a slight irritation, gradually becoming stronger and stronger, until dilatation is complete. Then, with that most extraordinary manifestation of Nature's power to expel, there is brought forth into the world a product, priceless in value to be a joy evermore. And in that personality, there will be demonstrated the gradual development from unconsciousness to that of conscious life, the living evidence of Nature's ability to give unto herself a unit capable of great possibilities.

A normal labor calls for little, yea, only slight display of medical knowledge, because Nature is fully capable of caring for that which develops during the trying hour. But it is for us to be prepared for any irregularity which might arise.

As before stated, the pains may be irregular; perhaps too

severe, unbearable, as it were. They may come in inverse direction. They may involve parts of the body foreign to those parts which should be directly involved in the act of delivery.

The nervous system may be o'er-wrought, giving to us the knowledge that the proper remedy is needed to allay this undue tension. Dilatation may be delayed, because of previous interference, due to the use of some one or more drugs administered either internally or locally, with the promise of aid in the future.

Many conditions might arise, and not the least of these might be faulty presentation. A normal labor consists of the vertex presenting; but because of irregularities, other portions might bring to the fore, thus adding to the difficulties of delivery. Sometimes manual interference may be necessary; but often the indicated remedy will give most pleasing assistance.

The consciousness of man's seeming superior ability gives strong evidence that, without Nature's aid there would be most unhappy conclusions in many cases of delivery.

The self-conscious, authoritative, unscrupulous entity which constitutes the form of man, who in his most unfortunate condition of self-esteem gives unto himself, as it were, superior knowledge and attainment of ability to correct, as he supposes, Nature's inability to carry on that which she, in her might, is most thoroughly capable of bringing to a most happy conclusion that which she has undertaken.

With uncompromising firmness, Nature governs in every department of her wonderful scheme, and gives unto herself most pleasing conclusions in every effort which she puts forth. But because of man's audacity, because of his supposed superior ability, he thwarts Nature many times in her effort to extricate from difficult conditions that which she would be able to remedy in her own good time.

Time, with some of those who assume the role of benefactor, seems too precious to give to that portion of their labors to allow a proper adjustment of conditions; and to give unto themselves the benefit of brevity, they undertake to interfere with Nature's law of execution, and in thus attempting to abbreviate and bring to hasty conclusion the efforts which Nature is en-

deavoring to put forth, they blunder and mark out for some, mayhap not themselves, but the patients, will be given, oft-times, years of suffering and lamentably painful conditions of health, which time will not correct.

The true healer is he who is governed by Nature's law. The self-important assumptive authority gives unto himself the praise of aid, when in truth, if it were possible his own mind would be his own source of condemnation.

Would that the sun of enlightenment might shed its rays across the minds of some who in their chosen field of labor give unto themselves the opportunity to give not that which they might, which is the best that is in them. An education, wrong from the beginning, gives unto some a faulty insight into that portion of their life work, which should be governed by Nature's law of compensation and proper adjustment of conditions which would, in the end, give benefits which would be naught but the fullest satisfaction even unto these who see naught that which they should.

Let him who sees naught but his own importance, make doubly certain his absence from the apartment which holds the form of her who is in travail.

Nature governs all things with the most capable sovereignty. She forms the leaf with exactitude. She gives the flower its most exquisite beauty. She gives us the rain. She dominates the storm. She in her everlasting power, commands the sun to shine forth. The moon, in her gentle sovereignty of the night, gives unto the world the serenity, the quiet, the restfulness which emphasizes the power of Nature to govern all things. In the morning light, as the first streak of dawn breaks o'er us, we are reminded of Nature's undying watchfulness and her ability to care for us and all else.

Therefore, let us not fail to understand, that within the confines of that most sacred place, the bedchamber, there is being enacted a most wonderful deliverance of a representative which must live throughout the ages.

It behooves us to give unto Nature the small aid which might be required; but under no circumstances conflict with the execution of the law of delivery, except through conditions

in which Nature is helpless, because there has been allowed obstructions to form, because of the non-conformance to Nature's laws, which might prove to be detrimental to the full and complete rendition of the law of advancement from the hour of conception to that which should be the crowning effort of Nature's development and delivery and ultimate recovery from the trying hour, when, as it were, death stalks in sight.

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### FEBRILE STATES OF THE PARTURIENT WOMAN.

BY HERBERT A. ROBERTS, M. D., DERBY, CONNECTICUT.

There is no condition in the practice of medicine that causes so much apprehension and worry as that associated with a febrile state following parturition. This is doubly so because of the knowledge that pregnancy and birth are normal, physiological functions, associated with the greatest joy and expectation of happiness that can come to a household. To have a cloud cast over these joys and the future of the home, causes great anxiety to all concerned.

Pregnancy stirs the very depths of a woman's being and it is likely to bring to light some latent miasm or taint. Because of this tendency the physician must strive to bring the constitutional trouble under subjection to law and order and so restore the patient to perfect health.

We are apt to get the prevalent warped view of fevers, that they are all of an infectious nature. Infection can take place in a parturient woman only when there is a miasmatic condition of sycotic basis. This is abundantly shown for delivery takes place amidst the dirtiest and most unsanitary surroundings and the woman escapes all trouble from infection and on the other hand a woman may observe the strictest of sanitary regulations and succumb to severe infection.

It is true unsanitary surroundings foster febrile states following parturition provided there is any hereditary taint. It is because of this basis of miasmatic and sycotic foundations that the majority of cases with a febrile condition respond so won-

derfully to our great constitutional remedies, especially to that great searcher Sulphur, which is applicable in almost all cases where there is a rise in temperature in the parturient woman.

While the great majority of cases respond to the deeper acting remedies it is nevertheless true that if we rely only on this knowledge and do not individualize our case closely we shall often fail.

Malarial states are very prone to assert themselves especially if malarial chills have been suppressed by the use of quinine. One very interesting fact in these malarial states is that the malarial chill seldom accompanies the other symptoms, but instead we have the irregular type of malarial fever, the fever and sweat for instance, the chill being absent. While this is interesting it is equally the source of anxiety for it renders the case much more difficult to diagnose and it is very easy to confuse it with a general septic condition. The cases call for extremely accurate and careful diagnosis and the true condition can be determined only by a microscopical examination of the blood. The general hygienic treatment must depend upon the diagnosis.

In malarial fevers in the parturient woman the fever starts much earlier than the "third day" which is so characteristic of typical septic fever, and then is lacking the sharp chill which ushers in septic fever.

In actions where malarial fevers prevail these cases are not uncommon. A case which caused much anxiety was the following: A primipara, 23 years of age, dark complexion, with black eyes and a wiry build, had a normal delivery at 5 P. M.

The next morning she was apparently in a normal state; but at 12 o'clock the nurse sent for me and I found the patient in a fever with the thermometer registering  $106^{\circ}$ . She was very thirsty, her head ached very severely, with hard throbbing, hammering pains and there was marked general discomfort. This state was followed by a drenching perspiration, with thirst and a lowering of the temperature so much that at midnight it had dropped to  $102^{\circ}$ . A blood test was taken during the morning which revealed the plasmodium of malaria. *Natrum mur.* was administered during the evening and the next day the

patient had a slight rise in temperature, after which she made an uneventful recovery. The relief from anxiety when the plasmodium of malaria was found well repaid the trouble of the blood test and it was possible to give the patient the hygienic treatment required by her individual case.

True septic fever is one of the dreaded febrile states we occasionally meet. The few cases coming under my observation, all of which have been seen in consultation, have required the most careful selection of the remedy. In one case Pyrogenium was wonderfully potent in restoring health rapidly. The choice of the remedy was made positive by that cardinal symptom, the pulse much more rapid than the temperature would indicate.

In these febrile states too much emphasis cannot be laid upon the necessity of making a clear careful diagnosis of each individual case. The selection of the similar remedy must be made with equal care and wonderful results will follow. It is only by so doing that the basic trouble can be eradicated and the patient quickly restored to health and happiness.

Dr. Houghton: On what day did that temperature of  $106^{\circ}$  develop?

Dr. Kimball: The day after labor.

Dr. Krichbaum: The doctor did not give us the symptoms for Natrum muriaticum apparently, only the malarial plasmodium. I am a little surprised at that because Dr. Roberts is a careful man. Delivery was effected at 9 P. M. The next morning the woman was apparently in a normal state, but at 12 o'clock noon she had a fever of  $106^{\circ}$ .

Dr. Houghton: I have never seen or heard of this before. Malaria generally occurs the ninth day after delivery. I never knew of a case of malaria developing within 24 hours.

About the remedy, that is one of the times when you can almost take it for granted; before you start observing or taking the symptoms, you will give Natrum muriaticum. With malaria starting on the ninth day after confinement, which is the usual time, and I do not think I am exaggerating, Natrum muriaticum is indicated more times than all other remedies put together.

Dr. Nelson: The doctor speaks about fever occurring the ninth day after confinement.

Dr. Houghton: Malaria.

Dr. Nelson: She would have fever then.

Dr. Houghton: We are not discussing fever at all; I am discussing malaria.

Dr. Nelson: In a case of confinement, where everything seemed to be going on all right until the ninth day, the woman had a chill, and I did not know whether it was malaria or not. She lived in the country. They sent for me; I gave one dose of Belladonna. I do not know but it was septic fever I was thinking about and never thought of malaria. When you spoke of the ninth day it made me think of this case. I do not think it was malaria, but under that one dose of Belladonna her condition cleared up and she had no further trouble.

## List of Members

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- 1899 Alliaume, Charles E., 219 Genesee St., Utica, N. Y.
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- 1890 *Case, Erastus E.*, 902 Main St., Hartford, Conn.
- 1913 Cattori, Leon, Locarno, Switzerland.
- 1911 Chaney, Edwin N., 1151 Santee St., Los Angeles, Cal.
- 1912 Clark, Byron G., 251 W. 75th St., New York City.
- 1888 *Close, Stuart*, 248 Hancock St., Brooklyn, N. Y.
- 1887 *Cobb, Harriet H.*, 16 Barber St., Medway, Mass.
- 1910 Coffeen, Eugene, 4426 Racine Ave., Chicago, Ill.
- 1904 Coleman, Daniel E. S., 101 W. 78th St., New York City.
- 1909 Cowley, Wm., Center and South Highland Ave., Pittsburg, Pa.
- 1892 *Day, L. A. L.*, 29 E. Madison St., Chicago, Ill.
- 1917 del Mas, R., Ph. D., Hugo, Minn.
- 1913 Dienst, G. E., 26 South River St., Aurora, Ill.
- 1891 Donald, Alexander, 690 Endicott Ave., St. Paul, Minn.
- 1913 Downs, Elwood E., Mullica Hill, N. J.
- 1885 *Drake, Olin M.*, 1767 Commonwealth Ave., Boston, Mass.
- 1887 *Eaton, Samuel L.*, 340 Lake Ave., Newton Highlands, Mass.
- 1910 Emmerson, George C., Marshall, Mo.
- 1908 Farrington, Harvey, H. M., 5000 Madison Ave., Chicago, Ill.

- 1902 Fellows, Antoinette K., 5498 Cornell Ave., Chicago, Ill.  
1913 Geiser, S. R., The Groton, 7th & Racine Sts., Cincinnati, Ohio.  
1911 Gillespie, W. B., Rockville, Conn.  
1904 Gladwin, F. E., H. M., 1703 N St., N. W., Washington, D. C.  
1881 *Goodrich, L. A. Ren Dell*, 93 Lake Place, New Haven, Conn.  
1907 Green, Julia M., 1725 H. St., N. W., Washington, D. C.  
1911 Griffith, John B., 43 Chestnut St., Lewiston, Pa.  
1917 Grimmer, A. H., 108 North St., Chicago, Ill.  
1904 Guernsey, William J., 4340 Frankford Ave., Philadelphia, Pa.  
1914 Haas, A., Hanover, Germany.  
1907 Hallman, Victor H., National Bank Building, Hot Springs, Ark.  
1917 Hanlin, Samuel Bradbury, Pomeroy, Ohio.  
1910 Hardy, Eugene A. P., 333 Bloor St., W. Toronto, Canada.  
1913 Hatfield, Walter S., 22 W. Seventh St., Cincinnati, O.  
1902 Hautiere, Rosalie de la, 1620 G. G. Ave., San Francisco, Calif.  
1905 Hayes, Royal E. S., 314 W. Main St., Waterbury, Conn.  
1917 Henderson, S. J., Bad Axe, Mich.  
1901 Hess, Amelia L., 1911 Mt. Vernon St., Philadelphia, Pa.  
1892 *Hoard, Volney A.*, 691 East Main St., Rochester, N. Y.  
1908 Hoehne, Evelyn, 481 Washington St., Milwaukee, Wis.  
1898 Houghton, H. L., 176 Commonwealth Ave., Boston, Mass.  
1901 Howland, Josephine, Union Springs, N. Y.  
1886 *Hoyt, William*, Hillsboro, Ohio.  
1900 Huffman, Joseph E., Orange, Calif.  
1882 *Hussey, Elisha P.*, 493 Porter Ave., Buffalo, N. Y.  
1904 Hutchinson, John, 441 Park Ave., New York City.

- 1903 Ives, S. Mary, 198 College St., Middletown, Conn.
- 1916 Kaercher, Wm. F., 1452 N. Eleventh St., Philadelphia, Pa.
- 1913 Keeney, Adaline, The Dalles, Oregon.
- 1913 Keese, J. Mumford, 314 Summit Ave., Syracuse, N. Y.
- 1917 Keith, F. S., H. M., 20 Hartford Ave., Newton Highlands, Mass.
- 1899 Kendall, Edward J., 206 Fine Arts Building, Detroit, Mich.
- 1917 Kent, Clara Louise, 108 North State St., Chicago, Ill.
- 1906 Kimball, Samuel A., 229 Newbury St., Boston, Mass.
- 1901 Klinetop, Warren B., Charles City, Iowa.
- 1901 Krichbaum, J. W., Bellevue Ave., Upper Montclair, N. J.
- 1899 Krichbaum, Philip E., 35 Fullerton Ave., Montclair, N. J.
- 1916 Krichbaum, Theodora W., 33 S. Fullerton Ave., Montclair, N. J.
- 1891 *Leggett, S. L. Guild-*, 603 W. Genesee St., Syracuse, N. Y.
- 1910 Lehman, S. W., Dixon, Ill.
- 1905 Levenson, Montague R.
- 1906 Lewis, Margaret C., H. M., 4027 Spring Garden St., Philadelphia, Pa.
- 1910 Lewis, Tillius B., Hammond, Ill.
- 1907 Llewellyn, H. S., La Grange, Ill.
- 1905 Loos, Julia C., 30 North Second St., Harrisburg, Pa.
- 1906 Luff, Joseph, 121 Electric St., Independence, Mo.
- 1904 Lutze, F. H., 403 Jefferson Ave., Brooklyn, N. Y.
- 1913 MacAdam, E. Wallace, 17 E. 184th St., New York City.
- 1917 MacKenzie, P. L., H. M., McLeay Building, Portland, Oregon.
- 1915 MacLaren, D. C., 141 Laurier Ave., Ottawa, Canada.
- 1915 MacLaren, K. A., 504 Dovercourt Road, Toronto, Canada.
- 1917 MacNish, David, 10 Harley St., London W., England.
- 1909 Madden, Alvin C., Kechi, Kansas.
- 1913 Maloney, L. H., Savanna, Ill.

- 1917 Marriott, W. L., 27 Surrey St., Norwich, Norfolk, England.
- 1917 McDonough, A. W., H. M., What Cheer, Iowa.
- 1889 *McIntosh, F. L.*, 178 Commonwealth Ave., Boston, Mass.
- 1917 McFall, W. A., 919 College St., Toronto.
- 1916 McFarland, Donald, 1805 Chestnut St., Philadelphia, Pa.
- 1916 Medley, Jennie, 1820 Diamond St., Philadelphia, Pa.
- 1914 Mersch, Edmond, Chaussee de Wavre, 177 Bruxelles, Belgium.
- 1913 Miller, R. Gibson, 10 Newton Place, Glasgow, Scotland.
- 1904 Morris, Frances M., 520 Beacon St., Boston, Mass.
- 1917 Moulton, Eugene A., 839 Wellington Ave., Chicago, Ill.
- 1907 Mullin, John W., 918 West St., Wilmington, Del.
- 1917 Nelson, C. Q., 421 High St., Morgantown, W. Va.
- 1906 Newton, Carrie, H. M., 36 Hoylake St., Brewer, Me.
- 1917 Norman, Lee, 712 W. Broadway, Louisville, Ky.
- 1890 *Oakes, Charles H.*, Livermore Falls, Maine.
- 1917 Ogden, Edwin G., Franklin Park, Ill.
- 1914 Ohdedar, G. N., Lucknow, India.
- 1912 Parker, Mary, 83 Brattle St., Cambridge, Mass.
- 1892 *Patch, Frank W.*, Woodside Cottages, Framingham, Mass.
- 1913 Patrick, H. H., 12 Parkgrove Lane, Glasgow, W. Scotland.
- 1913 Pierson, Farrand B., 1127 Dean St., Brooklyn, N. Y.
- 1917 Pierson, H. W., 22 E. Washington St., Chicago, Ill.
- 1887 *Powel, Franklin*, Madison St. & Fifth Ave., Chester, Pa.
- 1895 *Powel, Milton*, 375 West End Ave., New York City.
- 1909 Powel, William R., Roger Williams Building, Philadelphia, Pa.
- 1914 Quackenbush, A., 143 Nepean St., Ottawa, Canada.
- 1904 Rabe, Rudolph F., 616 Madison Ave., New York City.
- 1915 Reel, Ida Virginia, 4027 Spring Garden St., Philadelphia, Pa.
- 1910 Richberg, Eloise O., 2227 Calumet Ave., Chicago, Ill.

- 1910 Roberts, Herbert A. 90 Myrtle St., Shelton, Conn.  
 1913 Roemer, J. F., Waukegan, Ill.  
 1913 Rudorf, Paul, Hinsdale, O.  
 1880 *Rushmore, Edward*, 420 Park Ave., Plainfield, N. J.  
 1913 Sayre, C. Edward, 6438 Drexel Ave., Chicago, Ill.  
 1913 Schmidt, H. C., 6059 Hollywood Ave., Hollywood, Calif.  
 1917 Schwartz, Elmer, 39 State St., Chicago, Ill.  
 1900 Schwartz, Herbert W., 222 Bluff, Yokohoma, Japan.  
 1917 Schwartz, Wm. H., Perkasio, Pa.  
 1917 Scherwood, Willoughby, Panna, Ill.  
 1914 Secondari, Guiseppe, 70 Piazza Capretari, Rome, Italy.  
 1914 Seymour, Bina, 573 State St., Springfield, Mass.  
 1911 Sloan, T. C., 299 Main St., Manchester, Conn.  
 1917 Smith, A. D., Mason City, Iowa.  
 1917 Smith, Percy Hall, 11 Abby Road St., St. Johns Wood, London, N. W.  
 1913 Speiden, Edgar, 3523 14th St., N. W., Washington, D. C.  
 1881 *Stambach, Henry L.*, 15 West Victoria St., Santa Barbara, Cal.  
 1891 *Stanton, Lawrence M.*, 49 West 57th St., New York City.  
 1910 Starcke, Andrew H., 1115 Grand Ave., Kansas City, Mo.  
 1917 Starkey, G. G., Hahnemann Hospital, Rochester, N. Y.  
 1904 Stearns, Guy B., 180 W. 59th St., New York City.  
 1904 Stevens, Grace T., 32 Bedford Terrace, Northampton, Mass.  
 1886 *Stover, William H.*, Tiffin, Ohio.  
 1886 *Sutfin, John H.*, 604 K. C. L. Building, Kansas City, Mo.  
 1889 *Taft, Mary F.*, 985 Charles River Road, Suite 403, Hampstead Hall, Cambridge, Mass.  
 1900 Taylor, Edwin A., 7 West Madison St., Chicago, Ill.  
 1916 Thatcher, Geo. H., H. M., 2008 Chestnut St., Philadelphia, Pa.  
 1914 Todd, Helen B., 47 Lindsay Ave., Meriden, Conn.

- 1913 Tomhagen, J. A., 2425 N. Hermitage Ave., Chicago, Ill.  
 1912 True, Richard S., 419 Boylston St., Boston, Mass.  
 1909 Turner, Maurice W., 786 Washington St., Brookline, Mass.  
 1917 Tyler, Margaret L., Linden House, Highgate Road, N. W. London.  
 1917 Vaughn, Elmer E., 22 Washington St., Chicago, Ill.  
 1910 Walker, Frank C., 10 Milk St., Nantucket, Mass.  
 1910 Wallace, Paul B., Tomah, Wis.  
 1902 Waring, Guernsey P., Alhambra, Calif.  
 1913 Webb, Henry P., Elmer, N. J.  
 1913 Weir, John, 47b Welbeck St., Cavendish Sq., W. London, England.  
 1914 Wijetunge, Vincent, "Golconda," Colpetty, Colombo, Ceylon.  
 1910 Williams, Clara H., 822 Wood St., Wilkensburg, Pa.  
 1907 Williams, Dudley A., 223 Thayer St., Providence, R. I.  
 1910 Wilson, Wm. W., 28 The Crescent, Montclair, N. J.  
 1910 Winans, Theo H., 117 E. Promenade St., Mexico, Mo.  
 1912 Woodbury, Benjamin Jr., 431 Beretania St., Honolulu, Hawaii.  
 1917 Woods, H. Fergie, Park Drive, Golder's Drive, London, England.  
 1891 *Yingling, William A.*, 806 Market St., Emporia, Kansas.  
 1913 Young, Chester W., Philadelphia, Pa.

## HONORARY MEMBERS.

- 1911 Ehrman, George B., 30 E. 70th St., Cincinnati, Ohio.  
 1911 Nash, Eugene B., Port Dickinson, N. Y.  
 1912 Tyler, Margaret L., Linden House, Highgate Road, N. W., London, England.  
 1914 Starcke, Barnard, 2511 Bales Ave., Kansas City, Mo.  
 1915 King, J. B. S., 1402 Masonic Temple, Chicago, Ill.

*Schneider A. B. Dr.*

*1794 Crawford Road, Cleveland, Ohio.  
 Office 1005 Rice Building.*

*Ebing Frank P. Dr. (Recommended by Dr. P. E. Nicholson)  
 221 Broadway -*

## DECEASED MEMBERS.

- 1905 Adams, E. T., Toronto, Canada.  
 1880 Allen, H. C., Chicago, Ill.  
 1911 Anshutz, Edward P., 1011 Arch St., Philadelphia, Pa.  
 1889 Arrowsmith, W. L., England.  
 1880 Baer, O. P., Richmond, Ind.  
 1907 Baker, H. H., Chicago, Ill.  
 1889 Balch, E. T., Santa Barbara, Calif.  
 1880 Ballard, E. A., Chicago, Ill.  
 1889 Banerjee, B. N., Calcutta, India.  
 1880 Bayard, E., New York City.  
 1887 Baylies, Bradford Le Baron, 418 Putnam Avenue,  
 Brooklyn, N. Y.  
 1881 Bedell, R. H., New York.  
 1914 Bell, James B., Boston, Mass.  
 1915 Bowie, A. P., Uniontown, Pa.  
 1881 Brown, T. L., Binghampton, N. Y.  
 1881 Bruns, T., Boston, Mass.  
 1902 Burd, Emma D. S., Yonkers, N. Y.  
 1881 Butler, C. W., New Jersey.  
 1886 Campbell, Alice B., Brooklyn, N. Y.  
 1881 Carleton, E., New York City.  
 1883 Carr, A. B., Rochester, N. Y.  
 1887 Carr, G. H., Galesburg, Ill.  
 1881 Custis, J. G. B., 912 15th St., Washington, D. C.  
 1889 Dever, I., Clinton, N. Y.  
 1882 Dunn, G., England.  
 1882 Ehrmann, Benjamin, Cincinnati, O.  
 1882 Ehrmann, Frederick, Cincinnati, O.  
 1881 Fellger, A., Philadelphia, Pa.  
 1899 Fincke, Bernhardt, Brooklyn, N. Y.  
 1902 Fisher, Arthur, Canada.  
 1880 Foote, G. T., Marlborough, N. Y.  
 1893 Fowler, S. M., Florida.  
 1885 Gee, William S., Chicago, Ill.  
 1903 Graham, M. E., Rochester, N. Y.  
 1904 Grant, R. C., Rochester, N. Y.

- 1881 Gregg, Rollin R., Buffalo, N. Y.  
1891 Gregory, E. P., Bridgeport, Conn.  
1892 Harvey, A., Springfield, Mass.  
1881 Hatch, H., Washington, D. C.  
1884 Hawley, W. A., Syracuse, N. Y.  
1881 Haynes, J. R., Indianapolis, Ind.  
1907 Hewitt, Myra, Wisconsin.  
1885 Hocket, Z., Anderson, Ind.  
1906 Holloway, J. C., Galesburg, Ill.  
1882 Hoyne, T. S., Chicago, Ill.  
1883 Ingalls, F. W., Kingston, N. Y.  
1896 Jackson, F. M. W., Emporia, Kansas.  
1915 James, Walter M., Philadelphia, Pa.  
1887 Keith, T. S., Newton, Mass.  
1905 Kent, James T., 108 N. State St., Chicago, Ill.  
1880 Kenyon, L. M., Buffalo, N. Y.  
1882 Lawton, C. H., Wilmington, Del.  
1890 Ledyard, W. E., California.  
1880 Leonard, W. H., Minneapolis, Minn.  
1880 Lippe, Adolph, Philadelphia, Pa.  
1881 Lippe, Constantine, New York City.  
1884 Lowe, J. N., Milford, N. J.  
1885 Martin, Leslie, Baldwinsville, N. Y.  
1883 McNeil, A., San Francisco, Calif.  
1914 Miller, Z. T., Pittsburg, Pa.  
1891 Morgan, A. R., Waterbury, Conn.  
1913 Nichols, Charles F., Boston, Mass.  
1892 Payne, F. W., Boston, Mass.  
1892 Payne, J. H., Boston, Mass.  
1880 Pearson, Clement, Washington, D. C.  
1883 Pease, G. M., San Francisco, Calif.  
1888 Pierce, W. A. D., Philadelphia, Pa.  
1882 Poulson, P. W., San Francisco, Calif.  
1885 Preston, Mahlon, Norristown, Pa.  
1905 Putnam, Carolyn E., 207 East 31st St., Kansas City,  
Mo.  
1885 Reed, W. L., St. Louis, Mo.  
1914 Reed, H. H., Halifax, N. S.

- 1881 Robert, J. C., New Utrecht, N. Y.  
1908 Roberts, Josephine, Chicago, Ill.  
1881 Schmitt, Julius, Rochester, N. Y.  
1885 Seward, Stephen, Syracuse, N. Y.  
1881 Smith, C. C., Philadelphia, Pa.  
1880 Smith, Thomas Franklin, 264 Lenox Ave., New York  
City.  
1908 Sparhawk, S. H., St. Johnsbury, Vt.  
1884 Stow, T. D., Mexico, N. Y.  
1908 Thornhill, Gabriel F., 76 South Main St., Paris, Texas.  
1887 Thurston, Rufus L., Boston, Mass.  
1904 Vivien, R. P., Canada.  
1893 Villiers, A., Dresden, Germany.  
1881 Wells, L. L., Utica, N. Y.  
1880 Wells, P. P., Brooklyn, N. Y.  
1906 Wesner, M. A., Johnstown, Pa.  
1881 Wesselhoeft, W. P., Boston, Mass.  
1882 White, F., England.  
1873 Whitehead, T. K., England.  
1880 Wilson, T. P., Michigan.  
1890 Winn, W. J., Cambridge, Mass.

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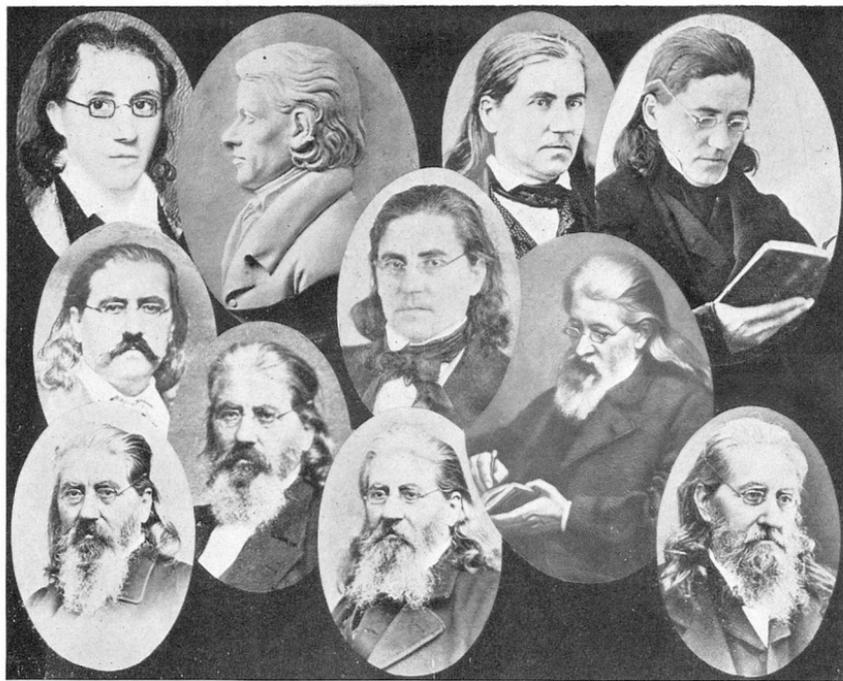
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### PORTRAITS OF DR. CONSTANTINE HERING

Approximate Dates, Left to Right—Upper Row: About 1826; Probably about 1845; About 1848; 1845.  
Middle Row: 1860; About 1850; Probably 1876. Lower Row: 1863; 1861; 1865-70; About 1878.

# PROCEEDINGS

*of the* Thirty-Ninth Annual Session *of the*  
International Hahnemannian  
Association



HELD AT THE REVERE HOUSE, NARRAGANSETT  
PIER, RHODE ISLAND, JUNE 26, 27, 28, 1918

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PROCEEDINGS OF THE THIRTY-NINTH ANNUAL  
SESSION OF THE  
INTERNATIONAL HAHNEMANNIAN ASSOCIATION  
HELD AT  
THE REVERE HOUSE, NARRAGANSETT PIER,  
RHODE ISLAND, JUNE 26, 27, 28, 1918

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BUSINESS PROCEEDINGS.

The thirty-ninth annual meeting of The International Hahnemannian Association was called to order in the parlors of The Revere House, Narragansett Pier, Rhode Island, at eleven o'clock A. M., June 26th, 1918, by the President of the Association, Dr. T. E. Winans.

The Secretary, Dr. W. W. Wilson, of Montclair, N. J., read his report:

*Members:—*

Again the Secretary's office reports a fairly quiet year. Correspondence during the year has given most of the work.

The last six months have been occupied in getting out the "Transactions" of 1916 and 1917.

The Secretary owes Dr. Frank Patch a great debt for the assistance he has rendered in seeing the book through the press and in reading and correcting the galleys as they have come from the compositors.

As directed by the 1917 session of the Association, the Secretary drew up a letter and sent it out to the membership, telling of the generous offer of Drs. Houghton and Krichbaum to bear the expense of getting out the 1916 Transactions and inviting those who were so inclined to contribute toward a fund that would somewhat lighten the burden of the generous offer made.

In response to that letter, the Secretary would report the receipt of subscriptions from thirty-two doctors, amounting to \$211.92, which was duly deposited in the bank in the name of the International Hahnemannian Association, ready to be drawn at the call of the Publication Committee.

In December, the Publication Committee, composed of Drs. John Hutchinson, Milton Powel and Grace Stevens, requested release from office and suggested to the President that he appoint Drs. Houghton and Krichbaum as Publication Committee.

Dr. Winans followed the suggestion and then advised the publication of the 1916 and 1917 Transactions in one volume.

Your Secretary has followed the request of the President and now has the volume of 1916-'17 Transactions ready for distribution to those who have paid their dues.

Since the amalgamation of the Society of Homœopaths with the I. H. A. an approximate membership of 190 can now be reported.

Only one death in the membership has come to the notice of the Secretary, that of Dr. Edward P. Anshutz.

The necrologist has been notified and requested to report on the life of Dr. Anshutz.

Two resignations have come to us and these will be acted upon at the proper time.

In May a letter was received from Mr. Carl Hering, a son of the late Constantine Hering. The letter is self-explanatory and the Secretary would advise the taking up of the matter in its proper place.

We are honored in having one of our members stationed at a base hospital and in the service of the Government. Dr. H. A. Roberts, formerly of Shelton, Conn., is now stationed at the Embarkation Hospital, Camp Stuart, Newport News, Va.

Your Secretary had a rude shock early in the month,

when he received a letter from the President, enclosing his Presidential Address and requesting him to read the Address at the proper time and stating that owing to ill health and removal to another and more healthful field he would be unable to attend the session. I know you all rejoice with me that Dr. Winans has changed his mind and has made the journey to be with us.

All business was cleaned up at the 1917 session at Chicago, so we open this session with a clean slate.

The Secretary would report that Dr. P. E. Krichbaum has in his possession five full sets of Transactions up to and including the volume of 1910.

The Secretary has in his possession, in good condition, 61 copies of 1913 Transactions, 75 copies of 1914, and 55 copies of 1915.

Dr. Patch reported, last year, that all Transactions previous to 1913 were in the hands of Dr. J. B. S. King, of Chicago.

On motion of Dr. Rabe, which was unanimously carried, the Secretary's report was received.

President Winans: The next is the Treasurer's report.

Secretary Wilson: No Treasurer's report has been received.

President Winans; Reports of Committees.

The Secretary: No committees that I know of are to report.

The President: Report of the Board of Censors.

The Secretary: We have not a single member of the Board of Censors present.

Dr. Rabe: As it would be in order under new business, I now make this suggestion. Would it be feasible to amalgamate the offices of secretary and treasurer? It seems to me that such a combination would work for the good of the Association. The Secretary knows every member. As

our Secretary has charge of the Transactions, he would send them only to those who have paid their dues. If it is in order, I would like to move that the secretaryship and treasurership be merged in one office, and that the office be known as the Secretary-treasurer of the International Hahnemannian Association.

The Secretary: The motion that Dr. Rabe makes would necessitate a change of the Constitution. Article V of the Constitution reads: The officers shall consist of a President, Vice-President, Secretary, Corresponding Secretary and Treasurer. That would necessitate the written submission of the motion to change this article. It would mean the submission of it in writing at this session and the passage of it at the next.

Dr. McLaren, Sr.: Unless, at the election of officers, we elect the same person as Secretary and Treasurer.

Dr. Krichbaum: Is it worth while to change? I was Treasurer for eleven or twelve years, and the Secretary sent those things to me, and no man got his copy of the Transactions until he had paid. The Secretary has no business sending out Transactions. I never had a book returned. If I was in doubt about a man's standing, I waited for him to complain of not receiving his copy. It is a serious business to think of the way things have been run. I have five complete sets of reports. I have no business keeping them.

Dr. Rabe: Some of the Transactions are in Chicago and some in the East. Would it not be well to give some of these volumes of Transactions to such of our Homœopathic colleges as might wish them, provided they would pay the cost of sending them. Dr. Dewey, of the University of Michigan, has almost every book that has ever been published. It may be that there are other colleges that would be glad to receive such a set. I think Ohio State University would be glad to have such a set. Dr. Hill, of the State University of California, I think, would undoubtedly be glad to have such

a set; then, again, the New York Medical College would be glad. In this way, we can put these volumes to some use instead of letting them accumulate dust. My suggestion would be that the Secretary be instructed to communicate with the eight medical colleges of the country and find out if they would want them.

Dr. Krichbaum: I second the motion of Dr. Rabe.

The President: You have heard the motion; all in favor of it say "I."

The President: It is carried.

The President: Any further new business?

The Secretary: In looking over the communications of last year, I find one from Dr. Case, which has been sent from Dr. Houghton.

Dr. Case: Mr. Secretary, I do not think it is necessary to submit that.

The Secretary: I think it is. (The Secretary then read the communication from Dr. Case.):

6. 24, 1917.

*Dear Dr. Houghton:*

I regret exceedingly my absence from the meeting of the I. H. A. this year. Although recovered sufficiently to carry on the usual work, my reserve strength would not warrant a tiresome trip to Chicago.

A very sensitive patient took a dose of *Magnes polus australis* for symptoms which seemed to call for it. This brought out an excellent proving which is now in manuscript, but I will have it typewritten and place it in the hands of the Publishing Committee, if the Association desires it.

I hope that a large number of members will be present who are imbued with the usual enthusiasm, and assuring you that my spirit will be hovering near during the sessions, I am

Sincerely yours,

ERASTUS E. CASE.

The provings are so rare that I think they should be submitted by Dr. Case. I would move, Mr. President, that Dr. Case submit this paper that he had in manuscript last year to the Publication Committee and they join it with the one submitted this year and that it be published.

The President: Any second to that motion?

A Member: I second it.

The motion was unanimously carried.

The President: Any further new business to submit?

The Secretary: I have two bills to submit along with the Secretary's bill. (The Secretary then read the bills.):

BILLS.

Secretary's bill for expressage, printing and postage. \$16.00  
Printing programs and letters ..... 21.00

Dr. Rabe: I move that these bills be ordered paid.

The President: It has been moved that these bills be ordered paid. Is there a second?

A Member: I second it.

The President: All in favor say "I."

The President: It is carried.

The Secretary: I have here a sketch of the life of Dr. Hering, prepared by his son, Mr. Carl Hering. I move that this paper of Mr. Hering's be taken up at this time. If the society cares to do so at this time, I can read it.

Dr. Rabe: How long is it?

Dr. Krichbaum: It would take about forty minutes.

The Secretary: There are twenty-eight pages.

The President: Since no motion is necessary, we will hear the paper.

The Secretary then read the major part of the chronology.

# CHRONOLOGY OF EVENTS IN THE LIFE OF CONSTANTINE HERING

THE "FATHER OF HOMŒOPATHY IN AMERICA."\*

COMPILED BY CARL HERING, PHILADELPHIA, PA., 1918.

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## INTRODUCTORY.

It is probably no exaggeration to say that among all the followers of Hahnemann none worked for the interests of Hahnemannian Homœopathy more conscientiously, more enthusiastically, more indefatigably, more altruistically, more successfully, and for a longer period of years, than the late Dr. Constantine Hering, of Philadelphia. It will probably also be admitted that the greatest strides in the development of the doctrines of Hahnemann during the last century were made in this country around him as the center of inspiration. Hahnemann himself, in 1840, acknowledged him to be one of his "most efficient disciples" and was generous in praising his ability and enthusiasm. During a period of thirty-four years he made no less than six efforts (1835, 1848, 1854, 1864, 1867, 1869) to found, revive or reunite colleges for teaching Homœopathy, culminating in the present successful survivor, the Hahnemann Medical College of Philadelphia.

A history of the life and work of Constantine Hering is, therefore, to a great extent also a history of the development of Homœopathy in this country, where he labored so indefatigably under most adverse conditions for almost half a century, well deserving the remark in an obituary by Dr. Nichols, "He who never rested, rests."

As no complete biography has ever been written, and as the records of his life and work are so widely scattered in

---

\*He was referred to by this friendly appellation during the celebration of his Golden Jubilee in 1876.

the literature, the following notes were compiled and arranged in chronological order, to at least form a skeleton of a biography; and as the personal characteristics of a man whose work has received recognition have a bearing on his professional work and are often also of interest, a few notes bearing on his intellectual interests in other directions than Homœopathy, including his patriotism as an American citizen, have been retained in this slightly abridged collection of these notes.

---

CHILDHOOD DAYS.

1800. Sunday morning, January 1. Born in Oschatz, a small town in Saxony, between Dresden and Leipzig, on the advent of a new century, a new year, a new month, a new week and at the dawn of a new day.

1805. "Homœopathy may be said to date from 1805, in which year Hahnemann published his experiments on twenty-seven medicinal substances." (American Journal of Homœopathia, August, 1835, p. 169.)

1806. Began his schooling. Age 6.

1810. Publication of Hahnemann's "Organon."

1811. His father's family moved to Zittau, Saxony, where he was then sent to a classical school and began making botanical and zoölogical collections. "A diligent and faithful pupil, developing those sterling qualities of head and heart that made him so attractive to his teachers. \* \* \* His remarkable powers of observation and analysis and his untiring application marked him out as no ordinary individual." (Dr. E. C. Franklin, 1880.)

STUDENT DAYS.

1817. Began his medical studies at a surgical academy in Dresden, according to an autograph statement in 1870. Age 17.

1818. Began studying mathematics and Greek under Director August Rudolph, a mathematician of note. Age 18.

1820. Entered the University of Leipzig and studied un-

der Dr. Heinrich Robbi, a celebrated French surgeon (allopathic), who made him his assistant. Age 20.

1820-21. Saw Hahnemann at times in Leipzig, but did not make his personal acquaintance. Hahnemann was driven from Leipzig in 1821 by the allopathic physicians and went to Cœthen, Saxony.

1821. "I began to study medicine in 1817 and to practice Homœopathy in the year 1821 in Leipzig." Autographic statement made in 1870.

1821-22. His first investigation of Homœopathy; at the request of his preceptor, Dr. Robbi, he undertook to write a book against it, which a publisher, named Baumgartner, wanted to publish, promising a fee for it. It "should utterly root out homœopathy from the land."

1823-24. Refused to have his infected hand amputated; it being healed by Homœopathy, he decided not to write against it notwithstanding his "poverty and pressing want." Dr. Rueckert had interested him in homœopathy, and, after careful study, was converted to the truth of Hahnemann's discovery. "Ostracism from society, persecutions, poverty and want were the penalties." Age 23-4.

1824. July 9. A reply from Hahnemann, presumably the first letter from him, in which Hahnemann encouraged him and said:—"Your active zeal for the beneficent art delights me. \* \* \* I would like to become better acquainted with you."

December 31. Hahnemann, in a letter, advised the then Mr. Hering "not to allow your Homœopathic opinions to be known," until after he has obtained his degree, "then fear nothing" from the "corporation of apothecaries. \* \* \* I have confidence in you. \* \* \* If you wish \* \* \* to be a right (righteous?) good man, then will you be one of the few, a truly happy, joyful man."

Dr. William Wesselhœft (born in Chemnitz, Saxony, 1794, and a graduate of Jena University) emigrated from Basle to the United States, and settled as an allopathic physician and surgeon in Bath, Pa., in 1827.

1825. Received a loan of money from a younger brother (Julius) to complete his studies in medicine at Wurzburg under the celebrated pathologist, Schoenlein.

Began publishing articles over his name in homœopathic publications while still a student.

Dr. Gram, the "herald of Homœopathy in the United States," established himself in New York City, and published the first pamphlet in English on Homœopathy, a translation of one of Hahnemann's tracts.

1826. March 22. Read his graduating dissertation or thesis on "The Medicine of the Future."

March 23. Received the degree of Doctor of Medicine from the University of Wurzburg. Age 26.

May. Became instructor in Natural History and Mathematics at the Blochmann Institute in Dresden.

#### BEGAN HIS CAREER IN SURINAM, SOUTH AMERICA.

1826. November. "By the aid of influential friends he procured an appointment from the King of Saxony, to act as assistant to the accomplished naturalist, Weinhold" (Prof. Franklin), and was sent to Surinam, South America, with Dr. Weigel, on a botanical and zoölogical expedition under the auspices and protection of the Government, he being in charge of the zoölogical department. Age 26.

1826-32. In Surinam, living in a Moravian colony.

1827. Sent a communication from Surinam to Stapf, which was published in the latter's Archiv. This was probably his first publication on homœopathy. Age 27.

Dr. F. F. Quin introduced Homœopathy into England.

1828, July 28. Surinam. Extracted and proved upon himself the poison from the Lachesis snake. Age 28. On the 52nd anniversary of this day he was buried.

Dr. Wm. Wesselhœft, an allopathic physician in Bath, Pa., received from his father a box of homœopathic medicines and books by Hahnemann; his father urged him to take up homœopathy, which he then did the year following, as did

also his intimate friend and colleague, Dr. Henry Detwiller, in the nearby village of Hellertown.

The number of "homœopathics" in the United States is stated to have been two. (See also October 31, 1835.)

In a letter to Stapf, Hahnemann says:—"If you have an opportunity of informing dear Dr. Hering how highly I esteem him, please do so. He seems to be an excellent young man."

1829, August 16. Appreciative letter to him from Hahnemann.

Dr. George Henry Bute, an allopathic physician (born May 27, 1792, in North Germany) was sent to Surinam, where "Dr. C. Hering was then established as a Homœopathic physician." This meeting of the two, Bute's biographer says, "was the most important event of his (Bute's) life, the turning point, as it were, of his mind." In Paramaribo Dr. Hering cured Dr. Bute of "spotted fever, a disease which, in that climate, is always death."

Dr. William Wesselhœft, in Bath, Pa., with a remunerative practice and a wealthy wife, became converted to homœopathy.

August 10. Fiftieth anniversary of the graduation of Hahnemann from the Medical School of Erlangen. At the celebration a kind letter of congratulation was received "even from far-off South America," from "that great scholar and ardent naturalist and propagator of Homœopathy, Dr. Constantine Hering, of Paramaribo, in far off Surinam" (Bradford). This letter was afterwards published by Stapf in the *Archiv*, Vol. VIII, Part 2. Hahnemann, in his prompt reply to Dr. Hering, August 16th, says:—"Your dear note was not the smallest gift which was made to me upon the 10th of August. Oh, that I could only once before I leave this earth clasp you in my arms, to testify to you my joy at the unexampled zeal which you so efficiently bestow upon the restoration of the miserable, and the extension of the beneficent science with such high courage." He expects him "to return again to Europe."

1830. Dr. Hering lectured on Homœopathy to classes in Paramaribo, had a hospital there, and practiced in the leper colony near there.

Proposed using the saliva of a mad dog as a remedy for hydrophobia; also the matter from variolous pustules for small-pox, etc., which subsequently came into general use by vaccination.

Published an article in Stapf's Archiv. This was probably the one which "gave great offense to the Physician of the King," who was "an old adversary of Hahnemann;" the "Minister of the Interior issued orders to the intermediary, Brochmann," to request him to refrain from publishing any more. The next day after receiving the message he resigned his official commission and began practicing Homœopathy in Surinam. He then wrote many papers. Age 30.

November. Donated 500 natural history specimens to the Academy of Natural Sciences in Philadelphia through Mr. de Schweinitz, and was elected a corresponding member.

1831. Sent his former student, Dr. Bute, to Philadelphia, at the outbreak there of the cholera epidemic. Dr. Bute, "with shattered health," sailed from Surinam for Boston, September 5, thence went to Nazareth, Pa., where he settled and practiced.

Dr. C. G. Reinhold, born in Prussia, 1802, practiced homœopathy in Philadelphia, associated with Dr. Chas. Ihm.

Toward the end of the year, Dr. Bute moved to Philadelphia, where Dr. Ihm, encouraged by a merchant, Mr. Wm. Geisse, had not been successful in practicing homœopathy. "The Asiatic cholera had broken out in virulent form" in Philadelphia. He then urged his friend and former teacher, Dr. Hering, to come from South America to Philadelphia, which he did "after much hesitation."

HIS CAREER OF ALMOST HALF A CENTURY IN THE UNITED STATES.

Beginning of His Indefatigable Efforts to Spread Homœopathy by Teaching, Practicing, and Publishing Literature On It.

Referring to the period between 1825, when Dr. Gram, of New York, had published the first English translation on Homœopathy, and 1834, when the result of Dr. Hering's activities in Philadelphia became known, the American Journal of Homœopathia, February, 1835, page 47, says:—"A long, dark interval of nearly nine years occurred, in which very little was done for the extension of the new doctrine in the United States."

1832. May 19. Hahnemann, in a letter to Stapf, says:—"Nowhere are the Homœopathists better off than in North America. There only is freedom." He referred to its progress in Bethlehem and Nazareth (Pennsylvania).

1833. January. Sunday morning. Landed at Martha's Vineyard, Mass., in a snow storm, the first snow he had seen in six years. In March he arrived in Philadelphia, lived and practiced together with his friend and former student, Dr. Bute, at 111 (old numbering) Vine street. His fame "had preceded him." "Dr. Hering was received everywhere with open arms, especially among his countrymen," the chief of whom was a merchant, Wm. Geisse. According to Dr. Bute, Dr. Hering arrived in Philadelphia "in ill health and with a fistula in the right thigh." Age 33.

1833. April 10. Anniversary of Hahnemann's birthday. He and Dr. Bute founded the "Hahnemannian Society of Philadelphia," of which he was made president. This was the first Homœopathic Society in the United States. It was later, 1838, succeeded by the Homœopathic Medical Society of Philadelphia. On April 18, he delivered an address before this society on the "Rise and Progress of Homœopathic Medicine," which was the second homœopathic publication in the United States and was translated into the

Hollandish and Swedish languages the following year. He called it "my first pamphlet" in his address of May 27, 1835. He also read another paper at the same meeting. On May 13, as president of this society, he wrote Hahnemann a letter asking him to head their list of members. In July he received an appreciative letter from Hahnemann (which is apparently lost).

September 13. In a letter from Hahnemann to "Dear, Good Hering" the "President of the Hahnemannian Society of Philadelphia," he says:—"Good luck to you in the land of liberty, where you can do all that is good without let or hindrance! There you are in your element! I have no design to stimulate you on behalf of our beneficent art; that would be pouring oil on the fire. You should rather restrain yourself so that you may not injure yourself!"

October 22. A printed circular was issued in Philadelphia by Constantine Hering, 111 Vine street, and J. G. Wesselhœft, 9 Broad street, together as publishers, proposing to publish, by subscription, *The Library of Homœopathia*. The latter stated that he had for sale a pamphlet which recently appeared, entitled "A Concise View of the Rise and Progress of Homœopathic Medicine," by C. Hering. "Price 12½ cents. The customary reduction will be made to book-sellers."

November 20. In a letter from Dr. John F. Gray, of New York, to Messrs. J. G. Wesselhœft (a printer in Philadelphia) and C. Hering, M. D., he complies with their request to become "co-editor with Dr. Hering in your great enterprise of producing a complete Library of Homœopathia in the German and English Languages." (See also under October 22, 1835.)

During this year his first meeting seems to have occurred with Dr. William Wesselhœft, of Northampton county, Penna.

1834. January 30. Married Marianne Husmann (related to Dr. Wesselhœft) in Philadelphia, his second wife.

This decided his staying in the United States instead of returning to Dresden, which had been his intention, he being still connected with the Institute in that city. His practice, in only about a year, had grown so that he required an assistant, who, it is believed, was Dr. Lingen.

August 23 (10?). The Homœopathic Society of Northampton and Neighboring Counties was founded in the home of Charles Williams, in Bethlehem, by Dr. Detwiler, Wesselhœft, and Freytag. Dr. Freytag, President; Dr. Wesselhœft, Vice-President; Rev. Becker, Recording Secretary; Dr. Detwiler, Corresponding Secretary, and John Romig, Treasurer and Librarian. Dr. Hering was not one of the founders. The Constitution was adopted September 19, 1834. On February 3, 1836, the name was changed to Northampton Society of Homœopathic Physicians.

September 23. Founding of the New York Homœopathic Society, Dr. Gray, President.

December 31 (not 1833, as has been published). A committee from the Northampton Society, consisting of Dr. Wesselhœft, Dr. Detwiler and John Romig, called upon him in Philadelphia to confer about organizing a homœopathic college. The conclusions were reached the next day, January 1, 1835, the anniversary of his birthday. He accepted the request to become its leader and promised to move to Allentown "as soon as they will guarantee him a salary equal to that of a first-class Allentown clergyman."

1835. January 18. Hahnemann, a widower, aged 80, with eleven children, and living in Cœthen, Germany, married Melanie d'Hervilly Gohier, of Paris, 35 years old, and wealthy, who came to Cœthen in male attire, as an invalid, to be treated by him, and, it is said, to entice him to marry her. When they moved to Paris they traveled as father and son. She lead "a most brilliant life" thereafter.

February. First issue of the "American Journal of Homœopathia," published in New York. Only four numbers appeared. The project was revived April 23, 1838.

THE ALLENTOWN ACADEMY, THE FIRST HOMŒOPATHIC  
COLLEGE IN THE WORLD.

"It flourished for a season and accomplished a great amount of good to those interested in its work." (Prof. Franklin, 1880). "It was he who created the Allentown Academy under circumstances which would have appalled an ordinary man; the results was the college in Philadelphia." (Medical Counselor, 1880.)

1835. April 10. Allentown. With Drs. Wesselheft, Detwiller, Freytag, and others, he founded the "North American Academy of Homœopathic Medicine," later, "of the Homœopathic Healing Art," the first homœopathic medical college in the world. Hahnemann was elected an Honorary Member of the Board of Directors. (See also December 31, 1834, above.)

May 27. Laying of the corner-stone of the northern one of the two buildings of this institution. He delivered the inaugural address at the Court House, and was made its first president and principal instructor. There were about 100 contributors to the stock; \$4,000.00 was subscribed. No endowments were asked for. The Constitution was adopted at this meeting.

June. The June issue of the American Journal of Homœopathia states that "Dr. Hering removes immediately from Philadelphia to Allentown for the purpose of devoting his time exclusively to the good enterprise." He left his Philadelphia office in charge of his assistant, Dr. Lingen.

June 29. Bethlehem. The Faculty of the Allentown Academy met for the first time. He was made President, the other members being Dr. Wm. Wesselheft, Dr. Eberhard Freytag, Dr. John Romig and Dr. Heinrich Detwiller. Adolph Bauer was secretary.

