

PROCEEDINGS

of the Thirty-Fourth Annual Session *of the*

INTERNATIONAL
HAHNEMANNIAN
ASSOCIATION



HELD AT THE CHICAGO BEACH HOTEL
CHICAGO, ILL., JUNE 23, 24, 25, 1913



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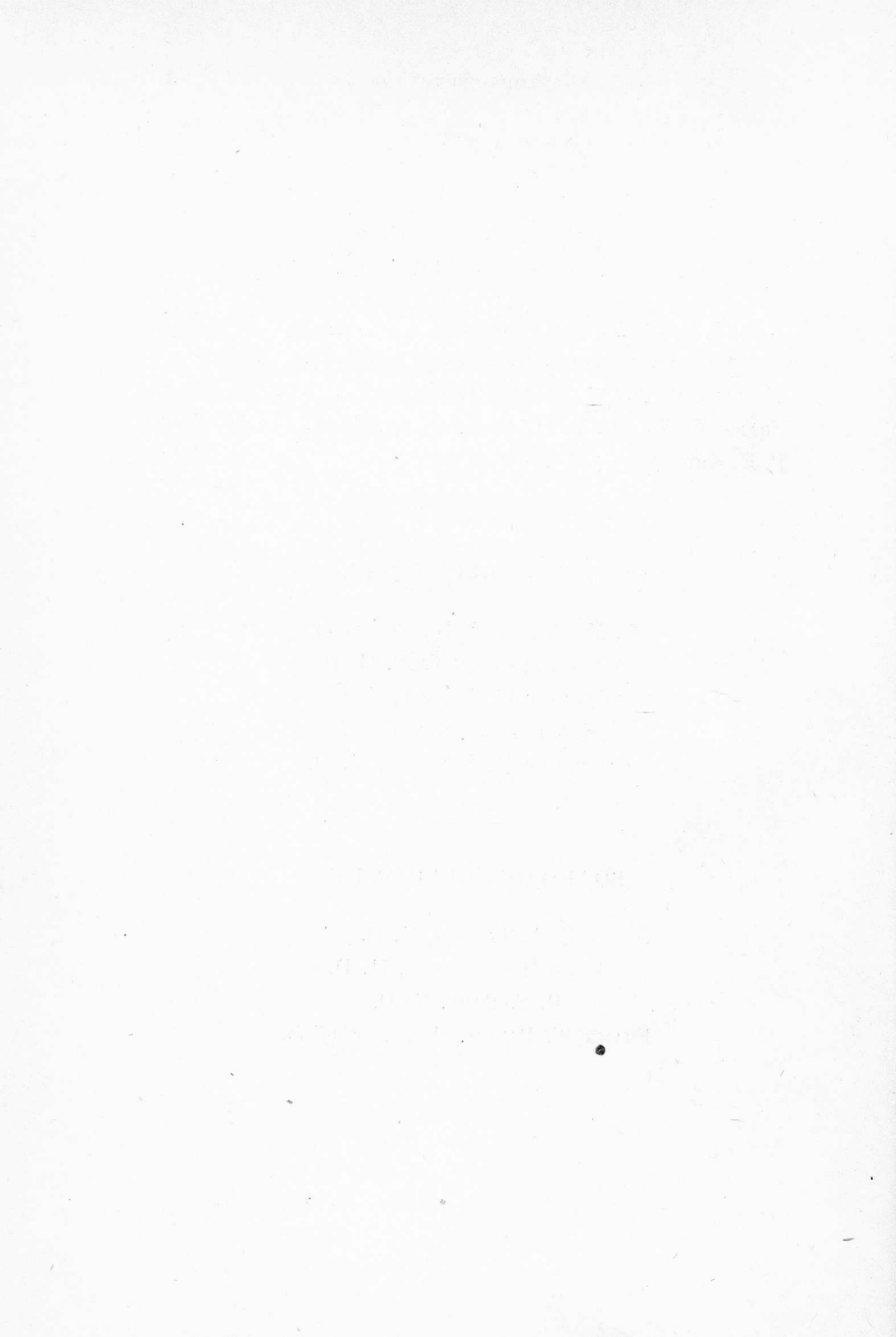
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PROCEEDINGS OF THE THIRTY-FOURTH
SESSION OF THE
INTERNATIONAL HAHNEMANNIAN ASSOCIATION
HELD AT
CHICAGO BEACH HOTEL, CHICAGO, ILL.
JUNE 23, 24, 25, 1913.

BUSINESS TRANSACTIONS.

The Thirty-fourth Annual Convention of the International Hahnemannian Association was called to order by the President, J. B. S. King, at eleven A. M., June 23rd, 1913.

SECRETARY'S REPORT.

Members of the International Hahnemannian Association:

In making my first annual report as Secretary of your body, I feel that an apology should be offered for many shortcomings. These are due in a measure to inexperience in the office as well as to force of circumstances over which your Secretary had but little control.

The lateness of the publication of the volume of Transactions for 1912 was a source of great regret, but arrangements have been made that will prevent any such contingency in the future.

The work of the Association has been carried on throughout the year without especial incident. Much of the time of your Secretary has necessarily been occupied in becoming familiar with the field.

Attention of the members should be called to Section 6 of Article V of the By-laws which reads as follows:—Sec. 6. No paper or papers presented to this society shall be published in any journal or periodical until ninety days shall be elapsed

from the day of adjournment of the last annual meeting, unless by vote of the society.

Also to the latter part of Section 3 of Article VII which reads:—At the expiration of three years of Associate membership any member may make application to the Board of Censors for full membership, and upon its recommendation and two-thirds vote of the members present at any regular meeting, will become a full member; failing to make such application, the membership ceases.

An effort has been made to obtain the correct addresses of all members, but lack of co-operation on the part of some has made the work difficult and the result somewhat unsatisfactory. If the membership list is to be kept up to date and the directory made of value, it is absolutely needful that every member should feel a certain amount of responsibility to notify the Secretary of changes of location or other corrections to be made from time to time.

The meeting in Chicago this year is opportune in that it will afford a chance for unification of the interests of members from all parts of the country and it is hoped that the benefits to the Association and to the Cause of Homœopathy in general will be far reaching.

Respectfully submitted,

FRANK W. PATCH.

G. B. Stearns: Moved that the report be accepted and referred to the Board of Publication; seconded; carried.

C. M. Boger: In accordance with a notice given last year, I move that the By-laws be changed and the dues of Associate members be raised from two dollars to three. Seconded.

John Hutchinson: According to what I have heard, the Transactions cost us something like four dollars per volume. How does that protect the society from loss? It puts a premium upon associate membership and does not seem to me to be good business.

W. R. Powel. The Transactions did not cost quite four dollars per volume; I can tell you just what they cost. The cost of printing two hundred copies was \$440.72, add to that

\$100 for the stenographer and the postage and you have a cost of \$2.85 per volume. I think that \$3.00 a year for Associates is all right as it would protect us from loss and serve as a means of getting in new members, in fact, serve as a feeder. The By-law that requires that an Associate member be dropped at the end of three years, if not advanced to the Active list, should be rigidly enforced.

Motion passed.

President: Last year there was appointed a committee to look after the business of getting in new members, Dr. Stearns was a member of that committee and can report for it.

G. B. Stearns: As a member of that committee I wrote to over two hundred individuals, the names are in the hands of the Secretary. Quite a few of them have responded. I also wrote to all of the Associate members who had been such for three years or over, and urged them to enter the list of Actives as the By-laws required. Of these only a few responded, but I hope that the results of the committee's work will appear in the report of the Board of Censors.

President: There was also a committee appointed on preparing a list of Hahnemannians, Dr. Freeman and myself were that committee.

F. W. Patch: It was voted at the last meeting that such a list should be printed and the result appears in the present volume of Transactions. A great deal of time was put upon the matter and still the list is unsatisfactory. Is it wise to continue it? If we do continue it, each and every member should take upon himself the duty of helping in the work for, owing to the nature of the problem, it is obviously impossible for a committee to find out about the practice of distant individuals. The information that is needed can only be furnished by those that know them. Then there may be and undoubtedly are many good prescribers unknown to us, but known to some other member; all such should appear upon our list. One rule that the committee followed was to omit the names of known Hahnemannians not members of this society, if there were Hahnemannians in the same neighborhood who were members.

John Hutchinson: Will you please give us the number of names that have been printed?

Frank W. Patch: There are twelve pages of names, I cannot tell the exact number because the names of all our members are included.

G. B. Stearns: I have found the list useful in a number of instances; it has helped me out when patients have been traveling.

Harry B. Baker: It has helped me out in a number of cases.

W. R. Powel: The mistakes are only a few, I believe.

Frank W. Patch: There will not be a committee required as, the list once started, it has only to be corrected and enlarged and in this all the members should be interested to help.

President: I believe there is a committee on the Medical Advance. Is there any report to be made?

Frank W. Patch: There is no report, but I can speak of the matter informally. The idea of this committee was that if "The Advance" was to be the organ of the society, some effort should be made to improve its make-up. We took the matter in hand and had a good deal of correspondence, first and last; it took some time to persuade the publisher to answer letters, but we finally succeeded. They have now lapsed into a condition of not replying again. The improvements that we did succeed in effecting were a new cover, and the mailing of the journal flat instead of rolled and there has been a slight improvement in general cleanliness of the page. The new cover did not please everybody and aroused some criticism. Even with this, I feel that the journal is in a deplorable condition and something vital should be done. Either we should drop it or we should make further effort to get control of the management, whereby a better journal in make-up, promptness of issue and so on, could be secured.

At present, it is nearly always a month late, the make-up is bad and the matter of little interest.

A. P. Bowie: It would be a good idea if the "Medical Advance" was modeled after the one that is published in Pennsylvania—"The Homœopathian." That journal strikes

me as a well gotten up journal and reflects credit upon those who publish it. Dr. Loos, the editor, is a member of our Association and I can't see, for the life of me, why there should be two journals or two societies, they should be combined. I do not know the real reason why there are two. The "Homœopathician" is well gotten up and contains a great deal of information. I like the cover of the "Advance" better, but when you get inside, it is not so well arranged.

John Hutchinson: I would like to go on record as endorsing the cover, it is an improvement on that of the "Homœopathician." As to the inside part I agree with Dr. Bowie.

C. M. Boger: I think that it would be feasible for this society to publish a Quarterly of its own. It would be possible for us to undertake something of the sort. The money that we now spend for the printing of our Transactions would go towards the printing of a quarterly.

President: If that is all to be said upon this subject, we will listen to the report of the Corresponding Secretary.

REPORT OF CORRESPONDING SECRETARY.

P. E. Krichbaum, M. D.

Your Secretary has written many letters to representatives of the Homœopathic art in far countries and has received a fair proportion of replies.

DENMARK.

In the city of Copenhagen, Denmark, there were reported seven practitioners and a need for more. There is a Homœopathic hospital there with a capacity of 52 beds.

CHINA.

Dr. Elliot Osgood reports that homœopathic medicines are not sold in China; all supplies come from America. The China Medical Missionary Society has something over 500

members, but unfortunately there are less than a dozen known homœopaths among them. The first homœopathic practitioner to go to China was probably Dr. James Butclart in 1891. He in conjunction with Dr. Macklin, a liberal Allopathist, did joint work in a hospital there.

Later Dr. Butclart established a great hospital at Luchowfer and built up a large medical and surgical work, paying especial attention to the eye. His out-patient work runs 28,000 cases a year and his inside work to about 600. In Claw-chow there is a homœopathic hospital having some 400 in-patients and an outside clinic of about 11,000 cases annually.

The Missionary Society has always shown cordiality and have invited homœopathic papers to be read. The greatest need is money.

SOUTH AFRICA.

Dr. Robert H. Fallon reports that most of the good work for Homœopathy in South Africa has been done by laymen. Homœopathic domestic practices and chests of medicine are quite numerous distributed. Biochemistry has also quite a hold on the people and that is next door to Homœopathy. Dr. Fallon is the only avowed professional homœopath practising in the country. It was practiced for 30 years by Dr. Chas. Kitching, who died ten years ago. At Cape Town there is a homœopathic dispensary and a homœopathic chemist from whom medicines may be purchased. More practitioners are needed; there is a demand for them.

PERU.

Dr. J. Carlos Menendez in Peru reports that the government does not allow him to sell homœopathic medicines in public, so he keeps a small dispensary for the sale of medicines and pamphlets in his house. He has homœopathic books in French, Spanish and German.

The *History of Homeopathy* in New Zealand is the same as that in other British countries. The medical schools, the

official positions and the hospitals are in the hands of the Allopaths, in this and other matters English traditions are closely followed. For instance the medical course at the local School of Medicine has been raised to five years to bring it into line with British schools. One advantage of this is that reciprocity in recognition of degree's exists, so that local degrees are registrable without any further examination in Australia and Britain. One disadvantage is that young graduates who have passed through a five years' course of strenuous and expensive study are disinclined to begin over again and learn Homœopathy. Probably the only remedy for this state of things would be the establishment of a Homœopathic medical school in London. While there are some 600 medical practitioners in the country, less than six of these are Homœopaths. There are two towns of over 80,000 inhabitants without a representative of our school. One of these, Christchurch, had a doctor, but he died and no one has taken his place. The same thing has happened in other localities, so that the number of Homœopathic practitioners is fewer than it was some twelve years ago.

Dr. Mackenzie is located in Auckland. He is a graduate of the St. Louis Homœopathic Medical College. He says: I am practically the only representative of our school in this district. I graduated at the University of Edinburgh and afterwards studied Homœopathy in London under Drs. Berridge and Skinner.

In Dundin we formed some three years ago a "Homœopathic Association" of laymen. Its object being "To further the spread of Homœopathy in the Dominion of New Zealand, by the interchange of ideas and the distribution of literature. Also to keep members posted as to the movement."

Homœopathic magazines are placed in the local libraries and circulated amongst members. Lectures are given occasionally on subjects of Homœopathic interest.

Nine months ago a Homœopathic dispensary was opened, where I attend three days a week for the treatment of patients who cannot afford the usual medical fees. About 500 patients have received treatment in that time. The prescribing is on

strict Hahnemannian lines and has been followed by the cure of many cases which Allopathy had failed to benefit.

Finally may I say that though the adherents of our school in this country are few, they are very enthusiastic and devoted disciples of Hahnemann.

With fraternal greetings from

RALPH S. STEPHENSON, M. D.

ENGLAND.

Any account of history of what Homœopathy has accomplished in this country can best be gauged by referring briefly to what has been done by some of those who have adopted Hahnemann as the man whose teachings they have found trustworthy and reliable.

In the latter half of the nineteenth century many things militated against the growth of true Homœopathy in Great Britain. During that epoch Dr. Richard Hughes of Brighton, England, by his workings did more than any other to arrest the development of Homœopathy. Hughes' method was to treat diseases not patients, *e. s.*, individuals. By this method he believed that he would win over to our ranks a number of Allopaths who were waverers. Thus he hoped the lion and lamb would lie down together, not with the latter inside the lion.

Hughes did not seem to contemplate the possibility of the orthodox practitioner being won over by the study of Hahnemann's work. Hughes dealt in pathological medicine, *i. e.*, the treatment of diseases by their names and not of individual patients, and his method was so well thought of in England that if any orthodox practitioner expressed a desire to learn Homœopathy he was recommended to read Hughes' Pharmacodynamics and his Manual of Therapeutics, instead of being directed to study Hahnemann's writings, *viz.*: The Organon, Chronic Diseases and the Materia Medica Pura.

Hughes, moreover, had a most charming and delightful personality which gave him a large following.

Those practising on this pathological basis and calling

themselves Homœopaths, very much predominated in Great Britain at this period; among these may be mentioned one who sacrificed a most brilliant career in order to adopt and testify in favor of what he understood to be Homœopathy.

Henderson was the Crown Professor of Pathology in the Edinburgh University and Clinical Physician in the Royal Infirmary. This latter position he had to resign on account of the views he adopted, but he was secure in his tenure of the Professorship of Pathology, which he retained, I believe, until his death. Henderson and Sir James Simpson, the Professor of Obstetrics had a long lasting and heated discussion on the merits of Homœopathy, but Simpson unfortunately argued against a thing of which he was ignorant. Still his eloquence and sarcasm, I know, withheld many from enquiring into the truth of Hahnemann's teachings. Thus during the latter half of the nineteenth century the Hahnemannians in this country might have been counted on the fingers of one hand.

Among these notably shone Dr. Thomas Skinner, a man of great ability and industry. After qualifying he became private assistant to Sir James Simpson, the greatest Gyneologist of the day and the discoverer of Chloroform as an anaesthetic. Simpson used to inveigh against the Homœopathic heresey, as he considered it to be, to his students in the classroom and to those he met, so that Dr. Skinner was not inclined to think favorably of Homœopathy from his intercourse with Simpson.

Skinner, after leaving Edinburgh, commenced practice as a Gyneological specialist in Liverpool where he was one of the most bigotted Allopaths and chiefly instrumental in getting the Medical Institute there to pass the most delightfully thorough paced persecuting law to be found in the statute book of any society, which excluded any one showing sympathy with those practising Homœopathy. After this he broke down and for three years was incapacitated from work by ill health. During a correspondence with Dr. Berridge on some extraneous subject he was induced to consult Dr. Berridge, who gave him one dose of Sulph. MM. which had such a

rapid effect in removing the distressing insomnia and dyspepsia from which Skinner suffered that the latter began to study Homœopathy as enunciated in Hahnemann's own works, the *Organon*, *Materia Medica pura*, and *Chronic diseases*, and a repertory, and having learnt the laws discovered by Hahnemann and having become conversant with the actions of some thirty drugs he proved their efficiency in the treatment of diseased patients after which he boldly declared himself a follower of Hahnemann and resigned his membership of the Medical Institute of Liverpool.

To Dr. Skinner is due a great deal of growth of Homœopathy at the end of the nineteenth century in London. Here also practiced and still practices Dr. Berridge, a most highly skilled exponent of these doctrines.

In Liverpool also Dr. Edward Mahoney has shown as a beacon of light since 1873 and is still the authority in Liverpool.

To Dr. Dudgeon a great debt is due as the most elegant translator of the *Organon* and Hahnemann's other works into English. Dr. Dudgeon, however, in practice followed the Hughesian or pathological method, and such was the power of his eloquence and scathing sarcasm that he bore down at once anyone who ventured to enter the lists with him in defense of true Hahnemannian practice.

Dr. Burnett also flashed meteorlike into the arena of Homœopathic practice. Most undeniably he was a great medical genius, but unfortunately he was not a teacher. It is exceedingly difficult for an enquirer to see how he arrived at the selection of the remedies which he used with consummate skill. He seemed to have a medical instinct which led him to the goal, but it was difficult for lookers-on to see how he got there, or to learn from him how to attain such power. He was the editor of the "*Homœopathic World*" till 1885 when his place as editor was taken by the brilliant Dr. J. H. Clarke.

Dr. Clarke has done yeoman service in compiling the *Dictionary of Medicine*—a monument of painstaking and discriminating industry. It is a great boon to those who do not

possess the larger works Allen's Encyclopædia or Hering's Guiding Symptoms.

Since the retirement of Dr. Clarke from the editorship of the "Homœopathic World," the periodical has been carried on by the much talented Dr. C. E. Wheeler, who is always willing to receive and publish articles and cases illustrative of the principles he advocates.

During the later years of the past century the London Homœopathic Hospital (163 beds) has benefitted much by adherents and by the princely gift of money left for its extension by the late Sir Henry Tyler.

During the present century there has been a shaking of the dry-bones of Homœopathy in this country, instituted by the action of his widow, Lady Tyler (now also gone), and her talented daughter Dr. Margaret Tyler, who conceived and carried out the magnificent scheme of sending young, qualified medical men to Chicago to be taught Homœopathy by that genius, Dr. Kent, who kindly undertook to do so.

In 1909 the first three Tyler scholars returned to London, Drs. Purdom, Weir and Woods. All three have settled in London in practice and by their precept and example have induced many to look into and study the true method of cure.

The British Homœopathic Association was formed in 1902 with the Earl Cawdor as its first president and the Earl of Dysart and Lord Calthorpe as vice-presidents.

It was instituted for the development of Homœopathy in Great Britain. This object was to be obtained by raising funds to establish a teaching centre in London for the systematic training of practitioners, an object which has to a certain extent been initiated by the Honeyman-Gillespie lectures. These have been given by many of the city Homœopathicians, amongst whom were Drs. Clarke, Burford, Wheeler, MacNish, and others.

An endeavor is also being made to start dispensaries and cottage hospitals in various parts of the kingdom, and this has been done in a few cases such as Southport and Kenley Street.

Another important object of the British Homœopathic As-

sociation is to prosecute original research, more especially by provings of drugs.

These objects are all excellent and are on the correct lines for pushing forward the great principles and practice of Homœopathy. The movement is however, necessarily slow, for which there are many reasons. One is the power of the dominant school in this country.

Another is that young graduates know nothing at all about Homœopathy except what is implied by sneers and jeers. However I believe less is being said in these quarters than was at one time the case; for I think there is a feeling that modern methods of Therapeutics, with their antitoxins and opsonins may just possibly have a similar principle at the back of them as Homœopathy claims.

Then another reason for the slow growth of Homœopathy which has characterized it has been the Hughesian type of treatment which is certainly not the Organon type. The teachings of the Organon have, within the last few years, been submitted to various audiences, medical and lay; and there is reason to hope that the time is not far distant when London will be the centre from which will emanate evidence of the value of the great truths set forth by Hahnemann in "Chronic Diseases," "Organon" and "Materia Medica Pura." For there Homœopathy is a science and art, where technique of the highest qualities come to bear and where there is infinite scope for development.

Once this aspect of Homœopathy is grasped in the city, the men are there who could utilize the British Homœopathic Association to some purpose. Dr. Weir the Burnett professor, last year, gave an admirable series of lectures on "Homœopathic Philosophy and Prescribing," which were well attended by appreciative audiences, and we are pleased to note that he continues the same course this year. Such work must have good results.

In July, 1911, the eighth Quinquennial Homœopathic International Congress was held in London. It was a great success. British Homœopaths contributed important and instructive papers.

The London Homœopathic Hospital is one well worthy of the name. It has 163 beds and contains all up-to-date appliances and staff.

The Hahnemann Hospital in Liverpool was given by the generosity of the late Sir Henry Tate and opened in 1887. It contains 53 beds and is also well appointed.

Dr. Mahony of Liverpool died of cerebral hemorrhage, April 17, 1913.

DR. RIDPATH.

It was moved, seconded and carried that the report of the Corresponding Secretary be received and referred to the Publication Committee.

TREASURER'S REPORT.

—Dr.—		
Balance on hand June 24, 1912 . .	\$37.58	
Cash from sales of Transactions . .	83.00	
Dues	537.00	
		<hr/>
		\$657 58
—Cr.—		
Stenographer, J. B. S. K. . . .	\$100.00	
Postage, mailing bills	3.00	
F. W. Patch, on account	20.00	
Printing 1912 Transactions . . .	444.72	
Postage and stationery, W. R. P. . .	5.00	
		<hr/>
		\$572.72
Balance on hand June 24, 1913 . .		<hr/>
		\$84.86

WM. R. POWEL, *Treasurer.*

Examined cash book and vouchers and found statement correct.

HENRY L. HOUGHTON,

P. E. KRICHBAUM,

Auditing Committee.

PRESIDENT'S ADDRESS

BY J. B. S. KING, M. D., CHICAGO.

Members of the International Hahnemannian Association:

Homœopathy seems to be facing a crisis in its history; fewer students attend its colleges; smaller classes are graduated; there is as much dissension and as many differences between the two extremes of homœopathsists as there is between Homœopaths as a whole and the Allopaths; this month Hering Medical College, one of the institutions where pure homœopathy was taught has been forced to close its doors; our method is not as well represented in public institutions as it was twenty or thirty years ago; we have not succeeded to any extent in obtaining recognition in the army, navy or in public positions and there seems to be no likelihood of our doing so; there is increasing difficulty in getting recognition and appointments on state boards of health; of late years we are unable to get a square deal in the newspapers and there seems to be a systematized opposition to our work.

The question arises, why is it that Homœopathy having done so much in its early history, does not do more; why is it, that having had power enough to shake the old school to its foundations and to threaten to become the dominant school of the world it has ceased to grow or has even retrograded?

The answer comes into plain view if the matter is reviewed a little; it shows that there is no need for real discouragement and that the present depression of Homœopathy is part of a natural phenomenon that applies to all human institutions. We cannot get a true idea of any institution or state if we consider only a portion of its career; it must be viewed

as a whole and in the light of knowledge of the course of human events. The Roman Empire lasted some seven centuries; there was a time when it grew very slowly and there was a time when it grew by leaps and bounds until it included the civilized world; there was a time when it did not have a single ship and there was a time when it dominated all the navigable waters of the earth; the name Roman matron was at one time synonymous with a noble chastity and there was a time when it was synonymous with prostitution. To get a true idea of the Roman Empire, you must study it as a whole. So of Homœopathy if we look at only one particular period of its history we will fail to get a true view of the situation.

The first reason for its early rapid growth was Novelty and the second was the degraded state of medicine at the time of its discovery. Medicine had fallen very low when Homœopathy appeared upon the scene; the plays of Molière, the story of Gil Blas, medical books like those of Culpepper's, the complex, unscientific preparations, like the Theraca Andromachi containing 61 ingredients of the most opposite and conflicting properties all go to show the contemptible state into which medicine had fallen. According to Buckle to call a Spanish doctor in to see a sick man in the seventeenth and eighteenth centuries was to guarantee the speedy death of a case that would spontaneously recover if not assailed by the fierce therapeusis of the times.

In these dark ages Homœopathy appeared, mild, beneficent and helpful. Is it any wonder that in spite of the opposition of the entrenched doctors of the old school, it spread rapidly? It was new and novelty always arrests the attention and awakens the interest of mankind; it was helpful—startlingly so when compared with the practice of the time. It is no wonder then that it spread rapidly to America and foreign countries. Bates mentions finding a priest far back in the jungles of the Amazon, practising Homœopathy only a few years after its introduction to the world. Its success in curing sick people was in marked contrast to the pitiful results of the old medicine which it displaced. Its simplicity

—the doing away of blisters, disagreeable plasters and ointments, nauseous medicines and their often painful after effects contributed to its rapid growth until moved forward by all these forces it threatened to completely subvert the former systems, and become the dominant practice in all civilized countries.

The cause of its present, sluggish state lies in the reversal of some of these conditions; it is no longer new and the interest excited by novelty cannot be counted on to attract the attention of mankind. It is more than a century old. On the other hand the old school, paradoxically has the advantage of novelty for it has not a method of practice, not a single principle, hardly a drug now in use that was in use twenty years ago. It is continually exciting interest and attracting attention by new methods of treatment and by new preparations. The advantage of novelty then has been transferred from Homœopathy to the old school. The discovery of the X-ray, of the Becquerel rays, and followed by the discovery of Radium, Neon, Crypton, Argon, the claims for Radiotherapy, the successful differentiation of the elements of blood, the recognition of many varieties of pus differing in their import, and in the effects, the use of serums and vaccines and the development of the various forms of mechanical therapeutics are all real advances in science that by their importance and novelty obscure all older achievements.

To a thinking mind a continual series of new discoveries, rendering useless all the previous ones, in a science that has a history of 3,000 years is a confession of weakness and of the absence of true principles, but not so to the masses. Homœopathy accordingly has ceased to attract attention, which instead is focussed upon the spectacular advances in old school medicine.

The difference in results between Homœopathy and the old school of today, it must be confessed, are not nearly so startlingly in favor of Homœopathy as they were in Hahnemann's day. In other words the old school results have really improved considerably and homœopathic results have not; indeed they have probably retrograded.

To understand this latter statement we have to remember that the older homœopathic practitioner had his whole mind and all its powers turned towards Homœopathy and was therefore very skillful in the practical application of the art in the cure of the sick. His mind had no other system to divert it from the consideration of the symptoms and the remedy. This concentration and exercise of the faculties resulted in great skill, great confidence and great success. Nowadays the remarkable scientific discoveries and applications of new methods with glowing reports of success has unsettled the minds of homœopaths and without giving them any new powers has deprived them of the old concentration and skill.

A falling off of results in this way does not in the least militate against the essential truth of the Law of Cure. The law and the principles of Homœopathy are eternally true and any falling off of success is and must be due to human frailty and defection.

The science and art of Projectiles, studied and practiced in the army and navy is based upon unfailing laws and the missile will always hit the target if these laws are exactly observed. But the human mind in aiming the gun has to allow something for the resistance of the air, something for the deflecting power of the wind blowing at the moment, something for the constantly acting force of gravitation and it must know the initial velocity of the projectile. It is on account of the fallibility of human faculties that the cannon ball does not always hit the object aimed at. There is no change or variation in the laws that govern the art. So of Homœopathy; the many factors that enter into the making of a correct prescription require skill, judgment, knowledge and reflection of the highest quality. The course of disease, the observation of symptoms, their interpretation, the inaccuracies of description on the part of the patient, lack of precision in the language of the prover, the effects of diet and environment must be known, considered and allowed for in the selection of the one remedy out of three hundred that it needed in the given case at the given time.

Such work requires the highest degree of concentration of

mind and thought; the law is true and eternal, it will always work; errors, failures come only from the frailty, weakness and fallibility of humanity. It is no wonder then that the splendid and spectacular novelties of recent science has attracted the minds and at the same time weakened the efforts of homœopathic prescribers and perceptibly lowered their success. The papers read at our meetings, the articles in our journals all bear witness to the distracting and diverting effect of the modern developments upon homœopathic physicians.

The total result of all these various factors has been to push the true art of Homœopathy into the background, to temporarily obscure its fame and cause it to be more or less to be forgotten.

A true science however, like Homœopathy cannot be downed; it may be temporarily obscured, forgotten and neglected; it may lie for decades entombed in dusty volumes and top shelves of libraries, but it revives, like forgotten seeds it germinates, grows and blooms out in new beauty and strength.

We may then find consolation for the present depressed state of our school in the thought that no truth, no science, no system has ever had an unchecked career of triumph and advance. If it lives, and live it must when true, it must go through periods of depression, of stagnation, of inactivity. Such is the history of all human events and we may confidently expect our system to revive with new strength and splendor.

The practical question is, what is our duty at the present time, in view of the state of affairs recounted above. It is this: first, to become well informed on all recent discoveries and developments, to know the actual facts, for instance, of Radio-Serum and Vaccine therapy, to know of the new elements and their properties; second, with this new knowledge, to stand firmly upon homœopathic truth, to concentrate our faculties and attention upon it, to strive to increase our skill and perfect our technique and then to frankly publish our results as the best means of winning men's minds to the truth.

Moved, seconded and carried that a committee on the President's address be appointed by the Vice-President. The Vice-President appointed Drs. John Hutchinson and Lawrence M. Stanton.

Adjourned.

SECOND SESSION.

JUNE 23rd, 2 P. M.

W. R. Bentley a delegate from the Indiana Institute of Homœopathy was received and introduced. The Bureau of Homœopathic Philosophy was then opened in charge of the chairman, A. P. Bowie.

Bureau of Homoeopathic Philosophy

A. P. BOWIE, M. D., CHAIRMAN.

APPLIED HOMOEOPATHIC PHILOSOPHY.

F. E. D. BLOOMINGTON, M. D., CHICAGO.

This is an age of discontent and unrest, feeding on experimentation, for the universal cry is, "Give us something new." Every phase of life, Governmental, Scientific, Religious and Mercantile, the world over, feels the oft repeated mutterings of this disquietude until the very foundations are shaken by this undercurrent, forboding a great upheaval. We stand aghast and wonder how much longer our foundation stones will remain as we are swept by this seething, rolling torrent.

Only one thing seems to remain practically unharmed in this turmoil, and it thrives and grows fat. The Trusts! For amidst the thundering and the deafening blows of the battering ram they only tremble a moment, gather more force unto themselves and go forward, regardless of the outcry. Among this mighty army is the most unfortunate trust ever formed, —unfortunate to the business and educational world and every human being that comes within its influence—"The Medical Trust." And through their gigantic schemes, they are trying to sweep us from our Gibraltar. We are very much in the same position as Constantine when he was overthrown. We, like him, have rested securely in our citadel, trying to make ourselves believe our fortress was secure and nothing could come of the dissension within our midst, or from the strife without. Therefore, we have kept our swords from rust, our artillery has lain silent for years, and our armory has not been replenished. Now the enemy assembles before

our gates with the latest and most modern weapons flashing in the sunlight and the multitude without shout, "Long live experimental or preventive medicine."

It strikes terror to our hearts as we realize the results of their poisoned lance, but we are more dismayed in trying to marshal our hosts to find many who have taken up the same instruments of defense, instead of putting their energies on testing and strengthening our stronghold. Will there a "John Grant" arise for us and throw his balls of inflammable liquids, to burst in unquenchable flame and try to save us from total destruction? I fear not! For today where possibilities exist for proper scientific provings and research work we find the forces turned to old school methods, instead of strengthening our armament and bringing before the world the superiority of our methods.

The nosodes contain a powerful dynamic force, but they are only partially proven. If these and many other remedies were more thoroughly understood we would not resort to vaccines and serums, which are only applied to the isopathic theory.

Again, homœopathy presented to the world the use of a disease product, Hahnemann used Psorium, in 1830 Anthracinum was introduced and in 1879 Tuberculinum. Provings were made before administering them to the sick, thereby giving a logical and natural basis for prescribing, they were not used isopathically or empirically.

Today the allopathic school are trying to set the world on fire over wonderful new discoveries in serums and vaccines, using the product of disease isopathically. Will they ever learn the unity between the disease and symptoms expressed by it and their relation to the individual? Why have we been so silent in proclaiming our discoveries, principles and rights? Why so listless in forcing our Variolinum and Diphtherinum? There never was a time when people were as ready for homœopathy as today. They object to serum therapy, and oppose scarification in vaccination. We pass laws prohibiting compulsion but the State Boards ride rough shod over them.

Iowa admitted the lawful use of Variolinum a few years

ago. Why have not other states acted? The whip cord was in our hands but our inertia has permitted its being wrenched from us. Can we not rise to the occasion, lay aside individual prejudice, stand shoulder to shoulder and demand our inalienable rights, and proclaim our discoveries to the world?

Why have we been so listless and self satisfied these past twenty-five years and permitted those in our ranks to demand other idols? They care not what becomes of us, any more than the Egyptians did when Moses tarried too long in the mount. Had we kept the enthusiasm alive that was aroused by the early masters, making greater demonstration of our successes, adding to the general interest by instructing the public, there would have been no opportunity for the enemy to enter our camp and take our jewels to build a golden calf.

Notwithstanding the perils we are facing, we know the true principles of our healing art cannot die, although they may undergo a metamorphosis to suit the usurpers of our text. In ages past man believed God revealed Himself to his people through some chosen prophets who were generally of humble birth. Possibly He deemed them more worthy to bear his special message because they were less apt to be trammelled by worldly things and more receptive of the spiritual. We find one hundred and fifty-eight years ago Samuel Hahnemann, born of humble parentage, was destined to be the chosen vessel to convey to the world the natural and rational law of cure. He was directed to see that man as a spiritual being must, when ill, receive treatment corresponding to his nature, and long years of ceaseless toil and hardship he endured to perfect this God-given inspiration. For to him it was also given to see that all medical properties contained a spiritlike, dynamic force corresponding to the vital force of man. He forcibly declared that man's vital force animates the material organism and performs all its functions and sensations, and when these functions are impaired it is the vital force that has been acted upon by some dynamic influence or morbid agent inimical to life, and that this morbidly affected vital force alone produces disease, and in order to restore harmony we must use a corresponding dynamic force. Again, he im-

pressed upon his followers the unity existing between the disturbed vital force and the outward symptoms produced in the organism by the derangement of this force. These two expressions, he says, constitute a unity and we must prescribe in accordance. Herein, we plainly see that to forget the spiritual side of man's nature we become materialists and as such demand the material elements in restoring man's economy.

Our success and power would be greatly enhanced if we more fully recognized the unity between the disturbing vital force and the outward expression. Hahnemann places emphasis on noting the most striking and peculiar symptoms and they must be kept in view when prescribing, as these symptoms must correspond to the symptoms of the remedy. This seems especially true in chronic diseases. Sometimes we find it quite necessary to have a prescription on a peculiar symptom—and that symptom is not found in our repertories, because in all probability the remedy has not been sufficiently proven to positively confirm it. It must, also, be borne in mind that the single symptom does not present the whole disease, any more than an arm or limb represents the whole body. Hahnemann said, "Unless the physician imitates my methods, he cannot expect to solve the highest problem of medical science, that of curing important chronic diseases. If physicians do not carefully practice what I teach, let them not boast of being my followers, and above all, let them not expect to be successful in their treatment."

I will give a case in which I finally found the prescription upon the one peculiar symptom.

Mrs. S. G. came to me October 5th, 1911, complaining of lumbago, was taken six weeks previous at her summer home; she was accustomed to daily bathing in the lake,—one day shortly after leaving the water the back began paining in the lumbo sacral region, < when sitting or lying. Took Rhus Tox 30, three doses, without result.

She consulted an osteopath, took a few treatments without benefit; she returned to the city and a good homœopath, who according to symptoms gave Rhus Tox, high. It made no impression. Bryonia was given, same result, finally Sulp.

was given, and she went back to the country to await developments.

On her return she came to me. She could hardly straighten up to walk. Back felt weak and tired in lumbo sacral region < sitting or riding; riding caused pain to extend down limbs < left side. Pain in back of hip extending down < coughing. Bruised, sore feeling in flesh of limbs. Muscles of back stiff and sensitive to cold or drafts, < damp days, > heat, very restless. Menses came five days early, flowed one week, dark stains, difficult to remove. Severe dragging or bearing down pains in pelvic region, < motion. Much irritation of parts and burning, leucorrhoea thick, yellow < after period.

Tongue coated white, mouth dry, thirsty. Greatly constipated. Mentally irritable, restless, confused feeling at times and difficult to concentrate thoughts. During menses very impatient.

Working out by repertory Bryonia 16, 4 threes; Rhus Tox 17, 4 threes; Sepia 20, 5 threes; Sulp. 24, 4 threes.

R Sepia 10 M.

October 15th. Returned without improvement. Could not stand straight, walking very painful. After much questioning I finally elicited this statement. "My back is so painful I dread to have an evacuation of the bowels." I asked what was necessary to accomplish the function. "Oh, I have to bend back just as far as possible."

This remark was a "key-note," and I knew of only one remedy having this characteristic, Medorrhinum. Studying Hering's Guiding Symptoms I found the following: Menstrual stains difficult to remove. Pressure in lower abdomen, as of dragging down. Pain from hip to knees. By repertory Medorrhinum did not stand higher than two under any of the headings.

R Med. 1 M, 3d.

October 21st. Improvement began second day after taking the remedy. Menses only four days early, flowed five days. Generally >.

R S. L.

October 28th. Taken cold. Eyes tired. Painful tickling

in nose. Constant sneezing, nose seems dry, sore on left side. Head feels sore and full. Tickling in throat, very thirsty.

℞ Bry. 2 C

November 4th. Pain in back returned, feels weak. Walking and standing painful.

℞ Med. 10 M, 1d.

Nearly a year passed before she returned.

Sept. 22nd, 1912. Same condition but not as severe.

℞ Med. 1 M, 3d.

Nov. 7th, 1912. No trouble since.

℞ Med. 10 M, 1d.

No discussion.

P. E. Krichbaum: I move that all visiting physicians be given the privilege of the floor during the rest of the meeting. Seconded; carried.

HOW TO MAKE A HOMŒOPATHIC PHYSICIAN.

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

The Chicago Homœopathic Medical College one time begrudgingly let Dr. H. C. Allen lecture to our class of about forty-two men. Women were not admitted at that time. During the course of this lecture he held up a small bottle saying:—"Here is a bottle of aconite that I have been filling up for twenty years, and I can sweat a fever patient with it sooner now than twenty years ago." I can see him now as he stood there making that astounding statement. I subscribed for his journal, "The Medical Advance," and as it came month after month I stacked the copies up, but did not read them.

I landed in Mexico, Mo., from college and there found Dr. Reed, a private pupil of Dr. Kent, wishing to sell his practice that he might take Dr. Kent's place in St. Louis. We made the trade and I stocked up from his potencies that had been a laughing-stock in our college. In my pocket case I carried tinctures, thirds, sixths, and one or two thirtieths. I put his

big case of two hundredths in the back of my buggy. Soon a case of flux, eight miles in the country, presented the indications for Merc. cor. so plainly that I felt I must give that remedy, and opened my case to find none there. It was in the buggy in Dr. Reed's big case in the two hundredth potency, but I had been taught to put no faith in the two hundredths. Every half hour or less the man was seized with severe pains, then on the vessel with long continued tenesmus extending also to the bladder, then so exhausted that he could hardly get back to bed. There was no time to wait. Saying to myself that Dr. Reed believed in the two hundredths, I went to my buggy, secured the bottle and was back just as the cramps seized him again. I put a powder on his tongue, and when he got back into bed from that spell of suffering I put a second powder on his tongue. In about half an hour he said: "The pains are coming again." I put the third powder on his tongue and those pains did not come. Those three doses cured that case.

The same experience soon after that in a case of pneumonia where *Lycopodium* acted in the same magical way, sent me to my stack of unread copies of the "Medical Advance," and I devoured them and have read the "Advance" ever since.

In trying to make Homœopathic physicians, some who are teachers have been beginning at the wrong end of our philosophy. Let the fact that likes cures likes go unconsidered for the time being and let the student first be shown the mighty power there is in the infinitesimals.

I had never seen Dr. Kent till in December, 1912. I went into his office and received a hearty greeting. He looked up from my card and said, "Dr. Winans, I've known you for a thousand years." He then asked about Dr. Reed, and told of how Dr. Reed first came to him to learn something about homœopathy, just as he was starting to visit some typhoid fever cases. He took Dr. Reed with him. Dr. Reed studied the records of the nurses, saw the patients and the progress they had made, and when back in the office said:—"I want to learn how to do that," and he did learn. He had no other teacher and he became my teacher. He was first shown the

power in the only way it can be shown, viz.:—by demonstration. The science and the art were taught later.

The Allopaths are on the trail to these higher potencies, which they will accept first, and later our science and our art. The power in steam and in electricity were first seen and later used. Teaching the machinery to use such a power and at the same time saying that there is no such power is the way some teach, saying that there are a few cranks that think there is, but there is not; telling students that the two schools are coming together,—that they are together; telling them that they must use material doses, and alternate their remedies, and at times mixing a few. Will the men they send out be Homœopathic physicians? Who wonders that the Chicago Homœopathic College is not now in existence, and that one of her graduates reads a paper at Pasadena before the A. I. H. in which he says that one could hardly tell now the difference between two physicians—one a graduate from a modern Allopathic college, and the other a graduate from a modern Homœopathic college because the two schools are about alike now? Dr. Hawkes and Dr. Matthews, two of our ablest physicians, that I met for the first time at Pasadena, defended the truth and declared that there is a difference.

We of the Homœopathic persuasion, who are not mongrels, are living two or three centuries ahead of the times. It may be longer before Homœopathy will be universally adopted, but it will be universally adopted. If every college door had "Auction" nailed upon it, it could not change the truth in that statement.

How then shall we proceed to make a Homœopathic physician? Much time is given in these days to the discussing of methods for teaching primary children. One of them is the object method. My little boy out on the back porch saw the full moon in a clear sky and said:—"Do you see that moon up there? *That's the moon.*" You could not give that boy a correct idea of the moon by first teaching him that it is made of green cheese, and yet that would be as near the truth as some things now taught as being things Homœopathic. Things that we hope to unlearn as fast as we can. Rubbish to

clear out the way before we can begin building the walls of our fortress. The object lesson method and not the laboratory must first be used. As Dr. Hawkes said in a paper before the A. I. H. at the Pittsburgh 1912 meeting, in speaking of obstacles in the path of Homœopathic progress. He said, "It is a well known fact that in many cases when the professors of materia medica and clinical medicine are conscientiously and earnestly teaching true Homœopathy, other members of the faculty make a practice of sneering and belittling their teaching. I fought such a fight for nearly twenty years. All that saved my life was the fact that in the medical clinic I had the opportunity of demonstrating. Thus the students saw the often apparently marvelous results, and that, to use his expression, "saves the lives of students today, and the life of our school and nothing else will."

Even men who are not from Missouri are saying "Show me."

To summarize:—

- 1st.—Demonstrate,
- 2nd.—Teach the science,
- 3rd.—Teach the art.

May I add a P. S.? An observation on the treatment of pneumonia that shows the value of laboratory work by a country doctor.

A man came into my office last month from another town for a prescription for his wife. He said, "Our doctor is a good doctor when it comes to pneumonia and fevers and such things as that, but he can't do my wife any good. He has been treating my wife's mother for pneumonia. She was sick six weeks. We sat up with her every night and didn't expect her to live, but the doctor made his blood analysis, and analyzed her chamber-lye and knew what he had to go after. You ought to go into his office. I expect he has instruments there that are not anywhere else in the country. He analyses spit and blood and urine. He analysed a child's spit and found he had erysipelas down in his throat. He put on a pneumonia jacket. Don't know what a pneumonia jacket is? A warm jacket lined with cotton. He put on turpentine, camphor-

gum, lard and quinine, and then put the pneumonia jacket over it. When she got well he cut off an inch and a half or two inches of the jacket every day till he could get it off."

I wondered how he would treat a case if he made no analysis of the blood and chamber lye.

P. E. Krichbaum: I move that papers written by absentees be read by title. Seconded; carried.

THE CRUX OF THE POTENCY QUESTION.

BY BENJ. C. WOODBURY, JR., M. D., PORTSMOUTH, N. H.

Again "from the vasty deep" writes the "Homœopathic Recorder" (Dec. 1912), arises the famous Milwaukee test; and again it demands a hearing. Such a revival carries with it much that is to be approved, much that is to be regretted.

In the first place, this test was the outgrowth of a chance remark made by the late Dr. T. F. Allen, "that if six bottles of liquid, to all appearances exactly alike, one only being medicated, and that with the thirtieth centesimal dilution, were submitted to him, he would pick out the medicated bottle . . . as often as the advocates of the low attenuations could the sixth under like circumstances."

And he was to demonstrate this "by the effects of its contents upon the human organism."

The outcome of this test, granted that it was carried out with the utmost fairness to all concerned, could but lead to an unfortunate dilemma. And so results proved. This investigation alone undoubtedly did more to disrupt the united forces of Homœopathy than any other incident in its history. **And this too**, during the most trying period in its evolution—that following the inroads of the materialistic tendencies of the time.

How unfortunate again was the fact that this was called a "clinical test." It was a clinical test to be sure, but a negative one.

The purist in Homœopathy had diligently fought his way to legislative recognition, by demonstrations which were clearly clinical; that is positively so. To this method, namely, the clinical test of the remedy is owed all the recognition that has come to the followers of Hahnemann.

That upon what was unfortunately denominated a "clinical test," the purist's cause should apparently have met its Waterloo, was lamentable to say the least. In point of fact, instead of being a clinical test, it was a pharmaceutical test analagous to the counter provings afterward made use of by Dr. Conrad Wesselhoeft, who prior to this famous experiment was an accredited purist, as witnessed by his frequent reports of cures by the higher potencies in early Homœopathic literature.

From the purely scientific standpoint the Milwaukee Test was a successful one; from the strictly clinical standpoint, it must eventually be conceded by all to have been a fiasco.

It was acknowledged by Dr. J. P. Rand who read his paper (before the American Institute of Homœopathy, at Pittsburgh, 1912) on "The Theory of Dynamization: Is It Scientifically Tenable?" to have been his object to give his hearers and readers something to think about. "We have been using these high attenuations so many years, with apparent results, that it seems as though we were actually administering medicine." Furthermore, "To make you think; think of the dose you are really giving when you prescribe a high potency and see if the cure which follows cannot be more reasonably ascribed to something else."

Who is to prove that in giving such potencies for "so many years," we have not been giving some medicine? To what factors would the author attribute the recoveries of his patients—if not to the remedy given? Does he attribute it to the power of suggestion, or does he agree with the author of Science and Health, that the remedy cures because its material substance has become "mentalized?"

Does its curative virtue, then, depend upon the healing power of divine mind? If that be the standpoint, well and good; as a matter of experience it is rare that we find even a Homœopath who is not a bit more materialistic than this.

Until it can be shown to the Homœopathist that his drug no longer is a drug or possesses any of the attributes of matter, yet still has certain very definite curative powers, is it not his right to avail himself of its uses; nor need he in utilizing it give over his individuality as a Homœopathic prescriber. If we admit, as Dr. Rand has endeavored to show that there is no drug substance in the higher potencies, or as Mrs. Eddy contended that the drug particles have become "mentalized,"—we are still to choose between the two horns of a dilemma.

To the thinking mind, neither side has established satisfactorily the grounds for its claims. Infinite mind, presumably is behind or rather before all matter (material manifestation), hence such materiality must partake of the attributes of divinity, even though merely by reflection.

If, however, there is no drug there, there must be "something," for did we not start, according to Hahnemann's careful directions (directions for preparing the 30th potency) with out two drops of the mother tincture and our 98 drops of diluent (alcohol or distilled water), and our thirty, clean, new vials. We saw the drug put into bottle number one, its contents shaken (succussed), and its proportional part removed to bottle number two with its menstruum added; and so on up to the last bottle. Surely we are not to deny the testimony of our senses, even though we cannot follow it with the microscope to the end.

Is the microscope the equivalent of the human mind, which has invented it and knows its limitations? In watching ex cathedra, this simple demonstration of Hahnemann's method for preparing the thirtieth, we are struck at once with the incredulity of the human mind, often refusing as it does to accept the evidences of its senses.

If we admit, as Dr. Rand would have us believe, that there is no medicine in attenuations above the 22nd, or at most the 24th decimal, it would seem that the Homœopath has made no advance in science, since the late seventies or early eighties; when in fact the electron theory of Thomson and all that radio-activity has shown us in the realm of indivisibles have only comparatively recently come to the notice of scientists.

If there be no medicine in the thirtieth potency, how can this be shown? Surely what we know to have been *something* when we started the round of our thirty bottles, cannot before our very eyes, have *vanished into naught!*

As well believe that after the disappearance of the coin within the pay-telephone, it is not there just because unseen; it is the result that convinces even the most skeptical, so with the test for the remedy.

Dr. Royal S. Copeland, in his article before the American Institute, on "Homœopathy: The Science," states with a certain degree of assurance that, in addition to a lack of uniformity in strength of all fluxion potencies so-called, certain experiments have shown them to be, particularly those of Skinner, of a strength, five times as great as considered by their manufacturers.

Now then what does this avail us? Dr. Boger emphasized, in the discussion of these papers, the fact that potencies vary according to the method and menstruum employed in their manufacture; furthermore, there is wide variation in their notation.

After all, what does it matter so long as the potency will cure the case? The *potency* of a remedy depends upon *its power to remove symptoms from the sick*; not upon whether it be the tincture, 30th, 1m or DMM, *provided it be homœopathic to the case*. Herein lies *its Homœopathicity*, and herein we distinguish between *attenuation* and *actual potency*. This latter lies in the method upon which the prescription is based, not upon the quantity necessary to cure.

The remedy must at least be *a simile*; if possible *the similitum*, then the exact preparation used becomes a simple problem in mathematics; a problem of fitting the remedy to the constitution, and raising or lowering its potency with respect to its plane of action.

For instance, the tincture has cured cases when administered homœopathically; likewise the 30th, 200th, and CM.

As the prescriber refines his manner of thinking and his method of examining chronic cases, he generally refines his

method of administering them, hence the very necessity for refinement in dosage.

The reason why in the hands of one man, the third produces the cure, the 30th in a second, or the CM with a third, is more than generally accredited, the result of this very manner of viewing patients and diseases. That is to say, if he be a low plane potentist, as the rule, he is not so likely to look to the inner life of the patient for removable causes of disorder, such for instance as evil habits in eating, thinking and the like, or of the use of injurious mouth washes, toilet articles, etc., all of which, if we are to believe the teachings of Hahnemann, greatly retard the perfect cure.

The purist, on the other hand, observing as he is wont to do, all such obstacles to the cure and removing them, can in the majority of cases dispense with the use of all adjuvants and his highly potentized drug produces a more positive action upon the vital force.

Thus the purist becomes less and less a materialist; his refinement in thought naturally grants him admission into the great realm of causes; here he approaches disease from an entirely different aspect; he thus begins to see it face to face, not by reflection.

The reflection of depressed vitality is seen only in the pathology, which according to Hahnemann, rightly interpreted, is thus made subservient to his more refined methods of treatment.

To him it means little or nothing that outward symptoms disappear, unless at the same time, the inner man is relieved, and his whole organism restored to harmony. This careful investigation within the domain of causes, leads him to change his whole attitude toward disease and its treatment and generally results in the reduction of his dosage almost to infinity.

If there are no drug particles in the 30th, or even the 25th decimal, there must be something; surely we cannot call it nothing. All agree that its action must be sub-physiological; just what the limits of such an action are is at present unknown. Hahnemann indicated that the minimum dose was to be only sufficient to establish reaction, and could never be

reduced too small, provided that it be the simillimum and capable of inciting ever so similar a reaction in the patient's symptoms. In this sub-physiological dosage, we enter a realm of action and reaction, that is untenanted except by the purist; and is only vaguely approached by the materialistic minded Homœopath. Why should he hesitate to use such drug potencies; surely he can not have tried them faithfully, else he would be convinced of their curative value. This is the true "clinical test"; such as is seen in the wonderfully curative action of the remedy in extreme cases of disease. Such trials were not made use of in the celebrated Milwaukee Test, but instead, apparently utterly ignored. The real test would seldom fail to convince the investigator, providing that, hand in hand with refinement in drug attenuation, were to go a refinement in the mind and attitude of the prescriber.

The use of the decimal, centesimal, or lettered notation of potencies is not essential to the power of the remedy to cure disease, provided it be properly selected. Such divisions of strength are only man-made; beyond what we can see and feel and measure, are things which we can only sense; beyond these, forces in the universe which are forever beyond our ken;—here we have entered the great world of the Unseen! In this realm and of it is Homœopathy. It is by the corroboration of our reactions to sense perceptions that perceivable objects are dominated. Strychnia might be anything else except for these reactions; it is likewise by such means that we observe and record symptoms.

After all the point that concerns us most is, does the high potentist cure his cases. At the present time, there are but few physicians who deny a bona fide cure, whether it be reported by a high potentist or a low potentist, providing it conform to the requirements for a homœopathic prescription.

The questions propounded by Dr. Copeland regarding the essential elements of what constitutes a homœopathic physician are as follows:

- (1) The scope and limitations of the law of similars.
- (2) The question of dose, involving the potency and frequency of administration.

(3) The right of the homœopathic physician to employ adjuvants, narcotics and palliatives.

(4) The place of surgery and of mechanical manipulation, electrical, chemical and local therapeutics.

And finally a satisfactory definition of a homœopathic physician. And in his "credo" for homœopaths, his first query is—"do we believe that the theory of similars is a working hypothesis satisfactorily explaining all known present-day therapeutic success?"—and in answer, he arrives at the following conclusion:

"It is extremely doubtful if any so-called natural law will ever be placed on the same high plane of established truths as are the facts of mathematics, for instance. The theory of similars may not be so well founded and certainly is not so demonstrable as is the law of gravitation. But, in the true scientific sense, it is a hypothesis which perfectly explains every phenomenon familiar to the medical mind, and while it may never be beyond the possibility of cavilling doubt, yet it offers a reasonable, sensible, convincing and satisfactory explanation of *all known present-day therapeutic success*."

2. Secondly, the question of dose, involving the potency and frequency of administration, will probably never be settled.—And in answer:

"I believe in the virtue of the small dose, but in the choice of its exact size and form I cheerfully concede the liberty of individual selection."

3. As an answer to query number three, he formulates the following:

"I believe the use of adjuvants and the hypodermic syringe is a confession of the impotence or ignorance, but I concede it to be the right of the practitioner to employ them if he considers them necessary to the life of his patient, or to alleviate suffering incapable of other and better methods of relief?"

4. And to question four,—*"Is there any place in our practice for surgery, and for mechanical, manipulative, electrical, physis, chemical, bacteriological and local therapeutics?"* And the answer: "I believe the perfectly selected homœopathic remedy is all sufficient, but failing in its selection I

have no objection to such mechanical, chemical or local treatment as will not directly weaken the organism or indirectly lower its powers of resistance."

Dr. Boger has well disposed of the definition of a homœopathic physician, which he gives as follows: "A homœopathic physician is one who follows the law of similia according to his ability."

Dr. Copeland's answer to the first query needs no addition or comment. As to the second article: Hahnemann states that the dose can never be reduced so low as not to favorably influence the disease, providing it be homœopathic and capable of exciting a homœopathic aggravation, however slight.

"Experience proves (Organon Sec. 279)—note the word experience, the true clinical test—," that *the dose of a homœopathically selected remedy cannot be reduced so far as to be inferior in strength to the natural disease and to lose its power of extinguishing and curing at least a portion of the same, provided that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similiar natural disease* (slight homœopathic aggravation, sec. 157-160).

This will prove to be the case in acute, chronic and even complicated diseases, except where these depend on serious deteriorations of some vital organ, or where the patient is not protected against extraneous medical influences."

Sec. 280—"This incontrovertible principle founded on experience, furnishes a standard according to which the doses of homœopathic medicine are invariably to be reduced so far, that even after having been taken, they will merely produce an almost imperceptible homœopathic aggravation. We should not be deterred from the use of such doses by the high degree of rarefaction that may have been reached, however incredible they may appear to the coarse material ideas of ordinary practitioners; (143) their arguments will be silenced by the verdict of infallible experience."

This would seem to answer query number two. In addition, Kent's Lectures on Homœopathic Philosophy teaches that no medicine has as yet been so attenuated as not to be

sufficient "for extinguishing and curing at least a portion" of the disease, providing the symptoms correspond.

In the consideration of question number three, no concessions would seem necessary, except that when a physician does resort to adjuvants, he simply weakens his prospects of ultimately curing the case. Hahnemann has well indicated when stimulants, antidotes, etc. are necessary, and perfectly within the province of any physician. (Appendix to the Text of the Organon—[63] (Sec. 67.)

Hence the use of palliatives is a concession to the physician's limitations in the strict practice of the homœopathic art; not in the fallibility of shortcomings of the system. Purely the lack of knowledge on the part of the prescriber.

As to question four; this concession would in the end prove to be entirely superfluous, if a physician be sufficiently strong in his adherence to his own beliefs and practice.

Witness the marvellous endurance of patients treated by mental science, who rely wholly upon the power of mind to counteract all pain and mortal suffering. This is itself but one way of suppressing disease; in fact at times one of the most powerful. As for local treatment, let the medicaments be well proven remedies, either the homœopathic vulneraries or the same remedy exhibited externally as is being given internally (of course previously proven.)

Surgery has a recognized place in the consideration of every careful homœopath; after the remedy has done its work or for the removal of tumor formations which are a menace to health and life, or the cause of irremediable suffering.

Psychic treatment carries with it generally, the employment of hypnotism or similar processes, by which the patient's symptoms are obscured or held in abeyance, by the power of suggestion, in the hypnotic, post-hypnotic or hypnagogic state—another form of suppression. In fact suppression is a hydra-headed evil which may to a certain extent cover all the collateral methods indicated as the dernier resort of the physician.

Let the proposition read: "I have no objection to such mechanical, chemical or local treatment as will not suppress

the natural expression of the disease." Of course surgery and Osteopathy even have a certain place in the correction of mechanical causes of disease. Likewise electricity; if careful correlation of cured symptoms could be collected, reinforced by proving as in the case of Hahnemann's proving of the magnet. Nor can there be any objection to physiological mental suggestion along the line of health and for the purpose of strengthening the patient's will and self-direction, providing the symptoms of his malady are not thereby denied their natural expression.

It is not at all difficult to perceive that this is the practice of what would approach an ideal which even the purist in Homœopathy cannot always attain. Yet few practitioners are sufficiently skillful to carry out such ideals in practice; however, few would be willing to relinquish them.

Instead of any fixed or set orthodox creed, let us rather adhere to the simple faith of Homœopathy as postulated by Hahnemann, and so well expressed by Dr. Lippe (Vols. 1 and 2, Hahnemannian Monthly):

1. The Law of similars;
2. The single remedy;
3. The minimum dose.

Or as Dr. J. H. P. Frost transcribed it "The *corresponding* similar, the *single remedy*, and the *minimum dose*!"

Furthermore, strict adherence to the practice of these principles of the master, appears to have been not the least of the virtues of these early pioneers in homœopathy.

"And when we hear complaints", wrote Dr. Lippe, "of the insufficiency of strict Homœopathic principles and of the insufficiency of infinitesimal Homœopathic medicines (such as Hahnemann found amply sufficient and such as many of his disciples have found perfectly satisfactory), the natural conclusion is that the fault is not so much in the law of Homœopathy, or in the Homœopathic medicines, as in the physicians themselves, who at the same time disregard the law and (by necessary consequence) incorrectly administer the medicines."

"Dr. Rubini," writes Dr. Lippe, "in a note to the Clinical Observations, in his Monograph on Cactus", says:

Here it is necessary to remark how impossible it is to state precisely the dose of a medicine. It is always left to the judgment of the attendant physician to proportion at the bedside of the patient, the strength of the medicine to that of the illness. It is also important to notify, that too strong a dose can, instead of ameliorating the illness, produce irritation or aggravation, and this might be made still more serious, if the doses were repeated daily. The patient would then become discouraged and would fall into the great error of believing that the remedy was not suitable, or that his organism was unable to bear it.

These erroneous and false conceptions are very frequent, and so firmly established that the physician is, at times, forced by the patient himself to change the prescription. This change itself would be an error in practice, and perhaps there could be no greater.

Hahnemann in the beginning used the mother tinctures; but afterwards, having learned from facts, he cured with the 100th; later with the 10,000th; then with the 1,000,000th part of a drop; and then he saw no more irritation or aggravations." Thus we see that this mooted question of the potency has ever been a stumbling block to the path of progress in Homoeopathy.

Referring again to the Milwaukee Test, prejudice should no longer bias the impartial investigator. He should recall that very few of the agencies, that are operating about us call forth symptoms or provings; else we should continually meet with cases of tin poisoning from the use of the drinking cup; copper poisoning from the copper kettle, and iron or lead toxemia from the aquaduct.

Nature is very tolerant and thus we are protected. But how sensitive is the body during illness; to the slightest sound, the least exposure to light or air, a cruel act or a careless word. Then it is that the medicament must be attenuated sufficiently to outweigh all these extraneous influences, and operate in the organism upon a superior plane. Thus, acting as it does upon the dynamis or vital force, its curative processes operate in the realm of the Unseen, and we perceive

its workings by outward appearances (results) only. Its potency acts from an inverse angle, similarly in some respects to its method of preparation, which, to quote Dr. Boger, is by an inverse process.

There is likewise an inverse ration between the potency and the reaction of the organism. And we might almost say that it can be expressed in terms of mathematics; somewhat as follows:

As the disease process (action) of the organism is to the small dose of the drug (secondary effect);

So is the cure (reaction) to the primary (proved) action of the drug, in accordance with the law of correspondences (similia).

For this reason, the question of the potency becomes a matter as Dr. Rubini expressed it, for determining at the bedside—and nowhere else. Our problem is to find the unknown quantity which will balance our equation; and in most instances it is a problem in quality not in quantity of action.

The ridiculous computations of allopathy or of the mathematician which deal with earth-encircling immensities should no longer be considered even; as it does not for a moment enter into the problem. What amount of water such a potency as the 30th for instance, represents computed by arithmetical progression does not concern us in the least as all the menstruum is not used. This was most carefully pointed out several years by Dr. H. C. Allen.

As a matter of actual fact, as the editor of the "Recorder" has shown: "2,970 drops of alcohol will make the 30th potency accurately and scientifically." Furthermore, note his calculation of force or expenditure of energy in succussion, one potency representing 200 pounds of energy, or three tons to each 30th potency. "Calculate this by arithmetical progression as you do the one drop and you have a force that would shatter 56.85 worlds."

Nor need we remain forever without definite proof of the existence of drug in substances attenuated to the 30th and higher. Already it would seem, that the wizard element of the Curies—radium, is destined to prove the magic cipher by which

to interpret the hand-writing on the wall. We need but recall that Dr. F. H. Blackmarr of Chicago reported, before the American Institute of Homœopathy, 1911, (*North American Journal of Homœopathy*, Dec., 1911), that radio-active triturations as high as the 14th decimal had been photographed.

Now we have at hand the report of photographic tests from the laboratory of Boericke & Tafel (*Hom. Recorder*, April, 1913), which have revealed photo-chemical impressions from pure radium, in the 12x, 30x, and 60x potencies. The 30th centesimal—we are slowly but surely “catching up” with Hahnemann at last!

Adown history, at certain periods, men apparently God-appointed, have arisen in nations to guide them safely over political crises and save them from the ravages of monarchy and kindred evils. Such a leader in the therapeutic field was the medical philosopher, Hahnemann.

It is one of the secret processes of the human mind that an individual, taking data of correlated facts, can with scientific or super-scientific foresight, establish a system which shall revolutionize any aspect of life. Such prevision or prescience is well known to have been possessed by Hahnemann. Reiteration is almost needless. The merest tyro in Homœopathics has heard of this power of Hahnemann.

Who can demonstrate, and furthermore, who cares to demonstrate the potencies or powers of the different grades of medicines. The clinical test is really the one essential to the demonstration of the action of the remedy, and it is really all that is contended.

The arithmetical notation of potencies may mean much or absolutely nothing. Nor should it be given so much weight. It should not prejudice the high potentist; neither should it call forth the sneer or gibe of the low potentist.

Finally, who shall set a limit to the potency of the forces and imponderables of Nature, or any more to man's methods of utilizing them? It must be remembered that the finer grades of symptoms were obtained from hypersensitive provers; hence may seldom be noted in cases of disease, except in similarly susceptible organisms. Because we observe them

but occasionally, we should not look upon them as spurious. Many of such symptoms were produced by the drug only when proven in high potencies, hence reasoning from such premises, we should expect such cases to respond to the potentized drug.

If the revival of this now well time-worn contention has any lesson for the present followers of Hahnemann, it should be to reunite us more steadfastly upon the Three Principles given above, which by the pioneers of our art, were considered to be fundamental and unimpeachable.

HAS THE LAST WORD BEEN SAID ON HOMŒOPATHIC PHILOSOPHY?

BY A. P. BOWIE, M. D.

The basic principles of the Healing Art are found in the *Organon* of Samuel Hahnemann.

Tired as he was of groping in the dark and using such measures as the books recommended for the sick, and seeing there was no certainty about results, he began a course of experimentation, as all true scientists do, and after years of work (that he often verified) he announced his discovery—that likes are cured by likes. In other words, that there was a law of cure to guide the physician in the treatment of the sick.

Like all innovators, he met with opposition and persecution, and which his followers have to meet even at the present day. But there is one fact about his discovery we ought to emphasize and never to forget—that Hahnemann's law of cure was for all time and that until disease is banished entirely we, who are his professed disciples, should by every means in our power proclaim and elucidate these principles of our art. And until the universality of the law of cure is acknowledged, we need to write and teach the principles of Homœopathic philosophy.

We read nowadays of the wonderful advance in medicine and surgery in our secular journals and papers; also of the pathfinders in the field of medicine. But do they give any credit to or mention Homœopathy or Hahnemann? *No!* Most emphatically *No!*

For that would be contrary to the so-called regular branch of the medical profession which has never given credit to the greatest pathfinder of them all, Samuel Hahnemann, for where in the annals of medicine can we find that principles of medicine announced over a century ago are as true today as when first discovered? It is true Hahnemann gave us a strict method, and to some it may seem a narrow way; but it gives the best results when used at the bedside. *"Imitate me, but imitate me exactly," are his words.*

Hahnemann was no mere dreamer, but a profound thinker. He was methodical in all he did, and simplicity was his greatest characteristic.

What we need today in all our colleges is more thorough teaching of the principles of our art, and more time should be given to the study of the Organon, and such works as Grauvogel's Text-book and Kent's Homœopathic Philosophy, and above all the *Materia Medica Pura*, and *Chronic Diseases*. And until the truths of Homœopathy are universally taught, the last word has not been said on Homœopathic Philosophy.

Let me quote from an eloquent writer of our school now gone to his reward:

"We cannot evince our reverence for the great founder of our school in a more earnest and effectual manner than by continuing to tread the path of inquiry which his own high reason has illuminated with the light of wisdom. In the name of the emancipated genius whose rays have warmed the desolate and gloomy pages of therapeutics with their life-quickenings powers, I protest against the dogmatic rule of an unmeaning conservatism in our school. Let us never sacrifice the law upon which the Homœopathic edifice is founded, to accidental technicalities. Let us not exclude the dictates of common sense and the prerogative of free inquiry from the boundaries of our science."

"Homœopathy is something more than mere Art, the exercise of which may afford us a good living and a position in society. Let us remember the medical systems of the way are systems of men which pass away and are forgotten. Written upon the pages of Nature, Homœopathy invites us to study and to apply her laws, without prejudice or conceit, with the wisdom of serpents and the innocence of doves."

* * *

"The antagonism of old school physicians and philosophers to Homœopathy would have disappeared long since(if instead of rehashing and reasserting old definitions, we had entered upon new and independent paths of inquiry, and had finally presented the Goddess of Homœopathy truth stripped of all human wrappings and adventitious rules and substitutions."

* * *

"Homœopathy is not simply a technical science, it is pre-eminently Nature's Philosophy, fraught with high common sense and with inspiring and fruitful life-truths, which may be perceived and enjoyed by every one who chooses to avail himself of God's great gift to all men, the prerogative of an unshackled reason."

Are not such words as these inspiring to us all? and while the name of Charles Julius Hemple is not often mentioned in our meetings we owe him a debt of gratitude and kindly regard. He was the great translator, and wore his eyes out to make the writings of Hahnemann and others accessible to our English language. To me he is the "old man eloquent" of our school and I often read his writings with profit. It is true the translations and works of Hemple have been criticized, but he did a great work for our school and deserves more credit than we, as a school, have given him.

The trouble with the Homœopathy is, we have too many half baked Homœopaths. What we need is to study the principles of our art and then practice accordingly.

I want to say in closing that I am never more inspired by anything than by the writings of Charles J. Hemple; his article on Aconite is the best one I have ever read. Bureau closed.

Bureau of Materia Medica

GRACE STEVENS, M. D., *Chairman.*

THE GENIUS OF OUR MATERIA MEDICA.

C. M. BOGER, M. D.

When Hahnemann saw Cinchona Bark cause symptoms like those of the ague, for which it was being given, it impressed him so greatly that Hippocrates' note about some cures being made with similarly acting drugs came to mind, and he wondered whether Paracelsus' insistence upon the paramount value of similars did not rest upon a general law. To clear this point he ransacked literature for incidental cures so made, as well as started experiments of his own for the purpose of discovering pure drug effects, which could in turn be tried out upon the sick. The world knows the result. Rooted in the philosophy of Bacon, he and his disciples began the building of a new *materia medica* and coincidentally formulated the canons of the "Organon"; each process helping the other until they both reached a high degree of excellence. Thus it came about that homœopathy was born as a perfected system of universal application, in spite of the fact that many of its parts had from time to time been separately set forth; as when Paracelsus declared that all drugs act potentially only.

They used the most natural forms of expression, making the paragraphs of the Organon models of concise reasoning, while the symptoms of the *Materia Medica Pura* are reproductions of rare native simplicity. This is in itself a tower of strength, because it constantly holds before the prescriber a natural picture whose elements must reappear in the sick.

In comparing two such images it is self evident that the

outlines (regions) must be similar and the general coloring (conditions) quite alike, but above all the motive (mentality and sensation) must bear the closest resemblance. Confusion in any one of these throws just that much uncertainty into the outcome. Essential peculiarities do not necessarily belong to any particular one of these spheres, for the investigator can only obtain what is available, although he may project the known harmoniously into the obscure, and when the doubtful field is one in which the otherwise well indicated remedy is known to be very active, it may well be taken as an affirmative indication both therapeutically and diagnostically. As a method this involves great risks, because it not only necessitates a profound knowledge of the natural ramifications of disease, but also implies an equal grasp of the finer extensions of drug action.

Every picture has a motive or central idea, which controls the meaning of the whole. The careful observer tries to find this governing factor first of all, for he knows that it colors the whole scheme and its detection will simplify matters. If there is a multiplicity of detail, the learner is discouraged and soon lost. Indeed, does not simplicity teach the highest form of art? This is an universal lesson, which applies with great force to the study of materia medica and therapy.

Most symptoms come on in groups, and as all are alike the product of vital reaction, resemblances are bound to appear. These may be very strong, as in the case of Lachesis and diphtheria, Mercury and syphilis, etc., a feature that has caused a few drugs to be looked upon as being specific for their corresponding diseases. This is nevertheless a dangerous generalization which encourages slovenly prescribing, even from a diagnostic standpoint.

These group-effects also show a selective action upon particular and associated organs, whose interdependent symptoms may in turn aid in elucidating the choice of a curative remedy, as well as in clearing up the diagnosis; but they often lack the individuality of the apparently less related concomitants whose importance grows as they seem to lose connection with the affected part. This is especially true where the deeply rooted

miasms are concerned. On the other hand, the symptoms and modalities of the affected part are of more commanding importance in very acute affections and the early stages of disease.

It is too bad that our journals and books speak of disease in what can only be styled "an appallingly stilted medicology," telling us much less than the patient, with his plain Anglo-Saxon does. He does not need this jargon of strange sounds to tell us that he is really sick, while we close our own minds to the actual realities of sickness every time we think of his illness in an exclusively pathological light. If he is full of words it is hardly likely that his talk will interest us very much; his loquacity and its character will be the point at issue. If he be reticent, the reasons therefor must be discovered. *It is a case of finding the mental attitude.* In the absence of this, the prescriber is severely handicapped. But you will say, "What is to be done when this is of necessity absent."

The physical attitude comes next. What does the patient do? Does he walk up and down the room like Aconite or Arsenic, or does he lie very still in bed like Bryonia or Colchicum? etc., etc. It is then a question of watching him and *seeing what is to be seen.*

The time when his distress comes on or is worse is the next great and often decisive factor, as when it returns at a fixed hour like China-sul. or Cedron, or shortly after midnight as in Rhust. and Arsenic, etc.

I have so far not said anything about *sensations* because all of the above factors are the visible results of the patient's feelings and serve to interpret his sensations most thoroughly. The wide latitude covered by our sensations is really remarkable and is only limited by the imagination. Sensation plays us many a trick, so that we are continually trying to place our hand upon it, define its character and find out its movements. If this *elusiveness* is excessive we think strongly of Ignatia, which by the same sign cures many a nervous feeling that it has never yet produced.

According to the laws of reaction remedies can remove only

what they can also cause. It seems to work both ways, like the wonderfully ingenious argument for the necessity for sin; but every thing must needs have a beginning and it is just about as well to look at things as they start out. It gives a much clearer view of what happens to follow, and saves a lot of mental gymnastics in the form of backward reasoning, helping us to avoid the innumerable pitfalls into which classic school medicine has so ingloriously fallen by sticking to the *aposteriori* road. It is now trying to abandon this method by a flank movement along the windings of Serum creek.

From the study of a real *materia medica* to the meanderings of a well oiled experimental laboratory is indeed a far cry, but it seems that most minds must perforce darken the glass before they dare to look through it. They strain every inventive faculty to circumvent the open book of nature which writes similitudes everywhere, even leaving a faint trace of them in the doings of the germs which we are so fond of hunting down with infinite patience and the aid of much gold.

In that wonderful record of experiments called *Materia Medica* the whole gamut of human feeling and emotion is carefully explored, along with some mention of conditions, season and weather, but there is almost complete silence as to the exact hour, the state of the barometer, the direction and nature of the prevailing winds and the position of the most influential heavenly bodies. Boenninghausen's scientific talents enabled him to remedy this defect from one angle, but no one equipped with the necessary astronomical and meteorological knowledge has as yet grappled with the influence of certain elemental forces upon drug effects.

In extenuation it may, perhaps, be admitted that Hahnemann's experiments were made amid the crash of old beliefs, as well as were in themselves entirely heterodox. He cast out the doctrine of signatures as then believed, but in doing so went too far, leaving us almost no record of the simultaneous natural phenomena. This never can be anything but a mistake, for such things do not simply happen so without any mutual influence whatsoever, and it should be our business to find out

all about such matters, regardless of the results obtained or the jeers of a deadening and destructive unbelief.

DISCUSSION.

G. B. Stearns: It is very difficult to say much on one of Dr. Boger's papers, but two thoughts come to my mind; one is the difficulty of getting a concise, definite idea of what the main thread or motive of a drug is. To get in a short sentence or in one idea what Dr. Boger calls the genius of a remedy. When it can be done, it is very helpful in comprehending and getting the remedy before one's mind. It then often reflects back a valuable light on diagnosis. I was called to see a case in which the diagnosis had been made of the last stages of general tuberculosis. The symptoms called for Lachesis and because of the remedy required I was not satisfied with the diagnosis and after death found that it was a colon bacillus infection.

The other point is in reference to the far cry from the results of a well appointed laboratory skillfully handled to crude laboratory methods such as are all too frequent. We should be able to apply to the provings what we may learn in the laboratory. Take Kali carb. it was a difficult remedy for me to understand, for a long time, until I obtained from one of the books the fact that potash aids in the oxidation of certain organic substances and increases the amount of urates because of increase in the breaking down of tissues. That helped me a great deal in understanding the essential character of Kali carb. The facts of laboratory investigation fit in or should fit in with the facts that are developed in a good proving and the two combine and fasten the action of the remedy in mind in a concise form and thus contribute to an idea of what Dr. Boger calls the genius of the remedy.

John Hutchinson: Dr. Boger calls attention to the truth that in one case the emphasis must be laid upon one part of the totality, while in another case—although the disease might be the same, and the symptoms quite similar—the true reading would require that the emphasis be laid upon quite a different part of the totality. In other words, as I see it, he

maintains that the mere number of symptoms, mechanically dug out, is not so important as an insight into the case and the remedy that enables one to put the emphasis into the right place. These are the points that should be taught in our colleges and to our younger prescribers, but seldom are. I have heard a discussion of these finer points in the classroom, but we all have occasion constantly to analyze our cases in much the same manner in our own practice. Belladonna, Aconite, and Arsenic all have a state that may come under the word "anguish," but the anguish of each may be different from that of either of the others, and its rank as a symptom may not occupy the same position under the three remedies, or under even two of them.

C. M. Boger: Baryta Carb. has a profound action upon the heart muscle, although pathogenetic heart symptoms are few in number. Should other symptoms point decidedly to Baryta carb. and the heart also be involved, its symptoms would be an affirmative indication as well as tend to enlarge its symptomology of the heart region. In this way we may extend the symptoms of remedies into regions that are but faintly or not at all portrayed in the proving.

In a case of valvular insufficiency which could be traced to suppressed foot sweat, Baryta did not have the sufferer's heart symptoms in its provings, but it did have the others and it cured both the foot sweat and the heart trouble.

In the concluding paragraph of my paper I laid some stress upon the relation of meteorological phenomena to disease. We should know more about the effects of the winds and weather upon the action of remedies and disease.

CASE OF DIABETES.

FRANCES E. D. BLOOMINGSTON, M. D., H. M., CHICAGO.

Dr. R. L. Cecil at the suggestion of Dr. E. L. Opie of the Rockefeller Institute wrote for the "Journal of Experimental Medicine" (1909), the results of the pathological conditions

of the pancreas in diabetes. "From ninety cases of diabetes mellitus, he came to the conclusion that anatomical lesions of the pancreas occur in more than seven-eighths of all cases of diabetes mellitus, and that 97 per cent of the cases occurring after thirty years of age are associated with lesions of the pancreas, and 86 per cent are associated with chronic pancreatitis accompanying arteriosclerosis." Weichselbaum, after years of study states, "that in 183 cases of diabetes he found in every one, a distinct and characteristic lesion in the islets, while in a larger number of control cases, representing many different diseases, no corresponding changes were found."

The pancreas being one of the organs responsible for the completion of digestion and the detoxication work of the body, any failure in the previous stages of digestion means overwork for this organ,—and therefore may account for the condition found in diabetes. Lorand says: "Some clinical evidence shows the pancreas may be altered by an abundant meat diet, and meat taken in large quantities causes the pancreas considerable overwork, which if long continued may cause trouble, as shown by the fact that diabetes develops generally in people addicted to meat diet. Mering and Minkowski have demonstrated that the removal of the pancreas in an animal is followed by grave symptoms of diabetes. Pfluger through his experiments of ligating the afferent pancreatic nerve, concludes that pancreatic diabetes is caused by the lesion of the nerve going from the organ to the duodenum, and that the nerve probably regulates the secretion of an anti-diabetic ferment.

Patient suffering from extreme thirst, rapid loss of flesh, marked elimination of sugar with fatal results in a few months, or two years at most, showed on autopsy degeneration or disintegration of the pancreas. This type he calls pancreatic diabetes, in distinction to the nervous, dietetic types, and nervous diabetes is caused by faulty innervation of the pancreas.

Further experimentation shows that the blood from the pancreas passes to the liver and that it contains a specific product called an internal secretion, which is thought to re-

tard the rapid production of sugar in the liver, and if the pancreas is removed, sugar is greatly increased.

Carl Von Noorden says, "Chemical experience that diminished activity of the pancreas is the cause of numerous cases of diabetes."

He also claims the suprarenal gland has a potent effect, this gland secreting adrenalin which passes into the blood and possesses the property, or power, of exciting the sugar production in the liver. Thus the pancreas inhibits; the other stimulates its production. As a rule he says one milligram of adrenalin injected under the skin or into a vein will cause the excretion of sugar in the urine of an adult man within a quarter of an hour and it may continue for several hours.

Claude Bernard states that neither of these two controllers of sugar manufacturing are able to act entirely independently. Their activities are influenced by forces external to themselves. Especially is this the case with the suprarenals, which are under the control of the nervous system. The sympathetic nervous system acts as an intermediary between the central nervous system and the glands. He discovered that this nerve centre is situated at the junction of the brain and the spinal cord and it controls the functions of the suprarenal glands through the sympathetic system. Injury to this centre, and also nerve injuries of different kinds lead to glycosuria.

Another important fact pointed out by Von Noorden is the recognition that the liver is not so independent in its management of the production of sugar as has been generally believed. It is controlled, as you have seen, largely by the pancreas and suprarenals.

I might continue for an hour following out these interesting theories and experiments, and when finished we have not gained any information as to symptoms or positive cure. Each man has his own theories, but few good results as to treatment so far as I can learn have been achieved. Cammide says: "A disease so rich in complications of all kinds as diabetes necessarily presents a difficult problem in the way of treatment, and requires a very careful balancing of all the details in each case. So many factors enter into the situa-

tion that there can be no specific for this disease." Autopsies show that almost every organ of the body becomes affected. The treatment of the allopathic school is according to their principles of overcoming toxic effects. Opium, they claim, is capable of limiting the progress of the disease; also Codeia, Potassium bromide, Arsenic, Antipyrin, Lithium salts, Strychnine, Creosote, Nitroglycerin and Lactic acid are used, and Trypsogen is highly recommended. Bicarbonate of soda in large doses to neutralize the acid intoxication is given in 80 gram doses intravenously.

The question is, can this disease be cured permanently by homœopathy without resorting to the above methods. Diet, we admit, is a great factor, but can harmony of function be restored?

In April, 1911, Mrs. S., age 57, came to me complaining of rheumatism and general malaise, greatly depressed, took cold easily, sensitive to cold air; great thirst, passing large quantities of urine. Had a sister that was in last stages of diabetes. She brought a fresh sample of urine. On examination I found sugar present, the Fehlings test was used and reaction indicated considerable sugar. I was about to leave the city for several months and suggested she put herself under a physician's care at once. From symptoms indicated I gave Rhus Tox. She promised to diet to an extent which in all probability prevented rapid development of the disease, as she was a good feeder, generally.

I did not see her again until March 22nd, 1912. She came and gave me the following:

Mentally: Anxious, irritable, greatly depressed, worried over her condition.

Mouth: Putrid in the A. M.—breath very offensive.

Desires: Sweets, salts, large quantities of cold water.

Sleep: Restless, unrefreshing, tired, feels sleepy all the time.

Limbs: Aching and stiff, < in the A. M. > by exercise. Painful to rise from chair.

Genitals: Pruritis vulva—burning and itching, < night. Bathes parts after each voiding. Thick, white, acrid dis-

charge, stains yellow. Parts looked scalded, very sore and swollen.

Worked out the case by the repertory with the following results: *Rhus tox* 30—with 9 threes. Sulph. 24. Sep. 19.

℞ *Rhus tox* 12 M.

April 15th. Genitals: Dry, dark red, greatly swollen, burning intolerable, < at night. Parts covered with smegma. It looked suspicious so I took a specimen; and ordered douches of Calendula and Boric acid solution.

Limbs: Very painful at night. Joints sore.

Mentally: Condition the same. ℞ *S. L.*

Result of examination of specimen: Many micrococci, few diplococci, bacilli smegmatic, no gonococci.

May 1st. Throat: In the A. M. full of yellow viscid mucus, difficult to remove. Hoarse in A. M. and P. M.

Mouth: Breath offensive, putrid taste on waking, everything leaves sour taste, < starchy foods.

Limbs: Left foot numb when sitting or lying on left side. Cramps in legs at night. Constipated. Pruritis better.

Brought specimen of urine,—sp. gr. 1035, reaction acid, sugar present.

Worked out by repertory Phos. 38, 10 threes; Lyc. 25, 5 threes; Sep. 30, 4 threes; Cocc. 30, 3 threes. ℞ *Phos. 10 M 1 pd.*

May 20th. Very thirsty for cold water. Drinks a gallon a day.

Bowels: Much flatus, stool small in segments, has three or four stools in A. M. before relieved. Very offensive.

Limbs: Cramp in legs at night, also numbness. ℞ *S. L.*

June 6th. Examined urine. Voided five pints. Sp. gr. 1040. Total solids 186 grams. Degree of acidity 25. Total urea 44 grams. Sugar 9 per cent. No acetone or indican. Present pus, free blood cells, uric acid and urate crystals, yeast cells and large amount epithelium.

July 14th. Urine analysis, sp. gr. 1035, total solids 130 grams, acidity 27 degrees, urea 1.0 per cent, or per day 15 grams, sugar 9 per cent. Microscopical results the same as previous report. She did not carry out the restricted diet,

abstaining only from sugar, potatoes and pastry, eating freely of all fruits. \mathcal{R} *S. L.*

June 20th. Severe cold. Very sensitive to air. Skin moist, < on coughing. Cough deep, ragged edged, < lying down, talking; hoarse, irritation in larynx, soreness across chest, < coughing. Constipated. Mouth sour, losing flesh, hungry all the time, great thirst. \mathcal{R} Hepar Sulp. 10 M.

June 24th. Posterior dropping, difficult to remove. Coughs some, hoarse, discouraged, disinclined to work, feels weak and tired, losing flesh. \mathcal{R} *S. L.*

July 24th. Absent from city three weeks. Could not keep to diet.

Limbs: Stiff, painful, weak when walking, finger joints enlarged, red, painful.

Mouth: Tongue heavily coated white, dry; sour taste. Hungry all the time. Discontented, discouraged. Does not wish to exert herself.

Urine analysis about the same, except acetone was present, and calcium oxalates and uric acid crystals.

A few days previous to this I received a pamphlet, "A Treatise on Diabetes" in which several cases had been benefited by the use of the Bulgarian lactic bacilli, either liquid lacto bacilline, or the powdered form. This suggested to my mind our own Lactic acid, which I studied, finding the following symptoms:

"Sensitive to cold. Articular rheumatism, joints swollen and red. Rheumatic pains in knee joints < motion. Very tired on waking. Debility and weakness of limbs. Aversion to exercise, cramps in calf.

Throat: Hoarseness, dry cough, throat dry, but with accumulation of tenacious mucus; tongue dry, parched looking. Empty sinking feeling in stomach.

Mental: Greatly discouraged. Feels lazy. \mathcal{R} Lactic acid 1 M.

August 13th. No special improvement in general condition. Urine analysis, Sp. gr. 1034, acidity normal, urea 0.5 per cent, sugar 8 per cent, acetone marked. Microscopic examination the same. \mathcal{R} Lactic acid 1 M 2 D.

August 28th. Urine analysis—generally improved. Sugar only 5.5 per cent, acetone negative. Microscopic examination normal. \mathcal{R} S. L.

Sept. 13th. General $>$. Has much mucus in throat. Cough some. Fingers painful. Constipated. \mathcal{R} Lactic acid 1 M 2 D.

October 4th. Urine analysis Sp. gr. 1013. Acidity 28 degrees. Urea 1.8 per cent. Sugar negative.

October 22nd. Tires easily. Rheumatic pains in limbs $>$ by heat. Numbness of limbs gone, but left limp pains when lying on it. \mathcal{R} Lact. Ac. 1 M 1 D.

Nov. 21st. Constipated, difficult stool, much flatus. Feet burning, can't keep them in bed. Feet sore on walking. \mathcal{R} Sulp. 1 M 1D. Urine analysis—absolutely normal save deficient in urea, only 0.3 per cent. Ordered hot baths and sweats every other night.

Dec. 28th. Urine analysis—elimination of urea better. No sugar. Permitted full diet except white bread and use of sugar.

March 10th, 1913. Patient been in good health all winter. Urine analysis still shows shortage in urea. Otherwise excellent. Eating everything except pastry.

May 21st. Urine analysis all right except in urea. Patient feeling splendidly.

The experience in this case in a measure demonstrates the many new possibilities in our remedies, if we would study them more thoroughly, and would it not be more laudable to turn our attention to the better understanding of pure homœopathy than to transitory things like serums?

The question arises in my mind, What relation did lactic acid have to the pancreas, liver, or suprarenal gland, if any? And if it requires the actual bacilli to overcome the diseased condition, how did a potency perform the work? Surely, the dynamic force of the remedy raised the vital force of the body and permitted harmony to be restored.

Dr. Senator says, "An abnormally high saccharinity of the chyle or blood in the portal vein, or the two together, in consequence of an impeded conversion of the sugar present in

the intestines into lactic acid, may be a cause of diabetes." Therefore the Bulgarian lactic bacilli is used because it is considered more powerful and more rapidly produces lactic acid than either the Egyptian or our own. Its presence is found in the intestines on examination.

As yet they have not discovered a bacillus as a cause of this disease, but an absence of them, some are suggesting. If they prove that a condition of the system preventing the propagation of certain bacilli causes a diseased condition, on the other hand, it is to be hoped before another decade they may be convinced that it might be possible for the system to be overcharged with certain properties forming a medium favorable to rapid production of bacilli as a result of disease, rather than the cause of disease, as Hahnemann suggested.

Dr. David Starr Jordan of Stanford University in a lecture last summer before the National Board of Public Health, spoke to this effect: "This is an age of scientific medicine. What we want to know is, 'What is the matter?' whether it is a hook worm or what not. We know a great deal about bacteria and we must use the knowledge of this means to an end. We give quinine in malaria because it kills the organism and we must know how to use bacterial agents for the same purpose. The day of medicine and the symptomatology seeker have passed. We will have a governmental and state medical department to take care of the health of the people. And with preventative medicine the symptoms will not develop as the diseased is crushed out." This means constant suppression and increasing malignancy. Nevertheless, when the members of the allopathic profession can show as small a percentage of death under any heading as the homœopaths, it will be time for them to proclaim their superiority and say away with symptom seekers. Let us arouse the thinking minds to say "Blessed be the symptom seekers," for they thereby conserve life, without deleterious results.

A. P. Bowie: I think that that was a splendid paper, it shows the power of the potentized drug in a practically incurable disease. It is given in an admirably succinct form and

the author deserves praise for presenting it before this association.

Frank W. Patch: I would like to call attention to a paper printed in last year's transactions by J. H. Allen, giving a number of cases of diabetes cured with Uranium nitrate. A series of cases like that and the one presented here this morning make the disease less hopeless.

H. L. Houghton: One point in the matter of diet; if the diet is rigidly cut down, the urea and the sugar are bound to go down and the question is, "Do the members find that of any advantage to the patient?" After all, our main reliance in this disease is upon the symptoms; personally, I have felt satisfied that I have got quicker results and more comfortable life for the patient with a liberal diet rather than with a rigid one. It is not easy to act in this rational manner because the public are so well informed by various means that the diet is of extreme importance in diabetes and should be cut down. But where the patient has confidence and leaves the matter entirely in the hands of the physician, you will find, as I have, better results with a liberal diet. The remedy which Dr. Patch referred to has helped me in more cases than any other single remedy, but a very numerous list may be required by the condition.

E. E. Case: Uranium salts are not the only remedies for this disease by any means, although they are oftener indicated, probably than any other group of remedies. I have derived most assistance from a somewhat restricted diet, but not from the rigid deprivation of all carbohydrates.

G. B. Stearns: The rules about diet in diabetes have undergone recent changes and the old absolute restriction modified greatly. Von Noorden recommends an exclusive diet of oatmeal in many cases.

E. W. MacAdam: The reason for that is because Von Noorden believes that the diabetic patient stands his carbohydrate better when it comes from a single article like oatmeal.

A. P. Bowie: I have long regarded the absolute restriction of sugar in diabetes as a mistake. I allow my patients

maple sugar. I have had some pretty bad cases and I have never seen bad results follow its use in moderation.

John Hutchinson: It is a matter of observation that some patients suffering from this disease can take honey without causing any increase in the amount of urinary sugar.

Chairman: Dr. Bloomington will now close the discussion.

F. E. D. Bloomington: It is generally known that the case becomes more serious when acetone appears in the urine and that is apt to appear when the diet is too rigid. In fact, as soon as acetone appears in the urine the carbohydrates should be increased and the diet relaxed a little. I was not free in the treatment of the case related in the paper because there were certain members of the family who watched me critically, not approving of my treatment as to diet, as there were "Scientists" in the family.

VERIFICATIONS.

BY ERASTUS E. CASE, M. D., HARTFORD, CONN.

Borax (1m, 9m, 40m, one dose of each, six weeks intervals).

Stitches in stomach, extending to back after eating. Pressure on eyelids, difficult to open them. Vertigo and faintness on descending, especially in elevator. Smarting in urethra during micturition. Stools in small balls. Leucorrhœa white, thick, corrosive. Skin inelastic.

Mill worker, aged 31 years.

Camphora (cm one dose).

Fluid eructations after eating, causing burning in throat. Catamenia of long duration, just a show, with pain in right eyeball as if it were pushed outward. Feet cold after eating. Constipation from inaction of rectum. Bruised sensation in the thighs.

Stout brunette aged 47 years.

Comocladia dentata (1m, Cm, one dose of each with two months interval).

Right eyeball feels too large for orbit. Stitches from outer right canthus to ear and occiput. Smarting soreness of conjunctiva. Eyelids agglutinated in morning. Awakes with dull frontal headache, relieved after breakfast. Vertigo with loss of vision on arising from bed in morning.

Light haired widow aged 75 years.

Euphorbia heterodoxa (30x to Cm, six potencies).

Cutting, burning, stinging pains in incurable cases of cancer when no other remedy brings relief.

A few doses will quiet the pains and afford sleep for a period of days, perhaps weeks, then a repetition is required, with a change of potency most properly. This makes life endurable and death is preceded by coma lasting from one to seven days.

The last cancer patient treated was a woman aged 72 years with sarcoma. The nurses had never before served under a homœopathic physician, and they were surprised to see a state of comfort which the old school could not produce with anodynes.

Gratiola officinalis (200, four times a day for three days).

Constipation, large hard stool. Sensation as if rectal membrane were torn during stool. External hemorrhoids from exertion, and after stool. Biting, stinging pains in tumors. Sensation as if the flesh of the perineum were torn from the bones after stool. Aching from lumbar region down the thighs after stool. Sleepless before midnight. Peevish disposition (not usual for her). Melancholy, over-troubled by family affairs.

Woman aged 50 years.

Lac defloratum (1m, one dose).

Faints from raising arms over the head. Heat and pressure of gas in the stomach. Stools large with cutting pains at

stool. Heads feels heavy and pulsates, with pressure as if the vertex were pushed off. Worse lying down.

Slender woman aged 70 years.

Mancinella (45m, two doses two months interval).

Constriction of chest after eating, worse from acid food. Heat in stomach and sour eructations after eating. Heat in stomach like flames spreading all over her. Choking sensation in throat prevents speaking. Feet hot and dry. Toes sore from walking. Forgetful. Melancholic.

Grass widow aged 56 years.

Melilotus alba (1m, four doses).

Head heavy in morning, hard to raise it from pillow. Face red, with throbbing carotids, worse in warm air. Weeps easily. Stomach full of gas after eating. Constipation from torpor of rectum. Leucorrhœa creamy, corrosive. Smothered sensation from slight exertion. Aching in lumbar region, better from pressure and by walking. Sleepy day and night.

Woman aged 37 years.

Myrica cerifera (40m, one dose).

Dryness of mouth and throat. Mucus thick, tenacious. Appetite nil. Heaviness in stomach after eating. Face sallow. Bowels sluggish, stools black.

Woman aged 35, mother of five children.

Oxalic acid (1m, later 40m).

Prostatitis with retention of urine (catheter necessary). Prostate so sore cannot sit, must lie down. Tenesmus with passage of only a few drops of urine with sensation as if a hot wire were thrust down the urethra, also intense pain in the glans penis. Bruised pain in lumbar region extending down the thighs, with weakness of those muscles.

Mechanic aged 65 years.

Sanicula aqua (10m, 40m, Cm, one dose of each, with intervals of several weeks).

Soreness and pulsating pain in right shoulder joint. Stitching pains from shoulder into neck and down the arm. Worse at night, especially in bed. Worse from motion, most marked from moving the arm backward. Worse from cold. Worse from a jar. Health otherwise is good.

Clergyman aged 60 years.

Sanicula aqua (10m, one dose).

Itching, moist, raw condition of perineum. Leucorrhœa viscid, odor of fish brine. Itching wrists and hands at night, worse if rubbed. Sweats on head profusely. Hair dry and lifeless. Aching in coccyx, extending to buttocks, worse from pressure. Worse from warm air. Great debility.

Fleshy woman aged 38 years.

DISCUSSION.

A. H. Starcke: I always appreciate well reported cases, especially when, as in those just read, the key-note is given which brought about the selection of the remedy that cured. It is all the more interesting when the remedies are comparatively unknown to me. I greatly enjoyed the report of these cases.

President: Last year Dr. Case kindly worked out some of his cases in detail contrary to his usual mode of report. This way is the most enjoyable and seems to most readers like witchery.

E. E. Case: The prescriptions were not made from key-notes, but the key-note merely gives a clue to the remedy.

A COMPARATIVE SKETCH OF NINE REMEDIES, ESPECIALLY MENTAL SYMPTOMS.