Before August. At the age of 35 he published his "Domestic Physician," of which there subsequently were eight editions in America, fourteen in Germany, and two in England. It was translated into French, Spanish, Italian, Dan-

ish, Hungarian, Russian and Swedish. 100,000 copies had been sold up to 1873.

August 26. He joined the Northampton Society of Homœopathic Physicians.

October 22. The rooms of the Allentown Academy were not yet finished, owing to a late spring. A statement was issued that the formerly announced (see under 1833) "homœopathic library" will not appear, and that the memorials of the Allentown Academy will contain much of what was intended for that library.

October 22. Founded and became editor of the *Correspondenzblatt der Homœopathischen Ærzte* issued by the Allentown Academy. This was the second homœopathic journal published in this country. Fourteen numbers were issued, the last one on February 8, 1837. (See also under September 28, 1836.) There exists a manuscript copy in English, of No. 1 to 16, of the "Correspondence Paper."

October. The first part of the Academy's translation of Jahr's Manual was in press.

November 20. The *Correspondenzblatt* states that "according to an approximate estimate the number of homœopathics in this country was:—2 in 1828; 4 in 1829; 6 in 1830; 8 in 1831; 11 in 1832; 21 in 1833; 33 in 1834, and 57 up to the end of October, 1835."

November 20. Regular monthly meetings of the Directors and Faculty of the Academy are announced; the latter at "the residence of the president."

Published "Necessities and Advantages of Homœopathy," a pamphlet.

1836. January 9. The Academy had received contributions of specimens and many books.

January 19. A published letter states "The College in Allentown is in a state of great forwardness. Lectures are regularly given, and as soon as conveniences will admit, the whole circle of Medical Science, will each have its own Professor." The course is to be three years or more; "One

*requisite*, however, must not be overlooked, which is, that as this Science is chiefly confined to the German language, *that* must be learned, as without it, no one can hope to be a proficient. \* \* \* The Charges at this Institution will be much lower than at the other medical Colleges."

January 22. "All homœopathic Medicines" are announced for sale by Lingen in Philadelphia. Dr. Lingen was his assistant about that time.

February 25. Bill before the Pennsylvania Legislature for an Act to incorporate the North American Academy of the Homœopathic Healing Art. It was passed June 17.

May 6. Trial by jury in Allentown of Dr. Stout, who had published something against Dr. Hering; the jury found Stout's publication to be "untrue, undignified and improper and would deserve punishment," but the jury "considers it dangerous to the public to find him (Stout) guilty."

May 25. Annual meeting of the stockholders of the Academy. Officers re-elected, 65 to 0.

June 2. Owing to a late spring the halls of the Academy were not quite finished; completion expected in sixty days.

June 17. The North American Academy of the Homœopathic Healing Art (the Allentown Academy) received its charter from the Pennsylvania Legislature.

July 25. First meeting of the Board of Managers of the Academy in its own building.

August 23. The twenty-first regular monthly session of the Society of Homœopathic Physicians of Northampton was held. The President was Dr. Wm. Wesselhœft.

August 31. Announcement that the Academy would be formally opened November 1. "Instruction will be given in all branches of the healing art, especially in the natural sciences, anatomy, surgery, obstetrics, and homœopathy, combined with clinical practice, in yearly course from November 1 to August 31. At the same time provision is made that every one can receive instructions in the old and new languages, mathematics and other preliminary studies." The

charge is \$100.00. A short summer and midwinter course is announced for teaching homœopathy to physicians. The charge is \$50.00.

September 26. The Northampton Society assumes the expense of publishing the *Correspondenzblatt*. (See under October 22, 1835.) The Academy could not afford it; "the loss was \$58.87½."

October 3. A letter from Hahnemann, then in Paris, "To Dr. Hering. Truest and most Zealous Propagator of our Art." Concerning the Academy in Allentown, he says: "Already you beat everything we can show in Europe in that way. Your *Correspondenz Blaetter*, nine of which you have kindly sent me, are very practical, and written in an excellent spirit."

November 14. Hahnemann wrote to Stapf: "I return you the Allentown *Correspondenzblatt* with thanks. There I have zealous, pure followers. Soon they will surpass Germany."

November 23. Formal opening of the Allentown Academy, incorporated by an Act of Legislature. There were six students in the first class.

During this year the Allentown Academy published the first American edition of Hahnemann's *Organon* in English from the British translation of 1833.

1837. January 18. The Allentown Academy decided to grant diplomas.

February. An "Apothecary Shop" was started at the Allentown Academy for "All Homœopathic Medicines." The 30th potencies of all remedies "are ready."

July 21. The Allentown Academy decided to grant him a diploma as Doctor of Homœopathy, during his absence as president. On the same day Dr. Freytag was granted an honorary one. This is the last meeting of the faculty at which Dr. Hering is recorded present; presumably he returned to Philadelphia about this time.

## RETURNED TO PHILADELPHIA.

1837. During this year he published "The Effects of Snake Poison." In this year he also made the acquaintance of Dr. Walter Williamson, with whom, and Dr. Jeanes, he founded the College in Philadelphia in 1848. In this same year his later friend and associate, Dr. Jacob Jeanes, an allopathic physician, became a homœopath.

1838. April 23. A prospectus was sent out from Philadelphia, inviting subscriptions to the American Journal of Homœopathia, of which he was to be the editor. This indicates that he had then returned to Philadelphia. See also February, 1835.

April 30. Hahnemann, in a letter to Stapf, asks him to send him "Hering's book on Serpent Poison."

August 10. American Journal of Homœopathy began. Six numbers were issued bi-monthly, in Philadelphia; he was one of the editors. Metcalf calls this the Philadelphia Homœopathic Journal.

August 14. A diploma (now preserved in the Allentown Historical Society) was granted to John Romig, by the Allentown Academy, signed by Dr. Hering, as President; Drs. Wesselhœft, Freytag, Detwiller and Pulte, as the Faculty. This shows that he was then still president of the Academy and that it was then still in existence.

August 14. From this date on he is no longer recorded in the minutes of the meetings of the Faculty as being present, having, no doubt, moved back to Philadelphia about a year before.

The Homœopathic Medical Society of Philadelphia was organized.

1839. First issue of the American Journal of Homœopathy published in Philadelphia and edited by an "Association of Homœopathic Physicians;" the first volume contains numerous articles by him.

1840. Dr. A. G. Hull visited Hahnemann, whose practice, he said, then exceeded 200,000 francs (about \$50,-

000.00) per year. He states that "From among the physicians of America he (Hahnemann) especially designated Dr. Hering, of Philadelphia, his personal and long tried friend. \* \* \* He spoke of Dr. Hering in the most affectionate terms" and considered him "one of the most efficient disciples." He brought back to Dr. Hering from Madam Hahnemann a "superb Medallion" of Hahnemann by the French sculptor David. (This is reproduced in the reprint of the biographical sketch of Dr. Hering by Dr. Eastman, published in 1917.)

1841. August 27. The faculty of the Allentown Academy (Detwiller, Freytag, Romig and Wesselhoeft, hence not including Dr. Hering) examined Mr. Ad. v. Lippe and granted him a diploma. (From the minute book, hence the date, July 25, published elsewhere is incorrect.)

September. Message to him from Hahnemann in Paris, through Mr. Stollmeyer, that he was "my best disciple in whom I feel proud."

1842. September. Dr. Wesselhoeft, the last President of the Allentown Academy, "moved to Boston," and "the faculty ceased its labors."

The Allentown Academy was discontinued (see Hering Memorial, p. 335). According to Dr. Detwiller, Dr. Freytag said that "Rev. John Helffrich had hauled a two-horse load of books, papers, etc., etc., from the Academy to his (Helffrich's) home." It seems that all subsequent efforts to locate these failed.

1843. July 2. Hahnemann died in Paris, aged 88, having since 1835 amassed a fortune of 4,000,000 francs (about \$800,000.00). Soon thereafter Hahnemann's widow asked Dr. Hering, then a widower, to succeed to her late husband's practice in Paris, but he declined the request.

1844. April 10. New York City. Elected President of the Convention, which, on that day, founded the American Institute of Homœopathy. He was never Chairman or President of the Institute itself, though he was, at the first

session, made Chairman of the Central Bureau of *Materia Medica* of that Institute, to which he was reappointed annually until 1854 (ten years). He was reappointed again in 1865, and several years thereafter. "Constantine Hering was really the leading and moving spirit of these early days." (Horner). "It was this master spirit of Dr. Hering, the liberal, energetic and enthusiastic admirer of a broad and liberal education in the arts and sciences, that gave birth to our own American Institute, the first and oldest (national) medical organization in the United States" (Prof. Franklin).

August 10. Elected Delegate of the American Institute of Homœopathy to the Congress of Homœopathy in Magdeburg, Germany.

About this time he was invited to establish himself in London, but declined.

#### RETURNED TO GERMANY.

1845. Returned for the first and last time to his father's home in Germany with his two youngest children, intending to stay there. He left his practice in charge of his assistant, Dr. Husmann.

August 10. Delegate of the American Institute of Homœopathy at the Congress of Homœopathists in Germany.

August. The "Homœopathic Pioneer" encouraged the founding of a school for teaching homœopathy, but said "it would be a Herculean task." He was not in this country at this time, but, in 1848, soon after his return, he undertook this "Herculean task" of founding a school for teaching homœopathy, and again, in 1867, which two institutions, later, combined to form the present flourishing Hahnemannian College of Philadelphia.

1846. March 14. Dr. John Bernard Eberhart Freytag, one of the founders of the Allentown Academy, died in Bethlehem. Born April 20, 1764, at Halberstadt, Germany.

Early in the year Dr. Husmann, in Philadelphia, with whom he had left his practice while abroad, died.

## RETURNED TO THE UNITED STATES.

1846. May. After having enjoyed the spirit of liberty in his adopted country the political situation then existing in Germany was intolerable to him, and upon hearing that Homœopathy in the United States was in grave danger he returned to Philadelphia with his bride and his two young children, on a sailing vessel, requiring seven weeks for the voyage. He returned to his former residence, 98 South 11th St., (old numbering).

May. Third session of the American Institute of Homœopathy in Philadelphia, in the founding of which he had been the leading spirit.

Published "Proposition to Suppress Homœopathy," a satire.

1847. From this date on his name was regularly printed in capital letters in the City Directories, which was then not a common practice.

March 15. He issued gratuitously and anonymously through his apothecary, Rademacher, Homœopathic Tracts. The circular states that "No selfish purpose, individual or local interest, is intended to be served by this undertaking; hence names and localities are omitted."

May. Resolutions were passed by the National Medical Convention tending to prevent the spread of Homœopathy in the United States. Followers of Hahnemann were termed "irregular practitioners."

He successfully introduced, for the first time, the finger print system of identifying criminals in the court trial of the murderer Lengfeld, in Philadelphia, who had murdered the wife of Dr. Hering's apothecary, Rademacher.

Published in the Hygea "Requisites to a Correct Estimate of Hahnemann."

## THE FIRST HOMŒOPATHIC COLLEGE IN PHILADELPHIA.

1848. Early in February, he, with Drs. Jeanes and Williamson, started to found the Homœopathic Medical College of Pennsylvania, a duty assigned to them by the American Institute of Homœopathy. Two days later they had presented a petition to the Legislature with hundreds of signatures and on February 12th the act had passed the House. The meeting was held at the home of Dr. Jeanes, at the northwest corner of Vine and Juliana streets, Philadelphia.

April 8. The Pennsylvania Legislature passed the Act incorporating the Homœopathic Medical College of Pennsylvania with the right to confer the degree of Homœopathic Medicine. The bill had passed the House February 12th (hence almost immediately, see February above), but came near to defeat in the Senate. April 10. Anniversary of Hahnemann's birthday. The first meeting of the Corporation of this institution in the Athenaeum Building, southwest corner Sixth and Adelpia streets, opposite Washington Square, Philadelphia.

May 1. First meeting held under the Constitution in the Assembly Building, Tenth and Chestnut streets, Philadelphia. A. V. Parsons was elected president. On August 31 he was appointed one of a committee to open a dispensary. On September 7, he was elected Professor of Materia Medica at the Homœopathic Medical College of Pennsylvania, but resigned at the next meeting. From September 28, the meetings were held in the College Building, 229 (now 635) Arch street. Later this became the Homœopathic Pharmacy. On October 16, the first lectures were given; fifteen students. On November 6, the regular course at this institution began. He was then not in the faculty.

During this year Charles G. Raue came from Germany to Philadelphia at his invitation, and was "for several years my assistant."

September 13. The new college moved to 1105 Filbert street, a church building, formerly occupied by the Pennsylvania College of Medicine.

December 14. A letter from his patient and friend, Henry Clay, states:—"Your liberal kindness toward me would not allow you to indulge me in the gratification of testifying my gratitude to you for the successful exercise of your professional skill on me, on two distinct occasions, by the customary compensation; but you cannot prevent the expression of my great obligation to you for the benefit I derived from your obliging prescriptions. I thank you for them most cordially. \* \* \* With great regard, I am your friend and obedient servant.—H. Clay."

CONTINUES HIS ACTIVITIES IN THE PUBLICATION OF  
HOMŒOPATHIC LITERATURE.

1851. February. First issue of the North American Homœopathic Journal, a quarterly, of which he was the editor-in-chief.

Commenced his "Amerikanische Arznei Pruefungen" at the request of a German publisher; it contained twelve provings.

1852. April. The Philadelphia Journal of Homœopathy was started.

August 10. Started the American Provers' Union, Philadelphia, for proving drugs.

1853. Incorporation of the Washington Medical College of Philadelphia, a short-lived institution with which he had no connection, whose charter was procured by him later, in the summer of 1867, the name "Washington" being changed (see 1867) to "Hahnemann" through the proper court channels. This, in 1867, became the charter of the Hahnemann Medical College of Philadelphia, which explains the date 1853 on the seal of this college.

1854. May 8. He with others procured an Act of Incorporation from the Legislature of Pennsylvania to establish in Philadelphia the Independent Medical School of Pennsylvania. The enterprise failed.

With Dr. Lippe he published the Homœopathic News, continued for only nine numbers.

1854-55. Editor of the Homœopathic News.

1855. April 10. Celebration of the Centennial of Hahnemann's birth, at Musical Fund Hall, on Sansom street, Philadelphia.

August. The College building on Filbert street was bought.

1856. Took an active part in the campaign to elect Fremont to the Presidency.

1857. Published "American Drug Provings."

Began lecturing at his home, to colored students from Jamaica and Canada, who were barred from other medical schools.

1860. Published "The Logic of Homœopathy," a pamphlet.

1860-65. Activities during the Civil War in behalf of the negroes and the emancipation of slaves.

#### RENEWED HIS ACTIVITIES AT THE COLLEGE.

1864. May 7. Elected to the Chair of Practice of Medicine, later changed to Institutes of Homœopathy and Practice of Medicine, and later to Institutes and Practice, at the Homœopathic Medical College of Pennsylvania, which he then held for three years. This was the first time for sixteen years that he was a member of the Faculty of this College since he resigned in September, 1848. The college was then deeply in debt; there was a crisis in the faculty resulting in its entire reorganization and in the new charter of 1865 making it a stock company. This was the beginning of a new era for the college, as also of its downfall.

June 1. At a meeting in Philadelphia the Homœopathic Publication Society was founded, apparently at his solicitation; he was elected one of the Executive Council, apparently the Chairman. The "opening of the course of lectures in the Philadelphia Homœopathic College" is referred to. The first part of his *Materia Medica* was then "prepared for the press."

July 4. Published a description of his proposed work on *Materia Medica*.

1865. February 17. A new charter was obtained from the Pennsylvania Legislature to incorporate the Homœopathic Medical College of Pennsylvania as a stock company, with a capital stock of \$60,000.00. It was granted the power to grant the degree of Doctor of Medicine and especially of Homœopathic Medicine and to add to it a Hospital. New By-Laws were adopted. This new charter, giving control to the holder of the majority stock, caused its downfall in 1869.

June 8. Appointed Chairman of the newly organized Bureau of Materia Medica and Pharmacy of the American Institute of Homœopathy, which office he held for a number of years.

August. The Hahnemannian Monthly was started; he was a member of the Committee on Publication. It was to be the College organ.

1866. January 26. A letter of this date shows that he was then an honorary member of the Homœopathic Medical Society of the State of New York.

Published the translation of "Gross' Comparative Materia Medica."

#### STARTED THE RIVAL COLLEGE.

1867. Between March 2nd and April 6th. Resigned from the faculty of the Homœopathic Medical College of Pennsylvania, a member of which he had been for three years, on account of differences with Dr. Lippe, who controlled the majority of the stock and made objectionable use of this control.

May. He secured the charter of the Washington Medical College of Philadelphia, (see above under 1853), and on June 1, through the courts, he had the name "Washington" in this charter changed to "Hahnemann." With this charter he, with others, founded the Hahnemann Medical College of Philadelphia.

May 8. First meeting of the faculty of the new Hahnemann Medical College of Philadelphia. He was unanimously elected chairman of the Board, Dean of the Faculty,

and to the Chair of Institutes of Homœopathy, Materia Medica and Botany. June 1, the second and third floors of 1307 Chestnut street were rented for the new college. The first announcement was issued. In June a dispensary of the new college was opened at Tenth and Shippen streets. On July 15, efforts were made to establish a Museum and Library at the new college.

Summer. Took part in starting the American Journal of Homœopathic Materia Medica, of which he and Dr. Martin were the editors; it continued until 1871.

August. Designed the seal of the new Hahnemann Medical College of Philadelphia. (See under 1853 for the explanation of that earlier date.) On September 10, the library of the new college had 500-600 volumes. On September 30, this new rival college organized by him began its sessions at 1307 Chestnut street, with 61 matriculates. Several applicants for diplomas rejected by this new Hahnemann College received them for a money consideration from the older and rival Homœopathic College.

1868. March 4. First Commencement of the new Hahnemann College; twenty-six graduates. On May 23rd it was decided to move the new college to 16-18 North Tenth street.

June 24. The American Institute of Homœopathic Pharmacy was founded in Philadelphia. Mr. Radde, of New York, President.

October. The rivalry between the two colleges at its height.

#### UNITED THE RIVAL COLLEGES.

1869. January 12. The controlling stock of the Homœopathic Medical College of Pennsylvania belonging to Dr. Lippe was bought by Dr. H. H. Guernsey. On January 16, in a letter from Dr. Hering to the Dean of the rival college, he stated in behalf of his faculty that the Hahnemann College invited the Homœopathic College to unite with them in holding a joint commencement; this friendly offer was

not accepted. On January 22, the stock of Dr. Lippe acquired by Dr. Guernsey was transferred to Dr. Hering. In February the New England Medical Gazette announced that the two colleges will be united. On February 25, Dr. Lippe resigned from the Chair of Materia Medica.

February 27. Last commencement of the Homœopathic Medical College of Pennsylvania, and last meeting of its faculty. On March 1, the last stockholders' meeting of the Old Homœopathic College was held.

March 3. Second commencement of the new Hahnemannian College; thirty-five graduates; it was the last one prior to the consolidation of the two colleges. Dr. Hering's salary as a member of the faculty was \$135.00 per year.

March 6. Petitioned the Legislature to unite the charters of the two colleges. The consolidated colleges moved into the old building, 1105 Filbert street, some time in March.

April 2. Act of Legislature passed to merge and consolidate the two colleges under the name of the Hahnemann Medical College of Philadelphia with some modifications in both of the old charters.

April. Dr. C. B. Knerr, a graduate of the College, became his assistant, later (1874), his son-in-law, and, after his death, in 1880, the successor to his practice.

He resigned as Dean of the College, an office he had held for two years, but was re-elected again the next year. He also resigned the Chair of Institutes and Materia Medica, which he had held for two years, and accepted the Chair of Institutes and Practice of Medicine, which he held for one year.

“THREE-SCORE AND TEN,” YET STILL ACTIVE.

1870. January 8. Age 70. Appointed a committee to devise plans for raising money for a surgical hospital on Cuthbert street, opened a year later.

February 7. The stockholders, of which he was one, accepted the Act of Legislature merging the two colleges; it was later accepted by the Trustees at their last meeting.

About this time he resigned from the Chair of Institutes and Practice of Medicine, and accepted the Chair of Institutes and Materia Medica, which he held for one year.

December 19. Death of his colleague, Dr. Walter Williamson.

1871. January 7. Became Visiting Physician at the new hospital.

RETIRED FROM COLLEGE WORK.

1871. February 4. Age 71. He resigned from the Chair of Materia Medica and Practice and was made Emeritus Professor of the same branches by the faculty; this honor he declined. His association with the college as professor then ceased, after thirty-six years of activity in the establishment and maintenance of a Homœopathic College in the United States. It then had over 800 alumni.

February 6. Letter from him to Dr. H. N. Guernsey offering him, in behalf of the faculty of the Hahnemann College, the Chair of Materia Medica, and asking him to "Forget! forgive! accept!"

1872. June, July. Severe illness.

1873. Fall. He with others signal a call for a mass meeting on October 23, to establish a large general Homœopathic Hospital in Philadelphia.

His *Materia Medica* was published. His *Domestic Physician* had attained a circulation of 100,000.

1875. Published his "Analytical Therapeutics," 1st volume.

1876. March. Was elected Emeritus Professor of Institutes and Materia Medica of the College, which title he held until he died in 1880.

March 23. Impressive celebration in Philadelphia of the Semi-Centennial Anniversary of his Graduation in Medicine, at which he was designated as "The Father of Homœopathy in America."

"A few enthusiastic homœopaths, meeting in the office of Dr. Constantine Hering, bemoaned the decadence of ho-

mœopathy, and the desire was unanimously expressed for the organization of a society devoted to the propagation of homœopathy as promulgated by Hahnemann" (later referred to as "pure homœopathy"). This led, later (June 17, 1880, a month before he died), to the formation of the International Hahnemannian Association in Milwaukee and, later (June, 1891, see below), to the Hering Medical College and Hospital in Chicago, "devoted to the teaching of pure homœopathy. \* \* \* There was no such college" then.

September 30. American Journal of Homœopathic Materia Medica given up, being absorbed in the Hahnemannian Monthly.

1876-77. Severe illness for many months.

1877. December 18. His friend and colleague, Dr. Jeanes, died.

His "Condensed Materia Medica" was published.

1878. His Guiding Symptoms, Vol. I, was published, and was completed in 1891.

#### OCTOGENARIAN.

1880. June 17. The International Hahnemannian Association was formed in Milwaukee to promulgate "pure" or "true" homœopathy, resulting later (see June, 1881) in the founding of the "Hering Medical College" in Chicago.

June 19. Pennsylvania Homœopathic Hospital for Children was chartered.

July 23. Friday evening. Died in Philadelphia, in the home he had occupied for twenty-eight years. He was the last, but one, of his father's family of thirteen, of which he was the oldest, but one. "Acknowledged as first in his profession, a man of science, a ripe scholar, a genial friend."

July 28. His funeral took place on the fifty-second anniversary of his extraction of the Lachesis virus.

"He who never rested, rests." (Nichols.)

## AFTER HIS DEATH.

"Our materialistic soul is that part of our life's work which continues to live after we die." (Anon.)

1880. October 10. Memorial meeting held "in all parts of the world," the reports of which are to be incorporated "in a memorial volume." (See 1884.)

1882. May 24. Mrs. Hering donated to the College his Miscellaneous Medical Library, his annotated copies of all of his collection of Hahnemann's writings in the original, and sold to it, for \$500.00, his "most complete collection in the world of the works of Paracelsus and commentaries upon them," for which the U. S. Government had offered "a large sum." He had spent fifty years making this unique collection.

1884. "A Memorial of Constantine Hering" was published. (See 1880.)

November 6. Laying of the corner-stone of the present College and Hospital at Broad and Race streets, Philadelphia.

1885. May 16. College and Hospital again merged by decree of the court.

1886. January. Pennsylvania Homœopathic Hospital for Children, on account of lack of support, merged with the Hahnemann Hospital.

March 31. Dr. Wm. Tod Helmuth, an alumnus of 1853, in a poem referred to him as "our great of greatest men" then (1853) living "in his prime."

1887. October 3. Hospital at Broad and Race streets was opened.

1889 (about). A ward of ten beds in the Hospital was donated in memory of "Dr. Constantine Hering, the Father of Homœopathy in Philadelphia if not America."

1889 or 1891. A Repertory of the ten volumes of his Condensed Materia Medica was published.

1891. Vol. 10, completing his Guiding Symptoms, was published.

June. Organization of the Hering Medical College in Chicago, started in 1892. Among its principles as enunciated was the quotation from Dr. Hering: "If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve only to be mentioned as a caricature in the history of medicine." Its purpose was to teach "pure homœopathy" based on Hahnemann's Organon, in which field "the Hering (College) stands alone." Students applied at a rate exceeding expectations. A few years later the Dunham Medical College was started as a rival, but was merged with it in 1903.

1896. August 21. Death of his most intimate colleague, Dr. C. G. Raue.

1900. January 1. Celebration of the 100th anniversary of his birth in the inauguration of the Constantine Hering Building in Philadelphia, built on the site of his former home.

1913-14. The corner-stone of the Allentown Academy was opened by Dr. Slough, of Allentown, and the leaden box with some (all?) of the contents was deposited with the Hahnemann College of Philadelphia.

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For many of the items referring to Hahnemann and to Dr. Hering's activities in connection with the colleges in Philadelphia, the compiler is indebted to "The Life and Letters of Dr. Samuel Hahnemann; 1895" and to "History of the Hahnemann Medical College and Hospital of Philadelphia; 1898," both by that conscientious, accurate, and indefatigable historian of Homœopathy, Thomas Lindsley Bradford, M. D. The compiler also takes pleasure in acknowledging his indebtedness to Dr. Bradford for much valuable personal assistance in pointing out old and original publications and archives for establishing dates and other facts; also for a critical reading of this compilation.

Philadelphia, March, 1918.

Dr. Krichbaum: I move that the Secretary be instructed to write Mr. Carl Hering and express our appreciation of his father.

Dr. McLaren, Sr.: We could publish this, if he would edit it.

Dr. Rabe: I think we ought to get into touch with Mr. Carl Hering and suggest to him that it be put into a little more readable form. It should be retained as an historical record. For that reason, I would like to move that our Secretary be instructed to write Mr. Carl Hering and tell him about our appreciation and of our willingness to publish it, but suggest that it be put into a little more narrative form.

The President: All in favor of this say "I."

Dr. Rabe: Why can we not ask permission to publish such parts of it as are of interest. I make this as a motion.

A Member: I second this last motion.

The President: You have heard the motion as it stands now. All in favor of it say "I."

The President: It is carried.

The President: The motion to adjourn is in order. If there is no objection, we now stand adjourned until two-thirty this afternoon.

Adjourned.

Afternoon Session, Tuesday, June 26th, 1918.

The President: I will ask Dr. Kimball to take the chair.

Dr. Kimball, Chairman: We will now listen to the President's address:

# President's Address.

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## LIFE FORCE.

BY THEO. H. WINANS, M. D., MEXICO, MO.

Which is more real, life force or the products of life force? Where shall we find life force? If we take the wings of the morning and fly to the uttermost parts of the earth, we can find no place where it is not. If we go out from the earth and visit systems of worlds ad infinitum, we can find no place where it is not. With the microscope we can not find where it is not.

Where is the starting point of a product? Not in the shell of the acorn, which protects the kernel. Not in the kernel, which is but food stored with which to begin the building of the tree. In the kernel we find the embryo oak. We put our glass upon it. We magnify it still further, and further still till we find what we found with the telescope, worlds and systems of worlds, revolving around each other with spaces between them as great—relatively as great—as in the outer world.

Talk about small things! Size is relative. As one has said, "If, in an instant, we and everything else would become twice as big, we would never know it." I will add, or so small that we lived in the microscopic world.

The kingdom of force is within us and the all-powerful king dwells in his kingdom. If he is pervert in my kingdom in this body of mine, there will result or may result one or more of the products of disease. Correct this perversion and all manifestations of disease will disappear. "True and permanent correction must be made in causes, not in results." Correction in results is never justifiable except when must be made for mechanical reasons, because it throws the trouble back on the other and perhaps vital organs.

The size of the dose that corrects is not measured by the size of the body, giving a horse a horse-sized dose and a baby a baby-sized dose. The life force acts with the same power in embryo as in maturity, in the microscopic world as in the telescopic.

The material of the dose is but the menstruum. It is not a large dose of material that gives one small-pox or any other disease, nor a dose of material that turns a perverted or deranged vital force into order.

Dr. W. P. Wesselhœft said in addressing this body in 1897, "We are not working with matter, but with forces, derived from matter." Fincke said, "High potencies have nothing in common with matter. Matter but holds these forces as a vessel holds water."

The advocacy of forces found in material as our remedies, is that which gave this society birth. This, with the fact that some of our men were falling away from this second discovery of Hahnemann, which Fincke calls, "His momentous discovery potentiation, the greatest and indisputable discovery of Hahnemann," and he quotes Ameke as calling it, "One of the most important inventions, which ever human genius has brought to light." He says, "Remedies so prepared exert an action which cannot be obtained by crude drugs." Ameke said, "The most poisonous substances are transformed into beneficial, never injurious remedies and become powerful instruments of healing in the hands of educated physicians." He might have added, as we all know, that also so-called inert substances are so transformed. More precious than gold is a potency of gold to a sick man who needs that remedy. Fincke said, "The remedy to be administered must be selected according to symptom similitude in dose, and preparation adapted to the susceptibility of the organism, and similar to the life force."

Fincke speaks of the men who fell away from this second discovery of Hahnemann as being "diverted into a blind alley from which they will have to turn back into the main road of increasing knowledge."

Why do these forces cure? Hahnemann says it is because they produce a deeper and stronger similar disease—similar action of patient's vital force. Why do they produce a stronger similar action and why does that cure? If I were to try to answer this question I might run into theory, and, as I wish to have nothing but facts in this address, I will answer the question by asking another. Why does the voice carry farther on a wire charged with electricity than on the same wire not so charged? Why ask *why* about facts? That the remedy that produces similar symptoms cures, is a fact known by all testers. That the higher potencies or attenuations are as much more potent than the crude material, in many cases in curing the sick, as the charged wire is more potent than the uncharged wire in carrying the voice, is a fact, and can be as easily proven.

Of all the easy things to demonstrate in medicine, these truths that we advocate are the easiest. I will show how easy. Fortunately for us there is at least one disease we can use in the demonstration where we cannot differ in the diagnosis. One disease that produces in all people who have it such exact similarity of symptoms that every patient so afflicted can be cured with one and the same single remedy. One disease not caused by "germs," proof that no disease is caused by germs. A theory, the germ theory, that can not explain all diseases is false. The factor, *susceptibility*, makes this disease like all other diseases with regard to cause. This disease is produced by poison ivy. For this disease we have a remedy that given to well people has produced similar symptoms. With one dose of this remedy, or, at most, a few doses, say, four or five doses, given a few hours apart, say, four or five hours or six or eight hours apart, near enough together to act as a single impulse, the potencies of these powders being anywhere from the C. C. to the C. M. or higher, or possibly lower, I have not tried the lower, and we will cure every case. I have found a few in whom the C. M. seemed necessary. At least it acted much quicker than the C. C.

I challenge any "regular" "Doubting Thomas" to send me one hundred cases of poison icy, and if he will not believe I use the potency agreed upon, we will begin with the crude material and he may see it run up on one of the machines, and I will cure every case as I have done for thirty years with these infinitesimals of the Homœopaths, and so quickly that there can be no doubt about the efficacy of the remedy used. As one of our Allopathic physicians said when asked why he could not do it if I could, "We know he can do it, but we don't know what he gives." Another Allopathic physician said the same thing about my curing suppurative tonsilitis without the use of the lancet.

I have used the same remedies that Kent used and that Reed, his private pupil, used, filling up the bottles for thirty years, as they would get low, as Reed did and as Kent did, for I don't know how many years. Long enough to make them infinitesimals, no matter from what potency they were started.

There is another sickness,—sea sickness or train sickness—where the symptoms are so similar in every person who gets it that one of our remedies that has produced similar symptoms in its proving will, I think, cure or prevent every case. I have used it in both train and sea sickness and so far know of no failure. I have had failures with another remedy which has, however, cured and prevented many cases.

Spasmodic croup furnishes us an excellent chance, as does tonsilitis, erysipelas, diphtheria, cholera, tuberculosis or cancer. If we are allowed to consider the patient only, not giving name of disease, we will prove the efficacy of a high potency or attenuation in palliation or cure with any remedy in our possession where the symptoms of the patient are near enough similar to those that the remedy has produced in so-called healthy persons. None are absolutely healthy.

No more perfect method of cure can ever be found than Homœopathy, because it is based upon a law of Nature.

Any one demonstration of the thousands that have been made since Hahnemann, proves it. Any homœopathic physician of long practice can present almost numberless demonstrations. Homœopathy, with cessation of violations of nature's laws, cures all curable patients—any patient whose vital force is not too vitiated by heredity or otherwise, no matter what his disease may be named.

To-day surgery is in the saddle. I will say a word about that. The American Medical Association has elected for its president this year Dr. Chas. Mayo, a noted surgeon, thus exalting surgery to the chief place in medicine. And the A. I. H. made the surgical clinic the great feature of the last Rochester meeting, thus giving surgery first place. Fifteen tonsillectomies! Does this society think that any of them were necessary? Hysterectomy for cancer! Removal of kidney for cancer! Correction in results!! They are in a blind alley.

There is another blind alley into which some of our patients, if not our doctors, have gone and that is into using nothing. A former patient of mine went off into this alley and took no medicine for twenty years. One after another of her leaders and teachers succumbed to the "Grim Reaper," Death, yet she held bravely on till one day I was sent for. She had been suffering for three weeks, night and day, with neuralgia. She had had the treatment of her practitioners, which was better than the treatment the so-called "regulars" would have given her, for these "regulars" acknowledge that they can do nothing for neuralgia except to lull, dull, and deaden the pain with an anodyne. "I have called you," she said, "but I don't want to give up my belief." "You don't have to. Belief has nothing to do with law." "We are allowed," she said, "to call a doctor to find out the cause, that we may direct our attention there. We have not known the cause. We think *that* may be the reason that none have been able to help me. What is the cause of this awful pain?" In three days *Rhus tox. c. c.* brought

the report: "Better except at night. Pains come regularly now towards night and rage all night. I walk the floor with the suffering. In the morning it is all gone." The periodicity led to *Verbascum*, a few doses of which, in the c. c. potency, brought the patient into my office in another three days, with the report, "I am about well. I don't need any more medicine for neuralgia. Now I want to see what you can do for my piles." Another prescription cured the piles. Then she came and said, "I have had a bad breath for twenty years. Can you do anything for that? I told her that I would need many symptoms that would converge to one remedy to do that. Then she went away. To detail what she had probably been denying for twenty years did not seem to be what she wished to do. Correction must be made in her perverted vital force before she can have a body without a bad breath.

When we all get back from blind alleys into the main road of increasing knowledge, progress will be made in medicine equal to or surpassing the progress made and being made in surgery. When Hahnemannians have kept in this main road for many hundred years, instead of one hundred years, we may not have reached a perfect application always of nature's law, "*Similia Similibus Curantur*." When we have made it perfect there will be still fewer death certificates for a homœopathic physician to sign.

We invite all physicians who believe in Homœopathy to become members of the I. H. A., for with malice toward none and charity for all, we shall continue to stand for the principles that gave this society birth, until these principles, side by side with democracy, shall prevail throughout the world. "We can do no otherwise."

The President: Shall we take up that business that the Secretary wanted to discuss now?

A Member: I move that we return to unfinished business. The above motion was seconded and carried.

The Secretary then read the motion of Dr. Rabe, which

was offered at the morning session, to combine the offices of Secretary and Treasurer. Proposition to amend Article V of the Constitution, to read: "The officers shall consist, etc., of "a Secretary-Treasurer instead of a Secretary and Treasurer," thus merging these two offices into one.

The Secretary: This morning I received the resignation of Dr. Dudley A. Williams, of Providence, and a telegram from the Treasurer in which he said that Dr. F. H. Lutze has resigned.

Dr. Patch: I would like to present the resignation of Dr. Edward T. St. John, of New York City.

The motion was made and carried to accept these resignations.

The Secretary: The bill of the Lakeview Press for the printing of the proceedings of the Association is \$611.80. Five hundred seventy-six dollars and eight cents is all right. There is an item of thirty dollars for author's corrections. Do you care to act upon this?

Dr. Rabe: I move that the bill be paid, if found correct.

The motion of Dr. Rabe was seconded and carried.

The meeting was then turned over to the Bureau of Philosophy. In the absence of Dr. Almfelt, Dr. Case acted as chairman. The following papers were read: "A Paper," Dr. Maurice W. Turner, of Brookline, Mass.; "A Paper," Dr. P. E. Krichbaum, of Montclair, N. J.; "Uniformity and Progress," Dr. C. M. Boger, of Parkersburg, West Virginia; "Potency and Electrons," by Dr. G. A. Almfelt, of Chicago; "A Sermon," by Dr. R. E. S. Hayes, of Waterbury, Conn.

Adjourned.

WEDNESDAY, JUNE 26TH, 8 P. M.

Dr. Rushmore, of Plainfield, New Jersey, presented the report of the Necrologist:

## NECROLOGIST'S NOTICE FOR THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION,

1918.

Edward Pollock Anshutz was born in Clarington, Ohio, March 23, 1846, son of Jacob and Abigail Jane Pollock Anshutz. His early education was acquired in the district schools of Virginia and at Heron's Seminary in Cincinnati. He was engaged there with his father in flour milling until 1872, when he removed to Philadelphia. He became editor of *The New Church Life*, continuing in this till 1885, when he became associated with Boericke & Tafel as literary editor and manager, holding this place until his death. He was editor of the *Homœopathic Recorder*, and, in 1889, he established the *Homœopathic Envoy*. He was widely known and highly esteemed among the physicians of our school. Hering Medical College, in 1909, conferred on him the honorary degree of M. D. He was Honorary Member of this Association, Associate Member of the American Institute of Homœopathy, and Corresponding Member of the Homœopathic Society of France.

In 1900, he published "New, Old and Forgotten Remedies;" in 1903, "Dogs, and How to Care for Them;" in 1907, "The Poultry Doctor;" in 1909, "A Guide to the Twelve Tissue Remedies;" in 1907, "Elements of Homœopathic Theory, Materia Medica, Practice and Pharmacy," and in 1910, "Sexual Ills and Diseases." At the time of his death he was compiling a book of clinical data to be found in the journals.

He was the author of numerous stories and essays, contributed at various times to *The New Church Life*.

He was a member of the Masonic Fraternity; was brother of T. P. Anshutz, of the Academy of Fine Arts; he was unmarried. A sister and nephew survive him.

His funeral was held on February 2d, 1918, from his late residence in Philadelphia.

## EUGENE B. NASH, M. D.

Dr. Nash was born in Hillsdale, Columbia county, N. Y., on March 8th, 1838, the son of Dennison and Laura Pearson Nash. At the age of seven years he moved, with his parents, to Binghamton, N. Y., and was graduated from the Academy there. He began the study of medicine with Dr. T. L. Brown, of Binghamton, and was graduated from the Cleveland Homœopathic Medical College in 1874. He began practice in Triangle, Broome county, N. Y., and also practiced a short time in Harpersville, N. Y.; later, moving to Cortland, N. Y., where he practiced until his death, which occurred on the 8th of November, 1917.

He was married, in 1866, to Euretta A. Johnson. They had two children, Mrs. James Walsh and Mrs. Chas. B. Kingsley, who, with his wife, survive him.

Dr. Nash was not only a member of this Association, but of the American Institute of Homœopathy, of the New York State Homœopathic Medical Society and an honorary member of the Pennsylvania State Homœopathic Society. He was, for seven years, Professor of Materia Medica in the New York Homœopathic Medical College. In 1905 he gave, by invitation, a course of lectures in the Homœopathic Hospital of London. He was the author of several medical books called Leaders, of various kinds.

Doctor Nash is spoken of as a public-spirited citizen and as a warm and faithful friend, a genial host, and a devoted Sunday School worker.

In his removal the cause of Homœopathy has lost one of its ablest exponents.

The President: I suppose it is in order now to appoint a Treasurer, until you elect one, and I will appoint Dr. W. W. Wilson. If there is no further business to come up, we will go on with the Bureaus.

Dr. Patch: I move that the Secretary communicate with Dr. King to obtain his "Transactions."

The motion of Dr. Patch was seconded and carried.

THURSDAY, JUNE 27TH, 1918.

The Secretary: There are a few matters of business to come before us this morning. The first is the report of the Committee on the President's Address. Dr. Rabe, Chairman of the Committee, then read the report of his committee on the President's Address.

*Mr. Chairman:*—Your Committee on President's Address commends the loyalty and devotion of President Winans in coming to this meeting from his far Western home, under adverse conditions and circumstances of impaired health, and further commends the lofty ideals of Hahnemannian Homœopathy as expressed in his address.

(Signed.) R. F. RABE, *Chairman.*  
FRANK W. PATCH.  
GRACE STEVENS.

The Secretary: You have heard the report of the Committee on the President's Address. What is your pleasure?

A motion of Dr. Krichbaum's that the report of the Committee on the President's Address be received was seconded and carried.

The Secretary: The Treasurer has sent in his report by mail this morning, which is as follows:—

## TREASURER'S REPORT, JUNE 25, 1918.

*Receipts.*

Balance from last report .....	\$13.62	
Sales of Transactions .....	15.25	
Dues and Contributions .....	433.00	
Total . . . . .		\$465.87

*Expenditures.*

Reporting Proceeding Chicago Meeting .....	\$100.00	
Programs and Secretary's Bill .....	35.97	
Treasurer, for Postage .....	5.56	
Total . . . . .	\$141.53	
Cash on Hand .....	324.34	
		\$465.87

WM. R. POWEL, *Treasurer.*

Dr. Rabe: I move that the report of the Treasurer be received, but not accepted, and that when the books arrive that an Auditing Committee be appointed to go over the books.

This motion of Dr. Rabe's was seconded and carried.

The Secretary: While we have a group of people here, would it not be wise to take up the election of officers? Some of the members are going home this afternoon. That would conclude the business, unless someone has some new business to bring up. This will leave time for the Bureaus.

Dr. Rabe: I move that an Auditing Committee, consisting of three members, be appointed by the chair.

This motion of Dr. Rabe's was seconded and carried, and the President appointed Drs. MacAdam, Stearns, and Rabe. to serve on this committee.

Dr. Rabe: I move that the election of officers be proceeded with, if it is in order at this time. This motion was seconded and carried.

Dr. Rabe: I would like to place in nomination, for the office of President, Dr. Guy B. Stearns, of New York.

A motion was made, seconded, and carried, that the nominations for the office of President be closed, and the Secretary was instructed to cast the ballot for Dr. Stearns as President.

Dr. Case: I would like to nominate Dr. D. C. McLaren, of Ottawa, Canada, for the office of Vice-President.

The motion to close nominations for the office of Vice-President was made, seconded, and carried, and the Secretary was instructed to cast the ballot for Dr. D. C. McLaren as Vice-President.

Dr. Rabe: I move that Dr. W. W. Wilson, of Montclair, New Jersey, be nominated for Secretary.

A motion that nominations for the office of Secretary be closed was passed, and the President cast the ballot for Dr. Wilson as Secretary.

Dr. Rabe: I move that Dr. Wilson, of Montclair, New Jersey, be nominated for Treasurer.

A motion to close nominations for the office of Treasurer was made and carried, and the President cast the ballot for Dr. Wilson as Treasurer.

Dr. Rabe: I now move that the present Board of Censors be re-elected. This motion was seconded and carried.

The name of Dr. Dienst was suggested as Corresponding Secretary and, on motion, the Secretary was instructed to cast the ballot for Dr. Dienst as Corresponding Secretary.

The Secretary: The Board of Publication, in January, requested release; that is, Dr. Hutchinson requested release, and Dr. Winans released them.

Dr. Houghton: I move that the chair appoint a Nominating Committee of two to bring in nominations for this board.

This motion was seconded and carried. Drs. Houghton and Kimball were appointed to this committee.

The Secretary then read letters from Drs. Loos and Hayes.

The matter of a journal for the Association was presented to the society by Dr. Green.

Dr. Stearns: I move that the matter of a journal be given to the Publication Committee.

This motion was seconded and carried.

At the conclusion of the business session the meeting was turned over to the Bureau of Clinical Medicine, Dr. T. G. Sloan, of Manchester, Chairman.

The following papers were read at the morning session: "Clinical Cases," Dr. K. A. McLaren; "Subjective Symptoms in Cardiac Conditions," by Dr. D. E. S. Coleman; "Clinical Reports," Dr. D. C. McLaren; "Acidosis," by Dr. Henry L. Houghton.

THURSDAY AFTERNOON, JUNE 27TH, 1918.

The President: There is one matter of business that we have not settled as yet; that is a meeting place for next year.

Dr. Clark: In view of the fact that we do not know where the meeting of the American Institute of Homœopathy will be held next year, and that many of our members are mem-

bers of the Institute also, I move that selection of the next place of meeting be left to the Executive Committee.

This motion was seconded and carried.

Dr. Stearns: I recommend the election of Drs. Patch, Rabe, and Green, to the Board of Publication, to serve for one, two and three years, in the order named.

This recommendation was seconded and carried.

The meeting was then turned over to the Bureau of Clinical Medicine, and the following papers were presented: "Cases Illustrating a Method of Teaching," Dr. Guy B. Stearns; "Paper," Dr. S. A. Kimball; "Clinical Experiences," Dr. E. E. Case; "A Paper," Dr. MacAdam.

In the Bureau of Surgery two papers were presented: "Clinical Cases," by Dr. T. G. Sloan, and "Some Nearly Surgical Cases," by Dr. D. C. McLaren.

In the Bureau of Obstetrics a paper, "Some Complications in Pregnancy," was read by Dr. Guy B. Stearns.

THURSDAY EVENING, JUNE 27TH, 1918.

The Secretary: The only business that is to come before the society this evening is the report of the Auditing Committee, which I will now read. The Secretary then read the report, which, on motion, was accepted.

Auditing Committee reported the books of the Treasurer examined and found correct.

There being no further business to come before the session, the Association adjourned to meet in 1919, at a place selected by the Executive Committee.



# Bureau of Homœopathic Philosophy

GUSTAVUS A. ALMFELT, M. D., CHICAGO, ILL., *Chairman.*

ERASTUS E. CASE, HARTFORD, CONN., *Chairman pro tem.*

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## IS HOMŒOPATHY TO DISAPPEAR?

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

Those who have noted and realized the trend of medical instruction, of medical thought, of medical politics, of medical trades unionism in the last twenty or twenty-five years have often asked themselves this question and are not surprised at the present condition of Homœopathy in the country.

With all of the homœopathic medical schools in a shaky condition and one, at least, seriously considering throwing over all suggestions, in its announcement, of homœopathic leanings, except that Homœopathy may be retained as an elective, it can readily be seen how grave the situation has become.

What has brought about this state of things? There are many causes which can be enumerated, but it will only be necessary to call attention to the principal ones, which are fundamental. We may also discover other causes which led to them.

First, in this list of basal causes, stands the half-hearted support of Homœopathy in most of the college faculties. This has varied in degree, and as to time and place, but, on the whole, with the insidious creeping in of old school methods, which will be referred to more in detail later, the general trend of homœopathic teaching and support of Homœopathy in all the schools has been distinctly down-

ward. Occasionally the faculty of a homœopathic school has realized that such a course was suicidal, and strenuous efforts have been made to rehabilitate the homœopathic instruction. These efforts have been, on the whole, ephemeral and evanescent and followed by a further period of decline.

Second, contemporaneously with this half-hearted support of Homœopathy developed the tendency of homœopathic physicians to join the allopathic medical societies. Possibly there were inducements offered to this end. One does not have to seek far before evidences of a well laid plan to promote such apostasy are found. As the old animosities between the schools have been forgotten in large part, perhaps never known nor understood by the younger men of both schools, and with weakened allegiance to Homœopathy on the part of the faculties, as an example, this step has been one easy to take.

Perhaps this is all a part of the "getting together" that the democratization of the world is now bringing all men to desire, but, in this instance, the physicians were some years in advance.

With it, that is the union with the old school societies, comes the easier mode of practice, and the lessened responsibility, when Homœopathy is put aside. All this appeals and is in line with much of the attitude of labor to-day. Is it part of the onward movement of the race? Let us hope not! It is, seemingly, rather one of those retrogressions preparatory to or to gain momentum for an advance. Let us look at it in that hopeful way.

Of perhaps secondary importance, but of interest to the individual doctor, is the added income which results from the change from Homœopathy to Allopathy. Certain is the fact that sickness lasts longer and is often repeated in the individual under old school care than when Homœopathy is properly applied. Thus the consumer pays in this as in everything else.

Therefore, the three general causes that appear, are the

absence of a high standard of homœopathic instruction, what may be termed the "allopathic drive," and lastly, commercialism.

The first cause—the absence of a high standard of homœopathic instruction—is of most importance, and, on the whole, responsible for the development or success of the other two causes mentioned. Possibly all three are the essential causative factors, but it would seem more probable that the deviation from Homœopathy, by precept and example, was primarily responsible.

This raises the question as to what led to this gradual weakening of faith?

It would seem that the most probable reason was primarily the germ theory and especially its corollary, sero-vaccine therapy.

The question of the germ theory has always stuck in the crop, so to speak, of most homœopathic physicians. From the time sero-vaccine therapy was first exploited homœopaths have been eager to claim it as a confirmation of Homœopathy, or, if not going as far as that, that it is Isopathy and, hence, practically identical with Homœopathy. From this tacit approval it was but a short step to the adoption of sero-vaccine therapy itself, and once tried with public approval backing it, the practice was continued and extended so that with it came, naturally, the adoption of other old school therapeutic methods. Thus the weakening of allegiance to Homœopathy increased rapidly.

Whatever the essential cause may be the three I have enumerated have all been operative, and the result is as has been outlined. What we are concerned with now is not only to decide, in a general way, as to what brought this state of affairs about, but also more especially to discover, if possible, what the remedy or sequence of remedies may be if, happily, there be still a chance of applying remedies successfully.

Numerous have been the suggestions as to the best

method to be pursued by the homœopathic medical schools at this juncture, the principal thought being that Homœopathy should be discarded except as an elective and that the curriculum otherwise conform to allopathic ideals.

This appeals, or not, according to one's belief as to what Homœopathy includes, whether it be a "system of therapeutics" only, or whether it embraces much more than that with well defined and proven theories of disease causes, morbid changes, hygiene, treatment in general and also preventive medicine.

Thus it appears that we are not only being forced from our rightful position as a distinct school of medicine, but also it is urged that as "Homœopathy is but a therapeutic method among other methods" we should be desirous to affiliate with the profession in general and forswear our so-called sectarian ideas.

Much compulsion and some persuasion has been and is being exerted to force us to take this view. Hence it is not strange that many feel that to sidetrack Homœopathy as an elective is the only possible course. That unless the curriculum be rearranged on this basis and offer general instruction in medicine our schools, with their extensive and valuable plants, will soon be things of the past.

Whether this be true or not those that take this view evidently forget, or do not care, that there rests on them the responsibility for the continuance of Homœopathy. It would seem, moreover, that there is more desire for present material benefits than for the survival of the medical truths which have so well served our profession.

This, then, is how the matter stands. The crisis is becoming acute. Now, if ever, something must be done to save the homœopathic medical schools. If only one survive, and that one be made strong for Homœopathy, not offering it as an elective, but with an honest, outspoken announcement of its standard, even one will suffice. It will serve as a nucleus around which the homœopathic profes-

sion of the country can unite. Its ideals should be high, and the higher it holds Homœopathy as its standard the greater, without doubt, will be its success.

Is Homœopathy to disappear? Certainly not any more than that the sun will fail to rise to-morrow! We may not see the sun because of clouds—but we know it is there. We may not see many homœopathic medical schools—there may be few, perhaps no homœopathic colleges—and yet Homœopathy will be practiced and doubtless there will be provided instruction in Homœopathy for those who desire it.

Is Homœopathy to disappear? Will the only Law of Cure fall into disuse and vanish? Will a truth—a law—so potent for good fail the sick and suffering?

“The stars shall fade away, the sun himself  
Grow dim with age, and nature sink in years;  
But thou shall flourish in immortal youth,  
Unhurt amidst the war of elements,  
The wreck of matter, and the crush of worlds.”

June, 1918.

#### DISCUSSION.

Dr. P. E. Krichbaum, Montclair, N. J.: Many pitfalls lie in wait these days for our teachers of homœopathic materia medica. The enthusiast on the subject too often finds his work crowded into what almost may be called a side issue of the student's medical education. The requirements for graduation are extensive, the time for their completion comparatively short, and the type of mind approaching the task frequently totally incapable of assimilating the mass of subjects, kindred and necessary, though they all may be; but even a partial mastery of the great art of successfully applying the homœopathic remedy in the treatment of the sick can never, in my opinion, be tacked on to any graduate in medicine, if the truth of the homœopathic principle has not first gripped the very vitals of his conviction.

Dr. K. A. McLaren, Toronto, Canada: In the old schools the students get one hour's lecture per week in materia medica. They walk the hospital wards and get good instruction in physical examination and diagnosis. When a student has graduated he does not know anything about doctoring a patient from his own standpoint. The old school materia medica is rather simple, ours is so voluminous.

Dr. S. A. Kimball: I would like to ask if anybody knows anything about the post-graduate school in Chicago.