JULIA M. GREEN, M. D., WASHINGTON, D. C.

A class of four students of Homœopathy in my home city undertook the study of remedies which are not the best known

polycrests, but are deep acting and valuable in chronic ills. We proceeded in alphabetical order and did not expect to find the work made difficult by the task of differentiating carefully remedies which seemed to have much in common. Such was the case, however, and, thinking that some of our observations might be interesting to this meeting, I have brought you nine remedies, AGARICUS, ALUMINA, ANACARDIUM, AURUM, CAPSICUM, CAUSTICUM, CIMICIFUGA, COCCULUS, and CONIUM.

With the possible exceptions of *Capsicum* and *Cimicifuga*, all these have to do with a threatening breakdown in the economy, with a tendency toward the ultimates of disease, toward deep menacing disorders. As this comparison is chiefly in the mental sphere, it can be said that all nine have to do with unstable mental equilibrium and depressed mental states. Here is the evidence of this, taken chiefly from Dr. Kent's interpretation of the text: Under *Agaricus* we read:—Irritability, changeability, depression, nervous excitability, tardy mental development, children late learning to walk and talk from late mental growth, for nervous people who make mistakes in their work, slow to grasp ideas, whole mind and sensorium seem paralyzed, confusion so nearly like delirium that it is not unlike intoxication. Silly, says foolish and silly things, makes verses and prophecies, or lapses into an opposite state and becomes indifferent to his surroundings. One who is mild and placid becomes self-willed, obstinate and conceited. Incoordination of brain and spinal cord; clumsy motions. Fingers fly open spasmodically while holding things. Mental symptoms worse in the morning and better in the evening.

To compare with this we have the slowness and incoordination of *Cocculus*:—Slows down all activities of body and mind, producing a sort of paralytic weakness. All nervous impressions slow in reaching the centres; behind time in all actions; answers slowly after apparent meditation, but it is an effort to meditate. Mentally going toward imbecility; a week has gone by and it seems but a moment, cannot find the right word to express his thoughts; forgets what he has just read; cannot bear the least contradiction; tongue will not respond, confusion of articulation; fixed ideas, cannot talk outside of

them, apparent unconsciousness, yet knows all that is going on but does not move or speak; fear of death; feels as if something awful were about to happen.

Similar to this comes the gradual paralytic weakness of *Conium*.—Great exhaustion of body and mind tending toward paralytic weakness; a slowing down of all activities; mind is tired, unable to sustain any mental effort; memory is weak; mind will not force itself to attention, cannot meditate; a slow-forming weakness of mind tending to imbecility; seems almost as if patient were delirious; mind full of strange things that have come little by little; complete indifference, no interest in anything; whims and notions that cannot be reasoned out of him; everything vexes and disturbs, cannot endure any kind of excitement, as it brings on physical and mental weakness and distress.

Then in *Causticum* we have progressive slow complaints with a declining state of the economy:—mind gradually becomes confused, unable to think; full of timorous fancies; fear that something will happen. The more he thinks about his complaints the worse they become; gradually increasing hysteria, loses all control and says foolish things.

Another tired sluggish constitution is *Capsicum*, and an oversensitiveness belongs, also, to this remedy:—sluggish and lazy, cannot study always suspicious to the extent of looking for offence or for an insult; obstinate to an extreme; even if she wants a certain thing, she will oppose it if it is proposed by someone else; persistent thoughts of suicide; resists the thoughts, yet they persist.

Perhaps *Capsicum* forms a good connecting link between the remedies with mental slowness combined with great sensitiveness and those which have all the depression and suicidal tendency but have the oversensitiveness showing itself in quicker nervous states.

The *Alumina* patient is confused; the remedy takes hold of the intellect and so confuses the intelligence that the patient is unable to effect a decision. He is unable to realize; the things that he knows or has known to be real seem to him to be unreal, and he is in doubt as to whether they are so or not.

The consciousness of his personal identity is confused;—it seems as if he were not himself. He makes mistakes in writing and speaking, uses words not intended and is unable to follow up a train of thought. He dwells upon his own confusion of mind and is afraid he will lose his reason. Then he gets into a fret and a hurry. Instead of a physical slowness in this remedy is a hurry; nothing moves fast enough; time seems so slow; nothing goes right. Then come all sorts of fears and imaginations, a general apprehensiveness. Also, he has sudden impulses, impulses to suicide on seeing sharp instruments. A very sad patient with moaning, groaning, worrying, fretting and in a hurry; an alternation of moods and an unsettled mental state.

Similar to the *Alumina* mental condition is that of *Anacardium*, but here we have a disturbance of will instead of impulses. There seems to be a continual controversy between two wills. He cannot decide in an action of good or evil. He hears voices commanding him to do this or that, and seems to be between a good and an evil will. Hallucinations; a demon sits on one shoulder and an angel on the other. He is disposed to malice and has an irresistible desire to curse and swear. He laughs when he should be serious, and vice versa; weak memory; forgetful of what was in his mind but a moment ago. Slow to comprehend; everything seems strange; dreadfully irritable. All his senses seem to vanish and he gropes around as if in a dream.

Aurum goes deeper than this and has to do with the affections of man. All the healthy, natural affections are perverted so that the patient loathes life and longs to die. He seeks methods of committing suicide. His mind dwells on nothing but suicide. Such absolute depression that there is loss of joy in everything. Self-condemnation, self-reproach, self-criticism; a constant looking into self. Imagines he cannot succeed in anything and does everything wrong; imagines he sees obstacles in his way everywhere; imagines he has neglected his friends and deserves reproach; constantly looking for bad news. He never will succeed for everything goes wrong that he turns his hand to; extremely irri-

table, easily angered, worried over trifles; easily roused to excitement and turmoil; turbulence and melancholy. A peculiarity is that no one knows of his broodings, for his affections are hidden, so perhaps the first his friends know is that he has committed suicide.

Not so deep as the preceding remedies but tending toward mental unbalance and full of excitement is *Cimicifuga*. Here too mental states and physical alternate. Here too is overwhelming sadness; the patient is bowed down with sorrow, sits and mopes in great gloominess, then this is likely to change suddenly into many physical sufferings. Full of fear, anguish, restlessness; fear of death. Suspicious of everything. Feels faint when meeting a friend. Fears she will go crazy. Sensation as if a heavy black cloud had settled all over her so all is darkness and confusion.

It is curious to have so many similar mental symptoms in remedies quite unlike each other. Here is *Aurum* longing for death because the love of life is destroyed, and *Anacardium* in a state of irresolution, with impulses to take his life, and other inhibitory impulses against such a deadful thing, and *Capsicum* with persistent thoughts of suicide which he must fight, and *Alumina* with sudden impulses to use a sharp instrument to destroy his life. Then there is the fear of death or the fear that something dreadful is about to happen in *Cocculus* and *Causticum* and *Cimicifuga*.

A change in disposition which makes the patient suspicious is found in *Anacardium*, *Aurum*, *Capsicum*, *Causticum*, *Cimicifuga* and *Cocculus*. An alternation of moods and marked change from the natural disposition is found in all nine remedies.

The confusion of mind is striking, the turmoil and the depression. In *Agaricus* it depends on a tardy mental development, or a slowed down state from mental exertion, and is associated with the twitching, trembling, jerking, crawling, itching, so characteristic of the remedy, and with the muscular incoordination dependent on tardy mental power. In *Causticum*, *Cocculus* and *Conium* it depends more on mental and physical exhaustion from overwork or nightwatching with the

sick, and is accompanied by the tendency toward imbecility and paralysis, the sort of thing that comes from long lasting grief or sorrow or worry. In *Causticum* is found the tremulousness, quivering, jerking, twitching that belongs to *Agaricus*, but with it the trend toward paralysis, the consequences of becoming chilled, the sensitiveness to cold, dry wind, to noise, touch, excitement, the tendency to grow warts, to the induration of glands, to thick, gluey discharges. In *Conium* the tendency to induration of glands is intensified and the numbness and vertigo are similar to those of *Cocculus*. *Cocculus* has the tremulousness too with staggering, and incoordination, but more characteristic are the nausea and vertigo and sick-headache. *Cocculus* and *Causticum* both have nausea at the thought of food. *Alumina* has the tendency to paralysis of the last three and the crawling, creeping, itching which remind us of *Argarius*, but it has a mental hurry with its physical slowness. It has the tendency to dryness of skin and mucous membranes and to bleeding from them and to itching without eruption, also the aggravation from starch is peculiar. It has the sensation of a hoop or band around a part and so has *Anacardium*. *Anacardium* has the sensation of a plug here and there in the body, as well as the band, and the distress from gas when the stomach is empty is peculiar, also the relief from symptoms while eating.

Aurum and *Cimicifuga* both have rheumatism with their tumultuous mental states, but how different they are, *Aurum* so much deeper, mentally and physically, with its insanity of will which longs for death, its inflammations in cartilage, periosteum and bone, its ultimates of rheumatism in heart affections and asthma. Both are acutely sensitive to pain which drives them to despair, but *Cimicifuga* goes no farther than the highly nervous state, not settling into anything deeper perhaps than the rheumatism. This remedy has jerkings and tremblings and numbness too. And *Capsicum* has the oversensitiveness and the awkward clumsiness, also gouty deposits and mastoid inflammations, but it is distinguished by its look of plethora with chilliness and its almost entire

lack of endurance; the fat, flabby, red-faced patient who is cold.

This fragmentary discussion is only the beginning of the study of these interesting remedies, but it may help some day in prescribing, as it has helped us in Washington.

DISCUSSION.

W. S. Hatfield: I have verified the applicability of Anacardium in profanity. I was called about midnight by a man who said that his wife had tried to commit suicide. They had had some words about a minor matter and she had got drunk later. She was swearing volubly and constantly, hardly able to sit up in a chair. She seemed to be in a good humor except when her husband tried to hold her up when she would swear frightfully. I put a dose of Anacardium on her tongue with the effect that within a half minute she ceased her profanity although she continued to talk incessantly. I had a young girl to treat from old school hands, suffering with cerebro spinal meningitis; she had been treated with ice bags to her head and spine. When I saw her she complained of itching in the brain. Agaricus relieved her of urgent symptoms and she is now up, although with a very tender spine.

Wm. Cowley: I have used Agaricus in a case of meningitis in a patient in which the trouble followed frozen feet, with success. One mental symptom of Cina not mentioned is seeing bugs.

F. W. Patch: A combination of Dr. Boger's and Dr. Green's papers would make an excellent view of the subject from two sides. The study of the "genius" of the remedy exclusively offers a danger of overlooking the particulars while, if the mind dwells too much on key-notes, the necessary general view of the remedy is liable to be lost. As Dr. Boger well says, there must be a relation between the patient's state and the genius of the remedy as well as a correspondence of the more minute symptoms. The result of a lack of recognition of this relationship accounts for the fact that many homœopathic doctors prescribe Aurum whenever there is talk of suicide while as a matter of fact cases calling for Aurum are rather rare. The patients may have this par-

ticular symptom but have no correspondence with the whole remedy. Causticum corresponds rather to senile conditions than to the troubles of the young, and lack of this general correspondence would easily allow it to be prescribed in an apparently similar, but really different case. The "genius" of the remedy must be there. Drs. Boger and Case are remarkably expert in perceiving this similarity.

C. M. Boger: That is very true. A case may superficially call for one remedy but more deeply call for quite another. In exhaustion with a certain set of symptoms the exhaustion is important and may be the deciding factor. If the symptoms suggest both Anacardium and Rhus, physical exhaustion would decide in favor of Rhus. or a still deeper exhaustion might call for Phytolacca. Many a low potency homœopath fails in a case like that. In fact, I have heard it said, "Rhus seems indicated but does not help." The reason is that it is not a Rhus case at all. In prescribing for a case of sickness we can not leave out the patient, that is what Dr. Patch means. Especially must the mental phases of the patient match the mental phases of the remedy.

Chairman: Dr. Green will now close the discussion.

Julia M. Green: Thank you, I do not care to add anything.

HOMARUS AMERICANUS.

HARVEY FARRINGTON, M. D., CHICAGO.

It is well known that sea foods, especially the crustaceans are prone to rapid decay and the formation of deadly ptomaines. Cases of poisoning by oysters, crabs and lobsters are frequent, and he who eats lobster salad is commonly supposed to do so with some risk. This is a fact for, no matter how freshly caught, the animal bears a virulent poison of its own, the digestive fluid, contained in a sac just back of the mouth. Prudent chefs carefully remove this before serving the delicacy.

This digestive fluid is what is known in medicine as *Homarus* or *Homarus Americanus*. It is of a reddish color, **thick and** odorous and in ten minutes will coagulate a bowl of milk into a solid curd, so tough that it is dissolved with difficulty by pepsin. Death has been known to result from drinking milk after having eaten lobster and milk aggravates the *Homarus* patient as will be seen presently.

Practically all that is known of the pathogenesis of *Homarus* is contained in a proving by Dr. A. M. Cushing on himself and published in the "Homœopathic Recorder," vol. 3, page 98. Dr. L. H. Hallock, in a personal experience adds a few symptoms of value, chiefly those of the skin. He seems to have been one of those who are extremely susceptible and on two occasions suffered after eating only a small quantity of the meat.

Briefly, the symptoms are as follows: Sharp pains are more or less general. They are noted in the left side of the throat extending to the ear; in one or other temple; over the left eye; in the superior process of the ileum; sudden, transient pains in the right side near the kidney, so severe as to compel him to sit down; stabbing pain in the lobe of the left ear; darting pains here and there, especially in the legs.

Burning and stinging are marked features; in the throat, œsophagus, stomach, bowels and skin; over the chest as if in the pleura; in the legs; burning of the feet so that he wanted to thrust them from under the covers. Stinging seems to be confined chiefly to mucous membranes, as stinging in nasal passages extending down into the throat, with watery coryza; smarting in the eyes.

General nervous feeling, weak and trembling; restless but dreads to move, showing the debilitating effect of the poison. Yet on moving there is no pain. Great weariness in the morning. There seems to be a hint at aggravation after sleep, but there is not enough in the proving to establish its certainty.

The throat symptoms are numerous. Redness and smarting; dryness; granular appearance with enlarged venules over the surface; posterior wall covered with a grey deposit like a

membrane; accumulation of grayish mucus; smarting and tendency to cough, relieved at once by inhaling cold air. Profuse salivation. Loss of appetite. Distress in the stomach at night on waking, better during the day but returning again in the evening. Belching of tasteless wind in the morning; pain in the stomach with frequent hot flashes. Pain in the stomach after a light meal, yet the weakness is better from eating.

Alternate constipation and diarrhœa. Long continued sexual excitement at night and in the morning.

Hallock's symptoms are interesting and deserve to be given in full: "An hour after eating a small amount of lobster a general pruritis commenced, most severe on the lower extremities, especially the calves of the legs. The itching was of a burning, biting character, not relieved by rubbing or scratching, and almost unendurable. The severity of the itching continued about two hours in spite of bathing with hot and cold water, both fresh and salt. The itching no sooner abated than my lips, nose and eyes began to swell until the eyes were closed and the lips almost completely inverted. The throat was swollen and edematous so that it was almost impossible to breathe, with profuse salivation and lachrymation."

Cushing recites two illustrative cases. A lady with headache, sore throat, loss of appetite and sensation on waking in the morning as though she could not move, was cured in a short time by *Homarus 4x*.

Case 2 was a man of 50 who had frequent attacks that he called "bilious spells." For two years, off and on he had received *Nux vomica* and a few other remedies with relief, but the attacks returned, *Homarus 3x* cured them completely.

The indications are not very distinctive but serve to confirm some of those brought out in the proving. The same applies to a few of my own which are herewith given.

1. Mrs. M. M. S., aged 60, suffered from occasional attacks of distress in the stomach. She was unable to exactly describe the sensation, but it was always associated with flushes, a

peculiar mottled redness of the face, foul odor from the mouth and the formation of ropy mucus which has never vomited unless she puts a finger down her throat. These attacks always followed the eating of cooked vegetables, especially cabbage. Homarus invariably gives her relief. She usually takes three or four doses of the 30th.

II. Mr. C. H. R. aged 60, short, stout and plethoric, a great lover of the good things of the table, boasted that he could "digest ten penny nails." But he indulged once too often, when invited to a ten course dinner given by his son and a severe spell of indigestion resulted. Nux vomica relieved him, but in spite of admonitions, in three or four days he ate another large meal including pork chops and bake beans. Shortly afterwards a heavy pain began in the chest just above the ensiform cartilage, at times extending upwards into the chest. Starvation diet and Argentinum nit. got him on his feet again but he had to be extremely careful what he have no effect. Half an hour after a single dose of Homarus 30th brought his stomach back to normal again and the lesson has been a good one.

III. Once when taking charge of Dr. H. C. Allen's practice the maid came to me to show her hands and arms. They were covered with a diffuse redness from the tips of the fingers nearly to the elbows like a long glove. She said they burned and stung. This irritation started in the morning and had grown worse all day. There was very little swelling and she complained of no other symptoms. Heat or cold seemed to have no effect. Half an hour after a single dose of Homarus 1m the burning was almost gone and next morning there was no redness.

This remedy needs further proving and it is with the hope of eliciting further experience that I present it to this august society.

A PLEA FOR OLD FRIENDS.

S. MARY IVES, M. D., MIDDLETOWN, CONN.

I doubt if ever a time called more loudly for deep down

loyalty to the principles and practice of Homœopathy than the present. The onward rush of highly specialized civilization is sweeping over the land as a mighty flood. Wave upon wave of action directed toward the mental, moral and physical condition of the people bears upon its summit but one purpose, and that, *results: immediate results*, at all costs.

Leaving the mental and moral issues out of the question, we turn our attention to the purely physical side; the sick man, the man whose vital force is out of tune, so that his body manifests that lack of harmony by varied, discordant signs and sounds.

What is this tide of agitation doing for him? He is caught up by it and flung upon the rocks of unnecessary surgery, so that enlarged glands are quickly removed, abnormal growths promptly made to disappear by heroic measures: or, escaping those disasters, he is lifted high upon the waves, and carried straight to destruction, at the hands of the highly educated specialist, by means of local treatments for his catarrhal states, suppression of his eruptive disorders by local applications; or forcible stimulation by drastic measures, of organs whose functional power is well nigh exhausted. And so the sick man drowns in the sea of science!

One stands upon the shore of these present day happenings, and watches these lives disappear from view; one sees their struggle with the waves of fate, and yearns to throw out the life line of succor! And comes home the question to each thinking mind, are we truly and earnestly working our *Life Saving Station* to its fullest capacity? The *Life Saving Station* of the *Homoeopathic Materia Medica*, with all its scientific appliances for reaching those in distress.

Our knowledge of these devices for rescue must be based upon a clear-sighted understanding of disease, and its manifestations in the human body; a disordered vital force with its consequent symptom picture. Then, and only then, are we ready to launch our life boat and watch our remedy-picture against the symptom-picture of disease.

It is not easy work this matter of saving bodies; it's hard, very hard at times, but it's well worth while.

The majesty, of the Law of Homœopathy, is well nigh overpowering at times. The simplicity, and yet the depth, of the underlying truth; the unswerving principles which guide us in the practice of this Law, more than compensate for all the hard work. And the crowning joy of accomplished results, as seen in the restoration to health of some poor shipwrecked mariner struggling in the Sea of Life is reward unspeakable. To *perceive* the sick man, and to *know* the means of *cure* for him, what more can we ask?

And so, today, I plead for our old friends, the tried and trusty comrades of many years, the proven and potentized remedies of our Materia Medica. Let us be loyal to them, and seek to know them even better, so that we may gain from them all they have to offer. They will serve us better than the surgeon's knife, in many cases; and bring about better results than the specialist's "specials." We should stick to these old friends through the most trying situations and insist upon their serving us, by the very demands we make upon them. The power is there, if we but know how to bring it forth. Our Life Saving records would show better reports, did we but use these old friends more. Unfortunately we are a little excited at what seems to our impatient minds, failure on the part of the remedy, and so, fly off to some material aid in the shape of a serum, an ointment, a knife, etc., etc. Or even to some crude drug in mother strength, based upon physiological action. By so doing, we are thrice untrue: untrue to our patient, to Homœopathy, and to ourselves!

Who can fathom the power of such remedies, as Sulphur, Silicea, Natrum muriaticum, Phosphorus, Lycopodium, Calcarea carbonica, Tuberculinum, etc., etc., on through an almost interminable list? We have seen it over and over again, the power to go back to the rock bottom cause of things and set matters straight.

A child is brought to us with enlarged tonsils, puffy mucus membrane of the pharynx; possibly enlarged cervical glands, The mother expects us to say, "operation at once." That is the fashion. Instead, we see in that child, a little life starting out in its frail bark to face all life's storms. We say to

ourselves, "We will save that child!" And so, we take the time to explain to the mother and friends just what these abnormal conditions mean; we tell her, they are but the outward manifestation of internal disorder in that child's economy. Preceding these local manifestations there has been a disturbance of the vital force within that child, which has made itself felt by signs and symptoms.

We question her closely as to this symptom picture, and explain to her that when we get our complete symptom picture, then can we find our remedy picture and the work of saving her child will have begun. And as the process of cure, or restoration to order, goes on, those local manifestations will disappear. Should we forcibly remove them now, we should frustrate nature's wise efforts at relief, and the process of cure would be much more difficult. Who has not watched such cases, year after year, and seen the puny, glandular child, anæmic and ill-nourished, grow into a sturdy, well built boy or girl; seen them pass through their school days into college, and then out into the world, well equipped physically for life's battle. One cannot practice Homœopathy, even for as short a time as nineteen years and not see such glorious results. Homœopathy is art in its highest form.

If we must have lightning-like results; then take this child of whom we have spoken, excise the tonsils, remove the adenoid growths, cut out his enlarged cervical glands, etc.; etc. It is quite easy nowadays; men stand waiting to do it, and to do it beautifully. The operation will be a fine one; but *what* of the child? The unpleasing features have been removed, to be sure, but what of the child, as a living human being; what of his disordered vital force, the subtle changes taking place in his economy because of this disordered force? Watch such a child for a few years, and the tale unfolds itself as he grows into manhood. Lack of proper vitality, always taking cold, constant sore throat where the tonsils used to be, etc., etc. We have all seen it, and sorrowed, for it is so much more difficult to save such a patient.

The saving power of the Homœopathic Materia Medica is very great, and it rests with us to exercise that power.

BUFO RANA.

FRANCES E. D. BLOOMINGSTON, M. D., CHICAGO.

Bufo rana is a species of toad found in South America and belonging to this family is *Bufo agna* and several other varieties found in tropical countries. It is interesting to trace the history of this little animal (or reptile as termed by some authors) as a remedial agent and how it became a most valuable remedy to the homœopath.

For many centuries the toad was a valuable remedy among the old Chinese doctors, who called it "Senso." Later it found its way into Italy, Brazil, Islands of the Southern Sea, and finally to Germany and England. From these two latter countries we gain most of our knowledge of its use in early days as a medicine, but for the last 80 or 100 years the old school dropped it from its practice and stamped its use as rank quackery.

It is believed that some of the aboriginals of the Amazon poisoned their arrows with the virus of the *Bufo rana*, or *agna*, instead of *Curare*, as some tribes did.

This virus is secreted in small glands situated along the back of the toad's neck. This they use as a weapon of defense when attacked. These glands, termed parotid, exude a large amount of a creamy secretion having a very pungent odor, and they are thought to be under the control of the central nervous system, as their secretion is discharged after a peripheral irritation, sufficient to excite the animal. This secretion seems to squirt out from numerous small orifices.

In olden times the skin was dried in the sun and when ready for use it was powdered and given in dropsy and high fevers. Possibly the first authentic records of its use were given by Salmon in 1583, in *Doron Medicon*. Here we find it spoken of as a specific for dropsy. Johannes Schröder, in 1672 and Samuel Dale, in 1692, recorded in the *Pharmacologia*, published in London, that a powdered toad is highly recommended for dropsy, bleeding of the nose and other ailments.

In the London Dispensatory of 1702, Prof. Wm. Salmon

says, "The toads are hung up by the neck in the air until thoroughly dry and then kept for use."

Wierus said, "The powder of the dry toad taken half a drachm at a time, or more, cures almost incurable dropsy, but I suppose the ashes of them burned is better."

Is not this a dainty morsel for the sick? No wonder in later years it was deemed quackery. In some of the medical writing from 1644-83 of Michael Etmüller, professor of Medicine at Leipsic, we find the following: "Living toads aroused to the point of fury are venomous, but found dead they are devoid of poison. If transfixed alive in July, heads and entrails removed, then dried, powdered, and administered in doses of 12 grains on alternate days, furnishes an excellent cure for dropsy. Powdered toad is said to be efficacious because of its anodyne character, while its volatile penetrating salt acts as a diuretic. From it an anodyne oil is prepared with the aid of sea salt and sweet almonds."

Again, in 1747, 1749, 1833, reference is found to the use of this remedy in the medical writing of various doctors. Dr. Clark, in his writings, says, "In spite of modern scepticism regarding the poisonous properties of the toad, Shakespeare, who seems to have known everything, was absolutely correct in speaking of the toad as having 'sweltered venom.'"

The homœopaths, as usual, believe in dealing with the real article and not using the unnecessary dross; recognizing that it was the virus that contained the poisonous or medicinal element, they extracted the secretion directly from the glands and made a solution, or as Dr. Clark says, "Solution in rectified spirits of the poison."

Some interesting results have been recorded in medical lore. Dr. Clark relates a story told by Gulkrie, of an Italian peasant apparently dying of dropsy. His wife, hoping to terminate his long suffering, put a toad in his wine, which resulted in his complete recovery. Another tells that the women of South America, when tired of their husbands' importunities, would administer the venom to them in their food or drink, and produce impotency.

In sickness, during the improvement of conditions, the

remedy was dispensed with, and the poisonous qualities sought were doubted until experiments by Vulpain settled the question.

In 1832 Dr. Henke, one of our greatest provers, was the first in our school to call attention to its use, and his observations were published in 1860. In 1834 the Homœopathic Society of Thüringen contributed many provings. 1849 Mure published proving with his preparations made from the common toad of Brazil. These were translated by Hempel and Allen. In 1859 Destrone collected notes from all old writers and also made some provings, all of which were published in a French journal.

Important cures have been made, so no doubt remains in the minds of those who have used it, as to the value of *Bufo* as a medicine in the cure of epilepsy, cancer, cutaneous diseases, insanity and heart affections. Dr. Clark says he has cured epilepsy with *Bufo* and any one witnessing a characteristic seizure of epilepsy must have noticed the curiously toad-like aspect assumed by the subject.

In making the proving it has been found very disgusting symptoms present themselves. It caused a sort of imbecility in which persons lose all decency and it seems to bring out a lack of control over the sexual desires until impotency results.

It affects the mind profoundly; the adults act like children, presenting a simplicity of mind like an imbecile, reminding us of *Baryta carb.* Dr. Kent says that *Bufo* and *Baryta carb.* are the two leading remedies in the undeveloped mental state or imbecility. Dr. Kent gives a most lucid survey of this remedy in all of its proven states and uses.

In epilepsy it is to be thought of from the Jacksonian form to the most complete seizure, especially when resulting from sexual excitement or arising from the solar plexus and followed by profound sleep.

Dr. Wm. Payne cured a case of peritonitis with *Bufo* when there were repeated convulsions followed by stupor, unconsciousness, cold limbs and copious sweat.

Dr. Lippe refers to its use in epilepsy coming on during

sleep at night, it may not waken him; if not, he has a violent headache when he does waken.

Bufo is to be thought of—In blisters of the skin, that rupture, leaving a raw surface from which oozes an excoriating ichorous fluid, and the disgusting type of eruptions on hands and feet, burning and oozing; malignant pustules and carbuncles with burning. Burning runs all through the remedy.

In meningitis where red or purplish streaks come on the neck and back.

In softening of the brain when the weak and disgusting aspects of the disease are pronounced.

It has been useful in injuries to the hand where intense burning pain goes up the arm and red streaks extend to the elbow < by heat. Generally < heat, warm room, during sleep, on waking, light and noise.

It removes the fetor in hopeless cases of cancer and possibly relieves the terrible burning at the same time.

It is to be thought of in convulsions from low grades of suppurations. Think also of Ars. Canth., Lach. Tarant.; epilepsy starting in solar plexus, Artem.; Cal. carb.; Nux v.; Sil. Starting in the arm, Lach., Sulp. Antidoted by Laches, Senega.

In June, 1911, the New York papers came out with the following headlines extending across the entire paper: "Two New Medicines Discovered in the Tropic Toad. Science upholds the Ancients in therapeutic use of the toad skin and powdered toad, thus turning the laugh on the modern doctor." Another said: "Finds a Jewel in the Toad's Head. It is a heart stimulant called Bufagin, according to the experiments in Johns Hopkins Laboratory." Evidently the two doctors, John Abel and David Macht, desired to make themselves famous in the eyes of the world, by announcing a wonderful new discovery in medical science, whereas it was just brushing the dust off of a remedy long since lain on their shelf. Our school could have made itself famous with the use of this remedy had the work and knowledge been pushed forward

and the public informed of the benefits resulting, especially in epilepsy.

There were many interesting details given of the work accomplished by Drs. Abel and Macht that cannot help but arouse enthusiasm. They were studying effects of certain dyestuffs derived from coal tar by administering small quantities of the substance to tropical toads that had been obtained from Jamaica, known as *Bufo agna*, or as called by the natives, the bullfrog. While injecting the chemicals the toads became greatly irritated and the handling they received enraged them all the more. Then it was noticed a milky secretion was exuded from the glands of the neck, back of the ears, and the more pronounced the irritation the greater the amount secreted.

Finally they concluded to analyze this fluid, and found it gave the same chemical reaction as that given by epinephrin, the principle of the suprarenal capsule, also a substance belonging to the digitalis group of poisons was found. The process used to obtain the secretion was the same as that recommended by Roth of Paris in 1861. The toad is held by a forceps and the glands milked by forceps. The secretion was caught in a glass bowl held inverted over its head. This fluid dried quickly, forming hard brittle scales on the sides of the glass, yellow in color. When these dry scales were brought in contact with water they swelled into a gelatinous mass. If much water was used an opalescent neutral foamy emulsion was obtained, having a nauseating bitter taste and a pungent odor. When a steel knife was brought in contact with the secretion it immediately was covered with a bluish green discoloration.

Experiments on the eye of a dog or cat with a mixture of the secretion and eight per cent sodium chloride, produce an extreme contraction of the blood vessels so the conjunctiva became blanched due largely to the epinephrin and slightly to the digitalis-like body. When a solution of the pure secretion was given it first produced contraction of the smaller vessels followed very soon by a dilatation causing great irritation to the eye. An emulsion injected into the abdomen of a frog

produced a slowing down of the heart with a prolongation of the diastolic pause and an increase of the ventricular contractions, and finally a complete standstill of the heart in systole. When the emulsion was given per mouth very little effect was noted.

The articles closed by stating, "Now that science has begun to study the ancient remedy, toad skin, we may confidently expect further discoveries in this field, possibly with results of value for practical medicine. We have named the digitalis-like substance, Bufagin, of which we believe the venom contains about 36 per cent.

Again we are confronted with our lethargy. Since 1860 we have known the great possibilities of this remedy and what has been done? Had we but entered upon active work in trying to cure epilepsy, today we might have been the aggressive workers in forming institutions for this class of unfortunates and the laurels of scientific medicine have fallen upon our school instead of upon the powers that be. Opportunities come but once in a lifetime, it is said, and if they are not accepted they seek more willing agents. Have we lost all our opportunities? Can we not take some one line of needed work and all push forward to victory? What would Hahnemann's attitude be today if among us? How would he meet the present day methods, and what would be his line of procedure? One thing I believe he would insist upon—that we have our own state governing boards.

DISCUSSION.

John Hutchinson: I would like to ask Dr. Bloomington if there is not some possible confusion likely to arise in prescribing for a disease instead of for a patient. I believe there are records in our literature which show that our older men cured cases of epilepsy, but they never found a specific. We have no evidence that *Bufo* is a specific for epilepsy, nor are we expecting ever to have. Such an event would hardly have anything in common with the law of cure. I can see no possibility of advancing our cause by proclaiming to the world that we prescribe in that way. I am not questioning the

doctor's ability and soundness of principle, but it should never be thought that we prescribe for diseases instead of patients.

C. M. Boger: The history of the toad is quite interesting; the spawn of certain aborigines is used for the purpose of killing their enemies. In an interesting experience a few years ago, the patient was subject to violent ebullitions of the blood with a sensation as if the heart were swimming in blood. This symptom has been thrown out by Allen as unworthy of credence. One dose of *Bufo* cured completely.

E. A. Taylor: I cured one case of epilepsy with *Bufo*. The father of the patient died of paralysis; the patient was a little girl and was much frightened by a large dog; shortly after that she began to have epileptic fits. They occurred frequently; they came on always at night; when I would get there I would usually find her lying with eyes open, and with chewing motion of the mouth. The aura began in the left ankle. I gave her *Bufo* 30 and it cured her promptly; that was twelve years ago.

F. E. D. Bloomington: I did not intend to convey the idea and I did not say that we have specifics for diseases. Some remedies are more apt to be indicated in epilepsy than are other remedies, that is all that I meant when I said that *Bufo* will cure epilepsy.

SULPHURIC ACID.

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

Hahnemann proved sulphuric acid and says that it has cured affections characterized by "tension in the eyelids in the morning, shortsightedness, hardness of hearing, inguinal hernia, chronic looseness of the bowels, profuse menses, metrorrhagia, roughness in the throat, asthma, swelling of the feet, coldness of the feet."

It will be found useful in old people of exhausted vitality where there is great weakness out of all proportion to ailments. Old, debilitated, decrepit individuals with faltering

step and failing energy, whose powers of life are on the wane and whose chief complaint is weakness—"so weak they can scarcely wobble;" the fire of life is nearly exhausted, leaving only a faint and flickering flame.

A peculiar nervousness accompanies this great weakness, a nervousness and trembling which one would expect where there is so much debility; but, strange to say, it is chiefly, if not entirely, subjective. The patient will say they feel as if trembling all over. "And do you tremble?" we ask. "No, but I feel as if every nerve in my body was trembling." In a case seen by me recently the patient, a woman, said, "I feel as if all my internal parts were trembling." This sensation of trembling without actual trembling is perhaps the best known symptom of the remedy, and while it is a valuable characteristic which has been often verified in practice, there are a number of others equally useful and reliable. Notwithstanding the great weakness, nervousness and trembling, they must do everything in a hurry. A woman will complain of being very weak, nervous and trembling, yet whatever she undertakes she does in a great hurry. "Agitation, precipitation and impatience" expresses a condition often found when this remedy is needed. Many complaints are worse in the morning. Aggravation in the morning is a strong indication for this remedy. Cross and irritable, worse in the morning; ineffectual urging to stool, is a group of symptoms belonging to this remedy, but for which *nux vomica* is generally given. Weakness of the whole body, with sensation of trembling; there is a sensation of soreness, as if bruised over the whole body, and when we remember that it causes blue spots like ecchymoses, livid spots, yellow skin, scars turn blood-red or blue, etc., it is easy to understand its clinical application in the bad effects of mechanical injuries where such symptoms are frequently present. There is hemorrhage of black blood from all the outlets of the body, and it has been successfully used in purpura hemorrhagica, and in low forms of fever, especially yellow fever, when such hemorrhagic state was present. Hemorrhages from the lungs, stomach, bowels, kidneys, bladder, uterus, nose; epistaxis oozing of dark, thin blood—

worse from smelling coffee. Bloody expectoration, bloody urine, stool, etc., etc. A great hemorrhagic remedy. A general *sour* condition characterizes the patient, sour mentally and physically; sourness of secretions and excretions; sour eructations; sour vomiting; sour sweat; sour stool. "Raising of mucus so sour it sets the teeth on edge." Chronic heartburn; sour eructations; sour vomit, first water, then food. Little children smell sour in spite of frequent bathing. A negro woman said her baby smelled "as sour as swill," which puts it in language more expressive than elegant. There is great craving for liquor, especially brandy, and it is said to remove this craving. It is often indicated for the chronic effects of excessive drinking. Long after the initial stage of inebriation, with its big head and bad taste in the morning, irritability of fibre and function, for which *nux vomica* is so often the remedy, years after this comes the chronic stage of intemperance, and we behold the old drunkard whose tottering, trembling, feeble frame is all that is left to mark the mirth and merriment of many jags and jugs. If, now, he have sour vomiting in the morning, with great craving for liquor; can drink no water unless mixed with liquor, as it causes a disagreeable cold feeling in the stomach; is troubled with chronic heartburn and sour eructations, with a cold, relaxed feeling in the stomach, sulphuric acid is the remedy.

Great paleness of the face accompanies many conditions, and often it feels as if the white of an egg had dried on the face. The eyelids also have this sensation of stiffness and tension, especially in the morning, when it is difficult to open them. This sense of stiffness, tension and want of elasticity is found in other parts, notably the tongue, where it interferes with talking; also the larynx is painful and the parts feel deprived of elasticity, which interferes with talking. The knees are weak and the ankles may be so weak that walking is difficult or impossible. I once had a typhoid patient who made a good recovery, but complained of weakness of the knees. They would give way on walking. With this there was a strong desire for coition. Sulphuric acid cured him.

Cold sweat immediately after eating warm food is a strange

symptom, which should be remembered. Prolapse of the vagina may seem a common or unimportant symptom, but Lippe's Repertory mentions only six remedies having this, and it was one of a symptomatic tripod which lead to the cure of a long-standing and very obstinate case. Sulphuric acid has this.

Some years ago I was called to see a girl, nine years of age, who was suffering with membranous croup. The hoarseness, croupy cough, dyspnoea, pulse, temperature and entire morbid aspect presented a picture that is not pleasant to contemplate. Watching her awhile I observed that she would cough, then belch; after each cough belching. The face was very pale, pulse rapid and weak. I noticed a bottle of brandy on the table, inquired what it was for, and was told that the child craved brandy from the beginning of her illness, although she had never before wanted any liquor. Belching after the cough was the most important symptom, and this was supplemented by the morbid craving for brandy and the great pallor of the face. Sulphuric acid 200 cured this case.

During change of life in woman it is often needed for the flushes of heat with sweat associated with the subjective trembling. A patient of mine, a woman at the menopause, was suffering from an attack of bronchitis; complained of great weakness, cough and profuse expectoration, fever, accelerated pulse, etc., but nothing to distinguish her case from other cases of bronchitis. She complained of the perspiration, which was mostly on the upper part of the body. "Do you perspire all the time?" I asked. "Oh, no;" she answered; "as soon as I move a little it stops." Strange, was it not, that she should perspire less on exertion than during repose? Sulphuric acid cured her.

A sulphuric acid patient with some skin trouble will say that scratching does not relieve the itching, but changes its locality. It is a long and deep-acting remedy, corresponding to the depths of physical depravity.

DISCUSSION.

G. B. Stearns: I thank Dr. Taylor for that paper: I now

see that I have had two or three cases that should have had Sulphuric acid.

E. E. Case: These symptoms fit a case that I have been studying some time.

F. E. D. Bloomington: Dr. Taylor always gives a clear idea of the remedy he is talking about; always gives good reasons why it should be given.

John Hutchinson: Dr. Taylor's paper brings out the symptoms of *Hurry*, a feeling of not being able to do things quickly enough. This symptom is found prominently under *Lilium tigrinum*, *Argentum nitricum*, *Medorrhinum*, Sulphur, and other remedies, as well as under Sulphuric acid. This is an extremely valuable keynote in certain cases, and I, for one, should be glad to hear a word in respect to these comparisons in closing the discussion.

E. A. Taylor: That is only one symptom and to differentiate you must go into associated symptoms and that would imply what was said in the discussion of the previous paper. There is no trouble with the symptomatology; it is quite characteristic. If there is anything more to learn about a remedy than its symptoms I would like to know what it is. There is a difference between a vast number of symptoms and a group of symptoms: the grouping of symptoms is what stamps the master prescriber. It is an art and was one of Adolph Lippe's strong points. The grouping is what brings out the applicability of a remedy to a given case. But when we maintain that there is something else, something mystical in addition to the symptoms we are going directly against the teaching of the Organon.

REMEDIES USEFUL IN SCIATICA.

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

Sciatica, like any other condition accompanied by real pain, has won many laurels under Homœopathic medication. But in this disease, as in every other, to subdue the pain and restore the patient's activity, way ahead of schedule time, is an

affront to some observers. We are all familiar with that gracious little explanation of our therapeutic brilliancy, to wit the damning statement, that we had not "caught a Hare" at all. In other words, the patient of the quick recovery, did not have sciatica, complicated or uncomplicated.

Now before mentioning the remedies that may apply to cases of true sciatica, permit me to briefly point out to you a few of sciatica's pathological neighbors or near relatives.

In our role of Differential Diagnostician, it behooves us to ascertain whether the sciatica once suspected, and duly named, is primary or secondary to some disease of the pelvis or spinal cord. We should know the condition of the rectum, and if the patient is a woman, take into account the reflexes peculiar to her sex. We should be able to exclude pelvic tumors. Lumbago is another condition that should meet with intelligent elimination, in the exclusion process. Hip joint affections need not confuse us, because in such complaints we rarely, if ever, discover any tenderness along the course of the nerve, nor is there here found any sense of pain on moving the hip joint or when we press in the region of the trochanter. Pressure on the nerve trunks of the cauda equina, as a rule causes bi-lateral pain and disturbance of sensation and a double sciatica is rare. It will readily be seen that the severe lightning-like pains of tabies, need not confound our diagnosis of sciatica. Further we must pass over muscular pains in the hip or leg, or the effect of pressure of the foetus in pregnancy, when we seek to diagnose a true or primary sciatica. In a word, we must know that *sciatica* is a *neuritis of the sciatic nerve* or of its ends of origin. It is sometimes regarded as a functional neurosis. It occurs most frequently in adult males. General rheumatism, gout or diabetes may be an accompaniment. Attacks are often induced by exposure to cold, particularly after heavy muscular exertion, or a severe wetting. Sciatica may also follow direct injury or be a feature, by extension, of any disease of the pelvis.

The pathologist tells us that the nerve is red and swollen, in brief, an interstitial neuritis. The patient tells us that

the pain is constant, of a gnawing burning character, and though beginning in one spot or spots, soon extends along the whole nerve. Moreover, as an aid to diagnosis, we will discover that if the leg is extended, and the thigh at the same time flexed upon the abdomen, a patient suffering from Sciatica, will *invariably admit* that he feels a *sharp pain* at the *sciatic notch*.

In directing your attention to the following remedies, I must explain that I have purposely gone forth into the byways and hedges of Materia Medica, and gathered rather a motley crew of "Unusuals" to present to you. To come before this Association, with a list of the old veteran remedies, is like carrying "coals to Newcastle." Granting that the polycrests may serve you nine times out of ten, the tenth call is worthy of study, and just here we will proceed to take up a possible tenth case.

It is not in the least likely that Carboneum oxygenisatum or Carbonus oxide, would ever occur to us as being a remedy useful in the treatment of sciatica, but investigation of its symptomatology, reveals a very particular picture of sciatica. The pain which draws your attention to this disease, is shooting in the right nates, runs down the sciatic nerve to the foot, and is *not increased by movement or pressure*. The patient has an intense headache with throbbing in the temporal arteries. The jaws are firmly fixed. The sphincter muscles paralyzed. If sleep occurs, it is deep and prolonged or interrupted by cramps in the chest and toes. The effects of Carboneum have been noted in persons poisoned by the gas. It produces a state similar to alcoholic intoxication, though differing in the degree of its action. In advanced cases of Diabetes, it may be a most useful remedy, when we find this peculiar sciatic nerve complication.

Carboneum sulphuratum is another drug to study in its relation to sciatic troubles. This remedy was first brought to notice by observing its action on laborers in rubber works. It has a special affinity for the lymphatic system. In the patient subject to rheumatism or arthritic affections, we may find some very marked errors of vision, myopia, asthenopia,

achromatopsia, dyschromatopsia, cloudiness and atrophy of optic disc, central scotoma for light and colors, retinal congestion, arteries and veins tortuous, veins distended, arteries contracted. Everything in a fog, reads the text, as if a spider's web covered red and green objects. Carboneum sulph. has a near relative in Carbo. veg. in gastric and abdominal complaints. When we touch the Carboneum rheumatism of the lower extremities, we note that the *slightest motion brings on a violent pain, particularly in the hip and knees*. The attacks are of short duration, but return at regular intervals. You will find Carboneum sulph. useful in cases of *inflammatory sciatica in the left thigh, induced perhaps, by taking cold*. The patient is quite unable to walk. There may be cramps in the calves and toes, or pimples which form scabs in the popliteal space, and on the dorsum of the foot and hand. This Carboneum patient will remind you of Sulphur in his skin troubles, and perhaps in a periodically returning diarrhœa. One peculiar symptom marks Carboneum sulph. The patient will describe a sensation of *weight between the scapulae, compelling him to bend forward*. There may also be a throbbing in the dorsal spine, as if a heart was beating there.

In adding Carduus marianus to our list, we touch upon a remedy which has cured many liver and spleen complaints. If you discover a case of muscular rheumatism dependent upon or intertwined with a liver trouble, think of Carduus mar. The liver is transversely enlarged here. Under Chel. the enlargement is vertical. This is a nice point of differentiation.

Mentally as you might expect, the Carduus patient is pre-eminently joyless and apathetic. He has lost interest in everything. He is chilly on awakening at night, has cold knees, and his head is sensitive to draughts. If sciatica complicates and increases his misery, the pains are drawing, stitching, radiating. The hip joint pain goes through to the buttocks. Rising from a sitting position is extremely difficult. You realize that the liver is the prime mover in this exhibition, the clay-colored stools attest its torpor, but Carduus, mar.

in establishing harmony in this organ, will incidentally bear off your sciatica.

Another remedy to be considered in these liver reflexes, is Carlsbad of obesity and diabetic fame. The recorded symptoms are chiefly clinical. General weakness and prostration seem to run through the symptomatology, often to the point of muscular incoordination. The brain action is sluggish; the patient is too tired and dejected to think, too weak to talk. The action of each internal organ is slowed down; must make a pronounced effort to pass stool, and urine. When joints are involved, there is a cracking, and crawling in the parts. The pains are tearing, sticking, burning, or in dull shocks or jerks. The arm grows stiff and heavy after writing. The finger tips feel cold and go to sleep. A patient of over flesh, will show a varicosity of the superficial veins of the lower limbs. He will complain of a general anxious feeling that the blood in his arteries will stagnate. Every vital function is retarded. You own to a desire to therapeutically whip things up a bit. Should such an individual acquire sciatica, he will shrink down in bed and groan. Carlsbad is worth thinking of in this relation.

Another remedy, little used, *Cervus* the Brazilian deer hide, closely follows *Carbo. animalis*, in its sphere of action. The leg on which the patient lies, grows numb. The pain is left sided, first in the left buttock, then in the thigh. The patient complains of a coppery taste, with heat in the throat, or he may describe a bad taste in his mouth, like doughy bread.

Cinnabaris owns a peculiar type of sciatica, evidenced by the drawing aching pain in the thigh, extending from the hip joint down to the condyles, worse at night, of course, because *Cinnabaris* is a syphilitic remedy. This pain becomes a twitching, as the patient tries to sleep. His feet are cold day and night, and he will explain that his left leg feels shorter than his right, when he walks. Also walking produces a profuse offensive sweat between the thighs. *Cinnabaris* affects the constitution profoundly, for it dips deeply into the tissues, and has many symptoms of chronic disease.

Elaterium we will find a valuable ally in the treatment of

neuralgiac pains involving the *whole right side of the body, from the temple to the foot*. The neuralgia, the pain of which is tearing, gnawing, shooting, cramping, may range itself in a variety of regions, chest, bowels, sciatic nerve, or even operate and end in an abscess. I have had excellent results from Elaterium in two cases of diarrhoea and severe cutting pains in the abdomen after operations for gangrenous appendix. Evidently the abdomen is a favorite site of Elaterium's action. Attacks of paroxysmal sciatica may well come within its radius.

If you have a case of ciliary neuralgia, facial neuralgia, sciatica, or inflammatory rheumatism with symptoms of gastritis think of Gaultheria. The peculiar symptom which may lead to its employment is an *inordinate uncontrollable appetite for food, notwithstanding the vomiting of all food and water taken*.

Guaiacum has an especial affinity for muscular tissue. It produces rheumatism and arthritic pains, contractions of the limb, stiffness and immobility. The joints may be swollen painful, and *intollerant of pressure or heat*. If the bone becomes carious, and spongy, the patient will not bear the slightest touch. Your Guaiacum sciatica case is weak, and indolent. He dreads to move, and he will not let you touch him. Everything about him seems too tight. His tendons show a tendency to contract, and he is painfully stiff. He has a pricking sensation in the nates as if sitting on needles. He feels that the muscles of his thighs are too short. If he tries to walk, tearing, drawing, lancinating pains occur in his leg down to his knee, with violent stitches from outside of right calf to his ankle.

Guaiacum, also, has a tendency to promote suppuration. I always think of Guaiacum in cases of quinsy.

Gnaphalium, the common "life everlasting," has intense pain following the larger ramifications of the sciatic nerve. Occasionally the pain is succeeded by numbness, interfering very materially with exercise. Colicky pains occur in various parts of the abdomen. Pain in the kidneys, and prostate gland, with a *sensation of fullness and tension in the bladder*,

just after passing urine may suggest Gnaphalium to you. Dr. Cate writes, of a case of sciatica. "Pains dull or darting or cutting from right hip joint, posteriorly down to foot, worse on lying down, motion, and stepping, better sitting in chair. After many remedies had been taken, Gnaphalium relieved."