Dr. P. E. Krichbaum, Montclair, New Jersey: It is still started.

Dr. Rabe, New York: Ladies and Gentlemen—I believe that the thing our present colleges ought to do is to have Homœopathy in every single department. Because I believe that every single case, whether it is surgical or not, shall have alongside a man who knows materia medica, and who shall see that the patient shall have it whatever the case may be. I think that the medical man should go along and co-operate in every single department. Present hospital records do not prove anything so far as Homœopathy is concerned. You look over the records as you see them to-day and you will see Salicylate Soda 30 and Bryonia, and these records are worth nothing. You cannot prove anything by them.

Dr. D. C. McLaren, Ottawa, Canada: Nobody has discussed lecture courses yet in the standard colleges.

Dr. Patch, Framingham, Mass.: I do not think I can say much about the threatened crisis. Yet I can corroborate much of what Dr. Rabe and Dr. Turner has said. We had twelve hundred graduates ten years ago. Last year we had one hundred and eighty. To-day it is impossible to get enough internes to man our homœopathic hospitals. Something has got to be done or our hospitals will become old school institutions. We are not as badly off in Boston as in a good many colleges; but the matter has received a good deal of attention and changes are under way. The school is

going to apply for registration as a non-sectarian college and has assurance that it can have this privilege under certain conditions. Homœopathy is to be preserved, and is to be on the same basis as the old school, and is to be required. It is a question whether Homœopathy is to be greater or less in influence by the change.

The number of students in all our medical colleges has been decreasing in recent years on account of the same causes that have brought about the decrease in the old school colleges. The shrinkage has been over fifty per cent. in the homœopathic colleges and thirty-three per cent. in the allopathic. Many causes have contributed to this as Dr. Rabe has said. I think the rise of surgery has had much to do with it. This has brought about a corresponding increase of the amount of time that is to be devoted to the other sciences. Homœopathy has been crowded to the wall in some measure because the student's time has been filled with other things.

I do not feel at all discouraged about the future of Homœopathy. If you will stop to think about what is being done in England without any homœopathic colleges (as I read from the little things that come to me) it seems to me that Homœopathy is on a far better basis there than it has ever been. They have done it through other means, and they have done it through means that we can adopt.

But the great question is money for post-graduate work. We would need all of the best men in some one center; our best men are scattered. It is a question whether we can get these men together, even though we had the money.

I do not think the truth will go by the board because of changes in state education or through the increase of the standards of our colleges. It is a weeding out process that has been going on. We have to conform to it, and we want to conform to it. I do not think any of us want to go back to what we had thirty or forty years ago. We have to turn our faces to the future and formulate means by which we can keep our work alive. We have no idea of the

number of old school men who are buying and using homœopathic remedies to-day. What we want to do is to get our methods before them in order to have them do it in the open rather than clandestinely.

Dr. T. H. Winans, Mexico, Mo.: Why do we let the old school men rate our colleges. They increased the standards and gave us the study of bacteriology, which I do not believe in. Why can't we go on alone instead of being a part of them? Men do not have time for post-graduate work. Graduates have to go to work to make a living.

Dr. Maurice W. Turner, closing: I think we have allowed our schools for a good many years, to be irregular. Our schools brought this largely upon themselves. While increased standards are necessary, and we want to live up to them, they should be also along homœopathic lines.

Here is one point in regard to what Dr. Rabe has said that Homœopathy covers but a small fraction of the points given in a medical college. In this letter, which I received from Pres. Murlin, of B. U. S. M., I am told that it is "usually covered by one member of the faculty, or two or three at most." I do not think that this is or should be so. But the point is, unfortunately, that the faculty does not feel it is a necessary part of each department. This is Dr. Murlin's idea, and he is evidently an Allopath, as to what is proper in a medical school. He may not have anything against Homœopathy, but it is certain that he has no interest "in healing the sick, in preventing disease, and in the protection of health," as he puts it, by Homœopathy.

We wish to use every method and to call into our service every means possible that is in agreement with the homœopathic law. As Dr. Patch has stated, a movement is now under way to have the school register as a non-sectarian school, which means simply that sooner or later Homœopathy will be dropped altogether or the school will cease to exist.

Dr. Patch: A member of the Council of Education tells

us that they have no care as to how much homœopathic teaching is given in our school; provided, it is not over-emphasized, and provided old school teaching is carried on by old school doctors. With us the plan is being carried out, and every precaution is being taken to perpetuate homœopathic study.

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HOMŒOPATHY, THE BIAS OF ITS DIFFERING  
EXPONENTS, AND THE VIEWPOINT OF  
ITS VARIOUS CRITICS.

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

With every passing decade in the history of Homœopathy some new phase of controversy concerning it seems to arise. It is to be regretted, I think, that we are obliged to devote so much time to the consideration of "dissenters." But if the flame of our devotion to our working principle, uncomplicated, and unallied with the present day popular modifications, extensions, and exceptions, misnamed scientific progress, is to be kept burning, we are compelled to take what may be called the position of the bigot, and the grossly unenlightened. It is not a pleasant position, nor one that gratifies our vanity. Those of us whose steps are a little slow are growing quite accustomed to the impatience of some of our homœopathic companions on the march. If they can urge us on to the acceptance of the many new weapons, with which they claim Science is to-day equipping them, well and good. They are quite willing that we carry our old kit Similia, and all the adjuncts of its administration. They even declare that they carry it themselves. They are, moreover, volubly thankful to God for all the advantages that were packed in that old bag by our forefathers in medicine. But it surely takes rather super-human skill to always maintain a harmonious inter-relation among such an assortment of manifest contradictions. Only recently I have read a hearty indorsement by one of our

members of Vaccine and Serum Therapy. This brings the necessity for diagnostic accuracy up to the last notch, with several other requirements. Of course, as one willing to admit a total unacquaintance with this great modern advance in our methods of treating sick people, since up to date I have not employed them, I grant the unimportance of my opinion, but as nearly as I can approach an understanding of the working rules, I appreciate that by the use of these methods I get quite a new viewpoint of disease. In pneumonia, for instance, I detach the malady boldly from the man it afflicts. I get so familiar with it that I am soon on speaking terms with the furious and fast propagating bacteria to whom it is said to owe its existence as disease. I am able to quite clearly measure just what a given colony can do with its unfortunate host. I know for a certainty when it is a losing fight. Indeed there is a very wise and satisfied company travelling along this road to-day. Glancing out over the line, we cannot fail to be impressed by the various types of Homœopathy's adherents, as well as by the diversity of its detractors; all of whom, in their several ways, are, I believe, successfully retarding the spread of the law of Similia, as a system of applied therapeutics. This is not always due to the fact that these men do not accept this law, but rather because they have raised a brazen god of Progress, whose worship occupies an undue proportion of their time and attention.

It has interested me to analyze and describe a few of our critics, lining them up with the "irregulars" in our family, with the hope that by so doing I may be able to answer a question put to me by a patient the other day.

"If," said this lady, who, I may parenthetically remark, has never in the course of some twenty-five years had any other than good homœopathic treatment for herself and her family, "if," she said, "Hahnemannian homœopathy is so desirable and successful, why are those who faithfully follow it so few and far between?" I made a brave stagger

at a reply. I talked some, but I don't believe I said anything. Perhaps I shall not say anything now, but at least I'll do some sorting with your kind permission. Of course I will introduce no strangers, but doubtless I will drag in a few who would be somewhat uncomfortable were the process conducted otherwise than in my imagination. At this juncture I perceive that I am deliberately putting myself in the class with those bumptious individuals who engage in the foolish practice of seeking to extract motes from their neighbors' eyes. I also realize that in submitting the following indictments I am creating but another role of critic for myself. Be this as it may, I shall after all only repeat the general propensity of the hour by so doing and I'll take the risk.

Our first critic does not belong to our school, and will receive but a word in passing. I mention him because some homœopaths contend that the wall between the two prominent schools of medicine is growing so thin and worn down that a few well directed blows will some day demolish it altogether. We are certainly getting a lot of dust on our side now, due to the daring adventures of our neighbors into some of our pet preserves. They have already bored a hole through and are sampling the theory of infinitesimals. If we, by any chance, though, catch our exponent of scientific medicine at the trick he will still be apt to wear his old time scornful mien. However, he has been forced of late years to reckon with so many freakish claimants of the healing art the simple Homœopath quite pales in comparison. Indeed with some observers of the old school, the Homœopath is blandly tolerated. He is even often reckoned a good fellow, rather skillful they may admit in some special line of work, or perhaps another may be reckoned an excellent diagnostician. In brief, he is almost acceptable unless you touch his crazy spot, therapeutics. But then they argue sugar and water can't hurt a man. Many actually believe that if chance pushes a homœopathic pre-

scriber into a dangerous corner he'll reach out with both hands for real help. This criticism frequently makes us uncomfortable, because we have a sneaking fear that the convictions entertained may have been engendered by a too intimate association with near-Homœopaths. Entering now the boundaries of our own system, I will call to your attention certain members of our school in whom a queer materialistic bias shows through all their deeds and preachments. They flaunt the banner of Similia, wave it bravely, but they hedge and cut and haggle over the question of the attenuated dose. Any continuance of opposition or contention in this quarter is especially surprising, because the advance of their beloved Physics in the last few years has incontestably built a very substantial and gratifying support to our long held theories. The argument of the critic in question, however, that each employed medicament must retain a recognizable portion of its own physical nature or be worthless as a medicine would not disturb us in the least since their insistence need not, in a given case, upset the true homœopathicity of the prescription; if the restriction did not deliberately force the abandonment of numbers of our great polychrests. What would become of Silicea, Lyc., Stannum, Nat. mur. and scores of others if their employment was based on the quantity of actual physical properties retained in each? Because we are unable to measure only speculatively the activity released in these substances, is surely no proof of its non-existence. There are a few things in this topsy turvy old world that man with all his wisdom will have to take on trust for some time yet to come. The unseen Hand which shapes and moves the destiny of all created things doubtless carries on many operations which will never come within the scope of man's powers of observation. These critics with the bats of Materialism flopping in their belfries place far too great an emphasis upon their own little conclusions.

The next disturber of our peace is reduced to his lowest

terms, an individual whom an unkind fate has introduced into our family; a palpable misfit. He is a Homœopath, lacking entirely the courage of his convictions (if indeed he has any). He reminds us of a chameleon, for he will take color from his surroundings to a remarkable degree. If you examine his medicine case you will be puzzled to decide to just what pathy he belongs. He is never caught without the heavy weapons of crude dosage. And I may add, in skipping over this individual, that he is apt to use these implements with the same lack of skill which characterizes his efforts in homœopathic prescribing. He calls his methods, by the way, by several quite high sounding names. He is fond of telling his homœopathic clientele that he is an exponent of modern physiological Homœopathy. His humanitarianism is so largely developed, his God-given mission to relieve suffering so much a part of himself that he will always sweep any preconceived theory aside, and get down to brass tacks if his patient is in pain. If in the company of a "regular practitioner" of medicine, he will do a little strutting, metaphorically speaking, and claim that in his work it is his custom to use the best of both schools. This attitude he probably fancies stamps him a man of rare broad culture and toleration. Just how often he is able to really bamboozle an Allopath, or inspire any respect in that gentleman, I am not prepared to say. I only know that his tactics often go with a bang, with some people, and that his tribe waxes and flourishes.

Next on our list of stumbling blocks that cumber the way and undoubtedly militate against the growth and increase of better homœopathic prescribing we find the man with a very fine appreciation of Homœopathy, but who lacks the needed self-confidence to always follow its teachings. This type of exponent may be quite gifted in matters of verbal exposition. He is fluent and voluble over his adherence to the strict and narrow way of taking and prescribing for his patients. But this devotion is subject to rout if untoward

emergencies arise. He simply cannot endure to see a case glide away from him. At such a juncture, if Similia remains in hiding, he is very apt not to let his right hand know what his left hand is doing. Such divergences are not without their influence. Every time a homœopathic prescriber runs to cover, seeking to hold his family by the employment of antipathic measures, he has lowered the standard set us by the men who taught us in the past. Someone may ask, would you let a patient die while you stupidly wait to be guided by a principle whose workings for the moment evade your grasp? I'm afraid I'd be as willing for him to die that way as to die for my lack of principle in caring for him. I most emphatically believe that we should not back down in these situations. If I have a patient with every earmark of incurability about him, if I am able to trace these end products of disease, and feel pretty certain that the interior reservoir of vitality is near the bottom, let me still rely, upon the best pain easer ever discovered, the homœopathic remedy that covers the case. The fogs of approaching dissolution may render my search for this difficult; such is often too true, but I still believe that it *is* discoverable and marvelously effective when found and administered. No remedy ever appreciably benefitted a patient if it has to play a lone hand. The patient deals his own cards, and *must*, to stay in the game. It is surely pitifully unhomœopathic to let Strychnine, Morphia, Digitalis crude, and God knows what, play for him. If I, as a practitioner of Homœopathy, countenance such a deal. I am a coward. Homœopathy gets many a blow at the hands of these hedgers.

Now we come to one of the most trying enemies to the spread of true Homœopathy. I approach this member fearfully, because I really don't want to hit him. I both admire and respect him. He thoroughly understands and brilliantly practices the healing art of Samuel Hahnemann. But his deep abiding, all-pervading satisfaction with his

own little orbit of usefulness shuts him in and cuts off all his natural powers of proselytism. He is perfectly satisfied with the present day status of Homœopathy. He is given to affirm that hard work annihilates any fancied difficulties with a too cumbersome Materia Medica. He has his own methods of study, and resents any suggestion that they be shared. If upon occasion he writes of his cases, the road which he travels to the remedy's goal contains no familiar guide posts. He avoids all mention of obvious characteristic symptoms. The whole process of his reasoning is deep and sustained, but not illuminating to those who would profit by his wisdom. He tends to avoid the medical meetings, claiming that he gets nothing from them. It never occurs to him that for the sake of the school of practice which he follows so ardently, he should show himself and give of his experience. It has been said that the world will beat a path to your door if you have something superior to offer. This friend of ours can show a pretty well beaten path to *his* door, worn by the feet of faithful and satisfied patients. But I contend that this wise man should get out and tell the world the secret of his success.

Another graduate of our school, recent or otherwise, whose place in the ranks of workers for Homœopathy tends rather to lower than to raise hope and enthusiasm, is the man whose particular bete noir is our unwieldy Materia Medica. He is convinced that we, as a school, are staggering under a veritable old man of the sea, in the tomes of unverified, fantastic, useless and obsolete symptomatology bequeathed to us, and enshrined in our affections. He feels that we would present but a sorry spectacle in the scientific world of to-day if we opened the door of some of our exhibits, and invited our brother scientists to have a look. Luna, Lac Caninum, Lac De Floratum, Lac Felinum, and a score of other preparations, remind him unpleasantly of a rabbit's foot and the category of charms to which this relic belongs. He pleads with us to clear out this rubbish.

Personally, I want to add right here, that before such extermination begins I'll grab Lac Can. I've used it. The others I'm not prepared to defend for the same reason. But, seriously, may I ask, why would it not be wiser to thoroughly and scientifically test these substances. If the lacteal fluid of one animal properly treated furnishes us with a valuable medicinal agency, why place the taboo upon others of the same kingdom? Our *Materia Medica* is bulky, and crude enough in places to make a man weep. This should not be. We have the Formula. It is one of the great secrets given to us by the grace of God. We are not making much of it these days, are we? If we could open a daily paper to-morrow morning, and read that the Hahnemannian Homœopaths were to be given an Institute of Research, as extensive as the Rockefeller Institute, where the principles for which this association stands were to have every opportunity for verification or rejection, a great impulse would awaken. Though it is urged that we are not living in Samuel Hahnemann's day, I am fanatical enough to believe that the illumination of the most powerful microscope, the precision of countless test tubes, immense increase in our knowledge of man, his physiology, psychology and pathology, each and all would but sustain the working hypothesis of the homœopathic principle to which we have devoted our lives. Variations, or apparent lapses in any natural law, where they obtain, are due to lack of knowledge and faulty interpretation. Undoubtedly a homœopathic Rockefeller Institute would but add to the debt which the world owes to Samuel Hahnemann.

It is a well known fact that it is about as impossible to mix oil and water as to mix Homœopathy and Alopathy. At every point where they appear to coalesce a bunch of bubbles will spring up on top. I spoke a few minutes ago of the contention that the wall between the schools is breaking down. Indeed, we all know members of our school who maintain a precarious position astride of this same

uncertain wall. To this I have also alluded. I here refer to the doctor who puts forth the dictum that we Homœopaths must anchor our diagnoses a little more securely, label our pathology more accurately and clearly, array our shelves with every new device with which to search out man's interior, not because we need any of these to assist us in curing our patients, but in order to be better fitted to take a more dignified position in the modern world of true scientific achievement. We agree with this critic who has the diagnosis bee in his bonnet up to a certain point at least. It is not a pleasant experience to trip over a diagnosis, though we are reliably informed that about 50 per cent. of ail internal diagnoses made by experts at the trade are shown up at post mortems to have been wrong. Certainly no real antagonism need exist between the pathologist and the homœopathic materia medica man. Though, in this connection, it is well to remember that the very fascination of the investigative process, the interesting comparisons, the physical explorations, sounds heard and interpreted, bumps felt and named, decay smelt and run back to its source, all this serves, in some minds, to obscure the main point at issue, *i. e.*, that when all our findings are scientifically classified we may still be adrift in the ultimate selection of the medicine to cure the patient. We know his disease picture, point by point, but unless we are able to discover a corresponding drug picture, what have we effected? This is the dead line over which our progressive homœopathic colleague hops so confidently when he goes a-hunting with his allopathic brother. We like to listen to this exponent. He tries to make us believe, as he eloquently discourses on his theme, that homœopathic doctors can, and should be, so well informed and up-to-date that they can find grazing ground in every field of science. Personally, I would prefer to *bell* with the old axiom *Similia*, all these wanderers and students before I turned them loose so indiscriminately. Our young men get quite heady under such direction. This

same critic of our conservatism emphatically affirms that homœopathic therapeutics is now admitted to have very definite limitations. If in the day's work we bump into them, it is necessary and honest to then take a flying leap and arm ourselves in transit with the latest measure which science offers in substitution. The sad side of such advice lies, I believe, not in the existence of the above mentioned limitations, this on the surface, in our hours of discouragement, appears to be half true; I have watched more than one patient go down into the valley of the shadow with apparently very little done on my part to prevent it, but rather is such skepticism born of rank ignorance, which alone draws the line of said limitations. HOMŒOPATHY DOES NOT FAIL.

Just here we turn a corner, for on ahead we spy a group whose nearer acquaintance we do not care to cultivate. We will go far enough to shake hands with them over our joint acceptance of the infallibility of our working hypothesis of drug administration. But we believe, and they do not, that composite man has remaining many phases of distortion and aberration to which the homœopathic remedy does not apply. Nature has still many secrets in her keeping. The sum of human knowledge is not told. New wonders await us. But in the labors of the years that are gone bright shining threads of Truth are woven. Undoubtedly with these same threads we will one day weave more deftly and surely new combinations and new patterns. It pleases me to believe, however, that the brilliancy of the entwining law of *Similia Similibus Curantur* will never be dimmed in spite of man's clumsy manipulation of it.

#### DISCUSSION.

Dr. Rabe, New York City: I take exception to that part of Dr. Krichbaum's paper which deals with *Digitalis*. What is the use of our quarreling with that phase of the practice of medicine? All of us have met cases of cardiac de-

compensation. When a man finds that he can no longer do anything with his own remedy, he should let some one who can do it do so. If he lets another man do this he brings discredit upon himself. You cannot afford to risk your own patient. Personally, I feel that in this case Hahnemann's dictum is exemplified. If you get no pathogenic symptoms, you are fully justified if you apply *Digitalis* under the circumstances. I have seen this exemplified again and again.

Dr. Kimball: I had an experience of that sort last winter. A patient with a bad heart was under my care. He was much bloated, but slept ten or fourteen hours a day, and had very short breathing on exertion. The family were much worried, and asked if I had any objections to an old school physician seeing him with me. One was called in—a nice old fellow—and he told them the same thing I had, that the case was hopeless. Then they called in a young old school man. He asked if I had given *Digitalis*. I said, "No." He said he had had some good results with that. Then he asked, "Have you given *Theocine*?" I said, "No." We were talking before the patient's wife, and she said that she would like to have it tried. I said, "That is all right if you wish it," and withdrew from the case. I saw the patient's death in the paper in about ten days.

My belief is that if a case is carefully prescribed for you will get more help from the indicated remedy than from *Digitalis*. I would give up a case before I would give it.

Dr. Patch: Perhaps the selection of the case has something to do with it. I have now in my care an old lady eighty-two years of age who first came to me about two years ago. She had a bad heart and had been through a very serious illness and was not expected to live. She had been, taking *Digitalis* leaves and said she had had great benefit from it. She has recently come under my care again and is still taking it.

Dr. Kimball: Do you think she was any better off than

if she had been on the proper remedy? Maybe she was like a woman who came to me and who had taken a pill every night for forty years. I stopped the pills and in three days she had a natural movement of the bowels. She had gotten so used to the pills that they had no effect. Perhaps your patient had gotten used to it.

Dr. Krichbaum, Montclair, N. J.: The point I want to make is that if we do these things we weaken our cause. When it comes to giving Quinine in massive doses I get out of the case. Such prescribing belongs to the old school. I have never found the homœopathic remedy to fail. The failure has always lain in my personal application of it.

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## REGULARITY AND PROGRESS.

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

Nature advances by continuous differentiation, while impatient man, wishing to progress more rapidly, tries his own artificial ways. The former moves along inherent lines and powers, amenable to modification, but rebellious to man's fiat. He has indeed preached theoretical equality but has not been able to actually stand equally upon such a basis.

There is an increasing pandering to the emotions, the faculty which links us so effectually to the animal kingdom, that bodes no good to future society unless the light of higher reason shall come to the rescue. What we call civilization has been so permeated by this insidious thing that only a great convulsion can set us right and prevent social retrogression. We must remember that nature is inflexible and neither forgives nor forgets.

The man who would burst his bonds and develop his inner self invariably runs the risk of being disciplined and put in great peril by uncomprehending mediocrities. The idea that such an one can be only himself and not an imita-

tion of some one else comes as a painful shock to such persons. This state of things we call civilization and culture, which it must in reality be, for have we not made it and named it ourselves?

Hahnemann was one of the illuminati who dared blaze the way into new fields of human endeavor, for which act he earned the everlasting scorn and hatred of entrenched privilege, and we, his lineal successors, are still feeling the blows which were aimed at him. We are still made to feel that we are men apart, because we will not bow to authority, to privilege and to regularity. The freedom we crave is hedged about by the little minds of precedent, scholasticism and materialism. The air we would breathe is saturated with medical agnosticism or open therapeutic nihilism as intolerant in its own conceits as the Pharisees ever were. The leaders of this age are the slaves of materialism whose fruitage certainly does not fall beyond their own shadows. The laws of universal harmony, of which similia is an exemplification, are beyond their grasp because, forsooth, they can not be dissected out, seen under the microscope or grown in test tubes. They are true doubting Thomases and the disproportion which exists between the amount of energy expended in their investigations and the beneficial results obtained is out of all reason and will so remain until medical schools shall have courage enough to give a very full course in general philosophy as well as an ample course in the homœopathic application of the same. Then the question of the union of the schools will take care of itself.

Whatever our educational standards may be it can not be denied that successful practice depends upon certain more or less fully developed innate faculties, and that our present methods of training do but little to upbuild them and thus make real healers of the sick. Because of inaptness or faulty instruction these men never get a true grasp of the meaning of a cure and what leads up to it.

It can not be said of the student, caught in the modern whirl of education, that he is taught how to think and reflect; and if there be no correct thinking there can be no accurate or intensive reasoning. As I have said before, the trouble lies largely in our general educational system, and it is quite unreasonable to expect immature minds to reach just and mature conclusions when older heads have not taken the time and pains to grasp the real meaning of our work. If I were to place before you an apple and a diamond, asking you, a stranger to both, to choose the one which must ultimately be of the most benefit to you, it would be just as reasonable a procedure as what we are now doing. Is it then strange that in their confusion most of our young men have, with the very best of intentions, nevertheless chosen mistakenly.

What then is to be done? Objective teaching under the guidance of experienced experts along with the most thorough instruction in the philosophy of cure is the only course that will make the proper appeal and achieve proportionate results. The neglect of either of these factors will be fatal, while their balanced co-ordination will meet every exigency that can arise. Then will the graduate leave school so well equipped that only his conscience can decide whether he will really cure or only palliate the sick.

The student can and must be made to see the difference between spontaneous recovery, due to the recuperative powers of unfettered nature, and the cures wrought when the similimum releases or converts stored energy within the vital organism. The former inches back to recovery, as it were, while the latter comes back with an unmistakable snap and vigor. When he once sees this he can also be taught how and along what lines he may also do it.

The human economy is a vital organism with properties of a dynamic nature, whose full control involves an exceptional compass of skill. It is not enough that the operator should know how to cut here or adjust there, he must also be able to visualize the wellspring of morbid action from

the multitudinous phenomena which come before him. Each disease picture must for him have its own centrum from which spring a multitude of symptoms, objective, subjective, diagnostic and characteristic, but all having but one combination which inevitably links it to the central nervous system and the mind beyond. Such a combination contains particular landmarks which make it peculiar to itself; nor can we forecast what these should or should not be, for the all-sufficient reason that every individuality has its own way of expressing itself, which way must be learned if we wish to cure. To enter into a detailed account of how nature speaks out her distress is beyond the scope of this paper; let it suffice to say that he who would guide her must know how to lead and not attempt to drive, for her ways are natural and almost every time we use forcible measures we, by that much, impede her full and free action, hence no real cure can result therefrom.

Judged by this standard it must be apparent how few cures are made and what a multitude of palliations and suppressions are daily imposed upon poor suffering humanity. The patient asks for bread but in our stupidity, prejudice, conceit or vanity we hand him a stone.

We think certain things can not be true because pathology says no, or it must be false because diagnosis distorts our vision or that these imponderables are too feeble to do efficient work, and then we stumble about, all the while trying to argue ourselves into this or that notion, but forgetting that disease action is not made up of notions, nor is it affected by opinion, but is made up of bold, bare facts which it is our duty to look squarely in the face with an equal mind, letting the result take care of itself.

#### DISCUSSION.

Dr. Krichbaum, Montclair: It is a very good paper. The fact that we are being criticised so much is a sign that we have something to offer.

Dr. Winans: I consider it a very excellent paper. As we sow so shall we reap, even to the third and fourth generation. Changes must always be according to law.

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## POTENCY AND ELECTRONS.

BY GUSTAVUS A. ALMFELT, M. D., CHICAGO, ILL.

The chief objection to the use of potentized medicine, by physicians of other schools, as well as by many homœopathic physicians and the laity, is the belief that there is no power or medicinal strength in the potencies. It is assumed that the medicinal strength of a medicine will decrease in a ratio equivalent to the attenuation of the original drug substance. A certain amount of attenuation is usually not objected to by the majority of homœopathic physicians as the "Old School" is supposed to use too strong medicines, but when the attenuation has been carried to a point where neither the microscope nor a chemical test would reveal anything of the original drug substance, it is assumed that all medicinal power has been lost and that the potency is inert and useless as a medicine. Homœopathy is largely known amongst physicians of other schools and the public at large, as a system of milder medicine, but with this conception goes also the stigma of less active medicines.

These misconceptions of Homœopathy and its medicines are, I believe, largely due to a lack of correct understanding of the subject. People generally have an inborn habit of judging the strength of a medicine by its bulk, its taste, its colors and odors. If there is a large bottle of something highly colored and bad tasting stuff, then it is supposed to be a "powerful" medicine, whereas a small bottle of a colorless and tasteless medicine would be considered worthless. With this conception goes also a misunderstanding of the action of potentized medicine on the human body. We expect it to act physiologically or chemi-

cally like crude drugs, which it can not do. If potentized medicine will not "move the bowels" as promptly as a dose of Calomel, or if it would not relieve pain as quickly as a dose of Morphia, then it is assumed that the potency does not act at all, and that it is inert and useless. Further, there is a general misunderstanding of the relative meaning of the word potency. The public at large and even many physicians believe that diluting a medicine and potentizing it means the same thing. As a matter of fact it is not the same process at all. A few drops of a tincture into a barrel of water would make a very high dilution, but no potency. In a mixture of this nature the medicinal energy of the drug would be entirely dissipated in the large quantity of water.

A potency, on the other hand, is a substance in which the crude drug has been removed by a succession of mechanical processes, definite and exact at every step. This is carried out in such a way that while there is a gradual destruction of the crude drug substance and a decrease in its quantity, yet the potential energy resident in the drug will be brought out and liberated from its molecular and atomic bounds, and at the same time forced into the potentizing media, that of alcohol and water or sugar of milk. But if the liberated energy would be allowed to "fly wild" and dissipate itself into space or even into too large quantity of media, it would make no potency. It is only by confining the liberated energy to a fixed quantity of media and to a limited space that the energy is retained. In this way the further the potency is removed from its crude base the more concentrated and active will its potential energy become. Thus, a potency may not contain anything of the original drug substance when subjected to a chemical or even a microscopic test, but this is not conclusive evidence of its uselessness as a medicine.

It simply means that we have not as yet discovered instruments and tests fine and delicate enough to detect matter and energy in its finest state.

A potentized medicine will not taste of the drug it was made from, it will taste of alcohol or sugar of milk, which holds it in suspension. It does not act physiologically on the body like crude drugs, but on a plane beyond that of visible physical matter, and by virtue of this quality is brought into contact with the inner and finest part of the human cell. But it must have a definite relation to the characteristic symptoms of the sick person, otherwise it will not act at all. Its administration must be governed by the law of "similia." If the physician is not able to find the similar remedy in the case he will fail to relieve or cure his patient with potentized medicine.

If potentized medicine does not act on visible physical matter, what part of the body does it then act upon? What is there in man that warrants us to make a statement of this kind? Is he merely a physical being or is there something else to him? Is he only an aggregation of muscles and bones, and blood and nerves, and tissues and cells, or is there something more not visible on the surface? I shall not attempt to discuss this matter in a paper of this kind, only call your attention to this fact, that man possesses a mind, or an intelligence which makes him a feeling, a thinking, and a reasoning being. It would be absurd to attribute these qualities to a purely physical or chemical activity in a mass of physical matter without a resident Ego, and so we are almost compelled to look for something more in man than just what we see on the surface. Of old this something more was called the "Soul" and life the force or the link which holds soul and body together. We may not be able to verify this claim by a purely physical science, but there are still many things we believe in which we can not actually prove to our physical senses. These senses are not very acute of perception. We do not see a ray of light beyond a certain rate of vibration to the second. We do not hear a sound beyond a certain speed to the minute, and we do not feel or sense an object

unless its rate of vibration is a great deal less than that found in light and in sound. It would be a puny and a disappointing universe if this would be all there is to it. No, beyond the horizon of man's physical senses lies an immense world of activity and of life. We feel, therefore, warranted in assuming that man is essentially a "Spiritual Being," living in a body for a definite purpose, and that life is the result of the activity of Spirit in Matter.

Thus, Hahnemann was not far from the truth when he claimed that potentized medicines act on a "spirit like force" in man. He was not in a position, however, to prove his contention by laboratory tests, but his clinical experience verified his intuition in the matter. Other of his followers have called it the "life force" or the "vital force," which evidently means the same thing. Just what is meant by this force we may not be able to demonstrate, but we imply that in man, which makes him a living active being. It is unseen and untangible to our ordinary senses of perception but nevertheless very real.

We have, therefore, had good reasons for our claim that potentized medicines act on the life force in man, or on the inner man. And when this force has been deranged by some toxic agent or some other disease-producing elements, the proper administration of potentized medicine, similar in kind and quality to the characteristic symptoms of the patient will neutralize or dissipate the disease-producing elements and restore order within the deranged life.

We who are using the high and highest potencies in our practice know from clinical results that there is medicinal power in potentized medicine. We know it acts curatively on the sick when prescribed according to definite rules. We are not, however, in a position to demonstrate the exact "modus operandi" of these potencies. When Hahnemann discovered and developed the use of potentized medicine

the science of chemistry and physics were not developed to the point where they are to-day, and laboratory tests were practically unknown. For these reasons his work was mostly clinical and philosophical. Homœopathic physicians have been contented to go along in the same way, getting results from their potencies, and have not tried to find out just how or in what manner these potencies actually act.

To-day we are facing entirely different conditions. Medical practice has advanced wonderfully from the "old school" point of view. The crude methods and heavy drugging of Hahnemann's days have long since passed out of existence. Surgery and sanitation have made great steps forward. The cause of disease and pathology are better understood. Medicine has become more scientific and specialized. Laboratory studies have been developed almost to perfection. The old feeling of antagonism towards Homœopathy on the part of the "old school" has largely passed away. Men are becoming more tolerant and scientific in their relation to each other. As a result of these changes new demands are put on Homœopathy as a school of medicine. We must be able to make good from a scientific point of view, and to demonstrate that we have an actual scientific base for our claims. The fact that we cure sick people is not evidence enough to their minds. They will say: "In acute diseases the natural tendency is to get well anyway, and in certain infectious diseases your medicine is not infallible any more than ours. We have developed antitoxins and vaccines, which have proved not only to save, but very effective and useful in many of these serious diseases. In chronic conditions so many factors have to be taken into account that the effect of medicine of all kinds must be discounted almost entirely. It may be an increased elimination from the body, or an improved hygiene, or a change of diet. It may be the personality of the physician, or mental suggestion, etc., but not the medicine.

Even within the homœopathic ranks there is much dis-

sension and dispute. Many of our physicians ridicule the principles of Homœopathy, and scorn the use of potentized medicine. They claim that the higher potencies are nothing but "sugar of milk," or "pure alcohol," or "moonshine," and not worthy of a place in modern scientific medicine. Those who are using the high potencies are accused of being visionary advocates of theories out of date long ago, etc. In this manner Homœopathy has been placed in a false position relative to other branches of the science of medicine. The "low potency" practitioner is usually not a strong advocate of homœopathic principles, and the "high potency" branch has assumed a "peevish" or "touch me not" attitude to all other practice of medicine. As a result of these conditions the "scientific world" refuses to take Homœopathy seriously and will not even investigate our claims.

For these reasons it is well for us to look into this matter carefully and see what can be done to promote a better study of Homœopathy and its principles in relation to modern science. Is Homœopathy suited for laboratory studies and investigations? Could the law of similia be demonstrated in the laboratory? Would it be possible to test our potencies in such a way that we could be sure of the fact that they contain both matter and energy? I see no reason why Homœopathy should not be subjected to such tests, nor do I doubt its outcome. We want to know to our own satisfaction what there is in these potencies. It is not always pleasant to be looked upon as a "fool" or an "old crank" by our fellow beings. I think the majority of men and women using high potencies are just as sane and level-headed as the "low potency" man or the "regular," and we do not want to labor under the stigma of deceiving ourselves and our patients. It is not a matter of belief, but of facts and knowledge which counts. Suppose we would cease to look upon Homœopathy as a creed or a semi-religion, and turn it into an actual Science of Medicine. There is much at stake. We must grow if we want to live.

We must be able to demonstrate that Homœopathy and potentized medicine are scientific, or we will be outlawed some day.

I personally believe that the time is not far distant when all these things will be brought about. We shall soon be able to demonstrate in the laboratory the presence of matter and force in our potencies, even the highest ones. We shall prove that the law of similia is the correct guide for the administration of medicine to the sick, and that Homœopathy is actually a scientific system of medicine. As we come to understand the possibility of dividing matter almost into the infinite without destroying its potential qualities, and the laws governing the production of energy by matter in motion this will be cleared up. So far we have not developed instruments and tests fine enough to test matter and force in its finest form, but we are slowly getting there.

A decided progress in this direction has been made in the last few years. Our knowledge of matter and force has improved and changed a great deal. The smallest particle of matter is no longer the atom, it is now the electron. Our improved knowledge of electricity has brought this out. And as our knowledge of this subject increases we shall come to a better understanding of the ultimate nature of all matter, and get a clearer conception of life itself. The possibilities in this field are simply unlimited. What we call life force to-day may in the future be considered as an "electro-magnetic energy," and spirit may also be matter in its most rarefied form. Man's capacity for knowledge is unmeasured. As yet we do not fully realize what he may accomplish in the future. Physical science is a living, growing subject. What was considered unattainable a few years ago may be a clearly demonstrated fact to-day. What we hold as a fact to-day may have to be revised to-morrow. There is no such thing as a "fixed science." The wonderful universe we live in is forever undergoing changes, and we must keep pace with it. A standing still means retro-

gression and death. It is only by trying and experimenting that we learn and accumulate facts and data. Through this work man grows mentally, and it is through the unfoldment of his mental power that he will finally become master of his physical environments. This implies also mastery of the body he lives in. When this comes to pass we shall have a higher degree of pure mentality and a better adjusted emotional life on Earth.

The entrance of the electrons into the field of physical science marks a great step forward. So far this study is still in its infancy, but a good beginning has been made. It is almost impossible to conceive of the actual size of an electron. Prof. Milikan, of the University of Chicago, a noted physicist and the first man to isolate and weigh electrons, made a statement in a recent lecture in San Francisco, that if the two and a half million people living in Chicago were to count as fast as they could without stopping to sleep, or eat, or die for 20,000 years, then if the amount all had counted would be added up, the total would be the number of electrons passing through an ordinary light filament in one second. An attempt to visualize the full force of this illustration certainly staggers the human mind. Please note, however, that electrons are still matter, not "moonshine" or something unreal.

The electrons are described as infinitely small points of electric energy, positive and negative in character. They are arranged in spherical bodies, the negative electron within and the positive ones forming on the outside. They are in a constant state of motion, which is characterized by its uniformity in vibrations. If anything disturbs the harmony of these vibrations a blur in the spectrum will be noted. During their revolutions, which amount to thousands of millions of times per second, an electro-magnetic field of energy is created. The electronic bodies constitute the basic unit of all matter, and from these infinite points of energy the various forms and bodies of matters develop.

All matter is in a perpetual state of motion. This motion is rhythmical and vibratory. It is continually changing from one velocity to another. This change is brought about by changes in its density or by the attenuation of matter. In dense bodies the motions are comparatively slow. In liquids and gases they are more rapid, and in the free state of electrons the velocity is simply immense.

Energy is a product of matter in motion. The kind of energy and the amount generated is governed by the speed of the vibrations in matter. The higher the speed the more energy generated. In gases the energy is enormous. It has been estimated that a gram of hydrogen possesses sufficient energy to raise one million tons through the height of over three hundred feet. This will give us an approximate idea of the immense amount of energy matter will generate in its finest state, the electrons. All matter is electro-positive and negative in character.

Applying these facts to the study of living bodies and their functions we find that many of our old theories and conceptions will have to be revised and changed. The animal cell has been considered the smallest unit of a living body, and on this base our present biology as well as our pathology have been constructed. The cell, however, is composed of millions of still smaller units, the electrons. Against this statement may be argued that nothing is living matter beyond the cell. This is apparently true from the "cellular" point of view, but will not apply in the study of matter and life from the electronic theory. In the final analysis of matter there are only small living points of electric energy. The cell may, therefore, be properly considered as a homogeneous aggregation of smaller units, and constitutes the second step in the process of building an organized body. In fact, the cell is so much dependent on the electrons for its life and functions that unless the electrons within the cell vibrate in a rhythmical and harmonious manner the cell will degenerate and die. When the

positive and negative elements of the electronic bodies constituting the cell are in an electro-balanced state these little bodies will move or vibrate in an orderly and rhythmical manner. This rhythmical vibration will generate a harmonious electro-magnetism, which imparts life or vitality to the cell as a living unit. When this process of harmonious vibration extends throughout all the cells and groups of cells constituting the various tissues and organs of the body, a state of harmonious activity or health is said to exist. The rate of vibration and the quality of energy which may be normal to one person may, however, be entirely different in another being. This merely brings out the characteristic features of the individual and accounts for the fact that some bodies may attract each other while others repel. "No two human beings are exactly alike." But as long as the vibrations are uniform and rhythmical throughout the entire body there is health in the being.

Thus what we have called life force or vital force may now be considered as an "electro-magnetic energy," generated by the movements of the electrons.

If a foreign substance, or toxin, or force, should be introduced into, or otherwise enter a human being, of such a nature that it would disturb the harmonious electro-magnetic balance of the electrons of a certain group of cells, or an organ or the entire body, a change in the normal rhythmical movements of the electrons of the part affected takes place. This change in the electronic vibration will generate an energy foreign to the normal function of the cells, and under the influence of this new energy the cells will begin to functionate abnormally, and a state of abnormal activity or ill health will ensue. This marks the beginning of disease. At first there will only be signs and symptoms of functional disturbances, and if these are removed early no great harm will come to the body as a whole. But if the foreign energy is allowed to influence the cell activity for a length of time, then the cells, being robbed of their normal life stimulus,

will gradually lose their vitality, will degenerate and die, as is common in inflammatory and other destructive diseases, or they may take on an increased proliferation and produce tumors and new growths. This process is what we call pathology. Thus an active pathological process in the body begins with a change in the electronic vibrations within the cells. It may be an increase in the energy production or it may be a decrease, but in either case it is a foreign energy and disturbs the normal functions of the cells. From this change the various abnormal activities and destructive pathological processes in the body have their beginning.

This is rather of a new theory of pathology, but it conforms with the new conception of matter and force and is perfectly logical and demonstrable. Doctor A. Abrams, of San Francisco, a profound student and close observer of the finer phenomena in nature, has been able to demonstrate an abnormal energy radiation in various pathological processes. He has found that in syphilis, the liver and spleen will generate an entirely different energy from that of the rest of the body. In tuberculosis the organ affected will generate its own energy, as also in cancer and other destructive pathological processes.

Doctor George Starr White, of Los Angeles, another great thinker and original research worker, has demonstrated the same fact, only in a little different way from that of Doctor Abrams. He has developed a system of physical diagnosis based on energy radiation from the disease. He exposes the abdomen of the patient to the radiation of a colored electric lamp for a minute or two, and has found that a certain color will dissipate the energy radiation from syphilis, another one from that of tuberculosis, and still another one from that of cancer, and so on for every active pathological process in the body. But every disease responds only to one particular shade of color. He has also demonstrated that by exposing the part of the body in

which the disease is active to an intermittent energy radiation from a "bio-dynamo-chromatic" lamp of the same color that diagnosed the disease, for one-half hour or an hour every day for a length of time, the abnormal energy radiation from the body will gradually be dissipated and the disease will be cured. This is rather a novel but scientific verification of the law of similia.

Even the S. C. "auto-therapy" is based on energy radiation from the disease. The product of the pathological process naturally contains the same kind and quality of energy as the disease which produced it. When this product is administered to the patient the energy of the substance will act on the abnormal energy active in the body, and by virtue of its similarity will dissipate or overcome it. The only weak point in this practice is the fact that the product is administered without first being attenuated or potentized to any marked degree, thus giving the energy activity of the product an equal power, but not greater than that of the disease. It should be greater or stronger in radio-activity in order that it may overcome or dissipate the pathological activity in the body.

Dealing with disease from the electronic point of view it would be logical to infer that the main object in treating a sick person should be that of dissipating the abnormal energy radiation of the body, and restoring the disturbed electronic vibration to a normal activity. To accomplish this the medicine or the substance used must contain elements of such a nature that they would enter into a direct electronic relation with the electrons of the body, and be so related to the abnormal energy activity in the body that it would have the power to dissipate or overcome this activity. Bearing in mind the size and character of the electrons it would also be logical to assume that no great quantities of crude or bulky medicines would be suitable to accomplish this object. No, it should be a medicine or a substance that has been so prepared that its radio-active energy

would be greater than that found in crude matter, and this energy should be similar in kind and quality to that of the pathological process in the patient. Without these qualities no medicine would have a truly curative relation to the disease present. Other medicines and drugs may have a physical or a chemical action on the body; they may alter the expression of the disease, but would not dissipate the disease or cure the patient.

In homœopathic potencies we meet all these requirements. In them the crude drug substance has been broken up by the process of potentiation, liberating the component electrons, and thereby increasing their radio-active energy to a point most suitable for the case in hand. Their administration is governed by the law of similia, which implies that the potency in its proving has produced similar symptoms to those found in the patient.

The thing that remains for us to establish at this point is this: Can we prove or demonstrate to the scientific world that there is medicinal strength or radio-active energy in the homœopathic potencies as they are prepared? We have no doubt in this matter from our own clinical experience, but we also want scientific laboratory verification of our clinical results. The first thing to do in this matter is to have a clear conception in our minds what we want to test for and what we expect to find in our potencies. We know they do not contain anything of the original drug substance when subjected to a chemical or even a microscopical test in a potency higher than the 6th, so it is no use to have any expectations along the old lines. No, our tests must come under the new study of matter, from the electronic point of view. We are not going to look for a chemical reaction or for small particles of the original drug, but we are going to test these potencies for their radio-active energy. This will be the most important quality of the medicines of the future. The time will soon be here when medicine will not be measured by ounces, or drachms, or grains, but by

their units of radio-active energy. If we will be able to demonstrate that homœopathic potencies contain radio-active energy then we shall be in a position to establish our claim on a scientific base, and in this way satisfy the demands of to-day. I feel absolutely confident that this will be accomplished. In fact, a small beginning in this direction has already been made.

Doctor A. Abrams, of San Francisco, to whom I have previously referred in this paper, has been able to demonstrate by what he calls a "biodynamometer" the presence of a greater radio-active energy in an attenuated solution than what he obtained from the tincture of the same drug. For instance, tincture of Acon. would show a radio-activity of  $10/25$  of an ohm, while the tincture diluted one hundred times would give a radio-activity of  $3$  and  $13/25$  of an ohm. Calomel, one grain, would show a radio-activity of  $6/25$  of an ohm, while  $1/200$  of a grain would give a radio-activity of  $4$  and  $16/25$  of an ohm. Bell. tincture would show a radio-activity of  $8/25$  of an ohm, while Bell. 6x would give a radio-activity of  $12$  and  $11/25$  of an ohm. To exclude the diluting media, which was 78 per cent. of alcohol as a possible factor in this case, this was also tested in the same quantities, but gave a radio-activity of only  $3/25$  of an ohm. In the Aconite solution the radio-activity was 78 times greater than that of the tincture. In Calomel the  $1/200$  of a grain was 110 times stronger than that of one grain. In Bell. 6x the radio-activity was 303 times greater than that of the tincture.

These tests are, of course, too few and still too limited to be conclusive, but they show the possibilities under the new conception of matter and force, and they point our way for future activities. They are rather startling to the mind that believes in bulk and quantity in medicine. They also confirm our theory that the higher the potency the more concentrated the energy. We must also bear in mind that the matter tested was not even potentized, merely di-

luted. And if a low dilution will show such a distinct increase in radio-active energy over the crude drug, what will not the real potencies show when we come to test them.

Doctor Abrams, by the way, is not a homœopathic physician, but a "Regular." He has studied at Heidelberg, Paris and other high class institutions, and is a thoroughly scientific man. These tests were evidently not prompted by a desire to verify the efficiency of homœopathic medicines, but rather with the object of disproving our claims in the matter. Turning out as they did he was rather surprised at his findings. However, being a true scientist and an original research worker, he has the courage to publish his experiment. As far as I know this is the first time a medicine was ever tested in this way, and Doctor Abrams deserves much credit for his originality. I trust he will continue along this line and bring out greater and still more startling results.

Thinking and studying along the lines suggested by the "electronic theory" and applying these principles to the study of bodies and living beings, is still new and to a great extent undeveloped. Much original research work will be needed to establish and verify further facts and data, and to classify and co-ordinate phenomena. Enough has already been established, however, to justify our expectations for great things in the future. And as we go on adding to our knowledge of matter and force in their ultimate possibilities, the unseen and unknown world will come closer to us, and the finer things in nature, which have been hidden in the past, will become everyday facts. This new knowledge will eventually revolutionize many of our former conceptions of life in its various manifestations. As a result we will also change and modify our conception of disease and its treatment. The use of crude and depressive drugs and other poisonous substances will be regarded as barbarous and unscientific. Medicines will be measured by their units of radio-active energy, and no great bulk will be wanted.

This will be the great opportunity for Homœopathy if we go at it in the right spirit. But we must be willing to grow and to recognize the fact that things have changed since Hahnemann's days. He was a great man and an original thinker, but any system or science can be improved upon and yet retain its basic principles. There is some justification for the fear that Homœopathy is near its end as a distinct school of medicine. If we sit back and fold our hands and continue to talk about old things this may come to a pass, but then it will be our own fault. This is the handwriting on the wall. Let us heed the warning and see whether we can not fit Homœopathy into a more up to date garment and give our potencies their rightful place in "Modern Scientific Medicine."

#### DISCUSSION.

Dr. Winans: I consider this another excellent paper. It is easier to go from nothing to truth than from error to truth. I knew when I appointed him to this chair that we had a man who would write us a paper on homœopathic philosophy.

Dr. Rushmore: The paper enters far into various departments of learning. There are two or three points which seem to me to be defective in their conclusions. One is as to the absence of matter in our potencies. Why should it be more reasonable to believe in the power of a limited quantity of water to effect a dilution than when the same substance has been passed through a barrel of water, provided it is shown mathematically that the same degree of dilution is attained.

If we did not still administer matter why should not the absent treatment of the physician be just as effective? We do bring something, even in olfaction, to touch the body of the sick. I think that that point ought to be settled in our minds. We do not give medicine apart from substance.

Another point, as to the constitution of man. Here we enter the department of philosophy. I think we can go a little beyond speculation on the constitution of man. How

do we know that man is essentially a spiritual being? I think it is a field in which speculation will always fail from the nature of the case.

Revelation does give us a light. There is where we get the body, soul and spirit. How shall we say that one is more essential than the other to man? There is separation at death, but that is not going to be everlasting.

Dr. Patch: I think Dr. Rushmore's point is well taken. There is no evidence that our drugs are free from matter, but there is a great deal of evidence that drug substances are effective. Hahnemann makes no statement so far as I know that drugs are nothing but spiritual life in their effects.

I do not think that we have any right to claim that our place is beyond the material.

Dr. K. A. McLaren, Toronto, Canada: The paper is all theory. I think we should invite Dr. Abrams to test one hundred potencies and see what his results will be. If there is anything in it, we want to find out as well as he does.

Dr. Clark: It seems to me to be regretted that in such a paper he should use the term, scientific system of medicine. Homœopathy never can be a scientific system of medicine. It is only a scientific method of applying Homœopathy according to the law of similia.

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## A SERMON.

BY ROYAL E. S. HAYES, WATERBURY, CONN.

It is not the intention of the writer to apply any of these remarks to religion, but if any hearer or reader desires to do so he is quite welcome to.

*Belief* is superstition;\* a confession that you do not know. *Knowledge* is the fusion of intelligence and fact.

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\*The word "superstition" is here used advisedly, according to one of the meanings defined by Hunter and Morris' Universal Dictionary, viz., "a faith or article of belief based on insufficient evidence or none at all."

*Belief* is based on desire to attain or preserve a certain condition or state; *knowledge* is based on perception of fact.

*Sincere intelligence* delights to rub off the paint of supposition and get acquainted with Truth herself; but *belief*—if you try to produce even a ripple on the surface, the waters of emotion will rise and smother your attempt if they can.

Intelligence delights in finding and recognizing facts; it fears not what they are or whence they come, and the more the intelligence the less the fear. *Belief* ignores facts which may disturb pleasant desire or tend to turn one from the well-kept highway; it prefers to depend on authority, craves much company and fears to be alone.

In short, the spirit of intelligence tells you facts, develops knowledge and hastens progress, but the spirit of belief ignores or is blind to facts, and while it does sustain confidence in default of knowledge, if continued it indurates the mind and suppresses progress.

Recognizing his own weakness, admitting that his hat size is only  $6\frac{3}{4}$  and growing smaller, the writer nevertheless would like to make inquiry of those who are contented to be known as casual Homœopaths and ask, "Why?" I suspect the reason to be that they depend on the belief that straight homœopathic practice, especially with high potencies, is a myth, that it is not solid cause and effect, that it is not scientific. They appear to think that it is merely a mental balloon soaring off in the serene skies of highbrowism or obscured in a philosophy of imaginative cloudiness.

On the contrary, it is simply, first, investigation and perception of the law of action and reaction of physical and metaphysical force (one and the same law), second, knowledge of the principles of using that law, third, facile and practical work at it.

Any man with ordinary brain endowment who has seriously and carefully investigated high potency sharpshooting with the single remedy knows that it will cure or re-

lieve human disorder and suffering effectively; that it is the similar that restores order whether applied with remedies by the prescriber or with manual force by the osteopath or the surgeon when he reduces a fracture.

Why then will physicians continue to practice a casual sort of Homœopathy without repertories and without definite principles? Why do they refuse to accept evidence that in a court would be strong enough to convict a man of murder, why hold out against years of accumulative evidence and testimony? When ten or more successive renal or hepatic colics are eased with hypodermics they credit it to the Morphine, but ten or more successive cases cured with high potencies are all ball valve conditions or wrong diagnoses. On this hypothesis, for it is nothing but hypothesis, busy practitioners practice a lifetime and never see a case of renal or hepatic colic except those that have ball valves, and the valve always happens to work the right way just after the remedy is given!

It appears to be convenient lately for homœopathic doubters to criticise reports of cures of critical or urgent conditions with high potencies with not proving the diagnosis, with not being scientific. This criticism is itself a confession that they have not investigated seriously and do not know that single remedy practice with high potencies is scientific, that such practice is based on comprehension of the action of a natural law, that the prescriber works strictly with definite and positive principles, knowing that curative reaction will and does follow as effect always follows cause. It is also an unwitting confession that they do not know that if there is vitality enough to receive action by a narcotic that vital force will react to a high potency of the correct remedy and ease suffering as effectively even from mechanical causes. The accusation "Not scientific" is based on the *belief* that no result can come from fine attenuations of medicines.

With grateful acknowledgment of the value of modern

methods and instruments of precision and the skill of special technic we affirm that to neglect or ignore the dynamics of the vital force of man and of highly attenuated medicines and their reactions, producing cures and relief, a fact now established by generations of practice, a fact that can be demonstrated by visible and actual effect at will—we affirm that this neglect is itself positively unscientific. The Homœopath who consults all the modern tests, who makes a scientific diagnosis, who has prescribed all details of environment and influence, diet and physical therapeutics and even cuts out useless or detrimental tissue—if he does not use the principles, repertory and management of prescribing, if he does not know the difference between suppression, recovery and cure, is more unscientific than the man who cures without using any of those instruments.

The writer hates this sermonizing, but it appears to be the fashion nowadays, irrespective of war rule, to attempt to enact mere fashions into law. He cannot assume to judge any individual, but it seems that many who know there is such a thing as remedial reaction are living too far below their possibilities in this vital matter because of a belief that there is nothing in high potencies, and that single remedy work is difficult or impracticable. Investigation and practice will quickly cure this belief. The principles are simple and with a little care and concentration are easily discerned. Kent's "Lectures on Homœopathic Philosophy" teach them simply and his Repertory makes the bulk of the work quick and easy.

There is nothing that teaches how to do a thing like doing it and doing it right, and there is nothing that will make a man want to do this work—like doing it.



# Bureau of Materia Medica

R. DEL MAS, M. D., HUGO, MINN., *Chairman.*

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## THE STUDY OF THE HOMŒOPATHIC MATERIA MEDICA.

BY ELMER SCHWARTZ, CHICAGO, ILL.

To study the materia medica of Homœopathy the student must have first mastered the teachings of the Organon and the Chronic Diseases.

To master the philosophy of Homœopathy is no small matter, for it requires years of constant study and application. I am convinced and feel sure every true and accomplished homœopathic physician will agree with me that to become a good prescriber he must first fully understand and follow the teachings of the Organon.

To study the materia medica so that one will not fall into some rut and become one-sided and weak in his armor of defense against disease, requires many *methods* of study.

It is to be admitted that for the first years of study each remedy should be studied alone until a vivid picture is obtained of its general characteristics, so that the physician would readily recognize in the symptoms of the sick individual the corresponding similia of some proven drug.

To prescribe for the typical cases is no difficult task, but the typical cases are few, consequently our efforts shall be directed in the study of those that are atypical. The one great fact every one should keep uppermost in the study of the materia medica is never to prescribe unless the physician is sure of his remedy. Here is where the best study comes in. The mechanical part of the repertory should

only be secondary and should only suggest remedies to be compared. Here is where the comparative study of the materia medica comes in and yields the best results when properly studied. One should have a library comprising the works of all the classical writers. The writer has found that Hering's Guiding Symptoms and the provings are indispensable in the study of difficult cases. The difficult cases give an opportunity to study comparative materia medica, which stamps a lasting impression of the remedy upon the mental screen of the physician. One must know remedies and become acquainted with them and recognize them as he would a friend or acquaintance.

This is not done in a day; it takes years of constant study and careful observation. The provings of remedies should appear to the physician as images of sick individuals and not as printed pages in a book. The mental vision of remedies should be so keen and vivid that the physician can in a moment be able to recall just how the remedy looks, acts and behaves as regards his strange, rare and peculiar traits.

Do not think that when you have finished your college work you are through with the study of your materia medica; if you have learned how to study you have done well; it is when in active practice that the greatest amount of careful systematized study should be done. Certain hours should be set apart for study. Not what you may find in one author, but compare when studying a remedy what the best men say. No one man will tell you all about a remedy. Each author has a different mental vision of a remedy; true, many of the cardinal points will be similar. A. may see a strong characteristic that appeals to him. B. just as careful an observer may see something also that to him is a symptom of the first order.

The study of but one author makes a man grow one-sided in his homœopathic study. The writer has often found many valuable hints in some obscure book.

The homœopathic literature is voluminous, and no one need want for suitable text-books.

The texts that will serve the student best are those that give the fullest picture of a remedy, bringing out all the strong general characteristics with the grading of symptoms, such as is found in Hering's Guiding Symptoms, Allen's Encyclopedia, containing the provings of remedies, Kent's, Lippe and others.

As we progress in our studies day by day we will reach the stage when the study of the provings will be the most profitable of all. A study to eliminate symptoms from a case that are diagnostic of a certain disease is truly essential. The strange, rare and peculiar characteristic symptoms of a remedy together with a true likeness as to pace, character and special peculiarities is absolutely essential.

This can be best explained as when we say John Smith's pace is swift. Thus we must recognize the pace of remedies; as, for instance, Acon. is rapid of onset; Bry. just the opposite, being slow. The characteristic action of each remedy should be ascertained; as the old masters used to say: "The red string running through the remedy."

To be able to select out of groupings of a symptomatic analysis of a sick patient takes care and careful judgment. This can not always be done at once, for the reason the physician is prone to be in a hurry and neglects to consider every phase of the case. It is not the selection of a few strong symptoms that must be considered in the individual remedy, but to so thoroughly study the entire nature that the reflection of the proven remedy can be seen in the patient.

To study the materia medica without a sick patient is like making yourself see a thing that you do not, as do our Christian Science friends. The clinic is indispensable, for here is the opportunity to study comparative materia medica to best advantage.

The selection of the appropriate remedy can best be

likened to a combination lock which only opens when the combination is correct. One symptom, three symptoms, rarely gives one a combination, but a totality of the characteristic symptoms of the patient himself will, if properly studied, reveal the combination so that the appropriate remedial key will open the case so that recovery is certain.

The study of remedies as sick individuals is the all important thing, not the endeavor to try to find the combination by thinking of a man-made classified disease, for if you do you will get left. Study remedies as the distorted dynamis of sick folks and then the study will be both pleasant and profitable.

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## THE NATRUM SALTS.

BY A. H. GRIMMER, CHICAGO, ILL.

The salts of Soda are among our deepest acting and most frequently indicated remedies.

While they affect every cell in the body their chief and primary effects are noted along the nutritive plane, producing changes in the blood and influencing growth and development of the body cells.

The scope of this paper will be to touch more on the therapeutic uses of the remedies, thereby confining it to a comparison of symptoms that are really guiding to the Homœopath for the selection of the remedy indicated in the individual case.

Before taking the symptoms of the various remedies under study, it might be well to note the prominent symptoms that belong in common to the Natrum salts.

All are more or less sensitive to noise and to music, the latter in certain strains make the patient weep and stir up the emotions. All have more or less loathing of life often intermingled with a fear of death. This loathing of life varies in degree from an apathetic state of indifference (as in Nat. mur.) to a wild impulse to hurl herself to death

under the wheels of a passing train, or to jump from a high place or attempt drowning, as is found most markedly under Nat. sulph.

From the foregoing symptoms we see that the loves are wonderfully perverted. One of the strongest, the desire to live, is destroyed, and a peculiar sensitiveness, sometimes an aversion to certain people, even to relatives, is noted. Especially strong under Natrum carb. and mur.

Irritability is increased to a high degree under all the Natrums. The memory is dulled and the ability to concentrate or to perform mental work is very much impaired.

All are more or less disturbed by changes in weather and temperature, being especially sensitive to electric storms. Nat. sulph. less so than the other salts, the latter being more sensitive to the effects of rain or dampness. Natrum carb. is most sensitive to the effects of overheating, sunstrokes, etc.

The digestive tract is much disturbed; hence the nutrition greatly impaired, resulting in anæmia and weakness of both mind and body under the action of all these salts.

We will now make a few comparisons that may be helpful in the selection of the remedy needed in the individual case.

In a general way Natrum mur., Natrum carb. and Natrum sulph. may be known as the hot remedies. Those whose symptoms are aggravated by heat or from the effects of overheat. These patients feel uncomfortable in a place too warm and they crave the fresh air and are relieved in it. Symptoms come on or are made worse in a close, hot place, or from the extreme heat of the sun's rays. Natrum carb. being extremely sensitive to the effects of overheating, and this is one of our leading remedies for the chronic effects of heat stroke.

The Natrum carb. patient is also sensitive to the other extreme of temperature and frequently is one lacking in vital heat, one with cold extremities and sluggish circula-

tion. The other salts of Soda mentioned in our *materia medica* are those of Arsenic, Chloratum, Phosphorus, Silica and Salicylicum, and they may be termed cold remedies, because their symptoms for the most part are aggravated by cold and these patients, as a whole, are sensitive to cold and relieved by being warm and from warm applications.

Starting with the cold group we will proceed with a study of the individual remedies, each in a brief way because a study of the *materia medica* alone can give sufficient knowledge of these medicines to apply them with success to heal the sick.

According to Clark, *Natrum ars.* has been used with success in cases of coryza, diphtheria, inflamed eyes, granular lids, hæmoptysis, interscapular pains, miners' asthma, nose affections, pain at the root of nose, constriction of the œsophagus, pityriasis, ruba, post nasal catarrh, neuralgia of the testicles and tuberculosis.

A study of its symptoms reveals the Arsenicum side as most prominent in the compound. The patient is restless but more depression than fearfulness of mind is present. Even though it is hard for him to remain still, yet motion increases most of his suffering. Motion, jar and the least exertion all aggravate this patient and his ailments. Like Arsenic this patient is chilly, and most of his complaints except some of the congestive headaches are made worse by cold. The typical Arsenicum thirst is present for small amounts at frequent intervals, and the pains of the stomach are aggravated by cold drinks and relieved by warm ones. The headaches and skin symptoms alone are made worse by heat.

Clark says the principal clinical use of *Natrum ars.* has been in diphtheria; in that condition the throat is dark purple in color with great swelling and not much pain. The patient is greatly prostrated. Among the peculiar symptoms mentioned by Clark is a pain at the root of the nose. That is very prominent in the provings of *Kali bi.*, *Hepar sul.* and *Silica.*

The diphtheric symptoms may sometimes resemble an Apis case in the appearance of the throat, it being œdematous with a sack-like swelling of the uvula, but the stinging pains and the aggravation from heat in Apis will serve to differentiate these two medicines.

In all the Soda salts there is a tendency to catarrhal inflammations, especially of the nasal passages and throat. In Natrum ars. the nose is occluded and stopped. The patient breathes at night with open mouth. There is a tendency for ulcers and crusts to form in the nose; in fact, ulceration is a pretty general feature of this remedy. In the febrile states the face is flushed and hot, but at other times it is puffed and œdematous and fissures tend to form at the corners of the mouth. This should be one of our most efficacious remedies in asthma when indicated by the general symptoms of the patient.

#### NATRUM CARB.

This remedy presents alternating states of mind, a marked degree of gait, joyous talkativeness, inclination to sing, sadness and discouragement with tears and inquietude respecting the future, fits of anguish and fear, especially during a storm and while engaged in intellectual labor, yet many of the pains and ailments are relieved during mental work. Extreme sensitiveness to music, noise, spheres, certain individuals, causing estrangement from relatives and friends. Sadness and depression with loathing of life, irritable and spiteful, tendency to violent fits of anger, difficult concentration of mind, dullness and hard to comprehend, makes mistakes in writing, weakness in intellect and of the memory tending toward imbecility. Unfitness for intellectual labor and meditation which fatigue the head; infirmity of purpose.

Clinical application of this remedy has been successfully made in ailments ranging from albuminuria to warts; hence its sphere of action is broad. We have mentioned the

marked sensitiveness to extremes of temperature. This remedy is most sensitive to the effects of a thunder storm. Many of the symptoms are brought on or aggravated at that time, especially the diarrhoea is often caused or made worse then. The stomach and bowel complaints are too numerous to mention in such a paper as this. There is a marked aversion for milk, and this patient is greatly disturbed by it. Intense thirst is a feature of this remedy. Extreme voracious hunger, this with a weak impaired digestion make life a burden for this patient and his friends. This patient has a gnawing empty sensation at the epigastrium from ten to eleven a. m. like Sulphur and Phosphorus, and this feeling is temporarily relieved by eating, but as soon as the process of digestion begins the flatulence, pain, weakness, nausea and distension come on. Weakness and relaxation of the muscular system prevail. Many symptoms, however, are relieved by gentle movement and by rubbing. Profuse and debilitating sweats are a feature.

#### NATRUM HYPOCHLOROSUM.

From a study of the provings of this drug one might think this is one of our neglected remedies. Many of the symptoms are like Nat. mur., but there are some individual features not found in the *mur.* Vertigo is a strong common symptom of the Natrums, but this salt has it more marked than the others, at least the dizziness is more intense, causing falling. It produced marked and unusual symptoms on the uterus, causing heaviness and bearing down in the pelvis, with a tendency to prolapse. The state of subinvolution would be remedied in a case presenting this medicine's cardinal symptoms.

Alternating mental states of laughing and crying, talking in sleep. But the mental depression with extreme and protracted tearfulness, is the prevailing phase. Could cry all day the text reads. Brain feels paralyzed, swimming, feeling as though top of cranium would float off.

Epistaxis, dark colored blood in clots, day and night, produced in a pregnant woman. Many catarrhal coryzæ. Nausea and disturbed digestion with distended abdomen.

Exhausted before stool, relieved by sudden and forceful expulsion. Within twenty-four hours diffuse nephritis, urine scanty, smoke colored, then black, containing blood, much albumin and casts. Vomiting, diarrhœa, headaches, coma. A man who drank ten drachms of the drug died on the fourth day. Scalding when urinating, excessive activity of the kidneys after each dose. Red sand in the urine (Lyc.), white gravel cured. In the male, almost unconquerable desire for coitus after each dose with priapism. In the female, opening and shutting sensation in the womb, uterine bearing down, severe backache and headache, light-headed, sickish, worse at night, constant oozing of blood with bearing-down, increased on exertion. Uterus enlarged and sensitive. Violent metrorrhagia a week early, flow clotted, black, ovarian affection with pain on right side, leucorrhœa, pruritus. Rapid emaciation and extreme weakness are among the most pronounced general features of this interesting drug.

#### NATRUM PHOS.

Natrum phos. is one of the tissue remedies of Schüssler, whose function is to neutralize the excess of lactic acid in the human system, but the homœopathic method of application finds a much broader field for its use. It has cured acidity in infants, conjunctivitis, diabetes, dyspepsia, enteralgia, erysipelas, gastralgia, glands, scrofulous swelling of goitre, gout, intertrigo, leucocytosis, leucorrhœa, morphinomania, phthisis, post-nasal catarrh, rheumatism, scrofula, sighing, sterility, thread worms, urticaria, worms. To this list may be added the bad effects of sexual indulgence and abuse.

Melancholic, especially after emissions, which may be frequent and prostrating. Sad and despondent, unable to study, full of fear of bad news on awaking at night, of thunder,

of impending evil. Easily startled, irritable, lost memory. To this list may be added bodily weakness and lassitude, with trembling and palpitation as from fright. Often wakes at midnight, followed soon by a sensation as if an electric shock had passed through the body.

The catarrhal discharges from orifices of the body are yellow. Frequently a golden yellow. Often the diarrhœic stool takes on this color. The tongue is heavily coated yellow, varying from a creamy to a golden yellow. Acid indigestion, especially children fed on a milk and sugar diet to excess. Craves beer, as do most of the Sodiums, also craves strong tasting things, fried eggs and fish, aversion to bread and butter. *Natrum mur.* desires it. Goneness in the stomach and abdomen relieved by eating. This extends even to the chest and is like Phosphorus, but the *Natrum phos.* rarely has the violent thirst of Phos. Profuse sour sweats are a feature of this medicine. Many chest and respiratory symptoms, such as cough, hoarseness and pain, which is more apt to affect the right side. Phosphorus prefers the left. Trembling and palpitation of the heart, worse climbing stairs. Heart feels worse when pains in the limb and great toe are better, is a symptom to remember. Pulse is felt all over the body, alternating states of heat and cold. In the woman, during menses, which are early, the feet are icy cold during the day and burning at night.

#### NATRUM SALICYLICUM.

Our knowledge of this remedy is chiefly derived from the abuse of it at the hands of routine prescribers, given in massive doses for all sorts of rheumatoid and neuralgic pains.

One of its most marked and persistent effects is a peculiar vertigo accompanied by ear noises and ringing. And its homopathic application in *Heniere's disease* has been successful. The toxic effects of the drug produce vomiting and unconsciousness, at times wild delirium, from which

she recovered with loud cries. The chronic manifestations of mind are those of profound sadness and depression, misanthropic, hateful and full of spite, with an increased irritability; at times an apathetic state is present. Severe bursting headaches are a feature with much disturbance of vision. Strabismus divergens has been produced by this drug in toxic doses, also stammering speech. It has caused complete but temporary impotence. Swollen, sensitive inguinal glands are noticed as a result of large doses. Dryness of mouth and throat with violent thirst, inability to articulate, some words she could not pronounce. Dyspnoea with great heat, noisy breathing, better when supported in a half sitting position, gasping for air or panting respiration. Face has an anxious expression, both upper eyelids cedematous (Kal. carb.). Face is red and the upper lip may be swollen. Much disturbance of the pulse. At first it is stronger with increased arterial pressure; later becoming irregular and weak and compressible, falling as low as 35 beats a minute. Alarming prostration of both body and mind. Oedema of eyelids, face, lip, hands, and legs. The rheumatic pains are often shifting in character, great swelling and tenderness in the soles of the feet, with sore, congested veins. Many skin symptoms, profuse redness and oedema, urticaria over greater part of body, especially legs and abdomen, intense erythematous rash, pemphigoid eruptions on hands and other parts of the body.

#### NATRUM SILICATUM.

We are in debt to Dr. Kent for the proving of this remedy, which was published in the *Critique*, July 1, 1908.

Like Silica, this patient lacks vital heat and is extremely sensitive to cold and to a draft of cold air. A marked tendency to take cold from every change of temperature. There is a tendency to form abscesses; motion, jar, and exertion all aggravate the pains and troubles of this cold, listless patient. Eating increases the symptoms, weakness

and lassitude follows. Many sexual symptoms are noted, the desire is increased in both sexes and the patient is aggravated by coition.

The mind is sensitive, easily offended, unable to brook contradiction, irritability much increased, also the memory is impaired and the patient unfit to perform mental work. Lacks self-confidence, mental exertion aggravates the weakness of body and mind. Much fear and anxiety at night. The female provers took on hysterical symptoms; blue, discouraged and tearful. Restlessness is noticed during the night, is driven out of bed with anxiety. Loathing of life and indifference to friends and people. Averse to conversation.

The headaches are relieved by pressure and hot applications. Among the eye symptoms is mentioned optic nerve paralysis. A strong tendency to manifest catarrh of the nose and throat, discharge greenish, offensive, thick or yellow. Obstruction of nose. There is swelling of glands everywhere. It has cured goitre and swollen cervical glands. Appetite increased, even ravenous. Aversion to meat, and aggravated by stimulants. Many digestive troubles, with poor powers of assimilation. Rapid loss of flesh, like most of the Natrums. Thirst extreme at night. Troublesome, painful erections, enlarged prostate, induration of the cervix uteri, with increased desire. It is said to restrain the progress of cancer.

#### NATRUM MUR.

The best proven and most often used of the Natrums, this wonderful polychrest stands forth as one of the best drugs to test the claims of the homœopathic law and the superior force of dynamic remedies.

I will not attempt to mention the list of its medical uses, for there is no illness that flesh is heir to that will not yield to this remedy when its indications are present. This is the hottest of the Sodiums. Heat aggravates both the patient, as a whole, and his particular ailment; even the

colds that are contracted come on for the most part from becoming overheated. The mental states are numerous and highly characteristic. Sensitive, yet apathetic, full of fear and anxiety, yet with loathing to live, irritable and emotional and full of unhappiness and weeping, yet all attempts at consolation increase the weeping and sadness. Alternate gayety and ill humor. Averse to company, desires solitude, and is worse in a crowd. The affections are wonderfully disturbed by this remedy. This patient readily becomes estranged from friends and relatives. All sorts of strange attachments may be formed by those who need this medicine. A young, refined, aristocratic girl suddenly conceives an uncontrollable attachment for the negro coachman or the Japanese cook, and elopes. Violent and lasting hatred for those who have offended, unforgivable, dwells on past unpleasant occurrences, seems to enjoy brooding over unpleasant happenings of the past. This patient emaciates while eating well, is an old keynote, and it illustrates the diminished power of assimilation that is present. Desires salt, is a feature. In the marasmus of children the little one often prefers salt to sugar. Thirst is increased for water, not too cold. Physical exertion aggravates the symptoms of this patient. A large volume is necessary to tell all the wonderful virtues of this remarkable drug.

#### NATRUM SULPHURICUM.

This remedy has some very characteristic symptoms not found in the other salts of Soda. One is the extreme sensitiveness to wet and dampness.

While the patient also suffers from heat, especially if it is moist and humid, it is the moisture that brings on and increases the sufferings, the rheumatic pains, the asthma, and coughs; the mental states are all increased by damp, rainy weather. Sensitive to a close, hot room, air hunger, as in *Natrum mur.* This salt, together with the *Natrum ars.*, are the only two salts of Soda that are violently rest-

less. Some of the others are fidgety and nervous, but these two are very restless, impelled to move. In the Natrum sulph. there is relief from motion. In the Natrum ars. there is aggravation in motion, and the Natrum sulph. is hot while the Natrum ars. is cold. The deepest gloom and profoundest melancholy is found under the provings of this medicine.

Suicidal; sudden impulses to destroy himself by shooting or drowning. Must exert all his self control to prevent doing violence to himself. Mental results from an injury to the head, more useful than Arnica or Hypericum, when the peculiar mental states of Natrum sulph. come on. Tearful and sad after hearing lively music is in keeping with the nature of the salts of Soda. Irritability, much increased, quarrelsome and gloomy, impulses of all kinds. I will only mention a few more of the salts of Soda. They are but fragments of our materia medica, and some of them should be studied and proven, as the slight knowledge we have concerning them indicates that they would be valuable additions to our already wonderful materia medica.

#### NATRUM CACODYLICUM.

This is a chemical compound of Carbon and Soda coming to us from the old school. It was recommended as a cure for tuberculosis by its sponsor, a Frenchman, Armand Gautier. It has been used as a restrainer of cancer in the late stages where operations could not be performed. We have only a few toxic symptoms from one case of poisoning, viz., constant vomiting, tongue like a piece of raw beef, conjunctiva inflamed, œdematous eyelids, breath of a gangrenous odor; peripheral neuritis, wrist drop, paralysis of left leg. Symptoms came on suddenly.

#### NATRUM IODATUM.

Unproved, but has been used by French physicians in rheumatism, pneumonia, asthma, chronic bronchitis,

scrofula, tertiary syphilis. It forms an important part of certain sprays for hay fever. Hansen mentions it as indicated in cases of chronic pharyngitis and coryza and chronic laryngitis. This salt should be proven as it would undoubtedly be a potent drug in many chronic troubles.

NATRUM LACTICUM.

Skinner used this salt successfully for gouty concretions in the finger joints, and the few symptoms collected by Allen confirms the homœopathic relationship of such symptoms. With a fuller proving, this drug would prove another asset to cure.

NATRUM NITRICUM.

I will only mention this salt for study, as space and time are both pressing.

NATRUM NITROSUM.

Is another salt that would prove of great value with a fuller proving and knowledge of its possibilities. It has been used with success in angina pectoris, apoplexy, cyanosis, fainting, gastro-enteritis. This is the most prostrating and violent of the Natrums. Feels as if dying, cyanosis of the lips, face and hands. Inability to move, dizzy and faintness. Cyanosis and faintness and diarrhœa with threatened collapse forms a picture of alarming sickness.

NATRUM SELENICUM.

Has affinity for the larynx; chronic laryngitis even of a tubercular character; expectoration of small lumps of bloody mucus with slight hoarseness.

NATRUM SILICOFLUORICUM.

Cooper is the chief authority for this remedy. It has been used for bone affections. Ethmoiditis; tumors; which were cured by Burnett. Cooper claims to have quickly cured a case of lupus with it applied in a lotion.

## NATRUM SULPHUROSUM.

This salt has cured a chronic diarrhœa of yeasty stools after the failure of many other remedies. Suggested by Farrington on the indication of yeasty stools. The patient had pain in the right scapula as if bathed in hot water and was much debilitated, taking food provoked a stool. The face was whitish, waxy, except the cheeks, which were a light freckle color.

This synopsis of the Natrum salts is culled for the most part from the pages of Clarke's Dictionary of the Materia Medica, and a complete study of them at this source will prove of lasting benefit to the prescriber anxious to enlarge his vision and improve the scope of his ability to cure.

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 NOTES ON IPECACUANHA.

BY ARTHUR M'DONOUGH, DENVER, COL.

In acute diseases, Ipecac is one of our most frequently indicated remedies. Its onset is generally abrupt and sudden. The patient aches, gags, retches, is pale, and looks dreadfully sick. The prescriber must know Ipecac or he will be forced to turn a few of his cases to the undertaker.

Nausea is generally associated with Ipecac complaints, but one must know Ipecac without the nausea. Even the Allopath knows that Ipecac will produce nausea.

When the general symptoms of Ipecac are attended with nausea, then you can be sure that Ipecac covers the case.

Ipecac is a most useful remedy in complaints of children. Bronchitis, cerebro-spinal meningitis and dysentery come within its scope.

When the child tosses in bed, wants to be carried, vomits its food, desires things, but refuses them when offered, has fever, but no thirst, respiration accelerated with coarse rattling in the chest, Ipecac will cure.

I was talking with an Allopath once; he told me of having

just lost a boy, four years of age, with pneumonia. He said: "The child had constant nausea till he died." I thought as he related the case, that Ipecac would have saved that boy.

An Ipecac inflammation travels rapidly. When it is indicated in pneumonia it must be given at once and repeated every few hours until the disease is broken.

In summer, when the child vomits its food, has diarrhœa consisting of greenish mucus and blood, attended with severe tenesmus; the abdomen is hard, pupils dilated, restless, thirstless with the fever, Ipecac cures the case.

Ipecac is an old "stand-by" in stomach disorders, gastritis, etc., when nothing will stay in the stomach, everything is vomited. The face is pale, the tongue red and raw, or may have a whitish coat. Stomach abused by over-eating and drinking. Ipecac will stop the nausea and vomiting at once.

Ipecac is frequently indicated in whooping-cough. Vomiting and gagging with the hard paroxysmal cough. Bright red blood from nose, face red, thirstless with a tendency to convulsions.

Ipecac is one of the first remedies to be thought of in hemorrhage. The blood is bright red, the patient is faint, pale, prostrated, nauseated. Dark blood always rules out Ipecac. Hemorrhage from any orifice of the body when the patient is faint, nauseated, gagging and the blood is bright red.

I remember the first two powders of Ipecac that I ever gave. I was interne in a hospital at the time. Each powder cured a violent case of epistaxis. Each cure confirmed the teaching I had received in college from Drs. Geo. Dienst, A. H. Grimmer and James Tyler Kent, et al.

The first was a ward case of typhoid fever in a girl of eighteen. The hemorrhage started at two P. M. and kept up till five. I was out at the time, but the other interne had packed the nasal cavity and, it seemed, done every conceivable thing but give a homœopathic remedy. At once

I called up the head doctor on the medical staff for orders. As usual, he was too busy to come up, but said, "You get a head mirror, throw a light into the nasal cavity, find the bleeding point and cauterize it."

The poor girl's nose had been packed and repacked until she was almost exhausted, pale, weak, and looked as if she would die. Instead of subjecting her to further punishment, I put one powder of Ipecac, 10m. on her tongue and the hemorrhage ceased instantly. I felt big. The nurse said, "You can't tell me it was that powder did that."

The second case was a saloonkeeper, thirty-five years of age. He had plenty of money, so occupied one of the best rooms. His nose had been bleeding for days. His physician was an Allopath, but he could only stop the hemorrhage at intervals by packing and repacking. The doctor left orders for me to repack the nasal cavity if the hemorrhage occurred during the night. At midnight I was called. The nose was bleeding steadily; blood bright red; the man was suffering from the effects of strong drink and full of allopathic drugs. But one powder of Ipecac, 10m. stopped that hemorrhage as quick as a flash. The same nurse was in attendance. I turned to her and said, "You can't tell me that powder did that." She said, "I'll give up." The man would not leave the hospital until we gave him a supply of those little powders.

# Bureau of Clinical Medicine

THOMAS G. SLOAN, SO. MANCHESTER, CONN., *Chairman.*

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## CLINICAL CASES.

BY K. A. MCLAREN, TORONTO, CANADA.

Case I. A little girl, aged four, was feverish, wheezing, rapid respirations, loose rattling cough, and temperature  $104^{\circ}$ . The cheeks were flushed—the right more than the left and the left foot was warm, while right was cool. Flapping of alæ nasi. The mother says the child seems worse in the afternoon. *Lycopodium* 200, two doses.

The physical signs were those of capillary bronchitis. There was marked improvement for two days when respirations were more normal, temperature was normal, and the chest signs were now those of a bronchial catarrh involving the larger tubes. The little patient now became somewhat tearful and hungry—protruded the feet from beneath the sheets quite frequently, and Sulphur 30 was given to finish the case. On the fourth day temperature went up to  $103^{\circ}$  in the morning, the child was very hungry and very tearful. Would not look at me, and was coughing more. Physical signs negative. *Pulsatilla* 30, two doses, was then given and on the following day the temperature was once more normal and the child apparently well. On the morning of the sixth day I was summoned early and found temperature  $103 \frac{2}{5}^{\circ}$ —cross, weeping child, with an almost ravenous hunger. As it was dead of winter and no malaria parasites were likely to be around, I was somewhat stumped when asked to name the trouble.

However, one dose of *Natrum mur.* cured the case at once and family are satisfied to let it go unnamed.

Case 2. Elderly woman (55)—dark hair and complexion, complains of having to rise from ten to fifteen times at night to pass urine. She has had the bladder X-rayed and is tired visiting doctors. No cause has ever been found for this condition. During the day the bladder is normal.

Additional symptoms are a burning of the tongue, as though ulcerated—but the tongue appears normal. She cries easily since the death of her son twelve years ago. She is separated from her husband. Hot flushes are frequent and distressing. Sulphur 30, two doses.

One week later—now gets up only two or three times at night—the tongue does not burn as much and the hot flushes are nearly gone. Placebo.

The week following, reports has had severe bearing-down pains in the pelvis, with a return of the bladder symptoms. Sepia 30, two doses, was given and in one week she was sleeping all night, and in two weeks was pronounced cured—as she felt better than for the last thirty years. There has been no return in five months.

Case 3. A girl, age eighteen, was feverish and had symptoms of cold. She noticed a slight rash on the back of the neck on a Friday evening. On Saturday the rash had spread to the chest and a little on the face. I saw her and diagnosed measles. There was temperature,  $104^{\circ}$ —a hard dry cough, and marked thirst for cold water. The pulse was rapid and full. Phos. 200, one dose. On the following day the rash was well out—quite rough, and there was not much space between the blotches. Temperature  $102^{\circ}$ —pulse rapid, but not as full. Cough unchanged, thirst same,—but she had had two watery stools quite profuse before I came. I gave another dose of Phosphorus 200. That evening was called on the telephone—Patient having profuse watery stools every two or three minutes and becoming very weak. Has had, at least, twenty stools between 2 P. M. and 6 P. M. I telephoned another homœopathic practitioner whom many of you know and he met me at the patient's house. Symp-

toms were as follows: Receding eruption; pulse very rapid and soft; temperature  $101^{\circ}$ ; severe headache. Severe abdominal pains at short intervals, each followed by a gushing, watery stool, which came suddenly with a gurgle and left the patient very little time to reach the commode. I confess I did not see the remedy indicated, but he mixed up a powder of *Croton tiglium* c. m. in a half glass of water and gave one dessertspoon every time patient felt the pains coming on. We then went home, he having assured me that the rash would be well out in the morning.

So it was—I have never seen a more profuse or more measlesy rash that greeted me on the following morning. Five stools only during the night and an uneventful recovery have given me a firm regard for the virtues of *Croton tig.*

Case 4. On June 22nd, 1916, I was asked to see a case of cerebro-spinal meningitis, then receiving treatment from a prominent Allopath. He stipulated that treatment with the anti-meningetic serum should continue. As the patient—a boy of thirteen, had then been receiving the serum each day and was making no headway under it, I could see no use in continuing it. However, for the sake of the parents I consented.

The patient lay in his hospital cot with the occiput touching the spine, the neck widened and distended—the eyes staring. He was deaf, but could read a message if held before his eyes. He was then in the twelfth day of the disease and had been getting progressively worse. Nurse said he was very thirsty and would drink glass after glass of cold water. It seemed a hopeless case.

I recommended Phosphorus 30—told the old school gentleman where to get it and how to give it. The medicine was procured and given in water every hour. Rapid and steady improvement followed, but the boy is stone deaf and will never regain his hearing.

Case 5. A boy, aged twelve, had an inflamed wart on his right shoulder—the rubbing of his brace or suspender

caused it to pain. I injected cocaine and removed it. One month later he again consulted me. There were now ten inflamed warts about the site of the one removed and a keloid scar formation was present at the site of removal. Obviously the remedy would have to be mightier than the sword. On close examination these warts were seen to have a flat top, but the base was somewhat pedunculated. Thuja covers inflamed warts and fig warts so it was given, the 3rd x on 40's—a dose four times a day. In one week seven of the tribe had fallen off and the inflammation gone from the others—the scar tissue was also thinner. In two weeks they were all gone. I have not seen the boy since.

#### DISCUSSION.

Dr. Rabe, New York City: Dr. McLaren spoke of the danger of suppression. A young woman was treated in Germany for warts by one of the best professors there. He curetted them, and she was extremely weak. She went to Switzerland and Scotland to regain her strength. She is now my patient, and I am treating her for them. Her stools are watery with large gobs of mucus, and she has catarrhal neuritis. I gave her Causticum 10m., Sk., without result. I then went down low to the third x with curative effect, which shows that sometimes a lower potency will do better than a high. I recall a case where there was a wart on the palm of the hand and another, venereal in character, which have been entirely cured up by the same remedy. This matter of suppression is certainly a very important one.

Dr. Rushmore, Plainfield, New Jersey: I have had very excellent results in the homœopathic treatment of warts. Just a word as to the relative value of potencies. Dr. Rabe spoke of a case in which a low did better than a high potency. A medical friend of mine, an excellent prescriber, gave the one thousandth potency of Causticum for a wart on the hand, which caused a temporary diminution of size. A repetition of the same failed to act. Later the c. m. was

soon followed by the dropping off of the wart by suppuration.

Dr. Guy B. Stearns, New York City: In the case of measles, I am wondering whether that first remedy, Phosphorus, was not an unfortunate one. Farrington says never give Arsenic early in typhoid fever unless the symptoms clearly call for it. Otherwise it is likely to precipitate the condition we wish to combat.

Dr. Grace Stevens, Northampton, Mass.: I had a very interesting case of warts within the last few months—interesting because it had the classical symptoms of the remedy, which I am not apt to get. A child of seven was brought to me with warts on the hands, face, and lips. First, nothing but warts would appear. Afterwards I had a good discussion with the child's mother as to her appetite. The mother said she would eat raw vegetables. Then I asked about chalk. Oh, yes, she would eat chalk. Then I prescribed Calcarea carb. Inside of two weeks the warts began to disappear. I want to confirm Dr. Krichbaum in stating warts are very apt to grow dark. That has been my experience.

Dr. K. A. McLaren: In this case the spinal fluid was withdrawn and the serum injected afterward. I have often thought that the boy had more chances of recovery from the withdrawal of the fluid, as it relieved the spinal pressure. The boy was in the twelfth day of his disease and was growing worse. Of course, I could get no symptoms from the boy at all. The only thing there, was the thirst. The old school man asked me if there was anything I could suggest. I told him that the only thing I could suggest was Phosphorus. I really think that the withdrawal of the fluid from the spinal cord had something to do with prolonging the boy's life.

Dr. Kimball: But the same amount of fluid was injected.

Dr. T. G. Sloan, South Manchester, Conn.: I had a very charming young lady who had, I think, seventy-five warts on the backs of her hands. I remembered a remedy of Dr.

Case's, which he uses for warts very successfully. I got some of that and gave her the fifty thousandth of the remedy, Verrucinum, and then went to the hundred thousandth. Inside of a month the warts disappeared.

Dr. Case, Hartford, Conn.: I try to prescribe for persons, and not for warts, and in that manner succeed in curing most of them. In some cases, where I have failed, the warts have been cured by Verrucinum. Of this I have two potencies, the 50 m. and C. M., Skinner's preparation.

Dr. K. A. McLaren: In closing, I think I have said all that is necessary to say.

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### "THE VALUE OF SUBJECTIVE SYMPTOMS IN CARDIAC CONDITIONS."

BY DANIEL E. S. COLEMAN, PH. B., M. D., PROFESSOR OF MATERIA MEDICA AT THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL.

The great value of *subjective* symptoms has always been recognized by homœopathic physicians since the birth of our school. Their superiority over *objective* symptoms is apparent to all careful prescribers. Even in skin diseases, where objective symptoms must necessarily play a prominent part, the sensations outrank them in importance. This fact was impressed upon my mind when I was a student.

It was the custom of that great dermatologist and keen prescriber, the late Dr. Henry M. Dearborn, to assign students to cases appearing at the dispensary. We were supposed to diagnose and suggest remedies. A fellow-student and I were sent from the lecture room with a patient. Our diagnosis was herpes zoster, but we were undecided as to the remedy. The characteristic lesions, *vesicular*, suggested Rhus tox; but the *sensation* and *modality*, *burning pain relieved by heat*, pointed to Arsenicum. We concluded to ask Dr. Dearborn to decide. He selected Arsenicum because

the subjective symptom, *burning pain relieved by heat*, was more important than the objective symptom, vesicular eruption. The case made a rapid recovery.

The vast amount of cardiac clinical material offered at the Metropolitan Hospital caused me to become deeply interested in diseases of the heart. When my internship, at that institution, was fulfilled some sixteen years ago, I had received considerable practice in the detection of murmurs. My present experience as visiting physician keeps my ear in training.

I had not entered private practice very long before discovering that many patients in whom I heard pronounced murmurs suffered with little or no distress and are now still living years hence with no apparent weakening of the heart muscle. On the other hand, I observed that cases presenting marked subjective sensations, regardless of what the stethoscope revealed to the ear, were in a dangerous condition.

Sir James Mackenzie, in his classical works upon the heart, lays stress upon the great importance of *subjective* symptoms and the *response of the heart muscle to effort*. He proves that the prognosis must be based upon these. He shows also that if we are to obtain a true knowledge of heart conditions we must observe the same cases through a number of years. Few examinations of a large number of patients, while it may train the ear to great accuracy in the detection of objective signs, can never give one a true insight into cardiac conditions. A physician who devotes himself exclusively to hospital practice will not become really efficient in this most important branch of medicine.

It is not the object of this paper to enter into an abstract, lengthy consideration of heart diseases, but to present a few cases to illustrate the value of *subjective symptoms in cardiac conditions*.

*Case I.* Female, age 30. Conscious, heavy *constricted* feeling about the heart, convulsive action, numbness of the

hands, surging over body, sometimes feels as if dying, great exhaustion, pulse 91 and weak, can hardly attend to business. Systolic murmur heard at the second right intercostal space, transmitted to the neck. Systolic murmur heard at the apex transmitted to the left. Under Cactus grand., ten drops in half glass of water, two teaspoonfuls four times daily, she improved rapidly, and *all* subjective symptoms disappeared. The valvular murmurs still remain, of course.

I informed the patient that she must not exert herself unnecessarily, but that her valvular condition (aortic stenosis and mitral regurgitation) was not the most serious cardiac lesion. The *subjective* symptoms were such that she should use reasonable precautions against weakening the heart muscle, however. This patient went along for many years suffering no distress with occasional medication and ordinary precaution against fatigue. A short time ago she became extremely tired and nervous from overwork and I advised a complete rest.

The *objective* symptoms remained practically the same throughout the entire period of my observations, with a moderate variation of the rapidity and force of the heart beat. The remedy, treatment and prognosis were based upon the *subjective* symptoms, the true index to cardiac efficiency.

*Case II.* One night Morpheus was driven from my couch by a call from a patient suffering from angina pectoris. The following symptoms presented themselves: Most pronounced *dyspnœa and fear, constriction in cardiac region, aching of left arm and cold sweat.* I mixed ten drops of the tincture of Cactus in about a half glass of water and gave two teaspoonfuls every five minutes. I follow Dr. Rubini's suggestion as regards dosage. *Marked* relief was obtained from a few doses. After this I diminished the frequency of the medication. In an hour she was completely free from distress. She has never had another attack, but takes Cactus whenever there is a suspicion of relapse.

It is significant that the *objective* symptoms in this patient are very slight.

*Case III.* Many years ago a brother physician and a fine homœopathic prescriber was thought to be near death from valvular disease.

The sense of *constriction* was the most prominent symptom. *Cactus grand.*, prescribed by himself, palliated his condition perfectly (he always carries it in his pocket), and he is alive to-day and in active practice.

*Case IV.* Female, age 72. Tuberculosis of the lungs and cardiac degeneration. The sensation of *constriction* about the chest appearing prominently at times, would promptly disappear under the action of *Cactus*.

I could repeat many similar cases in which this valuable heart remedy has been of the utmost service. The indications for its use are *subjective*. The experiments upon guinea pigs, conducted at the College of Physicians and Surgeons, New York, were most misleading. The experimental scientists concluded that *Cactus* had no action upon the human heart because no symptoms were produced upon guinea pigs.

The provings of that keen observer, Dr. Rubini, of Italy, showed what a truly valuable cardiac remedy *Cactus* really is. It would be difficult to produce the *sensation of constriction in the cardiac region as of an iron band, aching of the left arm, anxiety*, etc., in a guinea pig. When the experimental scientists learn that it is necessary to know the action of a remedy upon the healthy human body before it can be applied curatively, one school of medicine, and one alone, will exist.

Do not think that I disapprove of the experimental pharmacological laboratory. Such is not the case. I favor all methods tending to increase knowledge. I do claim, however, that animal experimentation plays but a small part in the development of homœopathic medicinal therapeutics, and to base our knowledge of drug action upon such experimentation is absolutely devoid of logic.

*Case V.* Male, age 60. Great sense of fulness in the chest and throat. It was with the utmost difficulty that I detected a *slight* murmur, systolic in time, and heard over second left intercostal space. I was very careful in my examination and used a Bowles' stethoscope. Patient remained in moderately good condition for a number of years under such remedies as Lachesis 30, Nux vomica 30, Cactus grand., etc., prescribed on existing indications. He was warned against over-exertion. One day he complained more than usual of the fulness above mentioned. There was no apparent change in the objective symptoms. I again warned him against exertion. Next day he ran up the elevated road stairs and dropped dead on the platform.

If I had been guided by the *objective* symptoms I would never have warned him of his danger, which he finally so fatally disregarded. Our reputation as physicians often hangs upon such a warning.

*Case VI.* Male, age 44. Patient suffered with marked neurasthenia presenting a multitude of subjective symptoms. His most prominent symptom was pain, burning and heaviness in occiput with vertigo. Sometimes he would have pain or burning over the left epigastric or abdominal regions. He was troubled with constipation, etc., etc. Urinary analysis showed traces of albumin, a few pus cells and epithelia from convoluted tubules of kidney containing fat granules and globules. Blood pressure varied from 140 to 170. He presented no valvular lesions and the apex beat was moderately strong. Patient was under my care for about four years, during which time I was able to improve his condition without completely removing all his disagreeable sensations. Last November he developed dyspnoea aggravated by walking, dry cough, and pain about cardiac region. Notwithstanding that the objective symptoms of heart trouble were almost lacking, excepting a slight weakening of the apex beat. I warned him against exertion. Previous experience had taught me the value of *subjective* symptoms.

Laurocerasus, and, later, Cactus, relieved him somewhat, but he still complained of some pain and distress. On December 14, 1917, his wife called me hurriedly by telephone. He was suffering great pain in cardiac region after a walk. Before she finished her message, he was dead. This was another evidence of the great prognostic value of *subjective* symptoms.

*Case VII.* Female, age 40. Dyspnœa on slightest exertion, weakness so great that she could not go out and attend to business. Systolic murmur at apex transmitted to the left, systolic murmur at right intercostal space transmitted to neck.

I prescribed Cratægus  $\theta$ , five drops, four times daily. Cratægus does not work well in potency. This cured all her *subjective* symptoms and she is now strong and attending to business. Of course, the murmurs remain. When the *subjective* symptoms disappeared the patient was better notwithstanding the continuance of the murmurs.

*Case VIII.* Male, age 79. Cardiac dyspnœa, palpitation and weakness. Greatly relieved in a short time by Cratægus  $\theta$ , five drops, four times daily.

I could relate many more cases in which the *objective* symptoms were very insignificant, but where the *subjective* symptoms stood out prominently, but time is limited.

I will now present a few cases where the *objective* symptoms were pronounced, but where the *subjective* symptoms were slight or absent.

*Case I.* Male, age 78. Patient came to me about thirteen years ago for an examination. I found the heart beat very slow, 54 per minute. I heard a *marked* systolic murmur at apex transmitted to the left. All these years he has suffered little or no distress, is most active in business, has played tennis, could chin himself on a horizontal bar six times a few years ago, runs for street cars, possesses a good tenor voice at the present time, writes his own songs, etc. It is only very recently that he developed any pain in the

cardiac region, but it is not marked and has improved under treatment. He is a remarkably strong, active, well-preserved man to-day.

*Case II.* Male, age 37. April 14, 1912. Patient, who has a most responsible position, was extremely overworked. He had a dull headache, nervousness, raw throat (due to cigarettes), constipation, no appetite, etc. There were no symptoms indicating heart trouble. Upon examination I discovered a marked systolic murmur at the second right intercostal space transmitted to the neck, and a marked systolic murmur at apex transmitted to the left.

During the years that he has been under my occasional care, chiefly for nervous indigestion, due to overwork, no subjective cardiac symptoms have developed. He works extremely hard, goes into high elevations like Denver, and smokes immoderately. He feels better to-day than he has in years.

*Case III.* Male, age 37. Patient, strong and active, expert tennis player, free from all subjective sensations. He wished a physical examination before applying for entrance to the officers' training camp. He was most desirous of entering the army. On examination I discovered a systolic murmur at apex transmitted to the left. He was terribly disappointed. Because of the utter absence of *subjective* symptoms notwithstanding his extremely active life, I decided that he was fit for army duty and advised him to apply for examination. He was passed by the local examiners and sent to the officers' training camp. After three months' strenuous training he was in fine physical condition and developed no *subjective* symptoms. He was finally rejected because of the murmur. I believe this man would have been a valuable aid to his country. The medical officers did not wish to take a chance, however.

*Case IV.* Strong, active, young man, professional wrestler and athlete, applied for a physical examination last fall. He was engaged in physical instruction. After very

strenuous wrestling he would notice a very slight shortness of breath. No other *subjective* symptoms were present. Upon examination I discovered a mitral regurgitation. The murmur was pronounced. Any one familiar with the science and art of wrestling knows what a strenuous sport it is and how a normal man will soon become winded. The only symptom it produced in this patient was a slight dyspnoea. However, I advised him to save himself as much as possible.

During my seventeen years' practice I have been surprised at the number of patients having systolic murmurs at the apex, and I agree with our celebrated English colleague, Sir James Mackenzie, that many of them are physiological. Graham Steel said that "no one dies from mitral regurgitation." Dr. Mackenzie has proved that other factors such as myocardial disease and impairment account for failure of the heart to perform its function. He writes in his attractive style, "What is essential to us as physicians is to recognize that a systolic murmur whether variable or persistent may be of no significance as far as the future of the patient is concerned, and that when it is the only abnormal sign present and the response to effort is good, it implies neither cardiac disease nor cardiac impairment."

It is important to note that the diastolic or pre-systolic murmurs (mitral stenosis and aortic regurgitation) lead to heart failure by embarrassing the heart. The detection of these murmurs is of importance in the prognostication of what is likely to develop as impairment progresses. For example, the pre-systolic crescendo murmur heard at the apex shows that the mitral stenosis has not progressed beyond the earlier stages. When the mitral diastolic diminuendo murmur appears, it shows that the condition is more advanced, and when these two murmurs merge into one diastolic diminuendo-crescendo murmur continuing through the entire diastole it shows that the stenosis is far advanced. The *subjective* symptoms will be present to show the exact condition

of the heart muscle, and it is on the severity of these that the prognosis is made. The majority of our prescriptions are based on the *subjective* symptoms.

Such facts prove THE VALUE OF SUBJECTIVE SYMPTOMS IN CARDIAC CONDITIONS.

#### DISCUSSION.

Dr. Kimball: I would like to ask Dr. Coleman about his blood pressures. Do they seem to have any relation to the condition of the heart?

Dr. Rabe: I would like to ask Dr. Coleman about the use of *Cratægus*. Whether he took the blood pressure? Dr. Hinsdale, of Columbus, Ohio, says it produces a low blood pressure.

Dr. K. A. McLaren: Dr. Coleman referred to an experiment conducted upon guinea pigs. I recently received a little pamphlet from Drs. Rudolph and Cole, gotten out a few years before the war started. These doctors wanted to test the efficacy of *Aconite*. They gave it to patients and decided that it was inert and not deadly. They fed it to patients with typhoid and that seemed to prove their point. Experiments conducted upon human beings are of much more importance than those conducted upon animals.

Dr. B. G. Clark: One lesion Dr. Coleman did not speak of. Several years ago a nurse came to me—a sister of a patient of mine. I found a slight murmur under the sternum near the base of the heart. I told her I did not know what would produce that unless it were a slight aneurism. I sent her to a specialist. He thought she had a slight aneurism. I had an x-ray taken. The various symptoms called for *Lilium tig.*, which relieved her very quickly.

About two years ago came another patient. She had quite a little difficulty in respiration. I examined her heart. Again I found another little murmur very similar to the

one I had heard before. So I sent her to the hospital. I said I will bring you a picture of your heart. It was almost identical with the one I got before. *Lilium tig.* has relieved her very much. It is a lesion we do not often find.

Dr. Stearns: The points Dr. Coleman has brought out cannot be emphasized too much. A close observation of the subjective symptoms leads us often to prescribe and cure the case before we recognize their significance. I was hoping that Dr. Coleman would mention some of the symptoms that Mackenzie brings out. If I recall correctly Mackenzie compares the sensations in early cardiac failure with the feeling that a child gets when running—the tired feeling in the legs. At times exertion will cause pain over the ilia or in the region of the stomach or going up to the neck.

From a diagnostic standpoint the size of the heart is of much more importance than the murmurs; accentuation of the second pulmonic sound is of more diagnostic value than the murmur.

Doctor, has any proving been made of *Cratægus*?

Dr. Rabe: Yes, by Hinsdale.

Dr. Stearns: I mean homœopathic provings.

Dr. T. G. Sloan: Last fall I examined between five and eight hundred school children of both sexes. I should say at least twenty per cent. of the girls, varying in age from eleven to fourteen years, had heart murmurs. Some over the base, some over the apex. Among the boys ten or fifteen per cent. of them had murmurs somewhere around their hearts. All this did not mean anything. There were only two per cent. of them whom we refused permission to go into the gymnasium.

In my insurance work I examined a good many people during the course of a year. Here, also, I find many murmurs that mean nothing.

I examine for an industrial corporation and find a great many murmurs that do not mean anything. We do not put

a man into a place where he can do himself injury. We are just as careful of heart cases as we are of ruptures and bad vision. All these things simply mean that a murmur of itself does not mean anything. A great many murmurs can be absolutely disregarded.

Dr. Coleman in conclusion: Regarding blood pressure. I think that the significance of blood pressure has been greatly exaggerated. In some patients the pressure was high, in some low, and in some normal. It varied. I do not pay too much attention to blood pressure alone as such.

Dr. Rabe asked about Cratægus. As I said before, some patients had high blood pressure, some low, and some normal. The symptomatology of Cratægus is not well developed as yet. Dr. Cowperthwaite made a slight proving, but it did not develop much. Dr. Hinsdale proved Cratægus and found that it produced a low blood pressure. I do not regard blood pressure in making my selection of this remedy, however.

In speaking of the subjective symptoms, I wish to exclude heart murmurs. They are objective and do not come into the consideration at all. Dr. Stearns expressed regret that I did not fully describe symptoms. I did not consider such necessary before a scientifically trained body. Often there is no pain in the heart. You can have a variety of subjective symptoms. Dyspnoea would be the most prominent.

Dr. Stearns spoke about the size of the heart. Such I carefully watch. The size in itself cannot be taken as indicating true conditions. In the patient who dropped dead the apex was not beyond the nipple. The whole treatment must be based not upon what we see and what we hear, but upon *what the patient feels*.

A perfectly normal heart is not hurt by exertion unless it is beyond all reason. There is no such thing as an athlete's heart as such. If athletics seem injurious it is because of some pre-existing pathological condition. The athlete is

held up by his sensations before any real damage is done.

Dr. D. C. McLaren: Have you noticed the effect of altitude?

Dr. Coleman: Yes, I have seen it work both ways.

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## CLINICAL CASES.