Hydrophobinum is another Remedy to study in attacks of sciatica in an intensely nervous subject. We all know the peculiar points of Hydrophobinum, the effect of running water, the spasms of the throat on attempting to drink, the aggravation from carriage riding, the distress from the heat of the sun, the continued sensation of trembling throughout the body. If sciatica be present, you will have a pressive pain in the right hip bone, which extends to the middle of the sacral bone; or along the left of the sciatic nerve may be dull pain *returning periodically*, worse when rising from a sitting position.

The marked symptoms of brachial and sciatic neuralgia under Indigo, have this modality, *pains come on and are greatly aggravated while sitting*, and are *relieved by moving* about. All Indigo patients are also *worse after eating*, and after the evening meal, Indigo may modify some cases of epilepsy, when the attacks are precipitated by cold or fright, and when they appear to originate in the solar plexus *mentally there is great melancholia*, or a *furious excitability* before an attack, *with mildness and timidity of disposition* after the seizure.

Iris versicolor may be indicated in sciatica when the patient complains that the pain in the left hip is as if the joint was *being wrenched*. Dr. Wesselhoeft speaks particularly of this symptom and adds that the pain and lameness extends to the popliteal space. Iris is a great remedy for a certain type of indigestion. Everything in the *stomach seems to turn to vinegar*. In threatening rheumatic fever, even the *sweat smells strongly of vinegar*. The Iris sick headache, of gastric or hepatic origin, is very familiar, and I need not outline its symptoms.

As Kali phos. is typically a pain remedy, we would certainly expect to find that it holds a place in sciatica. Nervous

exhaustion from *excessive pain*, is a key-note of *Kali phos.* The pains come in paroxysms also, with subsequent exhaustion. Cold air is an aggravation. There may be paralytic or rheumatic lameness, with stiffness of the limb after rest. If you can persuade your patient to apply heat and move *about a bit*, he will perceive that his leg is not yet paralyzed. His brain is tired, perhaps, from over work, his spirits are low, and his memory impaired; a bad subject for violent pain to descend upon. *Kali phos.* works wonders in this disordered mental state.

Oenanthe crocata, another drug which has won some renown in the treatment of epilepsy, may be useful in sciatica, when the pain runs along the tract of the sciatic and crural nerves, commencing in the spinal column. Distressing cramps in the calves of the legs forces the victim to stretch them straight out for relief. *All symptoms are worse after drinking water.* There is a burning dryness in the throat. Obstinate constipation. Further, the patient may tell of a chilly feeling all over the body.

Under *Palladium* we have a characteristic *neuralgia*, which jumps all over the body. A nipping pain may start in the right thumb, then appear in the fore finger, then in the right temple, and if the distress attacks the ovary, it is relieved by pressure, and so pronounced is the relief thus obtained, that the patient urges someone to sit on her right side. If the sciatic nerve is involved there is a sensation when walking that the head of the femur is forced out. *Palladium* is complimentary to *Platina*, and is chiefly differentiated from that remedy by the mental symptoms. A few of the mental peculiarities read—as if she had grown much taller, as if something horrible would happen, as if she could not touch anything, as if a crumb had lodged in her throat.

Another remedy, *Polygonum*, the "smart weed" which has analogues in *Rheum* and *Ruta*, may be exhibited in sciatica, when the pain is of a pulsating character. One patient described her sensations as flashing in shocks, or further likened them to the aurora borealis. The legs and feet sweat, and attacks of diarrhoea and dysuria are concomitant. He

feels as if the whole intestine were liquid, as if the hips were drawn together. All symptoms are worse in cold, damp weather.

Pyrus americana, the Mountain Ash, is a disturber of the emotional balance. It has an affinity for the patient suffering from irregularities, who sees visions and claims to be clairvoyant. She has a host of queer sensations. Pain whether in the uterus or bladder, is *labor-like*. In sciatica, she will assure you that she feels as if her legs *were drawn up, and she knows she never will be able to straighten them* out again. Her knees feel swollen and the patella is on too tight. She imagines that her stomach is dry and wrinkled, or as if it were on fire at the pyloric end. Every sensation is intensified with a brain abnormally active.

Saccharum lactis has an awful pain extending along the whole trunk of the sciatic nerve. The gluteal muscles are exquisitely *sensitive to pressure*. There may be pain like gout in the right big toe, so severe that the contact of a shoe is unbearable. The balls of the feet are covered with *painful little corns*.

If you chance upon a case of sciatica with pronounced kidney involvement think of *Solidago*, the "Goldenrod." Any disease in fact, where *elimination by the kidneys is defective*, throws out a line for this remedy. There is pain and *tenderness in the region of the kidneys*, which pain *extends to the abdomen and bladder*, and even *courses down the limbs*. The urine is dark, red, brown, scanty, thick, and voided with difficulty, but chiefly characteristic is the *sensitiveness of the kidneys to pressure*.

Should you encounter a case of sciatica with marked edema of the ankle, think of *Strontium carb.* Gouty patients who are prone to angina symptoms suggest this drug. They complain of coldness in spots in the legs. It is prominently a right sided remedy. There may be paralytic drawing in the limbs, with swelling and caries of the femur, or jerking and tearing in the legs, feet, toes, and especially in the joints.

Thrombidium should receive attention in sciatica, when

you have first thought of Rhus tox. and failed. The pain in the nerve is worse on first rising from a sitting position, but wears off after taking a few steps. The key note of Thrombidium is the pronounced *aggravation from eating and drinking*. Thromb. also cures tarsal tumors, that are red, raw and itching. I have cured four cases after Pul. and Staph. failed me.

Teplitz, a mineral water found in Bohemia, produces a type of Gout, in the symptoms of which appear some well known ear marks of Nat. carb. and Nat. mur. The hip joints are stiff, with tearing shooting pains, and there is such tension in the *tendo Achilles* that the patient finds it *difficult to put his heel to the ground*. The symptoms of Teplitz are all worse at night, especially the bone pains. Drinking *cold water relieves the burning in the stomach*. The tearfulness, low spirits, and irritability will remind you of Nat. mur.

In an intensely nervous subject, sciatica may find a curative remedy in Valeriana. This drug is literally one of tempest and sunshine. The whole gamut of hysterical manifestations plays up and down its emotional scale. You may mistake it for Pul. till you cross your patient then you will be treated to an exhibition of temper, quite foreign to the Pul. temperament. **The pains in the hip and thigh under Val. are intolerable while standing.** The sensations are described as being violent, drawing, darting, jerking, and appear suddenly when sitting. One patient found that if she kept the foot of the affected side on a chair, she could continue her work. Val., as is well known, and highly appreciated by our friends of the other school, calms the nervous system of a pain ridden subject, abates the excitement of the circulation, removes wakefulness, and induces sensations of quietness and repose; in a word, if it is homœopathic to the case, no more effectual sedative **can be found in the whole range of Materia Medica.**

Dr. Huber has given us a proving of Viscus album, the Mistletoe. It embraces many symptoms similar to Aconite, Bry., Pul., Rhodo., Rhus. tox. and Spig. You may find it indicated in neuralgias of gouty or rheumatic origin, where

the pains are tearing in character. A great aggravation is *the north wind or northwest wind like Rhus. or Rhod.* The sciatica of Vis. album plays around the right thigh at the back. *No distress is present when the patient is at rest, except when warm in bed.* Mentally she fears that she will go out of her mind, especially if the nerve involvement occurs at the climateric.

Xanthoxylum, the Prickly Ash, has a sciatica in women of spare habit and of a delicate nervous temperament. Women subject to ovarian neuralgia, the sciatica being an extension pain, so to speak. The menstrual function plays a prominent part; here Xanth. may be valuable in stubborn cases of dysmenorrhœa of the neuralgiac type, when the pain is agonizing, driving the woman distracted.

I recognize that the foregoing are merely hints, but they say a hint to the wise is sufficient. The old and tried remedies as we study them deeply, seem to cover every sort and shade of physical and mental suffering, but only too frequently cases of sickness fail to recover. May this not at times signify that we need to occasionally *hang a few new tools among the old*? Truly we must never allow the old therapeutic standbys to grow rusty, for rightly handled, the precision and accuracy of their healing work will never deteriorate with the passing of the changing years; but these little used and talked of implements may have a twist or two in their make-up that will fit a case untouched before. Perhaps the therapist of the age on ahead, may find their value incalculable.

DISCUSSION.

Harvey Farrington: This is an excellent paper and although it purports to be on sciatica, it makes a good lecture on materia medica, because the writer did not confine himself to symptoms of the sciatic nerve.

In regard to Carduus marianus,—we all know what a marked affinity it has for the liver and how complaints that are associated with liver troubles may need this remedy. I have never given it in sciatica but I saw it produce a wonder-

ful result once in appendicitis where I was called in consultation. Objectively there was considerable swelling in the region of the appendix and also swelling over the gall bladder; with dull pain under the scapulae, constipation and a few other symptoms that escape me. I suggested *Carduus marianus*; under the 45 M the patient seemed to be progressing nicely but the doctor in charge was not quite satisfied and to make sure that everything was right called Dr. C. E. Sayre of Chicago. He examined the patient and said that the appendix was doing very well but that the gall bladder might have to be operated upon. The patient made a good recovery. The *Carduus* removed the majority of the symptoms leaving only a few which were cured by Sulphur. Complaints associated with liver troubles is a leading characteristic. Another remedy mentioned which is a little out of the ordinary was Carlsbad salt. Some time ago a young fellow came to me with a history of suppressed gonorrhea and rheumatism. The bones in the back of his neck were affected, also the shoulders, the calves of the legs and the feet. I took his case as carefully as I could but did not seem to come to strike the right remedy. Gradually he gave me additional information: burning in eyes, face, burning in the feet, especially in the heels which was worse after walking. He was greatly relieved by Carlsbad 30th.

W. S. Hatfield: I like the second paper rather better than the first. I have had a little experience with this trouble of a personal nature. I was affected with pain in the left leg, around the hip running down to lower leg. It would come on me like a lightning flash in a clear sky and hampered my movements very much; I could not have gotten out of the way of a car on the streets. I took *Rhus. tox.* but it did no good. Looking more closely into the symptoms with the aid of the repertory I found the remedy to be *Sepia*, on the taking of which it rapidly disappeared.

G. B. Stearns: I cured one case of sciatica with *Kali bichromicum*, a remedy not mentioned in the paper. The pains were narrow and half an inch long—a fine long pain. There was also a three o'clock in the morning aggravation.

MODERN MIRACLES OR HOMOEOPATHIC
VERIFICATIONS.

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

Dr. Steinrauf of St. Charles, Mo., cured a case for me of dropsy of the pericardium with *Cactus grand* D. M. M. potency. The patient had that "Iron hand upon the heart." He slept days only, and in an upright position. At night he walked in front of his house forty miles a night, he said. When I took him one night to St. Charles, allopathic physicians that had treated the case, laughed to think I did not know any better than to think such a case could be helped, but that man has put in fifteen years of hard work since then. He still needs an occasional "course" of *Cactus grand*. The disappearance of a "Cauliflower excrescence, bleeding easily and offensive" half as large as one's fist, taking up the cervix uteri into it, under the administration of *Thuja*, was a miracle.

A case came to me after many prescriptions by a so-called Homœopathic physician. Not until he was dead, did she turn to me. She was lame in both feet. They were so tender that she limped every step. Her hands also were tender. *Medor m.* was given. A prescription or two by mail of the same was sent. A few months later she came into my office, walking as well as any one and said "My feet don't hurt me now, and I can slap the children around again, and I can see your face." I asked her what she meant by that last remark. She said, "When I was here before, I could only see that there was a man there." While that is a reflection on me, not to have discovered this blindness, yet it adds to the miracle, and shows that prescriptions made on a few symptoms sometimes cover the totality.

Graph. cured a patient suffering with "a boiling burning" in the stomach, to use the patient's language. We have to translate into the language of our *materia medica* often.

A case of *pruritus vulvæ* that made the patient almost frantic, came to me last month. She could not sleep at night for the itching and burning till she was nearly worn out with

it. The case is of interest, because of the failure of her Homœopathic physician of Englewood, N. J., to relieve. An allopathic physician in Tenaflly had said to her "Strong enough medicine to cure it cannot be given as it would injure other parts." A physician in New York City, told her that it was incurable. It makes it seem more like a miracle to the laity, when one comes from other physicians. Had she come in the first place and been cured as quickly as she was cured, she might not have believed the medicine did it, but coming after these eastern physicians, she wanted me to go to Philadelphia to treat her son. I gave her the names of W. R. Powel, of Philadelphia, and of Dr. John Hutchinson of New York City. The miracle working remedy in her case was Kreos., five powders of the two hundredth potency, three hours apart and sac lac. In a few days, she rang me up, and said "Dr. I believe I have found my affinity." I had told her that it was nonsense to say that medicine strong enough to cure, could not be given, as it would injure other parts of the system. That I had recently learned a new word to use, the word "affinity." That we must find a remedy that had an affinity for the part affected in the way in which it was affected, and that it then could be used in doses that would not, could not, injure any other part or organ. Soon, she was sleeping all night. May 12th, last month, she was ready to start back to her home in the east. When she paid my charge of \$5.00 for that trouble, she said she had never received so much for so little money.

Oct. 5, 1912, a baby two years old was brought to me from another town. It had five swollen and inflamed joints if you let the back of the neck and shoulders go in as one joint. The baby was swollen there like rachitis, setting the neck and head till they could not be turned without turning the whole body. The thumb on the left hand was swollen as large as four thumbs and its three joints so imflamed and painful that the baby would scream with pain and anger and face would flush red with anger if you but touched it. The right knee was in the same condition.

The baby was born with patches of eczema on it and by the

time it was two years old the eczema covered the baby. The family physician had his eye on that eczema and now thought the child able to stand a cure? Stuff was daubed on and the eczema "cured" and then these joints. Then the parents were told that the baby could not live. They said they would take her to the homœopath. Then they listened to ridicule heaped upon us, but as they were determined to bring the baby to me, their doctor said "If he could cure that child he could go out to the cemetery and dig up the dead and bring them to life." Isn't that a miracle?

Then they took the child to another allopathic physician of some note. This one said "Medicine can never cure that child. Too many joints. Take it to St. Louis and have the bones scraped."

The child was brought to me. I told them that the eczema was the curative attempt, and the baby should have been helped instead of killed. That this inflammation of the joints was a second curative attempt, and I gave medicine accordingly, with the result that I added two more inflamed and swollen joints, the ankles, to the case, and made the others much worse, and the baby better, and later the joints also better.

When I next saw the baby Dec. 6, 1912, it could turn its head without turning the body. The inflammation was nearly gone from the joints, and it was creeping about the floor, the first time it was ever able to creep.

It was no longer angry when touched. The swellings were much reduced in the back and nape of the neck but not anywhere else, though pain and inflammation was out of the swellings.

Feb. 14, 1913 I received the following letter:

"**The baby's bowels and kidneys** are in good condition. She is still crawling. She sits upon her knees and plays for a long time. She stands on her swollen knee as much as on her well one. She tries to stand up by a chair and bed. She can't straighten her little knee out yet, but I think she is doing fine. She rests better now than she did before getting this last medicine." (Tub. bov. c. c.)

In the ordinary run of our cases, the majority of those that are looking on, give us no credit for our miracles. In the fall of 1910, we had an epidemic of typhoid fever in Mexico, Mo. The allopathic physicians lost five cases, and had many hemorrhages and many protracted near death cases. There were no deaths nor hemorrhages in the half dozen that fell to my lot, yet one of my patients was told this month that he would have died but for the nurse. An epidemic of whooping cough with three deaths this spring, brought to my mind that there had not been an epidemic of whooping cough in the twenty-five years of my practice there, in which there was not at least three deaths, and not one of them mine. Still, the people go to the allopaths to treat their children when they have whooping cough or typhoid fever, and say "God took them," when they die. If people try anything else, while taking our treatment, they will give that the credit. A mother brought a child that the allopaths could not cure of chills and fever. A prescription was made, and sometime later she came in to pay the bill. "Did the child chill any more?" "No, but it was not your medicine that cured him." "What was it?" "He tied a string to a bush and ran away from it without looking back." Natrum sulphuricum was keeping a patient from attacks of gall stone colic after years of morphine every few weeks when I was informed that "body-tone" did it. Some can not believe even when nothing else has been tried. They were about to get better anyway, or the weather changed. This Spring two men came into my office, each having rheumatism, one a case of sciatic rheumatism, better on motion, a typical *Rhus. tox.* case. Three or four powders of the two hundredth potency were given three or four hours apart and a box of *sac lac*. He was cured so soon that he does not believe the medicine did it. The other man had arthritic rheumatism. He put hot feet out from under the covers at night. They both thought they were alike, and would have believed the doctor that said to his patient "There are only seven remedies for rheumatism and you have had all seven, your case is incurable." A few powders of Sulphur CC cured this man so quickly that he does not believe it either.

On Jan. 17th, 1913, a man with a *Staphisagria sacrum* was quickly relieved. In the same week he brought me another, whom he had told that his back was better than it had been for twenty years. This proved to be a *Colchicum* case, and he brought in a lumbago case, a *Rhus. tox* case. All were helped, three miracles. April 30th, 1913, the first of these three came back, saying that he had suffered so much for the past month that he would have to quit work. I looked up his record, and asked why he had not returned sooner. He said because nothing would do him any good. Over twenty years with this back, and never had found anything that helped him. I asked if he remembered those two men last January, and his own case then, he said "You did not give me enough medicine to do me any good, yes I was better, but that amount of medicine would never cure anybody." Medicine was given again. Four days later, I met him with his painting clothes on, going to his work. He said, "I will just have to admit that there is something in those little powders." His is an incurable case, I think.

A *Bryonia colic* was relieved so quickly that the patient said "Doctor you have come too late, **I am already better,**" nor would he believe the medicine did it. *Nux vomica* relieved another. Next time she called an allopathic physician, and received an injection of morphine. She don't know the difference. She has had many attacks since then under her allopathic family physician, and likes him well.

The verdict of the people often is, that the Doctor, whose patients recover quickly, gets the easy cases. Of necessity, Hahnemann had to appeal to the people. When the physicians who believe in Homœopathy shall be in the majority, we shall be able to speak with authority—the authority of the majority, and shall not have to listen to such words as these to me from an old school doctor. "If you people have such a walk over, why are you in such a contemptible minority? Then too, the following letter might not often need be written even about a Homœopathic patient. I had had occasion to send one of my patients to one of our best prescribers. Later that patient took his father, an old patron of mine, to this physician.

Sometime after that, he handed me the following letter from this physician "Dear Sir:—I am sorry to say I can do nothing for your father. He cannot tell symptoms. He cannot wait on a remedy, He cannot be sure he is right and then go ahead. He is so unlike a homœopathic patient that I cannot break him in. I am too old to listen to his opinions. Let him work off his opinions on the old school doctors. Yours truly. Signature."

Had this letter been written about homœopathic physicians, myself included, I would say "Yes, that describes to-day, the great majority of our Homœopathic physicians." What physician can wait on a remedy as long as he should sometimes? Who can always be sure that he is right and then go ahead? How many physicians cannot be broken in, even by this great teacher of Homœopathy, but Oh! the hope there is in this letter! How it makes us look forward to the time when even our patients shall be broken in, never more to stray in the paths of sin from our divine homœopathy, with its miracle working power.

DISCUSSION.

Stuart Close: We have been instructed, interested and amused by this characteristic paper from Missouri. It strikes me that Dr. Winans has failed to comply with certain essential requirements in obtaining that kind of success that gives complete satisfaction, in that he did not charge or collect an adequate fee. I have learned by considerable experience that patients appreciate what is done for them in proportion to the amount that they have to pay for it. When I followed his custom of charging too little I heard a good many complaints. When I raised my prices to from ten to fifty dollars for a consultation and from three to five dollars for an office prescription, and assumed an independent attitude, I found that my patients appreciated what I was doing for them. I recommend a move like that to the essayist; he may not be able to get the prices I have mentioned, but he should at least charge enough to make them appreciate what is being done for them.

G. B. Stearns: We expect too much from patients: they

know nothing about the difficulties of curing; they call us in and expect to be cured as a matter of course.

H. B. Baker: I followed Dr. Close's plan or tried to and the patient immediately went to another physician.

E. O. Richberg: I can speak on this topic from the side of a patient rather than that of a doctor. I have heard patients talking and I have been a patient myself and I know that what Dr. Close says is true. Patients discuss with each other about the prices paid and if a doctor charges little, he loses caste compared with those who charge a good round price. High priced doctors excite interest.

P. E. Krichbaum: I had a case which verifies Dr. Close's position. A family came to my town and had their first child. It had ophthalmia neonatorum and that was cured. Later the baby came down with a severe case of eczema covering nearly the whole body. Having cured the eye trouble I felt sure of this family. But the mother-in-law, who was a suffragette among other things, came in and began to tell about a doctor who charged "dreadful high" fees. When I heard about it I told the mother if they suppressed eruption the baby will die sure. The baby was taken to a children's hospital where the eruption was treated and was dead in seven days. When you get no credit for what you are doing, what are you to do except to charge enough to make them think that you are the only one in the world? They have learned and they believe that suppression killed the child, but still they are going on with allopathic treatment. The late Dr. Butler treated a man for rheumatism. The man walked into his office some time after his treatment quite well, but said, "I do not think that your medicine did it. I ascribe the cure to my walking." "Well, then," said Dr. Butler, "keep right on walking, there is the door."

W. S. Hatfield: This discussion brings to mind many cases that have occurred in my experience. I remember a child three months old, that exhibited all the symptoms of meningitis. From the history of the case I learned that a few weeks before, an eruption had formed upon the head of the child, and the doctor who had attended the mother during the birth of the child was called and prescribed an ointment which

healed the eruption very soon, and almost immediately the trouble in the brain began.

At that time I was called. And on learning of the suppression, I explained to them what it meant. I gave Sulphur and the eruption reappeared and even became more extensive, but the child developed physically and is now a big red-faced boy.

Geo. G. Starkey: I would like to ask if there are not a good many cases of suppressed conditions, such as externally treated skin disease, that escape any visible bad results. It seems so to me although I may be wrong about it.

Dr. ———: I think that a good many of us lack tact in handling our cases. I have introduced Homœopathy into several towns in my time, where it was previously unknown, and if I had not used tact I would have starved to death. My method was to make them feel that they were taking something. One of my methods was to prepare a four ounce vial of alcohol and color it, and to add something harmless that would have a taste. I would give them that as a placebo and give them also the indicated remedy one dose a day. When I had my patient secured I could talk to them and tell them what I was doing. Dr. Hawkes used to approve of that when it was necessary.

W. S. Hatfield: I believe that we can handle our patients just as we educate them. You can do just as well with the little pills without coloring or adding anything to taste. I use No. five, No. thirty and No. forty pellets. I tell my patients several hundred remedies, every one different, yet they will all look alike and that I give them what they need. In regard to suppression, people can have suppressed diseases without suffering for a time; but it is sure to come out and make itself felt some time. I recall a woman who had suffered with an eruption that had been troubling her for years. She had tried ointments and internal medicine, but it would keep along about the same way. She came to me for treatment, and when I saw her, I told her I would use internal treatment only. Under the action of the internal medicine the eruption developed until the body was entirely covered with an eruption

or crust, except the palms of the hands and the soles of the feet and the dorsal surface of the fingers and toes. She was blind also on account of the crust over the eyelids. After several weeks this thick covering loosened and was cut into sheets with shears as it became detached. During the illness she was just like a wooden woman; unable to move at all. In the end she recovered and has given birth to two children since, and no trace of the eruption.

Harvey Farrington: I think that these suppressed cases are bound to pay the penalty sooner or later. Even years afterwards the evil results may become active. I was once called to see an old man suffering with asthma. Asthma is so often the result of repercussed scabies that when I get a case I usually ask: "When did you have the itch?" This man at first denied having had it, but finally recalled that he and his two brothers contracted some sort of an eruption forty years before while crossing the ocean in steerage. They were all "cured" with sulphur ointment. His brothers never seemed to suffer any ill-effects but he was sick more or less for a year, then was apparently in good health until this asthma came on. He had had it for seven years when I saw him. My remedies only palliated and he died of dilatation of the heart under the hands of some other physician.

Evelyn Hoehne: I have in mind a child about ten months old, who had suffered for some time with eczema of the face, and was brought to me for treatment. He had been under my care for a short time without any visible improvement as to eczema, although a few other symptoms had disappeared. They were about to move to a suburb, but wished me to continue the treatment. The remedy given at this time caused a decided aggravation of the skin symptoms, keeping both father and mother awake for two nights; when a physician living in the same house promised them a cure in a week or two, if they allowed him to take charge of the case—which they reported to me, informing me at the same time that they had decided upon the change. The parents were both young and inexperienced, the father being nineteen, the mother not quite seventeen. However, I had explained to them the

difference between allopathic suppression and homœopathic cure, and now warned them not to allow the use of outward applications. But the doctor, of course, insisted on his mode of treatment, and cured (?) the child within the stated time, using ointments, as a relative informed me (whom I met on the street). "His face is as smooth as mine," said she, "not a vestige of the skin trouble is apparent." I inquired if he seemed as well in all other respects, to which she replied, "As far as we can see and judge." Not many weeks after a telephone message informed me that the child had died suddenly with "brain fever"; "but it had nothing to do with the eczema," the informant added.

BRYONIA.

T. G. SLOAN, M. D., SOUTH MANCHESTER, CONN.

Headache. Woman 37. Frontal headache, very much aggravated by lying, heat and motion. Constriction across forehead. Eyes sore on motion of eyeballs. Sensation of lump in stomach. Thirst for large quantities of water. Usually her headaches last from twelve to eighteen hours.

Bryonia 1 M, one dose. Relief in one hour.

Stomach. A middle aged man went to the shore and ate too many clams. On his return home later he was suffering with constant nausea, occasional vomiting, sensation as of a lump in his stomach, and thirst for large quantities of cold water. His mouth was dry and bitter and his eyeballs were lame on turning them. All symptoms much aggravated by motion.

He received four doses of Bryonia 200 at two hourly intervals and the next day was practically well.

Diarrhoea. Woman of 30. Diarrhoea for eighteen hours, green watery stools, preceded by griping; tenesmus and burning in rectum after stools. Thirst for large quantities of water. Vertex headache. Symptoms worse on the slightest movement.

Bryonia 200, four doses one hour apart. No movements after the first dose.

Constipation. Stout woman of 46. Headaches about very two weeks beginning in the evening and lasting all night. Extend from forehead to occiput, at times unilateral. Sometimes relieved by heat, sometimes by cold, lying, quiet, alone, in the open air and by vomiting. Vertigo on turning the head. Urinates very freely during headache.

Asthma < early part of the night, > leaning forward, relieved by vomiting < cold wind.

Feet and legs hot in bed, > uncovering.

Has been very constipated with much ineffectual urging for many years, taking cathartics regularly, the stools being large, knotted and dry.

More or less constant pain in the left hip < lying on same side.

Jan. 20, 1912. Bry. 1 M. Feb. 2, Bry. 40 M. Feb. 19, bowels move daily. They have continued regular since.

This patient later received Sulphur, Carbo. veg. and Kali carb. which finally relieved all her troubles.

Bronchitis. A boy of 17 has had a cold in his head and chest for six weeks. Thick yellow bland nasal discharge, loose cough. < entering a warm room < lying, the first half of the night due to irritation under the sternum. The cough hurts the sides of his chest and is relieved by supporting the chest with his hands, and scratches under the sternum. Expectoration yellow and thick; to-night is blood streaked.

Physical examination negative, evening pulse 82, temperature sub-normal.

Bryonia 1 M. Cough practically gone in a week.

Pneumonia. This afternoon a very stout woman of forty, seven months pregnant, was seized with a sharp pain in her left side which was aggravated by coughing or motion. Screaming with pain, great thirst. No physical signs, pulse and temperature normal.

Bry. 200, one dose every hour.

Five hours later no relief and her temperature was 99°.

Bryonia C. M.

The next morning her temperature was 102°, her pulse 112, and her respiration 44. Bronchial voice and breathing over a small area on the left side posteriorly. Less pain, but rather stupid. In 24 hours her temperature was 98, pulse 92, respiration 32, less cough and no pain. The temperature remained normal and the patient made an uninterrupted recovery without a premature labor.

Grippe. A woman of 30 is sore all over, particularly her head, eyes, back and legs; worse any motion. Her eyes ache less if closed. Thirst for sips of water. No catarrhal symptoms. Temperature 100, pulse 84 at 10 P. M.

Bry. 1 M.

The next morning was free from pain, temperature and pulse normal, and was doing her housework. The average case of grippe under regular treatment lasts the greater part of a week.

DISCUSSION.

G. B. Stearns: I notice that thirst was a prominent symptom in those cases and that is usual with Bryonia; but in two or three cases that Bryonia cured, there was absolute thirstlessness.

E. A. Taylor: I had a case many years ago when I was a student in college of the same character. There were some students attending the college of pharmacy who boarded at the same house as I. One morning I was asked to see one of them. He had been having diarrhœa, starting early in the morning, and could not go to school on account of it. He had pain until he settled down to absolute quiet; dry mouth and yet thirstlessness. Bryonia has just that set of symptoms. He went on with his studies next day. Thirst is usual with Bryonia but thirstlessness may also be an indication.

Dr. Starcke: I notice that Bryonia has been declared dangerous in pneumonia and unreliable in other ways by the American Medical Association. It is wonderful how blind they are to the virtues of this useful drug.

SUNDRY THOUGHTS ON THE STUDY AND TEACHING OF MATERIA MEDICA.

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

Of all branches of medical study probably none has so bewildering an aspect when first introduced to the medical student as has *Materia Medica*.

He has a limited knowledge of general medical science, and is unable to grasp the practical significance of most drug phenomena as represented in a proving.

He is accustomed to think of individual drugs as being useful in certain diseases or conditions, and has only the vaguest idea of what the homœopathic relation between drug action and disease consists. When studying a proving, the symptoms caused by drugs appear as a mass of dry facts, but remotely attached to those things of human interest which aid the memory in retaining them.

The average student has not yet the mental equipment for studying a proving, and selecting from its mass of symptoms the essential characteristics of the drug. The multiplicity of symptoms confuses the mind. Even a physician trained in the study of *Materia Medica* has only a partial understanding of a drug until he has added clinical experience to the proving. A complete understanding includes the proving plus the accumulated verifications of all observers.

The student has neither the time, nor the training to enable him unaided to construct for himself a drug picture.

The function of the *Materia Medica* teacher is to so interpret the action of drugs that the student can in the easiest manner gain a comprehensive idea of the principal direction of action of each, and can remember the most prominent symptoms and modalities.

Without a knowledge of the general physiological reaction which a drug causes, a purely symptomatic knowledge leads to mechanical, and frequently inaccurate prescribing.

There is in each drug a single, predominant, definite character of action, which can be vividly expressed in a few descriptive words, and every symptom and modality is con-

sistent with this central action. A comprehension of this consistency helps to isolate each remedy from all others, and it adds a meaning to each symptom by showing its relation to all the other symptoms.

As each symptom can be traced back to a single trend of action, so can a knowledge of the direction of action of a drug lead by induction to many of its important symptoms.

It is this fact which allows the skillful prescriber to so put together and interpret the essential elements of a case that a successful prescription can be made, even though the condition and the identical symptoms from which the patient suffers have never been produced in a proving.

The best repertorial work is based on this principle. Much of our knowledge of drugs is purely symptomatic, and we are wont to express it in more tangible form than the words of symptomatology allow.

By endeavoring to comprehend and to put in descriptive terms the central action of each drug, both study and teaching are simplified, for it gives as an objective point,—one salient fact around which can be grouped in intelligible form all the modalities and symptoms.

Thus, in *Belladonna*, its central action can be characterized as acutely and violently congestive. It has a selective action on the brain. Consistent with this last fact it acts with less intensity on animals than on man. On some herbivorous animals it has no action.

Consistent with its type of congestion is the suddenness of onset, the bright shining color of its inflammation, its throbbing pains, its aggravation from holding the affected part down, and from jarring.

If *Belladonna* be studied in this way, every symptom from its violent delirium to its hot head and cold extremities will be more easily remembered by being associated with the real inherent attribute of the drug.

This also lays the foundation for rational prescribing, because if one is trained to observe the essential action of a drug, by the same process he learns to detect the trend of reaction in his patient.

The mind of the materialist seeks for the tangible manifestations of disease as a basis of his prescribing, and the above method of study gives him the *essential* pathological entity which is the point of convergence of his conception of disease, and his comprehension of cure.

It is the only method which gives a comprehensible meaning to the words which formulate a symptom.

Under the three remedies, Belladonna, Cactus and Arnica, the symptom hot head and cold extremities occur.

The *exterior* determining factor in the final selection of the suitable remedy is the degree of similarity between the remaining symptoms of the patient, and the symptoms caused by the different drugs.

The *essential* relation between the remedy and the disease is that the character of reaction which the drug causes coincides with the reaction which the organism is attempting.

Unless this last is a sentiment thought in the mind of the prescriber, the real significance of the symptom is frozen in the words that express it.

If the language with which the symptoms themselves are imbued is not understood, one gets only a ventriloquistic rebound of mechanical formulas, and if these do not correspond in letter to the symptoms recorded in the *Materia Medica*, the remedy which corresponds to the case can not be found.

The central action of all drugs is not easy to define, but careful study always brings out one predominant thought in connection with each.

Take for instance, *Nux vomica*: A person poisoned by this drug is thrown into intermittent, tetanic convulsions, which are excited by the least touch or sound, or even a slight draft of air.

Let us start with a picture in mind of such an individual, with the head and heels drawn back so that the victim is in the position of *opisthotonos*, and his facial muscles contracted into the hideous grin known as the *risus sardonicus*. A spasm has passed, and the sufferer is relaxing when a slight sound occurs, or he is lightly touched, or an odor reaches his nostrils,

and the convulsion returns in its full intensity. Over impressionability of the senses, and exaggerated response to external stimuli, enters the mind as descriptive of the action being observed.

With this as a starting point, every symptom of *Nux vomica* can be traced back to a common origin. The action on different parts of the body can almost be known by the art of deduction, for every function is disturbed exactly in accord with the direction of the general action.

Ignatia contains the same alkaloids, and its central action is the same only the impressionability is heightened, so that the mental irritability of *Nux vomica* is replaced by grief or hysteria in *Ignatia*.

Whereas in *Nux vomica* many of its symptoms are expressed as ineffectual effort, as in its vomiting and constipation, in *Ignatia* the ineffectual effort is replaced by contradictory symptoms. In both the patient is nervously wrought up, and on edge.

In present day medicine, the laboratory findings occupy the principal field of endeavor.

When one's mind is centered on gross tissue changes, the attention is prone to be diverted from the process which brings them about.

For the purpose of curing, the essential pathology is in the process, and not in the ultimate change.

Several years ago a case of pulmonary tuberculosis was cured with *Ignatia*.

The symptom which led to a study of the remedy was "the more the patient coughed, the more she had to." Concerning this case, the query has been made, how does the general action of *Ignatia* correspond to that of tuberculosis?

In gross pathological changes it does not, but in the individual who was being treated, the reaction of the patient was the same as the trend of action of *Ignatia*. A few months ago, a woman of 55 came to the office, suffering from a severe occipital headache, and stiff neck. *Gelsemium* palliated temporarily, but she soon got worse, so she could not lie down or sleep. Her blood pressure was found to register 175. Glon-

oin was given, but it only aggravated, and her blood pressure went up to 225.

The evidence of congestion suggested the Belladonna group, and the absence of both fever and redness of the face led to the selection of Hyoscyanus. Under the 200th in repeated doses, relief was prompt, and in a few days her blood pressure was down to 120 where it has remained.

In pure symptomatology other remedies came closer; but Hyoscyanus covered the essential characteristics of the case.

Dr. Kent in his *Materia Medica* illustrates in a brilliant manner the application of this principle in his lecture on *Veratrum alb.* "A farmer had a strange sensation when he drank water, as if it ran down the outside, and did not go down the oesophagus." "It was so marked that he asked his friends to see if it did not run down the outside."

Dr. Kent figured it out by analogy, and removed the symptom with *Veratrum alb.* 200.

Only one who has a superb understanding of the fundamental principles of drug action could grasp the significance of such a symptom, and select its counterpart from the *Materia Medica*. For the symptom has never been caused in a proving.

Last year, Dr. Taylor reported a case of pneumonia, which was very strikingly cured by *Ferrum phos.* He was led to consider it by the symptom, "mental activity without anxiety."

Through this symptom the character of congestion was manifested, essentially different though grossly similar to that caused by many other drugs. Fortunate is the patient who has for a physician one who has an accurate understanding of what is essential in such a critical time.

In studying remedies like *Sulphur*, *Lycopodium* and other antipsorics a central trend of action is not at first easy to discern; nor is this surprising when we remember that Hahnemann studied this class of remedies twelve years before he gave them to the world, and then he presented them associated with the idea of psora. If one is to understand them at all intimately, he must have a practically intelligible idea of what psora means, for the character of body reaction rep-

resented by psora is similar to that caused by this class of remedies.

DISCUSSION.

P. E. Krichbaum: Did you ever undertake to study *materia medica* and fall to sleep over it? If you did, then you have missed the point that Dr. Stearns has brought out how to study the *materia medica*. *Materia medica* is a very dry and prosy study if you go at it merely to memorize symptoms but by observing some such method as Dr. Stearns has pointed out, it becomes wonderfully interesting. I first take up the mental symptoms and then the tissues it affects: then I go over it several times. In that way I never get sleepy. It takes away sleep to get at the genius of a drug. To make the study interesting you must get into the spirit of the drug. It helps, to find out the central action. I enjoyed the paper very much.

W. S. Hatfield: Every remedy has a central point from which all the symptoms radiate. The main indication for *Ignatia*, for instance is the pent up grief and contradictory state of the nervous system. I once treated a patient whose boy had been killed on Saturday, but the body was not found until the following Wednesday. When I saw the mother first you would have thought that every breath would be her last. There was deep sighing respiration. She had not been able to shed a tear. I gave her a dose of *Ignatia* and I am sure that it was not three minutes until she burst into copious tears, with relief of the sighing breathing.

In another case of grief the remedy was *Veratrum album*. The patient had buried her husband that morning. The menstrual period was on at that time, and the priest came in and leaned over to console her when she grabbed him by the neck and it looked to me as if she tried to kiss him. The *Veratrum album* brought great relief to all the symptoms, as well as to the mental state.

A. P. Bowie: The writer very properly condemned Hughes' *Drug Pathogenesis*. It is a mighty poor book to place in the hands of students. If I had been limited to that

book as a student I would have given up Homœopathy long ago. To my mind Hempel's materia medica and Lippe's makes a great combination. The one supplements the other. Hempel gives a good general idea of the drug and Lippe fills in the particulars. Lippe is always reliable.

C. M. Boger: The question of how to study materia medica is an important one and a proper method is a great time saver. I wish that nine-tenths of the works on materia medica that I studied had been burned up before I ever saw them. The great trouble with students is that they get hold of the wrong books. Most of the minor materia medicas are emasculated. The Chronic Diseases of Hahnemann. The Materia Medica Pura and the Organon are the books worth serious study. In most works you will find an endless list of almost meaningless symptoms—just fillers. Unless a given symptom has a connection with some other symptom that leads you into the feeling of the patient it is only a filler. Dr. Stearns in his paper spoke of Bryonia; the Bryonia state is one of immobility and mental tenacity. The patient's ideas have that coloring and he does not like to move. Tenacity runs all through the Bryonia picture. When you begin to read its symptoms with that light it makes them very easy to remember. The Lycopodium patient's processes are becoming atonic and verge upon chronicity. If it is a pneumonia case it is moving toward tuberculosis. Many Lycopodium symptoms originate in the breaking down of cells. Until you get that idea you will fail to understand the remedy.

WHAT IS THE PRESENT STATUS OF THE HOMŒOPATHIC MATERIA MEDICA?

CAROLYN E. PUTNAM, M. D., KANSAS CITY, MO.

In contemplating the massive row of volumnes on our shelves known as "The Homœopathic Materia Medica," comprising as it does some twenty-six hundred remedies, shall we consider it as finished or unfinished, too great or too small?

If we were in the active days of *Materia Medica* building, what advisedly should be our first stroke?

Would it be wise to extend our research into new fields, adding important new remedies, or more advisable to perfect and complete those already introduced by partial proving?

Is our *Materia Medica* with its hundreds of remedies, a finished work, so to speak, or does it stand for, "only a beginning?"

If an unlimited inexhaustible propaganda fund were permanently at our disposal, what would be our first duty to the Homœopathic *Materia Medica*, development, or extension, or should it be elimination?

There are many who earnestly claim that all symptoms common to many drugs should be eliminated, and that only the characteristic symptoms of any remedy should be preserved.

Does not the greatest need for propagandistic measures lie along the line of tilling the soil of our *Materia Medica*?

True it is, that with the abundant symptomatology which the Homœopathic *Materia Medica* already records, we are enabled to do a great amount of important and masterly work in curing our cases, but the admonition of that "Great Master" of the art of healing, who handed down to us the foundation of a wonderful system of medicine, admonished his followers to *continue* the work of proving remedial agents, as a guide for which he had already laid a broad and extensive foundation.

In our early student days we learned of the wonders of the provings of the remedies as contained in the Homœopathic *Materia Medica*, with awe akin to reverence, ever looking forward to the time when we might be able to *witness* the *actual work of proving* as carried forward by the learned of our school.

But later we became aware of the fact that there *is no organized Board of Proving*, in charge of this all important work.

That *no organized* work of the kind whatsoever is being carried on, and that such a thing never has been since the time of the early provers.

That what is being accomplished along the line of original investigation, is individual rather than collective and hence very limited.

The writer believes that this very lack of organization is a disappointment to *every student of Homœopathic Materia Medica*. Had such organization existed, the work of Hering, and of Mure and Higgins along the line of the animal poisons would doubtless have been continued.

I believe it was Mure who expressed the opinion that extensive proving of the venoms of the animal kingdom would develop a therapy which would cover the *whole field* of therapeutics.

Had our work of proving been an organized reality, in all these years of omission, discoveries in this and other fields might have been made which would have enabled us to cope with such dread chronic diseases as are expressed in epilepsy, tuberculosis, diabetes and the like, with as grand results as we have attained in the cure of patients suffering from pneumonia, typhoid fever, and the innumerable diseases of childhood, where comparison of the results of homœopathic treatment, with those of other systems of medicine, is most conspicuous, placing Homœopathy ever prominently in the lead.

Why this stasis? Why have we come to such a standstill in the all important work of our provings?

While it is true that much splendid work has been accomplished along the lines of both compilation and proving, by a few men of genius who have worked singly and alone, yet, where has been the organized and concerted effort to elaborate and perfect that splendid *Materia Medica*, the foundation of which was left us as a heritage, by the master of over a century ago?

Would not propagandistic measures along the line of organized effort toward the development of our *Materia Medica*, have an unwavering tendency to dispel the possibility to homœopathy of dissolution, and a strong tendency to perpetuate the homœopathic school of medicine as a distinctive and classical school?

Had we kept pace with the masters, had we conserved our

resources to the purpose of more systematic work in developing our *Materia Medica*, and to the purpose of establishing in connection with such development, the clinical hospital for which Hahnemann saw the need, but which he found was all too impossible in those earlier days, yet for which he saw the greatest necessity?

Had we followed *his* trend in the establishment of such a hospital, could we not already, have been today in the field as the dominant school of medicine, vouchsafing to humanity that greatest of blessings since the beginning of time,—more perfect health,—or as Hahnemann had thought entire banishment of sickness?

A very small beginning made years ago must have attained to enormous proportions by this time.

Had we been more collectively and more systematically engaged with the resources at our command, might we not have been able many years ago, to have demonstrated to our brothers of the older school of medicine the law of Homœopathy?

Had we so fostered our resources as to have built up an active systematic, central clinic, in some one of our great cities, could we not have demonstrated to the "*Whole world*," beyond the possibility of doubt and prejudice the value of the homœopathic law?

And should we not, long ago, have demonstrated to ourselves even, the possibilities of the autogenous nosode, instead of giving those who have refused to investigate our law of cure an opportunity to step into our field and exceed our own investigation along the line of the nosode?

Hahnemann introduced the nosode in his proving of *Psorinum*. Others of our school have followed him in collecting records of the symptoms produced by *Medorrhinum*, *Syphillinum*, *Tuberculinum*, *Malendrinum* and a few more, but in this age of traveling facilities, with its consequent mingling of all nations of the earth and all races of men, who could gainsay that the consequent composite dyscrasia, with which all who are observers in the field of medicine

become familiar, may not be best dealt with, by means of the autogenous nosode?

The writer hopes that many who are present may have had experience with the autogenous nosode, and that we may hear from them of such experience. To any who have not put it to the test, I would most earnestly urge that no time be lost in investigating its possibilities. Its use is being most concisely investigated by many of our colleagues, some of these being members of the homœopathic and some of the regular school of medicine, under the guise of autotherapy. Could it correctly be called anything short of homœopathic therapy?

The autogenous nosode is usually referred to as an autogenous vaccine, and in the majority of instances it is the *diluted and filtered* disease-product, taken from the person's own lesion, to whom it is to be administered, and used as a vaccine; *i. e.*, it is hypodermatically injected into their healthy tissue.

A few members of the homœopathic school are getting glimpses of its use as prepared according to the preparation of nosodes in the homœopathic Pharmacopœia.

Impressed as we have been by that humanitarian principle of Hahnemann's, viz.:—"that the sick should never be experimented upon, we have ever hesitated to use any remedial agent whatsoever, without first proving it upon the healthy, and so we have been slow in awakening to the possibilities of the autogenous nosode. But the proving of this nosode is already accomplished in our patient. The symptoms of it are there and in evidence when we take the case, and the administration of it *must accomplish the cure, as far as the nosode is concerned*, in the disease of this patient. It may not be all that is called for in the case but it is surely a *part*.

The prompt curative results following the exhibition of the second centesimal trituration of the pus, in a case presenting phagadenic ulcers, has been of late most convincing proof to the writer, that the addition of the autogenous nosode to our armamentarium, may enable us to cure some of these cases

of mixed dyscrasia, rendered incurable by former drugging, or unfavorable environment.

The case referred to had been persistently recurrent since early childhood, in a man aged 60 years, appearing at different times on different parts of the body, sometimes on the legs, at others on the trunk and frequently on the face. Their last appearance, at the beginning of the exhibition of the autogenous nosode was as follows,—one on the trunk the size of a nickel, two on the right side of the forehead irregular in outline, with about the area of a dollar, which had been gradually developing for four or five months; one on left side of face, just anterior to the ear with a deep hole in front of the tragus as large as a navy bean. If kept dry they would form a hard exudate, which if not interfered with, would burrow down to the periostium, with intense burning, itching and stinging, if dressed with a moist dressing, thin pus would form, which would at times burst forth from underneath the dressing and stream down the face. One drop of this pus being triturated with ninety-nine parts of its bulk of sugar of milk, was prepared in the second and third potency, and to begin with a small dose of the second centesimal administered as required; *i. e.*, when improvement ceased, and this seemed to be every one, to two or three days, with the result of prompt improvement, and just about complete recovery of the ulcers in three weeks, with all the concomitant symptoms much better.

A prominent constitutional symptom which this case presented, was a bowel trouble, which was better or worse at times but always present in a greater or less degree for thirty years or more, with stools, sudden, griping, mushy, mucus, and followed by prostration which often amounted to faintness. The appetite was also much deranged with abnormal cravings and very slow digestion. These symptoms promptly disappeared under the autogenous nosode.

Some ten years ago I took charge of this patient and had him under my care for five years. I was then able to benefit him by carefully prescribing the remedies most similar to his case, and after several months of most careful prescribing, the

ulcers have many times gradually healed; but in the above mentioned instance they healed much more rapidly; *i. e.*, in about one-fourth the time with all constitutional symptoms markedly and permanently better.

No one could read but with greatest interest of the careful observations of Chas. A. Duncan, in the "New York Medical Journal." Surely the autogenous nosode bids fair to become to the more advanced members of the dominant school of medicine, "a stepping stone" to the truths of homœopathy. When these earnest investigators begin to look about for as remarkable means of curing the diseased conditions which lack expression in the definite nosode, then may not the homœopathic provings reveal to them another wonder? In the meantime why not more diligently till the soil of our *Materia Medica*?

P. S.—Dec. 22, 1913. As this goes to press I may add that my patient still holds his improvement.

After remaining healed for six months the ulcers rapidly broke down at their former sites, and although somewhat benefited for a time, refused to heal on administration of the "Nosode" as formerly. But after the exhibition of several doses of the 30th centesimal of Phyt., they developed the characteristic *itching*, and *burning like coals of fire*," of Ars. and after two doses of Ars. 2C and one dose of Ars. 40M, they healed in two weeks, the stomach and bowels having remained well for seven months, the *latter*, for the first time in thirty years.

DISCUSSION.

H. B. Baker: I am much interested in the autogenous nosode. Did you make it yourself?

C. E. Putnam. Yes. It was made by hand and the dilutions from it were made by hand. They were made with distilled water, according to the homœopathic formula.

H. B. Baker: I am much interested in the autogenous nosode in connection with a chronic ulcer of the ankle; I treated the patient but could get no results except an improvement in general health without helping the ulcer at all. Then

after two years I was called to see her again; the ulcer had developed, if anything.

I treated her with isotonic psalma for two months with a distinct cure. There are some chronic cases that I do not believe will ever be cured without the use of the isotonic psalma or the autogenous nosode. I am going to try those nosodes.