BY D. C. MCLAREN, OTTAWA, CANADA.

Mrs. R. J., 48. A lump had been growing in the left breast for seven or eight months, with no history of injury. The mammæ always used to swell up before menses. She had a weak, empty feeling at times; is very fond of meat; lies on her back and jerks on falling asleep. She perspires on sleeping and even when closing the eyes. Both first and second prescriptions were clear; so she received the 200th of Sulphur on September 17th, 1909, and on January 4, 1910, Conium c. m. On March 21st, 1910, she reported hot flushes, burning feet, great hunger and craving for fresh air. Sulphur 200 was repeated, followed by Calcarea 200 on July 27th, 1910, as by this time she was getting fairly stout.

On October 15th, 1910, I gave her Chin. sulf. c. m., to antidote some Quinine symptoms of previous years, which the last remedies had stirred up, and, as a final wind-up, Sulphur 200, on January 5th, 1911, and Sulphur 200, on May 30th, 1911. Within two years she was entirely cured, not only of her tumor, but was transformed into a remarkably healthy woman. Very few such cases, however, will stick to the treatment for so long a time; there are too many false prophets among their friends and neighbors to whom they give heed.

F. J., 38. Farmer. An utterly broken down man; the slightest exertion, even gentle walking, caused severe dyspnoea; he suffered greatly from palpitation and fluttering of the heart. The causes of his trouble were: 1st, suppression of itch in boyhood; 2nd, suppression of running sore years ago, and 3rd, overwork on the farm. His dyspnoea

was peculiar in being worse out-doors, must come in to breathe better ; then, too, he must spread his arms out wide, even over his head, to relieve the breathing ; finally, nothing suits him when he is hungry.

Psorinum c. m., on March 16, 1907, made a changed man of him, so that he enjoyed life and was able to work freely all through the two following seasons, until December 4, 1908, about twenty months after, when, for some minor symptoms, he received Rhus 200. About a year later he complained of palpitation and left-sided neuralgia and got Spigelia 1,000, on November 19, 1909. Then Sulphur 200, on June 7, 1910 ; again Psorinum c. m., on April 17, 1911. Then nothing but steady, good health for two years. Rhus 200, on February 25, 1913, and Spigelia on October 10, 1913. Another two years. Ranunculus bulb. on November 18, 1915, and, finally, Psorinum c. m. on February 2, 1916. Nothing doing for over two years now. I guess he is pretty well cured.

What the specialists do to people's eyes is probably exceeded only by extra touches with which the operative gynecologists get in their deadly work. Here is a case of ruined eyes, which came to me in 1915, after two years or so going to and fro among the specialists, and mighty hard going he found it, too, and now was just about going it blind ; by day he could only go out with eyes heavily shaded, and even in-doors must keep the eyes protected with very dark glasses. Red, raw conjunctiva, like beefsteak, and constant lachrymation ; the eyes had been burnt so much, there was now a constant burning in them, greatly aggravated by heat and light.

I began the treatment with Arg. nit. c. m. and about a month later Euphrasia c. m. and Silica c. m. on September 22nd. These were the preliminary prescriptions to tide him over the hot, sunshiny days of summer. During the fall and winter most of the real curative work was done ; on November 5th, Arsenicum 200 did splendidly in removing

the persistent burning; on December 22nd, Natrum mur. 400, followed by Arsenicum 200 again on January 11, 1916. The remedy got in three months of good work and it was not until April 22nd, when the warm, bright spring days began to make the eyes red and watery again, that another prescription was required, this time Sulphur 200, followed by Sulphur D. M. on June 5th. This held the case all summer, save only an occasional dose of Pulsatilla 30, as a mild palliative; finally, on October 2nd, 1916, Sulphur 200 again and on December 24th, Sulphur 21m. He has remained well ever since, requiring no treatment during the summer of 1917.

Some ten or more years ago, a man about 60 years of age was troubled with failing sight; the local specialist sent him to one of the big fellows in a large city, who diagnosed glaucoma in both eyes, requiring operation at \$250.00 per. The prospect was not entirely pleasing to the patient, who, soon afterwards, consulted me and put himself under my treatment.

The homœopathic remedies worked wonders for him; just a few doses Sulphur, at long intervals, and, later on, Pulsatilla, have given him about as good eyesight and use of the eyes as the average man enjoys at his age. Once in a while he has the local specialist examine his eyes to make sure they are all right. Recently this doctor admitted the result was far ahead of anything that operation could have accomplished.

#### DISCUSSION.

Dr. T. G. Sloan: There are some very good cases there to discuss. What experience have members of the society had with mammary tumors in women?

Dr. Sloan: It is rather interesting in this connection to know that Dr. Duncan Bulkley, of New York, considers cancer a medical problem and not a surgical one. He has many ideas that are original. He says that cancer is not a disease, but the result of constitutional disease. He says

that ninety per cent. of those that have cancer die of it. He feels that X-ray and Radium do very little good, and says that the surgical treatment of cancer is an absolute failure. Surgical science has made tremendous progress, and the death rate from cancer is increasing tremendously.

Dr. Clark, New York City: About two months ago Dr. Bulkley read a paper at our pathological society. He goes on further and says it is a matter of diet. The countries where meat eating is indulged in are the countries where cancer is developed mostly. By very little meat and mostly by vegetable diet he gets most of his results.

Dr. Rabe, New York City: Dr. Horace Packard said, that in his observation, on Cape Cod, many of the trees were afflicted by cancerous excrescences and that those soils are impoverished and deprived of the necessary inorganic salts of potassium, etc. Now the same thing takes place in humans, especially in those who have eaten very little of vegetables. Undoubtedly, there is a great deal of truth in what he says and much food for thought.

A patient under my care for a little more than a year and a half, who had been to old school physicians and the Bellevue Hospital, came to me with a lump in her breast about the size of a small orange, I should say. She was discouraged and very much worried about her condition. She had refused to be operated upon. I explained to her that these doctors were acting in accordance with the opinion of the day and that an operation was the only thing to have. Her remedy, however, was Conium. Conium has helped her very much. In this time the tumor has gone down to one and one-half inches in size. There is rarely any pain, and though she is by no means cured, she certainly is decidedly better.

I recall another case in which there was a similar tumor in the breast, which was also relieved by Conium. I always feel a hesitancy about prescribing for these cases; because we know that they are mainly regarded as surgical; but

when people refuse operation, I go ahead with a feeling of confidence that I may accomplish something.

Dr. K. A. McLaren, Toronto, Canada: I recently attended a convention of the old school and heard Dr. Mayo speak. One of the things that impresses me very much was the statement that after a cancer had developed cachexia an operation was of no value. He said that when it developed there was an acid condition of the blood, and that cancerous cells were circulating in the blood stream. Therefore, an operation would be useless.

Dr. D. E. S. Coleman, New York City: Regarding tumor of the breasts, I should like to speak of an old lady, eighty years of age, who has had carcinoma of the breast for eighteen years. She came to me eight years ago. At that time I told the family she might live until she was about seventy-five. I have had to raise my estimate every year.

The particular symptom complained of when she first consulted me, eight years ago, was the terrible shooting pain. She was completely relieved by Conium. Later, hemorrhages appeared. Millefolium controlled them absolutely. Finally a terrible odor developed. The family attempted ordinary deodorant measures. Various things were placed about the room and applied to the breast without the slightest result. Kreosote, internally, stopped the odor entirely.

The burning pain and burning discharge disappeared and some of the cancer sloughed away. She now continues in apparent good health on occasional doses of Conium. She has had cancer for eighteen years. I am not predicting when she will die.

Dr. Rabe, New York City: Touching upon the importance of diet and cancer developing in trees deprived of inorganic salts:—I believe that a cause of cancer may be that the food taken by those suffering from it, has been deprived of inorganic substances. I think that Dr. Coleman has given us an extremely interesting case.

I believe that Dr. Packard has stated that people from central Europe never have decayed teeth, simply because they have not been fed upon food deprived of the inorganic salts.

Dr. D. E. S. Coleman: McCann found that prize fighters had bad teeth. Prize fighters degenerate because they do not train properly, and the food consumed is absolutely wrong. Wrestlers generally have good teeth, because the majority eat proper food and are practically in constant training. George Bothner is fifty years old and no man lives at his weight whom he cannot throw. Recently he threw a man weighing 398 pounds in fifteen minutes. My friend, Dr. B. F. Roller, has been one of the world's greatest wrestlers for many years.

Dr. Kimball: I received that pamphlet of Dr. Bulkley. I think there is much truth in what he says. I notice that he says it is very important to stop eating meat in cases of cancer.

Dr. Guy B. Stearns, New York City: Cancers treated in this way (X-ray) are likely to be very intractable to homœopathic treatment. A patient should be told that it will take at least two years before a condition of that kind can be cured. Most cases are probably incurable.

Dr. Sloan: I had a case of tumor of the breast that disappeared entirely under Conium. You can't make a diagnosis of cancer unless you get a cross section of it.

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## ACIDOSIS.

BY HENRY L. HOUGHTON, M. D., BOSTON, MASS.

Acidosis is somewhat of a misnomer, as the condition to which this term is applied is not one of excess of acid in the body, but is one of diminished alkalies. This condition of diminished alkalies occurs in a number of diseases: diabetes, Asiatic cholera, nephritis, hepatitis, also in so-called "Food Intoxication" of children, starvation and following

general anæsthesia. The ordinary treatment for this condition is the introduction of Sodium bicarbonate into the body either by mouth or intravenously. The ideal treatment would be to remove the cause of the acidosis. Hahnemann has given us directions for treating and removing the causes of disease and also for removing the obstacles to a cure. His rules hold in treating this condition, as they do in treating every diseased condition of man, bird or beast; make your complete record of the case, prescribe the remedy covering the totality of symptoms and repeat or change your prescription according to indications. In this way the cause of the condition is removed and a recurrence is unlikely.

The following remedies have given very rapid and curative results in treating this condition in cases of "Food Intoxication of Children."

Æthusa; where the child desires water or food immediately after vomiting.

Bryonia; cases which have been relatively slow in their onset and are marked by languor rather than restlessness or prostration. Averse to motion or to food; thirsty, but puts off making the effort to drink.

Phosphorus; the marked indication for this remedy is the air hunger, which is prominent in the very acute cases and is also characteristic of severe cases following general anæsthesia. The face is generally drawn, flushed and the thirst is for cold drinks.

Pulsatilla; all degrees of severity with an intolerance for milk; the diet has to be principally broths.

Tabacum; extreme cases, violent nausea and vomiting, great prostration, pallor, perspiration, skin cold to touch; nausea practically all the time.

#### DISCUSSION.

Dr. D. E. S. Coleman, New York City: The Crown Prince Wilhelm, the German raider, was out-lawed on the Atlantic ocean. Before sinking ships foods deficient in in-

organic salts were removed for the raiders' crew. These sailors had a diet composed of denatured foods—meat, white flour, refined sugar, butter, and other foods lacking inorganic constituents.

All went well until the two hundred and eightieth day. Then the sailors began to show symptoms. The first symptom was stumbling when walking on the deck.

To make a long story short, one hundred and ten sailors were at the point of death with profound mal-nutrition before the captain attempted to make a neutral port (Newport News).

The surgeon did not have the slightest idea of the cause of the trouble.

The officers of the port did not know either.

Mr. Alfred W. McCann went to Newport News. They would not let him on board, because he was a newspaper man. He smuggled himself on board by using a doctor's card. Some doctor recognized him and asked that he be removed. He did not know McCann. The doctor and his associates were the ones to leave. McCann diagnosed the complaint as acidosis, produced by mineral insufficiency in the diet. He said, "I can cure these men," and he did cure all but four. One hundred and six sailors recovered under the diet that McCann instituted. It consisted of foods containing inorganic salts in large amounts. Yolks of eggs, whole-wheat bread, lemon juice, potato skins, fresh vegetables, lemons, etc. He published his great discovery first in the *New York Globe*. The ship surgeon was apparently very grateful, but asked McCann not to publish the episode himself, but to let it be published officially in Germany later on. McCann said he did not care "a fig" for official Germany; he cared for mankind alone. I consider this one of the most valuable experiments in the history of medicine.

None of the college experiments were of value; on the contrary, they misled, because only a few students participated for a short time. Remember it was not until the two

hundred and eightieth day that the sailors showed symptoms.

Four thousand men employed to build a railroad from Bolivia to Brazil (the Madeira-Mamore R. R. Co.) died because they consumed food deficient in inorganic salts. They ate canned vegetables containing salts of tin, white crackers, etc. The monkeys in the vicinity lived on dates, etc., but the four thousand men died. So the principal cause of acidosis is improper food.

Dr. Kimball: A child was brought to me who had attacks of vomiting curds after taking milk. It was due to acidosis. I gave *Æthusa* and have heard that she has not had another attack. This was an acute condition.

I remember a case a few years ago of a child who had repeated attacks of vomiting. I stopped milk, as a last resort, and the attacks stopped.

Dr. P. E. Krichbaum, Montclair, New Jersey: I was very glad to hear the last speaker because he favored my prescription. I am very glad I staggered into it as a remedy.

Dr. Guy B. Stearns, New York City: There are three symptoms that come with acidosis; vomiting, air-hunger, and acetone in the breath. True acidosis is not necessarily an acute condition, as I understand it. I recall a case in which a fat-free diet was one of the elements of cure. Sometimes it is necessary to cut out the carbo-hydrates. Acidosis occurs in starvation. True acidosis has something to do with an unbalanced diet.

Dr. Clark, New York City: I wonder whether we have been able to relieve the vomiting of pregnancy. In an interesting case I got there was considerable acetone in the urine. By going over the case carefully, I found Aconite was the indicated remedy, and I gave it in the thirty, in ten drop doses; the vomiting was relieved entirely in twenty-four to twenty-eight hours. In ten days the acetone entirely cleared up in the urine. Bicarbonate of soda will, for the time being, relieve the symptoms, but if it is kept up the acidosis increases.

Dr. Green: In acidosis, if it is long continued, does it not tend to produce prolapsus of the stomach?

Dr. MacAdam: Much has been said, and truly, about inorganic salts. Yet it is well not to overestimate their importance, perhaps to the sacrifice of scientific truth. It has been found that vitamins are essential to life; that these unknown substances, probably protein in nature, are to be found in the outer covering of grains and in other foods; that the milling which removes the salts also removes the vitamins. It is probable that the faults of nutrition which have been ascribed to deficiency of salts is truly due to deficiency of vitamins.

Acidosis is, however, another story. This condition is not a deficiency disease, but a malady caused by a decreased alkalinity of the blood. The usual cause is the presence of the ketone acids, beta-oxybutyric and diacetic acids. These are intermediate products in the breaking down of fats. Normally, when formed they are quickly destroyed, but in some conditions they accumulate in the body, causing the condition known as "acidosis."

If you touch a match to a piece of fat it will not burn. But fat dropped into the fire is quickly oxidized. So it has been said, "The fats are burned in the fire of the carbohydrates." In these cases of acidosis the dietetic treatment consists of forcing the intake of carbohydrate food. In the vomiting of these cases if cereal gruel can be administered, and retained, the case recovers very quickly.

Broth is almost poison, whereas starch is curative.

Dr. Houghton: As I said before I read my few remarks, I came here to learn on this subject. As to the question Dr. Green asks:—Of course, conditions of that sort are very likely to produce acidosis. For instance, the extreme vomiting following surgical operations, it is common to find the stomach well below the umbilicus. The acute condition is the one we hear the most about. I think others will recognize the chronic condition. Perhaps the most striking fact

of that is diabetes; here you get the acetone condition constantly over a long extended time.

As to what Dr. Krichbaum says:—We are dealing with a subject that is both acute and chronic. The indicated remedy is much more satisfactory in disposing of the acute condition. The acute condition may be an isolated attack or a recurrent attack, such as Dr. Krichbaum gives us. Arsenic would act with the acute as well as with the chronic condition. In diabetes you have to depend upon your chronic remedies used over a term of years in making any impression upon your diabetic condition.

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## CASES ILLUSTRATING A METHOD OF TEACHING.

I. H. A., JUNE, 1918.

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

During the past few years I have gathered from many sources various symptoms on which homœopathic prescriptions are made. These symptoms, when analyzed, fall under natural heads and these heads, when grouped together, form a system that can be schematized. With this schema as a starting point, we have a systematic method for the taking of cases so as to bring out all the evidence for a homœopathic prescription. This method has been applied practically to the fourth year students at the New York Homœopathic College, as follows:

A short talk on the principles of case-taking is given to the group of students on a ward and the schema is dictated to them. Then each student is assigned to his patients and directed to take their histories in accord with the schema. From these histories the clinical instructor advances through the various physical examinations to the diagnosis. The homœopathic instructor shows the students how to select from the histories the symptoms necessary for prescribing,

and then if the remedy does not stand out clearly, the repertory and the materia medica are consulted until the similitum is found. In this way the greatest degree of efficiency is obtained in teaching the refinements of both diagnostic and homœopathic technique. One special advantage is that it gives the students an understanding of what the totality of symptoms means.

Since the repertory and the materia medica are consulted in almost every case, the final prescription is usually the correct one and carries the case to a cure. This gives the homœopathic prescribing a much more important place in the student's mind than it usually holds, because he studies the case and selects the remedy himself, and then after giving same to the patient, follows the case all through with interest to confirm his decision and to fix the discriminating symptoms of the remedy firmly in mind.

CASE I. The patient was a married woman, æt. 32. On February 18, she had had a chill, high fever and delirium, and her right hand and wrist became swollen. Some powders were given her and the swelling left the wrist, but the right knee became swollen and very red and hot and, after a time, semi-flexed through contraction of the hamstrings. On April 21st (about two months later), she was first treated homœopathically. Her knee was much swollen, red, very painful, and the leg flexed to an angle of about 60 degrees. On the keynote method of prescribing, Bell., Nux vom., Rhod., and other remedies were given as indications seemed to arise. She slowly improved and in May forcible extension was made under ether, and in June baking and massage given. On July 4th, the case was taken in accord with the schema and the following points were brought out:

The knee was nearly twice its normal size, red and very painful. In spite of massage and baking there had been no improvement in the preceding few weeks, although the leg had remained almost straight because it had been kept in

splints after forcible extension. The pain was worse evenings and nights and before a storm. The first two months of her illness her menstruation had stopped. Two years previous to this illness she had had a miscarriage and had not been well since. The condition probably was gonorrhoeal, because of its being a mon arthritis, and, by deduction, because the patient had left her husband on account of his unfaithfulness; however, the gonococcus fixation test was negative. The symptom "worse before a storm" was selected as the leading one. I have never failed to locate the remedy in a small group when that symptom is marked. The principal remedies in this group are: *Agar.*, *Ced.*, *Gels.*, *Kali bi.*, *Lach.*, *Lyc.*, *Nat. carb.*, *Phos.*, *PSOR.*, *RHOD.*, *Rhus*, *Sepia* and *Tub.* The rest of the symptoms were quickly decided for *Sepia*, which was given in 10m. Skinner potency. In two or three days a red, punctate itching eruption appeared over the entire body and she had a short attack of herpes zoster on chest. Her knee began to improve at once. The remedy was repeated August 13th, 10m., and again December 1st, 50m., when she reported nearly well.

Murphy gave a very bad prognosis for arthritic cases, where the infection was ushered in with a chill. Each year I am more and more impressed with the importance of *Sepia* as a remedy, especially in chronic cases. It is as frequently indicated as Sulphur. In one very acute attack of rheumatic fever with endocardial involvement, the patient was entirely cured in less than two weeks. The knees were most affected, hamstrings contracted, and the pain so severe that it made the patient weep. The leading symptoms were: Sweat upon falling asleep, craving for lemons, burning pains better from changing of position, and worse late afternoon and at night.

CASE II. Another interesting case which was worked out by the students was that of a woman, æt. 35, tall, fair, dark complexioned. For four years she had been troubled with vomiting at each menstruation. This had been growing

worse each month, until she was obliged to remain in bed ten days at each period. The vomiting was aggravated for two or three hours after eating though it was quite constant during the whole twenty-four hours. Vomitus was sour, of food eaten, and, later, watery and mucus. She had mild cramps in the uterus; lips were dry and lower lip cracked in middle. She had been married for several years, but had never been pregnant. Her uterus was small and felt hard and fibrous. The fourteen remedies in Kent, indicating vomiting during menstruation, which are most prominently marked are: *Amm. carb.*, *Amm. mur.*, *Apoc.*, *Calc. carb.*, *Carb. veg.*, *Cupr.*, *Graph.*, *Kali carb.*, *Lach.*, *Lyc.*, *Phos.*, *Sul.*, *Ver. alb.* A comparison of the stomach symptoms of all of those led to the selection of *Apoc.* on account of the marked irritability which that drug causes in the stomach, not only during menstruation, but in various other conditions. There was, moreover, the negative reason that none of the other remedies covered the case in type or general characteristics. On October 11th, she was given *Apoc.* 3rd, four times daily, and was then discharged from the hospital. Sixteen days later (October 27), she reported with a herpes zoster on left side of the chest, large blisters, burning pains worse at night, chilly and thirsty for small amounts of water. Under *Ars. im.* the symptoms cleared up in a few days and her menstruation came on two weeks overdue, but with no vomiting, the first time for four years that vomiting had not occurred.

It is of interest to note, in connection with an herpes zoster, that this disease has been very prevalent in New York during the past two years. My associates and I have seen more cases within this time than during fifteen years previous.

On December 1st, this patient went to Atlanta by boat and, during the trip, menstruated, and vomited as before. *Apoc.* 30th was sent, to be taken four times a day for a week. Her next period was six days too early, accom-

panied by some vomiting, after which one powder of Apoc. 200th was given. The following period was free from trouble and, as she has not been heard from since, the probability is that she is cured. Apoc. is usually recommended to be given in low potencies. The only other case in which I have used it was in a cardio-nephritic with œdema, where the 30th was entirely satisfactory.

CASE III. Another interesting case was that of a girl of eighteen, who had had indigestion for a year, very severe indigestion for six months. Three months before admittance to Flower she had been vomiting after each meal, vomitus containing blood; she was treated (in some ——— hospital), medically, for ulcer of the stomach and after one month discharged. The middle of December, three weeks before admittance to Flower Hospital, all the symptoms returned and on January 4th she came into Flower; on January 15th, she was operated upon and a gastro-enterostomy was made. She was starved and emaciated and, as a result, her urine contained large amounts of acetone and diacetic acid. To neutralize this, retention-enemas of Soda bicarbonate and Glucose, one teaspoonful of each to the pint of water, were given frequently. Sleep was induced by Veronal, and Morphine and Atropine were given a few times for pain. The vomiting did not stop, and from January 15th to February 17th, the following remedies were given: Arg. nit., Ip., Fowler's Sol., Tinc. Iod., Ars., Dilute H. C. L., Phos., Kali bi., Chel., besides lavage. Nothing gave more than temporary relief. When she was turned over to the medical service on February 17th, three or four of the students took her case and obtained the following symptoms: Vomiting one-half to one hour after eating or drinking, green or yellow or brown or bloody, with constant nausea in throat; frequent abdominal cramps coming and going gradually; cramps in abdomen a few days before menstruation, better from eating; restless with the pains; headache after eating, made better by the open air

and by cold compresses; craving for cold drinks, but they cause pains in the stomach; in general, worse late afternoons and nights; generally worse before a storm; skin dry and mealy; lips dry, and the lower lip thick with an open, raw, ulcerated crack in the middle; tongue brownish, yellow center and red edges. There were several good symptoms to start with in this case, viz., the ulcer on the lower lip, the tongue with the red edges, the desire for cold drinks, the headache relieved in the open air, and the aggravation before a storm. This last was taken, and the group of remedies which are mentioned in the first case were studied. A few minutes' study of the *Materia Medica* led each student to select *Lycopodium*. The *im.* was given and repeated one week later. Some improvement followed the first prescription, but under the second dose the vomiting stopped and she steadily got better in every way. As she improved, she complained much of burning in the feet, which kept her awake, and after I left the service, on April 1st, Sulphur was given without giving any relief. On April 18th, she was discharged and reported at my office with the following symptoms: Legs aching from 4 P. M. until next morning; veins swollen on insteps in the evening; restless nights and must get up and walk around; better in open air; stinging burning in the feet aggravated before and during a storm. *Lyc. iom.* was given and under this her symptoms cleared up in two or three months. The lessons to be learned from this case are: First, not to allow that of which the patient complains most to obscure the totality of the symptoms; second, not to be diverted from the *similimum* by minor symptoms, which arise during the cure.

CASE IV. Another case with points of interest was a woman of fifty-five, who was sent in for study. For nine months she had had *purpura hemorrhagica*, the cause being unknown. Every few days she would have a severe nose-bleed or bleeding from the gums. Occasionally a hemorrhagic spot two or three inches across would appear

on some part of the body. This would be sore to the touch for a few days. The bleeding of the gums would usually occur at night, but the nose-bleeds were in the day time. Her legs below the knees were quite constantly covered with small purpuric spots. With each fresh appearance of a large spot she would be very restless. She had burning in the shins, worse in the left shin, with soreness to touch; burning and stinging in the toes, relieved by bathing with alcohol; bathing in water caused her legs to become very red and aggravated the burning. She was restless before midnight. She was constipated, with urging to stool, evacuation being small hard balls. She had many decayed teeth and marked pyorrhea. A careful diagnostic study was made to determine the cause of her condition, and no homœopathic prescription was made at first. Some of the internal secretions were used, on the theory that it might be a post-menopause disturbance, but no improvement occurring, it was turned over for homœopathic study. Restlessness before midnight; local aggravation from bathing, and the condition of purpura were the three outstanding features.

Carbo, Phos. and Rhus are the only three remedies mentioned in Kent's Repertory, which cause purpura and also which have aggravation from bathing. Phos. best covered the rest of the case, though lacking the brilliancy of indications that one likes to see. The *im.* gradually changed conditions so that her hemorrhages stopped and she was discharged. In six weeks, no bleeding having occurred for some time, she had one of her teeth extracted. The resultant hemorrhage was stopped only with great difficulty although all sorts of measures were used, including the injection of horse-serum. Her physician afterwards gave Phos. in different potencies, but never with the good effect that Phos. had at first. The question arises: Was Phos. her remedy, or was its action stopped by the emergency treatment employed to arrest her hemorrhage after the tooth was extracted? I tried to get in touch with her afterwards in or-

der to re-study her case, but her physician said that the woman had drifted out of sight. At any rate, the student who made the first study did creditable work.

Ten months later, this patient reported at my office and a restudy of her case showed Phosphorus to be her remedy. Under a dose of the 10m, she is steadily improving.

The books consulted in this work were Kent's Repertory, Hering's Condensed Materia Medica. These books were always on the ward during the hours when the students were there.

#### DISCUSSION.

Dr. Rabe, New York City: This excellent paper illustrates the kind of work that must be done in our colleges if our students are to be graduated as homœopathic physicians. This paper illustrates the coöperation that must exist between the various departments of our colleges.

Dr. Stearns' method of case taking is the well known Hahnemannian one. He insists that his students follow out the method themselves and quite correctly so. Those of us who have been practicing a long time do not have to do this, but we do it unconsciously.

The more we employ the repertory method, the better prescribers we will become. Very naturally we cannot rely upon the repertory invariably. It is easy to go to extremes in this matter.

A certain doctor told me that he never employed the repertory and could not use it. Yet his results are excellent. He cures his cases. His experience goes to show that good prescriptions can be made, and are being made, without consulting the repertory.

Personally, I always try to take a case in as thorough a manner as possible. This does not mean that I follow a cut and dried method of prescribing. Those cases that are presented to me in a somewhat incomplete manner, where I cannot see the remedy, I resort to the repertory, as most of you do. I mainly employ Kent and Bœnninghausen. They

are the only ones that are adapted for analytical purposes.

I think that through the method which is now being carried out by Dr. Stearns, we shall be able to graduate better Homœopaths than we have done heretofore. But it requires the honest, whole-hearted coöperation of every department.

The average surgeon knows very little of Homœopathy. There are few surgeons in the homœopathic school, mostly older men, who have been in general practice in the past, who, although they may not be able to prescribe homœopathic remedies themselves, allow others to do so for them. But our younger surgeons have so rapidly specialized in surgery that they have no knowledge of and no use for Homœopathy.

Not long ago I was called to see a woman who had been confined by one of our surgeons and obstetricians. A Cæsarean operation was necessary. Pus appeared in the incision and was removed by the surgeon. But she was far from well. The poor woman felt very sick and wanted help. A consultation was not considered necessary by the surgeon when I first saw this patient. Among other symptoms, I found she was nervous and apprehensive. She was exceedingly discouraged. She felt that she had suffered a great deal and did not see how she could bear any more. She had disagreeable visions during sleep. She was troubled with burning of the palms and feet, as well as night sweats. She was given to drawing long breaths and had a marked thirst for cold drinks. Phosphorus brought about a very rapid improvement and decided relief. Then the discharge from the wound became a thick, creamy pus. Calcarea sulphurica soon caused the pus to diminish, and the cavity was soon healed up. So many of our homœopathic surgeons still insist that there is no necessity for the homœopathic materia medica on these occasions. We must make these men see that there is something in Homœopathy and that surgery is far from complete.

Dr. Clark, New York City: I had recently an interest-

ing illustration of Sepia—the condition of Sepia brought on by a thunder storm. A lady came from the Adirondacks to New York. In the beginning every thunder storm brought on a severe pain in her head. The Sepia was given to her and she was much benefitted. Although having had a succession of thunder storms there was a return of the pain somewhat on later occasions. Yet she passed through the last storm without any development of the headache.

The employment of horse-serum in a case of hemorrhage was referred to. In the case of a patient who had been subject to attacks of hemorrhage horse-serum was employed without any effect. Dr. Stearns, can you use rabbit-serum?

Dr. Stearns: I do not know.

Dr. Patch, Boston, Mass.: I want to emphasize the work Dr. Stearns has done and suggest that this paper be presented in connection with his paper of last year in such form as to make it available for teaching purposes.

It seems to me that the more care and system we can get into the work of teaching, the better results we shall get. It is really a very simple thing to use the repertory properly if the students have an opportunity to learn the rudiments. When I graduated I did not know what the repertory was. We ought to distinguish very carefully in presenting the subject of repertory study to students always and show them what we mean by case analysis and repertory study. In this scheme we have something of great value to all of us who have anything to do with students.

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### ACUTE RHEUMATIC FEVER WITH METASTASIS TO HEART AFTER USE OF ANTIPHLOGISTINE.

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

This case was brought to mind by an agent for anti-phlogistine calling at the office the other day.

When I told him I was a Homœopathist and used no ex-

ternal medicated applications, he said, "Why! the Homœopaths are among my best customers." "You mean the so-called eclectic Homœopaths, don't you?" I replied, and he said he supposed he did, and went on his way.

On September 28, 1905, I was called to the Homœopathic Hospital to see Mr. T., a stout, well-built young man of 24 years, with a rheumatic fever, which came on after helping a friend to move his family.

His regular physician was away and he himself was not at home, so his friends called in a so-called Homœopathist, who, after a day or two, covered his joints with antiphlogistine, and sent him to the hospital, to which I was called late in the afternoon.

The patient told me the swelling and stiffness, there was no severe pain, began in the right knee, then went to right ankle and sole of right foot, then left knee, left ankle, and left sole, then to right wrist, left wrist and left fingers.

He had been very restless from the beginning, must keep moving, which relieved a little, and this continued, but he was sitting up in bed with difficult respiration, and could not lie down. There was also a dull pain about the heart. Every affected joint was plastered with antiphlogistine, even the soles of his feet. After this was washed off with alcohol, the joints were seen to be pale, swollen and still stiff; but no redness. His temperature was 102.4.

One dose of Rhus 200 was given. The next day I found he had had an uncomfortable night, but he was lying down and breathing easily, the pain in the heart was less and he could turn more easily in bed. Temperature at 8 A. M. 101.8, at 12 noon 102. Pulse, 110. He felt better generally and the joints, which had been covered with flannel after antiphlogistine was removed, were now swollen and red again with the same stiffness, showing that the condition was returning to where it belonged, and no remedy was given. The next day I found his night had been more comfortable, with a temperature of 100.4 at midnight, and 100.6

at 6 A. M. Pulse, 108. He had considerable dull pain in the region of the heart with occasional sharp pains, and a profuse sweat all over. The joints were about the same. He received a dose of *Kalmia* 200. I did not see him again, as his regular physician returned the next day and took charge of him. He told me later that the patient recovered quickly without any complications.

I recall another case where a man's back had been plastered with antiphlogistine, by the loving ones at home, for an intercostal neuralgia. This was followed by a bronchitis with a long tedious recovery.

I was called to this case in the night, as his regular physician was out of town. He told me later, he thought for a while that the patient was going into tuberculosis. From these experiences, it seems to be a good idea to let antiphlogistine and all such stuff severely alone.

#### DISCUSSION.

Dr. Rabe, New York City: Judging by the fact that Dr. Kimball was called when the regular physician was absent, he must be very irregular. I am interested in his administration of *Kalmia* with a pulse of one hundred and eight. The materia medica seems to show that a slow pulse is prerequisite to the use of *Kalmia*. Some of our practitioners use *Kalmia* with rapid pulse.

Dr. Patch: The further fact of metastasis would outweigh the rapidity of the pulse.

Dr. Stearns, New York City: Dr. Timothy Field Allen made a very good proving of *Kalmia* and observed extreme slowness of the pulse. Not so very long after he was called to a case of diphtheria in a child; this patient had an involvement of the vagus, and the pulse went gradually down to thirty, and it looked like a hopeless case. He gave that child *Kalmia* with a complete cure. Metastasis of rheumatism to the heart is an indication for *Kalmia*, other symptoms agreeing.

Dr. D. E. S. Coleman, New York City: I would like to verify the use of *Kalmia* in patients with a quick pulse. I was called in consultation by one of our most skillful prescribers to see a boy suffering with marked cardiac symptoms. He suffered greatly with dyspnoea and could not lie down. Marked murmurs could be heard. The pulse was *rapid*. Nevertheless we decided upon *Kalmia* because it covered the totality of the symptoms notwithstanding the rate of the cardiac beat. The patient recovered rapidly from all his subjective symptoms and was out playing with other boys in a short time.

Dr. Kimball in closing: I have nothing more to say except that when I gave the *Kalmia* I did not think as much of the pulse as of the metastasis and the dull ache in the heart. These were the reasons that led me to it.

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## CLINICAL EXPERIENCES.

BY ERASTUS E. CASE, HARTFORD, CONN.

### VERTIGO.

A merchant aged forty-six years.

Vertigo while walking on the street, with full sensation in the stomach; relieved by belching gas.

Vertigo much worse while standing still.

Absent minded.

Slow of apprehension.

Irritable; wishes to be let alone.

Pressive pain on both temples as if in a vise.

Empty eructations as soon as he has eaten.

Takes physic daily; bowels would not move without it.

Drinks coffee to excess.

His absent mindedness and the character of the frontal headache directed to the remedy that covered the symptoms.

1917, May 3. *Nux moschata* 1m in solution, a dose four times a day for two days. Physic and coffee forbidden.

May 14. The improvement has been wonderful. His bowels move every day but are still sluggish. He has not taken any coffee or physic.

Saccharum lactis.

June 1. Not quite so well during the last few days.

One powder Nux moschata 45m dry on the tongue.

July 1. He is feeling well with a good condition throughout the alimentary tract.

#### FURUNCLES.

A bookkeeper, aged thirty-six, has had forty-five boils within the last six months, never free from them, located usually upon the face, neck or buttocks. Old school treatment, including serum, has seemed to have no beneficial effect. Two boils now forming on the face.

Very sensitive to cold or dampness.

Frequent micturition; usually residuary urine.

Profuse, inoffensive foot sweat by day.

Feet cold.

No other symptom worthy of note.

All these symptoms are characteristic of Calcarea. Calcarea picrata has a well deserved reputation for the cure of boils in the external ear.

Calcarea picrata 30, a powder on the tongue four times a day for three days; twelve powders in all.

Two years have elapsed since the prescription without another boil. His health has been excellent.

#### HÆMORRHOIDS.

A blonde, nervous insurance man aged fifty-six years.

Hæmorrhoids sore; worse while sitting and after stool.

External after stool; soreness relieved if they bleed.

Torpid bowels; physic taken frequently.

Abundant flatulence in the abdomen.

Drawing pains in the spermatic cords.

Yellow coated tongue.

Saliva profuse, flows from the mouth during sleep at night.

Restless, fidgety, in the night.

In the repertorial study three remedies, Mercurius, Phosphorus and Pulsatilla covered all the symptoms. Mercurius had the highest count and was most like the symptoms peculiar to the patient.

1914, June 6. One powder Mercurius solubilis 1m, dry, on the tongue.

That was permitted to act without interruption, and in one month he was relieved from the whole train of symptoms. Three years later a return of the hæmorrhoids was cured by one powder, Sulphur 1m.

#### SUPPRESSED MALARIA.

A dark haired electrical engineer, aged thirty-nine years, with a history of chills suppressed by Quinine in early life.

Pressure and dull pain in the forehead every day from 9 a. m. until 1 p. m.

Irritable.

Apprehensive.

Hard, dry cough from trachea, with soreness in the chest; worse from any exertion.

Cold perspiration on head and body during the first part of the night; sleeps during the time.

He has been unable to work during the last four weeks.

The characteristics of sweat and the time of the headache pointed to the remedy.

1917, March 4. One powder Muriatic acid 1m, dry, on the tongue.

March 9. On the 5th, the morning after the prescription was made, he had a severe chill at 1 o'clock, followed by high fever, then profuse sweat.

The malarial poison was thrown out; he improved rapidly, and was at work in one week without further medication. Of course, he had placebo tablets for a few weeks afterward to complete the cure.

## COUGH.

A nervous woman aged thirty-five years, married ten years, no children, was treated by correspondence.

Violent cough from a dry sensation in the throat and trachea.

No expectoration.

Worse from exertion, from speaking, from deep inspiration, after eating, from breathing dust, especially worse from inhaling any smoke. Smoke outside the house, even with closed doors and windows, will cause a severe paroxysm of coughing.

Hoarseness from use of the voice.

The most prominent and peculiar symptom, aggravation from smoke, belongs to two remedies: *Euphrasia* and *Mentha piperita*. The latter has the sensitive dryness of the throat and chest.

One powder *Mentha piperita* 30m, dry, on the tongue cured.

The improvement was immediate.

## DYSURIA.

A blonde woman, aged forty years.

Stranguary and burning sensation in the urethra; worse after the flow of urine has ceased.

Urine pale, turbid, depositing a clay-like sediment.

Vertigo while walking; sometimes almost faints.

1918, Jan. 20. *Sarsaparilla* 2c in water, two teaspoonfuls once in three hours, four doses.

Jan. 24. The urinary discomfort and vertigo are gone.

Pains like bee stings on left hip and thigh drive her frantic.

Worse from heat, from the least touch; the flesh feels sore.

Dislikes to take liquid; thirstless.

One powder, *Apis* 2c.

Relief was felt as soon as the powder touched her tongue.

## II.

An elderly woman reported by letter that she was obliged to pass urine very frequently, with burning pain at the meatus afterward. No other symptom was given.

1917, May 22. Sent one powder Sarsaparilla *im* to be taken dry on the tongue.

May 30. Reports that the distress was relieved but returned yesterday.

The amount of urine is very scanty.

Feet so swollen in the morning that she can not put on her shoes.

She has no desire to drink water.

Sent one powder Apis *im*, which gave permanent relief.

These are two out of several instances observed where Apis has been called for after Sarsaparilla has acted favorably. They are offered as evidence that Apis bears a complementary relationship to Sarsaparilla. I have found no reference to that in our literature.

## NEURASTHENIA.

A black eyed, black haired woman aged fifty-one years, still menstruating regularly, wife of a clergyman, with two adult daughters, has been an invalid for twenty years.

Fear of death.

Fears to go out of doors alone; never goes shopping.

Fears to be in or near a high building.

Will not be left alone in the night.

Chronic cough from the trachea.

Expectoration yellow, with sweetish-taste.

Sensation of weight upon the chest always present.

Voice hoarse; worse from speaking.

The mental symptoms called for a remedy that covered those of the respiratory tract.

1917, March 20. Phosphorus *2c* in solution, four doses at intervals of three hours.

March 30. A rapid improvement followed which has seemed to stop.

Sent one powder Phosphorus 1m to be taken dry on the tongue.

Oct. 2. She has gained steadily, is now down town shopping with her daughter. Not quite so well lately.

One powder Phosphorus 9m, dry, on the tongue.

1918, March 18. She is still improving but sometimes feels nervous in the night.

One powder Phosphorus 9m, dry, on the tongue.

May 24. Her husband placed himself under treatment and rendered thanks for the restoration of an invalid wife to good health. She was courageous and as efficient in doing things as she was during their early married life. The menstruation had continued regularly.

#### DISCUSSION.

Dr. Patch: I think we should heartily thank Dr. Case for the experiences he brings to us. I hope these cases will be added as an appendix to the book he has already published.

His use of *Mentha* was rather unusual. It is very helpful at times in insomnia where the general symptom is a tendency of the mind to wander around and around without getting anywhere. It is most unusual to get any one remedy which will accomplish what Dr. Case has related.

Dr. Kimball: Twelve years ago a young fellow came to see me and wished to know if I could cure boils. I asked him what he had been doing. He said, "I have been having a serum injected which sends them away in about a week. I will be free for three or five days and then a fresh crop will break out. This has been going on for months, and I am tired of it." I took his case and gave him a dose of Sulphur. He never had another boil.

Dr. Rabe, New York City: I would like to verify the use of *Calcarea picrata* in boils. In regard to vertigo, let us not forget Hahnemann's caution about removing the obstacles to a cure. It is always well to look into the ear and make sure that a plug of wax is not present. I remember a case

of vertigo where there was a slight amount of wax in the canal. I removed this and the patient got well.

These cases related by Dr. Case are certainly interesting indeed.

Dr. Kirchbaum, Montclair, N. J.: A man came to me from Paterson who had vertigo for years. He could not get off a car unless he put his hand on something. He could not look down or up. I gave Phosphorus and he got well. I did not look into his ear.

Dr. Houghton: Coffee is the first thing I consider in cases of vertigo. Next to that I would place eye disturbances due to the need of glass or of proper glasses. These two causes cover a very large percentage of the cases of vertigo. Stopping coffee is always the first direction given to a patient who is addicted to it. I have always felt that the discontinuance of coffee is a positive factor in the disappearance of vertigo among the users of it.

Dr. Case in closing: It is my rule to request patients coming under my care to stop drinking coffee, especially when they are taking it to excess. In the cure of that patient I do not know how to measure the comparative effect of abstaining from coffee and taking the remedy. However that may be, the patient was cured, and that was the object sought.

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## THE FAILING HEART.

E. WALLACE MAC ADAM, M. D., NEW YORK CITY.

### GENERAL CONSIDERATIONS.

The cardiac cycle includes all the events which occur in the heart from the beginning of one contraction to the beginning of the next contraction. This cardiac cycle or cardiac revolution may be represented by a circle in which the various events may be diagramed. One-eighth of this circle would represent the time consumed in the contraction

of the auricle; this is followed by contraction of the ventricle, which takes three-eighths of the time; then comes the pause or diastole of the heart, which consumes the remaining half of the cycle. We sometimes think of the heart as working ceaselessly, never stopping, never resting, but it will be noted that the auricle contracts  $\frac{1}{8}$  of the time, and rests  $\frac{7}{8}$ , while the ventricle works  $\frac{3}{8}$  and rests  $\frac{5}{8}$ . In other words, the heart muscle rests for a longer time than it works. This, however, is when the heart is beating normally: 72 to 80 times a minute. If the pulsations are increased above the normal, the resting time is very materially shortened. The contraction of the heart may take as long as before, the increased speed being gained by cutting off the diastole. This has practical bearing on the treatment of heart conditions.

The heart contracts by reason of some inherent property within itself. The respiration is entirely under the control of the general nervous system; but the heart is automatic, controlled, indeed, by the pneumogastric (the curb) and by the sympathetic (the spur), yet capable of beating with entire independence of any central-nerve stimulation. A dog's heart kept warm and nourished by forcing through the coronary arteries a salt solution containing sugar will continue to beat for hours. I think of the heart as the most magnificent organ of the body because it will endeavor to do its work under all kinds of difficulties—inside of the body or outside.

A heart outside of the body may be experimented with easily. We find that warmth causes it to contract more rapidly, that cold makes it contract more slowly; that ether, dropped on the heart directly, will slow it, perhaps because it produces marked cooling; when the ether is washed off the heart is apparently undamaged. Chloroform dropped upon the heart causes it to cease pulsation, nor can the organ be made to work again. Chloroform kills the heart. These simple experiments may serve to explain facts we are

familiar with. We understand, for instance, why an ice bag is often grateful to the patient with palpitation. Death from chloroform is not uncommon, and it usually takes place at the beginning of anæsthesia; a probable explanation is that a large inhalation of the vapor is taken, this poison is carried directly to the heart by the pulmonary veins and acts in the same manner as chloroform dropped upon the outside.

The heart has this peculiarity, that it is responsible for its own nourishment. The heart gets its blood supply through the coronary arteries, direct branches from the aorta. When the heart contracts vigorously, and throws out an efficient stream of blood into the aorta, the musculature is well nourished. When, however, the heart fails, it is unable to supply the coronaries properly, the muscle grows weaker from lack of nutrition and consequently it is able to throw less blood not only to the body, but to itself; a vicious cycle is produced.

Our interest in the heart has to do with heart failure. The questions presented to us daily are, will the heart fail? Has heart failure set in? How can we best treat a failing heart?

In the first place, let us get into our minds the dictum of Graham Steel: "No one ever dies from mitral regurgitation." The heart fails and the person dies because of some disease or impairment of the muscle itself and not because of defects in the valves. Murmurs of the heart, which are evidence only of valvular lesions, are, therefore, not trustworthy guides in relation to heart failure. Sir James Mackenzie has brilliantly pointed out the signs by which we may gauge the ability of the heart to do its work. These are not the physical signs, not the murmurs, nor the blood pressure, nor the pulse, nor the reading of the cardiograph, but the subjective symptoms of the patient. Beginning heart failure is always evidenced by some disagreeable sensation, usually breathlessness upon exertion and often pain. As

the heart failure progresses, other physical signs, edema, cyanosis, asthma, enlarged liver, etc., come on; but the most valuable, because the earliest, are the subjective symptoms.

To the Homœopath, then, the treatment of incipient heart failure presents great fascination. For the symptoms point the way not only to the diagnosis, but also to the treatment. And it is in the treatment of the early cases that we may gain the greatest satisfaction.

#### GENERAL TREATMENT.

The objective of treatment is to increase the strength of the heart, and to ward off, if we may, degeneration of the heart muscle.

*Rest.* If the heart beat is over 90, increased rest of body and mind is indicated. Early to bed and late to rise, and periodic rests during the day are beneficial. The recumbent position causes a slowing of the heart, and, consequently, a relative lengthening of diastole or resting period in the cardiac cycle. I have seen marked benefit from lying down an hour in the morning and again in the afternoon. Sometimes more rest than this may be needed; for instance, a gentleman over eighty had a cough which lasted all winter; he had been attended by one of the best prescribers we have in New York, but without benefit. Gone over carefully, in physical examination, he was found to have a slightly damaged heart, and high pulse rate. Many cases of chronic cough (probably as high as 40%) are due to bronchial engorgement from a failing heart. Absolute rest in bed was insisted upon and the cough was gone in two days. The recognition of the clinical fact of heart impairment in this case did more for the patient than the finest prescribing.

*Exercise.* Any exercise which causes dyspnoea or pain must be stopped. We must study the personal equation as regards different kinds of exercise. One patient may wash clothes all day without distress, but has difficult breathing when sweeping; another may suffer from doing laundry

work, but housework causes no symptoms. Exercise should be encouraged up to the point of dyspnoea, pain or extreme fatigue.

*Diet.* The food should be abundant. The nourishment of the heart must be maintained. That statement seems axiomatic, yet we often see cardiac cases kept on a diet insufficient in muscle building food (protein). The minimum daily requirement is 60 grams of protein, and it is our duty to see that these patients take at least that much. Milk and eggs are used for this purpose, with enough meat to make up the total need. We see such persons who have been on vegetable diet for a long time improve markedly when meat is insisted upon. Dr. W. N. Berkeley, of New York, reported the cure of a case of heart failure by the use of pancreatic extract; the pancreas, by increasing the digestive function, enabled the heart to obtain the needed food.

#### HOMŒOPATHIC REMEDIES.

Here we have a wealth of tools to choose from. It must be understood, of course, that any remedy may be indicated which is called for by the constitutional symptoms. Often remedies seemingly unrelated to the cardiac condition have proved to be of the greatest value.

*Pulsatilla.* Thus Pulsatilla has been frequently prescribed with happy results.

*Moschus.* In a case of angina pectoris, where there was great nervousness and excessive eructation of gas together with sensitiveness to cold so extreme that the patient in preparing for bed donned all his clothes, even putting on gloves, Moschus worked a near miracle.

*Coccus cacti*, although having few heart symptoms in the *Materia Medica*, has been curative in one grave case that I saw with Dr. Stearns. It was also prescribed with marked benefit in a heart case of my own, where I was led to it by the symptoms, "cough better in open air" together with "profuse stringy expectoration." As I have already pointed

out, in prescribing for coughs in patients who have any kind of heart weakness we must keep in mind the relation between the cough and the heart. When we considered using *Coccus cacti* for these two cardiac cases, it occurred to us that the cochineal insect, feeding upon the cactus plant, might take on some of the remedial action of the heart remedy, *Cactus grandiflorus*. The results in these two cases corroborated the idea in a striking way.

*Cactus*. No remedy has a more copious expectoration (bronchorrhea) than *Cactus*, and after *Coccus cacti* ceased to benefit my patient with the profuse expectoration, *Cactus* itself helped.

*Kalmia*. It is well, perhaps, to call attention to symptoms which are often referred to other organs, but which are really cardiac in origin. Heart cases frequently complain of eructation of gas, feeble digestion, distress in the stomach and abdomen, all of which clear up when the heart muscle grows stronger. Nasal catarrh is not uncommon and I have already mentioned the chronic bronchitis from which these patients suffer. A gentleman who had long been treated as a stomach case, was put in the heart class after a careful study of his subjective and objective symptoms. When suffering from an attack of what had been called "indigestion" he could not lie down, and sometimes he could not even sit down because of the violent eructations of gas, which were aggravated by these positions of rest. Standing for hours at a time, his head supported on the mantel, he was shaken by convulsive eructations. Keeping in mind the cardiac diagnosis, *Kalmia* was studied, and the following was found under Stomach: "Pains > by sitting or standing upright; crampy pain, with eructations of wind, palpitation of the heart. Gastralgia." These are symptoms not of "Gastralgia," but of angina pectoris! *Kalmia* cured. Many such cases, treated for years under a diagnosis of "indigestion," are not helped until the real cause is uncovered. As here illustrated, all heart pains do not occur about the

heart and down the arm; not infrequently they are referred to the stomach and in one case the pains were over the crests of the ilia and extended into the legs on exertion.

*Kali bich.* Most of our remedies have been given in the two hundredth potency or higher. But in a recent case of Dr. Spencer Carleton, where the cough was evidently cardiac and the remedy plainly Kali bichromicum, this medicine availed nothing in the two hundredth; but when given in the 3x promptly established reaction.

*Grindelia* helped one of my cases for a long time.

*Arsenic*, although often apparently indicated, has proved disappointing.

*Antimonium tart.* in a case of failing heart, failing kidney, edema, and systolic blood pressure at 250 to 260 yielded astonishingly happy results. The symptoms were bluish lips, sleepiness, rattling cough with absolute inability to expectorate anything.

*Digitalis*, in potency, can be absolutely trusted in one condition, heart block. The characteristic symptom of heart block is marked slowing of the pulse and here *Digitalis* in potency seems specific. In other heart diseases it has been unavailing in potency. On the other hand, *Digitalis* in material doses must not be used if the heart is slow. *Digitalis* causes heart block.

#### PHYSIOLOGICAL REMEDIES.

But often, notwithstanding rest, and diet and the homœopathic remedy, our case grows progressively worse. Responding for a few days perhaps to a carefully selected remedy, he soon flags. Again we prescribe, again the patient improves for a little, again he fails to hold his improvement. The dyspnœa becomes worse, swelling of the ankles increases until the legs are involved up to and beyond the knees, orthopnea is present, the face is bluish. When I was in the hospital I saw many of these cases, and I prescribed for some homœopathically, and they died, every one. And I watched the visiting physician prescribe for others phy-

siologically, and they died under his treatment. Patients die under my present treatment, too, but they do not die as soon as they used to, and they are more comfortable—and some of them have not died yet!

I have already mentioned the effect that the failing heart has on its own blood supply. It is as if a sick man has still to earn his own food. He needs food, he is too weak to earn enough, the harder he works the weaker he gets, and the less food he gets the weaker he becomes. But the heart has still another condition to contend with. Upon each normal contraction of the ventricle, blood is poured into the aorta and so into the arteries. In the arterioles normally there is resistance to the flow, termed in Physiology "peripheral resistance." As sequel to a failing heart there is venous engorgement of all organs, and all tissues are filled with blood and fluid; the peripheral resistance is thereby increased enormously in the water logged legs, in the mesentery, in the liver, and, in fact, in all interstitial tissues. This increased resistance puts even more work upon an already overworked organ. It is as if our sick man, exhausted as he already is, now has to climb upstairs every time he wants a mouthful.