Harvey Farrington: The paper is a good one. The contention is that occasionally a makeshift may be used when we have failed in the ordinary treatment. Making use of such means is certainly a confession of our ignorance. When we fail, either the remedy has not been chosen in accordance with the symptoms or else we have no remedy proved that fits the case. More likely than not the remedy exists but we do not know enough to select it. But what can the vaccines do that our potentized remedies cannot do? They introduce into the circulation, the antibodies that are supposed to combat the poison of the disease. Now it has been proven by actual test that the homœopathic remedy raises the opsonic index and thus stimulates the production of these bodies from within, and what is interesting, the higher potencies more than the lower. Is it not far better to employ the means which stimulates the vital processes themselves than to resort to something artificial and not free from danger to the patient? Moreover, the autogenous vaccines are by no means as successful nor their technic so simple as current literature would lead us to suppose. I could fgive several instances of this, but one will suffice. In discussing a paper read before the last meeting of the Illinois State Homœopathic Society, a specialist in obstetrics and diseases of women told how he and some other physician had hunted nine days before they were able to isolate from the bodies the exact strain of bacteria required to cure a case of puerperal infection, the woman meanwhile running a temperature of from 104 to 106! Can we do better than that with the homœopathic remedy?

P. E. Krichbaum: I have never believed the vaccines to be homœopathic. I consider their action as chemical. They may start up a reaction and in that way do good. It is not

according to the homœopathic law nor according to the homœopathic art to prescribe them. If we prove them as we have Psorinum then we are standing upon firm ground.

Harry B. Baker: In conversation with Dr. Burrit I was informed that they make the vaccines at Ann Arbor and then potentize them to the 12th and that some men have given them by the mouth instead of hypodermically.

E. W. MacAdam: There is some confusion about vaccines and sera; a therapeutic serum is the result of the injection of some poisonous substance into an animal and the resultant production in the blood of the animal of an anti body or an antitoxin. When immunity has been induced in this way, blood is withdrawn and the serum (containing all its anti bodies) is separated and used to inject into the body of the sick. The vaccines are quite different; they are injected into the patient directly as a poisonous product so that he may produce his own antibodies. In the one case, the serum with its preformed immunizing bodies, is used. In the other the poison is injected directly and the patient is thereby compelled to produce his own antibodies.

Geo. G. Starkey: It seems to me that the introduction of these matters into the blood is a step backward towards the old school. It is considering a single aspect of the case, generally based on diagnosis and ignoring all the rest of the patient's symptoms. We do not know what we are doing to the patient in trying to establish in him,—by modifying the blood, an artificial immunity to a single phase of the disease. I have seen something (and read more) of the bad effects of these expedients to make me suspicious of the whole tribe. As I said to some of the boys at Hering college, I have all I can do to study and apply Homœopathy; then I know I am operating under a law, but to the other there seems to be no law.

W. S. Hatfield: I am not much of a bug chaser; and what I know of it, does not dispose me favorably towards the subject. In Cincinnati we have to take cultures of all cases of diphtheria or of suspected diphtheria and send them to the health officer. I have found that if I do not take the culture

until the second visit, after the indicated homœopathic remedy has been given, that the report is apt to be negative, but if the culture is taken at the first visit, it will show up as a true case of diphtheria.

E. A. Taylor: We seem to have arrived at a point, where we are not sure whether our materia medica is worth anything or not; if the vaccines are the proper treatment for disease, then we have arrived to where we can toss our materia medica out in the ash heap; if the vaccine is appropriate to one case, why not to all cases? Our materia medica is difficult of study and difficult of application, the vaccines are easy; all we have to do is to get some of the diseased product of the sick person and apply it in the form of a vaccine. It does not require any skill or thought to do that. If that is true there is no longer any use of study of the materia medica. As a matter of fact it is the rankest nonsense. The only safe, scientific way to understand and know the action of a remedy is to prove it on the healthy; there is no other way. Take a product of disease out of a patient and put it back again to cure disease? I do not believe a word of it. If we have failed to cure a medical case that is curable, it is simply because we have not administered the right remedy and the way out of the trouble is to make a closer study of our art, not to venture into the unknown without star or compass. The homœopathic materia medica cures as no other method has ever cured before and its truth and its power has been demonstrated for a century; if it seems to fail now the fault is our own, not the art or the materia medica. If it is true that vaccines are the true method of safe and easy cure then we all want it, but let us be very sure before we change that this year-old method is as good as the tried and tested mode of Homœopathy. This same problem came up years ago. Dr. Lippe had to fight isopathy and did fight it well.

J. F. Roemer: If we knew more about the cause of disease, we would succeed better with our materia medica. For instance Billings has discovered that there is pus somewhere in the body in every case of Arthritis deformans. If you have a case of Arthritis deformans there must be pus in

the tonsils or elsewhere in the body. He has been doing original research work for the last two years. He finds that when the disease is treated on that basis he gets better success than by any other method.

E. A. Taylor: Yes, Billings has been doing original research work and has found that all cases of rheumatism and some other affections make their entrance into the system through the tonsils and that hence the removal of the tonsils will prevent one from getting these diseases and then about the same time along comes Mackenzie of John's Hopkins with an article called the "Slaughter of the Tonsils" and shows what supreme folly it is to suppose that the tonsils should be removed in so many cases and there you have original research work in the so-called scientific school of medicine.

A. P. Bowie: The best way for us is to stick to the materia medica; no new fangled modes of treatment can come near the success that we have.

Carolyn E. Putnam: I have not experimented upon my patients; only where I was not able to cure them by the usual means I tried the methods spoken of and was greatly impressed with the remarkable results.

"TOTALITIES."

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

The phrase "Totality of symptoms" should be used not carelessly but with discretion because within that phrase is a meaning of intense significance. The common English term "Totality of symptoms" often indicates but a shadow of Hahnemann's momentous principle of individual expression signifying the individual remedy. It is the quality within the totality that reveals the changed personality and indicates the most similar remedy. When the totality has been boiled down to its utmost signification with useless material evaporated, it is the *personal* quality that remains to signify the similitum;

and the term given to that residue should be *personality of symptoms*.

To illustrate personality in contradistinction to totality I will cite a few practical incidents. During my early homœopathic days I attended a young Philippine veteran suffering with alcoholic mania. When nearing the house which was out in the country I saw him maneuvering around the fields with a peculiar and suspicious manner. He dodged from one bush to another; sometimes crawling rapidly, sometimes running, at one time in one direction, again in another, always appearing to be gauging the distance and tactics of an enemy while directing his own actions as if in defense of theirs and trying to effect some plan of his own at the same time. After a while I got near enough to talk to him and finally persuaded him to come with me into the house where we could talk better about the enemy. This he was reluctant to do. He said that he did not like that house; that there were some people around it whose actions he did not like. But we came in and I locked the door and put the key in my pocket. The women locked themselves and the children into a room. The men of the neighborhood had been unusually attentive to their own affairs since the sick man had gone on the warpath.

Instead of having an opportunity to study my patient more quietly I was compelled to do something quickly because the constraint made him wild. He became intensely excited, running from one side of the room to the other shouting that the soldiers were coming from all directions. His manner was raging, his countenance pale and wild, eyes brilliant and terrifying. He was trembling violently but with every tendon and muscle like wire and steel. He grabbed a stick of wood and rushed toward me yelling, "You are one of them!" I met him quickly and said, "Hold on! They are behind that door. You hold the door while I get things ready." He leaped against the door and held it with might and main at the same time beating it with his stick. I got some Lachesis 1m ready and by persistent suggestion that it was to keep him from being so excited and to keep his strength up, succeeded in getting it into his mouth. In a few minutes he became

more quiet, then suddenly was as furious as before. A dose of Lachesis 41m calmed him in about ten minutes so that he could sit in a chair, and in half an hour I left him asleep in bed under the guard of three doughty neighbor-men now valiant and bold, thinking that of course he was paralyzed with some powerful narcotic.

What folly to have fussed with the totality of symptoms with that fellow! I realized that I was dealing with a personality; and dealt him Lachesis.

I attended a heavy woman who sprained the deep muscles of the calf probably separating some attachments. The first effects were relieved with Rhus. But a month afterward these symptoms were present: Pulling pain in calf worse during storm; said she could not endure it. Sensation in the calf as of something alive turning. Depressed; uneasy; felt sure she would never be able to walk again.

There was no fever, no quick pulse, no flushed skin or excited circulation and these symptoms had been present more than a week. But whatever the totality could any homoeopathician have failed to see the Aconite personality if he looked for personality? The totality included the personality as it should; but it was personality of symptoms that indicated the remedy, so why say totality when we mean personality? The symptoms subsided that night and were gone the next morning. She resumed her normal personality.

But what about those records that do not have mental symptoms? Here is one: Condition—after pains. Flowed more during the pain; dark clots and fluid. Worse during motion. Worse when lactating. Ameliorated by pressure.

Asked why she lay with the lower extremities continually extended she said that the pains were not so bad in that position.

Here only one really peculiar symptom distinguished the personal change but that one indicated Dioscorea which cured.

Hahnemann wisely said that the totality is the only safe guide. But any collection of symptoms that does not distinguish the patient personally is not a true "totality" according to the meaning of Hahnemann. "Totality" as frequently

used in our literature is misleading. Totality in its literal sense is merely the moneybag that holds the symptomatic coin. It is best to get the bag full if possible, but it is quality that counts most at the inventory.

As to symptom matching, there is not much vital quality in the game of arranging the miasmatic and proving symptoms against each other like two little armies of tin soldiers. As much as possible an individual, distinguishable, recognizable, personal symptomatic entity should be focused on the mental retinæ of the would-be prescriber. Then the union of the metaphysical potentialities will be a useful one.

GUIDES TO THE REMEDY.

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

Key-notes? No. At least I do not think I could be called a key-note prescriber, and yet, the symptom, or group of symptoms, that lead to the selection of the right medicine for the *individual* case, is the key that unlocks the combination, sometimes most astonishingly. I still feel strongly, that a case published as cured by a certain remedy, or course of remedies, should have the indications that led to the choice plainly pointed out. Many say: "Look it up, study it for yourself," or as one of my brothers in medicine said: "*Know* your materia medica." *Who does?* Inquiry among my *confrères* for help to cover the symptoms in a given case, does not find them any more ready than I. It needs study; first hand study too.

Who has time among his own multifarious duties to study the other fellow's work, except when he needs help? I frankly confess I do not. I have studied my own cases most intensely for twenty-five years, and I do not *know* materia medica yet.

I wonder if I can illustrate by the following cases. Will try to be brief.

Case 1. Mrs. P., tall, slight, rather dark, gray eyed, sallow, refined, well educated, aged 38, consulted me at the instiga-

tion of her former physician, Dr. T—, then at some distance, and of her husband, who was not satisfied with her condition, as she “was twenty pounds light.”

The patient had borne two children, the eldest of nine or ten years, the second having died in ten days, a “blue baby,” and had had two miscarriages. She was a thorough homœopath, of the best sort, and had been under the care of the best when in their vicinity. Her husband, a civil engineer, had been sent by his company to various posts in the U. S. A. so that homœopathy was not always available.

Examination: elicited the following history.

Headaches since adolescence, occurring either before or after the menstrual flow. These had become chronic and were brought on by over-fatigue or long continued constipation. (?)

Uterine prolapsus had been relieved by making the uterus fast to the abdominal walls, and it was hoped that the constipation would also yield to the operation, but it did not. A former condition, resulting from colds, *i. e.*, hot, dry vagina, aching in the hypogastrium, etc., no longer troubled her, and the uterus was, at that time, pronounced clean and healthy.

Had *never* had, or been, a subject of catarrhal colds. Family history without chronic disease.

The symptoms of the various conditions were as follows:—

Headache: left occiput, which, before operation was often violent to unconsciousness, >. Headache with vomiting of bile, followed by profuse urine; also followed by a pain and soreness about the waist-line, lasting two or more days, and by a leucorrhœa of colorless mucus. The entire condition lasting four or five days.

Liver: frequent pressing pain in that region, during which she could not eat without causing headache.

Kidney: frequent squeezing pain, described as in the region of the right kidney.

Cold: is “uncannily” cold since hemorrhage in B-R, a probable miscarriage; cold hands and feet; if she did not retire with hot water bag would be hours in getting to sleep.

Sallow: many yellow spots on face, more on some days than others.

No natural thirst, or hunger, hates cold water, but tries to drink a glass each morning on rising. Recommended hot water instead.

Constipation: glycerine suppositories.

Stool: may be normal for a time, then become small as little finger, scant and black.

Menses: regular, 28 days, prompt, of good color, bland, scant, three days.

Menses: previous to operation, too late, lasting five days, but "weak" and pale; no odor nor acidity.

Menses: before; morbid, *suspicious* and depressed.

Urine: must haste or invol. Urine invol. bed, as child and occasionally until sixteen years. Urine still difficult to hold.

Varicose veins lower extremities, < left, above and under knee, increasing at menstrual period.

The first study was anamnesis, of course.

Dull pain. Ligament, sense of soreness; coldness, squeezing pain; inactivity of bowels; thirstless; no appetite.

CALC., CHIN., GRAPH., LYC., merc., NUX., olea., phos., PLAT., PULS., sars., sul-ac., SUL., ZINC.

Stool black. Calc., chin., nux., phos., sul., sul-ac.

Stool scant: Plat.

No good. Among the first-class prescribers who had done well for her, surely, there was nothing here that had not been thought of, and prescribed, and it was "up to me" to look again and further. I started out once more and this time with that marked mental symptom, "*suspicious* before menses," covered by *eight* of the first group. Calc.-ph., chin., graph., lyc., merc., nux., phos., puls., sul., sul-ac., but of the periodical headache before and after menses, no one of these had *all three*.

Prominent among the remedies of the rubric having "Suspensions before the menses" was *Cenchrus* in large type. This remedy had not been used by me, and few cases cured by it had come under my notice and *Cenchrus* had a morning headache.

Headache "to unconsciousness" and in "the left occiput" were covered by;—Crot.-h., Puls., and others not in the list.

Cenchrus was the most marked among those having "suspicions before menses," I turned to "Jealousy" a well recognized *snake* symptom.

"Headache before and after menses" was surely a *snake* symptom. "Headache to unconsciousness" and in the "left occiput" was Crot.-h. I here turned to the provings of *Cenchrus*, made by Prof. Kent, trans. I. H. A., and such cases as had been reported cured by the remedy, and found, beside the above peculiarity: "gloom," "melancholy," "pain at the attachment of the diaphragm, right side"; "aching all around the waist, at attachment of the diaphragm, right side"; "as a cord around the hips"; "bands around the waist, unbearable, during the three weeks of the proving"; "black sediment in stool"; "loss of urine with cough"; "cold in bed"; "cold hands and feet"; "cannot get warm," etc., etc.

Now *Cenchrus* has not been verified as many times as one could wish, in a case like this, and to depend entirely upon my ability to read between the lines "its likeness to and its power to *do* the work, was rather disturbing. However, putting my trust in the *similarity* of *action* and the *points* touched, I gave *Cenchrus* 1m (R).

October 17, 1912, the report noted some disturbance in region of liver, soon after taking; menses, October 4th, easy, slight pain, > quickly relieved by hot water; slight headache; no premonitory symptoms; no *suspicions*; no pain or soreness about the waist.

The symptoms of the right side were again in evidence; was suspicious and irritable. *Cenchrus* 10m (H. S.)

November 9, 1912. Reported menses five days early, first in life; no headache; very well.

December 7, report. Had had ulcerated throat for which Dr. W. of that village had prescribed. No headache, *hard*, for three months! No soreness of hypochondrium; some pain again in region of kidney; stool daily; very well indeed. *Cenchrus*, 1m (R.)

The last report was from Dr. T. to whom I had returned her with report, and she had needed but one prescription of

Cenchris since, and that on January 16th, and still had had no headache.

Now what suggested or guided me to Cenchris, which I had *never* prescribed before? The prominence with which it stood out from the group of remedies in the symptom of "*suspensions* before the menses." I knew, as do we all, that snakes in general were "jealous," "suspicious," etc., but no one of them, that I knew, fitted this condition, and I had to find one that did. Did you ever hear of a violent headache, even to unconsciousness, apparently > by urination, and followed by a marked pain and soreness in region of hypochondria, lasting forty-eight hours or more? I had not, and I did not "know" the remedy, but by *search* I found that which accomplished wonders.

Case II. Mrs. H., aged 46; patient of a man who had lately died, had been having hemorrhages. The first, after three months delay of the menses. She had overworked in a manner to which she was unaccustomed, was utterly anæmic, exhausted,—had been in bed six weeks, was only able to sit up in her room, during the last few days, and had walked a block or two for the first on that day, November 19, 1912.

Menses—first after overstrain, lasted a month, then in a few days began again; flow was bright red and profuse. Three weeks later, another hemorrhage, and in four weeks still another, which was shorter. The attendant physician, homœopathic, had not been able to modify the flow and had called a surgeon, who had packed—and had made the statement that all the parts were in perfect condition.

The patient was depleted, *restless*, nervous, and was greatly tormented by rolling and rumbling in the abdomen, much gas (?), which had been a marked symptom from the beginning,—the motion being worse when lying, (> by passing flatus), (bloating), etc.

She had frequent attacks of "indigestion," or sharp pains in the stomach after eating; indeterminate, because of the various medicaments she had been taking.

She is tall, slight, very dark, with a sallow pallor under-

neath the skin that is rather peculiar. Wakes with headache which is relieved after her morning sup of coffee.

The stool is regular, but fancies it was grey this morning.

Is sleepless; is prevented from falling asleep by twitching.

Is *cold*, markedly so, has cold hands and feet, and hot flushes.

The first anamnesis seemed to point to Crocus, which has much abdominal motion, but it had not the coldness, the flatulence, the sleep symptoms, nor the same kind of flow in the hemorrhage.

The second anamnesis was still unsatisfactory, as it seemed to point to Calc., but this was certainly not a typical leucophlegmatic, nor, as it seemed to me, in the least resembling a type of the Calc. patient.

All this time it looked "snaky" to me, but what snake? No snake that I knew. Then I was reminded of the peculiar action of *Cenchrus contortrix*, as studied during Case I, so compared it with crocus in following study:

Crocus.

Nerves: exaltation and depression.

Menses: flow *black*, stringy.

Abdomen: motion, rolling as in pregnancy.

Sleep: desire to sleep.

Stools: dark, stringy blood.

Mouth: sour taste.

Flushes of heat: head and face, < warmth.

Cenchrus.

Nerves: restless, compelled to move constantly.

Menses: profuse and bright.

Abdomen: bloating; sense of hard thump; great rumbling.

Sleep: falls asleep late.

Stools: gray.

Mouth: slimy, bitter taste.

Flushes of heat: head and face. < cold; coldness is the rule in snake virus.

Snakes, or those poisoned by them, are > by stimulant, hence, the > by coffee.

She received Cenchris 1m (R) and needed no more medicine.

A few weeks later I prescribed Psor. 2cm F. and have not been called since, nor has she been sick. In this case the suggestion seemed to come through the knowledge I had, more or less imperfectly obtained of Cenchris, in Case I.

Case III was peculiar and unusual in many ways. Coming under my care in 1902 or 1903, with chronic cystitis, which had received the attention of many physicians of note in town—homœopath and allopath—Miss G. had been a great sufferer, spending three or four months in bed each year.

Her history included a fall at seven years, and consequent antero-posterior curvature, plaster casts, and general misery; what a homœopathic physician had called a cold abscess in left groin; a final cystitis which caused her constant trouble, cramping in bladder, urging, frequent urination, muco-pus deposit and offensiveness. She was then 21 or 22 years old. I think she was under my care seven years, with a history of general improvement, no period of resorting to the bed, and much more freedom in moving about among her young friends, than she had ever enjoyed; every one congratulating her and myself on her improvement. I was pleased and rather proud of my success.

In the summer of 1909, at a near-by summer resort, her report continued excellent, but the week before her return to the city, she was taken with chill, followed by fever, etc., for which she had called a local physician, who had not relieved. The symptoms resembled a malarial attack, and at first, I was inclined to so consider it. The paroxysm returned each day at 4. P. M. followed by fever, scant, dark, offensive urine; increase of the old symptoms.

After a few prescriptions which made no special impression, and, as the patient grew worse, I asked for a specimen of the urine, sent it to the laboratory, and learned it was full of pus and tubercular bacilli. I told the family; the patient who had steadily developed symptoms of pain in region of right kidney, grew thin, took to her bed and we began to think the end must be soon.

In February, 1910, after a dose of Berberis, she discharged through the urine a mass of greenish muco-pus without pain in bladder or kidney; during that year Berb. occasionally, continued to be the best remedy. In November, 1910, the old symptom of chill evenings began and she began to cough and expectorate vile masses of greenish putrid sputua, and examination showed the right lung involved, upper, middle third, and without premonitory symptoms; with increase of night sweats, etc., and emaciation until she looked a skeleton.

This involvement lasted until April, when Stann. attacked, and healed the lung, gradually, with less and less expectoration, until a slight effort could express the expectoration and it gradually stopped.

With varied symptoms and condition, yet slow general improvement, the case continued until August, 1911, when there occurred a new involvement,—and although there had been general gain, the tubercular bacilli loomed large *in my mind*, and I thought now the end was surely coming. The condition was a diarrhœa, profuse, light-colored, muco-purulent and *putrid*. Several times I studied and prescribed, but at last I saw its likeness to Syphillimum. Syphillimum *cm*, occasionally, since that time, has done marvels, has decreased the intervals of her need, and she has rarely needed an intercurrent of any kind.

The patient is a wonder to all her acquaintance—and to her physician. Whereas she at one time avoided social life, was irritable, easily exhausted and a shadow, she has gained in flesh and strength, goes to parties, and this winter I hear she is attempting folk dancing! She usually keeps herself well supplied with the most frequently used of all remedies, S.L., but when a shadow of the old troubles arises, she must have the indicated remedy, Syph.

Whereas the old symptoms of urging to urinate every twenty minutes or half an hour, prevented her enjoyment of social life, and broke her rest at night, she now has only reasonable calls and is correspondingly happy. I often wondered why she did not call another physician, but she insisted that no one had helped her before me, and she would no longer be doped

or *fed*. The latter condition rather troubled me,—the fastidious appetite, and such quantity as a bird would eat. Usually one depends much on feeding these tuberculous patients, but it was of no use trying for she would only eat the daintiest, smallest bits, even when the *waste* was greatest. She eats more and better at the present time than she ever did in her life.

In such a case as this it is impossible to go into detail of progress, or process of prescription, as it would only fatigue the hearers. Suffice to say that the remedies that most relieved, during suppuration of right kidney were Puls. and Berb. The remedies most often needed during suppuration of the lung were Puls., Phos., Stan.; the latter, last and best. During the suppurative process in the intestine, Syph. was the remedy and has often relieved the pains in region of either kidney extending *downward to bladder*, as if by the ureters.

The history might be added to, by a statement of the fact that the father was a rascal, leaving wife and children for another woman; that another daughter died at thirteen or fourteen of kidney or bladder trouble and that so far as I can see the mother has been in good health all her life.

What suggested this nosode to my mind? In this case it was the *character of the diarrhoea*, fitting in with the other symptoms present. Certainly it was not the tubercular bacilli,—nor had Tuberculinum in various potencies anything more than > a few symptoms. It had never taken hold of the patient, improving conditions. Phos. had done well at various times. Med., which had been studied several times for underlying symptoms, seemed powerless; but Syph., like all truly indicated medicines, has worked marvels.

Over a period of eleven years, with a careful prescription of the indicated remedy, and Sac Lac *ad libitum*, with no help from the feeding theory, with no help from the open air theory, this patient has astonished the world; *her world*. *In feeding*; she could not, nor would not, take milk, or eggs, those most efficient and perfect foods. She had always slept in cool room, with open window and door locked, but when she lay at point of death she had to have less cold air and the

window was closed. She had always been a cold patient, needing the temperature at 80° to be comfortable.

This has changed for the better. She needs less heat and has the healthy appetite before mentioned.

Great is *Homoeopathy*.

THE COMPATIBILITY OF VERATRUM ALBUM,
PULSATILLA, AND MERCURIUS CORROSIVUS,
AS ILLUSTRATED IN THE FOLLOWING CASE.

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

Mr. J. C. G., age 65, weight 165, occupation, shoe dealer. Family history, personal character and habits excellent.

On October 5, 1904, objective symptoms, as follows:—Deathly pallor of the skin, cold sweat on the forehead, facial expression great anxiety, body doubled up like a jack-knife, with hands bearing down upon the abdomen, while bending over the back of a chair, lips bluish and tongue white and contracted, ptialism, retching and vomiting of tough stringy mucous and coagulated blood, abdomen bloated, transverse colon greatly distended, felt like dough, like a bologna sausage, stools thin and of a greenish color, followed with mucous and blood and vomiting at frequent intervals, liver and spleen enlarged, respiration labored with interrupted sighing, palpitation, pulse small and weak, intermittent and trembling, violent hiccough, convulsive twitching of the muscles of the face, arms and legs, staring of the eyes, nails of a gray color and feet and hands icy cold and arm trembles when anything is grasped.

Subjective symptoms:—Very severe pain in region of transverse colon, extending to the liver and spleen and sigmoid flexure, sensation of faintness and nausea, cramp in stomach and bowels and calves of the legs, great anxiety of mind and vertigo and deafness on stooping, violent headache and heaviness of head, double vision and severe toothache, burning sensation in the mouth, extending to the stomach, pricking in

the throat as from needles, soreness at pit of stomach, burning, gnawing and darting pains, starting from the umbilicus and shooting in all directions—like the spokes of a wheel, radiating from the hub, great tenesmus at the rectum, with bloody discharges, cutting colic pains after stool, hoarseness, aphonia, burning and stinging in trachea and tightness over the chest, pain in the pericardial region, rheumatic pain in left shoulder blade and right hip joint, sensation as if legs had gone to sleep, chilliness from the least motion of the body and an inordinate desire for cayenne pepper.

The patient had had paroxysms as above described, at intervals of six months or less for forty years, the first one followed an attack of intermittent fever, when a soldier in the U. S. Army, and a prisoner in a southern hospital, where he was confined a year or more. These attacks had been increasing in severity year by year, and during the past year they had occurred every three months. Each was followed with great prostration and emaciation — sometimes he would lose forty pounds or more. Exercise requiring a swinging motion of the arms or twisting or bending of the body from side to side, or rapid walking always aggravated and was almost sure to provoke an attack. I prescribed *Veratrum album* 2C, one dose, to be followed with *Sac. lac.*

October 10. Found the general condition of the patient greatly improved, in fact he said the relief was so immediate and extensive that he had been very content to endure that which remained without a murmur. I found upon examination that while many of the symptoms which were present at previous examination had disappeared there was marked distention and painful sensitiveness in stomach and bowels upon touch, rumbling in the abdomen, and an ineffectual desire for stool, frequent urging to urinate without success, one sided sweating of face and head, one sided coldness with numbness, one hand cold and the other warm, the patient was very emotional and much given to tears, and I found a tumor in the region of the sigmoid flexure the size of a large teacup, which he said had been there for many years. I administered *Pulsatilla* 2c.

October 17. The next time I saw the patient he informed me that during the night following my last visit he had an urgent desire for stool and passed an enormous amount of a material which seemed like raspberry jam, enveloped in mucus and blood. This process was followed with great prostration and nausea, which passed after a time, when he found he could swing his arms, flex his body and twist himself about in any way without the least suggestion of his former limitations. Another examination revealed swollen gums, lips and tongue whitish and contracted, papillæ of the tongue elevated, sensation as if the mouth was scalded, metallic taste, uvula swollen and elongated, no appetite or craving except for cayenne pepper, the desire for this had been greatly intensified during the past few weeks and he said:—"I have abstained from cayenne pepper since I have been under your treatment but now unless you take away my desire for it I must have it or die." For years he had taken a teaspoonful in a glass of milk, at least twice per day and used tobasco sauce on his meat a quarter of an inch thick, every day, in fact meat did not taste like meat without it. He said a drunkard could have no stronger craving for liquor than he had for his beverage. I found the glands of the neck hard and swollen, coldness of extremities, patient worse in open air, a general cold sweat with much anxiety at odd intervals, sleep interrupted with violent hiccough. I found the remedy which cleared up the entire list of symptoms including the craving for cayenne pepper in *Mercurius cor. cm*, Fincke.

I saw the patient recently and he told me he had never had the slightest desire for cayenne pepper since his treatment and he is the picture of health at the age of seventy-four.

LAC CANINUM.

MARGARET BURGESS-WEBSTER, M. D., PHILADELPHIA, PA.

The provings of *Lac Caninum* present a great array of symptoms,—the throat, the head, the nervous system, the men-

tal sphere, the reproductive organs, the extremities,—all have been affected in a profound manner by the dog's milk. It is indicated in nervous, restless, highly sensitive organisms,—forgetful, absent minded, despondent, hopeless, chronic "blues." Every thing seems so dark it can get no darker. She thinks her disease is incurable, that she has not a friend in the world. She is full of fears,—fears to be alone; fear of dying; fear of becoming insane, fear of falling down stairs; fear of disease, of consumption, of heart disease; fear of snakes,—is afraid to put her feet on the floor lest she tread on a large snake;—afraid to close her eyes at night for fear of being bitten by a snake. Looks under the furniture expecting to see a horrible monster. Could not bear to have any one part of her body touch another, imagines she is dirty (Psor. is dirty but thinks she is clean), keeps her fingers spread apart. This latter symptom is also found under Secor and was verified by me some years ago in a case of eclampsia. Lac-fel. cannot bear one foot to touch the other. When walking seems to be walking on air and when lying does not seem to touch the bed. This sensation of floating or not touching the bed is likewise found in Lach., although Lach. also has the reverse,—sensation as though crushed through bed by weight of body. Asarum has a sensation of lightness of the limbs. She thinks she is gliding through the air when she walks. Phos.-acid feels as though the feet were going up.

The grand characteristic,—alternation of sides,—pains erratic, constantly shifting from place to place, appears in all rubrics. The diphtheretic membrane appears on one tonsil, in twenty-four hours it has moved to the other, and in another day it has returned to the original side;—headaches first on one side then on the other;—ovarian pains—first right, then left, or vice versa;—rheumatism rapidly jumping from joint to joint.

The throat symptoms are the ones which probably are most widely known,—the general erratic character being the keynote. The diphtheretic membrane may be white like china,—or the mucous membrane of the throat glistens as if

varnished, shining, glazed, red in appearance. The membrane may leave the throat and appear in the rectum or vagina, or dip down into the trachea in the most malignant type. In paralysis and other conditions following badly treated diphtheria, Lac-can. is of first importance. There is constant inclination to swallow, with < from empty swallowing, with pain extending to the ear, or fluids returning through the nose. Desire for warm drinks, which may return through the nose. Sore throats begin and end with menstruation. (Mag-carb. sore throat before menses. Calc-c. sore throat during flow).

Headaches exhibit the grand characteristic—change of sides. A case recently treated illustrates: A young woman of twenty-four had suffered for years with violent sick headaches, recurring weekly, and continuing for thirty-six hours. She described “the pain as throbbing, beginning in right temple, the next day moving to left temple. The pain is somewhat relieved by a tight bandage, but is intensely < *by noise*”—she feels as though she must scream from the least noise. She is afraid to move and wants to be alone; there is great thirst but water is vomited immediately. During the headaches she is pale, covered with cold sweat, pulse imperceptible. Menstruation regular, flow scant and clotted, lumbo-sacral backache preceding flow. Bowels constipated, takes purgatives, and never has a natural movement. Lac-can. cured the headaches as well as the constipation.

The female reproductive organs are affected in a marked degree. Dysmenorrhœa—pain in L. ovarian region extending half way down the thigh,—menstrual pains > by bending backward. During the course of inflammatory rheumatism one of my own patients, a young girl of eighteen, was seized with the most violent menstrual pains I have ever witnessed; she described it “as though intestines were being tied into knots,” the pain occurred in very violent paroxysms gradually passing off down the thighs,—only to be renewed within a couple of minutes,—her only relief was from bending double. Coloc. and other remedies were given without the least benefit, Lac-can. relieved as soon as powder was dissolved on her

tongue. I have, also, verified on two occasions the green menstrual flow.

At this writing a patient is under treatment who for three years had suffered with burning pain in left hip and general abdominal pain passing off down thighs. Her only relief was from bending double. These symptoms appeared to the day, —twelve days before the menstrual period—and continued at more or less frequent intervals until the flow started, when > was complete. Lac-can. gave her the first freedom from pain she had had at that time for three years. Whether or not the effect will be permanent, it is too soon to predict. The symptoms which lead me to the prescription were > *when menses appeared—and pains extending down the thigh.*

There are many back pains, stiffness and soreness, aching of spine from base of brain to coccyx. Many of the back pains are > by leaning backward. Rheumatic pains shift rapidly from joint to joint, general aching and soreness; bruised pain in soles of feet making it difficult to walk.

Three years ago a woman crept into the office looking as though each step would be her last. Her age was sixty-eight, but apparently she was nearer eighty. She was emaciated in the extreme. Her face was as white as a sheet of paper. For six months she had been crippled with rheumatism. "I have taken medicine which has torn my stomach to pieces. It has been medicine, medicine until I thought I would die." During the entire six months the pain and swelling shifted from joint to joint, the shoulders and the hands being most affected. "Every fifteen minutes or half an hour I have chain lightning pains commencing in my fingers extending up my arms and all over my body. I am so weak, so weak! I can't eat. I can't take milk, it stays in my stomach like a hard lump. I only crave fruit, especially oranges." She seemed too exhausted to say another word. Lac-can. 200, (five doses) was given. In one week she reported,—chain lightning pains worse than ever for two days, followed by entire absence of the pains for six days. Her arms were so much better that she had combed her own hair for the first time in six months. In two months she had gained twenty-seven pounds. She only

required one repetition of Lac-can. seven weeks after the first prescription.

Another general characteristic is sensitiveness to touch,—the throat externally, the abdomen to pressure or weight of bed clothes,—sexual organs easily excited by slight friction caused by walking, or pressure on vulva while sitting; breasts extremely sensitive; joints sore and tender to touch even to pressure of bed clothes.

In many cases Lac. can. and Lach. must be very carefully compared; both have the sensitiveness to and aggravation from touch; the aggravation on empty swallowing is a common aggravation; the left ovarian pains and relief when menstrual flow is established are also similar. The general erratic character of the pains and the ovarian pain extending down the thigh which are present in Lac. can. seem to be the points of difference.

THE REASONABLENESS OF HOMŒOPATHY.

BY EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

In a system which has to do so largely with practical results there would seem to be but little room for speculative inquiry. Yet when results flow from an orderly procedure, the inference is that the results are according to reason, and that the method of obtaining them is a legitimate field of speculative inquiry.

It is almost superfluous to cite the susceptibility of the human body to medicinal influences. That the results of a given influence are modified by the condition of the body is a fact of equal importance. Another modification of effect will appear in the time of duration of the medicinal impression; the earlier disturbances are generally followed with disturbances of an opposite kind. This seems to be a law of nature and to constitute the possibility of true medicinal or homœopathic cure. The effects opposite to the former effects of a disturbing agency, by some called secondary, are acknowledged to be more lasting than the primary effects, so

that the power of a disturbing agent may be said to excite a reaction against itself. It is this necessary, inevitable and prolonged reaction which the homœopathician avails himself of for the purpose of medicinal cure.

Allopathy, using the term in a scientific and not in a partisan sense, employs agents of which the primary effect is different from and may be opposite to that of the disease producing cause in the patient; the result is functional alteration often attended with sensorial relief. But the primary effect is transitory and the inevitable long-lasting reaction against the disturbing agent is in the direction of an aggravation of the diseased state, and in severe, acute and deep-seated chronic conditions the effect is most serious. But homœopathy, using this term too in its scientific and non-partisan sense, applies always the similar irritant, that is, one that produces in the healthy symptoms or conditions most like those of the sufferer whom it is desired to relieve. The action of the remedy is in the same line with the action of the disease, and experience shows that the dose may be large enough to produce an overwhelming aggravation of the disease. But if the dose be not too large the inevitable reaction soon follows; the drug and the disease are similar; reaction against the drug is therefore necessarily against the disease also, and in the direction of cure and health. The longer, therefore, the reaction continues, the better the health, and the patient never needs to "get over" the effect of the medicine because the effect is health.

Why should a remedy be apparently able to substitute its own control for the control of the disease-producing cause over the vital reactions? Is it not a fact, that drug action is more certain and uniform than most causes of disease in the human system, thus indicating a greater susceptibility of the system to the action of drugs?

A careless homœopathy may find complacency in an early removal of symptoms which is allopathic in reality and which only obscures the case for purposes of ultimate cure. The daily increasing wealth of our literature in the beneficent results of homœopathic law affords, the rational bases upon

which that law is established as the true medicinal ministry of health.

THIRD SESSION.

JUNE 23RD, 1913, 8 P. M.

Report of the Board of Censors.

C. M. Boger: As chairman of the Board of Censors I have the following names to offer as having complied with the requirements, for election to membership.

Active.

Gustave A. Almfelt	H. C. Schmidt
John Weir	W. S. Hatfield
H. H. Patrick	Guiseppe Secondari
Edgar Speiden	F. B. Pierson
C. F. Nichols	F. N. H. Aitchison
C. A. Walton	V. H. Hallman
A. H. Starcke	T. G. Sloan
D. Matolli	

Associate.

M. H. Jones	E. E. Downs
A. Keeney	J. M. Keese
G. C. Birdsall	C. P. Bowes
S. R. Geiser	H. P. Webb
L. H. Maloney	J. F. Roemer
Catori	Rudorf Von Noorden
C. N. Young	

President: You have heard the report of the Board of Censors. What is your pleasure?

H. L. Houghton: Did each of the names have two sponsors? I have had an unfortunate experience with Mattolli.

W. R. Powel: Has he complied with all the requirements?

What about Catori? I have heard also that he is not a Hahnemannian.

Carolyn E. Putnam: I might say that I have met these two gentlemen in London. They are relatives and what one would do the other would probably do likewise. They were students of Dr. Kent's.

H. L. Houghton: Dr. Mattolli applied the Salvarsan to a patient of mine in whom there was not the slightest justification for it and afterward admitted that he was mistaken.

G. B. Stearns: It would be better to communicate with Dr. Freeman and see where he got his credentials.

John Hutchinson: In the presence of this evidence are the doctors eligible to membership?

All were elected to membership except Mattolli and Catori.

C. M. Boger: I would like to mention that Dr. Guild-Leggett is sick and sends kind regards to the association.

John Hutchinson: I move that the Secretary be instructed to write a letter of sympathy expressing the warm affection of the members and their enjoyment of her papers in previous meetings. Seconded. Carried.

FIFTH SESSION.

JUNE 24TH, 2 P. M.

Bureau of Clinical Medicine

GUY BECKLEY STEARNS, M. D., CHAIRMAN.

HOMŒOPATHY IN TERMINAL CONDITIONS AND APPARENTLY INCURABLE DISEASES. IS IT SUFFICIENT?

BY STUART CLOSE, M. D., BROOKLYN, N. Y.

Is Homœopathy sufficient in terminal stages of such diseases as Bright's, diabetes, tuberculosis, cancer or valvular heart disease?

Is Homœopathy able to cope with such grave emergencies as collapse during severe acute diseases or shock after injuries or surgical operations?

Is it not necessary in such conditions to resort to the stimulants, narcotics, sedatives, diuretics, etc. of "physiological medicine"; to administer drugs in doses sufficient to produce their so-called physiological effects, for palliative purposes?

In other words,—is a homœopathic physician justified in sticking to his colors in such cases, or should he give up, haul down his colors, confess himself beaten, admit the insufficiency of Homœopathy in such conditions, and fall back on the routine methods of the dominant school?

In one form or another, these questions are often asked. Indeed, they present themselves frequently to every one of us. Some answer them one way, some another. Some stand up, manfully, proclaiming that *the similar remedy is the best palliative*, and all-sufficient for every medical emergency. They affirm that every emergency requiring the use of medicine is best met by administering the similar medicine, in

dose or form suited to the nature of the case. In the matter of the dose they are not disposed to dogmatize, but are content to let individual judgment and experience decide. They insist, however, that *the effect sought shall* always be the *medicinal*, and not the so-called physiological effect; for it is agreed that the purpose in giving a homœopathic remedy is not to produce symptoms, but to *remove* those already present. It is established that the homœopathic dose is always a *sub-physiological dose*; i. e., *a dose too small to produce symptoms*. The nature of its action is curative. In practice it often turns out that the highest potencies do the best work.

There are others in our school, (and they are in the majority) who assert that Homœopathy is not sufficient; that it has its limitations, even in purely medical cases, and that there comes a time in many such cases when it is necessary, for them at least, to abandon homœopathic methods and resort to traditional or conventional routine measures for relief. They would be "physicians first, and homœopathists afterwards," and they are disposed to criticize those who do not agree with them.

The real question at issue between these two parties is not one of the size or quality of the dose, as it is commonly held to be, *but* one of principle and policy. One party holds that the true welfare of the patient is best served by adhering to homœopathic principles and administering remedies for their medicinal, homœopathic or curative effect irrespective of the stage of the disease. Theirs is the Hahnemannian treatment exclusively by symptom-similarity. The case may have reached the incurable stage and be hopeless so far as ultimate cure is concerned, but the greatest good, they hold, will be accomplished for the patient if similar remedies in medicinal doses only are used, for the action of the homœopathic remedy is always along the line, or in the direction of cure. It is curative in nature as far as it goes, and it is the highest good we can attain.

On the contrary, drugs administered in physiological doses have a pathogenetic action. They produce symptoms. They create disturbance in organs where, perhaps, there was no

disturbance before. They are noxious to the organism, sick or well. They compel a defensive or eliminative reaction which exhausts the already weakened vital energy. *The physiological dose is a toxic dose.*

To every action there is a corresponding reaction in the opposite direction. The drug which stimulates in its direct or primary action depresses and weakens in its secondary action. If the case be in its terminal stage, life is shortened and the sum total of suffering increased; for the temporary sense of comfort and well-being sometimes experienced after a palliative or stimulant is fleeting and deceptive. It is soon replaced by the weakness and irritability of the secondary action, with increase of suffering and decrease of ability to endure it. The physiological action is never curative but always pathogenetic. Hence, our purists say that we are never justified in giving drugs for their so-called physiological effects, except when it is necessary to make provings in the healthy for the purpose of creating or augmenting the *materia medica*.

If the physician knows what can really be accomplished with homeopathic remedies, and if he has the best welfare of the patient at heart, there would seem to be but one answer to the questions under discussion. He will adhere to the use of homeopathic remedies only, because they are capable of accomplishing more for the comfort and benefit of both curable and incurable medical cases than any other measure whatever—with one possible exception of which I will speak later. The real duty incumbent upon us is to make ourselves proficient in the application of the homeopathic method.

It may be stated as a general proposition that the Homeopathician *always treats his case as if it were curable*. That is to say, he observes and studies its phenomena, and selects his remedy according to the method of symptom-similarity without being influenced by any feeling or opinion as to what the outcome will be. He knows that death comes in time to all men; that some cases are incurable by any means; and that the most that can be done for some cases is to make their condition as tolerable as possible as long as they live. He may

know, or think he knows, that a particular case is incurable or about to die; but he also knows that many cases pronounced incurable and hopeless have been saved, or helped, or cured, by one who ignored all such feelings and suppositions and opinions, and settled resolutely down to the task of finding and giving the similar remedy. The sooner our practitioners realize and accept this as a duty to themselves, their patients and to Homœopathy the better will it be for all concerned.

There is too much servility to opinion; too much bending the knee to those who parade the authority of place and power; too much easy compliance with the whims or pleadings of patients who, while they suffer, are yet ignorant of what is good or best for them; too much running after the ever-changing medical fads.

The Homœopathician should know his art, and know the best there is in it; and being thus prepared, should take and hold his true position as a medical director. Upon occasion, he should be a dictator, brooking no opposition, submitting to no influence which would tend to turn him from his plain path of duty. Rather than lower his standards and compromise his principles, he should withdraw from a case. Thus only will he retain his self respect and the respect of all whose consideration is worth having.

If it were true, as it is claimed, that the resort to other than homœopathic remedies really accomplished anything for either the comfort or welfare of the patient, the case would be different. But it is not true. No one who has ever seen the two methods and their results side by side, and made a fair comparison between them, would hold for one moment that it was true. Who of us has not taken cases from the hands of those who have pursued such methods up to a point where it was admitted that "nothing more could be done," and seen those same cases, under homœopathic treatment, either recover, or have life prolonged and suffering greatly ameliorated by homœopathic remedies alone?

I can conceive a situation where for myself, or for a fellow sufferer, I would welcome, might even demand, the merciful surcease of pain which morphine or chloroform can give, even

to "the sleep that knows no waking." But I cannot conceive how any one who *knows* and has *seen* what homœopathic remedies can do, even in the hands of indifferent prescribers, could turn aside into the tantalizing and deceptive paths of "regular medicine." "That way madness lies." The primary effect of certain drugs may simulate Heaven, but their secondary effects give a remarkably good imitation of Hell.

How shall the question be settled? It is easy to reply, "by experience." But men differ in their interpretation of experience. They differ in their point of view, as much as in their mental ability and technical equipment. They differ in their natures and in their ethical and moral standards. Prejudice must be reckoned with. Most of us see what we want to see, or what it is to our interest to see. Probably all of us are affected in that way more or less. It is encouraging if there be a few who are able to detach themselves sufficiently from their prejudices to be able to see both sides of the question, and discuss it fairly.

There can be no settlement of the controversy until some common ground of consideration, some mutual point of view can be agreed upon. If the welfare and best interest of the patient is paramount, then we are required to either put aside all personal, selfish or mercenary considerations, or else discover how to harmonize the patient's welfare with out ideals of success and prosperity.

I do not regard that as a hopeless proposition. Human nature is not as bad as it is painted. Most of us would be willing to do better if we could be made to see that it pays, and the desire to be paid, in coin or commendation, is not necessarily an attribute of moral depravity. "The laborer is worthy of his hire," and the desire for success is a laudable ambition. We may take courage from the thought that some have found that moral, financial and social success in Medicine is not incompatible with fidelity to high ideals in the practice of Homœopathy.

The idea that only experts in *materia medica* can succeed in cases of the class we are considering is a fallacious and demoralizing one, which is often made the excuse for shirking

a plain duty. It is true that success is usually proportionate to the skill of the prescriber; that the *similimum* will accomplish more than the merely similar remedy. But it is also true that the results obtained by even a moderate degree of skill, loyalty and consistently exercised, are vastly better than the results of other methods.

It may be that only the master can select the *similimum*, but even the tyro can select a similar, if he tries, and accomplish some good. Certainly he will do no harm, as he will if he resorts to other measures. Let him but do the best he can, and strive always to do better, and all will be well. Let him know, also, that to the one who performs his work in this spirit, "inward revelations" are sometimes given, by which he is richly rewarded for his faith and loyalty to principle. The *similimum* has sometimes been found by the humblest among us, who make no pretensions to expertness, and marvellous cures have been thereby effected when they were least expected. Such rewards come only to those who are in "The Way," ready and worthy to receive them.

In the meantime, as a slight contribution toward a basis of agreement, let me briefly set forth some of the qualifications of the practitioner, technical and otherwise, illustrated by a few cases from personal experience.

The practitioner who expects to treat the grave conditions under discussion by homœopathic methods alone, and with a reasonable degree of success need not be an expert. It is only necessary that he be reasonably competent. Such a degree of competency depends upon the following modest requirements.

He should be thoroughly grounded in the essential principles of Homœopathy, as laid down in the Organon.

He should have a practical working knowledge of the art of case-taking. This means that he must know what symptoms are from the homœopathic viewpoint, and how to elicit them.

Knowing this he must make thorough examinations and keep written records of his findings in each case.

He must know the method of finding the similar remedy for every case. This does not mean that he must have the entire

materia medica in his head as some pretend to think; but that having the materia medica *on his library shelves*, (he will have some library shelves, if he is wise, and books to fill 'em) he must know how to find what he needs. He will therefore require at least one good repertory and the ability to use it. With this modest technical equipment, and a modicum of brains, he will be able to do very well.

The only remaining essential is a *willingness to work*, and to work systematically. A method is of no value unless it is used, and to use it requires work. Homœopathy is the method of treating individual sick persons by symptom-similarity. Its prescriptions are not ready made and carried in stock. They are exclusively "made to order," to fit the individual. The Homœopathic way is not a "primrose path of dalliance," but the attainment of a moderate degree of success requires no more labor than is necessary to keep its follower in good condition and prevent him from getting flabby.

Let the practitioner, then, be soundly convinced of the truth and sufficiency of Homœopathy for all medical cases; but above all let him have the *courage of his convictions*, so as to be able to stand firmly in the face of great temptations to change his course. If his temperament permits him to have or acquire *enthusiasm*, so much the better, both for his patient and himself. Remember Emerson's epigram: "Nothing great was ever achieved without enthusiasm." Enthusiasm is that joyous faith which not only inspires us to our best efforts, but upholds us in the face of seemingly overwhelming odds, and enables us to inspire others. The power for good of this personal, psychical element can hardly be overestimated; for very often success depends upon the ability of the physician to seize and retain a hold upon the patient's desire and will to live; to inspire him with hope and courage; to call forth an effort to live; to arouse the flagging spirit and recall it to life and action.

This is illustrated in Case I.

A case of uremic coma, gangrene, and apparent death.