Under these circumstances the heart, weakened as it is, has more work thrust upon it than it had to bear even when it was normal. Battling gallantly, indeed, it must be overcome unless help is given. And the help must be directed, first of all, not to the heart itself, but to lightening the extra burden it has been called upon to carry. That is, the increased resistance to the onward flow of blood must be reduced.

*Karrel Diet.* Even here, before resorting to toxic remedies in large doses, we may yet benefit the patient by putting him on the Karrel Cure: Rest in bed and restricted milk diet, not over a quart a day, sipped in small quantities, continued for five or six days. Milk is a powerful diuretic, and often this simple diet causes an increase of urine and

a draining of the tissues; the heart, relieved of the extra load, takes on new strength and a homœopathic remedy may succeed.

*Trousseau's Diuretic Wine.* If, however, after all these procedures are used, and still the patient grows worse, then we are forced either to abandon him to a lingering and suffering death, or to use drugs for their physiological effect. I offer no apology for failure with homœopathic remedies in these end-stage heart affections; they are not curable, but their unhappy condition may yet be ameliorated, sometimes most wonderfully, by skillful and intelligent use of physiological medicines.

We must keep in mind that not only is the heart weak, but it is overburdened with work; we must lighten the load, before we whip the horse. The means of lightening the load and gently spurring the heart are found in a prescription of the great French clinician, Armand Trousseau (1801-1867) called "Trousseau's Diuretic Wine."\* The formula is as follows:

White Wine .....	7 pints.
Alcohol 90% .....	17 ounces.
Juniper Berries .....	12 "
Acetate of Potash .....	7 "
Digitalis Leaves .....	2 "
Squill .....	1 "

Each tablespoonful of the wine contains:

3 grains .....	Digitalis.
10 " .....	Acetate of Potash.
15 " .....	Juniper Berries.
1½ " .....	Squill.

The method of using it is described in detail in Dieulafoy's Text Book of Medicine, whence I gleaned it. The concoction is given in doses of one tablespoonful (sometimes two tablespoonfuls) twelve hours apart, for five or six days. The diet consists of milk and sugar of milk solution, nothing

\*This prescription has been put up and is held in stock by Boericke & Tafel, 634 Columbus Ave., New York, N. Y.

else. The milk may be given in any form, hot or cold, fermented or cultured, skimmed or as buttermilk. The sugar of milk I use in about 20% solution, flavored with orange and lemon juice. The milk sugar should first be dissolved in hot water, because it does not readily dissolve in cold. Milk and the lactose solution are given in alternation, or in accordance with the wishes of the patient.

Milk and lactose are powerful stimulants to kidney function; the diet, together with the diuretic effect of the wine, in a few days causes the urine excreted to be greater in amount than the fluid intake. The dropsy rapidly disappears, the breathing becomes easier, the cyanosis leaves, the heart slows down. At the end of five or six days the treatment is stopped, and now we have a patient who may be treated again from the homœopathic viewpoint. The mechanical obstacle to his reactive powers (the edema) has been drained away, and the heart is no longer forced to Herculean labor to sustain life; at the same time the heart itself is stronger and is acting more efficiently; the symptoms become clear, and a remedy may be selected with some certainty and prescribed with some assurance. The patient has been given another chance. Sometimes our prescription made now on a clear case has held for a long time. In one patient there has been no recurrence of the trouble for years. In many cases, however, especially in old people, homœopathic remedies, after a time, again lose their effectiveness, and the treatment has to be instituted over again. Meanwhile the patient has had weeks of comfort.

It has been my fortune to have had many of these desperate cases under my care, and I have used this method for about seven years. I offer it as something more rational than the usual physiological treatment. The procedure is old, the only novel feature that I have introduced is that of attacking the case afresh from a homœopathic standpoint, after temporary relief is obtained.

The points in favor of the treatment are :

1. It gives immediate relief in cases almost moribund.
2. It is given for a short time and then is stopped altogether.
3. It changes a hopeless case into one which may and often does respond to homœopathic remedies.

## DISCUSSION.

Dr. Stearns: This paper, particularly the last part of it, strikes one of the sorest spots in our methods of treating patients. Many of us in hospitals come across cases where the patient lies in bed with legs swollen, the liver enlarged, the lips blue, the face cyanotic, the heart irregular and very rapid, and the patient panting for breath. The best homœopathic prescribing gives no relief, and we give the patient up to die, when some practical man gives full doses of *Digitalis* and the patient recovers and is discharged.

Many of us have learned our lesson, and when we have such a case give *Digitalis* as soon as we are satisfied that our homœopathic selection is a failure.

*Digitalis* in physiological dosage is not homœopathic, but acts by slowing the contractile impulses that pass from the auricle to the ventricle in systole. It also acts as a diuretic. As soon as the heart is slowed and the œdema is lessened by *Digitalis*, usually in three or four days, a remedy can be prescribed that will act homœopathically.

In heart-block, where there is a pathological showing of the auriculo-ventricular impulse, *Digitalis* can be used successfully in potency.

The personal equation of the patient is important in diagnosing heart failure. One kind of work will cause distress in an individual where a much more strenuous but different kind of activity will cause no symptoms. One of my patients could walk all over his factory and up and down stairs all day, but could not walk half a block in the cold air without an attack of angina.

Dr. D. E. S. Coleman, New York City: I happened to

know something about the case. I first suggested *Cratægus* and the *Digitalis* next. The patient had a great dislike for *Digitalis*, and it was not given a fair trial.

Regarding the question of the homœopathicity of *Digitalis*. It is well known that *Digitalis* will produce auricular fibrillation by its poisonous effects. McKenzie claims that *Digitalis* is of value only in cases of auricular fibrillation, auricular flutter and where œdema is present. Outside of that it has no beneficial action. It is significant to note that *Digitalis* in itself produces these conditions. I have not quite made up my mind whether it is homœopathic or not, but I am inclined to think it is.

The slowing of the heart is not a manifestation of its poisoning effect, but is caused by stimulation of the vagus. When the poisonous action of *Digitalis* is manifest it is due to direct action on the heart muscle.

Dr. MacAdam did not mention *Laurocerasus*. I have used it a number of times with success. Most patients requiring this drug are relieved by sitting up. He did not mention *Apis*. In heart conditions I have had brilliant success with this remedy. I have used *Apis* successfully in patients where suppression of the urine and œdema were marked features. I recall the case of a man where *Digitalis* was prescribed by a well known physician with no effect. The patient grew worse, yet it was a case which seemed to require *Digitalis*. Caffeine was given with no result. I suggested *Apis*. The symptoms were as follows: Scanty urine (passing about ten ounces daily), pronounced cardiac murmurs heard all over chest (systolic and diastolic), profound coma, stertorous breathing, great œdema. During the first twenty-four hours while taking *Apis* he passed one hundred and ten ounces of urine, and about a hundred ounces daily for the next week. By that time he was up walking about the ward.

I also claim excellent results from Arsenic and Arsenicum iodide and other remedies. Although I have been able

to get results with high potencies; usually low potencies have had to be used in cardiac troubles.

Doctor Rabe: I recall one case in which the symptoms of cardiac decompensation were present where Kali bich. was used and brought about practically a cure. The man had been suffering for some time with rheumatic fever. When I saw him he was in great pain and could tell me very little. He had incessant pains in the joints as well as the heart. There was a jumble of heart murmurs. In that case I gave Strophanthus, five drops four times a day, with a very decided improvement, and ultimately Rhus tox., under which the man finally got well and was able to go about his work.

I saw a case just recently where remedies had absolutely failed to help this patient. The usual cardiac symptoms were present. I gave Digitalis in the infusion with prompt relief and then the tincture in appreciable doses, and now the patient is comfortable.

What is the lesson to be drawn. I think it is this: we must think in terms of our philosophy as given by Hahnemann himself. When you have the symptoms it is your duty to give the homœopathic remedy, and you will not be disappointed. But when the symptoms of the remedy are lacking then such a remedy as Strophanthus or Digitalis will have to be used. I do not see why we Homœopaths should balk at allopathic help. I think we ought to face this bravely and say frankly, "I can do no more with my remedies," and say, "this is a condition to which Homœopathy does not apply." If that something is a departure from homœopathic principles, let it be, so long as it is honestly done. We ought not to be cowardly and hidebound.

Dr. Houghton: If I had realized it is such an unusual thing to palliate a heart condition with the indicated remedy, I would have brought along some notes about a case I had this winter. The heart sounds answered the description that Dr. Rabe gave. The man for some time had been

unable to lie down, unable to have his feet raised at all. I stopped the drugs he had been taking; it was quite a list. We had some time before making a prescription. He had one particular symptom—eating about six meals per day in spite of the condition he was in. A dose of Sulphur was given the man and helped at once. The last time I saw the man was about four weeks ago when he told me he had fifteen hundred hills of potatoes he had planted. He was working about eight hours per day. The surprising thing was that the man got well.

Dr. Rabe: Dr. Houghton's case illustrates a point; that he had one symptom that had not been submerged, and he was then able to do something.

Dr. Guy B. Stearns: One point has not been emphasized enough; that is that after Digitalis has controlled the œdema and slowed the pulse, it should be discontinued and a remedy selected on homœopathic indications. I would like to call attention to Calcarea fluorica as a remedy for chronic valvular disease of the heart.

Dr. MacAdam: I do not want Dr. Houghton to go away thinking I treat all my heart cases with physiological medicines. I have tried to make it clear that I use them only as a last resort when our remedies fail. When, in spite of careful prescriptions, the patient grows steadily worse, when death is approaching rapidly, then I have been forced to this line of treatment and it has frequently yielded unexpectedly brilliant results. Dr. Stearns has emphasized the point that after the five or six days of treatment we go back to the homœopathic remedy.

Usually when hard pushed Digitalis has been used. But there is more to be gained in relieving the load of the heart than in stimulation. And we might as well give the whole thing, and get rid of the water which is blocking the circulation.

Cardio-nephritics are not benefitted materially by the use of Diuretic Wine.

## CLINICAL CASES.

S. W. LEHMAN, M. D., DIXON, ILL.

## INTRODUCTION.

It is not the object of this paper to discuss glandular therapy, but that we might better understand a syndrome of clinical manifestations often met with and sometimes not understood which is due to a disturbed metabolism under control of the suprarenal gland. There are two probable causes of this syndrome, first, a disturbance of the glandular activity of the gland in which its product is either deficient or too profuse, and second, a disturbance of tissue metamorphoses, a state in which the cells no longer are able to take up the product of the gland even though it be in a normal amount.

This state is similar in character to the condition of the system in which the cells can no longer assimilate nor use *Natrum mur.*, although it be supplied in over-abundance.

The symptoms associated with a disturbance of suprarenal metabolism are acute and chronic.

## SUPRARENAL CONSIDERED CLINICALLY.

Suprarenal is an internal secretion of the suprarenal gland, and is a normal, biological product of the system and its absence gives us certain biological symptoms that we should understand clinically.

Histogenetically it is derived from the germinal tissue, its cortex from the mesoblast and its medullary from the epiblast. Anatomically, the kidney and the reproductive systems are later developments of this specialized tissue.

Biologically, it has two spheres of action. The mesoblastic cortex is vegetative, and it has influence over reproductive, circulatory and lymphatic systems.

The medullary portion has an influence over the function of the nervous system in its various activities. It is an emergency gland and responds to emotions such as fright,

grief, worry, anger, etc. Its activities are also awakened when the system is in full reaction to toxines, specially of protein nature.

In acute diseases there is increased activity. High temperature. Active fermentation.

In subacute diseases reaction is not marked. Temperature is not high and there is the beginning manifestations of heart weakness. The mind becomes bewildered, evidences of auto-intoxication, and in chronic diseases there may be subnormal temperature, and, if the gland itself be affected, progressive asthenia, lassitude, weak heart, low blood pressure, vertigo, mental torpor, abdominal pains, cerebro-spinal pains, impairment of vision and hearing, delirium, coma and death.

#### THE PATHOLOGY OF THE GLAND AND THE SYMPTOMS RESULTING THEREFROM.

In order to better understand our proposition we may well study the pathology of the gland as far as it is known, and from those symptoms that are known, we may make clinical deductions that are of great value in the treatment of the symptoms.

Following the tubercular degeneration of the gland before it has entirely consumed the gland, we may have sudden death following delivery in confinement cases, or after shock, especially surgical operations, etc.

Addison's disease has followed the removal of tonsils. Sudden deaths following the removal of tonsils are too numerous and well known to every physician. In children up to 12-14 and 17 years of age, this is attributed to the status lymphaticus, but we find that the status lymphaticus is mostly in association with metabolic changes in association with troubles of the suprarenal glands.

#### GASTRO-INTESTINAL DISORDERS

Which are also a part of the picture of Addison's disease, are now being frequently found in soliders returning

from the strain of war. There is loss of weight. Indigestion. Decrease of acid in the stomach and general slowing down of the gastro-intestinal tract. The result of overwork, fear, fright, etc.

#### SYMPTOMS OF ACUTE HÆMORRHAGE INTO THE GLAOD.

A child of six months awakes in the night screaming, vomiting and diarrhœa, convulsions, high temperature, cyanosis or purpuric erythema or later purpura hæmorrhagica and as a complication the blood is toxic.

Almost the identical set of symptoms are to be found in severe infection, streptococcic sore throat, scarlet fever, erysipelas and allied conditions.

#### HÆMORRHAGE IN A BOY OF FIVE.

Pneumonia.

Attacks of pain referred in the upper abdomen. Cricerebrali. Acute spasms occurred every ten to fifteen minutes. This picture will help us to understand some cases that we meet with at times that are rather puzzling.

The suprarenal glands are very susceptible to protein poison. Hence, on giving serums and vaccines, if the reaction is not perfect metabolically and the normal restored, the individual is made more susceptible to strain, nervous fear and the pretubercular stage is entered. Both metabolic tissues and gland tissues are lowered by acid proteins.

The duration of strain that they will undergo in the acute and infectious diseases is from five to twenty days. If the glandular secretion be decreased there is depression of or irritation of the sympathetic nervous system which affects the organs of the whole abdominal cavity.

In another syndrome of symptoms high blood pressure, hypertrophy of the heart, glycosuria and the suprarenal capsules were found to be enlarged. The cortex is enlarged during pregnancy.

In old age or premature old age there is vertigo and arterial sclerosis and high blood pressure.

In food, Suprarenalin is found in milk, especially butter-milk and the express juice of raw beef.

In acute diseases sudden hyperpyrexia is the danger signal. If this be followed by symptoms of collapse, purpuric erythema, or purpura hæmorrhagica, we can be most sure that the suprarenal glands have been overcome.

#### CLINICAL SYMPTOMS OF ADRENALIN.

Testing for sufficiency. Emil Sergent, Paris. The white line.

Trace on the skin of the abdomen a rectangle or triangle or cross. The best field is the skin of the abdomen. The tracing should be superficial and without pressure. After about thirty seconds a pale band seems to be noticed, distinct and white, increasing in size. There is no red line.

#### CLINICAL CASES.

Children that have an acetone odor to the breath with slight vomiting indicates a disturbance of the suprarenal body. There is also present emaciation and the usual asthenic signs belonging to the signs of the absence of this product. There is also the usual white line with extreme depression from the beginning. The severe forms go on until death terminates the condition.

Case No. 1. Lady, age 35, has never been well since a spell of typhoid fever. This means that convalescence was not perfectly established. There is frequent involuntary passage of urine and after every lifting there is a hæmorrhage in the left lung which has been sore ever since the typhoid fever. Suprarenalin 6x and 12x removed most of these symptoms.

Case No. 2. Lady has spells of beating and thumping in the abdomen. (Sel. after meals.) There is no pain but the sensation is so severe that she thinks that it will drive her crazy. She gets bronzed at this time and is very much aggravated by even a breath of cool air. (Kali carb.) She

also gets very hungry nights. (Sel.) Suprarenal 6x relieved most of the symptoms.

Case No. 3. Man. Glands of the neck are very much enlarged. Patient had operation for enlarged gland of the neck but another is forming. Headache that comes on mostly in the afternoon. Not characteristic. It is associated with a bloating, distressed feeling in the stomach which comes on soon after eating. Lasts several hours. There was also a varicose limb of long standing, accustomed to being swollen very much. After a course of treatment with Suprarenalin practically all the above symptoms disappeared, including the swelling of the limb.

Case No. 4. Miss B. Heart symptoms. Heart becomes very rapid. Not irregular. It makes her very nervous and fidgety. she is conscious of the heart continually. Occasionally, however, it skips every fourth beat. When she first lies down she notices the heart symptoms very much. It also thumps at times. There is also a breaking out of boils on the neck and back. They do not mature readily. As soon as one goes another comes. Throbbing sensation in the stomach reaching to the head. All these symptoms disappeared after taking a course with this remedy.

Case No. 5. Acne. Large pustules on the face. Some contained as much as one-half thimble full of pus. The old ones looked bluish and the face is all scarred. The pulse is very rapid. Cured.

Case No. 6. There was severe pain in the seventh cervical vertebra. From this point it went to the head. Was dizzy as if falling forward. A peculiar feeling ascending from the stomach aggravated by storms twenty-four hours in advance. Following the administration of Suprarenalin the appetite was very much increased. Was very hungry while taking it. It removed the above symptoms and was a very great aid to a final complete cure.

Case No. 7. Boils. On the forearms, mostly on the left arm. Was never vaccinated. They left after taking the 30x three times per day for a week.

Case No. 8. Eyes; aching in the back part of the eye-balls; dates from measles. Cured.

Case No. 9. With a tubercular history. Light red, freckled and bronzed skin, following scarlet fever, pulse rapid. Cheek bones very much enlarged. Pain in the back in the region of the left kidney. Soreness and tenderness along the spine. The soreness of the back soon disappeared and the pulse become perfectly normal with gradual abatement of most of the symptoms.

Case No. 10. Grief. An old man. Brought on by sorrow and other troubles. Very dizzy. It starts in the back of the neck and goes into the head. A course with this remedy relieved him of all his symptoms.

Indications for the remedy, all ailments from grief, worry and financial affairs, with headache all night and morning. When the cerebro-spinal nervous system seems most involved.

Case No. 11. Backache. External. To the lumbar vertebræ on either side. Aggravated by lifting and also by working. Aggravated nights. Aggravated after lying a while, gets very tired and sore. Often feels stiff as though he could not bend. These symptoms were relieved by 4x.

Case No. 12. Mrs. B. Auburn hair, freckles. Interscapular pain, lower one-third of scapula in association with a severe neuralgia of the stomach. Removed by this remedy. There was also an eruption on the back which disappeared at the same time.

Case No. 13. Large, dark haired woman. Stomach trouble that was only relieved in part by *Nux vomica*. The symptoms were not recorded in order to show that the remedy may relieve stomach symptoms when *Nux vomica* is indicated but failed.

At first general symptoms. Exhaustion, somnolence, answers slowly, slightest movement was an effort, pale, thin, motionless, like one dying, the rapid loss of flesh, extreme weakness, the pre-tubercular stage.

Then follow special symptoms. Asthenia is one of the first symptoms to appear. Great muscular weakness. An effort to do anything. Patient says that she is done for. That her strength is gone. That she is incapable of effort. Later any amount of work in sight causes absolute horror, even speaking and eating cause great fatigue. Patient lies down so as not to be able to move. You will often note these symptoms after some sort of mental shock.

Abdominal symptoms. Pains in the epigastrium, the loins, the kidneys, the muscles, the joints and the limbs, or pains radiating or lancinating from the suprarenal region as far as the groin. The pains simulate gastric crises. Sometimes the pains remain fixed in the region of the kidney and simulate lumbago. There is hyperesthesia of the whole abdomen. These pains usually appear after the onset of asthma.

Anorexia; Vomit. Diarrhœa frequent. Diarrhœa often disappears and reappears.

Skin and mucous membrane; Melanoderma is also preceded by asthma, as a rule, coupled with pain and gastric intestinal troubles. Should call our attention to this condition at once. It appears at first on the exposed parts of the body, face, neck, forearms, back of the hands. Next on the parts that are normally pigmented. The face has a smoky look, a brownish tint. At first they are limited to brownish patches. Later they resemble the mulatto. The lips, the gums, the tongue, the internal surface of the cheeks, any or all may have these black patches like the mucous membrane on the dog's lip.

In the infants, the infant refuses the breast. Is somnolent, followed by colic, diarrhœa, vomit, acetone odor to vomit and breath, emaciation, convulsions and death.

The bottle fed children are likely to suffer from this cause. They are pale, emaciated, cold hands and flabby muscles, capricious appetite or no appetite at all. Low blood pressure, anæmic, pampered and emaciated.

In the growing youth, if there be hyper-development of this gland, there is over-nutrition, inordinate appetite. A child of six may appear as old as a child of ten and the growth is very rapid.

On the other hand, if the secretion be scanty, we have a poor state of nutrition. Under development. Easily exhausted. Status lymphaticus. Asthenia. Sensitive to cold. Lack of vital heat. Lack of tone in the tissues. Cold extremities.

A little later, in the adolescent period, we find the circulatory and heart action weak. There is tendency of adiposis. Cold hands and feet. Hypo-development of the reproductive and circulatory systems. Aggravated by over-study, which soon brings on exhaustion. These conditions are brought on or exaggerated by any sort of youthful excesses and are followed by pallor, asthenia, exhaustion, etc.

In old age we have indigestion, diarrhoea, weak heart, atheromatous vessels, disturbance of the cerebral power, etc.

As an intercurrent remedy it has remarkable power in 12x or higher to resensitize the tissues so that they will react to present morbid conditions or to remedies which seemed formerly inert, and to nutrition. In all acute cases of severe infection as general lymphadenitis, erysipelas, or zymotic diseases, where the temperature gets very high and the system begins to wane in its power of reaction and the outer surface begins to cool while the internal temperature increases, the heart becomes very rapid, weak and irregular. A purpuric erythema begins to appear and the urinary excretions are very much diminished or entirely stopped, is one of the strong evidences that the suprarenal gland has ceased to have power over the tissues of the body.

Lachesis is probably the usual indicated remedy. The system is now saturated with an acid protein material that is extremely poisonous.

If we would do the best for our patients we must now

use a chemical antidote to this acid condition. The Acetate of Potash is one of the best, given frequently in small doses.

Likewise, Potassium or Sodium bicarbonate, if the former is not at hand.

You will always find albumen in the urine.

After the toxic conditions have been controlled and the temperature begins to recede and the heart becomes more normal, it is then that Suprarenalin 12x or 30x will again resensitize the tissues so that the gland substance will regain control much sooner than otherwise.

You may also imagine this same condition in chronic cases, when the tissues have been changed by long continued mal-assimilation or perhaps too much medication of the poisonous variety and the suprarenal gland has become worn out in its effort to overcome these conditions which are manifested by a dark bronze skin, decreased urinary excretion, general lowering down of the system, inability to perform the normal amount of physical labor, mentality likewise deficient. It is here also that Suprarenalin 12x or 30x or higher will resensitize the tissues, create reaction where none had been before and aid the system to gain its normal equilibrium.

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## CLINICAL REPORTS.

BY ROYAL E. S. HAYES, WATERBURY, CONN.

In response to a request to name the title of my contribution to this Bureau the writer hastily proposed to report some reductions in arterial tension, but repented too late, waking up to the fact that insufficient figures of such conditions had been recorded. High tension is an enlightening pathologic, prognostic and diagnostic symptom. These meager reports are offered only as a hint, though not a new one, that a too high blood pressure may become lower as the natural result of improved vitality. What caused the im-

proved vitality is a mystery, as no change was made in the diet or environment of these particular people and only high potency medicines were used. Pardon the levity—probably it was suggestion, because suggestion has a habit of reducing arterial pressure, dropsies and such things.

## I.

The first case is typical of many that are more often relieved by *Medorrhinum* than any other remedy, I think. As to the tension, it is unfortunate that it had not been noted regularly so that the relation, if any, between it and the exacerbation of symptoms could have been demonstrated.

A woman, aged 62 years. At the first interview during the spring of 1917 the systolic tension was 250, diastolic 90, and pulse pressure 140. There was albuminuria, cardiac decompensation, dyspnoea sufficient to prevent ascending stairs and a symptomatic collateral, which, unfortunately, was not recognized as pointing to *Medorrhinum*. However, *Aconite* relieved for a time the intense anxiety, as I have seen it do so often for old people who fear to approach the inevitable. *Alumen* disposed of an old constipation besides relieving the dyspnoea and weakness for awhile. In the fall of the same year the dyspnoea and weakness increased; stagnant circulation and sogginess of the lungs became serious. On the following symptoms *Medorrhinum* was selected, which has done fine work:

Spells of faintness with burning heat and perspiration, obliged to uncover, then soon becoming cold.

Smothering sensation relieved by eating. Coarse rales.

Intense restlessness and anxiety aggravated at night, tossing and moaning.

Aching legs at night, as if in the bones, aggravated by motion; feet sore; inflamed sensation.

Sensitive to drafts and coolness.

General aggravation during the night and morning.

*Medorrhinum* was given in single doses with increasing

lengthened intervals, according to the duration of reactions as follows: First, Med. 2m., five days later 50m., then in twelve days, then Aconite 1m. in twelve days, which now had a profound effect upon the mental condition and sleeplessness; thirty-four days later Med. 50m.; again after forty days and again after twenty-eight days. The condition was now, and remains, two months since using the last dose, so much improved that dyspnoea has disappeared except on exertion, works about the house and rests well nights. S. T. a year from beginning of treatment 165, and D. T. 110.

## II.

Mrs. M., aged 50; S. T. 170, D. T. 120.

Chronic arthritis.

Menstruation had ceased suddenly three months previously.

Heart-beat 58, at times irregular, mitral murmur, respiratory distress after walking a couple of blocks. Palpitation, worse in the evening, relieved when quiet, worse when lying on the left side, relieved by pressure of the hand, deep, but unexpressed anxiety, later heart felt as if not beating.

Depressed; worrying about health.

Noises irritate; almost unendurable.

Faint appetite; faint stomach at 9 A. M.

Hot feet.

Weak and tired in the evening.

Phos. 10m., Sk. 1d.

Seven weeks later was much better and stronger, pulse gradually quickened to 80, S. T. 136, D. T. 100. During the last year and a-half has improved in strength, the systolic tension varying from 130 to 136 or so.

## III.

Mrs. C. W. L., æt. 67. No special organ change could be found except loss of intensity and elevation of pitch of the first sound of the heart. Her appearance, however, was impressive of premature senility and feebleness, as if she had progressed well into the eighties.

Complained of general weakness with trembling of the lower extremities, especially in spells. Knee jerk about normal.

"Gone" sensation in head.

"Gone feeling" in epigastrium before breakfast and at 10:30, with aggravation of general weakness, being compelled to eat to relieve it.

Cold or burning feet.

Depressed spirits; worrying needlessly about safety from the Germans.

Systolic tension 250.

Sulph. 1m., 1d.

Eight weeks later reported feeling much better until last few days. Sul. was repeated, friends report her improving. The systolic figure was 30 points lower at the interview eight weeks after the first prescription.

#### IV.

This is perhaps a better illustration of symptomatic prescribing than of effect on blood pressure.

Called to young Mrs. L., nine months pregnant, convulsions, badly œdematous, 9½% albuminuria, headaches, anemia, the color index being 70. The tension was high, but not recorded.

Symptoms of the convulsion: First, numbness of the right hand and then face and tongue, then sudden pain in the forehead, extending back to the mastoid regions.

The head, hands and lower extremities shaking, tonic flexion of the fingers. Mind clear. All ameliorated when she herself and the surroundings were perfectly quiet.

Nux v., 50m. 1d. stopped the convulsions at once.

Breech still-birth occurred two days later.

Xanthox. was again verified in cutting short genito-crural after-pains.

Six weeks after the birth the albumin had decreased to ½ of 1%. S. T. 150.

The following two years a few prescriptions, usually of Puls. or Calc., were made and another baby was born without complications though a large trace of albumin persisted and the tension continued at 140 to 150. Five months later the systolic tension was unaccountably raised to 170, accompanied by increased albuminuria, attacks of dizziness when first moving or rising. Loss of appetite, but strong craving for something not recognized; sacral backache; weakness; sensitiveness to heat, hot and cold spells with copious perspiration, especially about the head.

Puls. 16m. id.

Three weeks later the patient reported feeling better than in three years; tension 135, albumin the faintest trace perceptible. To continue under observation.

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## THE ROUTE OF MEDICINAL ACTION.

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

It has been taught that the homœopathic remedy, finely divided, and thoroughly dissolved in water, when taken into the mouth and ingested is, on entering the stomach, rapidly absorbed. This, of course, is usually true.

Not infrequently we have been told that medicines should be so prepared and administered because they thus "come in contact with, or are spread over, a considerable area of living tissue. In this way hastening absorption and, consequently, also, hastening remedial action."

The medicinal action was supposed to be through the blood and the medicine, having an affinity for the diseased part, was carried directly to that part in the blood stream and thus alleviation or cure resulted.

Is this the true explanation? Is there not some other more direct avenue for the action of the homœopathic remedy? Is it necessary to depend on stomach absorption and action through the blood?

When a dose of medicine is given by the mouth the first part with which it comes in contact is the tongue.

On the base of the tongue are situated the principal organs of taste—the circumvallate papillæ—innervated by fibres from the lingual branch of the glosso-pharyngeal, the eighth pair of cranial nerves. Why is it not reasonable to assume that medicinal action begins on the tongue? May we not also assume that medicinal action is primarily through the nervous system, that is, that an influence on the central nervous system comes first and that then the curative effect is carried to the diseased part, or reflected to that part, through nerve channels?

This is in harmony with the action of remedies by olfaction, which action some of us, undoubtedly, have made use of.

A case in illustration will serve to make this clear, particularly, I think, the action through the special sense of taste.

An elderly woman, who had been ill with pneumonia for several days, and on whom remedies had seemingly little effect, finally drifted into a state calling for Lachesis. There was great dyspnœa, especially on waking, and, at times, attacks of suffocation with great desire for open air. The head had to be high and there was much thirst with very dry mouth. The tongue was dry, red and cracked, was protruded with difficulty, catching on the teeth. Cough was hard and long continued before slight expectoration occurred. After coughing she would almost fall asleep only to be at once waked by more cough. Pulse small, weak, thready. Certainly not a hopeful condition.

She was given a dose of Lachesis 200th, dry, on the tongue, and before the vial could be returned to the case, she said, as well as the dry tongue and mouth would permit, "I—feel—bet—ter." Improvement began, and continued, from that point. With the exception of another dose of the remedy, in the same potency and manner, she received no more medicine and made a good recovery.

There could hardly have been time, between the placing of the powder on the tongue and her expression of feeling better, for absorption of the remedy by the stomach mucosa, or, even if that had occurred, for the medicine to have been propelled through the systemic and pulmonary circulations.

No, there is certainly a more direct action of medicines than can take place by absorption through the stomach and this action is by direct effect on the central nervous system through the eighth pair of cranial nerves. In this it is analogous to the action of remedies by olfaction, which is fully as direct. Certainly, it is common knowledge, in regard to the effect of strong odors on the human body. But besides the action on the olfactory nerves, in such cases, there is likely to be absorption through the pulmonary alveoli and thence directly into the blood.

Bearing these two most direct modes of action of a remedy in mind—through taste and smell—is it to be wondered at that perfumes and applications to the nose or mouth, whether classed as medicinal or not, were felt to be inimical to the proper action of homœopathic remedies? The constant use of tooth powders and mouth washes, the applications to the gums so frequently used, now that pyorrhœa alveolaris has become popular, are all to the point.

Ought we not to be more on our guard against such interference with the proper action of homœopathic remedies? This use of sprays, applications, mouth washes and gargles may be the reason why some cases fail to respond readily to what seems to be the indicated remedy.

May, 1918.

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### CLINICAL EXCERPTS.

S. L. GUILD-LEGGETT, M. D., SYRACUSE, N. Y.

Case 1. Mrs. X. T. B., 65 years, widow of O. S. physician. Tuberculous tendency, and had lived in warm climate many years. From 1908 to 1915 had been under my care

and prescriptions. Since 1907 had suffered with uterine fibroid and various complications; various prescriptions of which Tuberculin was the most frequent and efficacious, until Feb., 1915, when fibroid seemed to have disappeared and condition improved, then prescription was halted and I heard no more from her until Jan., 1917. All this time I had never met the woman, who lives in Texas.

January 13, 1917. She wrote of a strenuous year, hard work, general collapse and inability to continue. For a year had scuffed feet. For a week, unable to pray except under stimulus; could not concentrate; could not think or follow a subject through.

January 8, had been sleepless until midnight and discovered she could not raise arms and make her fingers meet behind the head (want of co-ordination). In the deep darkness tried to walk backward; could not do it; could only lift the feet and "inch along" backward, a little. Tried to put forefinger to tip of nose; could not do it once; missed every time. Took short dragging steps, hitched the hips rather than bend the knees. Could not take charge of work; nor keep the details in mind; nor recall to-day the work of yesterday. Since whooping cough in spring not her usual self; bronchia and larynx never became normal; hoarseness and cough with slight expectoration; many vagabond pains hard to bear.

Her mother died at 64 years of consumption; her grandmother at 65 years of the same. Every branch of the entire family was short-lived. She closed with an urgent request to know the meaning of the symptoms, as she did not wish to waste time or effort if it was necessarily fatal. Being an unusually intelligent woman, a doctor's widow, and having consulted many and eminent physicians, she, of course, suspected an approaching myelitis, or a disease of that nature.

I wrote her that all things considered I had an idea that the condition would prove to be neurasthenic in nature,

from the severe strain of over-work, continuing through the year, and sent a dose of Picric acid 45m F., and one of Tuberc. cm, F. C., to be taken one week later. S. L. Q. S.

February 9th she reported "a little improvement in the long run." "More exact motions after the first powder." Omitting the detail of symptoms reported, she said there was "no tumor uterine, only a sensitive spot."

Pic. ac. 45m F.

March 5th reported continued improvement in spite of increase of work through sickness of children in son's family. Thought she co-ordinated quite a little better. Could not meet finger tips, but came nearer; mind still wavers, cannot hold thoughts.

Pic. ac. 45m F.

With continued improvement she received one dose of Pic. ac. 45m, May 12, '17; June 2nd, '17, and June 19th, '17. Had reported that she could meet the finger tips on May 6th.

In a letter written January 4th, 1918. Even though under strong urgency of work, in a family of small children, she reported that although growing old rapidly, "she was other ways in good health."

Case 2. October 1st, '17. Mrs. F., of C., N. Y.

After a year of excessive work and anxiety in a new department of teaching, had found herself, the spring of same year, weighing but 100 lbs. Taking a good vacation and returning to C., having gained 30 lbs., had thought her trials over. But since Sept. 27th, had been tormented with a severe soreness and pain in left hypochondrium and under left scapula, which had finally developed an eruption. Examination showed a fine herpetic eruption about the size of palm, under left breast, isolated patches extending back under left scapula, where another large patch had developed.

Uneasiness, burning, soreness < by lying upon, > pressure, or touch of bedding; no desire for food; led to prescription of Ars. alb. 200, every two hours during that day.

Oct. 15th, '17. > of eruption, and but few left upon

the back. Sleepless for several nights. Soreness, constant pain, burning, sting, sharp knife-like; bad, bitter taste mouth; chilly; perspiration hot, strong odor; weakness; eats better but not well. Ars. cm H. S.

Nov. 3rd, '17. Better; > of eruption and soreness; stiffness, heaviness, starts to walk; teeth loose, soft, gums recede; breathless < walking; aching of limbs in bed; lips more red than normal; has lost weight, exhaustion; thirst; starts on falling asleep. Sul. cm H. S.

Nov. 17th, '17. Still better; eats and sleeps better; stools normal and easy; teeth improved, less soreness but are still loose; no strength for mental work; gets too tired; palpitation, as if from fright; looks much better.

Dec. 6th, '17. Palpitation; without apparent cause, when sitting, turning in bed; < lying on back and on left side; < haste; > to turn on right; sacral pains < exertion; aching calves at night; very thin; teeth tightening. "Wakes from palpitation if lies on back," "aching calves," "sleepless before midnight," restless, knits constantly; chilly; which symptoms took me back to Arsenicum again, and she received a dose of 8m J.

Dec. 19th, '17. Eruption is gone; palpitation very much better; is irritable, goes off by self so not to snap at those who should irritate her; is cold in bed, yet cannot sleep in warm room; pains in calves and toes gone; eats better; chilly during entire autumn; cold feet at night.

Psor. cm F.

Case 3. Jan. 5th, 1910. Miss E., aged 54 years, applied for relief, having promised her sister that she would treat with me for one year, reporting to me each month.

Cough: since she was fourteen; night and day; > by expectoration; paroxysms lasting more than an hour at a time; if lasts too long it causes a bursting sensation in the forehead.

Expectoration: profuse, yellow or starchy, with vomiting night and morning; hawks, clears the throat of much mucus; odor and taste of catarrh.

Chest: attacks of pain, apparently of muscular strain; severe drawing, right, left, upper, lower chest, preceded by throbbing in locality attacked, at times almost "shutting off the breath, and causing a *scream*."

Asthma: hay asthma, very severe, with but little nasal trouble; < by inspiration of cold air; every deep breath causes a cough. Hay fever began late in July, 1910, and was unusually severe; it ended in Nov. with a severe sickness, which was like a severe cold; friends thought she would die.

Sleep: lies with three pillows; < lying on sides; < left because knee becomes cold, but > by turning on back; < on right when chest pains, or throbs.

Calves: cramp at night, > wrapping warm; cramp of great toe, night or day.

Stool: normal, not daily, perhaps every two or three days; *no* discomfort.

Sleepless: anxieties; enfeebled and aged parents; rises fatigued and dizzy, "bumps into things."

Eats four meals, the last hearty, at bedtime, of cold vegetables; but little meat, many vegetables; coffee and bread and butter for breakfast,—no butter if feels less well; no sugar in tea; no fat; likes gravies; over-eating causes immediate and easy vomiting.

Cold: general desire for warmth; cold feet.

Has had every childhood disease.

Menses: first at nineteen; irregular until thirty-six; climax before forty-nine. Whooping cough at eight years with sequela of deafness in left ear. Scarlet fever with sequela of roughness of skin of upper arms.

Auscultation: no abnormal sounds in chest. Palate: abnormally long. Lordosis or pigeon breast. Mental: irritable, excitable, cries easily.

#### STUDY.

Vomiting night and morning with cough: AN. T., ARS., Bry., Calc., DIG., DROS., FERR., HYS., Kali, Merc. c., Nat. m., NUX., Phos., Sep., SIL., SUL., Verat.

Drawing pains in chest: FERR., NUX.

Pulsation in chest: *Dig.*, *Kali*, *Nux*, Phos., Sep., *Sil.*, Sul.

Disposition to sprains: *Nux*, Phos., Sul.

< lying head low: *Nux*, Phos., Sul.

Of the severe symptoms indicating a special remedy these stood as follows: Ferr., 4 symp., strength 8; Nux, 7 symp., strength 11.

In Nux was found these added indications for its use: "Bursting pain in head with cough;" "cold air < cough;" "difficult to clear the throat of mucus;" "excitable, irritable," etc. Nux mm, B. & T., and permission to continue coffee until the following month.

Feb. 4th, 1910. Is fine, eats well, sleeps well, has had but three or four restless nights; is learning to eat fat; night meals not wanted; less cough; no spells in morning; expectoration considerable by hawking; character the same; odor and taste the same; pains in chest *gone*; pulsations in chest *few*; no coffee; needs but two pillows; no cramps in lower extremities; feet warm.

Mar. 7th, 1910. Relief continues. Asthma; twice; has used three pillows; dreams of falling; of big dog; fright, wakens screaming; no cramps or vomiting until three nights previous.

Apr. 14, 1910. Very well except for the asthma, last few days; < morning; < walking; < ascending: pains in right chest, slight; amalgams removed; once heart "turned over;" likes heat; occasionally cold knee, while lying on left. Nux 980m F.

May 21st, 1910. Had gardened, dined heartily, followed by pain in stomach and vomiting. *Cascara*. During pain could only lie on the back; constipated from the 8th to 13th; cough but little, none in bed; can expectorate without coughing; has removed some of the heavy garments; occasional frontal headaches. Nux mm, B. & T.

June 23d, 1910. Coughs but little this month; eats everything without <; had "*hives*" entire month; these < heat;

uncovering; at tendo achilles; has moles at waist line which "fester;" > by hot bathing; many ulcerate to size of dime, prick, sting, < heat; have been present since winter; no headache; no vomiting; expectoration easy.

## STUDY.

Waist surrounded by ulcerous circle: *Ars.*, *Natr.*, *Phos.*

Urticaria: *Ars.*, *Phos.* < uncovering: *Ars.* *Ars.* cm  
H. S.

Cannot recall a morning before for many years without the morning cough and vomiting. No asthma and yet has painted the house floors.

Sept. 10, 1910. Hay fever much less violent than usual. After the first of the attack an easy thick, white sputum; less sick feeling; better taste; no indigestion, no wool clothing all summer; moles *all* healed; still hunts for "imaginary causes for grief." *Lil.* tig. 200.

Oct. 10, 1910. Has had the best health in Sept. in years. Asthma but twice; no cough of consequence; no neuralgia during the summer; lies with head low; expectoration considerable clear or yellow mucus; no trouble elongated palate; flesh firm and good. *Lil.* tig. 200.

Nov. 14, 1910. "Splendid," had had a cold which did no harm; cough easy; expectoration easy; < in cold air; the first attacks of neuralgia this year. *Nux mm B. & T.*

This patient, after years of suffering, has continued in fair health up to present time, March, 1918. In all her years of discomfort no medication ever met the case or relieved the conditions so thoroughly.

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## SOME PRACTICAL EXPERIENCES IN THE USE OF HIGH POTENCIES.

BY JOSEPHINE HOWLAND, UNION SPRINGS, N. Y.

Sept. 18, 1918.

Mrs. C., age 60, came to me with what she called indigestion. I elicited the following symptoms:

Stomach—Pain 2-3 hours after eating; better eating again; extends through to right shoulder; better pressure; better hot water bottle.

Sleep—Good.

Urine—Profuse at night; colorless.

Mind—Sympathetic, sad; little things annoy.

Indigestion all her life.

Bowels—Constipated; has to force them with injections or laxatives.

Appetite—Fair.

Backache, small of, when works hard.

Diseases—Had bronchitis 11 years ago; lost smell and taste after. Had diphtheria 30 years ago; started on the right side and went to the left. Had insipid diabetes 8 years ago.

Had left breast removed for a cancer two years ago. Came from a bruise; fell across the bath tub.

I sent this patient away until I could look the case up. I felt sure that what she called "indigestion" was cancer returning in the stomach, and that Conium was the remedy. As soon as she left I picked up Kent's Repertory and found Conium, the only remedy with pain in the stomach, 2-3 hours after eating. As she was from Detroit and stopped a short time across the street, I went right over and placed Conium 70m on her tongue.

Sept. 27. Better.

Stomach—Pain not so frequent; severe night before last; not so severe since.

Bowels—Not free (injections); stool little hard balls; has to strain terribly to have a stool; not regular.

Urine—Profuse at night.

Thirstless.

S. L. 12. Chilly with pain.

Oct. 5. Better.

Stomach—Only slight pain from nervousness.

Bowels—Better, stool every day.

Sleep—Good.

Oct. 10, 1918.

Feeling very much better.

Stomach—No pain since in the office last.

Bowels—not so free.

S. L. 12. Sleep—Good.

Oct. 25. Stomach—Slight pain yesterday.

Bowels—Goes two days without stool; stool hard like marbles; hæmorrhage, after stool, of bright red blood.

Abdomen—Bloating after eating meat and cabbage.

S. L. 12. Stomach—Gone feeling when hungry.

Dec. 5. Stomach—No pain; full feeling after meals; bloated.

Abdomen—Flatus in.

Bowels—The same as usual.

Nervous—Very.

Jan. 10, 1918.

By mail. Stomach—Pain returned but not quite so severe; flatus in most of the time.

Ankles bloat at times.

Jan. 12. Conium 70m.

Jan. 21. Stomach—Bloating; full feeling after meals.

Feet and ankles bloat at night at times.

Backache gone.

Bowels—Much better; stool nearly every day.

Sleep good.

S. L. 12. Urine has been scant, more free now.

Feb. 2. Stomach—No pain.

Bowels—"O. K."

Appetite—Good.

S. L. 12. Am feeling fine. Thankful to you.

May 30, 1918.

Dec. 23, 1917.

Mrs. P., of Waterloo, N. Y., age 73, who was a patient of mine, had not had any medicine for some time. While she was getting dinner she stopped and sat down and said her

head felt badly—not exactly a dizziness. I watched her for a few minutes and concluded she was on the verge of an apoplectic stroke. I said to her: “I think you better have some medicine,” and gave her Bell. 50m. I was told later that she had had such bad breathing spells in her sleep at night that one night her husband had hard work to awaken her. Bell. removed the bad feeling in her head right away, and I was told later that she had had no more bad breathing spells at night.

Dec. 29. She wrote me that she had had no more bad breathing spells. I kept her on Bell. for two weeks, knowing that by that time she would need a chronic remedy, probably Calc. c. or Silicea, as those are the remedies which usually follow Bell.

Jan. 5, 1918.

No bad breathing spells since Dec. 23 when Bell. was given.

Not many other symptoms.

Bowels—Free movement every other day.

Leucorrhœa some (o. s.); stains linen yellowish-brown.

Stomach—Sour, noted by heavy feeling over eyes.

Says: “If every one was as well as I am they would not have much to complain of.”

I looked up both Calc. c. and Silicea; I found that Calc. c. didn't have the heavy feeling over eyes but Silicea did. I, therefore, gave *Silicea* 6m.

Jan. 9. Heavy feeling over eyes gone.

Leucorrhœa the same.

Bowels—all right.

Appetite—Good.

Jan. 16. Nothing to complain of only the leucorrhœal discharge.

April 17. I failed to record the symptoms, but thought she needed another dose of *Silicea* 6m, so gave it.

April 30. Bitter taste in the mouth.

May 18, by mail. “Was out in the yard fussing around

and went to the barn for something; when I came out and was crossing the yard I began to stagger."

May 18, 1918.

"My right leg felt as if it would let me down could not walk straight."

Bad feeling in vertex.

"Feel weak."

I sent another dose of *Silicea* 6m, and went Sunday night to see what it had done for her. The dose was taken Saturday afternoon.

May 19, 9 p. m. Some better.

Leg all right this morning.

Head felt badly this morning; a distressed feeling on vertex.

Pulse 68, regular, soft.

Her husband said she breathed badly at night; holds her breath for a long time then catches it.

I left Bell. 50m in case it was needed in the future with instructions not to take it until they had first called me up on the phone.

May 21. "Feeling as well as usual."

As you will observe this was a slight apoplectic stroke; came on when the potency had given out, and as soon as the potency was repeated it removed all effects of the stroke. No doubt a higher potency will have to be given later.

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### A CLINICAL CASE.

LAURA M'LAREN, GULPH, ONTARIO.

One afternoon, in the early autumn of 1913, John B——, laborer, while digging, ran foul of an old cesspool and having a cut in the forefinger of his right hand, contracted blood-poisoning. By midnight he was frantic with the pain shooting up the arm, and realizing what had happened and never dreaming that internal remedies could be of use, he

consulted a surgeon. After many weeks in hospital the offending finger was removed, but no improvement followed and it was finally decided to amputate the whole arm.

At this time I was consulted, the following symptoms being submitted:—

Wound suppurating.

Pain in arm from shoulder to wrist.

Pain much worse at night.

Pain leaves when moving around and he feels generally better moving around.

Wept all Christmas day.

Fears he will lose his hand (they had not told him that probably the whole arm would have to go).

Has smothering sensation on lying down.

R̄. Sunday, December 28, 1913, Puls. 1,000, powder, one dose.

He claims he thought he would die during the next twenty-four hours when the wound discharged so copiously that inch-thick pads were constantly saturated with pus. To the astonishment of everyone, and most of all to the discouraged patient himself, the wound healed in three days and he was discharged from hospital January 3, 1914, exactly six days from the time of taking the Pulsatilla.

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## THE ELEMENTS OF A SYNTHETIC MATERIA MEDICA.

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

“Synthesis is the immortal white flower of all reason.”

In 1853, Dr. Ad. Lippe published his “Key to the Materia Medica of Comparative Pharmacodynamic.” A work of incomparable value, yet it was never appreciated by the profession and is to-day a dead book. The following pages follow the same lines, but with a different set of symptoms, as well as differential values carefully worked out from experience.

Practically every symptom has been verified by me and I now present this paper, not as a finished product, but as embodying an idea of great value, more especially as the indicated remedy will rarely be found outside of the rubric appended to each symptom. As time goes on I expect to enlarge the subject matter and can only hope that it will not meet the fate that has consigned the similar labors of our immortal Lippe to practical oblivion.

## ACONITE.

Colds, from sharp cold winds—Bry., *Caus.*, Hep., Nux-v., Spo.

Predicts the time of her death—Arg-n.

Water has bad taste—Ap., Ars., Kali-bi., Nat-m., Sil.

Grass-green stools—Ant-t., Arg-n., Cham., *Ip.*, Merc.

Shortness of breath during sleep—Lach., *Lyc.*, Op., *Sul.*

Stitches in the chest—Bry., Kali-c., Merc., *Pho.*, Ran-b., Rhus-t., Scil., Spi., *Sul.*

Asleep feeling and crawling in left arm—Cact., Nat-m., *Pho.*, *Rhus-t.*

## ÆSCULUS.

Painful hæmorrhoids, with backache—Nux-v.

## AGARICUS.

Eyegum in the canthi—*Ant-c.*, Calc-c., Grap., *Lyc.*, Stap.

## AMBRA.

Itching pudendum or vulva—Am-c., Calad., Calc-c., *Carb-v.*, Con., Grap., Kre., *Sep.*

## AMMONIUM CARB.

Awakes at midnight and can't sleep again until 4 A. M.—Bor., *Pho.*

## ANACARDIUM.

The hands feel dry—Bar-c., *Lyc.*, *Sul.*

Itching worse from scratching—*Ars.*, Calad., Caps., Led., *Pul.*, *Sul.*

## ANTIMONIUM CRUD.

Averse to being touched or looked at—Ant-t., *Ars.*, Cham., *Cina*, Stram.

Ecstatic, sentimental moods—Agar., *Lach.*, Op., Pho.

Loathes life—*Ars.*, Aur., *Chin.*, Thu.

Tongue coated white as chalk, paint, milk, whitewash, etc.—*Ars.*, Bis., Bry., Cob., Glo., Nux-v., *Pho.*

## ANTIMONIUM TART.

Rattling in chest; loose cough, etc.—Caus., Cham., Cup., *Hep.*, *Ip.*, Lyc., Seneg., Sep.

## APIS.

Shrieking or screaming out (feels like screaming)—*Bell.*, *Calc-c.*, Cham., Cic., Lyc., Stram., Ver-a.

Shrieking or screaming out during sleep—Bor., Bry., Cham., *Cina*, Lyc., Pul., Rhe., *Zin.*

Soreness along edge of tongue—*Calc-c.*, Colo., Grap., *Lach.*, *Merc.*, Pul.

Scanty, foul urine—*Chin.*, Dul., Stann.

## ARGENTUM NIT.

Sense of hardness in urethra—*Calc-p.*, *Hyper.*

## ARNICA.

Ecchymoses, petechiæ, etc.—*Ars.*, Bry., Crot-h., *Lach.*, *Pho.*, Rhus-t., Sec-c., *Sul-ac.*

## ARSENICUM.

Sudden weakness—Aco., Cam., *Carb-v.*, *Ip.*, *Pho.*, *Ver-a.*

The pains are felt even during sleep—*Bell.*, Cham., Lyc., *Merc.*, Mez., *Nit-ac.*, *Sul-ac.*

Chilly during the pains—Bov., Colo., Dul., Mez., Pul., Rhus-t., Sep.

Impulse to injure herself. Selfmutilation—*Aru-t.*, Hura, Plb., Stram.

Shortness of breath, felt within nose—Euphor., Hell., Kre., *Lach.*, *Merc.*, *Pho.*, Pul., *Sul.*

The lips are black—Bry., *Chin.*, Merc., Pho-ac., *Ver-a.*

Violent thirst, drinks often, but a little each time—Ant-t., *Bell.*, *Chin.*, *Lyc.*, *Rhus-t.*

Vomiting after each meal—Bry., *Ferr.*, Ip., Pul., Sil., *Sul.*

Burning in stomach and abdomen—Aco., Ap., *Canth.*, Carb-v., *Pho.*, *Sec-c.*, *Sul.*

Tickling in larynx; excites cough—Aco., *Coc-c.*, Dros., *Iod.*, *Nux-v.*, *Pho.*, *Spo.*, *Stann.*

Combined cardiac and respiratory effects, with anxiety—Aco., *Pho.*, Pul.

Burning in chest—Aco., *Canth.*, *Carb-v.*, *Pho.*, Sang., *Sul.*

As of a foreign body, lump, nail, plug, etc., under right scapula—Arn. (*Ars-hy.*), *Coty.*, *Kre.*, *Lach.*, *Ox-ac.*

## BADIAGA.

Cough excited by sweets, candy, etc.

## BAPTISIA.

Foul odor of the whole body—Ars., *Grap.*, *Hep.*, *Kali-io.*, Merc., *Psor.*, *Rhus-t.*

## BARYTA CARB.

She forgets the word in her mouth—*Am-c.*, *Arn.*, Carb-a., *Nux-m.*, *Rhod.*, *Sul.*, *Ver-a.*

## BELLADONNA.

The pains appear suddenly and leave just as quickly—Arg-n., *Kali-bi.*, *Mag-p.*, *Nit-ac.*, Pul.