A woman, age 45, previously healthy, had been ill for over two months—an illness of which I have never been able to

form a very clear idea according to accepted pathological standards,—partly because I could never get a clear or satisfactory previous history owing to the ignorance or inattention of the people concerned. Perhaps I was not as scrupulous in my investigation of the history of cases in the early days of my practice, when this case presented, as I subsequently became, and am now. And, besides, the interest of this case for me has never consisted so much in its pathology as in its psychology.

Roughly outlined, the case began as an eczema, affecting principally the lower extremities. In the beginning of treatment by her allopathic family physician, she did not appear to be seriously ill; but as treatment progressed she became more and more ill and weak, and finally was confined to her bed. From this time on there was a steady decline of weight and strength, of loss of interest in life, and of hope, until she became apathetic, and finally comatose. Urinary secretion had become more and more scanty until it ceased, and uremic coma came on. The treatment had been mostly topical—consisting of the application of various ointments and lotions for the eczematous areas, and, as I learned afterward, of the free use of Arsenic internally. In consequence the eczema had been suppressed, and the systemic symptoms developed.

For two days prior to my being called, she had been pronounced to be dying. On the day I was called the physician had called early in the morning and said that the end was very near. About noon he called again, and found her so nearly dead that he said she could not possibly live more than an hour, and that he would not call again.

At this juncture I was appealed to by her daughter, who had been a patient of mine, to come and see if I could do anything. I arrived about one o'clock in the afternoon. As I entered the room, I saw her lying on the bed surrounded by weeping relatives. Someone said: "It's too late, doctor, she's gone."

At first glance it looked that way, but something impelled me to go to her and make an effort to save her. Paying no attention to the relatives, I made a rapid examination. Her

limbs were cold and rigid, but the body was still warm. There was no radial pulse, and no visible respiration. With the unaided ear I could detect no heart-beat, but in my haste I had forgotten to bring my stethoscope. Her eyes were fixed, the lids slightly open, and her features had the expression of death. But the thought of death was not in my mind in spite of the evidence.

I drew down her lower lip and shook a few pellets of Arsenic 45m (Fincke) upon the exposed mucous membrane and rubbed her lips against the gum. Then, following a peculiar, but impelling impulse, I seated myself on the edge of the bed, placed my hands upon her head, and called her loudly by name. Addressing the insensible form, I said positively, "You are not going to die. You must come back." I moved her head slightly from side to side, to loosen the rigidity of the neck muscles. Placing my thumbs on her upper eyelids, and pushing them upward so as to fully open her eyes, I bent down close to her, looking directly into the eyes, and addressed her again with reassuring words. I said, "I am going to help you move. You must try with me." Several times I opened and closed her eyelids, and rotated her head. Then I said, "Now open your eyes." There was a moment of hesitation, then the lids trembled and slowly opened. "Now close them." She obeyed, and repeated the act twice at my command. Then I proceeded to move her stiffened arms and legs,—flexing and extending them several times, and gently manipulating them. Next I moved her body, turning her from her back to one side and then the other, shifting her position in bed. During this time I was speaking to her occasionally in encouraging tones. After thus loosening up the rigid muscles, I resorted for a few moments to very gentle artificial respiration, directing her at the same time to try to breathe herself. After about ten or fifteen minutes of this work (I had very little sense of time) she was breathing regularly, color was coming back into her face and lips, and her hands were becoming warm. Presently she opened her eyes and looked at me as I bent over her, and whispered to me, "I'm coming back."

In ten minutes more she was talking to me in an audible voice, asking me questions about herself and what had happened. I had continued gentle rubbing and massage of the extremities, under the bedclothes, but in order to act more efficiently, I now uncovered her feet, and to my amazement saw that the toes and plantar surface of the metatarsal region of both feet were gangrenous. Then I felt sure she had been dead! Here was local death, at any rate, plainly visible. But my patient was now plainly alive, and very much interested in what was going on. I had difficulty in keeping her quiet, and preventing her from talking. I directed that she be kept quiet, and that some warm broth be prepared and given to her, that warmth be applied to the feet and legs; and that Arsenic 200 in solution be given at intervals of two hours, until my next call.

In the evening I called again, and found her in a high fever, with flushed face, sparkling eyes, active delirium, recognizing no one, but talking continually in an excited manner, and very restless. Reaction had come on with a vengeance, but the symptoms spelled Belladonna, and salvation. For eight days the fever and delirium continued, but the urinary function was re-established, and a diarrhœa came on. The circulation became active, the gangrenous areas on the feet sloughed out, healthy granulations appeared, and healing progressed rapidly. On the ninth day the delirium left her. Her first intelligent words were a request that I be sent for at once. She had something to tell me which she would not reveal to her family. On my arrival she asked me how long she had been sick, and then said that she had sent for me to tell me her experience "while she was dead." It was all clear in her mind now, and she wanted to tell me before she forgot it.

She said that after lying for several days unconscious of her surroundings, but "alive in her mind" her father and mother (who had been dead many years) came for her to take her away with them. She had left her body and was just about to leave the room with them when she heard me call her to come back. She felt that she could not disobey

me, and regretfully left her father and mother and came back. The next she remembered was opening her eyes and seeing me, and talking to me. Then all became blank again, and she had no sense of time or surroundings until the present.

That was her story. She made an uneventful recovery, gradually regaining her strength until she finally resumed her ordinary round of life. She is alive today, a strong, healthy woman. That was over twenty years ago. I meet her occasionally, and she never fails to remind me of "the time when she died and I called her back."

Was it a case of poisoning by Arsenic and other drugs?

Case No. 2. Collapse after operation.

A man, 66 years of age, naval constructor, had suffered several years from what had been diagnosed and treated by a homœopathic physician as cystitis with enlarged prostate. He came under my care during an acute exacerbation of his trouble, brought on by taking cold from getting wet. He was much weakened by his long chronic illness, and was in a grave condition when I first saw him. Urine could only be voided by catheterization. Urinary analysis and microscopical examination of the urinary sediment, taken in connection with the symptoms, suggested the existence of a vesical calculus. This was confirmed by the sound, as soon as the acute symptoms had subsided sufficiently under treatment, to permit its use. Rectal exploration did not reveal any extensive enlargement of the prostate. Operation was advised and accepted, and patient was removed to the hospital as soon as he was deemed strong enough. The suprapubic operation was performed by Dr. John Hubley Schall and myself. A large, rather friable stone, of phosphatic composition, was found, partly embedded in the tissue surrounding the neck of the bladder, which was greatly thickened and indurated. Several small papillomatous growths were also found in the bladder. The stone, and the largest of the growths near the neck of the bladder were removed. The patient bore the operation well, and everything went well until the third day after the operation when the secretion of urine suddenly ceased, paresis of the intes-

tines came on, the abdomen rapidly inflated, and the patient went into collapse.

While awaiting for my arrival the nurse, on her own responsibility, administered a copious hot saline enema and applied heat to the extremities. I found him in *extremis*; death-like pallor and expression, pulseless, extremities cold, abdomen enormously distended and tympanitic, almost unconscious.

I was unable to account for the sudden collapse, and there was nothing in the symptoms absolutely characteristic of any one remedy. The ordinary collapse remedies, Camphor, Arsenic, Veratrum, and Carbo veg. ran through my mind, but I was unable to decide which, if either, was needed. I dared not make a random selection. A mistake would be fatal. I vainly questioned the nurse for more symptoms, until I bethought me of asking her "*what the enema had brought away from the bowels.*" Her answer was illuminating. "*The water, with a lot of ragged shreds and strings of white mucous.*"

That completed the picture. Persons poisoned by *Colchicum* have presented identical symptoms. *Colchicum* 200, in solution, every five minutes, brought about a reaction in about fifteen minutes; circulation was restored, flatus passed freely, consciousness returned, urine began to flow again, and the patient made a rapid and perfect recovery. I was glad that the nurse had given that enema, and noted what came away.

Case No. 3. Diabetes with gangrene of the right foot and leg.

In November, 1911, I was called to take charge of Captain ———, married, age 49, master of a ship plying between New York and the tropics.

He was known to have had diabetes for several years, but was, nevertheless, a powerful and rugged man, weighing 260 pounds. He regarded 220 pounds as his normal weight, and attributed his overweight of forty pounds to overeating and lack of exercise. No special attention had been paid to his diet. He was a heavy eater and moderate drinker. As a young man he had had gonorrhœa—suppressed as usual, and

his wife had borne him no children in consequence. His other serious illness had been an attack of "Calentura," (tropical malignant malarial fever, with jaundice) fourteen years ago, and an attack of erysipelas of the feet and legs some seven years ago. (Seven years periodicity?) He also had yellow fever during the Cuban War.

The present attack began during a return voyage to New York about two weeks before, as an infection of the left great toe, from cutting the nail too deeply. After three or four days the toe became inflamed, and the septic inflammation rapidly extended up the foot and leg to the knee. It presented the appearance of a malignant vesicular and phlegmonous erysipelas. The foot and leg were swollen, the leg bluish, and the toes and about half the foot nearly black. Gangrene was evidently in progress, and rapidly spreading from the toes upward. His whole body and face were covered with an itching red tropical rash, with a vesicular eruption on the nose. The first examination of the urine showed a specific gravity of 1033, sugar 1.44%, albumen, and granular and hyaline casts, indicating the existence also of a chronic nephritis. Later the sugar content rose as high as 3.40%, fluctuating for some time between these two extremes. Withal, the Captain did not feel seriously ill, his courage and strength were good, and his spirit cheerful, in spite of the fact that he had been told of the exceeding gravity of his condition and the probability of a fatal ending.

By great good fortune his ship surgeon was a man of excellent judgment and a deeply interested student of Homœopathy, although he was practicing as an allopathic physician. This young man recognized the futility of ordinary treatment, turned aside from it, and applied himself to the study of the case from the homœopathic standpoint. He decided that Lachesis was the only remedy which afforded any hope, and having a case of homœopathic remedies, he began giving the Captain Lachesis 30, applying meanwhile simple aseptic dressings to the foot and leg and modifying his diet. He thus kept the disease somewhat in check during the home-

ward voyage, and on arriving at New York, turned the case over to me, and returned to duty on the ship.

In order to satisfy friends and relatives who were clamoring for immediate amputation, I called my surgeon, Dr. Schall, and submitted the question of the advisability of operation to him. After getting the history of the case and examining the patient, he advised against operating. To amputate at the knee joint in a diabetic whose gangrene was extending so rapidly, was merely to anticipate the further extension of the gangrene from the flaps up the thigh and a second operation which would inevitably prove fatal, if the patient did not die before it could be performed. Privately, he told me that, in his opinion, the patient would die anyway, and very soon. He had seen a number of such cases in Europe and America, and they had all proved fatal, with operation or without.

Here, then, was a desperate situation, calculated to test the faith and resources of the best-equipped Hahnemannian. The Captain and his good wife were game, however, and when the situation was explained to them, the Captain said, "Well, doctor, I pin my faith to you and Homœopathy. If I've got to die, I will at least make a good fight of it." Thereupon, being myself encouraged by his plucky stand, and knowing how valuable is such courage and the "will to live" as a therapeutic adjunct, I assured him of my belief that he would *not* die; and that together,—he, his wife as nurse, and myself—we would bring the case through to a happy issue. And so we entered into a compact of mutual courage, fidelity and patience, and shook hands upon it. If either of us ever faltered, the others never knew it.

I will not go into all the details of the long medicinal treatment of the case, giving indications for the remedies used, as is commonly done. There is not time and that is not the purpose of this paper. I am simply giving my personal testimony to the sufficiency and dependability of pure Homœopathy in desperate cases, when conditions are right for it; and I am emphasizing the fact that among those conditions, not the least important are the qualities of courage,

faith and patience, and loyal co-operation, on the part of patient, nurse and physician.

Suffice to say, that the treatment extended over a period of eight months. Remedies were selected with scrupulous care, and given, with only two or three exceptions, in potencies ranging from the 200th upward. He was kept on a modified, but not a rigidly anti-diabetic diet.

Doses of some remedies were repeated until improvement was evident and then stopped. In other cases, single doses were allowed to act as long as there was improvement.

Necessarily, in a case of such character, many remedies were needed. The case was one of long standing, chronic and complicated in character. Many different phases presented themselves. Two, and possibly three chronic miasms were actively expressing themselves. The case was in its terminal stage, and the termination, according to accepted medical, as well as surgical standards, should have been death.

The key to the situation lay in the recognition of the fundamental miasm expressing itself in the diabetes, of which the gangrene was merely a terminal condition. But neither the gangrene nor the diabetes were the object of treatment, as such. Unless remedies could be adapted to each phase of the case as it developed, the process of dissolution would go on to the end. Control of the gangrene depended upon control of the diabetes, and both upon the characteristic symptoms of the patient; in other words, upon individualization of both case and remedy under the principle of *similia*.

For about a week, Lachesis, in the 200th potency, instead of the 30th, was continued. Under this remedy, the erysipelatous condition of the leg began to subside, and the area of livid discoloration to recede downward towards the foot. The gangrenous area of the toes and foot extended upward slightly and a line of demarcation developed dorsally at the base of the third, fourth and fifth toes, extending on the middle plantar surface of the foot, however, well back towards the arch. Sloughing began at the toes, and a little later, on the sole of the foot. One after the other, after sloughing had progressed considerably, I disarticulated and removed the

third, fourth and fifth toes at the metatarsal-phalanged articulation. I also made a central longitudinal incision two inches long in the sole of the foot for free drainage, for the sloughing process extended well up into the metatarsal region, and the plantar incision opened into spaces which communicated with the openings at the end where I had disarticulated the toes. Through these openings, pus, blood, fragments of bone, fascia, tendons and ligaments were continually escaping or being removed. The nerves were destroyed, as well as a part of the plantar arch and its branches, which I removed piece-meal, from time to time. There was but little hemorrhage at any time, and that was easily controllable.

The spaces and sinuses were cleansed twice daily by injecting either Dioxygen or Electrozone, and dressing with aseptic gauze. After granulation began, diluted Calendula was used part of the time for injecting in dressing. The discharges gradually diminished, and the spaces began to fill with healthy granulations, until finally, all were closed solid except one very small sinus from which there is still a slight discharge—sufficient to make a spot a quarter of an inch in diameter on the bandage which is still worn. The patient is still under observation.

During all this time the sugar in the urine was steadily diminishing and the patient's general condition improving. At the end of the fourth month the urine was normal and has since remained so. The patient resumed duty and took charge of his ship in January last, thirteen months after beginning of attack, and is today in perfect health, weighing 220 pounds.

He has a good solid, serviceable foot, minus three lesser toes, and walks without a perceptible limp. The skiagraphic report made October 16th, 1912, before healing was complete, was as follows:

X-Ray findings:—The tarsals present no abnormality of any kind. The first metatarsal and phalanges of the great toe are normal. There has been destruction of the head of the second metatarsal, and of the base of the corresponding proximal phalanx. There is some active disease present in the head of the metatarsal, and a considerable amount of

bony detritus in the metatarso-phalangeal articulation. The head of the third metatarsal has been the seat of a necrosis, and there is only a portion of the proximal phalanx present. There is no active disease present in these parts. A similar condition exists about the fourth and fifth metatarso-phalangeal articulation, but in the latter, the remains of the phalanx appears fused to the metatarsal. The arteries of the foot are markedly sclerosed.

Diagnosis:—There is an old necrosis about the second, third, fourth and fifth metatarso-phalangeal articulations with the loss of practically all the third, fourth and fifth toes. Arterio-sclerosis is present to a marked degree.

The principal remedies prescribed as the symptoms called for a change, were Lachesis (frequently returned to as the principal remedy during the more active stage), Arsenic, China, Secale, Sulphur, Silicea, Thuja, Mercury, Phosphoric Acid, and Lycopodium.

Case No. 4. Sunstroke.

A man aged 82; overcome in the street on one of the hottest days in August; unconscious, pupils dilated, face and scalp hot, temporal and carotid vessels throbbing, respiration and heart action labored, pulse full, rapid, skin dry, temperature 110.

It may be taken for granted that the condition portrayed by these symptoms, existing in a man 82 years of age, is a grave one, closely bordering on dissolution. I have little doubt that the institution of the ordinary modern treatment for such cases, by ice packs and antipyretics would have speedily brought about the catastrophe. But I remembered the spicy wisdom of our old friend Raue in his special therapeutics, read over twenty-five years ago and never forgotten.

A dose of Glonoine 200 was given. The bath tub was then half filled with cool water (as drawn from the cold water faucet) and the patient's body was submerged in it, the head and neck being supported. He was kept in the bath about fifteen minutes, water being constantly dipped up from the tub and poured over his head. By this time consciousness began to return and he was lifted from the tub, wrapped in

a sheet, and put to bed with a wet towel on his head. A few doses of Glonoine 200 in solution were given. His temperature dropped rapidly, and in about twelve hours was normal. In three days he was going about as usual.

Case No. 5. Entero-Colitis.

At three o'clock in the morning on November 28th, 1907, my telephone rang and a voice said, "This is Dr. H. I am at the house of Dr. B. with three of my colleagues, all in consultation upon the case of Dr. B.'s baby. We have been here all night, and at the last conference, a few minutes ago, it was decided that the case was hopeless and the baby dying. I have suggested that you be asked to come over and see if you can do anything to save her, and they have accepted the suggestion. Will you come?"

I replied that I would. The doctor came for me in his motor car, and in a few minutes I was at the bedside of the little sufferer with the five physicians assembled in the room to observe my procedure. They told me that they had exhausted their resources, including the measures advised by an eminent allopathic specialist in the dietetics and treatment of children's diseases, who had been called in several days before. They placed the case unreservedly in my hands, being themselves hopeless. This is what I observed.

The baby, nine months of age, was lying on her back unconscious; eyes half open, sunken and turned upward; face drawn; head bent backward; fingers clenched upon inturned thumbs; nose cold; breath cold; respiration groaning, 50 to 60; mouth and tongue dry; chewing motion of the mouth; convulsive motions of arms; at times biting the fingers; truly a serious condition, likely to end very shortly in death unless the curative remedy could be found.

I learned that the attack had begun with a diarrhoea ten days before. For four weeks before this, however, there had been no gain in weight, although she had been previously healthy, this being her first illness. There had been from three to six stools daily, at first brown fecal, then yellow, later green. The stools had been undigested, containing lumps of casein. All dietetic and hygienic measures adopted, and all

remedies given had failed. Twenty-four hours before, forcible, or projectile vomiting had begun; she became thirsty for cold drinks which were vomited; was restless, pale, weak, refused food, and sank rapidly into the condition in which I found her. Cham., China, Calc. phos., Bry., Cicuta and Helleb. had been given, *all in low dilutions*, without benefit.

What was to be done? Five able young men, all "up to the minute" in modern dietetics and hygienic methods, and considered fairly good homœopathic prescribers, reinforced by one eminent allopathic child-specialist, had failed, and frankly acknowledged their failure. Had they sounded the depths of homœopathic resources? Reviewing the case, I thought not.

With Bonninghausen, and my penciled notes in hand, I worked out the case before them, commenting as I worked. It appeared that the characteristic symptoms, insensibility, coldness, head bent backward, eyes turned upward, desire for cold water, forcible vomiting, respiration groaning, hands clenched, were covered only by Nux vomica, which corresponded also to the general character of the original gastrointestinal disorder.

I called for a glass half full of water and dropped a few pellets of Nux vom. 200 in it. I directed that a teaspoonful of the solution be given every two hours until three doses had been given, and that then I should be informed of the condition of the patient. One of the physicians remarked *sotto voce*, "She'll be dead before that." I reassured them, and went home.

At eight A. M., four hours after the first dose had been given, my telephone rang again and my friend in a jubilant tone of voice said, "Doctor, you were right! The baby has reacted. She is now warm, and convulsive symptoms have all ceased. She has taken a drink of water without vomiting, and is now sleeping naturally with her eyes closed! It is a miracle!"

From this time on the case was simple. On the third day she was up and dressed. No other medicine was given until the fourth day, when a single dose of Nux vom. 45 m was

required to remove a few remaining symptoms, after which she was in perfect health.

DISCUSSION.

W. S. Hatfield: When is it not right to depend upon the homœopathic remedy?

Stuart Close: I did not specify any particular condition, but I can imagine a condition that might demand relief, or release from suffering, by means of a suitable dose of morphine or chloroform. I can say that only on two occasions have I ever met such a condition. One was a case of uremic convulsions in the terminal stage of chronic interstitial nephritis, immediately preceding inevitable death, and the other was a case of severe traumatism from instrumental delivery of an acephalous monstrosity.

P. E. Krichbaum: I have never found anything better to produce comfort in the dying hours than the homœopathic remedy. If the patient demands an opiate, they must go elsewhere because I do not use anything but the homœopathic remedy.

W. S. Hatfield: I believe that the homœopathic remedy is always equal to the occasion; I have found it to be so. *Carbo veg.* given in extremis either saves the patient or allows them to die easy.

H. L. Houghton: A year ago last winter I treated a little frail woman for pneumonia; she already had progressive arthritis deformans. *Phosphorus* was her remedy as it turned out after studying her symptoms a while. She told me a very similar story to that related by Dr. Close, as happening twenty years ago. Does he think that the shouting did it or the *Arsenicum*?

J. F. Roemer: The adjuvant remedies that were used in the case of the sea captain should be emphasized. I do not believe for a moment that the doctor could have cured him unless he had had the co-operation of the patient and his wife.

E. A. Taylor: In regard to the shouting as to whether it did good or not there need be no trouble. At any rate it did

not interfere with the action of the homœopathic remedy. I was impressed with the point the doctor made when he said that we need not all be experts; we need not be experts, if we know the principles of Homœopathy and do the best we can, we can do better than by any other known method whether we are experts or not. I was displeased with the circular that our officers sent out to us because it spoke of the members of this society as therapeutic specialists. We are physicians and surgeons. Therapeutics is the most important part of medicine; what do we do most in general practice? Is it not to get the indicated remedy? We are called upon to prescribe for symptoms twenty times as often as we are called on to do surgery. Those who practice Homœopathy should qualify themselves to practice it. The way for us to do is to go at the problem in a plain sensible way, take the case as well as possible, and then follow the plain directions of Hahnemann; we may not always get the similimum, but we will get a remedy that will be similar enough to help the patient and will never do any damage such as may be done by some of these new fashioned fads.

G. E. Dienst: The point is, will Homœopathy do as well for the patient in emergency cases as the old school will? Is the indicated remedy as efficacious in severe hemorrhages, post-partum and others as are the expedients of the old school? In traumatisms? dislocations? fractures? violent vomiting of blood? I simply ask these questions without attempting to answer them.

A. P. Bowie: All who ask such questions as those, should get hold of the recent work by Edmund Carleton, a man who was a surgeon of the first class. He will tell you in that book how his homœopathic treatment helped him in his surgery. Dr. Carleton has gone, but he has left us a legacy that is worth its weight in gold.

Lawrence M. Stanton: A patient in such a state of collapse that death seems imminent may be said to be an emergency case. Such a case, the heart beats not audible, water rolling into his stomach with audible gurgling as into a paper bag,

was given *Laurocerasus* and made a complete recovery. I think that beats any vaccine.

Julia M. Green: A case of mine got into an extreme condition and it seemed would have died until it dawned upon me that it was a complete picture of Opium which produced a favorable reaction and recovery. I was asked to report it at a meeting and did so. After reading it they all crowded around me and said, that is all right but I could not have done it.

C. M. Boger: It is well not to make up one's mind as to what Homœopathy is capable of doing or not doing and always await an extension of its possibilities. Careful and conscientious prescribing does greater and still greater things with our remedies. Our new hospital superintendent found a lot of old uncured cases had been dumped there. Among them a case of syphilis in a woman who had been infected eighteen years before. Some eight months ago she had had an attack of grippe followed by myelitis and contracture of the hamstrings; the lower limbs were firmly flexed on the thighs, hands clenched and she had the Argyl-Robertson pupil. She could not even sit up in bed. She now received a daily massage and a single dose of *Pulsatilla* 1M. In three weeks she was better; in seven weeks she was dressed and sitting at the window, after which complete recovery gradually followed.

G. E. Dienst: I want to say for myself that I asked the question in order to bring out this very discussion. Personally I have had very little trouble with emergency cases. The indicated remedy will do more than all the thousand that are not indicated. A child was sent to me from Wisconsin; the child was losing rapidly. I tried to find symptoms but could not. The weight had fallen from twelve to five pounds. I prescribed as best I could without result, when the family moved to Lockport. They sent for me and told me to bring a death certificate. I found the child nearly gone. It was so weak that when I pulled the eyelid down it could not raise it up. Finally I asked the mother what she ate while she was carrying the child. I found out that she had an inordinate

craving for salt. Only one dose of *Natrum muriaticum* was needed. He is a big boy now.

Geo. G. Starkey: I am emboldened to add a stone to the pile that has been heaped up here from the experience of many. A little boy of five years was the patient. He was in a tremble, uncertain of movement, could not walk straight, staggering, running into the door-frame when trying to go through; easily crying, eyes rolling; some nystagmus; getting rapidly worse. Legs were giving away, yet he wanted to climb things. It looked like Friedreich's ataxia. Phosphorus caused a slight improvement. Dr. Kent helped me to see that Alumina was indicated and in the 10m after a slight aggravation it helped promptly. In a few weeks, he was a well child.

Stuart Close: I can only endorse Dr. Bowie's suggestion about the excellence of the posthumous work of Dr. Carleton. I hope that every member of this association will send to Boericke and Tafel for a copy and read it as they would their bibles. It will do more to strengthen Homœopathy than any other book that has been published within the last twenty-five years. As to Dr. Houghton's question I may say that I did not "shout," I merely spoke in an ordinary tone of voice, and it was not at all to sustain my own courage; thought of myself never entered my mind. I never felt more exultant and confident nor have I ever had a keener inward sense of power and efficiency than I had when I entered that room. The course that I pursued was entirely without premeditation although I saw afterward that I had followed physiological lines and dynamical principles in beginning with the smallest muscle in the upper part of the organism, the upper eyelid.

While I understand Dr. Taylor's and Dr. Houghton's attitude towards anything that savors of mysticism, I believe that everything I did was necessary to recall that patient and save her from dissolution; it was necessary to relax those rigid muscles, to awaken her attention, and to arouse in some way her desire and will to live. She had died in her mind; the victim of ignorance and error; she had been surrounded by those who thought that she was dying, and said so in her

presence. The depressing psychical influence had brought on slowly what is brought on rapidly in those cases of hazing in our colleges, where students are sometimes told that they are being bled to death, and while blindfolded, the arm is scratched and water poured slowly down so that they imagine they feel the blood trickling down. Death from fright has occurred in such cases. My patient was dying because psychical traumatism was an element in her condition as well as physical disease.

Psychical treatment was as necessary as medicine. I used a combination of physical manipulation, psychical control and drug action, and I am certain that she would have passed away never to return if I had omitted any of them.

OBSERVATIONS ON DIET FROM A CHEMICAL AND PHYSIOLOGICAL STANDPOINT.

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

SPENCER CARLETON, M. D., FLUSHING, N. Y.

We purpose to set before you, not an elaborate essay upon diet, but simply some practical clinical points upon phases of the subject which have been much neglected; points more or less unrelated, perhaps, but connected in this way, that they have all been worked out from the chemical and physiological side of medical work.

We feel that the physician should prescribe "Diet" with more precision than is usual in average practice. But to do this the practitioner must have in his own mind very definite ideas of what he wishes to accomplish, and of how he intends to achieve his purpose. Thus prepared, he can speak with authority; and his patients, moreover, will be the more likely to follow instructions. Definite ideas give birth to clear and positive pronouncements. Specific and clean-cut directions carry conviction and enforce obedience.

Food Preservatives.

We need spend no time on the subject of food adulterations and food preservatives, beyond that involved in noting its great importance. Our patients should not take foods preserved with benzoate of soda, boric acid, copper sulphate, sulphurous acid, etc. That we should tell them, since if they are not cautioned they are very sure to take them in without thought. The Board of Health of Westfield, Mass., has issued "The Westfield Book of Pure Foods," which will be sent on receipt of ten cents. With this book as a guide, our patients may easily avoid improper food preparations.

Inorganic Salts in the Diet.

The inorganic salts are essential for carrying on the life processes. They yield no heat or energy, but they are necessary ingredients of all the tissues and they control the osmotic interchanges that are constantly going on in the body. The calcium salts are necessary for the curdling of milk and for the coagulation of blood; the salts of calcium, potassium and sodium play an important part in the rhythmical contractions of heart muscle and the irritability of muscular and nervous tissue; the blood corpuscles perform their function because of the iron salts in the hemoglobin; bone and teeth are largely lime phosphate. Dogs fed on ash-free diet died in twenty-six to thirty-six days (Foster). Experiments of Lunin indicate that some, at least, of our salts must be taken in organic combination. Mice live very well on a diet of dried cow's milk, but when fed on the same ingredients, (fat, sugar and casein) ash-free, and the inorganic salts extracted from the cow's milk being added, they died in 20 to 30 days.

This matter of the salts in the diet has been largely overlooked. We have found it difficult to get satisfactory data concerning the mineral content of foods. In the excellent analyses made by the Department of Agriculture, the amount of carbohydrate, fat and protein is always given, but the inorganic salts are dismissed as "ash," and nothing further

is stated in regard to them. We cannot tell how much of this "ash" is lime, how much phosphorus, how much iron, etc. One of your essayists had a patient of some 80 odd years who fell and broke his arm—a complete fracture of the humerus. You know the poem:

"Children, you are very little,
And your bones are very brittle;
If you would grow great and stately
You must try to walk sedately."

This shows that Stevenson was a better poet than a physiologist. For it is old people's bones that are brittle and not children's; and my elderly friend had failed to walk sedately. As he waved the stump around the air union seemed very doubtful, but after the bones were put in good apposition, we took thought as to how he could be helped from a diet. He received *Symphytum*, of course, but if he did not receive Calcium phosphate and Calcium carbonate in his food, how could callus form? We looked in the dietetic book for lime foods, but found no specifications as to lime, only as to "ash" content. And so it was brought home to us that our knowledge of foods in this particular was remarkably deficient. It was decided to give him foods with much "ash," in the hope that the lime salts would be included therein, and now we know our selection was good. He received principally oat meal, milk, and plenty of unboiled water (boiling precipitates the calcium) in addition to his regular food. The result was remarkable; union was perfect, a great wad of callus was developed, the arm became as good as ever; and daily the old man goes to market and lugs home enormous baskets of provisions with his healed arm.

In feeding our *Calcarea carb.* babies, we must be sure that the food contains the lime which the babies need. We contend that if there is no phosphate of lime in the food, or if this salt be insufficient, no homœopathic prescription is going to build bones. We must be sure there is an ample supply of mineral salts. In this connection we call attention to the work of Alfred W. McCann. In his book called "Starving

America" he brings out very clearly the need of inorganic salts, and he also shows that most of these salts are witlessly removed from our every day foods.

"First Patent Flour" is the trade term for the finest flour milled.

First Patent Flour contains . . . .	.37	mineral matter
Second Patent Flour contains . . . .	.42	" "
Straight Patent Flour contains . . . .	.50	" "
Whole Wheat Meal contains	1.72	" "
So-called Entire Wheat Flour contains .	1.02	" "
Bran contains	6.06	" "

The mineral content in percentage of the whole is shown as follows:

	WHOLE WHEAT	PATENT FLOUR
Calcium . . . . .	.061	.025
Magnesium . . . . .	.213	.027
Potassium . . . . .	.519	.146
Sodium . . . . .	.068	.04
Phosphorus . . . . .	.902	.20
Chlorine . . . . .	.08	.07
Sulphur . . . . .	.17	.17
Iron . . . . .	.0053	.0015

In refining wheat we lose about two-thirds of its calcium, seven-eighths of its magnesium, three-quarters of its potassium, seven-ninths of its phosphorus, and three-quarters of its iron.

The mineral loss in refined flour is therefore enormous and disturbing. We must consider the matter. And the loss in other grains is similar—rice, corn, barley and rye. It is found that animals fed on these refined grains do not thrive. The indications for the liberal use in our diet, and especially in the diet of children, of whole wheat, brown rice, etc., would seem to be pressing.

It should be said, however, that in this field there are elements not yet determined with anything like positive assurance. It is true that the polishing of rice grains, for instance,

takes away the mineral salts. But it takes away something else also, the exact character or constituency of which we do not know. The name "Vitamine" has been given to this little-understood constituent—if it be a constituent. "Vitamine" exists in the outer coat of grains and in other substances. And it has been found that an animal fed on food without vitamine will not thrive, but will thrive when even a small amount of vitamine is added. It is possible that the marked nutritive loss which we have attributed to the lack of inorganic salts in the food may be due to the lack of "vitamine." But in any case the point is clear that the whole cereals must be used liberally in the diet.

Meat Extracts.

Broths, soups, meat extracts are almost universally prescribed for the sick. Yet, strange as it may appear, the scientific reason for good results (when good results follow) seems to be indifferently grasped by more than a few practitioners. Repeatedly shown, by analysis, that there is "nothing in beef tea but water and a flavor," we go right on giving it to the enfeebled and to the sick who require real and substantial nourishment. Seemingly we do so just because our mothers and our grandmothers did so. But we do it also because *we see the patients thrive on it*—in sheer despite of the analyses which prove scientifically that there is nothing in it! Our grandmothers were not so foolish after all! Maybe we will discover some day a scientific relation between red flannel and rheumatism.

It is nevertheless true that broths, soups and meat extracts, as ordinarily made, have very little true food value. That is, broths contain very little fat, or protein, or carbohydrate. They have little value as sources of heat and energy, and practically none for building up tissue cells. Bouillon has a fuel value of only 50 calories per pound; home-made beef soup a value of 120 calories per pound (due to vegetable matters and gelatine). Milk, on the other hand, is credited with a fuel value of 325 calories.

Yet I believe that the broths have a decided place in the feeding of the sick, a place which apparently has not been well recognized. And while we use broths, and often wisely, we do not always see why we should use them. In order to make my thought clear I shall ask you to review some points in gastric digestion.

Years ago it was taught (Beaumont) that the flow of gastric juice is excited by the direct mechanical stimulus of the food upon the gastric membrane. Pawlow, the great Russian physiologist, has shown that this is not the case. He has demonstrated that the secretion of the gastric juice is under the influence of the nervous system, and that the flow is excited not by the presence of food in the stomach, but reflexly by the taste, or smell, or even thought of the food.

Pawlow hit upon an ingenious method of experiment—on dogs. Dividing the esophagus in the neck, he brought the two ends to the surface, so that the food taken in by the mouth and swallowed, would not reach the stomach at all, but would drop out upon the floor. Having made a gastric fistula, he was able to observe the results in the stomach. The dogs could then be fed (actually) by means of the opening from the neck into the stomach, or they could be given a “sham feeding” by way of the mouth,—the dog tasting and chewing the food, which, when swallowed, was ejected from the neck opening.

He found that when meat was introduced into the stomach of the dog *without its knowledge*, the secretion was scanty and of feeble digestive power. The effect of sham feeding, however, was quite different. Meat fed to the dog by the mouth, notwithstanding that it fell out of the oesophageal opening and did not enter the stomach at all, produced an abundant and active secretion after a latent interval of about five minutes. Simply showing meat to a hungry dog will produce a copious secretion.

Thus Pawlow has shown that the psychic element is an important one in feeding. The sensation of eating, the sight, smell and taste of food send impulses to the brain which are reflected through the vagus nerve to the stomach and cause a

secretion of gastric juice. This secretion Pawlow calls the "psychic secretion." The gastric juice thus poured out starts the digestion of the food, and in the process of digestion there are formed certain substances called *secretogogues*, which by their action stimulate a further secretion. Just what these secretogogues are has not been determined. It has been found that they are not only formed by the process of digestion, but that they exist preformed in certain substances, especially meat broths, soups and meat extracts. And it is just here that the value of these foods is evident.

Water and milk introduced into the stomach of a dog without his knowledge (while sleeping or while his attention is diverted) have very little effect in stimulating gastric secretion; bread and white of egg are entirely without such action. Soups and meat extracts, on the contrary, are very active in this way.

If the sight and smell and taste of the food are not such as will arouse this psychic secretion, we can expect little activity of the gastric membrane. This is the condition we often meet with in the sick. Food is accepted with apathy or repugnance; and if the milk or the gruels or the albumen is taken without arousing any psychic secretion,—“without appetite” as we say—that food probably lies in the stomach undigested for a long time. It has been shown that the mechanical presence of food excites no secretion, and the foods ordinarily fed the sick are of little activity in promoting the secretion of the gastric glands.

It would seem good physiology, under these circumstances, to supplement the feeding with something which will, by its presence, excite the flow of gastric juice. We know that this is done clinically, and has been done for years, yet we think the usual manner of giving broths is not productive of the greatest good.

Our suggestion is this:—That when it seems necessary to give these meat extracts they be used in such a way that the gastric juice which is produced because of their presence may act upon and digest something that is really nutritious.

It is customary to give a cup of broth, or half a cup, to an

invalid, and count that as one feeding. We submit that this is unphysiological. It would seem better practice to give a small quantity of broth—say a tablespoonful or two tablespoonfuls—and follow it with the milk, or gruel or albumen. Nor is it wise to overlook that other psychic stimulus—the sight of the food. The broth is served in a dainty cup, upon a spotless napkin. The patient sees the appetizing food, smells it, tastes it, wishes there were more. Then he will eat the rest of his ration. And even if all this does not whet the appetite, and so start the psychic secretion, the presence of the broth in the stomach starts the gastric juice, and digestion is begun.

In this way results have been obtained that were satisfactory. The method has been used not only in the feeding of invalids, but also for children. Bread, milk and cereals given to children preceded two or three times a day by a little broth or meat juice have been well borne, and the improvement demonstrated the increased digestion and assimilation.

The only original notion in this method is the giving of a small quantity of the broth immediately before each feeding. It has been the custom to precede a hearty meal by soup, and this practice rests on firm physiological ground. Our suggestion is to feed out invalids on miniature course dinners.

The professor of physiology at Columbia University has called my attention to the experiments of the professor of physiology at the University of Dublin. This investigator fed dogs on weighed amounts of dog biscuits for some time, and noted that the weight remained stationary. Then, using the same amount of dog biscuit, he added meat extracts to the diet. The dogs increased in weight.

Diet in Fever.

Food substances are, as you know, grouped into classes:—Carbohydrates, Fats, Protein and Salts. Each group has relation to some special function. The protein, nitrogenous substances, are needed to replace the protein broken down in the tissues in the process of cell metabolism. A long con-

tinued diet insufficient in protein means loss of function, weakness, and finally death. The fats and carbohydrates, non-nitrogenous substances, useful especially in furnishing heat and energy to the body, are also, both of them, "protein spacers,"—that is, when these are added to the diet, protein may be reduced. There is a minimum amount of protein below which it is not safe to go; but just what this minimum is, can not yet be stated positively. Chittenden has placed it rather dangerously low. His conclusions have not been accepted by all physiologists, and we should proceed along this line with a good deal of caution.

It has been proven, however, that the energy needs of the body are met by the carbohydrates and fats—especially by the carbohydrates. A man on a certain diet will not excrete more nitrogen when he works hard than when he is idle; he uses no more protein in the one case than in the other. But his excretion of CO_2 increases; he burns up more carbohydrates and fats. The work of the body, the muscle work and the production of heat, is performed upon the non-nitrogenous foods.

Here, then, is a practical point for our consideration. To fit a man for increased work, feed him, not more protein, but more carbohydrates. And how about fever? We usually put a fever patient on milk, or milk and albumen water. But this is pre-eminently a protein diet. In fever the production of heat is abnormal and carbohydrate is being used up. Why not increase the supply in the food? If the system cannot find carbohydrates to burn, it will put the tissue cells into the furnace—just as in the old Mississippi steamboat days, when the appointed fuel gave out, the firemen split up the boat's furniture. Now, would it not seem rational to resort in fevers to the "protein spacers," to foods which will save the destruction of the tissue cells? Wherefore, we advocate for this purpose the use of carbohydrates.

Cereal gruel added to the milk balances up the ration pretty well. The gruel may be dextrinized if necessary.

Special Problems.

From these more or less general considerations, we would

turn your attention to some of the problems confronting the physician in special cases.

Diet may often be as particularly directed to the cure as the Homœopathic remedy; diet specialized, based on peculiar needs, narrowly restricted, individualized, with as precise care as in the case of the remedy itself. And at times a diet may do what we can not do with a remedy, or do not wish to do. For instance, in the treatment of a chronic case, a diarrhœa may supervene, and we may not wish to change our remedy. We can control the situation by diet.

Diet in Diarrhœa.

The indications here are for food from which there is the smallest amount of residue. What is eaten must be absorbed quickly, so that the bowel may get the rest that it needs. The requirement will be met by prescribing the following very limited diet. The patient may eat of any of these cereals: Barley, cream of wheat, farina, hominy, or rice—well cooked, and served hot with butter or salt. Nothing else to eat. This regimen will control acute diarrhœa very promptly. It was called to our attention by Dr. Joseph E. Winters of New York, and we have never known it to fail. Water is allowed to drink, but no milk or sugar, or anything else but the articles stated.

There was a time when acute diarrhœa gave one of your essayists considerable anxiety. Now, he rests easy o' nights—for if his remedy is right, the trouble is stopped in a few hours, and if it is not right, the case is cured promptly enough by the diet.

There are two objections which can be urged against this treatment. One is, the extreme tiresomeness of unvaried food. But, although patients make much moan, really they are, usually, not hungry anyway, and they rarely transgress. The other fault lies in the ease of its application, and the fact that it may lead the physician into carelessness in the consultation of "Bell's Diarrhœa."

Diet and Uric Acid.

It may be convenient to obtain guiding symptoms for the selection of a diet through some of the modern clinical investigations, especially urinary analysis. The urinary findings constitute a good index of general body metabolism.

Take a concrete case. The urine shows an increase in the sulphates, phosphates, indican, general acidity and uric acid with only a normal amount of urea. It is important that the uric acid be determined quantitatively. Here we have guiding symptoms for the selection of an individualized diet. We must prevent the formation of uric acid manifestly; but we must go further. We are prone to think that the uric acid patient is "testy" because in pain. Physiological chemistry points to another explanation, to wit, Nature's reaction against the irritation of the uric acid group is a pouring out, in excess, of phosphates, whose use is to keep the uric acid group in solution and bland. But this pouring out drains the tissues of phosphates; so that the patient's irritability is due, not so much to pain as to the devitalizing of his nervous tissues. Here we have another pointer towards diet. We must feed the patient phosphates sufficient to make good the losses, until the surplusage of uric acid is eliminated. The following indications must therefore be met:—

1. We must dilute the acid.
2. Reduce the uric acid intake.
3. Cause formation of urea instead of uric acid.
4. Increase the phosphates so as to neutralize the uric acid.

The first indication (to dilute the acid) is met by increasing the water ingested. The second indication (to reduce the uric acid intake) is met by the prohibition of the purin-forming foods. These are tea, coffee, chocolate, red meats, beef extract, meat soups; eggs; asparagus and legumens; all acids, including acid fruits; and especially all glandular products, such as liver, kidney, brains, sweet-breads, tripe.

The third indication is met by supplying proteins free from the purin bases, by giving what Haig calls the lacto-vegetarian diet. And we are aided by the copious water intake, for it

has been proven that increase water causes the system to break down nitrogenous waste to urea, with decrease in the uric acid, etc.

The fourth indication calls for the grains, and especially for the subcortical layer of the grain; and this means whole wheat, whole oat meal, whole, unpolished rice, etc. These whole grains contain (as has already been pointed out) more than four times the amount of phosphorus that the "refined" grains contain. Another point in their favor is that the grains help in the meeting of our indication No. 3, in that they give the protein in a non-uric-acid-producing form. Amongst things that may be allowed are cheese, gelatin, (because it is a protein sparer) and milk; potatoes; all vegetables except those indicated.

Lime Water.

The use of lime water in the modified milk of infants is gradually being abandoned, and there is good reason for its falling into disfavor. The coagulation of milk, like the coagulation of blood, depends upon the presence of calcium. Milk will be coagulated in the baby's stomach, but if lime is added the curds are more resistant to the action of digestive juices. Indeed, in the symptomatology of calcarea, we note undigested stools, and in infants we often find the curds, showing that the coagulum is so resistant that it has escaped all digestion.

Boiled Water.

Boiling water precipitates the lime in it. Some of us do not boil the water for the babies under our care, because we want them to have all the lime present in their natural food.

Vomiting of Curds.

In the vomiting of curds in infants, Jerome Alexander called attention to the fact that the coagulation of casein could

be prevented by dissolving and adding to each feeding 0.5 per cent of cooking gelatine.

Sugar in the Diet.

Sugar, as a staple article of food, is a comparatively recent addition to our dietary. Although known for many years, its cost put it beyond the reach of persons of moderate means. For a long time it was used exclusively by physicians in the preparation of their medicines. In the 14th or 15th century it became a rather common article of food among the well-to-do, and Queen Elizabeth is described in 1598 as having black teeth because of her excessive use of sugar. But it is only within the last fifty years that its use has extended to people in all walks of life. The amount of sugar used now in families of the well-to-do in the United States is about two pounds per week for each person. The amount appears to be well borne in the majority of cases; that is, no direct ill effects are noticeable when the amount ingested is from three to four ounces a day. When this is increased unpleasant symptoms appear.

Brandl experimented with different solutions upon the stomach of a dog. In solution of 5.7% the mucous membrane was reddened; while a 10% solution produced great irritation.

It must be remembered that sugar is a concentrated food, and that our organs of digestion are not, apparently, fitted for the care of concentrated food stuffs. Peptone, while highly nutritious, is so irritating to the digestive tract that its use is extremely limited. Some years ago an endeavor was made in the army to feed the soldiers upon compressed tablets of concentrated nourishment, with the development of this aphorism, "Feed a soldier upon a pill and he acts like one." It is probable that when taken in large amounts, as is frequently done in the form of candy and other sweets, sugar is far from being the harmless food that Dr. Woods Hutchinson would have us believe. And while it is concentrated food, we must also bear in mind that it is practically a mineral-

free food, and we have already pointed out the needs of the body in relation to the mineral salts.

In the feeding of children one of your essayists has made frequent observations upon the effect of withdrawing sugar entirely from the dietary, and the results have been so marked that he feels that this paper would not be complete without some mention of them. The other essayist, however, contends that with proper attention to other parts of the dietary, no untoward effects will be observed, and he has never prohibited its use. But we are agreed that it is worth while bringing the matter to the attention of this body.

McCann, in his "Starving America," makes the statement that the evil effects of sugar are due to its affinity for lime and iron, and that because sugar is introduced into the organism without these minerals (being divorced from them in the process of refining) it abstracts the lime and iron from the blood and tissues; and that it is these losses from which sugar-eating children are suffering. He says that the negroes working in the cane fields eat large quantities of sugar in the natural state—combined with lime and iron—and exhibit no ill effects. Indeed, the teeth are unusually strong and perfect. While this is interesting, in that he is seeking an explanation for a condition which is very generally recognized, we cannot, as physiologists, accept this ingenious theory. If the salts were drawn from the tissues, they would be returned when the sugar is absorbed. To us, the explanation would seem to be the deranged digestion, due to the taking into the delicate stomach and intestines of a concentrated, irritating substance. The digestion unbalanced, appetite is impaired, and the subject refuses food unless it is sweet. It is the other food, you will remember,—the bread and milk and cereals—which contains the lime, iron, phosphorus, etc. so essential for general body functions.

How often have we said to the parent, "Do not give the boy any sugar in his food," to be met by the reply, "Why, then he will not eat anything!" And in truth he will not unless it is sweet. He satisfies his immediate appetite, but the loss

to nerves and bone and teeth, from not taking in the necessary inorganic salts, cannot be estimated.

Dr. Joseph E. Winter said that years ago rheumatic heart disease among children was very rare, while now it is quite common; a fact due, he thinks, in our cities, to the candy man on the street.

The effect of sugar in rheumatic cases seems to one of the writers to be very marked, and he often stops sugar, and allows a small amount of meat, and has had success with this treatment. The other writer has paid no attention to the sugar, but has been strict in eliminating all the uric acid forming foods, with insistence upon cereals, etc., and has achieved his result. But we note that in both treatments the cereals and milk have been urged, and perhaps we have here the secret of success in both.

A child who is listless, anemic, with coated tongue, no appetite, having various aches and pains—"growing pains" perhaps—when put upon a diet absolutely free from cane sugar, will, in a few weeks, gain in appearance; the color comes into the face, the tongue clears up, the appetite improves, the pains leave. The improvement is spectacular. The diet includes cereals, milk, eggs, bread, fruit, vegetables; but excludes sugar on cereal, cake, pie, all desserts, jam, candy, etc. In everyday language, the child is put upon "the simplest kind of food." But, pray, why "simplest"? Sugar is a simpler carbohydrate than starch, and more quickly digested and assimilated. Really the experience of everyone is that sugar is "rich"—and therefore possibly detrimental.

One little girl had pains in her legs so great that she cried herself to sleep night after night. A sugar-free diet stopped the pains at once. The suffering returned suddenly, and her physician was at a loss, until he found that the child had stripped the Christmas tree of all its candy.

It has been urged that the growing child, because of the great energy needs of the body, really requires sugar. The answer to this is that the human race existed for many generations without cane sugar—and we must believe that some of our ancestors were a sturdy lot!

Summary.

1. In constructing a diet we must consider inorganic salts and "Vitamine."
2. Meat extracts have a high value as drivers of gastric secretions.
3. It is a physiological error to omit carbohydrate food in feeding the sick.
4. Acute diarrhœa is controlled by the use of certain cereals.
5. The non-uric-acid diet must include a liberal quantity of whole grains.
6. Cane sugar is used more freely than we realize. Cutting it down is not dangerous, and is often decidedly beneficial.