Aggravation at 3 p. m.—Ang., *Ap.*, *Chin-s.*

Aggravation swallowing liquids or drinking—*Canth.*, *Crot-h.*, *Lach.*, Merc-c., *Pho.*

She talks fast—*Ars.*, *Hep.*, *Hyo.*, *Lach.*, Merc.

Congestion or rushes of blood to head—Aco., Bry., *Calc-c.*, *Ferr.*, *Glo.*, *Lach.*, *Melil.*, *Nux-v.*, *Op.*, *Pho.*, *Sul.*, *Ver-v.*

Headache > bending head backward—*Cimi.*

The nose is red—*Alu.*, *Aur.*, *Calc-c.*, *Kali-c.*, *Kali-iod.*, Merc., *Pho.*, *Rhus-t.*, *Sul.*

Choking, constriction of or as a band about throat or neck—Alu., Calc-c., Canth., Caps., Hyo., Ign., Lach., Nux-v., Stram., Ver-a.

The throat is dry—Aco., Bry., Lyc., Merc., Nux-m., Pho., Stram., Sul.

Cutting (shooting) in epigastrium—Bry., Calc-c., Caus., Colo., Kali-c., Rhus-t., Sep.

Convulsion (epileptic)—Arg-n., Calc-c., Caus., Cic., Lach.

Jerks, starts or shocks on falling to sleep—Aco., Ant-t., Ars., Ign., Ip., Merc., Sep., Sil.

## BOVISTA.

Diarrhoea during menses—Alu., Caus., Kre., Nat-c., Nat-s., Pho., Plat., Ver-a.

Weakness of hands—Carb-v., Caus., Flu-ac., Kali-bi., Mez., Nat-s., Zin.

## BROMIUM.

Pressure on external throat, pit, trachea or thyroid—Bar-c., Caus., Grap., Lach., Pho.

As if face and head were drawn to a point at tip of nose—Bism., Kali-n.

## BRYONIA.

Pale swelling—Lyc., Rhus-t., Sul.

Stitching, catching pains—Aco., Cimi., Kali-c., Nit-ac., Pho., Rhus-t., Spi., Sul.

Better from lying on the painful side—Calc-c., Cham., Colo., Ign., Pul.

Worse from rising up—Aco., Bell., Nux-v., Rhus-t., Sul., Ver-v.

Worse from stooping—Am-c., Bell., Calc-c., Mang., Sep., Spi., Val.

She is averse to motion—Calad., Carb-v., Caps., Chin., Guai., Nux-v.

She is averse to motion even of distant parts—Ap., Coccl.

The patient wants to go home—Caps.

Consciousness seems about to leave—Alu., Calc-c., Merc., Nit-ac., Sep., Stram., Sul.

Bursting, splitting, distensive head pains—*Am-c.*, *Bell.*, *Caps.*, *Chin.*, *Glo.*, *Nat-m.*, *Ran-b.*, *Sil.*

Pain over the left eye—*Ars.*, *Ced.*, *Pho.*, *Sep.*, *Spi.*, *Sul.*

Thirst, he takes large drinks—*Ars.*, *Nat-m.*, *Pho.*, *Sul.*, *Ver-a.*

As of a heavy load, lump or stone in stomach—*Aco.*, *Ars.*, *Bar-c.*, *Bis.*, *Calc-c.*, *Cham.*, *Merc.*, *Nux-v.*, *Pho.*, *Pul.*, *Sep.*, *Sil.*, *Spi.*

Cough excited by deep breathing—*Aco.*, *Bell.*, *Brom.*, *Con.*, *Hep.*, *Ip.*, *Kali-c.*

Lies on back during sleep—*Merc-c.*, *Nux-v.*, *Pul.*, *Rhus-t.*, *Sul.*

Aching in the right elbow—*Dio.*, *Pru-s.*, *Stil.*

Burning-itching—*Agar.*, *Ars.*, *Lach.*, *Lyc.*, *Pul.*, *Rhus-t.*, *Sil.*, *Sul.*

Dreams or delirium about the day's events—*Aco.*, *Cic.*, *Nux-v.*, *Pul.*, *Rhus-t.*

#### CALCAREA OST.

Tendency to take colds, especially from cold wet weather—*Bar-c.*, *Carbo-v.*, *Dul.*, *Merc.*, *Rhus-t.*, *Sul.*

Vertigo, on ascending (stairs)—*Ant-c.*, *Bor.*, *Dig.*, *Glo.*, *Sul.*

Coldness of and in head—*Sep.*, *Sul.*, *Ver-a.*

Profuse sweat on head—*Cham.*, *Merc.*, *Pul.*, *Sil.*

Pulsation, throbbing or beating in ears—*Bar-c.*, *Bell.*, *Cann.*, *Mag-m.*, *Merc.*, *Nit-ac.*, *Pho.*, *Pul.*

Nasal polypi—*Con.*, *Kali-bi.*, *Mar.*, *Pho.*, *Sang.*

Children crave coarse, rough or raw foods—*Ab-c.*, *Sil.*, *Sul.*

Enlarged abdomen—*Sep.*, *Sul.*

Painless swelled glands—*Sul.*

Cutting between scapulæ—*Hypr.*, *Kali-c.*, *Kali-n.*, *Nat-s.*, *Stann.*, *Sul-ac.*

#### CANTHARIS.

Bloody urine—*Arn.*, *Ip.*, *Merc-c.*, *Pho.*, *Pul.*, *Terb.*

## CAPSICUM.

Smarting sensations—Ap., Canth., Graph., Lach., *Lyc.*, Ran-s., Sinap., *Sul.*

## CARBO VEG.

Burning in cardiac region—*Ars.*, Kali-c., *Op.*, Pho., *Pul.*, Seng., *Ver-a.*

Cough with retching, when she tries to expectorate—Coc-c., *Dros.*, *Kali-bi.*, *Sil.*, *Sul.*

As of a lump, plug, nail or peg in back—*Arn.*, Berb., *Cann.*, Cor-r., Mos., Plat.

## CAUSTICUM.

Greasy taste of eructations—*Alm.*, Asaf., Cham., Iris, *Lyc.*, Mag-c., *Pul.*, *Val.*

## CEPA.

Dripping (of water) from nose—Aco., *Ars.*, *Kali-io.*, Merc., Nat-m., Nit-ac., *Sul.*

## CHAMOMILLA.

The patient moans, groans or grunts—*Aco.*, *Ars.*, *Bell.*, *Bry.*, *Cic.*, Nuv-v., *Pul.*, *Zin.*

The patient moans, groans or grunts during sleep—*Ars.*, *Aur.*, Calad., *Ign.*, Lach., Mur-ac., *Nux-v.*, *Pod.*

Redness of one cheek—Aco., *Arn.*, Cina, *Ign.*, Mos., *Nux-v.* (Pho.?)

Numb, asleep feeling in arms—Amb., *Coccl.*, Grap., *Kali-c.*, *Lyc.*, Mag-m., *Sil.*

## CHELIDONIUM.

Vertigo, felt in vertex—Calc-c., *Lys.*, Med., *Scrop-n.*

As if something came out of ears (air, wind, flowing, crawls, etc.)—Æth., Agar., Calc-c., Canth., Merc., Psor., *Sil.*

## CHINA.

Vertigo as if to fall backward—Abs., *Bell.*, *Bry.*, Kali-c., *Led.*, *Nux-v.*, Rhod., *Rhus-t.*

Sensitive scalp—*Ars.*, *Bell.*, *Merc.*, *Nit-ac.*, *Nux-v.*, *Rhus-t.*, *Sil.*, *Spi.*, *Sul.*, *Zin.*

Noises in the ears—*Calc-c.*, *Caus.*, *Grap.*, *Lyc.*, *Petr.*, *Sul.*  
He craves delicacies or dainties—*Ip.*, *Nat-c.*, *Rhus-t.*

Heavy pressure (lump) between scapulæ—*Arn.*, *Bell.*, *Calc-c.*, *Kre.* (1), *Lach.*, *Nux-v.*, *Pho.* (1), *Pru-s.* (1), *Rhus-t.* (1.)

Heavy pressure (lump) on sacrum—*Alo.*, *Arg-n.*, *Phyt.*, *Rhus-t.*, *Sep.*

As of cold air blowing through a hole in clothes (on chest)—*Culex-m.*

Twitching in knees—*Am-c.*, *Anac.*, *Bell.*, *Mez.*

#### CIMICIFUGA.

Pain as if top of head would fly off—*Carb-a.*, *Ferr.*, *Iris.*, *Syph.*

Aching behind the eyeballs—*Bad.*, *Chel.*, *Pod.*, *Rhus-t.*

#### CINA.

The nose itches—*Carbo-v.*, *Caus.*, *Sil.*, *Spi.*, *Sul.*

The nose itches and the patient picks or bores at it until it bleeds—*Aru-t.*, *Pho.*

He grinds the teeth during sleep—*Ars.*, *Bell.*, *Cann.*, *Crot-t.*, *Pod.*

#### CINNABAR.

Lumps of mucus drop into throat from posterior nares—*Alu.*, *Cep.*, *Nat-p.*, *Sep.*, *Stic.*, *Zin.*

Aggravation from pressure (of glasses) on nose—*Arg-n.*, *Chin.*, *Con.*, *Cup-ar.*, *Kali-bi.*, *Merc.*

#### COCCULUS.

Effects of night watching or loss of sleep—*Nux-v.*

Vertigo, felt in the forehead—*Euon.*, *Pho.*, *Sul.*

The head (occiput) seems to open and shut—*Bell.*, *Cann.*, *Cimi.*, *Sep.*

Headache < from lying on back of head—*Cact.*, *Colo.*, *Gel.*, *Nux-v.*, *Sep.*

The neck is too weak—*Plat.*, *Stann.*, *Stap.*, *Ver-a.*, *Zin.*  
 The arm (humerus) feels broken—*Bov.*, *Cup.*, *Pul.*, *Samb.*  
 The knees feel weak—*Bry.*, *Chin.*, *Lach.*, *Nat-m.*, *Stap.*

## COLCHICUM.

The smell of food sickens and nauseates him—*Ars.*,  
*Coccl.*, *Nux-v.*, *Sep.*

## COLOCYNTH.

Pains (colic) that double the patient up—*Aco.*, *Colch.*,  
*Kali-c.*, *Mag-c.*, *Mag-p.*, *Pul.*

Pains accompanied by convulsive jerks or contractions—  
*Bell.*, *Ign.*, *Kali-c.*, *Nux-v.*

Intestinal colic from anger or vexation—*Cham.*, *Stap.*

## CONIUM.

Averse to people, yet can't be alone—*Clem.*, *Lyc.*, *Sep.*,  
*Stram.*

Vertigo while lying—*Ap.*, *Lach.*, *Pho.*, *Pul.*, *Rhus-t.*, *Thu.*

As of a foreign body, lump, load or ball, in head—*Aco.*,  
*Ant-t.*, *Arg-n.*, *Arn.*, *Ars.*, *Cham.*, *Coccl.*, *Cina*, *Coff.*, *Nux-*  
*v.*, *Rhus-t.*, *Stap.*

The eyes feel crossed—*Bell.*, *Calc-c.*, *Op.*, *Pul.*

## CROCUS.

Singing during sleep—*Bell.*, *Lach.*, *M-arct.*, *Pho-ac.*,  
*Stram.*, *Sul.*

## CROTALUS HORRIDUS.

Heart seems to tumble or turn over—*Ap.*, *Aur.*, *Cact.*,  
*Cam.*, *Lach.*, *Tarent.*

## CROTALUS TERRIFICUS (Cascavella).

Plays with her fingers like a child—*Calc-c.*, *Kali-bro.*,  
*Mur-ac.*, *Rhus-t.*

Feels as if falling out of bed—*Arg-n.*, *Ars.*

Blue vision—*Bell.*, *Cina.*, *Lach.*, *Stram.*

## CROTON TIG.

As of water swashing about in abdomen—Aco., Kali-c.,  
*Mag-c.*, *Nat-m.*, *Pho-ac.*, Sul-ac.

## ELAPS.

The right side feels paralyzed, weak or insensible—*Arn.*,  
*Ars.*, Bell., Colch., *Pho.*

## EUPATORIUM PERFOL.

The parts feel broken—*Coccl.*, Pyro., Rut.  
Aching in the lower limbs—Nit-ac., Polyg., Rhus-t.,  
*Variol.*

## FERRUM.

Hammering head pains—Am-c., *Ars.*, *Calc-c.*, *Chin.*, Glo.,  
Lach., *Nat-m.*, Sul.

## GAMBOGIA.

Gurgling in bowels, then a gushing stool—Alo., *Crot-t.*,  
Jat., *Nat-s.*, Pho., *Pod.*, Sul., Ver-a.

## GELSEMIUM.

Aggravation from moist heat; humid weather, etc.—*Bry.*,  
Carb-v.

Vertigo—Aco., Bell., *Bry.*, *Calc-c.*, *Coccl.*, Con., *Nux-v.*,  
Petr., Pho., Pul.

Fear of falling—Aco., Alu., *Bor.*, Cup., Zin.

Painful menstruation—*Calc-c.*, *Cham.*, Cimi., Con., *Grap.*,  
Lyc., Pul., Sul.

## GLONOID.

The head feels forced apart or separated (in pieces)—  
*Arg-n.*, Buf., Kali-bi., Lyc., *Mez.*, Comp. Bursting.

## GRAPHITES.

Humid spots on face—Ant-c.

## HEPAR.

Ulcers or maculæ on cornea, < night and external cold—  
Kali-bi., Sil.

The stool is difficult, although soft—Anac., Chin., *Nux-m.*, Psor., *Pul.*

He must wait for the urine to flow—Arn., Caus., Lyc., *Sep.*

## HYOSCYAMUS.

Stools involuntary, although hard—*Alo.*, Ars., Caus., *Colo.*

## IGNATIA.

He must change his position often for relief—Ferr., *Pul.*, *Rhus-t.*, *Val.*

The patient is highly emotional—Aco., *Bell.*, *Croc.*, *Lach.*, Lyc., Nat-m., Plat., *Pul.*

Rapidly changing ideas and moods—Aco., *Alu.*, Aur., Cimi., *Croc.*, *Lach.*, *Nux-m.*, Plat., *Pul.*, Stram., Val.

The nose is sensitive to inspired air—Am-c., *Ant-c.*, Cimi., *Coral.*, *Hyds.*, Psor., Sep.

Faint, sinking, weak, empty or hollow feeling at epigastrium—Gel., Glo., Pod., *Sep.*, *Sul.*, Tab.

Aching in rectum, < sitting—Æsc., Caus., Cyc., Lyc., *Sep.*, *Sul.*

Very light sleep; hears every sound; waked by every trifle—Aco., *Alu.*, Ars., *Lach.*, Merc., Sele.

## IODUM.

Hot water runs from nose—Aco., Am-c., Ars., Cep., *Kali-io.*, Lyc., *Rhus-t.*, *Sul.*

## IRIS VERSICOLOR.

Semilateral, bilious headache. Migraine—*Colo.*, *Nux-v.*, *Pul.*, *Sang.*, Sep.

Frontal headache (over eyes), alternating sides—Agar., Nat-m., *Sep.*, Sil., *Sul.*, *Sul-ac.*

## KALI BICH.

Fulness or obstruction at root of nose—Ars., Lyc., *Par.*, *Stict.*

Smooth, glistening tongue—*Ap.*, *Ars.*, *Lach.*, *Pho.*, *Terb.*  
 The mouth is sticky—*Berb.*, *Chel.*, *Lach.*, *Pho-ac.*, *Ver-a.*  
 Hawks down adherent (blood streaked) lumps—*Arg-n.*,  
*Bor.*, *Merc-i-fl.*, *Pho.*

Hawks out thick, tenacious mucus—*Arg-n.*, *Cist.*, *Hyds.*,  
*Nat-s.*, *Sil.*, *Stann.*

Chest pains that extend backward (to spine)—*Bry.*, *Con.*,  
*Kali-io.*, *Lach.*, *Merc.*, *Phel. (r.)*, *Sil.*, *Sul. (l.)*

## KALI CARB.

Aggravation about 2 a. m.—*Ars.*, *Ben-ac.*, *Dros.*, *Kali-*  
*bi.*, *Lachn.*, *Rum.*, *Sil.*

Weakness of arms—*Anac.*, *Bell.*, *Calc-c.*, *Cic.*, *Petr.*, *Sul.*,  
*Til.*

## LAC CANINUM.

Galactorrhœa—*Bell.*, *Bry.*, *Calc-c.*, *Pul.*, *Sabi.*

## LACHESIS.

Symptoms that go from left to right—*Agar.*, *Calc-p.*,  
*Merc.*, *Merc-i-r.*, *Pall.*, *Rhus-t.*

Malignancy, sepsis—*Ars.*, *Carb-v.*, *Pho.*, *Pyrog.*, *Rhus-t.*

Headache from exposure to the sun—*Aco.*, *Bell.*, *Glo.*,  
*Nat-c.*, *Ver-v.*

The eyes feel small—*Bry.*, *Croc.*, *Euphr.*, *Grat.*, *Kre.*,  
*Morp.*

The nose discharges with every cough—*Sal-ac.*, *Sul.*

Dryness in throat, without thirst—*Ap.*, *Calad.*, *Kali-c.*,  
*Lyc.*

The epigastrium is sensitive to touch—*Bry.*, *Carb-v.*,  
*Chin.*, *Hyo.*, *Kali-c.*, *Lyc.*, *Nux-v.*

As of a valve, leaf or skin hanging in throat or larynx  
 —*Ant-c.*, *Bar-c.*, *Fer.*, *Mang.*, *Pho.*, *Saba.*, *Spo.*

The hands are blue—*Ap.*, *Arn.*, *Cam.*, *Crot-h.*, *Nux-v.*,  
*Ver-a.*

## LAUROCERASUS.

The pains take away her thoughts—*Bell.*, *Pru-sp.*

## LILIUM TIG.

The dorsal (interscapular) spine feels broken—*Crot-ter.*, *Mag-c.*, *Nat-m.*, *Plat.*, *Ver-a.*

## LYCOPODIUM.

Symptoms that move from right to left—*Ap.*, *Benz-ac.*, *Chel.*, *Lil-t.*, *Merc-i-f.*

Descending pains—*Bry.*, *Caps.*, *Cimi.*, *Colo.*, *Fer.*, *Kali-c.*, *Kalm.*, *Nux-v.*, *Rhus-t.*, *Sul.*

Flapping of the wings of the nose—*Ant-t.*, *Chel.*, *Pho.*

Dryness in posterior nares—*Aco.*, *Æsc.*, *Nat-m.*, *Sep.*, *Sil.*, *Wye.*

Painful pimples or vesicles on tip of tongue—*Am-m.*, *Caus.*, *Grap.*, *Kali-c.*, *Nat-c.*

Gnawing in stomach—*Am-m.*, *Arg-n.*, *Hep.*, *Lach.*, *Pul.*, *Rut.*, *Sep.*

Flatulence in hypochondriæ—*Aur.* (1.), *Carb-v.* (1.), *Cham.*, *Kali-c.*, *Nux-v.*, *Sul.* (1.)

The abdomen is distended with flatulence—*Calc-c.*, *Carb-v.*, *Cham.*, *Chin.*, *Coccl.*, *Grap.*, *Nux-v.*, *Sul.*

Bubbling, gurgling or clucking in scapular region—*Asaf.*, *Berb.*, *M-arct.*, *Scil.*, *Spi.*, *Sul.*

The hands are numb—*Coccl.*, *Grap.*, *Op.*, *Pho.*, *Pul.*, *Sil.*

As of a stone (foreign body) under heel—*Aur.*, *Brom.*, *Cann.*, *Hep.* (*Plat.*), *Rhus-t.*

Coldness of one foot—*Bar-c.*, *Chel.*, *Chin.*, *Rhus-t.*, *Sul.*

## LYSSIN.

The sound of running water aggravates—*Canth.*, *Sacc-l.*, *Stram.*, *Sul.*

## MAGNESIA CARB.

He hawks cheesy lumbs from the throat—*Bry.*, *Kali-m.*, *Lyc.*, *Merc-i-f.*, *Psor.*, *Sil.*

Frothy stools, like the green scum of a frog pond—*Asclep.*, *Grat.*, *Hell.*, *Merc.*, *Sanic.*

## MAGNETIS POLUS AUSTRALIS.

The symptoms come on when she is only half awake—*Cam.*, *Nit-ac.*, *Pho.*, *Sul.*, *Zin.*

## MENYANTHES.

Heavy pressure on vertex—*Ars.*, *Cact.*, *Cina.*, *Lach.*, *Lyc.*, *Pho-ac.*, *Sul.*, *Ver-a.*

## MERCURIUS.

Pains that are worse from sunset to sunrise—*Kre.*, *Phyt.*, *Syph.*

Toothache at night—*Cham.*, *Grap.*, *Mag-c.*, *Pul.*, *Rhus-t.*, *Sep.*, *Sil.*, *Sul.*

The tongue trembles—when protruded—*Ap.*, *Bell.*, *Cam.*, *Hyo.*, *Lach.*

As of an apple core or choke pear in throat—*Nit-ac.*, *Phyt.*, *Ver-a.*

Gray stools—*Calc-c.*, *Chel.*, *Dig.*, *Kali-c.*, *Lach.*, *Op.*, *Pho.*, *Pho-ac.*

He urinates much more water than he has drunk—*Amb.*, *Ap.*, *Aur.*, *Bell.*, *Colo.*, *Kali-io.*, *Pho-ac.*, *Sep.*

The perspiration and sweat stain the linen yellow—*Bell.*, *Carb-a.*, *Grap.*, *Lach.*, *Sele.*

## MERCURIUS COR.

Bleeding from urethra after urinating—*Mes.*, *Pul.*, *Sul.*, *Zin.*

## MURIATIC ACID.

He can't urinate without also having a call to stool—*Alo.*, *Pul.*

The thighs feel weak—*Bry.*, *Chin.*, *Con.*, *Old.*, *Plat.*, *Rhe.*, *Rut.*

## NATRUM CARB.

Sudden, gushing nasal discharge—*Calc-c.*, *Cancr-fl.*, *Flu-ac.*, *Pho.*, *Sele.*, *Staph.*, *Thu.*

Flatus lodges within rectum—*Calc-c.*, *Carb-a.*, *Ign.*, *Kali-bi.*, *Mang.*, *Zin.*

Easily sprained (back), or dislocated joints—Ars., Carb-a., *Rhus-t.*

## NATRUM MUR.

Periodical pains—Ars., *Ced.*, Chin-s.

A bead of slime along edge of tongue—Pho.

She hawks up bitter mucus—Arn., Ars., Cist.

A spot in the throat is dry, sore, etc.—Cimi., *Cist.*, Con., Lach., Sil.

## NATRUM SULF.

Affections from being in damp cellars, rooms, mines, etc.—*Aran.*, Ars., Calc-c., *Card-m.*, *Pul.*

Nose bleed during menses—Lach., Sep., Sul.

## NITRIC ACID.

Coryza with shortness of breath—Ars., Calc-c., *Ip.*, Pho., Sul.

Moisture oozes from the anus—*Ant-c.*, Carb-v., Grap., *Pul.*, *Sil.*, *Sul.*

The urine is alternately profuse and scanty—Bell., Berb., Dig., *Gel.*, Senec.

## NUX MOSCHATA.

Dry mouth without thirst—Ap., *Bell.*, Bry., *Lyc.*, *Pul.*, Saba.

## NUX VOMICA.

Effects of vexation or chagrin—*Aco.*, Bry., *Cham.*, Colo., Ign., Plat., *Stap.*, Zin.

Effects of mental fatigue—Anac., *Calc-c.*, Lach., Nat-c., Nat-m., *Pho.*, *Pic-ac.*, Sep., Sil., Zin.

Impulse to stretch and twist—Bell., Calc-c., Carb-v., Caus., *Cimi.*, Fer-p., *Pul.*, *Rhus-t.*

Electricity or lightning, pains like—Alu., *Arg-n.*, Ars., Bell., Grap., Mag-p., Phyt., Ver-a.

The whole body seems contracted or tight—Arn., Bar-c., *Cact.*, Grap., Sul.

The nose is stopped, yet runs water—*Am-m.*, *Ars.*, *Aru-t.*, *Calc-c.*, *Chin.*, *Cup.*, *Kali-io.*, *Mag-m.*, *Merc-c.*, *Nit-ac.*

The jaws feel stiff (or cramped)—*Aco.*, *Bell.*, *Cam.*, *Cic.*, *Hyo.*, *Ign.*, *Merc.*, *Op.*, *Ver-a.*

Rawness in throat—*Arg.*, *Arg-n.*, *Caus.*, *Lach.*, *Pul.*, *Stan.*

Radiating gastric pains; especially into back—*Bell.*, *Bis.*, *Carb-v.*, *Chel.*, *Cup.*, *Lyc.*, *Plb.*

Constriction, as from a band, about hypochondriæ—*Aco.*, *Coccl.*, *Dros.*, *Ign.*, *Lyc.*

Painful flatulence (wind colic)—*Asaf.*, *Caps.*, *Carb-v.*, *Cham.*, *Chin.*, *Pho.*, *Pul.*, *Ver-a.*

The abdomen feels sore—*Aco.*, *Ap.*, *Ars.*, *Bell.*, *Bry.*, *Stan.*, *Sul.*, *Tereb.*

Menses too early and too profuse—*Bell.*, *Calc-c.*, *Ip.*, *Pho.*, *Plat.*, *Sabi.*

The small of the back feels broken—*Bell.*, *Kali-c.*, *Lyc.*, *Nat-m.*, *Pho.*, *Sep.*, *Staph.*

Weakness of the lower limbs—*Alu.*, *Calc-c.*, *Con.*, *Gel.*, *Pho.*, *Sul.*

Much yawning—*Bry.*, *Caus.*, *Cina.*, *Ign.*, *Lyc.*, *Pul.*, *Rhus-t.*, *Sul.*

Gooseskin—*Asar.*, *Bry.*, *Calc-c.*, *Cam.*, *Caus.*, *Croc.*, *Hell.*, *Lyc.*, *Par.*

#### OXALIC ACID.

The pains are made worse by thinking of them—*Bar-c.*, *Calc-p.*, *Nit-ac.*, *Nux-v.*, *Oxy-l.*

The pains are made worse by shaving—*Carb-a.*, *Pho.*, *Pul.*

#### PARIS QUAD.

The eyes feel drawn back into the head—*Crot-t.*, *Grap.*, *Hep.*, *Lach.*, *Pul.*, *Sil.*

#### PETROLEUM.

Cracking, creaking or grating in joints—*Caps.*, *Caus.*, *Led.*, *Nit-ac.*, *Rhus-t.*, *Sul.*

## PHOSPHORIC ACID.

Mind apathetic and mentally weak—*Ant-c.*, *Pho.*, *Sep.*  
 Inability to collect his ideas—*Aco.*, *Alu.*, *Am-c.*, *Grap.*,  
*Nat-c.*, *Sul.*, *Zin.*

Bad effects of sexual losses—*Chin.*, *Nux-v.*, *Stap.*  
 Heaviness of forearms—*Anac.*, *Arg-n.*, *Berb.*, *Croc.*,  
*Mur-ac.*, *Tell.*

## PHOSPHORUS.

Burning in temples—*Colo.*, *Lyc.*, *Merc.*, *Mez.*  
 Much dandruff—*Ars.*, *Calc-c.*, *Grap.*, *Mez.*, *Old.*, *Stap.*,  
*Thu.*

Sneezing with shortness of breath.  
 Puffiness below eyes—*Ap.*, *Ars.*, *Bry.*, *Kali-c.*, *Nux-v.*,  
*Pul.*

The face is pale about the nose and mouth—*Aru-t.*, *Carb-*  
*ac.*, *Cina.*

He regurgitates his food—*Bry.*, *Carb-v.*, *Fer.*, *Ign.*, *Nux-*  
*v.*, *Pul.*, *Sul.*

Trembling, fluttering in stomach—*Arg-n.*, *Calad.*, *Calc-c.*,  
*Iod.*, *Nux-v.*

Weakness after urinating—*Ars.*, *Caus.*, *Fer.*, *Gel.*, *Nux-v.*  
 Chronic hoarseness—*Arg-n.*, *Brom.*, *Carb-v.*, *Caus.*, *Hep.*,  
*Kali-bi.*, *Mang.*

Chest pains (r.) extending into right arm—*Bry.*, *Kre.*,  
*Phyt.*, *Plb.*

Sense of weight on chest—*Aco.*, *Aur.*, *Kre.*, *Lach.*, *Nux-*  
*m.*, *Nux-v.*, *Sul.*

Trembling hands—*Agar.*, *Ant-t.*, *Calc-c.*, *Merc.*, *Sul.*  
 Burning palms—*Lach.*, *Lyc.*, *Petr.*, *Sep.*, *Stan.*, *Sul.*  
 Cold knees—*Ars.*, *Carb-v.*, *Chin.*, *Pul.*

Caries, exostoses and necrosis of bones—*Ars.*, *Lyc.*,  
*Merc.*, *Phos-ac.*, *Pul.*, *Sil.*

Worse from a change of weather—*Calc-c.*, *Nux-m.*,  
*Rhod.*, *Rhus-t.*, *Sil.*

## PLATINUM.

Irritable or in a bad humor, with weeping—*Ant-t.*, *Ars.*, *Bell.*, *Calc-c.*, *Coccl.*, *Lyc.*, *Nux-v.*, *Pul.*, *Sul.*

Sticky, adhesive stool—*Bry.*, *Chel.*, *Lach.*, *Merc.*, *Merc-c.*, *Rhe.*, *Sul.*

## PODOPHYLLUM.

The eyes are half open—*Bell.*, *Cup.*, *Hell.*, *Lyc.*, *Op.*, *Samb.*, *Stram.*

He rubs the abdomen for relief—*Aran.*, *Kali-c.*, *Mag-c.*, *Nat-s.*, *Plb.*

## PTELEA.

Pressive aching in rectum < lying—*Nux-v.*

## PULSATILLA.

Cannot lie with head low—*Ant-t.*, *Ars.*, *Hep.*, *Sang.*, *Spi.*, *Spo.*

He senses a bad odor in or before the nose—*Aur.*, *Bell.*, *Calc-c.*, *Kali-bi.*, *Nit-ac.*, *Phos.*, *Sul.*

Sliminess in mouth (Comp. Sticky)—*Bell.*, *Caps.*, *Chel.*, *Lach.*, *Merc.*, *Petr.*, *Tab.*

The tongue feels burnt or scalded—*Ars.*, *Iris*, *Plat.*, *Sang.*, *Ver-v.*

On swallowing food it seems to lodge—*Ars.*, *Grap.*, *Ign.*, *Kali-c.*, *Lyc.*, *Nat-m.*, *Sul.*

Pulsations in epigastrium—*Asaf.*, *Chin.*, *Cic.*, *Kali-c.*, *Old.*, *Rhus-t.*, *Sep.*

Aching in stomach—*Ars.*, *Bar-c.*, *Calc-c.*, *Ign.*, *Nat-c.*, *Nux-v.*, *Ver-a.*

Aching in abdomen—*Bell.*, *Con.*, *Dio.*, *Meny.*, *Sep.*, *Sul.*

The first menses are delayed—*Caus.*, *Grap.*, *Kali-c.*, *Nat-m.*, *Senec.*, *Sul.*

The legs (lower) feel heavy—*Alu.*, *Bell.*, *Fer.*, *Kali-c.*, *Nat-m.*, *Pho.*, *Rhus-t.*

Sleep is disturbed—by dreams, uneasiness, etc.—if he lies on left side—*Lyc.*, *Phos.*, *Sep.*, *Thu.*

## RHEUM.

Loathing or aversion after a few mouthfuls—*Caus.*, *Cyc.*,  
*Lyc.*, *Pru-s.*, *Sil.*, *Sul.*

The stools are sour—*Calc-c.*, *Hep.*, *Mag-c.*, *Merc.*, *Sul.*

## RHUS TOX.

The patient is chilled by the least uncovering—*Hep.*, *Nux-v.*,  
*Sil.*, *Stront.*

Effects of getting wet or working in water—*Ant-c.*, *Calc-c.*,  
*Sep.*, *Sul.*

Affects of physical exertion—*Arn.*, *Ars.*, *Bry.*, *Coccl.*, *Sul.*

Torn loose sensation—*Calc-c.*, *Kali-bi.*, *Pho.*, *Plb.*

Sprained joints—*Arn.*, *Calc-c.*, *Nat-m.*, *Pho.*

The brain feels loose—*Am-c.*, *Ars.*, *Bell.*, *Carb-a.*, *Chin.*,  
*Hyo.*, *Nux-m.*, *Spi.*, *Sul-ac.*

Crusts, scales or scabs on lips—*Ars.*, *Merc.*, *Mur-ac.*,  
*Pho-ac.*, *Sep.*, *Sil.*

The tongue has a red (triangular) tip—*Arg-n.*, *Ars.*,  
*Merc-i-f.*, *Phyt.*

Saliva runs from the mouth during sleep—*Bar-c.*, *Ign.*,  
*Lac-c.*, *Lach.*, *Merc.*, *Nat-m.*, *Pho.*

Cough excited by tickling behind sternum—*Calc-c.*,  
*Cham.*, *Iod.*, *Rum.*, *Zin.*

Pain from heart down left arm—*Aco.*, *Kalm.*, *Latr-m.*,  
*Lycps.*, *Spi.*

## SABADILLA.

Burning (or as if burnt) in tip of tongue—*Aco.*, *Bell.*,  
*Calc-p.*, *Colo.*, *Kali-c.*, *Kali-io.*, *Nat-s.*, *Psor.*

Itching skin (also nose and anus) with asthmatic breathing—*Calad.*, *Cist.*

## SANGUINARIA.

Relief from discharging gas upward and downward—*Bor.*,  
*Kali-c.*, *Sars.*, *Ver-a.*

Pain over the right eye—*Bell.*, *Cact.*, *Chel.*, *Ign.*, *Lyc.*,  
*Mag-p.*, *Nat-m.*, *Ran-b.*

Pain in right occiput—*Aur.*, *Hep.*, *Lach.*

Nausea on sneezing or on blowing the nose—*Hell.*, *Sul.*

## SECALE.

Twitching, tremor or quivering in skin—*Canth.*, *Mang.*, *Pho.*, *Rath.*, *Tab.*

## SEPIA.

Aversion to one's friends, family, etc.—*Crot-h.*, *Flu-ac.*, *Lyc.*, *Nat-c.*, *Pho.*, *Plat.*

Headache < lying on occiput (back)—*Coccl.*, *Colo.*, *Nux-v.*, *Petr.*

The eyes feel as if they would fall out—*Carb-a.*, *Cep.*, *Colo.* (r.), *Glo.*, *Ign.* (r.), *Tril.*

Sour-bitterish taste—*Asar.*, *Lyc.*, *Merc.*, *Petr.*, *Sul.*

As of a foreign body, a lump, etc., lodged in rectum—*Cann.*, *Caus.*, *Crot-t.*, *Kali-bi.*, *Lach.*, *Nat-c.*, *Nat-m.*, *Pho.*, *Plat.*

Adherent or crusty urinary sediment—*Calc-c.*, *Colo.*, *Daph-i.*, *Nit-ac.*, *Petr.*, *Phos.*, *Sars.*

Backache with a desire for a firm support—pressure—*Dulc.*, *Kali-c.*, *Nat-m.*, *Rhus-t.*

Pain and weakness—paralytic pain—in small of back—*Agar*, *Coccl.*, *Helo.*, *Kali-c.*, *Lach.*, *Nat-m.*, *Pic-ac.*

Sweat on lower limbs—*Ars.*, *Colo.*, *Croc.*, *Hyo.*, *Kali-n.*, *Pho.*

## SILICA.

Pulsation in vertex.—*Coccl.*, *Glo.*, *Hyper.*, *Lach.*, *Nux v.*, *Pho.*, *Stram.*, *Sul.*

Pains ascend from occiput or nape.—*Bell.*, *Calc. c.*, *Cimi.*, *Gel.*, *Kali bi.*, *Lach.*, *Pho.*, *Sang.* (r.), *Sep.*, *Spi.* (1.)

Relief from wrapping up the head.—*Ars.*, *Hep.*, *Kali bi.*, *Lach.*, *Mag. n.*, *Mag. p.*, *Nux v.*, *Psor.*, *Rhus t.*

As of a hair on the tongue—*Kali bi.*, *Nat. m.*, *Nat. p.*

Urging to stool, but it is retained in the rectum.—*Caus.*, *Ign.*, *Lyc.*, *Op.*, *Petr.*, *Sars.*

Swollen axillary glands.—*Bar. c.*, *Kali c.*, *Lach.*, *Nit. ac.*, *Pho.*, *Sul.*

The finger tips are painfully sore.—*Calc. p.*, *Cist.*, *Lac. c.*, *Nat. c.*, *Sars.*

Foot-sweats destroys the hose or shoes.—*Grap.*, *Naj.*,  
Sec. c.

Awakened by frightful dreams on falling asleep.—*Bell.*,  
*Lach.*, *Sul.*

## SPIGELIA.

Pain in left occiput.—*Cere. b.*, *Hyd. ac.*, *Lyc.*, *Nux v.*,  
*Sars.*, *Scil.*, *Sep.*

The nasal secretion passes through the posterior nares.—  
*Hyds.*, *Kali bi.*, *Lach.*, *Merc.*, *Nat. m.*, *Nit. ac.*, *Nux v.*,  
*Pho.*, *Sep.*, *Sul.*

Audible heart beat (palpitation).—*Ars.*, *Iod.*, *Pul.*, *Thu.*

Violent palpitation with shortness of breath.—*Amb.*,  
*Am. c.*, *Ars.*, *Bell.*, *Bry.*

Cutting about left scapula.—*Dios.*, *Lac c.*

## STRAMONIUM.

Trembling and sense of trembling; quivering, etc.—  
*Arg-n.*, *Ars.*, *Caus.*, *Coccl.*, *Con.*, *Gel.*, *Iod.*, *Merc.*, *Op.*,  
*Plat.*, *Pul.*, *Rhus-t.*, *Sul.*

Frowning—*Cham.*, *Hell.*, *Lyc.*, *Mang.*, *Sul.*

Aversion to water—*Bell.*, *Calad.*, *Canth.*, *Hyo.*, *Nux-v.*

Desire for light; fears the dark; darkness, cloudy days,  
etc., aggravate—*Aco.*, *Am-c.*, *Calc-c.*, *Cann.*, *Carb-a.*, *Pho.*,  
*Plb.*, *Val.*

Suppressed secretion of urine—*Aco.*, *Ap.*, *Ars.*, *Canth.*,  
*Sec-c.*, *Terb.*

Restlessness or tossing about of arms—*Ap.*, *Fer.*, *Glo.*,  
*Kali-bro.*, *Mur-ac.*, *Tarent.*

## STRONTIUM CARB.

He feels better in the sunshine—*Anac.*, *Crot-h.*

## SULFUR.

Aggravation at full moon—*Bell.*, *Grap.*, *Sil.*

Burning in vertex—*Calc-c.*, *Grap.*, *Lach.*, *Pho.*

The vertex feels sore or sensitive—*Fer-p.*, *Lach.*, *Zin.*

Burning or heat in eyes—*Ars.*, *Asaf.*, *Bell.*, *Carb-v.*, *Grap.*,  
*Merc.*, *Pho.*, *Pul.*, *Thu.*

Stitches in abdomen—Asaf., *Bry.*, Carb-v., *Kali-c.*, *Nit-ac.*, Nux-v.

As of a thread (etc.) hanging from anus—Arg.

Itching at or within anus—Æsc., Am-c., *Calc-c.*, Carb-v., *Caus.*, Grap., Ign., *Kali-c.*, Lyc., *Nit-ac.*, Zin.

He wets the bed at night—Bell., *Caus.*, Cina, *Pul.*, Sep., Sil.

Must get up at night to urinate—Ars., *Calc-c.*, *Carb-a.*, Con., Grap., *Kali-c.*, Lyc., Nat-c., Nat-m., *Nit-ac.*, Pho., *Pul.*, Sep., Sil.

The testicles hang low down—Clem., Nit-ac., *Pul.*, Sil.

Aching between scapulæ—Bell., Lyc., Sep.

Heaviness (load), on shoulders—*Anac.*, Lach., Pho., *Pul.*, Rhus-t.

Itching excited by the heat of the bed—Bov., *Merc.*, Psor., *Pul.*

Unrefreshing sleep—*Chin.*, Lyc., Mag-m., Nit-ac., Nux-v., Op.

Sleepy by day, but sleepless at night—*Chin.*, Fer., Nat-m., Op., Pho., *Rhus.*

#### TEREBINTHINA.

The bladder feels sore—Canth., *Equi.*, *Pul.*

#### THERIDION.

Noise is intolerably penetrating—Aco., *Asar.*, *Chin.*, Iod. *Mur-ac.*

#### VALERIAN.

Sudden gushes of sweat—Aco., Am-n., Bell., *Caus.*, Crot-h., *Ip.*, Jab., *Merc-cy.*, Nat-c.

#### VERATRUM ALBUM.

Coldness (icy) on vertex—*Calc-c.*, *Calc-p.*, *Laur.*, Nat-m., Sul.

The hair is painfully sensitive to touch—Amb., Ars., Bell., *Chin.*, Nat-m., Nux-v., Sep., Sul.

The nose is cold—*Ap.*, *Arn.*, *Cam.*, Carb-v., Ign., Nux-v.

He craves cold water—*Aco.*, *Ant-t.*, *Ars.*, *Bry.*, *Merc.*, *Nat-s.*, *Pho.*, *Rhus-t.*

Eructates or vomits froth—*Æth.*, *Ars.*, *Canth.*, *Cup.*, *Kre.*, *Lach.*, *Nat-c.*, *Pod.*

Very violent retching and vomiting—*Colch.*, *Nux-v.*, *Pho.*

Cough excited by cold drinks—*Ars.*, *Hep.*, *Psor.*, *Scil.*, *Sil.*

#### VERATRUM VIRIDE.

The tongue has a (red) stripe down the center—*Ant-t.*, *Arn.*, *Ars.*, *Bap.*, *Lach.*, *Pho.*, *Plb.*, *Rhus-t.*

Vomiting, without nausea—*Apom.*, *Ars.*, *Calc-p.*, *Colo.*, *Grap.*, *Kali-bi.*, *Merc-c.*, *Sabi.*, *Sec-c.*, *Zin.*

#### VERBASCUM.

As of a lump or ball at navel—*Anac.*, *Kali-bi.*, *Nat-m.*, *Nit-ac.*, *Nux-v.*, *Plb.*, *Ran-sc.*, *Spi.*

#### VIPERA.

The patient wants to elevate the limbs; sits with the feet high, etc.—*Bar-c.*, *Calc-c.*, *Grap.*, *Ham.*, *Pul.*

#### ZINCUM.

Flatulence, mostly in hypogastrium—*Aco.*, *Chin.*, *Grap.*, *Mag-m.*, *Nux-v.*, *Pho.*, *Sil.*, *Sul.*, *Sul-ac.*

Restless legs or feet—*Anac.*, *Arg-n.*, *Ars.*, *Carb-v.*, *Rhus-t.*, *Sep.*, *Sul.*, *Tarent.*

# Bureau of Surgery

K. A. M'LAREN, M. D., TORONTO, CANADA, *Chairman.*

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## SURGICAL CASES.

DR. THOMAS G. SLOAN, SOUTH MANCHESTER, CONN.

Case 1. A man of fifty was injured four months ago on his leg, about four inches below his knee. It did not heal, and, at the present time, he has a large sore covered by a thick scab from under which pus oozes. The entire leg is swollen, brawny and red. It is a low grade inflammation, with little pain, but no tendency towards healing. He had for years a profuse and offensive foot sweat, which he recently suppressed with (Tiz).

November 24, he was given Sil. 10m., four doses in water, and a supporting bandage.

December 1st, there is much less swelling in the leg, the scab is off, and there is a free discharge of offensive pus. His feet are sweating freely.

January 10, Sil. m., one dose.

February 14. The ulcer is entirely healed and there is no swelling of the leg. His feet are still sweating, but are not as offensive.

Indolent ulcers following injuries or operations are very commonly cured by Sil.

Case 2. Two weeks after giving birth to her third child, a woman was exposed to scarlet fever. In a few days she showed the usual symptoms of a mild attack, and for two days did well under Rhus tox. On the third day, however, she suddenly became very ill, high temperature, very rapid and feeble pulse, great prostration, involuntary stools,

red tongue, marked thirst, restlessness, hot soles, which she wished to uncover, very offensive leucorrhœa and abdominal tenderness. In other words, a picture of a severe puerperal infection from scarlet fever. She was a very sick woman.

At noon she was given one dose of Sulphur c. m. By 10 p. m. she was decidedly better and got well.

Without our remedies a physician is helpless in a case of this sort. Interuterine douches are of little value, curettage spreads the infection and all that is left is stimulation and hope.

Case 3. A woman of thirty has had an actual prolapse of the uterus for eight years, since a miscarriage. She has worn a ring pessary all this time, as otherwise the cervix is between the labia, when she is on her feet for any length of time. No pains, simply the discomfort of the cervix in the vulva. Her physician tells her only an operation can give her permanent relief.

She menstruates every two or three months. The prolapse is worse from lifting, straining at stool and when lying down. There is abdominal bloating before the menses. She is very irritable.

Sepia c. m., one dose, January, 1916.

March 27, the menses are on time with no bloating, no prolapse.

She remains well, and has not worn the ring since beginning treatment.

Case 4. A man of forty was seen at 11 p. m. in his second attack of acute appendicitis. He was taken suddenly two hours earlier with a severe sharp pain in his right iliac region. Temperature 100.6, pulse 96. Very severe sharp pain, marked tenderness and rigidity in the region of his appendix. The pain is worse from the slightest motion, jar or deep breathing. He is very thirsty.

Bry. 1m., four doses in water.

Twelve hours after the onset, his temperature was 99.2, pulse 80, and no pain if he kept quiet.

Twenty-two hours after the onset his temperature was 97, pulse 60, no pain and no tenderness. No further trouble.

We must appreciate that many cases of appendicitis get well if they are left alone. The trouble is that they are not given a chance. But more get well and much more quickly and with fewer subsequent attacks under homœopathic treatment.

Case 5. A girl of twenty has an attack of quinsy, beginning and worse on the left side. She cannot eat or sleep or talk. She is trying to expectorate ropy saliva. The attack has lasted twenty-four hours.

She was given four doses of Merc. iod. rub. and in thirty-six hours ate a good meal, and went to work. The process was aborted.

In this disease the contrast between the regular and the homœopathic treatment is particularly apparent. If properly treated it is either aborted or hastened to a cure in a very few days. The regular treatment is purely expectant, with incision when pus has formed.

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## SOME NEAR SURGICAL CASES.

D. C. M'LAREN, OTTAWA, ONTARIO.

Mrs. M., 45. On Dec. 17, 1917, found this woman in a deplorable state of nervous breakdown, very weak, agitated and trembling; much weakened by loss of blood. A few weeks previously she noticed blood in urine, which soon grew copious and continuous. Went to hospital where it was found the blood came from right kidney only, but no diseased condition could be found to account for it. Nevertheless operative removal of this kidney was recommended as the only procedure, with but an unfavorable prognosis at best.

There's a common saying to this effect: "You might as

well kill a man at once as scare him to death." Well, this woman certainly was just about scared to death. All the immediate symptoms were those of fear, trembling, weakness, nervous chills and night sweats for which she got Gelsemium. This remedy was allowed to act for a month or so during which time the blood entirely disappeared and the woman began to resume her normal health and strength. In addition, however, certain accessory measures were adopted. On searching for probable causes of the woman's trouble, history was elicited as follows: Some ten or eleven years before she had come from England where she had always lived in a seaport town. She came over here a fine buxom, rosy-cheeked English woman; in the course of eight or nine years the dry inland climate had turned her pale and thin. Her husband undertook to restore her looks by over-feeding, which he certainly tried to do with true English persistence, but in a year or so had created such a blood pressure that something had to give way, and, fortunately, the bleeding occurred in the kidney rather than the brain. On Dec. 24th, after six weeks of copious bleeding, the pressure was still 160; needless to say she was placed on a very restricted diet as an essential to recovery.

On Jan. 14, 1918, came the second prescription. From the fact of her having always lived on the sea coast and having been deprived of her native salt air for so many years; a considerable fondness for salt, relief from fasting and the only new symptom, palpitation on ascending, she got Natrum mur., 400 Jenichen, which really completed the cure. However, as she suffered a nervous shock on Feb. 7th, I gave her a powder of Ignatia 1m. She has remained well ever since.

In this connection I report from memory another kidney case which occurred many years ago. This patient, also a woman, had submitted to an operation on the right kidney, I presume, for removal of calculi. She nearly lost her life, and when sufficiently recovered to be removed home from

the hospital, the wound discharging urine freely, and the surgeon holding out the prospect of another operation for removal of the kidney as the only cure for this great inconvenience, she sought relief in Homœopathy. Having a good vitality and good constitution, this woman responded well to the remedy—Sulphur, twice repeated, and in eighteen months time the fistulous opening healed completely.

The next case is that of Alphonse—not the celebrity, “My dear Alphonse”—and to be sure no one would have cared to embrace this poor fellow’s face as it was when I first saw it with a foul ulceration on right cheek and side of nose. The ulcer had been active for a month or so, but so, too, had the Allopaths, and scars of cutting and burning were in evidence; the flesh was eaten away into the right nostril. Whether it was sarcoma, as diagnosed by one Allopath, or lupus, or rodent ulcer, though probably the last, I am not prepared to say. I was more interested in the surrounding erysipelatous condition and the œdema of r. eye, which indicated the remedy at a glance.

Apis 50m was given on June 17, 1917, with very great benefit, and Aug. 2nd Apis cm was given; the case went on slowly improving until Jan., 1918, when I considered it wise to repeat the cm on Jan. 19th. On March 27th he developed a sort of erysipelas on the r. side of nose only. Lacking any indications I gave an experimental dose of Graphites m, but he returned a week later with a repetition of the old œdema around the eye and redness and swelling of cheek, for which he got Apis 50m on April 3rd, followed by the cm on May 11th. This seems to have entirely cured the case, though there is still the opening into the side of the nostril.

A ten-year-old boy was brought to me by his mother on Oct. 31st, 1917, suffering from ingrowing toenail, which had been cut and pulled out already two or three times. It was badly swollen, suppurating, and there was a fetid foot sweat. The indicated remedy was given in the 1000th

potency. He returned on Nov. 26th not much better, when the cm was administered. A few weeks later they reported a complete cure, very much to their surprise, as it seems both an uncle and grandparent had been life-long sufferers from the same trouble.

Recently I was called to another ingrowing toenail case in an old gentleman of 70. The nail had been cut down the middle and the inner section pulled out, then bichloride solution was used, and by this time the toe was almost gangrenous. As he was too stout and full-blooded, I put him on a starvation diet for a few days. Gave him a dose of Belladonna cm, and within a week he was able to walk quite a distance to my office clad in his usual footwear. He was much pleased with his prompt recovery.

#### DISCUSSION.

Dr. Kimball: May I ask you why you gave Belladonna?

Dr. Rushmore: I have given *Magnētis polus Australis* in the 50th thousand so effectively that I have never had to resort to any other remedy for ingrowing toenails.

Dr. Clark: A number of years ago an old uncle of mine was taken sick and a very large appendix was removed. He got along very well until the ninth day when he had for six months gangrene of the toe. When I saw him the toe joint was exposed, from which there was considerable discharge. I told him I thought he had necrosis of the bone. I gave him *Silicea 30*, and it all healed up so that he could put his shoe on. He went along until he was ninety-two when he died.

Dr. D. C. McLaren: It is always a great gratification to save a case from the operating table. I am sure every member present has had numbers of these cases where the homœopathic remedy gets in its fine work and saves the patient.

I would say that in the last number of *Surgical Gynæcology and Obstetrics* there appears an article asking that sur-

geons in the future keep a record of their operations so that it might be determined who was doing good surgery and who the poor surgery so that the poor surgery could be eliminated. The Allopaths are beginning to realize that there are many operations that need not be performed and whose results are worse than the conditions they are meant to relieve. This coming from an old school journal is interesting to us.

Another thing in the same magazine was by Dr. Clark, of Chicago, giving a record of one hundred cases of metrorrhagia Radium exposures. In ninety-eight cases the hæmorrhage has ceased. In younger persons it is dangerous to give Radium as it may bring on amenorrhœa, but in 98 per cent. of the cases where the hæmorrhage was so severe the Radium was sufficient to control the hæmorrhage. If this result is obtained by other observers it will mean in the future a great reduction of the number of operations.

I would like to ask if any of the members present have had experience with keloids?

Dr. Rushmore, Plainfield, N. J.: I sent a case of keloid to a doctor in New York who gave a couple of treatments. In four weeks there was no change. At the end of eight months most of the keloid is gone.

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## THE RELATION OF SURGERY AND MEDICINE IN THE TREATMENT OF DISEASE.

BY A. QUACKENBUSH, M. D., OTTAWA, ONTARIO.

That surgical and medical cases are very often one mistaken for the other is a very common occurrence. To many members of our school this does not often apply; but, on the other hand, with the dominant school, nearly every one of which goes in for surgery first, last and all the time, everything that can be operated on is trimmed to a standstill.