DISCUSSION.

J. F. Roemer: I thank the writer very much for this paper! I can understand now why my daughter suddenly began to be ænemic while before I could not understand it at all. It surely was the sugar in various forms that she ate. She would eat nothing practically except candy and sweets. I wonder if the sugar diet followed by the negroes does not favor the tuberculosis to which they are so subject in the south.

Harry B. Baker: The death rate among the negroes from consumption is much greater than formerly. In slavery times it was very rare. They were fed on good plain food then and their sanitary surroundings were much better than they are now.

P. S. Replogle: The use of salt is one great cause of catarrh. Everyone uses enough salt every day to get a proving of *Natrum muriaticum*. In the care of chronic diseases where I can get the control of the patient, I forbid the use of salt. The salt that we use on the table is not the salt that circulates in our systems.

I would like to ask in reference to the feeding of typhoid cases, whether the writer approves of solid foods as is recommended in some modern books.

Geo. G. Starkey: I, too, have a question. It is about the widespread use of vanilla. Is there any drug action in it, or it is harmful in any way.

F. E. D. Bloomington: I would like to ask about oat meal water in baby foods. Is it not preferable to use wheat or barley or bran in place of oat-meal?

E. W. MacAdam: In the treatment of chronic diarrhœa I have not been successful with the cereal diet. I have tried it in one case, and the condition improved, but the patient became too weak to continue this one-sided diet. Winters made the statement that any diarrhœa, except tubercular, can be cured in this way; and he reports, I believe, cases of chronic diarrhœa cured by following this plan. I hesitate to use the diet over long periods, because it contains too little protein. I am not familiar with the chemistry of either chocolate or vanilla. I feel incapable of speaking with authority of typhoid diet, but I would not give such patients any solid food.

President: If agreeable to Dr. MacAdam I will supply some items of information on chocolate and vanilla. Chocolate as it comes from the seeds is rich in fat, but contains no starch and little, if any, sugar. The prepared chocolate generally has sugar added and sometimes a little starch. Starch, rice, flour, et cetera, may be considered adulterations. Baker's chocolate in cakes is free from sugar or starch. Vanilla is used in such small quantity as a flavor that its nutrient effect is nil; it belongs to the purely aromatic flavors and does not have much effect upon the system either way. It is to be remarked that until the passage of the Pure Food Law comparatively little vanilla was used, it being universally adulterated or substituted by the *Dipterix odorata*—the Tonka bean.

W. S. Hatfield: I have noticed the ill effects of Borax, especially in children. I know a man who had used it for a time as an application to itching piles and during the time he used it he developed a vertigo and that very pronounced symptom "fear of falling." He did not dare go near an upstairs window for fear of falling out. Looking up at a high building caused fear of falling. On walking at night

would grasp the bed from fear of falling. While riding on a street car must hold on for fear of falling. On crossing the suspension bridge at Cincinnati he did not dare to look down upon the water for fear of falling. On stopping the use of Borax he was relieved.

H. L. Houghton: These two papers are of tremendous value; their value is all the greater because they approach the question from two directions—that of the prescriber and that of the chemist. The emphasis has been paid for many years exclusively upon the chemist's point of view and this has caused homœopaths to rebel from some of their dicta and to combat the education that has been drawn exclusively from laboratory methods and correct it from the viewpoint of the prescriber. The subject has received much attention of late and the importance to the public of being acquainted with food values is great. I do not think that there is so much difference in the various milks as the laboratory methods make out. One of the few things I read in Latin was about Romulus and Remus being fed upon the milk of a wolf and it confirms what I now believe to be true; namely, that the human animal can live upon the milk of other animals. Milk as it comes from animals has a definite distinctive quality and applied to the human infant will meet his needs and nourish him. In dealing with this subject for seventeen years, I have found that given a normal cow—that is a cow used for milk and not for cream or butter, its milk undiluted answers perfectly for infants deprived of the natural mother's milk. The milk must be pure and fresh and the infant fed slowly and all the vessels clean. Then if there is any trouble I look for it in the infant, I look for symptoms, correct them with a dose or two of whatever is needed and then the milk agrees. The question of sugar was touched upon. I have found that sugar is a habit; a habit almost as difficult to deal with as the alcohol habit.

People get into the habit of eating sweets and of requiring a certain degree of sweetness in foods that is not necessary to the system but on the contrary is deleterious. Here is a girl 13 to 17 years old going to school, has to give up school on

account of her health. On inquiring into her habits you find that she eats one-half pound of candy a day and it is hard to break the habit. That I look upon as a craving of the individual taste and not a need of the system. I have found that where I have a patient breaking the alcohol habit, or the smoking habit, almost without exception they have a craving for sugar even to large amounts, such as five pounds a day.

Dr. Krichbaum: Feeding children with unmodified milk is contrary to my notions and I would like Dr. Houghton to give us some idea of his experience and methods of feeding unmodified milk to children.

Dr. Houghton: The milk must be pure, without the application of heat or the addition of foreign substance; the writer called milk a tissue and so it is. I cared for a seven-months child, delicate as such babies always are, weighing two and one-half pounds. The only nourishment it received was whole milk, first a drop at a time in the mouth and later from one dram vials. One of my classmates told me that he gave such cases one drop doses of brandy, but I do not approve of that and do not do it.

THE SYMPTOMATOLOGY OF FOODS.

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

We are prompted in our survey of food materials first to regard them in the order of their importance to the human economy. That order seems to be, Air, Water, Mineral Salts, Proteids, Fats and Carbohydrates, or Starches and Sugars. We are forced to recognize for these foods an exceeding variability of demand. There are many factors that go to make up the demand in all cases. Perhaps the factor of age is one receiving far too little attention. But when we have respected the larger and more common or general influences that lead us to classify the indications for nourishment of the body, there still remains an enormous field for study that has not

been cultivated. Just why there should be particular cravings or aversions leads us legitimately into methodical and persistent investigation of these phenomena.

Ingestibility and suitability are often not the same thing. Good air is essential, but a patient may get too much of it, and he certainly cannot thrive on it alone, however satisfying to his organism it is in itself as air. The victim of tuberculosis does not improve on the best air and all the other foods combined unless provided for his peculiar assimilation is that particular and requisite ingredient derived from its sort of ingestible commodities in proper form and quantity. Again, **that wonderful boon**, pure water, has been most intemperately appropriated. How frequently we are called upon to reform the habits of our new patients who have learned to drink quarts of cold water during the twenty-four hours, never to drink any at all with meals, and in general to carry on a purely artificial habit as far as possible. And we marvel that so few persons appear to give reasonable respect to the fact that some of us thirst for water and drink it with benefit, while others have little thirst for water and may with equal propriety drink little of it. The really interesting phase of the subject is that both classes are to be accepted as they are.

Without doubt, the approach to the great equation of nutrition is through the portal of Homœopathy. There are many links in the chain of general observation of particular phenomena that strengthen such a conclusion. Furthermore, it will ever remain for Homœopathy to show clearly that the peculiar complexities of the individual case have their place in our consideration, that they provide indispensable information, and that through them the human system may command its real need.

Therefore, as men devoted to the art of medicine, recognizing as we do the law of cure which must ever govern that art, we hesitate intuitively to ignore under any circumstances the desires, aversions, cravings, intolerance, or other phases of appetite. These so-called idiosyncrasies are significant. They point not only in the direction of nutrition of the body alone, but often to the cure of its disease. When such is the case,

the problem of nutrition on the basis of physiology as we understand it is beyond the solution of physiology as we understand it.

Hahnemann showed the folly of instituting dietetic regimen when the question is remote from if not independent of the consequences of eating and drinking. His course was to make no change whatever in the table habits of a patient whose symptomatology mirrored a remedy to be found in pure *materia medica*. He said that the organism being accustomed to a certain diet, change of that diet would not facilitate the cure, but might complicate its progress.

Among so-called healthy persons there exists an appetite for, or an aversion to food of some sorts. With other persons there is intolerance of certain kinds of foods, as fresh fruits in general. Strawberries produce in many children and adults disturbing symptoms ranging from those of urticaria to what has been diagnosed as ptomaine poisoning. There is no doubt whatever that this fruit affects unfavorably the health of certain individuals. With some of these cases either prophylactic or corrective treatment is successful to the extent of immunising the patient to the baneful effects as at first noted, though in some instances the patient has not supported as firm a hold on health with as without the strawberries.

Due to a multitude of reasons, very few in any walk of life are supplied with a well-balanced diet. There is predilection for dishes that by and by makes their routine consumption excessive, and their effect inimical to health. Then, there is the unfortunate regularity of uninteresting meals, swallowed because prepared, but ever failing to nourish. On the strength of such examples we submit that within the confines of nutrition is buried the key to many conditions that await attention. Or, rather, that the mystery of disease and the mystery of vital appeal have much in common as presented in the guise of either physical craving or the absence of anything approaching it.

While chemistry offers her aid, and while we avail of it gladly, the outcome hardly occupies the required plane. It is worth remembering in this connection that Hahnemann,

skilled chemist of his time that he was, seems not to have outlined a close relationship between chemistry and Homœopathy. The latter embraces so much more than the former as to include it completely in the present consideration.

The fact that foods have a primary effect on the organism suggests their secondary effects as covering a wide range of constructive and destructive action in the metabolism of the individual. This lends us a footing, and we realize that the proper grouping of edibles into their essential classification of the individualistic as related to human choice, belongs to our school. But metabolism as usually studied explains nothing here. We are about as well able to determine the character of ingested food and its absorption by the organism from an examination of the dejecta as we would be to describe the furniture of a home destroyed by fire on making an analysis of the ashes.

We quote from Maudsley: The retrograde metamorphosis of organic elements is constantly taking place as a part of the history of life. In the function of nerve-cell, a nerve force is liberated which excites muscular force, and is ultimately given back to external Nature as motion; the coincident "waste" of substances is received into the blood, and ultimately also passes back to Nature. It is probable, however, that this "waste" does not pass always directly out of the body, but that it may be first used as the nutriment of some lower element. Thus, as there seems reasons to believe that in the economy of Nature, animal matter did not undergo the extreme retrograde metamorphosis into inorganic matter before being used as good by vegetables, so in the animal body the higher elements do not appear at once to undergo the extreme retrograde metamorphosis, but are first used as the nutriment of lower organic element. How admirably does Nature thus economize in the body.—Henry Maudsley, M. D.

Is not this very well said, and does it not outline correctly what is known of metabolism? In the light of this explanation any so-called science of dietetics has not been developed. We come then to the pronounced effects of foods in their disagreement with the normal metabolism of the body.

Dr. Frederick G. Novy has this to say of FOOD POISONS: Individual susceptibility plays a most important part in all poisonings. It is very well known that a given poison may affect two individuals in a wholly different manner. Moreover, observations are not wanting which show that a substance which we may have good reason to consider as wholly innocuous is nevertheless very deleterious to some. The fortunately very rare instances of fatal results following the injection of antitoxic sera may be taken as an example of such idiosyncrasy. In like manner one may meet with individuals to whom a given article of food invariably plays the part of a poison, and justifies the oft-quoted adage that "what is meat to one is poison to another." The use of veal by some, and of eggs by others, is often followed by distressing symptoms. The cleavage products of such foods, whether due to defective metabolism or to peculiar bacterial flora in the intestines, are in the main responsible for the ill effects experienced.—Frederick G. Novy, Sc. D., M. D.

This quotation serves, as might many others from popular sources, to impart much unintentional information. But the first item is, that individual susceptibility to certain wholesome foods is known to exist. Very well. It does exist. Now, Homœopathy knows better than to proceed as if it did not exist. The important thing is to know in whom the susceptibility exists. Allopathy is satisfied to experiment with the patient and see. If the patient dies it is regrettable. Homœopathy says we are given means to determine individual susceptibility. Failing to employ those means and to make our studies entirely safe and harmless to the patient, we are certainly blameworthy. And we certainly are *not* content to experiment with a risk to life and health.

Homœopathy provides more than simple assent to the adage—"What is meat to one is poison to another." Homœopathy explains that adage by putting into the hands of the physician an unfailing guide—in the PECULIAR symptomatology of the patient—as to what that patient needs, and often as not what the patient should *not* receive.

As to the pronouncement that the bacterial flora of the

intestines are chiefly responsible for the ill effects, well, let that assumption be better elucidated than at present by any of its indorsers before it is accepted by us for service. As has been the rule in traditional medicine, an assumption not supported by facts has been put forward and even welcomed without having a leg to stand on to its credit. The truth may lie very far away from any assumption.

The study of foods in respect to their three classes, proteids, carbohydrates, and hydrocarbons, is, as Hahnemann pointed out in respect to classes of drugs, merely concerning their own character, and quite unrelated to their absolute and constant influence on the human organism. Division into nitrogenous, starches, fats, helps negligibly to any application of their appropriateness to actual vital need. Its chief help is by virtue of an exceedingly casual knowledge of vital requirement. Our information here is skelateal; its utility less fundamental.

We know, for instance, that starches are not for the nursing infant, but we know also that studies have shown the infant's tolerance of some starch despite the absent pancreatic secretion.

We know that an excess of meat aggravates the condition of the gouty, but withdrawal of meat does not always succeed in his curative treatment. The many cases where meat almost alone has been used for the diet show us that the real key is still hidden.

The diabetic has been deprived of starch and sugar for time out of mind, but the best therapy in these cases to-day is not convinced of the wisdom of such regimen.

Let us return, then, to our ability to secure a knowledge of the PECULIAR effects of different foods on a given organism.

The milks from different species have gained great distinction for their therapeutic value, and they already occupy places in *Materia Medica* that cannot be usurped. The same may be said of many proteids, as readily called to mind, and vegetables rich in starch and salts are even more extensively availed of. The ingredients imparting flavors to our food are employed remedially. From these groups it is only neces-

sary to instance such remedies as *Lac. caninum*, *Pyrogen*, *Allium cepa*, *Coffea*, *Capsicum*, *Natrum muriaticum*, to emphasize their indispensability.

To digress for a moment from the main argument of this paper, let us refer to substances which enter into some of our foods as adulterants, but which also are used for personal reasons in their simple form.

In the cases of some half-dozen or more infants presenting prominently the characteristics of our remedy, *Borax*, such as the urinary symptoms, screaming before micturition, screaming on waking from sleep, frightened by downward motion, etc., it has been found that *Boracic-acid* solutions used for the mouth, navel, eyes, anus, have undoubtedly been the cause. A few doses of *Borax* 200 have been sufficient to dispel the disordered state.

A married woman, 60 years old, used quantities of chloride of lime for laundry work and developed the following symptoms: Severe coryza and cough; soreness of malar bones, especially over maxillary sinuses. Headache—pressure on stooping, and on rising from stooping; stitching pains in head on coughing (vertex and parietals). Pain in small spot region of gall bladder, sore to touch, and during cough. Cough worse on first lying down, and on rising morning, and while dressing in morning, with sore pains in lower part of chest both sides. Cough worse lying on back, or on left side; better lying on right side. Wakes at night in profuse perspiration all over body. Wheezing in trachea keeps her awake. Cough sounds loose. Stringy expectoration like *Kali bich.* *Kali bich.* and *Lachesis* and other remedies failed to help. *Calcarea mur.* 6 and 1m cured. No return of trouble after two years.

These cases illustrate how easily the physician may be misled as to causes of sickness unless he investigates most faithfully. Even then he may not be able to discover the cause. Our patients are prone to use for the toilet and bath articles that have a decided effect against health. Many of the tooth powders sold are highly objectionable. They do more harm to human beings than to bacteria. Our work is

made doubly difficult by reason of such items as these, which have to be satisfactorily excluded before we can take up the specific articles of diet in a given case.

It has been said that sugar produces cataract in horses and other animals. We know that diabetics are prone to cataract. Both Lippe and Swan used cane sugar successfully as a remedy. Though Hahnemann considered milk sugar inert, it has been studied since his time by able observers who have traced its symptomatology through an extensive sphere. We can ourselves report numerous cases of chronic backache cured by it, the patient's symptoms reflecting the provings perfectly. There is likely to be increasing demand for the sugars as remedies, considering the excessive consumption of sugar in many cases.

Here is an experience of a patient who has eaten quantities of butter since her youth, and eats much now. She received as her remedy Butter dmm. Swan. After taking this remedy she had temporarily the following symptoms:

Regurgitation of cold water after drinking. Hot water did not regurgitate. Sensation as if heart stopped. Sensation of internal stillness, as if everything stopped.

Lachesis had helped some before, but Butter relieved greatly the condition of large varicose veins in the left leg. In this case the butter had not been known to disagree, yet it is known now to have been of remedial service.

So much for one side of experience. That is, an excessive use of an article of food may produce the need of its potency. Then we have patients who cannot take certain wholesome foods. They cannot drink milk. In this event milk has been found useful as the remedy. This inability to take the food often promises and decides its remedial potency. We are sometimes too apt to believe that a condition cannot be cured unless we know its pathology.

Sometimes we are no nearer the cure when we do know its pathology, neither are we any nearer the correct regulation of diet in the same circumstances. In typhoid, for instance, we have little or no reason to establish the same feeding for all cases. We cannot properly base the diet on the disease in-

stead of the patient, any more than we can select the remedy for the disease instead of for the patient. Strange to say, some doctors who though not having yet learned Homœopathy, have discovered that all typhoid cases do not favor the ideal typhoid rations. But, for that matter, what has ever been cured with diet? Of course there have been recoveries instead of deaths, but how about the cures?

As to the infant whose nursing-bottle contains milk that is wisely modified, he still requires occasionally the Homœopathic remedy, which, as far as we can see, often meets a digestive lapse. We have known desperate cases in which the indicated remedy has seemed forever to dispose of any other diet requirement beyond that for clean milk reasonably diluted and warmed. Which seems to indicate that exact modification of milk for an individual baby's perfect nutrition is an impossibility. Something further must be included for success.

The exploitation of pineapple juice for ills in general and diphtheria in particular deserves comment. No doubt diphtheria patients may have thrived on it when worse drugs have been withdrawn; in fact record is convincing that its symptomatology is rich enough for its therapy to be studied. Certain it is that there are numerous examples of its deleterious effect on the organism, some susceptible persons not being able to touch a spoonful of the fruit or its juice without suffering in consequence sore throat, gastric unrest, or acute distress of joints and other tissues.

In a case that had been prescribed for by a master, and relieved of much ill health, the following symptoms were not in any way influenced. They had persisted for years:—

Craves raw cranberries, and eats quantities of them; does not care for them cooked. Chronic constipation, enema not acting. Sore to touch across abdomen over transverse colon. When under mental excitement of any kind has frequent loose stools. Aching in nape, going down to shoulders, worse turning eyes; must turn whole body to look to one side. Worse light. Wants to bury head in pillow to shut out light during menses.

The complex of symptoms was entirely removed by Cranberry 6, 30 and 200.

This therapeutic field is obviously a very wide one, and as prescribers we are constantly being ushered into it. Bearing in mind the principles involved and adhering strictly to the real significance of any and all symptomatology, it is hard to see why our efforts should not lead us constantly to the discovery of new detail. One of the highest advantages of the healing art is that it keeps the artist thinking. Progress must follow.

What should we do to-day without Lycopodium, Silicea, Graphites, and a whole galaxy of blessed remedies that have so often been declared inert, but which Hahnemann introduced so successfully. And though not to him belongs the credit of demonstrating the curative power of *Saccharum lactis*, we are none the less well aware of what it has done and can do. Recalling its therapeutic value, it is a pleasure to quote the following from a paper read in 1879 by Dr. Samuel Swan: No man has any right to say that any created substance is inert and non-medicinal, especially those nutrients that give strength and vigor to the frame, for their alternate action must be proportionately the reverse. Those articles which constitute our daily food, if used wisely would prove our daily medicine.

DISCUSSION.

E. A. Taylor: Dr. Hutchinson has given us a very valuable paper and one that will set us investigating and thinking more than we have been or are apt to do. The lesson taught us by *Natrum muriaticum* has been before us for many years and we have not followed it up as we should. Some years ago I made a proving of *Piper nigrum*; it was published in our transactions, but it is not known to many physicians. There are many things in it of value. One thing in particular was the heart symptoms; there was palpitation and irregularity, missed beats with fear and anxiety, worse not only lying on the left side but worse even if the prover leaned towards the left, better in the open air and from motion in the open air.

The symptoms persisted for six months. There is no reason why other foods should not produce symptoms and be just as valuable a remedy as the black pepper. When we stop to think of it, there is no reason why we should not prove and secure valuable remedies from the ordinary things that we eat. Sugar cured Dr. G. N. Foote of some serious symptoms; Dr. Foote of Galesburg, Illinois. I remember only that there was rumbling and gas in the bowels, Dr. Lippe gave him potentized sugar and I have seen in our old literature Dr. Foote's letter to Lippe speaking of the relief he had received from it. You say, but we all eat sugar every day, but consider that we all eat common salt every day and that does not prevent it from being a valuable remedy. We should follow up this idea of Dr. Hutchinson's; there is a great deal more in it than there is in the so-called research work of the dominant school.

W. S. Hatfield: I remember of hearing a lecture on *Nux moschata* by Dr. E. A. Farrington in which he related the case of a woman who suffered for a long time with severe headaches. One day at dinner Dr. Hering, her physician, who happened to be present observed the patient eating a bowl of rice thickly covered with nutmeg. Upon inquiry he learned that she did the same thing every day: He stopped the practice and her headache left her without medicine.

E. A. Taylor: One of the peculiar and prominent symptoms of the proving of *Piper nigrum* was profuse sweating in the palms of the hands, produced by any mental excitement or mental exertion. A distinctive feature of this perspiration was that the only way to diminish it was by closing the fist tightly. Lippe's Repertory has only two remedies with the symptom, that renders it the more valuable.

E. O. Richberg: I have an idea that the indicated remedy would remove the idiosyncrasy and enable the system to assimilate the substance that had previously disagreed. The appetite for it was proper enough but there was something wrong with the individual. If we can do this, it would not be necessary to stop eating an article if it was a wholesome one. I had charge of a little child who was suffering with the measles. The doctor thought to call only once. For ten days

it would take nothing but water. I began to feel anxious; I thought, what shall I give the child when it begins to eat? The doctor said when asked, "Give her whatever she wants." After a time she said suddenly, "I want a boiled egg." I fixed a soft boiled egg for her. She ate it and three more that day. She slept well and the next day was almost like a well child.

John Hutchinson: I am grateful for the discussion brought out by the paper. The field is an interesting one and extensive. Dr. Powel has gone into it very thoroughly. He has a wide range of potencies of various foods. He has had many interesting experiences.

MENTAL ILLS CONSIDERED FROM THE STAND- POINT OF SIGMUND FREUD'S THEORY OF REPRESSION.

WM. HAZEN FREEMAN, M. D.

AND

GUY BECKLEY STEARNS, M. D.

In the field of Psychiatries no man has made so profound an impression in recent years as has Sigmund Freud. He has done this by introducing into the science an entirely new and comprehensive conception of the mechanism of certain types of mental disequilibrium.

In order to understand his theories we must start first with some conception of what mind is, its qualities and attributes, and the laws that govern its actions.

To express in words a conception of mind is difficult, as a definition has to be evolved by directing the mental process inward on its self. Like all forces in nature, the ultimate properties of mind are not revealed to us, and it can only be defined in terms which represent some of its manifestations. Perhaps it can best be described as that which *thinks, remembers, reasons, wills.*

Its inherent qualities, and the laws which govern it can be studied by observing the phenomena resulting from its action under varied conditions.

One of the most important qualities of mind is its power of logic, *i. e.*, its ability to reason correctly from any premise to a certain conclusion.

It has not, however, the inherent quality of reason. Reason is an attribute of consciousness, and does not appear until after consciousness is awakened.

This distinction between logic and reason must be kept clearly in mind if we are to understand Freud's theory.

Further to elucidate this we will for a moment study mind from the standpoint of its manifestations in the conscious and the subconscious.

When we are conscious, we can observe facts, and direct our thoughts in relation to these facts; and can select the premises from which we reason, and can will our acts in accord with our reason.

When, however, consciousness is surrendered or suspended, as in the hypnotic state, and one's subconscious only is active, any thought presented to the mind is accepted; and the individual acts logically in accord with that thought, he is never so unreasonable. Thus, when a person is hypnotized, and is told he is an orator or a washerwoman, he accepts the statement, and acts the part in a logical manner according to his conception of the character.

In our every-day life we are actuated both by thoughts which are in the conscious, and by those in the subconscious; and no act is ever performed, however unreasonable or insane, which is not a logical result of the conscious or subconscious thoughts in the mind of the one who originates it. This fact must be the fundamental, basic principle underlying any successful method of treatment of the mentally unbalanced, the inevitably logical attribute of mind.

With this as a starting point, the question arises, "How are we to get in touch with the subconscious or hidden thoughts, or mental viewpoint of the individual whose acts are irrational, and after getting at them, how change them to the

normal?" And, "What is the nature of the cause which originates such thoughts?"

From what has been said, it will be seen that the most rational acts are those which result from thoughts which pass through the consciousness, and are censored by the reason; while irrational acts are those originating from thoughts, which, in some manner, get around that censorship, and perhaps do not come through the consciousness at all, although the consciousness may recognize the act and accept it as a matter of course.

In order to fully comprehend the subject, it is well at this point to consider the development of the mental attributes from infancy to adult life.

For a time after birth, an infant's activities are very primitive, and are divided between nursing and sleeping on one hand, and giving evidence of its waking consciousness on the other by cries and movements of its limbs.

After a time, it begins to adjust itself to its physical surroundings, which it does like any other animal. A kitten will smell a burning match once only. An infant soon learns by experience to avoid things which cause physical pain. After a time, however, a new set of impulses develops, and a new kind of adjustment has to take place, the relationship between which shapes the whole life of the individual. And it is during this early period of child life, and through to late adolescence that the potential elements of later mental disorders are born.

As the ego of the child emerges into the unconsciousness, many desires and impulses develop around it. Civilized life is full of conventions and ideals which are the composite educational results of the struggle upward of the human race. These invisible, intangible, unyielding, but powerful psychic influences come in conflict with the primitive emotions of the child, and mould them more or less completely to the requirements of adult life.

At this point the elements entering into the psychic development of the child are the hereditary tendencies in the direction of adaptability; qualities of perception; emotional and

other tendencies; and its immediate surroundings as regards family, companions, educational and other influences.

If we take on the one hand an individual with all the inherent elements of love, hate, envy, generosity, fear, vanity, and all other qualities and impulses, but endowed with no knowledge of, or inclination for restraint; and on the other hand, an individual who has so trained all these qualities and impulses that he fulfills in the highest degree his individual and civic possibilities, between these two will be found a place for every living being.

The term sublimate is used to designate the mechanism of the change from the first individual to the second. And, every individual represents a more or less complete sublimation. Every thought and act of the adult but represent in a changed form some primitive instinct in the infant.

An incomplete or abortive sublimation of primitive impulses results in some form of deviation from the accepted mental form. And the problem of the one who undertakes to cure the mentally ill is to trace the abnormal expression back through its devious course to its original representation in primitive, infantile impulse, and then by educational measures to teach the patient how to project his impulses in a normal direction.

This process is known as psychoanalysis.

We come now to a study of the mechanism of the process which transfers an innocent, infantile impulse into an abnormal, adult, mental manifestation.

In the struggle for adjustment of primitive emotions to the higher purposes of life, obstacles are met with in environment, or the impulse rebels against the discipline necessary for its transformation; and in the resulting psychic struggle emotional traumas occur. These traumatic experiences are always of a painful character, and of such an intimate nature that they are not only not admitted openly, but are dismissed as quickly as possible from the consciousness. Or, if they are remembered for a time, they are brooded over in secret as something to be repressed or forgotten. In either event they are not subjugated by the reason and the will, but are repressed into

the subconscious mind as memories associated with the idea of secrecy and oblivion. The mind deceives itself, thinking that it has dismissed the memory for good. The subconsciousness is the storehouse for all memories, and for innumerable impressions which do not enter the consciousness at all. The habit of repression having established itself, these disagreeable and painful emotional experiences do not necessarily emerge into the consciousness, but are automatically repressed.

As stated before, mind is absolutely logical, and when acting in the subconscious accepts literally whatever thought is given it. Ordinary memories may rest undisturbed for years, and under the influence of the proper association, be recalled in the form of mental imagery of the original occurrence. But the memories mentioned above are accepted into the subconscious literally as secrets, though they retain all the potential activity of the original emotional disturbance.

No memory ever dies, and an individual, whose impulses develop contrary to their normal purpose, is storing, through repression, psychic forces which have no relation to his reason, and which he has no knowledge how to control. For the repressed memories must give expression to themselves when they are stirred, but since the subconscious has accepted them under restricted conditions, they are under strict censorship, and cannot emerge into the consciousness at all in their original form.

Instead they must seek some other method of expression, equal in intensity to their emotional potentiality, but in a form so masked that their original nature can not be detected. These symbolic expressions may assume various types such as hysteria, psychasthenia, obsessions, or even a complete surrender of all other mental functions to this overflow from the storehouse of repressed memories of emotional traumas.

Every manifestation, whatever its character, is but an attempt at adjustment of these memories, and represents a curative effort. This fact must be kept in mind, or all attempts at cure will prove abortive; for if the physician expends his energies in trying to remove a condition such as an obsession, as something primarily to be gotten rid of, all his argu-

ments will but serve to strengthen the hold of the obsession on the patient's mind.

The term "mental catharsis" has been used by some to designate the method of freeing the mind of its impediments, but it is an extremely bad term as it symbolizes a treatment for a physical condition which at best is only palliative.

If the physician spends his time allowing the patient to free his mind of troubles as they appear to him, he will never get any nearer the real trouble than the patient himself, however much temporary comfort his sympathetic ear may give; for the stored up thoughts are always trying to justify their method of expression. It requires the utmost care and patience on the part of the investigator to trace an obsession back to the thought which emanates from a hidden memory which has rested for years in the subconscious, and from this memory bring to the patient's consciousness and reason, the potential emotions and desires which originally entered the mind before the thought became a memory; for the subconscious has prepared an ample defense against any direct attack, and must in some manner be thrown off its guard before it will give up its secret.

Many searching interviews have to be given concerning the first manifestations of trouble, and it will always be found that the condition has progressed from one step to another, through a series of emotional disturbances, and each more recent condition must be analyzed, and taken care of before the previous one can be reached.

To illustrate the practical application of these principles by reporting an analysis of a complicated case would take much time, and is beyond the scope of this paper.

Many such analyses have been reported, and any one interested in the subject is referred to a pamphlet entitled, "Selected Papers on Hysteria and Other Psychoneuroses," by Sigmund Freud, translated into English by A. A. Brill. A short and simple case will serve for illustration here.

Thomas A., age 10, was brought to me with the following history: Two weeks ago he was frightened by some larger boys in his school, who "kicked him," and otherwise mal-

treated him; and said they were going to take him to the old park-keeper, and have him arrested.

He fainted, and some older person took him home. Next day he went to school, and fainted again. Since then, if he gets into any crowd, he "gets almost faint." He is nervous, and can not keep still; falls asleep late and wakes early. He is small for his age and delicate in appearance. He is musical and can play any piece of music he hears, often making up little compositions himself. He prefers reading a book to playing with other boys, is very bright in school, and can easily lead his classes, but he is careless and irresponsible, though lovable and full of mischief. If he goes on an errand for his mother, he is likely to forget what he went for, not through lack of memory, but because he is dreaming and careless. He makes up little romances, and often tells of things he sees which are only ideas which he visualizes.

He always wets the bed at night, and no kind of discipline has had any influence over this habit.

His tonsils are slightly enlarged, and his nostrils are small, and he has a long, though free, foreskin.

When doing gymnasium work in school (which he does not care for) he always has pain in his left side.

He was prescribed for on his constitutional symptoms, but no analysis was attempted at this time. Three weeks later his mother reported no improvement in his nervous condition. On the contrary, some older boys had "pummeled" him again, and he had another nervous spell, and could not use his legs, and his chin had quivered, and he had felt cold ever since. He feels tired all the time, and wants to sit around and read.

Here we have a neurotic in the making. Starting with his recent experiences, I questioned him as to why he fainted, and lost the use of his legs. He did not know. Was he unconscious? At first he said yes, but on further questioning he said no. Gradually, after much questioning, he admitted that he knew when he fainted, but had to do it so the older boys would leave him alone.

Applying our analysis, Tommy was not bringing his emotions into relation with his surroundings, but was allowing

them to expand into a little world of his own through his reading, his romancing and his music.

When these emotions came in conflict with the rougher instincts of his hardier playmates, they could not find adequate expression in justified reprisal, since they had not been sublimated in that direction, and there was an immediate repression; subsequently, the repressed emotions sought expression in his nervous symptoms.

After getting the facts of the case in their true relation into his consciousness so he would talk about them freely (which he did without shame), the next step was to show him how to direct his emotions normally. He said the boys "picked on" him, and they were too large for him to fight, and he did not like to fight any way.

Abstract philosophy is not of much use to a ten year old boy, but principles are quickly grasped through examples.

I asked him if his brother, two years younger than himself, was "picked upon" by the others, and he said, "No"; but he could not tell why; then I asked him whom of all men he admired most, and he said Teddy Roosevelt. Did he think Roosevelt would ever be "picked upon" by any one? No, he would fight. But, I said, "Roosevelt wouldn't have to fight, for no boy would think of imposing on him."

At this point, a light broke in on Tommy's mind, and he said he could see how Teddy would prevent it by just being "Teddy."

This was the starting point of Tommy's cure. His nervous symptoms disappeared in a short time, and gradually he overcame the habit of wetting the bed. He developed the desire to play with his schoolmates, and in a few months his teachers reported a complete transformation. Where the repressions have remained hidden for years in adults they are much more difficult of dislodgment, and recourse has to be taken to much more subtle lines of procedure, for the longer abnormal impulses are indulged in, the more they tend to become fixed.

In a non-pathological way, these fixed expressions of what lie in the subconscious are represented in the characteristics and peculiarities of every normal individual.

The pompous man's bluff and bluster are the outward expression of a hidden consciousness of weakness. The old man, whose normal ambitions have been unfulfilled, accomplishes his unsatisfied desires in his old age by boasting of his youth. With nearly every one, when relating an incident, which does not show him master of the situation, the narrator's dignity is saved in the telling.

The person who is unduly suspicious of others is one whose own motives deserve scrutiny; or it is the attitude of mind of one on the defensive. There is no truer saying than "one judges every body by himself."

When in a psychoneurotic case one is attempting to obtain a clue to the disturbing memories in the subconscious, a direct source of information is found in the dreams of the patient. Dreams are composed of two elements. One is derived from the events or thoughts of the previous day, which give the dream its form. This is known as its manifest content. The other element consists of some impulse which lies hidden in the subconscious, and is known as the latent content. In dream analysis, the term impulse must be replaced by one which represents more definitely its meaning. An impulse, being but a desire for expression, can be represented by the term "wish."

The manifest content is usually easily traced by its resemblance in some way to something which one has read or experienced within the previous day or two. The latent content is not so easily interpreted, for the dream consciousness has a way of disguising the wish before its appearance in the dream.

As has already been shown, when the subconscious has received a repressed emotional impulse, the only language it has for expressing it is that of symbolism. The latent content of dream consists of these impulses, always expressed in some symbolic form; and the more completely they have been submerged, the more ingeniously are they hidden in the symbol. For the whole purpose of the subconscious is so to disguise that they can not be detected. *These wishes are always expressed in the dreams as being fulfilled.* The fact has been stated in the following formula:

"A dream expressing the accomplishment of an unfulfilled wish." To challenge this, a lady related a dream she frequently had.

"I go out walking with my two children, age two and four. We come to a street corner, and the children stop, but I continue, and leave them there. After going on a few blocks I decide to turn back and find them, but they are gone, and I am suffering great mental distress when I awake."

The lady was devoted to her children, and could not conceive of herself wishing to lose them. When asked if she had not at times chafed under the restraint necessitated by her devotion to her children, she said "yes." She had often said she wished them grown up and married so she could travel about and enjoy herself. The wish that her children were not, never really entered her consciousness, but was repressed automatically into the subconscious. Her conscious thought was so filled with the love for her children that the other could only partially express itself in the joking remark that she wished they were grown up and married.

In her dream, however, the thought could find expression. The wish to be traveling about, and enjoying herself was symbolized by the walk. The wish that she did not have her children to bother her was expressed in their stopping and her going on and leaving them. But the love for her children was stronger than the other wishes, and she went back to find them.

The dream was frequently repeated because the factors entering into the latent content were constantly acting.

In the psychoneuroses, all dreams are not important, but those which are frequently repeated, or those that are very vivid, or make a deep impression, will contain in some form the important latent impulses dominating the patient.

In complicated cases it is very difficult to get at the hidden cause of the disturbance without making use of this source of information.

In the casual relations of life, the hysteric, the neurasthenic and the sufferer from obsessions are looked upon as individuals who could by an effort of the will overcome their vagaries.

This conception instead of helping to overcome the manifestations, but serves to intensify and perpetuate them, for neither the cause nor the cure originates in the will.

The act of repression, which ultimates in some fixed form of abnormal expression, is always automatic and outside the realm of reason, or the influence of will.

It is only when the potential elements of the abnormalities are brought to the understanding of the sufferer that his reason and his will can adjust his psychic activities into normal relation to his surroundings.

Obsessions are logical expressions of emotions common to every one. They are abnormal only because their emotional foundation has been displaced, and can manifest itself only in the direction of its dislocation.

Inasmuch as any of our instincts impel us in a direction contrary to the practical individual or communistic ethical requirements of life, to that extent we all suffer from psychic dislocation and impairment of efficiency.

* * * *

1. The Freudian doctrine that many chronic mental ailments result from emotional repression is analogous to, and in harmony with Hahnemann's doctrine of suppression.

By suppressive or repressive measures, an ailment of superficial character is driven inward and apparently disappears only to be followed sooner or later by a different group of symptoms indicating a central, deeply-seated, chronic disease.

Both the Freudian psychiatrist and the Hahnemannian are constantly proving the truth of this doctrine through their ability again to cause disease to become superficial in its manifestation, after which otherwise incurable disease is usually curable with comparative ease.

2. Freud's explanation of the mechanism of repression (from conscious to subconscious, or from without inward); as well as the reverse order of cure (subconscious to conscious) by a recourse to the similiar psychic remedy, is nothing else than the homœopathy of Hahnemann adapted to psychiatry.

The Freudian treatment of these cases by inducing the patient to recall and rethink the original, causative, embarrass-

ing and possibly humiliating, or sinful thoughts or emotions, differs from the ordinary homœopathic method of treatment solely in the substitution of psychic remedies for drugs.

3. In consideration of the fact that certain mental ailments, which are curable by psychoanalysis, fail to respond to the most careful and painstaking prescription of drugs, it would seem sensible to acknowledge that the *materia medica* is inadequate in many of these cases, and also that the homœopathic law is not limited to its application solely to the use of drugs, as has been suggested by Hahnemann himself.

Psychoanalysis should prove to be an especially interesting and valuable addition to the armamentarium of every conscientious and wide awake follower of Hahnemann.

DISCUSSION.

F. W. Patch: I am much interested in this subject and in this paper. I tried last year to get Dr. Close to bring out the points that have been brought out to-night by Dr. Stearns. My attention was called to this subject two or three years ago. That psychiatry is not inconsistent with our laws was evident to me. It is a striking illustration of what can be done in another field through the operation of laws that are practically the same as ours. My investigations have showed me that it is undoubtedly a strong, if not an indispensable adjunct to our art; yet at the same time it is a difficult problem and not for everybody to undertake. It involves an immense amount of time in the first place and most of us would get discouraged before we got to the end of it. Moreover, I am not sure but what it takes certain peculiar qualifications on the part of the individual to succeed with it. Once mastered, however, some parts of its doctrines are of the greatest use in chronic, complicated cases in clearing of the decks in preparation for the action of the remedy. We all know how hopeless the cure of genuine, fully developed cases of hysteria, becomes with its endless array of ever changing symptoms. It seems hopeless simply because it is impossible to find out what the remedy is. The symptoms, numerous as they are, deceive the prescriber rather

than help him. Unless we get down underneath the superficial array of symptoms, down to the hidden, but relatively simpler psychical cause that underlies the whole case we will fail to cure. But if we find the key and cause of the whole case by means of psychoanalysis we can help because we then find the symptoms that belong really to the individual; we omit consideration of the vast, confusing froth of symptoms that are alone complained of and which mean nothing.

C. M. Boger: We should try to uncover the latent impulses and motives of patients. They are often the key to the whole sickness and to prescribe without them is like looking at a picture without a motif. Latent impulses and ideas come just as we are waking up or falling to sleep. Similarly Boenninghausen makes large use of dreams in his repertory. In this connection I may state that their imagery gives a wonderful key to the case, but all persons do not grasp just what the physician is talking about. I will cite an instance: A child under the care of a foster-mother although very young, developed into a most inveterate liar. She would tell purposeless lies about the most trivial matters. Two doses of *Psorinum* cm cured.

W. S. Hatfield: I always try to cover all the symptoms of a case with the remedy and so I have not needed to look further than that. The old school would remove the tonsils of a case, here in Chicago they begin at the other end. They cure everything by rectal operations.

Stuart Close: A good many years ago I got a realizing sense of the therapeutical value of the Biblical injunction to "confess your sins one to another." The idea is expressed in the old saying that "open confession is good for the soul." This led me to change my attitude towards certain patients of mine. I found by experience that a certain class of cases, notably hysterics and hypochondriacs, were not helped by too much sympathy. But I found that they were helped by making a searching examination into their history and tracing, as far as possible, to their origin, the causes and beginnings of their troubles. I worked on those lines and noticed that when I could get a patient to go over his case with me

frankly and with full confidence, revealing things that he had been hiding for a long time, his psychical state was improved and I obtained a power of helping him that I could obtain in no other way. Such revelations, moreover, always brought valuable symptoms to light, and enabled me to select remedies which would otherwise have been overlooked.

Since Professor Freud's theories have been published, I have made some attempts to familiarize myself with his methods and to apply them to suitable cases. I agree with Dr. Patch when he says that not every physician can apply them, nor are they applicable successfully to all patients. But we can all endeavor to bring out the hidden and latent physical causes of disease and we can utilize the dreams of the patient when present. Dr. Boger reminded us of the importance of the impulses that occur just as we are awaking from sleep or when we are just dropping off. Experiment has shown that a dream that apparently covers half a lifetime really occupies only a few seconds during the transition period between waking and sleeping. We can utilize the dreams in selecting the homœopathic remedy. We have in our *Materia Medica* valuable records of the dreams produced while under the influence of various remedies, as Dr. Boger has mentioned. By combining both methods—the homœopathic and the methods of psychanalysis—we can accomplish more than we could before. The subject has been well summarized by Dr. Stearns in his paper. It will be of great use to all of us.

C. M. Boger: Do you think that it is proved that dreams occur only in the falling asleep or in the waking up state?

G. B. Stearns: The general consensus of opinion is that dreams occur only at that time. Havelock Ellis has brought out all these things about dreams in his works.

P. E. Krichbaum: The subject harks back to the taking of the case. The moment that you can get the patient to tell you his secret life, you have won his confidence. By the application of your homœopathic law you are going to cure them. It is only suggestive therapeutics. Freudianism is a good

side issue, but has no place in Homœopathy. Have nothing to do with those dreams; we have all kinds of fool dreams.

E. O. Richberg: In this suggestive treatment is the doctor not going to work at a great disadvantage if the patient is in unfavorable or unsympathetic surroundings. You are working on a high plane and an atmosphere of unbelief or contempt may wreck all your efforts.

P. S. Replogle: The doctor's word in regard to the little girl who told so many lies makes me think of a girl who told lies continually; she would run into the house crying out that there was a big lion in the street; on investigation it proved to be a little dog. She then asked God to forgive her but said that she thought it was a lion at first. This subject is a big one and it seems to me that we do not get at it just right. The use of the word "subconscious" is simply to cover up a lot of ignorance. It does nothing but obscure. Every function in the universe must have its material to act upon; the mind must have its organ, the brain. We cannot class the mind as a whole; it consists of many parts and its manifestations are divided also into parts or faculties. The function that recognizes color is not the function that recognizes sound. The function that recognizes form is not the function that recognizes size, or weight. If this is true there must be an organ or a part of the brain by which these sensations are cognized. As there are no two persons that see or think alike it must follow that no two brains are alike. Functions and faculties manifested through the brain must have a seat or location somewhere in the brain. Undue excitation of these faculties or of a combination of them is the seat of emotional insanity. A woman was brought to me because she wanted to kill her husband and children with a butcher knife. I sought the cause of the trouble; that was the question. Someone spoke of a long foreskin and the abnormal conditions that are caused by it. In abnormal mental cases all such abnormalities should be corrected. In this case I found much trouble in the cervix uteri. I removed the scar tissue and sewed up the wound making the parts normal and recovery of the mental condition was the result.

G. G. Starkey: How you would solve the problem of treatment in a case which was spontaneously frank and unreserved with the doctor, as to his sexual experiences, and who is neurotic, sensitive, lacking in stamina and decidedly neurasthenic. What would there be to unravel?

G. B. Stearns: That is the problem that confronts us in every such case. It may be, indeed it almost always is the case, that although the patient does talk frankly and freely, that there still is a hidden psychical world of which he himself is not conscious. They themselves do not know what is latent in their cases and it is the function of psychoanalysis to find out for them and to set them right. I have had a patient who was the frankest talking man in the world who thought he told all about himself that there was to be known but I got back of something that he knew nothing about. That is the mysterious part of it to the patient, but when once accomplished the whole mechanism becomes simple; it is the mechanism of repression. Unconscious repression of an unpleasant impression. It took a number of interviews, and as Dr. Patch said, is very time-consuming. Going back to that dream of the woman. In her conscious mind she wanted to travel and in her dream it became a pleasant walk. There, you see, the conscious desire was loosely covered up under the form of a walk and was easily analyzed. In a complicated case you may have to dig deep under two or three substrata of substitution ideas! The thoughts cannot be reached by simple questions; if you ask plain questions it is as if you were to say to me, "I have a patient with pneumonia, what is the remedy?" I could not answer it and the patient cannot answer plainly what you want to know. You have to be acquainted with the methods of the art to find out the latent cause. It is not every patient who is susceptible to it nor every doctor who can do it. There has to be an impersonal, thorough confidence on the part of the patient and an equally impersonal understanding on the part of the doctor. Dreams must be considered. Just awake or just asleep is the dream time; day dreams are analogous for they involve the unconscious motives which are repressed. It is then that the patient

lets go of his control and allows himself to float where his unconscious impressions take him. If the surroundings and people are unsympathetic, the repressed emotions do not approach the surface of consciousness. The last repression is to be uncovered first. In that respect it is exactly the process of prescribing for the last symptoms first as the most important in indicating the remedy. The mechanism is as simple as the mechanism of this table. We do not have to split hairs over anything. The mind has no reason in this state of the subconscious. It does work according to logical rules but not according to reason. Reason may destroy the premises owing to their absurdity or impossibility. But, however absurd or impossible they are, if reason does not interfere the processes based upon them are logical. This fact must be recognized and borne in mind.

THE CLINICAL VALUE OF MENTAL SYMPTOMS IN PRESCRIBING.

BY ERASTUS E. CASE, M. D., HARTFORD, CONN.

Article 213, Hahnemann's Organon.—“No cure, then, can ever be performed according to nature—that is to say, in a homœopathic manner—without paying attention, at the same time, in every disease, (even in those that are acute) to the change that has taken place in the mind and disposition, and selecting a remedy capable in itself of producing not only similar symptoms to those of the malady, but also a similar disposition and state of mind.”

This is a plain statement of the importance of mental symptoms, but it is not the normal, but the change from the normal, that is of value, and the failure to make the distinction between the usual and the diseased mental symptoms has led to many errors in prescribing. The mental and physical changes resulting from disease direct to the remedy.

This shows the impropriety of making temperament—an artificial classification, no one of which is ever free from

characteristics of the others — the foundation of a prescription. It is true that much can be done to correct a normal mal-disposition, a wrong mental or physical state, yet when the individual becomes ill, the symptoms caused by disease should be considered first. After remedies that correspond with these symptoms have been found, temperament may become necessary to differentiate between them. For example, in a case reported by me to this Association two years ago, to which *Carbo. vegetabilis* was given for moist senile gangrene of the toes, with burning pains, made worse by heat, the question was asked why *Secale cornutum* was not prescribed, not clearly answered in the Transactions as published. It was because the patient was plethoric, full of sluggish venous blood, a *Carbo. vegetabilis* constitution, while *Secale* is better suited to "thin, scrawny people."

Some of the best results that I have ever seen were from the use of remedies that according to the temperament of the patient would have been inadmissible. For example — a woman, brunette, always positively ugly and intolerant, whether sick or well, cured by *Pulsatilla*; another woman, blonde, weak of will, easily moved to tears, "a clinging vine," cured by *Nux vomica*; because the symptoms in each called for that remedy. In both the usual mental attitude was not changed in the sickness; if it had been the change would have received close study.

When a remedy is found that corresponds with the changed mental symptoms we are pleased, often astonished, to see how thoroughly it covers the general, the common and even the peculiar symptoms of the patient. Nor should this cause us to marvel, for the man is expressed most fully by the mental state, its desires, aversions, et cetera; and this may be shown in his dreams. Hence dreams are often valuable symptoms.

So much has been written on this subject that nothing new can be said. A few illustrations from experience may be interesting.