I do not mean that in our school no mistakes are made by too free operating; but it is not carried to the same extent by our people as a whole. Neither do I say that mistakes are not made in some instances where an operation would be justifiable. In times past and at the present we have those who through lack of surgical training or lack of mechanical adaptability would depend wholly on remedies when by some mechanical means a trouble could be overcome or alleviated and then the proper medical treatment could do the rest.

Either extreme should be avoided as surgery and medicine should go hand-in-hand to alleviate and cure suffering humanity where possible, but the overuse or the abuse should in all cases be avoided.

The origin of surgery and medicine being different, so also are their applications. Surgery came into existence as far as I can learn from history at the Olympic games to relieve the injuries and wounds occurring from the accidents arising during the games. Medicine, on the other hand, came from the East or India. Homœopathy is spoken of, or at least the law of Similars, in the Ayar Vedas. Medicine is a matter of dynamics, while surgery is wholly mechanics. Basing an argument on the science of physics one cannot be substituted for the other. Each has its own peculiar field.

While the members of this society are all more or less trained in surgery I do not think that the most of us devote much time to it; but endeavor to cure innumerable patients without it. It, therefore, is quite a common idea among the laity that Homœopaths know nothing of surgery in spite of the fact that we have some of the very best operators in our school. We, as a body, endeavor to prevent indiscriminate operations, and in doing so have called down blessings on the one hand and curses on the other.

Of course, we are not always successful in our attempts in many cases as the vitality of the patient is exhausted or

the diseased condition is too far advanced, or both of these factors may be present and prevent good results.

If we do not operate or advise operations indiscriminately for every ill that the human frame is heir to it is because of the fact that we are armed with weapons to combat many of them that the Regular (?) school has no conception, and consequently deny as being adequate for the purpose of cure.

But preventing such innumerable operations should be the motto of our school. While humanity reaps the benefits we should in some slight measure reap the reward.

The vast majority of students on entering college get the idea of becoming a surgeon, and bends all of his energies to that end. He eventually becomes so obsessed with that idea that any other means of treating a patient becomes to him arrant nonsense. He becomes so materialistic in his ideas that any mention of medicine being of any use to relieve illness is tabooed and he becomes a medical nihilist. If he would stop there and do nothing more harmful with surgery than he under these conditions does with medicine, humanity would be the gainer. On the other hand, one could get so far from the materialistic side that he could be lost in a world of idealism and he would fail to get proper results, and here, too, his patients would suffer.

In this latter case, say, with an obstetrical case where labor drags on hour after hour and the patient becomes exhausted. The head has reached the perineum and pains are deficient. Hours might this patient linger without ending the labor, or worse still, the head becoming impacted. To those who have had an extensive obstetrical practice the proper remedy has often helped this sort of condition even in seemingly desperate cases. Time and again the proper remedy will act almost miraculously but not in all. No vitality left and the patient exhausted, and what then? Any intelligent physician would come to the rescue with the

God-given but much abused forceps. Labor would in all probability soon be over in the majority of cases.

Often the forceps are used too soon and before proper dilatation has taken place, and death of the child, probably the mother, or lesions calling for repair or chronic invalidism the result. To use forceps too soon or resort to Cæsarian section unnecessarily are no more a manifestation of ignorance than to delay their use unnecessarily too long.

Again, take the very popular (?) appendicitis and see the operations for it, whether the condition exists or not. And the vast majority of the operations are performed when it does not happen to exist. On the other hand, where the patient shows signs of failing and if it were to continue, gangrene might supervene, or the patient does not respond to remedies seemingly properly selected, who would say that an operation might not be justifiable? The too frequent operation would be no greater mistake than to neglect it if the patient had a reasonable amount of vitality.

I may say that up to this time I have never seen but one patient die of appendicitis under homœopathic treatment, and he would never have rallied from the anæsthetic in the opinion of my confrere and myself. He responded to no remedies properly that we gave him so low was his vitality.

I may add here that I have never operated or advised an operation for this trouble, never losing one, although I have treated many, and had as many as ten in one week with all the symptoms of the disease. However, the next one may be a different story, as one can never be sure.

Take the operation for ovariectomy which you all know is another decidedly popular condition for an operation with the average surgeon. How many of us have cured patient after patient who have been told that an operation is the only thing for them? How many women have been partially or wholly unsexed or have lost their lives through needless operations?

On the other hand, a patient may reach a stage through neglect and lowered vitality so that life is despaired of and an operation may become imperative and prolong life for a time; but even this may be done better with our remedies. I have as yet to advise the removal of the ovaries, although I have aspirated cysts with relief in several cases. I may do the operation or advise it in some future case. While speaking of the removal of the ovaries I can say that four out of every five that I have seen of the operations for their removal were unjustifiable from our standpoint of therapeutics.

In the September number of *The Illustrated Medical Journal* of Detroit in 1898 I saw an article by an ex-vice-president of the A. M. A., the title of which was "Fuss, Fun and Feathers," condemning the indiscriminate operations for ovarian troubles and appendicitis, in which he stated that the vast majority operated on did not need them, and that the city of Philadelphia alone had over ten thousand spayed women. In the face of such articles and from the source from which it came can we not afford to consider what we have advocated and fought for is pretty nearly right and better for the public? How many of these could have been cured by our treatment and avoided this wholesale butchery? Dr. Price, whose private hospital on Market St., Philadelphia, had over one thousand to his credit (?) the last I heard.

Compare these figures with the practice and the results of the members of this society and those that follow strictly our methods, and by so doing I do not think that we need be ashamed of our results. Undoubtedly the vast majority could have been cured and many a life thereby saved. I venture to say that in our experiences as members of the I. H. A. we have had many as desperate cases, many of whom have been fully restored to health.

Coming now to tumors and morbid growths. The operative treatment is practically the only method known to the

dominant school. Nothing else is ever thought about. This applies in some cases to the graduate of our own schools. You who are here will with few, if any exceptions, agree with me that, taken in time with a fair degree of vitality, that most of these are curable without any attempt at surgical interference. That they are as amenable to homœopathic treatment as any other constitutional condition. Cancer is often very easy to cure, but unfortunately not all (but not on a meat diet).

On the other hand, unless the system of the patient is thoroughly cleansed by homœopathic or other proper treatment the trouble is bound to recur at no very distant date.

Dr. Valentine Mott, of New York City, addressing a number of surgeons shortly before his death, said: "Gentlemen, you speak of the operative treatment of cancer. I have operated on over six thousand, and they all recurred but six, and these were not cancer." Surely this should be some evidence as well as the experience of the members of this organization.

To be sure we fail to cure all our cases of tumors and morbid growths, but so many that we can truthfully say that we cure without detriment to the patient as the palliative treatment of surgery does. I have seen cases cured by proper treatment after as many as five operations. In this case the left breast had been removed and everything else but the slats. It kept on going until rational treatment was applied and the patient recovered her health.

We could go on and extend this to a long list of cases where surgery has failed and where medical treatment has done the work, but to the skeptical it would mean nothing.

I presume that many may disagree with this statement, but I say that in all cases surgery is but a palliative and never a curative agent. Not in a single instance does it work in accord with Nature. Injure a part, remove or repair and the patient is never the same as before. An injury has been done to the spiritual body of the individual

and he or she is never the same. The patient can never be restored fully to health. Recovery or relief to a certain extent may be obtained but never the normal tone.

In spite of all I have said we cannot afford to totally disregard surgery. It would not be reasonable to do so.

Still had we to be shut off from one or the other we certainly would do more with medicine alone than we could with surgery alone. But in view of the fact that we have assumed the responsibility of treating our fellowmen we cannot disregard one or the other but to employ both to the best of our ability. Ignorance of either is no excuse to one who has the opportunity to know. It, therefore, behooves us to apply our knowledge of both realizing the proper relationship, and by so doing we will be able to do more than we could did we disregard it.

Our business is to combat disease whenever we find it by the most rational means.

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## SIMPLE SURGICAL PRACTICE.

BY HENRY BECKER, TORONTO, CANADA.

It is absolutely necessary for the general practitioner to have a wide knowledge of surgical procedure and at least ordinary ability in applying this knowledge.

Very few men are utterly destitute of the mechanical turn of mind which is needed to obtain satisfactory results in the ordinary run of cases requiring surgical attention, but if one has no mechanical aptitude he should not attempt to treat even the simplest cases without the help of another practitioner, both for the sake of the patient's future comfort and also to save his own face.

I knew a physician with a very extensive and apparently successful practice whose surgical work was simply vile. He did not seem to have the faculty to see straight, and I believe he never treated a fracture without leaving a de-

formity. A good carpenter called to assist would have been flattered to help and would have at least held the limb in proper position while splints and bandages were being applied.

It was not alone in fractures that he seemed to have astigmatic vision, but his judgment was poor in the use of appliances. He probably lacked mechanical intuition to such an extent that in getting up his surgical work in college and hospital the report of the mechanical aids did appeal to him. He was one of the few who lack the gift of visualizing forms and not knowing his defect. Kept on blundering, mistakingly thinking he was normal, to the detriment of the poor surgical unfortunates passing through his hands. The injunction, "Physician know thyself," if applied individually might result in a better acquaintance with our limitations, so that we might avoid work for which we are not adapted, and gain much pleasure in doing that for which we are fitted, and so round and square pegs would occupy their respective holes.

It is mortifying to have one's poor work stare one in the face. The evil that men do lives after them, the good is oft interred with their bones. Our failures haunt us and our successes are buried in forgetfulness.

Fortunately the majority of cases met with in practice are simple and do not tax our skill, but we may unexpectedly meet any one of the four cases of extreme surgical urgency, viz., dangerous hæmorrhage, asphyxia, over-distended bladder and strangulated hernia, and then there will be little time for thought; one must be prepared by previous experience or adequate knowledge to apply the proper treatment, and, lacking enough of either experience or knowledge, he must fall back on general principles.

Over-distended bladder is so easy to deal with in the great majority of cases that the soft rubber catheter, or the Lisle thread, or silk catheter with either bulbous or Condé's tip, saves the situation, and if these fail us then the solid

silver, curved catheter usually helps successfully, great care being taken that no false passage be made. If this can not be introduced then I prefer the supra pubic introduction of a straight trochar and canula, as the operation here is comparatively simple. I used an instrument of about No. 7 French gauge, morning and evening for three days, in the case of a man 70 years of age, where a false passage had been made some year before with a metal catheter. He regained patency of the urethra by the end of the third day.

The old gum elastic catheter with stylet was a dangerous weapon, and I am pleased that it is very seldom heard of now.

Hæmorrhage is easily controlled, generally, if the finger can be introduced to the source, or if a ligature can be carried deeply on a large curved needle under the bleeding vessel and then tied.

The tapping of ascites and hydrocele should be done by the general practitioner, as it is one of the simplest of surgical procedures.

Many operations are simpler than they appear to be at first sight.

I found this to be so when, soon after beginning practice, I was obliged to remove a kidney from a girl of 16 years of age, and, never having seen the operation before, I was surprised at the ease with which it was done, through an incision in the loin. Purulent urine had been passing for a long time, and the kidney was badly disorganized.

Fractures of bones vary so much from type that they afford scope for one's ingenuity.

A common mistake in the after treatment is to delay passive treatment, and this delay is worse when a joint happens to be implicated.

Passive motion should be begun in from ten to eighteen days, and gentle at first, then gradually more forcible, should be continued until perfect motion is secured.

The medical man must attend to this himself, as relatives

and nurses can not be trusted owing to the pain caused in freeing the joint and tendons and muscles and new tissue limiting movement.

Two young girls had a fracture each close to the elbow-joint. In twelve days after putting up the fractures I began passive movement daily, and in twenty-four days the joints were quite normal in movement.

I have recently seen stiffness in elbow joints in military cases from inattention—to the necessity—of the military medical officers attending to the matter personally and not being satisfied with telling the patient to keep moving his joint, and I have seen perfect mobility restored by persistent passive motion in a few weeks.

For fractures of the clavicle I like the Mexican method of treatment.

The shoulders are held back and a measurement is taken across the front of the chest from immediately in front of one shoulder to the corresponding point in front of the other, and a piece of ordinary wooden barrel hoop is cut this length. An inch nail is driven through from the concave side about an inch or so from each end.

The hoop is then padded with cotton batting, placed in position, and a figure of eight bandage brought over one shoulder round under the axilla, across the back over the opposite shoulder, round under the axilla, across the back and up over the first shoulder, etc., until the splint is firmly held.

The bandage is prevented from slipping off the end of the splint by the nails, which should have a cork impaled on each point to prevent injury.

With this splint there is complete freedom for the arms so that children play as usual, and they and adults suffer none of the hardships inflicted by a Sayres' adhesive or surgeon's plaster appliance, especially in hot weather.

In Colles fracture I think the orthodox method of reduction by clasping the hand of the patient and drawing

forcibly can, with profit, be superseded by grasping the lower forearm and wrist, with the thumbs to guide the ends of the fractured bone, make strong adduction to separate the ends with a movement that would be used if fracture of the ulna were the object, and then press into place with the thumbs. When grasping place the hands together with the thumbs touching. By trying this manipulation on a ruler or a broomstick, one learns how much force can be applied.

I know a machinist who is very expert removing emery, steel and other foreign bodies from the cornea, getting much practice from his experience with his fellow workmen in the shop.

He uses a five per cent. solution of Cocaine as a local anæsthetic, and picks off the foreign body with the sharp edge of an instrument made by himself for the purpose.

It is made from a round piece of No. 8 French gauge steel, 4 inches long, ground for half an inch at one end to a point on three faces with three edges—in fact, the same shape as a Glovers needle.



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### SOME COMPLICATIONS IN PREGNANCY.

GUY BECKLEY STEARNS, M. D., N. Y.

In more than a thousand cases of labor in the obstetrical department at Flower Hospital there were a little less than one per cent. of deaths; of these deaths, approximately 85% were due to eclampsia. None of the eclampsia cases were seen by the obstetrical service previous to admittance, but were brought in on the ambulance as emergency cases. No cases of pregnancy that were examined at the clinic before delivery and followed up by the obstetricians developed eclampsia. In all the cases there was but one death from puerperal infection. In the New York City Board of Health reports about 50% of the deaths in childbirth are due to puerperal infection. Since careful asepsis practically controls puerperal sepsis, and proper oversight of the pregnant woman up to the time of delivery controls eclampsia, the two principal causes of mortality in childbirth are preventable and should never occur in one's practice.

At Flower Hospital Clinic the preventive measures are very simple: Prior to admittance, no vaginal examination is made, foetal positions being determined by means of abdominal palpation, the stethoscope, and, in suspected twins, the X-ray. At the time of delivery, rubber gloves are used, and only such examinations made as are necessary to determine presentation. In this way, danger of infection by

the accoucher is eliminated. Eclampsia is guarded against by watching for the danger-signals; when these danger-signals appear, directions are given the patient based on a physiological understanding of the condition.

The danger-signals are: Puffiness of face and hands, headache, spangles before the eyes, albumin in the urine, and, even before any of these are observed, an increasing blood-pressure. Thus, if the blood pressure should be found to be higher than 140, precautionary directions should be given. These directions consist of a Magnesia citrate purge and the elimination of red meats and an increase of green vegetables, with the taking of some raw green food every time any animal protein is eaten.

If the symptoms do not clear up at once, bi-carbonate of Soda is given, the patient is put to bed and put on a diet of milk and water until she can cautiously be brought back to a diet free from meat-protein.

This sensible procedure, founded on good physiological principles, is very satisfactory, although I myself feel that the work of the purge and of the bi-carbonate of Soda would be much better done by means of a simple enema and of the indicated homœopathic remedy.

Where puerperal infection occurs, I know of no better remedy than Pyrogen unless the symptoms point unmistakably to some other remedy. The indications are chilliness, soreness of the body, and a pulse rate high in proportion to the fever. H. C. Allen says, "The more septic, the more it is indicated."

I have had no experience with eclampsia and, therefore, cannot give any personal suggestions as to its treatment. However, I see no reason why the homœopathic remedy should fail to work in these cases and certainly believe that it should be given first place in their management, instead of the drastic use of hypnotics and sedative drugs now in vogue. Dr. Freeman, of Brooklyn, reports two cases, one of which was controlled by *Cicuta* and the other by *Œnantha*.

Cenantha should be studied by Homeopaths, as the convulsions it causes are among the most violent of any recorded. Guernsey mentions many drugs that may be useful.

The more frequent problems of pregnancy are those latent tendencies which may become active during gestation. Varicose veins frequently develop in the legs, thighs, and labia. Pulsatilla, in my experience, has proved almost a specific for relieving the pains and for toning up the distended veins. In one case, the varicosities improved and finally disappeared in the ninth month of pregnancy under Pulsatilla. The characteristics of the remedy were all there, mental, digestive, and general.

In another case, where varicose veins had developed several weeks after the birth of the child, Lycopodium cured. The indications were: Craving for sweets, flatulence, and the fact that they were on the right leg. Much trouble is apt to occur during pregnancy in women whose reproductive mechanism has previously been upset by miscarriages, and, unfortunately, this trouble may be shared by the infant. A recent example was the case of a woman, æt. 32, who, two years before, had induced a miscarriage by taking some drug. For some months afterwards, she was ill and was given much local treatment. During the two years following, she never was as well as she had formerly been and at the end of that time became pregnant again. All through this pregnancy, life was a burden to herself and she was a torment to her doctor. Almost immediately, she commenced to have vomiting and asthma; both were worse mornings. She had palpitation and shortness of breath from any exertion, and the least dampness caused violent asthmatic attacks. She was thirsty for acids and cold drinks, chilly and depressed so that she felt like weeping. Natrum sulph., rom., repeated in six weeks, relieved for three months. Then she developed bearing-down pains from the back down the thighs, relieved temporarily by Sepia. Along toward the beginning of the seventh month, she had violent foetal move-

ments, lumbar backache, headache better in open air, and occasional gushes of water from the vagina. Thuja palliated for two weeks and then the symptoms recurred. The case was retaken and carefully studied and Sul. given. This gave relief for a month, when a new crop of symptoms appeared and the Sul. was repeated with only temporary relief. Her principal symptoms now were: Bearing-down pains beginning in the back, with a sensation as though an arm were being forced out of her uterus. Her only relief was to sit or lie with legs wide apart. To this were added severe abdominal pains, attacks of difficult breathing, especially at night, which kept her husband up most of the night; cramps in the thighs and calves, severe occipital headaches, nervousness with easy weeping, and craving for the air.

Much study failed to reveal a satisfactory similitum, so I gave her Pulsatilla 200. Result: Palliation for one week. Then the symptoms returned and questioning brought out the element of "hurry" with her other nervous symptoms. Lil. tig. 30th cleared up all her symptoms and carried her to term, when she had a nine pound boy.

This frequent change of remedies is not a thing to be proud of, but most careful symptom-taking and study never brought out a remedy which held for very long. And for months after, both mother and child gave a similar series of kaleidoscopic change of symptoms, with classical pictures of remedies that worked brilliantly for brief periods and then gave way for new conditions. A persistent symptom in the baby almost from birth was stoppage of the nostrils, which compelled mouth-breathing. After nine months, the infant settled down to Sulphur, which was followed in a few months by Lycopodium and apparently is straightened out. The mother, at about the same time, presented the following group of symptoms: Frequent headache in temples, worse from stooping, worse from odors; difficult breathing because of "choking" in lower chest; headache before

a storm; intolerance of collar; general aggravation before and during menses; general aggravation in cloudy weather; nervous and sick after coition, with aversion to same. Apropos of this last-mentioned symptom, the patient stated that it had been present ever since the abortion, more than three years earlier. Phosphorus 10m. was given and repeated twice in rising potencies during the ensuing six months. Her last report was that she was in better health than she had been for years and that all her functions, including the one involved in the last-mentioned symptom, were again normal.

Thus did the upsetting of the reproductive function by an abortifacient and the subsequent infection so disarrange the vital economy of this woman that only after a long time could even Homœopathy restore her health. And with no other method of treatment can I conceive of her being helped at all.

Fibroid tumors sometimes complicate pregnancy, and a recent case of mine is worthy of note. The patient, thirty-six years old, had been married about one year. She menstruated last on December 14th, and on February 28th was examined, when I found a fibroid tumor filling the pelvis to the iliac crest on the right side. A myomectomy was decided on as the only safe procedure and was performed four days later. A three pound fibroid was removed from the wall of the uterus without disturbing the pregnancy. Arnica 30th was given at once, but as she recovered from the ether she complained bitterly of a tearing pain in the side of the abdomen as though she was being torn apart; she was restless and beside herself. Staph. failed to help, and upon searching in the repertory for remedies which cause tearing pains, Rhus tox. loomed before my eyes. A few doses of the 30th worked like magic, and, in my belief, saved her from aborting. She recovered nicely from the operation, and on September 28th gave birth to a seven pound boy.

The removal of such a large tumor from the uterus with-

out disturbing a 2½ months' pregnancy seems to me a remarkable bit of conservative surgery.

Looking back at other operations, I am convinced that Rhus tox. should sometimes be given as a post-operative remedy instead of Arnica.

#### DISCUSSION.

Dr. K. A. McLaren, Toronto, Canada: One routine measure I always use. It is a dose of Sulphur. On the second day a dose of Sulphur to mother and child. On the third day I give Belladonna if there is a rise in temperature, which I find much more useful than Bryonia in a rise of temperature. I have never had any trouble in seven years with that routine.

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### SUCCESSFUL PREGNANCY AFTER MAJOR OPERATION.

BY JULIA C. LOOSE, M. D., H. M., PITTSBURGH, PENNA.

Mrs A. L., at the age of thirty-three years, suffered an abortion, of three months' foetus, this being the first pregnancy, occurring in the tenth year of married life. From the end of the first month of pregnancy scant uterine flow had continued, and the patient was confined to bed for one month before the delivery. During this time she lost forty pounds in weight. The diagnosis made by the medical attendant is reported to have been "tuberculosis in the placenta." At the same time a diagnosis of tuberculosis in the apex of one lung was pronounced, and open air treatment was combined with feedings of two eggs and three pints of milk daily. The patient enjoyed the milk and this was retained better than any other sort of food.

Vomiting began about this time, without nausea;

Daily, for about two weeks, before and during menses.

After eating, or during eating, not after drinking;

Wants to eat after vomiting, if it occurs during eating.

When nervous, in the absence of food in stomach.  
Habit continued for five years, and led to diagnosis of uterine tumors.

Before operation, retained food an hour or two, not recently.

Operation, at age of thirty-eight years :

Five tumors removed from outside of uterus ;

Appendix removed ;

Right ovarian cyst removed, leaving the ovary in place.

Correction of uterine flexure to relieve pressure on bladder.

Had much Quinine, at this time, "for flatulence."

Urination—continued urging, for several years ;

Not relieved entirely by urination ;

Frequent day and night (twelve times in a night).

Few drops, at times.

Urine light color ;

sediment red, adherent, occasionally.

Abdomen—right iliac pain from lower to upper border of ilium,

At intervals, since preceding the operation ;

At first occurred while walking.

Dull ache, sometimes sharp cutting pain.

Extends down right thigh to knee.

When pain is worst, an apparent strain in uterus is felt, associated with leucorrhœa.

Nausea after eating ; after vomiting ; before stool ;

Intense during pregnancy, > lying.

Intermittent for one week before menses.

Occasioned by flatulence ;

> by whiskey.

Varicose veins in lower part of right thigh, also in leg to ankle.

Painful pressure and itching.

Appear when stands much.

Noises in ears ; ringing as of bells, whistling.

Appeared after taking Quinine, in hospital.

< when nervous, when not feeling well.

Numbness extending from right ilium down thigh, in front.

Thirst after vomiting, unquenchable.

Wants large drinks, never takes ice-water.

This was the history obtained on November 13, 1916. Numerous other details led to Repertory-study of the case, with the following rubrics as characteristics:

*Vomiting food while eating;*

*Vomiting food after eating;*

*Varices in thigh;*

> *eructation.*

> *walking in open air;*

*Adherent sediment in urine;*

*Abdominal pain extending to thighs.*

This study brought out Sepia, Lycopodium, Phosphorus, and Natrum mur., the prominent remedies. Sepia was selected, and administered, in 1m. potency (Shedd-Smith), on November 15, 1916.

Improvement in the most troublesome symptom—vomiting—began immediately. When the next menstrual period occurred, the week preceding the flow, usually the worst time, as to vomiting, that feature was entirely absent; and during the period, it occurred only twice. All symptoms decreased, and the patient, in great delight, reported, repeatedly, that she was feeling very good.

December 24th, of the same year, the menstrual period proved to be the forerunner of pregnancy. During the early months, vomiting was very slight, usually occurring when too large quantity of food or liquid was taken, since the patient had almost a voracious appetite, and was fortunate to be served with especially good meals. On April 18, she reported that she was able to eat salads, as she had been unable to do for years.

SEPIA was continued as the remedy, until April, when

SULPH. was beneficial for relief, from pain in the bladder, which made the nights very uncomfortable.

FERRUM was selected, in early May, being similar to varicose veins and the special features of stomach and abdominal symptoms. This was continued in potencies 1m. (Shedd-Smith), and 10m. (Fincke), until the middle of September.

Parturition occurred September 16, 9:55 a. m., occasioning several lacerations in the vulvar and perineal walls. These were sutured with silk. The first few days appeared good, barring emotional disturbance due to husband's absence. Then the repaired lacerations presented unhealthy aspect, suppurating and painful, not cleared by use of Calendula locally applied.

September 27.

Lacerations, ulcerations white in the bottom;

Sensitiveness somewhat > by Hep. sul. 30 given yesterday.

Dirty white discharge.

Lochia watery, yellow, offensive odor.

Dreams distressing.

Perspiration, during sleep, on covered parts, on neck and on shoulders.

Rectal evacuations passed three days in succession, none to-day.

Thirst slight, < night.

Temperature 97.5° to 98°.

Eruption on nates, thighs, one or two spots on face and on arm.

Red, painless, slight itching in some. Resembles the eruption on nates of Medorrhinum babies.

MEDORRHINUM 1m.

October 1.

General improvement: Lacerations healing, discharge less, sensitiveness less.

Eruption clearing; no new spots.

## Urinalysis:

Sept. 9. Albumin trace; hæmoglobin; many leucocytes and red cells; epithelial cells few. Sp. Gr. 1010.

Oct. 2. Trace of bile; faint trace albumin; large number epithelial cells and leucocytes. Sp. Gr. 1020.

Oct. 4. No albumin; epithelial cells and leucocytes many. Sp. Gr. 1015.

Temperature 98.4 to 97.6. Pulse 74 to 90.

The interesting feature about this patient was the prompt and satisfactory relief to vomiting which had persisted so many years, and the comparatively slight disturbance during the pregnancy, whereas her physical troubles had begun with an abortion. To avoid a repetition of the disappointment over her first child-loss, she would assume nothing to be worth preparation until the last few weeks before the birth of her 7½ pound boy. The baby has been so good and happy, weighing twenty-three pounds at age eight and one-half months, that his parents marvel at the reality of their gift, after years of unsatisfied desire for children.

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## SOME PROBLEMS OF THE OBSTETRICIAN.

BY BENJAMIN C. WOODBURY, M. D., HONOLULU, HAWAII.

Obstetrics offers one of the most interesting fields for the general practitioner of Homœopathy and for the specialist as well. There is probably no class of practice in the busy round of professional life that offers better advantages for one's skill, foresight and forethought than the care of the obstetric mother and child. From the evolution of the primitive life of man to that of the present day there stretches a dim and shadowy pathway, strewn with the wrecks of many fanciful theories, many earnest efforts to fathom the great mysteries of procreation, many efforts to solve the inscrutable problem of prenatal existence, and to otherwise delve into the hidden arcana of nature. What

of the soul before its advent upon earth; before its incarnation in human shape; what of its future? We know but little it must be confessed of its life within the body; what can we say of its origin—whence it cometh and whither it goeth? Does the soul apparently die to live again? Does it reincarnate, as was believed by many of the ancients, and is one of the tenets of many of the Oriental philosophies of the present? Is there an analogy between the obstetrician who guides the incoming soul to safety, and that other guide—the Pale Boatman, who pilots the outgoing pilgrim across the Stygian tide? These are problems not merely of metaphysics, but problems which have to do ultimately with the origin, status and future existence of the soul; problems with which the obstetrician can concern himself—alas! with but a single aspect, namely, the present—that of birth. Of the future state of the soul, that “after vibration of ourselves,” as Maeterlinck has spoken of it, who knows? Our concern is with the expectant mother who is the chosen vehicle, for the incoming ego, which hails from that far land we know not of. Probably the first problem then in the management of a case of obstetrics is the prenatal care of the mother.

#### PRENATAL CARE.

The principal factors that require emphasis in this problem are the careful examination of the mother in the early months of pregnancy, with reference to the condition of the urine; as to its sp. gr., elimination of urea, presence or absence of albumen, sugar, casts, etc., and in the later months, as to the presence of acetone and diacetic acid, and with regard to the general protein metabolism; the heart, including blood pressure, murmurs, general force and rhythm, etc. Likewise the general tone of the muscles should be ascertained, with regard to a systematic course of exercise during pregnancy; the state of the digestion, the existence of constipation or diarrhoea, intestinal fermenta-

tion, etc., with reference to the proper selection of food during the different periods of gestation; the pelvic measurements, now considered so important from the standpoint of operative obstetrics, should be most carefully taken, with regard to what may be gleaned by external or internal pelvimetry, regarding the successful termination of labor via the natural obstetric route, or in case of operative procedure, the necessary choice between symphysiotomy or pubiotomy and other operations, which are so rapidly giving place to the modern revival of the older operation of Cæsarean section; the regulation of dress, of environment, the care of the breasts, and the general care of the body, all these factors must be carefully considered by the attending obstetrician, and each in its proper place is deserving of the utmost importance.

There are, however, certain other conditions that should be carefully considered. First of all might be mentioned sexual continence during pregnancy. That in many instances this is not only an essential, but an absolute necessity to ensure the proper intrauterine development of the foetus will hardly be denied, when we study the extremely sensitive natures of most women during pregnancy. It is, therefore, not only a necessity, but often a sacred rite to be enjoined of both father and mother—a period of initiation into the mysteries of generation. Unfortunately, partly it must be confessed, owing to laxity in teaching this moral hygiene, pregnancy is often the chosen period among some sexually indulgent parents for almost unlimited sexual relations. This subject furnishes one of the problems of the obstetrician. Young parents especially should be taught the sanctity of sexual continence; that the young and growing life of the child may be free from the physical, mental and psychic impressions transmitted to it through the nervous mechanism of the mother. If any credence is to be placed upon the validity of so-called “maternal impressions,” what can we say of those other imprints made upon the

delicate foetal organization, by what may perhaps not inappropriately be termed "paternal impressions?" Surely here is a problem that is often overlooked. How often we hear the expression that a certain child is "just like its father," or "just like its mother;" if we mean that this child has inherited the splendid manly or womanly characteristics of its male or female parent, well and good; too often, however, there is a reversion to certain atavistic peculiarities of make-up or sexual characteristics that would better not have been perpetuated.

If any credence is to be placed upon the Freudian theory of the sexual origin of dreams, based upon the axiom that the dream is the fulfilment of a wish, especially the suppressed wish, may not some of the unfortunate sexual traits that appear in the foreground of child life be the result of certain repressed or even suppressed volitions of the parents? Of course, such abstract reasoning can have little place in the conduct of pregnancy, except that it is the duty of the physician to clarify the mental and psychic atmosphere as much as possible, that the incoming souls of the next race may have a pure and idealistic background. Careful psychoanalysis, and likewise intelligent dream analysis, will not fail to be of benefit to the timid and fearful expectant mother.

How often it is observed that this type of woman, after the fear-inspiring experiences of motherhood have been successfully passed, becomes the soul of courage and fortitude thenceforth, in all the trying experiences of life. Here careful enlightenment upon the processes of generation, and an explanation of the mechanism of labor, will undoubtedly be of greatest service. An instance of this has only recently come to the writer's notice, in the case of a young married woman, who is most courageously approaching the advent of her first-born, who for the past three years has been the victim of a profound state of neurasthenia, induced or due in great part to the pernicious effects of self-

inspired morbid fear that, not knowing the physical mechanism of conception, she had in some mysterious way become pregnant, even in the virgin state. Care should, therefore, be used in the instruction of young women, especially those who are going out into the world, away from their parents, in order that they may have sufficient knowledge to enable them to safely steer free of such besetting influences.

#### THE TOXÆMIA OF PREGNANCY.

Then there is the toxæmia of pregnancy. This, as is well known, may express itself merely in the morning nausea, which is so far physiological in many cases as to be at least a presumptive sign of pregnancy, or it may persist more or less throughout the duration of gestation, and in many cases precipitate uræmia or premature delivery.

Fortunately we have in homœopathic remedies many faithful allies, that, barring some decided mechanical hindrance to the proper completion of pregnancy, which is now greatly minimized through the saving skill of modern aseptic surgery, or a grave condition of the kidneys, or heart, make it very rare that labor has to be induced. The nausea and vomiting of pregnancy are most adequately covered in the Repertory, under the Stomach section (Kent, 2nd edition, pp. 510-11), and such remedies as *Ant-c.*, *Ant-t.*, *Ars.*, *ASAR.*, *Bry.*, *Carb-an.*, *Colch.*, *Con.*, *Hell.*, *Ip.*, *Jatr.*, *Kali-c.*, *Kreos.*, *Lac-c.*, *Lach.*, *LAC-AC.*, *Lob.*, *Mag-c.*, *Mag-m.*, *Nat-m.*, *NUX-VOM.*, *Ox-ac.*, *Petr.*, *Phos.*, *Psor.*, *Puls.*, *SEP.*, *Sil.*, *Sul-ac.*, *Symphor.*, *TAB.*, and others of lesser value furnish the prescriber with a list of adjuvants that will go a long way toward the solution of the majority of these problems.

A case or two in point may illustrate the advantages of such treatment. Several years ago, in the first years of practice, the writer was called to attend a young woman, a primipara, who had been ill for three or four weeks; in fact, since the beginning of pregnancy, with nausea and

vomiting, which, in spite of regular treatment, careful dieting and rest in bed, had not responded in the least, until the vomiting was incessant, the nausea constant, unrelieved by vomiting, and finally not the least amount of food or even water could be tolerated. In this case, after the failure of apparently indicated remedies, guided by the characteristic *aggravation from the sight or smell of food, especially of cooking food*, Symphoricarpus, in the third decimal dilution, entirely stopped the whole difficulty. The family removed from the city shortly after, and the case was lost sight of, until we were called to attend this same patient about a year later for a minor disorder, when we were shown with much pride a very handsome baby, fully a year old, who the mother remarked was saved to her by the remedies given at a time when the loss of her baby seemed all but inevitable.

A recent experience may also be mentioned, a case of nausea of pregnancy beginning early in the second month, the case of the young woman previously mentioned as having been the victim of pseudocyesis, a similar aggravation at the smell of food, either cooked or cooking food, or even the mere thought of it being repugnant, yet the most characteristic symptom was the *constant nausea*. This case finally yielded to Ipecac 30th, after Sepia, which seemed to cover the main features of the case failed to relieve the distressing nausea.

#### PAINLESS LABOR.

It has been said, and rightly perhaps, that there is no such thing as painless labor, as labor can never be painless in the sense of its being bereft of pains. It would perhaps be better to qualify the meaning of the word pain in the sense that it is used in obstetrics to indicate, not so much the actual suffering of the woman in the throes of labor, as the phenomenon of uterine muscular contraction, which there is reason to believe and courage to hope may some day, through a return to normal physiological living,

be rendered painless, so far as the general interpretation of the word is concerned. It is, even at the present time, a fact that labor among primitive peoples, if not entirely unattendant with suffering, is not approached with the fear and trepidation of the modern civilized mother, and thus its racial dread becomes in a measure nullified.

With the advent of "Twilight Sleep" it was acclaimed that a new era would dawn for the pregnant woman. This method was looked forward to by many as a panacea for most of the ills of tortured motherhood. It has passed through a period of constructive and destructive criticism until its adherents number for the most part only those specialists who have the time and patience to observe their cases carefully throughout the entire second stage of labor. Its progress, however, has not met with sufficient success to justify its use in private practice unless the mother can be given every hospital comfort, and the obstetrician can devote his entire time to each individual case, which is obviously most difficult. Many investigators have discarded the original method entirely or use it only in modified form. Some use it in selected cases; others have abandoned it entirely for the use of the Nitrous-Oxide-Oxygen method, and still others have returned to the use of chloroform or ether, administered cautiously at the height of the second stage, or in operative cases. What the future of the method of "Twilight Sleep" will be is most uncertain. Entirely aside from the employment of such powerful drugs as Scopolamin and Morphin in labor, it is very doubtful if the results gained are so far superior to those that can be obtained through less heroic treatment. Far better, we feel, is the careful hygienic and dietetic management of pregnancy, which, when properly carried out, will generally ensure normal and, in so far as possible, painless labor. We refer to the use of a modified Lacto-vegetarian diet up to the last half of the sixth or first of the seventh month, and a carefully selected vegetarian

regime in the later months, which is designed to render the foetal head directly proportionate to the size of the maternal pelvis. This is brought about mainly by the exclusion of meat from the diet throughout pregnancy, thus avoiding the dangers of protein toxæmia, uræmia, albuminuria, etc.; the avoidance of milk, the limited use of eggs, after the seventh month, or during the period of foetal ossification. The elimination of milk, and, to a certain extent of eggs, during this period is, according to this hypothesis, productive of bony foetal union, which is sufficiently cartilaginous to ensure easy adaptation of the head and shoulders to the uterine and vaginal canals, thus ensuring easy labor. Together with these precautions it must be borne in mind that the reduction of starch content in the diet will go a long way toward the accomplishment of this end. The diet then may safely consist of fresh vegetables and greens, whole wheat, rye, cracked wheat, or other whole grain cereals, and breads which contain the normal proportions of starch and organic cell salts; fresh fruits in sufficient amounts to insure normal action of the bowels, and proper elimination; milk up to the period of foetal ossification, sufficient vegetable oil and fat to keep the body well nourished and provide sufficient heat and energy for proper metabolism.

Such a diet, which has in the writer's experience proven most satisfactory in the safe conduct of pregnancy cannot be too strongly recommended for the production of, in so far as possible, painless birth. Of course, there will of necessity be modifications to suit conditions; not all patients will take kindly to this form of diet, and when they seem to miss the stimulation of accustomed animal food they may be allowed plain white (non-oily) fish, white meat of chicken, and meats as low as possible in uric acid content. In some instances meat broths will suffice; but all meat should be avoided if possible after the sixth or at the latest the seventh month. Such a diet, with proper ex-

ercise, rest and freedom from care and worry, and in most cases abstinence from sexual intercourse, will be found well worthy of trial in this important problem of obstetric management.

#### THE COMPLICATIONS OF PREGNANCY.

The various complications of pregnancy are best met by careful homœopathic prescribing, and, when necessary, by careful recourse to aseptic surgery. The following are some of the conditions which are likely to need attention during pregnancy, aside from surgical measures, with which this paper is not especially concerned:

*Leucorrhœa during pregnancy* (which in the beginning may sometimes be considered as a presumptive sign, if occurring in women unaccustomed to it, and corroborated by other more definite phenomena) when it passes beyond the physiological degree, will generally be readily met by such remedies as ALUM., ARS., ARS-I., CALC., CARB-AN., CAL-S., CAUST., GRAPH., IOD., KALI-AR., KALI-C., KREOS., MERC., MUR-AC., NAT-M., NIT-AC., PULS., SEP., SIL., SULPH., to quote the remedies of first rank in the repertory.

*The tendency to abortion* (often a serious problem to be met) will generally find its similimum among some of the following remedies: Alet., *Apis*, Arg-n., Asar., Aur., Bap., Bufo., Calc., Caul., Cimic., Ferr., Helon., Hyos., Kali-c., Kreos., Lyc., Nux-m., Puls., Sabin., Sep., Sil., Sulph., Vib., Zinc.

*Displacements of the uterus*, which may at times prove a source of much concern, from pain, pressure on the rectum or bladder, and very distressing reflex symptoms are well covered by such remedies as: Æsc., Am-m., BELL., CALC., Cal-p., Caul., Cimic., Ferr-i., LACH., LIL-T., Nux-m., Nux-v., Plat., Podo., SEP., Thuj.

*Anamolies of the lochia* are best met by the indicated remedy which may be: Acon., Bell., Bry., Carbol-ac., Cimic., China, Hyos., Lach., Kreos., Lil-t., Puls., Pyrogen., Sec., Stram., Sulphur and others.

*Prolapsus of the uterus* most often calls for such remedies as: ARG-M., ARG-N., AUR., LIL-T., NAT-H., PALL., PULS., RHUS-T., SEP., etc.

— after confinement: Bell., *Helon.*, *Podo.*, Puls., *Rhus-t.*, Sep.

*Subinvolution of the uterus*: Bell., Calc., Carb-v., Caul., CIMIC., Hydr., Kali-bi., Kali-i., Lil-t., Nat.h., Op., PULS., Sabin., Sec., SEP., SULPH., Ust.

*Septicæmia*, which, unless early counteracted by the proper dynamic means, may assume alarming and oftentimes tragic proportions, should be prescribed for according to its own specific indications. The following list of remedies is given in the Repertory: Anth., *Apis*, Arn., ARS., *Bapt.*, Bry., CARB-V., *Cench.*, CROT-H., Ferr., *Kali-p.*, LACH., Lyc., Phos., Puls., PYROG., *Rhus-t.*, Sulph., Tarent. Pyrogen and Sulphur have given the most encouraging clinical confirmations.

*Rigidity of os during labor*: Ant-t., Bell., CAUL., CHAM., Cimic., Con., GELS., Ign., Jab., Lob., Lyc., Nux-v., Sec., *Verat-v.*

*After-pains* find their indicated remedy among the following: ARN., Bell., Bry., Calc., CHAM., Cimic., Coff., Con., CUPR., Ferr., Ign., KALI-C., Nat-m., Nux-v., *Podo.*, PULS., RHUS-T., *Ruta.*, SABIN., Sep., Sulph., Vib. Also Cauloph., a remedy not mentioned in the above list.

*Labor pains*: Call for Caul., Cimic., Gels., Puls. —

ceasing: BELL., Bor., *Camph.*, Carb-v., Caul., *Caust.*, Cham., CIMIC., Coff., *Graph.*, KALI-C., Nat-m., Nux-v., OP., PULS., SEC., Sep., Thuj.

— distressing: Caul., CHAM., Coff., GELS., KALI-C., SEP.

— false: BELL., CALC., CAUL., Cham., Cimic., *Cinnab.*, Con., Dios., Gels., Kali-c., Nux-m., Nux-v., Op., PULS.

— ineffectual: *Caust.*, Coff., KALI-C., PULS., Ust.

— weak: Bell., Carb-s., Carb-v., Caul., *Caust.*, Cham., CIMIC., GELS., *Graph.*, KALI-C., Nat-c., NAT-M, Nux-m., Nux-v., OP., PULS., *Ruta*, SEC., Thuj.

Albuminuria, palpitation, cardiac complications, diabetes,

osteomalacia, scorbutus and other conditions may be analyzed, each in its own sphere, as modifying the physiological function of pregnancy in such a way as to render it to a greater or less extent pathological.

Thus a variety of constitutional conditions, pre-existing within the organism prior to conception, may be prescribed for, and thus the whole individual is brought under the dynamic power of the indicated remedy.

#### EXAMINATIONS DURING PREGNANCY.

Fewer vaginal examinations are being made at the present time during pregnancy, which even aside from the æsthetic standpoint, is more nearly in conformity with proper aseptic technique, and likewise examinations during labor should be made as seldom as possible, and only under the strictest aseptic conditions. Only the most rigid asepsis (not antisepsis) is to be carried out in the post-partum management of pregnancy, and in this manner puerperal sepsis becomes practically a negligible factor.

#### OBSTETRIC POSTURE.

There is much room for improvement in our ideas of a few years since regarding the position of the woman during labor. Careful study of the customs of primitive peoples has taught or should teach us that nature herself, *i. e.*, the woman's own natural instincts, should be obeyed. We recall a case of delayed labor resulting from disproportion between the head and pelvis, that made absolutely no progress until the patient of her own choice left her bed and assumed the knee-elbow posture on the floor, with the result that the pains returned and labor was finally completed without instrumentation. A greater latitude should be allowed in this regard.

#### THE USE OF ANÆSTHETICS.

With the careful regime we have suggested regarding diet, exercise and other hygienic management, in addition

to careful homœopathic medication, there is little need for anæsthetics in non-operative cases. Where an anæsthetic is needed the condition of the patient should decide the choice. Possibly some of the benefit derived from the inhalation of chloroform, for example, during the last few hard pains is undoubtedly mainly psychic in effect. Especially in the case of the patient who has been promised an anæsthetic, and who has been crying for its use until she practically refuses to have another pain until her request is granted, we have here undoubtedly an example of what Hahnemann was wont to call a gratified desire.

#### CONVALESCENCE AFTER LABOR.

Except in the case of debilitated patients who clearly need the period of the puerperium as a necessary and well-earned rest, it is by far the most commendable plan to encourage an early return to the activities of daily life in order that pregnancy, instead of becoming a period to which the patient will look toward, forward to, or backward, with a feeling of constraint and boredom, shall be regarded merely as a pleasant incident in an otherwise normal life. With the advent of "Twilight Sleep" it was the rule to allow the woman the freedom of her bed and room, immediately after delivery, or as soon as the period of anæsthesia was passed, and it was not unusual to allow her a hearty meal shortly after delivery. Again certain advocates of the therapeutic value of exercise during pregnancy have made use of a system of movements designed to strengthen the abdominal muscles and thus aid in the mechanism of delivery. Furthermore, these or similar movements have been used during and after labor, to aid in the expulsion of blood clots, uterine debris, and for the general tone of the uterine muscle, mucous membranes and ligaments. The results of such treatment are said to be most encouraging, for by its use the patient at no time becomes bed-ridden in the ordinary sense, and is at liberty to get up from her pregnancy as soon as she feels

physically able. If not complete endorsement of this method in suitable cases, at least some modification of it, can easily be carried out, with due regard, of course, to the individual patient's needs. The writer has never forbidden an obstetric patient to get out of bed to urinate; has always allowed her to sit up in bed for a few minutes once or twice the first day if desired, three times the second, and so on, gradually increasing the duration, guided by the feelings and desires of the patient. Some women are so physically weary after labor that they desire and profit by the rest thus afforded them by lying for the most part comfortably in bed for the first three or four days, or during the first week; sitting up gradually in increasing amounts each day; others can safely be allowed to get up almost immediately. As in all other measures the actual conditions present are the only safe and reliable guide. In any abnormal conditions whatsoever, these rules will have to be modified to suit the case. It is true, however, that a little exercise even in severe weakness will aid in counteracting the stiffness of the muscles that so often supervenes upon labor, relieve to some extent the acuteness of after-pains, and the upright posture will favor uterine drainage and the restoration of tone, thus aiding in the preventing of subinvolution and infection.

#### OBSTETRIC OPERATIONS.

Obstetric operations, such as perineal repair, and even repair of the cervix, as felt by many, should, unless contra-indicated, be completed immediately following delivery. In these exigencies as in all others, the most careful aseptic conditions should be observed. The use of caustic and corrosive antiseptics should be avoided, for the simple use of solutions of Calendula, Arnica, Hamamelis, Dioxygen, or better still in most cases, sterile water. Alcohol may be used for bathing and cleansing in dilute solutions unless contra-indicated.

## THE PATIENT'S ENVIRONMENT.

Only the most congenial environment is conducive to easy labor, and to a wholesome and healthful puerperium. The patient should be fond of her nurse and have the utmost confidence in her physician. Every person who enters the lying-in chamber should be free of fear and avoid, even under the most extenuating circumstances, any evidences of agitation or alarm. Both mother and child should be enveloped in an atmosphere of safety, and the mother should possess an optimistic faith in the successful outcome of labor.

Maternity is love's greatest adventure, and into it the young and expectant mother ventures bravely for the welfare of the race. It is indeed a sacred and holy privilege to bear the cross of motherhood.

"The maternal instinct," writes Dr. Robert M. MacKenna, in his recent book, "The Adventure of Death," "is latent in every woman, and, however well concealed it may be underneath the multifarious activities of the modern daughter of Eve, it is ready to spring into vitality at the call of love. For some women motherhood must always be a perilous experience, fraught with danger and attendant by much suffering; but I have never known a woman happily married of her own free will permanently refuse to bear her crown, even though it should prove to be a crown of thorns, worn on the way to the grave. When in general practice I was privileged to pilot many women through their hour of anguish into a haven of great joy; and sometimes it was necessary to warn them that a similar adventure could not be embarked upon without great danger to their life. They listened, and, apparently took the warning to heart, but in some instances, after a few years, either the desire for another child to be a companion to the first, whose loneliness they grieved at, or the ache in the empty heart from which death had stolen the delight of their lives, obliterated all memory of the warning, and their feet

went down to death again that they might fulfill the noblest destiny of their sex. There is no halo on their brows, there is no Victoria Cross on their breast, and they pass unknown along our city streets; but no soldier hero can teach them bravery, nor any martyred saint contempt of death."

A nobler tribute to the bravery and nobility of motherhood could hardly be found than this.

If in the practice of the homœopathic art, with its beneficent and salutary message of health, we can approach a better understanding of its principles, we shall the better apply it in some of the perplexing problems of maternity, and remedy be it hoped, some of the crying evils of the present age.

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## TWO OBSTETRICAL CASES.

BY BINA SEYMOUR, M. D., SPRINGFIELD, MASS.

Case I. Mrs. A. T., Para, age 18 years. Family history negative. Personal history negative, except several attacks of tonsillitis. First came under my care when suffering from continued headache, with nosebleed during seventh month of pregnancy. Abundant albumen in urine, not affected by strict milk diet, caused me considerable anxiety. Symptoms: Face flushed and bloated, with much puffiness around eyes; limbs bloated; abdomen so much bloated that position of fœtus could not be made out, externally. No thirst. Drowsy all the time. Apis 2c, three powders, and rest in bed. No change in forty-eight hours. Apis m, one powder was given. No change in another forty-eight hours. On going over the symptoms a third time I could see no reason for changing remedy, and gave this time Apis 3x. Although the patient felt less drowsy there was no other marked improvement. In between two and three weeks of this treatment the change had been so slight that I dared not postpone action, and so took the patient to the hospital, where the cervix was dilated by

dilating bags, and in about eight hours she was delivered of a 4 lb. child, which proved to be in breech presentation. Apis 3x was continued, and the urine soon became free from albumin. Thus far the superiority of our treatment was impressed upon me because in the hospital at the same time was a primipara of about the same age and very similar case but under routine old school treatment. She became raving mad and was transferred to a hospital for insane, where she is still under treatment, six months later.

But this was not to be the end of medical treatment of my patient. On the 5th day she showed a sudden rise of temperature to  $104^{\circ}$ , great thirst, breasts tender,  $<$  motion, soreness in both groins,  $<$  pressure. Bry. 2c, three powders. These symptoms were apparently due to infection by a germ prevalent at the time, probably influenza, as she complained of a chill in the preceding night. From this time she improved steadily, and made a normal recovery. Lactation was also normal. The child has steadily gained in weight, and is apparently perfectly healthy.

Case 2. Mrs. I. M., para, 22 years old. History negative except that during pregnancy she suffered from a profuse, creamy, bland leucorrhœa, which did not yield to medical treatment. In the eighth month I was called in the night and found her suffering intense pains in the back which, though not typical, simulated labor pains. As the cervix had begun to dilate it seemed that labor was imminent, and she was taken to the hospital. Temperature  $102^{\circ}$ , pulse 100. Chest negative. Urine negative. On the symptoms, pain in occiput, sleepy but not able to sleep, she was given Gels. 3x. In thirty-six hours all these symptoms subsided, temperature and pulse became normal, but pain now appeared in arms and legs. Unable to lie still, must move constantly, yet motion  $<$  pus.  $\mathcal{R}$ . Rhus 3x. On the 4th day she returned home.

One month from this time I was again called in the night. Examination of the urine two days preceding had

showed the slightest trace of albumin. On my arrival I found her in a convulsion, and before I could learn anything about the seizure another occurred. This was the third, and before it had passed I had her in my car and on the way to the hospital, when a fourth occurred. At the hospital, where I could observe her, I found flushed face and great anxiety on coming out of convulsion. Acon. 2c was given, and no more convulsions occurred for eight hours. Meantime I had dilated the cervix, as in case 1, and she had been kept in dry hot pack. At the onset of the fifth convulsion she was delivered by low forceps. Another powder of Acon. 2c was then given.

At no time did the patient's urine show more than a trace of albumen. From the first day she ran a low grade temperature, with daily morning remissions. The pulse and respirations did not keep pace with the temperature. On the fourth night she complained of intense pain in the right abdomen, well back of the crest of ilium. No thirst, considerable rumbling of gas. Lyc. 2c was given. The lochia, which had been normal in appearance and amount, ceased in the ninth day, but this peculiar temperature and pulse continued. Examination showed normal condition of uterus and adnexa, but intense tenderness in the appendiceal region. I concluded that my patient had been suffering from *appendicitis* following the attack of influenza the preceding month, and I wish to ask if other members present have found this a cause of eclampsia.

Upon taking the symptoms again I decided upon the remedy as Echinacea, basing the prescription on these findings: Full head, flushed face, languor, fullness in abdomen, with many sudden pains. In six days she was showing normal temperature, and on her seventeenth day she returned home with a rather puny baby. The baby had been put on artificial feeding about the twelfth day, and now, at the age of two months, is a strong healthy child.

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