I. A brown haired woman with gouty nodes and arterial sclerosis, aged 65 years, was taken in the latter part of the night with vomiting of sour food and mucus, cold sweat, weak

intermittent pulse, oppressed, rattling respiration, worse from motion, worse lying down (could not breathe unless upright).

These symptoms might indicate quite a number of remedies, among them most prominently, Arsenicum, Bryonia, Nux vomica, Phosphorus, and Sulphur. The anxious fear of imminent death present was sufficient to differentiate Arsenicum from the despondent lethargy of Bryonia, the irascible and sensitive Nux vomica, the changeable mood of Phosphorus, and the sad and gentle Sulphur.

Arsenicum 200 in water, a dose every fifteen minutes until improvement began. Five doses were given, and the health of the woman continued to improve for many weeks.

II. A carpenter, aged 52 years is despondent. Dreams about business affairs, awakens too early in the morning, face sallow, no appetite, constipation from torpor of rectum and dry stools, no energy to do anything.

After a prolonged effort to get symptoms he said, "I would kill myself if I had the nerve to do it."

Disposition to commit suicide with lack of courage in Kent's Repertory has China and Nux vomica in the highest degree.

Nux vomica covered the symptoms, and one dose of the Cm potency effected a cure.

III. A brown eyed stenographer, aged 23 years, was brought by her mother because of her behavior.

She "just hates her fiancé," of whom she had been very fond, and can assign no reason for it. Sepia, *the* remedy for those who hate their dearest friends, had all her other symptoms: Frontal headache in the morning, worse from using the eyes, worse from shaking the head, better from hard pressure, better in the open air, weeps over trifles, irritable, dandruff and itching scalp, hair dry and falling out, anorexia, stools like sheep dung, menses on time and continue freely two weeks, humid itching eruption in axillæ, sensitive to cold excepting on the head. One dose of Sepia 1m was sufficient to cure.

IV. A fleshy, dark haired woman, aged 64 years, is desperately ill with erysipelas.

Bright red smooth swelling covers the whole head, high fever with restlessness and delirium, thirst satisfied by hot drinks, bloody yellow nasal discharge, pulse weak and thready, tongue dry with brown crust, feels as if her limbs were scattered over the bed.

This symptom called for a remedy that otherwise would not have been thought of. One dose of the 200th potency of Baptisia brought quick relief, and the vital force was able to restore health without any further medication.

A dark haired maiden, aged 34 years has pressure in forehead as if constricted, extending over whole head, worse in the evening, worse from using eyes; better in open air; tongue feels as if it had been scalded; sensation as if the tongue were drawn backward into the throat, choking her. Frequent urging to stool, stools scanty and hard. Menses early, preceded by yellow leucorrhœa; weakens in the joints; feet cold and damp; nervous sleeplessness; jerking of legs awakens her from sleep; melancholy with weeping; physical and mental symptoms alternate. Feels that she is superior to others of the family and is abused by them (not a permanent symptom).

Haughty disposition indicates most prominently Lycopodium, Platinum, Sulphur and Veratrum album. Under Platinum are found all, even the peculiar symptoms of the case. Hering's Guiding Symptoms has "Cramp-like drawing in the throat as if it were constricted," nearly like the symptom expressed by the patient. It has also been observed that under Platinum mental and physical symptoms alternate.

Cured by Platinum 1m, 40m, and Cm, one dose of each at intervals of several weeks.

DISCUSSION.

President: As I have pointed out before, the value of Dr. Case's papers is beyond computation. If all that he has reported were published in book form, we would have one of the most valuable clinical records in our literature. There is no better practice for a student than to study the reports of his cases and hunt up the remedy with *materia medica* and repertory.

Stuart Close: I suspect that the method outlined by Dr. Case in this paper more nearly fulfills the requirements of the ordinary prescriber than the methods of Freud. When we hear reports such as this, of cures of complicated cases of mental trouble, we should all take courage; (not that I would discourage the study of Freud's work). But while we are reaching forward for something new and perhaps better, we can continue to utilize the rich mine of characteristic symptoms of the mind to be found only in our *materia medica*, and perform cures that have not yet been equalled by any other method.

W. S. Hatfield: The hardest thing I ever had to learn was to wait until the remedy had done its full work. The continual giving of the remedy until the patient improves, I consider a mistake. The proper method is to be sure that you are right and then to give one dose or two doses and then to wait. That has been my hardest lesson.

E. A. Taylor: Dr. Case's papers are like Dr. Lippe's; they leave nothing to be said other than a word of admiration or commendation. They are sound to the core. The mental symptoms or the disposition is always to be considered if it is abnormal, not without. It is the abnormal disposition that has weight in the selection of the remedy. I think that we should distinguish between the patient who is cross and irritable all the time and one who is so only when sick. Hahnemann spoke of the changed temperament and meant by that changed by disease.

G. B. Stearns: Dr. Case brought out very well the mental symptoms for which it is important to give a remedy. I was called, about two years ago, to treat a child suffering with asthma. When corrected, this child would stand aloof from everybody. She would not be corrected by anybody. I gave her Platina. That is plain Homœopathy. Outside of this there is a field of action where the symptoms for the remedy are covered up and Freud's method reveals the symptoms for us to prescribe for. Somebody mentioned suggestion as being the same or a similar thing. I want to emphasize that Freud's method is the opposite of suggestion. Suggestion

tries to implant an idea that is not there. Freud tries to uncover what is there but concealed. It brings out to their reason what their reason did not before recognize and hence could not act upon it but now can. Thus there is offered a chance to free themselves from their troubles, which they did not have so long as it was not recognized.

A CASE OF MALARIAL CACHEXIA.

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

This case is reported not in the least as an example of good prescribing—the mistakes are painfully apparent—but because the writer hopes for some discussion concerning the real cause of and the remedy for such cases.

Miss K. C., age 25. I was called to see the patient at 5 p. m., March 4th. Her mother reported that she came in from walking in a state of utter exhaustion. I found her in bed, weeping and sighing constantly. Face red and hot, feet cold. Temperature 103.6, pulse 110, respiration 25. Loud systolic heart murmur heard loudest at the apex, cog-wheel breathing in the lower lobe of the left lung. She reports having a two days' illness which was called grippe about four weeks ago, since which she had felt weak and very tired. For weeks she has had distress after eating accompanied by eructations of tasteless gas, and the skin on her face has been rough with some papular eruption. She had consulted a physician, who diagnosed ptosis of the stomach and ordered a rigid diet excluding acids and starchy food. She has had no appetite and has eaten very little. At times the accumulation of gas has prevented deep breathing. At the present time even a swallow of water causes eructations.

R Pulsatilla 2 M.

The following day the temperature was 101 in the morning but rose to 104 in the afternoon. The patient slept much, but when awake sighed much and complained of intense exhaustion. There was profuse, offensive, axillary sweat,

feet cold and sweating, aching of back and lameness of right shoulder. General aggravation from motion.

R Byronia M.

March 6th. Toward morning she had a drenching sweat and the temperature fell to normal but rose in the afternoon to 100.6. Lameness of shoulder gone.

Two days later, March 8th, there was still slight afternoon fever and during sleep a sweat which dried on waking. Any food or drink caused flatulence and some pain.

R China M.

This prescription did not relieve and for several days the patient suffered much sharp pain in the left hypochondrium, chest and abdomen, worse after eating, worse for deep breathing. She wanted all the windows open during the paroxysms of pain. Soreness of the muscles of the chest and abdomen. Lycopodium and Sulphur were given in vain. The first was prescribed when the nurse said the sweat had the odor of onions and the second on special craving for air during the pain. Nux vomica relieved slightly. When the patient revealed the fact that any motion excited the pain, Byronia was given with a good deal of temporary relief but the pain continued to shift about till Pulsatilla was prescribed with almost immediate cessation of pain, though the eructations and gurgling of gas continued.

The patient gained slowly in strength and appetite for about a week, when she complained of pain and swelling of the submaxillary glands, first of the right, then of both sides. There was no fever. Hepar sulphur relieved this, but two days later the patient was hot and cold by turns, was excessively languid and craved much fresh air. The face was flushed and burning, the right cheek much more so than the left, <lying. Muscles of the eyes were lame, finger nails blue. The spleen was enlarged. Temperature 103.6, pulse 116. A blood examination was made and the result was as follows:—Hæmoglobin 80%, red corpuscles 3,424,000, white corpuscles 7,400, malarial plasmodia present.

R Sulphur M. Did not help. Byronia relieved the eye symptoms and extreme thirst. The temperature was still 103.

Pulsatilla was prescribed and the following morning there was copious sweat, normal temperature and no pain. Pulsatilla was repeated daily for a week. There was no return of temperature and the patient gained steadily. Two weeks after Pulsatilla was first given the patient reported that she was feeling very well but that she woke at 5 A. M. and could not sleep again. She had a very marked craving for sweets for which she usually did not care, a marked thirst and desired much air. The spleen was still enlarged.

R Sulphur M.

Three weeks after the first blood examination a second was made with the following results:—Hæmoglobin 100%, red corpuscles 4,880,000, white corpuscles 6,200. The smear showed the cells of good color and shape with now and then a malarial plasmodium in a red cell. A papular eruption appeared on face, chest and back with itching worse on waking. There was still a craving for sweets.

R Sulphur M. This was followed by an aggravation of the eruption on the face which gradually subsided until in less than three weeks the face was normal. There was entire relief of the eruptions and feeling of gas in stomach and intestines from which she had suffered for months, and her general strength became good.

She was away from home for several weeks and on her return, June 18th, reported having had a severe coryza with loss of smell and taste and general feeling of weakness. At this date she was still easily exhausted, but she had gained in weight and the heart murmur, which was undoubtedly anæmic, has disappeared.

A blood examination resulted as follows:—Hæmoglobin 95%. The smear shows the red cells normal in shape and color, white cells normal in amount and color. A few malarial spores free, and many in the red corpuscles.

The general symptoms were as follows:—Sleepy all the time, especially after eating. Appetite and digestion good. Marked craving for salt. Thirst, especially at meals. Hair falling out. A few papules on the shoulder which itched badly. The spleen was enlarged.

Study with the repertory gave Phosperus and Natrum muriaticum nearly equal but Natrum muriaticum counted a little higher and seemed better indicated. It was given in the 1m potency.

Query.—If the germs of malaria are introduced into the body only by the mosquito, how are we to account for their lying so long dormant as in this case, for the patient was quite well until January and mosquitoes do not flourish in our latitude after September or October?

DISCUSSION.

P. E. Krichbaum: I move that the discussion be limited to three minutes for each speaker. Not seconded.

H. L. Houghton: During the last three years there has been a great deal of the so-called dumb malaria in and about Boston. I never encountered it previous to that time. I have met more cases in winter than in the spring or fall months. I spoke about the matter with several of the men of the Board of Health and found that one of them had tracked it down to the use of the old fashioned tank in the attic to supply the house and water closet. These tanks had been in use for from twenty-five to fifty years and were perfectly adapted to the propagation of mosquitoes. Mosquitoes had been seen by him in the months of January, February and December. The idea in Dr. Stevens' mind was also in my mind, but I did not succeed in doing it. Previous to this occurrence I had tried to reason out that these people had had the condition or contracted it in warm weather and that it had been going on for several months or longer. In the acute cases, such as those which Dr. Stevens describes, we have an entirely different proposition. The so-called dumb or masked malaria is one of the most difficult things to cure that I have encountered; it is much nearer a chronic disease than an acute.

W. S. Hatfield: We are apt to have (dumb) ague in the spring before there are any mosquitoes. I would have thought of Sepia at one time in that case of Dr. Stevens. Strong smelling perspiration from the arm pits is a characteristic of

Sepia. A young girl, whom I met while attending her mother, was an example. The odor from that girl was something terrible; I could not help speaking to the mother about it. Her mother said she bathed every day and used all kinds of powders and perfumes, but could not go out in company on account of it. I gave her Sepia and in a month she was just as sweet smelling as any other girl.

P. E. Krichbaum: I have had a little experience with malaria and always feel good when I get a case with *Natrum muriaticum* symptoms because I have been very successful with it; cured some old cases of twenty years' standing.

G. B. Stearns: In an old school journal I saw the statement made that the transmission of yellow fever was a matter of four days, but that malaria might last for years. It can lie dormant in the system for years. Attacks are more apt to come back in the spring, when the vital forces are low. We all know how malaria can be redeveloped long after the original attack.

F. W. Patch: It is not claimed that the mosquito originates the malarial poison but that the insect simply acts as a carrier. It is carried from low marshy regions by the mosquito to other places.

J. F. Roemer: Anything that will stir up the spleen in a dumb ague case will start up the infection and make it active. Through the spleen the infection has been stirred up in such a case and the next morning they had a beautiful chill, as severe as any the patient ever had during the primary attack.

Harry B. Baker: I have had some experience with malaria. I think that our tendency is not to wait long enough on the action of the remedy in this disease. You have to give the remedy a chance or you will mix the case up by too frequent repetition.

H. S. Llewellyn: The second remedy mixes up the case worse than anything else. I was called in to see a case of appendicitis where somebody had given *Colocynth* and *Mercurius* in low potencies, also alcohol and salt injections. When I was called in and found out what had been given I asked for twelve hours' time to eliminate the drug effects. He

simply threw up his hands and said, No. I left the case and was called back to it. The appendix was not in desperate shape. She had been to the hospital before and was operated on for something with a promise that she would not have to stay more than two weeks, but it turned out that she had to stay six. On this account, she was very averse to going to the hospital again, whereupon the other doctor abandoned the case and I was compelled to carry her through. I prescribed a remedy, one dose on the tongue and left another dose in a tumbler of water. I told her to take the second dose if the same pains came back which she had described like the sensation which occurs when a strip of adhesive plaster was torn off. She had the most rapid recovery from appendicitis that I have ever seen in my life. Monday morning she was better; Tuesday she had a natural bowel movement and was practically O. K. In four days after that she picked up strong symptoms without apparent reason. Sharp pains not located right for appendicitis but calling strongly for Colocynth. I thought of giving Colocynth but she had so much of that drug that I refrained. I laid low, hoping that they would go. They did go in a few hours and then came up Mercurius symptoms. I laid low again. She came out all right and made me promise that I would be her physician from that on.

Grace Stevens: A pathologist who made a number of examinations found many cases of chronic malaria where it was not suspected at all from any symptoms that were present. I have had other cases, last winter in a place where the drainage was distinctly bad and where there might easily have been mosquitoes developed.

CLINICAL MEDICINE.

E. O. RICHBERG, M. D., CHICAGO.

Mrs. A. who was not yet forty years of age had been subject to very severe headaches the greater part of her life, but she began to think twenty years of one kind of pain enough. They occasionally rebel from benign old school methods! The

distress concentrated in the vertex, at times, — at others it was wholly occipital. She had accustomed herself to associate the latter with the genital system, as acute distress in the ovarian region and backache were usually its companions.

The facts warranted laying most of her troubles to the overworking of a frail body, domineered by an intensely nervous artistic temperament. Her one purpose, in life — after being left a widow with no income beyond what unrecognized musical ability and education offers — was and is to develop the talents and promote the financial independence of her talented daughter. Her troubles were all aggravated at the menstrual period, — in the morning, on the left side, — and were relieved by *rest*, *warmth* and *pressure*, with this exception: In connection with all her pains she referred to a hot, burning sensation — for which she often craved and absorbed much cold drink, ices and ice-creams — with no apparent discomfort. They seemed to refresh and to rest her — although she complained of taking cold at every provocation — often with none, that she could recall.

Cold draughts and damp, cold weather, especially wetting her feet or even becoming slightly dampened by an unexpected shower, invariably induced these attacks. After a long season of watery coryza, they culminated in very obstinate laryngeal and bronchial troubles, about the possible meaning of which they were both most anxious. Rest, warmth and pressure *always* relieve.

Having been repeatedly warned by self-appointed advisers against eating this, that and the other thing — according to the experience or idiosyncrasy of the adviser, — until she was apprehensive about eating *anything* that she really desired, she acquired the unfortunate habit of crediting every abnormal sensation to something she had carelessly eaten against the advice of *someone*. She was, therefore, illy nourished at the time she consulted me. The experimental resources of her various advisers, professional and otherwise, were apparently exhausted with no results beyond more frequent attacks of very severe headaches, long continued throat and chest affections and an unbearable ovarian pain — which some experi-

ence of the past had convinced her meant an abscess in prospect at the very least.

March 30th, 1912, she received a dose of Phos., Cm. There followed almost immediate and most favorable results; but, during the latter part of April, housecleaning proved a strenuous antidote and May 13th return of headaches, backache and ovarian pain were reported. Phos. Cm was repeated with prompt relief as before. Two months and a half later, July 31st, after another of her many nerve and body racking experiences, she again lost her equilibrium. At that time, the pain in the ovarion region was *most* distressing, the head and back played their part. Reluctantly I repeated Phos., considerably dissatisfied at the failure to establish more *firmly improved conditions*, but as I justified this apparent lack by the continued overtaxing of the patient's strength, I lost no sleep on this account.

I learned at this time or later, by accident, that she always was much annoyed, by a peculiar symptom, whether the main trouble was ovarian, cold or headaches, with a *swollen upper lip* which then felt hot and burning. Although I did not locate this as belonging to any specific remedy exactly as she gave it, I felt more than ever sure that it *would* occur under Phosphorus, and I, at the time, felt less uncertainty as to the accuracy of the prescription.

Several subsequent attacks yielded to Phos. and were accredited to her self-sacrificing overwork.

She had *generally gained* much in appetite, *flesh* and spirits—due chiefly to non-use of laxatives and to a more liberal diet.

Again, after several months, the **day came when she gave up** the solitary fight and appealed for help at the office. I reviewed *the repertory results* with Sepia second as numerical *strength*, but out of the question, and Calcarea a close third. I was inclined to desert Phos. but did not like to *follow it* with Calc. and almost regretted not having tried Calc. first, although its relationship had not seemed very close.

I finally investigated the compound, and found under Calc.-Phos. not only a close similia generally, but "Swollen upper lip, hot and burning" exactly as the patient had expressed it.

I hesitated no longer. Any one who has studied under Dr. Taylor and could doubt in the face of a "peculiar" coincidence like that would be immune to conversion.

On March 24th, she received Calc.-phos. Cm; April 30th, writing of other matters, the patient said, "I never had any remedy in all my experience that so touched the spot as the last. The effect was simply magical, as to backache, headache and general cussedness. I've been able to keep the machinery moving right along ever since, equal to any emergency." She has written in similar strain to a mutual friend and "Hopes Dr. Richberg will not forget what she gave me, if I should ever need it again."

Should Calc.-phos. have been originally recognized, and by what means? Will some of the wise men present explain, as I was not sufficiently familiar with the symptomatology to recognize it from memory?

WHICH WAS THE INDICATED REMEDY?

Mrs. T., at time of first consultation, 1905, was about fifty years of age, very loquacious, dark complexioned, intense in feeling and speech. She was much older than her years because of overwork, and many trials; but had, with apparently moderate success, passed the menopause.

She had been woefully annoyed, for seven or eight years, with what she described as a "Trashing machine" in her left ear, the hearing of which she regarded as lost. All her complaints were emphatically left-sided. One or several nasal polypi had been removed, at intervals of about six months, during several previous years. These were attended by profuse and debilitating hemorrhages. The relief to head and ears therefore, lasted hardly as long as the resultant exhaustion. About the time of her coming to me, her right ear seemed slightly affected, which fact filled her with forebodings.

The first prescription was based chiefly on burning pains, head, chest and abdomen; morning aggravation relieved by light breakfast of tea (or hot water) and bread and butter, fainting and falling attacks, during which she *almost* lost her

consciousness and physical control. She was, also, much worse in damp weather. The tendency to excessive bleeding and mental contradictions was also taken into account.

Under Phosphurus Cm, she steadily improved in all essentials, for two years. She had one continued dose, three within the hour, later a single dose about every three or four months. She was able to return to her dressmaking, in which she was an adept. In fact, she might well be classed as among those of *artistic temperament*, manifesting itself in this inherited line of occupation.

During the following two or three years, she blew from her nose several well developed polypi, in size from a pea to the end of her forefinger. These natural operations were unattended by serious discomfort or extensive hemorrhage, although their sanguineous appearance impressed her as being heroic results from sugar pills. She also realized, subsequently, much improvement as to headache, vision and hearing.

About four years from her first consultation, she seemed again retrograding, especially as to the hearing in left ear. The "thrashing machine" began to annoy even more seriously. She became very tired from any continued effort or application. It should be mentioned that the mental symptoms were considered in selecting the remedy only through their being so varied and contradictory in character. She was alternately hopeful or despondent, resigned or intolerant, amiable or angry, with no specific cause or time for such aggravation.

One spring, during these first years, she acquired a very serious condition of the respiratory tract, attended by profuse, fetid, greenish discharge, heavily blood-streaked, from post-nasal and apparently from bronchial tracts. With this there was much pain and soreness, with other acute manifestations, all of which yielded easily to another dose of Phos. Cm.

At times, the ear troubles improved decidedly; but there were also frequent lapses in this respect, as in her power to eat and to assimilate nutritious foods, with a tendency to constipation that caused me much self-dissatisfaction as a prescriber.

She was always irritated and impatient *about noises*

although she heard better on the street cars than elsewhere — also, when she could forget that she was deaf. Five years passed thus, interrupted several times by the experimental work of allopathic doctors and surgeons, called during my absence from the city. Results in such cases invariably proved highly unsatisfactory. It was then decided to concentrate our attention on these lapsing troubles, *three of them*:—faults of hearing, indigestion and constipation.

Over the telephone, Dr. L. A. L. Day, whose opinions and prescriptions I have much cause for respect, at this stage suggested Calc.-phos. as applicable to the symptoms reported, but cautioned me against expecting any marked improvement in hearing. He had not seen her, but judged from the age of the patient, duration of the trouble and other general conditions.

I ought to confess to having during moments of desperation tried Lachesis, Sepia and Psorinum.

At that time, the patient was almost hysterical over the discovery that she could no longer hear the tick of the clock near at hand with her heretofore dependable *right* ear. She believed she would soon be wholly deaf.

She was given Calc.-phos. Cm., Sept. 28th, 1910. It produced an almost immediate and very favorable effect on her digestion, also relieved her constipation and, as reported to me October 8, ten days after the first dose, she could hear better *with both ears* than for several years.

Then, within a week, she suddenly slipped backward into almost all her old obstinate troubles, and I recalled all the pessimistic warnings I had heard regarding remedies that appeared to cure too quickly to be permanent benefactors.

Talking with her at this disheartening time, I smelt and learned that she was one of the many victims to the camphor habit. That she used it frequently, usually carried a piece of the gum in her shopping bag and snuffed it for relief from any annoyance.

She gladly discarded the practice and Phos. again antidoted its immediate effect, paving the way for another "forward march" under Calc.-phos. Only for a limited time,

however. Then there were burnings and bladder distress, intense thirst, nausea before and after drinking causing a suspicion of a Phosphorus proving: Violent headaches, abnormal vision, colic with unquenchable thirst, etc., etc.

About this time when she was philosophically explaining it as her "annual grippy spell" and I was wishing she would encourage my calling in a more skillful prescriber, although it might be mentioned that the hearing seemed at last permanently improved and her thrashing machine was less and less annoying, the patient casually mentioned to me, as she might have said, "I took a bath last evening," or "I was unusually hungry this morning,"—"I always get so much relief when I have these grippy pains from rubbing on and heating in Turpentine."

That time it was the doctor that experienced immediate relief and not from grippy pains. After that, with turpentine and camphor discharged from active service, improvement under Calc.-phos. was uninterrupted and gratifying.

I would like to report her as today well and happy, but as doctors cannot cure financial ills, nor harmonize home environment, the best I can say is that she *suffers very little physical discomfort*, that her vision is, for her age, *exceptionally good*, and that she not only hears the tick of the little clock in an adjoining room, but has for two years or more conversed easily over the telephone with friends and customers. I hope Dr. Day will tell me whether in his opinion the indicated remedy was from the first Calc.-phos. or was simply her constitutional remedy and Phos. was needed first to clear the superficial debris away.

I will confide to you here that I have never even admitted to him the success attending the use of that prescription over the telephone—but homœopathic practitioners are inured to this kind of gratitude and lack of recognition—the world over, are they not?

DISCUSSION.

John Hutchinson: It is often stated by aural specialists that deafness that is ameliorated in the rumble and rattle of a

moving train is less amenable to treatment than other kinds, and is often hopeless of cure. That is a matter of great interest, because Homœopathy has helped just such cases. The circumstance in itself is a symptom, and at the same time it furnishes something on which to base prognosis. It is always very satisfactory to help with Homœopathy a patient whose case has been pronounced hopeless.

Harvey Farrington: What Dr. Hutchinson says regarding cases of deafness, people who hear better in the noise of a factory or the rumble of a street car, is correct. Though it may have some special significance to the pathologist, we must not overlook the fact that it is an excellent indication for Graphites.

G. B. Stearns: The reason is that the catarrhal forms beginning with congestion and swelling have gone to the atrophic form when that symptom supervenes. The atropic form is accompanied by that symptom of "hearing better in a noise." Nobody has answered the doctor's question but probably none of us know exactly.

A. P. Bowie: I should have been tempted in that first case to give the patient Tuberculinum, but the proof of the pudding is in the eating and what she gave worked. I thought that I saw symptoms for Tuberculinum clearer than for Calcarea phos. I congratulate the doctor upon her success.

G. B. Stearns: Do you find Tuberculinum the ultimate remedy, that is, does it carry a case to final cure?

P. E. Krichbaum: It would not have cured the case; the question is, would Calcarea phos. have taken hold at the beginning? Nosodes will clear up a case and make it curable but I have never cured a patient with a nosode alone with the exception of Psorinum and Pyrogen. Just before the 1910 meeting I was treating a gentleman for the worst carbuncle I ever saw. You could see the vertebra. In that desperate condition, Pyrogen was given him. It started right to work and helped him. I got on the train and left for Kansas City turning him over to my wife. He recovered.

E. O. Richberg: I feel complimented by the discussion.

I was afraid that someone would show me that I had done all wrong.

SUCCESS.

HILMAR C. SCHMIDT, M. D., CHICAGO.

Not being a veteran in medicine, I would not attempt to give as good a paper as I should like to, but only speak from the standpoint of a beginner.

Clinical cases to me seem to be only of value as they help us to greater success, and as the success of the convention is in proportion to the direct effort each member puts forth, I offer this as my share.

Success in our profession should be every one's aim, and to know how to become successful is a question of universal interest.

A clean life, morally and physically, is essential. A sound mind is necessary. Prejudice, superstition, ignorance and pride are antagonistic to sound judgment. In proportion that a man is prejudiced, racially, religiously or otherwise, in just that proportion is he biased.

Tolerance is necessary. We can only unfold our full capacity where utter freedom reigns. Our brother equally needs such freedom from us.

Accurate observation is absolutely essential. To overlook a black coated tongue, while examining a throat for post nasal catarrh, is of no special credit to any physician.

But the last and most essential quality necessary for success is discrimination. Each case seems a law unto itself. Each case must be judged on its own merits. It is up to the physician to see what is or is not essential and characteristic in the case.

I frequently work a case in three or four different ways, then compare results and, finally, select the remedy.

The method of marking down points for each remedy sometimes works well, either according to Kent's method or according to Boenninghausen's method. At other times, it brings to

the front half a dozen polycrests, or more, not including the curative remedy.

I like best the method of elimination; but one must be certain of the reliability of the symptoms used, and of the symptom being sufficiently characteristic.

Occasionally one is forced to prescribe on one or two symptoms, running the risk of being criticized as a key-note prescriber. But if it results in a cure, the system must have some good feature.

Again discrimination must be carried a little farther! What may mean success for one, may mean failure for someone else. Success for the materialist expresses itself in the dollar mark. For the ambitious, it expresses itself in one's society, one's college, one's hospital, and above all in the number of people who worship at one's feet.

For the *real true* Homœopath, the idealist, the conscientious follower of Hahnemann, success means only one thing—*Helpfulness*, the relieving of a suffering brother, the splendid cure.

Whether our patients appreciate our work or not is of little consequence. We cannot expect everyone to have sufficiently evolved to appreciate our work, some simply have not the intellectual capacity to do so.

Case No. 1. Lady, 55, well built, precise, loquacious. Post nasal catarrh of years standing. Tongue black coating, thirty-three remedies; desire sweets, twelve remedies; > air, seven remedies; cough days only, two remedies, Arg. met., Lyc.; deaf left ear, one remedy, Arg. nit; H. K. frontal, < morning.

Dec. 30, 1912. Arg. nit. 10 M. Produced a speedy relief of catarrh. About three months later gave Arg. 50 M. Heard of patient but once. Catarrh had then completely left her.

You will notice cough days only is Arg. met.; deafness left ear Arg. nit.; this may look somewhat like juggling with the truth, but as the metal is contained in the Nitrate and the metal produced the symptom, we may suppose the Nitrate to

produce the same symptom in a sufficiently sensitive patient.

Case No. 2. Young man, 26, single, no bad habits.

Epilepsy, aura anxiety, lying on back always causes H. K. H. K. frontal, < morning, < noise, < jar, < evening; H. K. < riding in car, > day; vertigo < looking up; aversion fat; desires company; constipated; perspires face; hands and feet cold; muscular pain thigh and upper arm, > air, > motion.

Dec. 27, 1912. Gave Alum. 10 M.

Jan. 3, 1913. Had frequent return of anxiety but managed to keep away from epileptic attack.

Jan. 3, 1913. R Arg. nit. 10 M. Feeling better all around, no attack to date, June 20, 1913.

Alumen and Arg. nit. were the only two remedies that came at all into consideration, but it was rather difficult to choose between the two.

Case No. 3. A young Pole, 31 years old, well built.

Chronic gastritis; pain stomach, < after eating; fullness of stomach < after eating; < 4 P. M. and all night, aversion sour, desires sweet, itching < warmth, cough days; vertigo < rising, turn in circle, vertigo with blindness. As I do not speak Polish, conversation was unsatisfactory.

Dec. 18, 1912. R Sul. Cm. No improvement.

Dec. 30, 1912. R Rhus. 10 m. No improvement.

Jan. 13, 1913. Quizzed one-half hour and obtained just one symptom. "Fish no good sick at the belly."

Jan. 13, 1913. Chin. 1 m.

Mar. 20, 1913. Chin. 10 m. Chin. helped very much.

Case 4. Thin, nervous woman, mother of three children. Big fissure on palm of left hand; would not heal; had it for months. She had many nervous symptoms; has had many prescriptions, has been regularly under homœopathic care for four years.

After prescribing a few times without getting results I determined to go to the bottom of things. I obtained as central point that sex life was excessive and that she was always worse after coition. Loses milk as soon as she gets up

after delivery. Menses stop by putting hands into cold water. Numbness begins in heel; nausea < evening; nausea and H. K. < after ironing, < after menses.

March 13, 1913. Con. 1 m.

April 12, 1913. Con. 10 m.

May 21, 1913. Con. 10 m. Fissure healed up and lady feels better than in years.

Case No. 5. Girl, 14 years. Chorea.

Chorea after fright; weeping; aversion company; > air; < cold; gastric H. K., > lying; spasms of jaw, < before breakfast; trembling, one sided, > eating.

March 3, 1913. Zinc 1 m. Saw her only once since, very much better. Repeated Zinc in higher potency.

Case No. 6. Thin colored lady, 29 years, in very run-down condition.

Abdomen distended, < night, < eating, < before menses; heat flushes; sleepy evening, > air, < warmth, desires meats, sweets; < fat; left lung pains; knee cracks.

Jan. 28, 1913. Sul. 10 m; no improvement, H. K. front to occiput. Pain stitching, vagina, fainting.

Feb. 18, 1913. Puls. 200. No relief. Pain left ovary, < jar.

March 12, 1913. Arg. nit. 1 m. No relief, < noise.

April 22, 1913. Zinc 1 m. Considerable relief.

May 22, 1913. Zinc 1 m. Feeling fine in general during June report. Cracking in knee joint like rusty hinges is not yet relieved.

DISCUSSION.

John Hutchinson: We may be led at once to the curative remedy by a peculiar symptom. This we all know, and I think that this fact should stop all talk about the perniciousness of the practice of key-note prescribing. That is the way we prescribe anyhow, and there is no use in making theoretical objection to it. When we take a case we read into its symptoms emphasis where we believe it belongs. The emphatic symptom is a key-note. The others are less important as guides to the prescription.

Harvey Farrington: Dr. Schmidt's apology was hardly in

order; his paper is a good one. If he is a beginner in the field, he has at least begun right. He knows how to take hold of peculiar and uncommon symptoms and to give them their proper value, and does not fill up his record with padding. I would like to know whether there was anything peculiar about the pupils in the case for which he prescribed the *Argentum nitricum*?

H. C. Schmidt: I cannot say, I did not see him during an attack.

E. O. Richberg: I hate to see a man get credit under false pretenses; Dr. Schmidt began at least five years ago. That is a long time to call one's self a beginner.

G. B. Stearns: I like the human note about this report. I appreciate the wrong prescription; we are more apt to make true progress in ability when we make these mistakes and see them. Every interne who comes out of a hospital is a key-note prescriber; every case that is better from motion gets *Rhus*. and everyone that is worse gets *Bryonia*. We are all inclined to do it more or less, often however, the idea has been acted upon, the patient says something that is so important that the whole case revolves around it and leads us to the *similimum*, as Dr. Schmidt says.

John Hutchinson: I take exception to the statement that hospital internes are key-note prescribers or prescribers at all; they usually confine themselves to quinine and crude drug-ging.

A CASE DEMONSTRATING REAPPEARANCE OF SUPPRESSED PSORA.

C. E. PUTNAM, M. D., KANSAS CITY.

Mrs. S., married seven years, never pregnant, presents herself for treatment of recurrent headaches, with which she has been afflicted for four years and which have gradually increased in frequency and severity until they now occur as often as every two weeks.

Has had bilious attacks all her life. As a child had much

bowel complaint, but does not remember the symptoms. Never very strong. Has taken a good deal of calomel and quinine. Cold hands and feet habitually. Gums slightly scorbutic. Black and bright spots before eyes and either light headed or profoundly dizzy just preceding each attack of headache. Is hungry before the attack, also feels unusually *well* just preceding onset of symptoms. Has blind spells and one-half vision (vertical). Menses irregular, both late and early. Tenacious, yellow, leucorrhœa for many years. Inclined to despondency. Much indigestion and discomfort after meals, with history of a large sore on forehead which appeared about puberty and was suppressed with difficulty by an application of zinc ointment.

The case reduced to the Repertory presented:—Despair, confusion, right sided internal head, blindness, one-half vertical vision, muscae volitantes, photophobia, uterus, leucorrhœa tenacious, suppressed eruption.

Which ran:—Calc. c. 7-23, Med. 6-16, Psor. 7-23, Sep. 7-21, Sul. 7-22.

Besides the history as noted she was predisposed to frequent attacks of gripe which called *usually* for Phytolacca. The remedies most frequently called for were Phyt., Sepia, Sul., Calc. and Psor.

After being under treatment four years and showing a *marked degree* of restoration to health, although by no means complete, this patient called one day to say that the sore was appearing on the forehead again just as it had done so many years ago.

During her first interview, four years previously, she had murmured because she had been seven years married and never pregnant, upon which I had inadvertently dropped the remark that if we could cause that sore to come back, she might yet conceive. Now she was all smiles, and I said to her, "If you have the courage to endure the annoyance of that sore for awhile we may be able to see what will come of this."

She agreed to endure, and the sore developed to unsightly proportions, being as large as a dollar, with a thick, crusty, greyish green scab which would drop off and reform, until

after four months it disappeared. In two or three months she left the city on a visit, after missing one period of menstruation, and must have miscarried, as she reported having had a severe spell of sickness with pain and hemorrhage after a six weeks' menstrual interval, but in several months she became pregnant again and last Easter morning was delivered of a six and one-half pound girl.

Unfortunately I was unable to attend her, but the doctor who delivered her said that it was the most normal case she had ever seen, labor lasting only six hours which was remarkable, considering that she was a primipara aged 37 years. This case was returned to my care four weeks after the labor had taken place, with conditions as follows:—Mother's milk just about gone. Large and very dense lump in left breast, with symptoms of threatened suppuration. Mother weak and faint, especially on trying to nurse the child.

The *baby*, at birth, as beautiful and perfect a little child as I have ever seen, now showed marked symptoms of malnutrition, with bosses of cranial bones, mummy-like face and general collapse. The mother, after a month's treatment, has been restored, and is able to furnish about three-fourths of a feeding of fairly good milk. Each day-time nursing is being supplemented by formulated cow's milk. But the babe, while it has improved very much, is not growing as it should, after five weeks' treatment and the cranial bosses are not responding to remedies. Would it be wise to wean it?

Dec. 30th, 1913. I am able to state as this goes to press, that I left the child on Calc. phos. 6x trituration, on leaving for the Association. On my return in two weeks, found *bosses disappearing and child growing*. "All things come to those who wait" on the homœopathic remedy, if it be rightly chosen and the life force be not too far spent.

DISCUSSION.

Harry B. Baker: Did you have the mother's milk tested?

C. E. Putnam: Yes, so it was decided to use rich milk at once.

H. B. Baker: My rule is to hold on to the mother's milk as long as I can. Of course, if it is not enough or if it is all water I make up the deficiency, but I like to preserve the flow of milk even if there is only enough for one or two nursings a day. It is good for the mother's health. Did you say that they fed it every two hours?

C. E. Putnam: Yes, right from birth.

H. B. Baker: I never heard of a baby being fed so often during the first three days. Most babies are better off with nothing during that period.

W. S. Hatfield: Did the symptoms of the mother call for China?

C. E. Putnam: No, the indications were for *Phytolacca*; the breasts were thick and heavy and there was threatened suppuration. She had most of the time *Phytolacca* symptoms, *Bryonia* was called for once or twice.

W. S. Hatfield: I should have dug around for China symptoms; I feel that the child should be kept at the breast if possible. It is only occasionally that you have to substitute something else. One of my patients had had three children which she had raised on goat's milk because they could not take cow's milk and she had none herself. When I was called a few days after the birth of the first child I found the mother in a chill followed by a high fever. She was unconscious. Dr. Ehrman said that I never could raise her; but under careful prescribing she got well. I attended her right along after that and she has since given birth to three children and the last one she was able to nurse. The other children could not take anything but goat's milk.

E. O. Richberg: I would like to ask if the doctors here approve of the waking of the baby at feeding time so as to form the habit of regular feedings?

A Voice: Yes.

E. O. Richberg: It seems to me that sleep is as important as food and that in doing this you are breaking down one of nature's defenses.

H. C. Schmidt: While I have had very little obstetrical experience two hour feedings seems to me too frequent. The

child can hardly have had time to rest up and digest in that interval. My own little baby I put to the breast every four hours except when asleep. The result is that one child from the third day on nursed at ten at night and did not wake up until six in the morning. It is one of the healthiest children I ever saw. I do not say that because it is one of my cases.

W. S. Hatfield: I think if a child sleeps an hour over feeding time, let it sleep, but no longer.

H. B. Baker: You cannot lay down an absolute rule; each baby is an individual and you have to adapt your methods to its peculiar constitution. To the mother, however, you must give absolute rules or she will be nursing the baby every time it cries.

E. W. MacAdam: I cannot say that I have had much practical experience but my advice would be to let the mother, who is unable to furnish all the nourishment that the infant requires, nurse the baby twice a day or once a day anyway. Then treat the mother and possibly you may produce a more copious flow of milk. It is important that the baby should not get in a debilitated condition just before the hot weather comes.

J. F. Roemer: I think that you have to know about how much milk there is in the breast before you can adjust the interval of feeding. There should not be a large overplus of milk. No one would like to drink milk that has been in the cow's udder twenty-four hours; it would not be fit to drink. The mother's milk will be stale if it is in the mother's breast twenty-four hours. If you nurse the baby only once a day, better pump it out also so that when the baby gets it it will not be stale.

President: I think that that idea is based upon a misconception of the facts. Neither the cow's udder nor the human mammary gland is a simple bag of milk. There is in neither any empty space to contain milk. They are highly organized tissues, full of tubes, vessels, veins, arteries and cells. They are perfectly aseptic. There can be no such thing as stale milk in the living economy. The cow does not have five or six quarts of milk in the udder just before the milking. The

milk — most of it — flows out of the surcharged blood as the milking progresses.

E. O. Richberg: Milk in the breast eight hours will not hurt the baby at all. What applies or may apply to the cow does not or may not apply to the human.

H. L. Houghton: In cases of infantile ill health, such as digestive trouble, I think that the intervals between feeding should be lengthened rather than shortened. I never put the baby to the breast sooner than after it is twenty-four hours old. I never have a child nurse as often as every two hours. It may be two and one-half or three hours as a minimum. My tendency is towards longer intervals, rather than shorter. When it comes to artificial nursing, I should never help out an artificial meal with mother's milk. Let it be either one thing or the other for that time. I make it either a whole feeding at the breast or a whole feeding with the bottle. The approach to hot weather is a distinct reason for hanging on to the breast milk exclusively, or as exclusively as possible.

C. E. Putnam: I am very grateful for all this advice. In the management of young infants I have always followed Gurney's advice to put the infant to the breast as soon as the mother had had a short rest. It contracts the womb, expells blood clots and is beneficial alike to mother and child. I never take a case of obstetrics without the privilege of treating the mother during gestation. Of course both patients mentioned in the paper had been prescribed for to the best of my ability. What I wanted to know was about your experience in mixed feeding. The milk is rich. When the child is not satisfied with both breasts she finishes off with the bottle.

PNEUMONIA CASES.

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

Case I. Mr. R. C., age 61.

This gentleman had been ailing for a few days, and as he grew steadily worse, his son-in-law, a Homoeopathic M. D.,

was summoned. After twenty-four hours or when Gel. and Bry. had given no relief to the pain or other symptoms, I was called in consultation. We agreed upon the diagnosis of the disease, but I could not see either Gel. or Bry. in the case.

Temperature 102. Pulse 140. Respiration about 40. Location of disease, right lower lobe. A typical Kali. carb. condition.

May 11th. I was asked to take charge of the case, and Kali carb. was administered. Immediate relief.

May 12th. All symptoms better, sleep, etc.

May 15th. Nurse called me and reported a poor night, patient restless, uneasy, pulse intermittent and slow, patient cyanotic, sighing, eyes yellow, temperature 100 or less. I now prescribed Digitalis. This worked a decided change in two hours. The son come, read the nurse's chart, saw the patient, watched and noted. So impressed was he with his father's condition, and so surprised was he, also, that I did not call again that day, that he made up his mind to know what remedy I had given. With this end in view, he waited until my five o'clock office hour and called to see me. His amazement was almost startling, when I told him the remedy.

"I never heard of Dig. being given for pneumonia."

"Neither did I, my dear doctor I am not treating pneumonia for your father, but treating your father for pneumonia. You go home and study Dig. If you cannot see its application in this case, come back to me, and I will teach you Dig. if it takes all summer."

In this case Kali carb. had done all it could for the patient. Dig. was indicated and given. If the Kali carb. symptoms had persisted, we would have repeated the remedy. This failing, a change of potency would have been in order; while total non-response, would have signified that Kali carb. was not homœopathic to the case. Dig. not only fitted the case, but it proved to be the anti-psoric needed at this stage of the disease. Question:—Was Dig. indicated from the beginning?

Case No. II. Mr. B., age 60, became ill with pneumonia, Dec. 1st, 1911. This patient had had two previous attacks of pleuro-pneumonia. I attended him in the second seizure.

All three times the congestion appeared in the same part of the lower left lung. He has suffered from partial occlusion of the coronary arteries for the past five years, and was, consequently, unable to walk up an incline without being attacked by pain in the chest, and numbness and pain down the arms from elbows to wrists. His whole condition was very much aggravated during the early part of digestion, in fact walking, even on a level at this time, would have to be interrupted by frequent spells of standing rest. This heart condition, however, had improved at the time of which I write, though it had not disappeared.

Symptoms of the pneumonia, stitches in the left side, aggravated by motion, draughts of air, or even cold room made him cough more. He would cough from tickling in the throat, followed by slight expectoration, great thirst for large quantities of water at long intervals; cold feet, must be covered up to his ears in blankets, by the half dozen; craved heated room; temperature 102; pulse strong and full; aggravation lying on the back. Hep. sul. December 2nd, about the same, continued the remedy. December 3rd, the pulse was strong and full still; temperature 103. The greater the fever the more vigorous seemed the pulse. The patient now seemed worse in every way, so I prescribed Guaiac. December 4th, found slight change for the better, except that no sleep could be obtained. Cough was almost constant during the night. The subjective symptoms were wanting, except the sticking pains which appeared all over the chest, first on one side then on the other. I continued the remedy, and awaited further developments. Dec. 5th, rattling of mucus in the throat; profuse sweat, pain worse. Continued the remedy. Dec. 6th, pulse good, temperature same; same remedy. Dec. 7th, patient's verdict was that he thought he would not live through the night. He was now undoubtedly worse physically, also there was great mental exhilaration. He was very talkative and would not allow his attendant to leave him. He asked why his friends did not come to see him. He felt that he was much sicker than anyone appreciated, and resented their indifference. Rattling in the throat now increased, as

did the pain and the offensive night sweats. No expectoration. Disturbed sleep from frightful dreams. The great nervous irritability, and loquacity persisted; very restless, moving about continuously; severe pain all over when moving; very warm now, wanting all covering thrown off; temperature 100. Prescription Codium 9 A. M. About midnight he began to raise bloody mucus, occasionally mouthfuls of pure red blood would appear. The next day the storm had subsided. The expectoration was still bloody, sour, and offensive. Two days later, the patient was very much jaundiced. No other medicine was given. Codium now took the case on to recovery.

Case III. Mr. C., age 65. History good, always healthy, moderate but persistent drinker. This case was taken with a severe chill, and continued chilly when I was called. His face was red, and he was perspiring some. Felt very weak and did not want to move. Temperature 103. There was no thirst. October 24th, I prescribed Gel. Oct. 25th, no better. Complained of weight and heaviness on his chest; very thirsty; restless, and mentally anxious. Phos. Oct. 26th, had a better night. Remedy continued. Oct. 27th, patient seemed to family to be better. He was more quiet. Pulse, now intermitted, was slow and weak. He did not want to move. This failing heart made me acquaint the family with the extreme gravity of the situation. I had them send for his relations. Dig. was now the medicine. At noon the patient seemed better. In the evening at ten o'clock, he was sleeping, and the report came that he was doing nicely. 2 A. M. of the 28th, I was called, and found him dying.

Case IV. Mr. H. C., age 65. History ozena for years. He had had pneumonia twenty years before which left him with a cough. He had lost his eyesight some years ago. He was a patient of the late Dr. Butler's for twenty-five years. In fact, has been a consistent Homœopath for thirty years. This case came to my office March 18th, 1913, suffering with a cold. I prescribed Nux vom. and advised that he go home and go to bed. This last he did not do. March 19th, I called to see him. He had a violent pain in the whole left chest, more in the lower lobe of the lung. This pain extended down

the left arm, was a sore pain and seemed to run along the intercostal nerves. There was complete consolidation of the left lung. He groaned day and night, could only lie on his right side. Tongue was dry and his thirst very great. I prescribed *Kali ars.* March 19th, better. After four days' improvement, he developed a thirst for small quantities of water; general aggravation from 1 to 3 A. M. He was very restless and kept throwing off the covers; delirium, imagined that he was shaking hands with people, was never at home, but was working at his office. March 25th, *Ars. iod.* This remedy carried him splendidly till March 31st, when all improvement came to a standstill. He was now greatly aggravated at night. What sleep he had, was heavy. His breath was offensive. He was almost pulseless while sleeping. Abdomen was swollen like a drum; urine pale yellow, or canary yellow. Syphilinum was given at this juncture.

April 1st, 2nd, and 3rd, no change. On April 3rd, I prescribed the king of anti-psorics *Sul.* April 4th, no change. April 5th, pulse slow, heavy sleep, delirium, offensive breath. Prescription Opium. The next day the finger nails were black, and he was black around his eyes. The ears became swollen, congested and purplish as if lain on. The flesh pitted on pressure; breath and expectoration so horribly offensive that one could hardly enter the room; pulse alternating, fluttering and almost ceasing when he slept. Tongue so dry the pellets would rattle when poured upon it. What shall we do? I did not see his remedy so I waited and waited. Eleven days however, was all I could stand. The old desire to do something mastered me. We had seemingly reached a complete standstill, no fever, no pain, no sleep, no appetite, no thirst, and at times apparently to the attendant, no pulse, no urine, no stool. I deliberated over the nosodes. Psorinum seemed ruled out, *Sul.* and Opium had been used, so on the 16th of March I gave Tuberculinum. March 17th, just the same. The nurse exclaimed, "I don't see how he lives, but he is alive." I agreed. Five days more of anxious watching and no change. The patient had passed some urine the color of snuff, and he had been persuaded to take a little nourish-

ment during the five days, but there really was little change, except that the abdomen was larger. On the morning of the 21st, I continued Tuberculinum. The afternoon of the same day, the nurse called me and reported that he had had thirty or forty movements, involuntary, no control over bowels or urine.

You may have seen *Apis* long before this, but I did not. I now sent *Apis* 2C with a cheerful forecast. *Apis did the work* and within a few hours. The next day his tongue began to moisten and everything began to move. He passed literally quarts of saffron colored stools from his bowels. He also coughed up mouthfuls of chocolate-like masses. His left side is still a little sore upon deep inspiration, but at the date of this writing, June 14th, my patient is able to walk around his grounds.

DISCUSSION.

G. E. Starkey: In what form was the Codeine given?

P. E. Krichbaum: In the 9000th potency.

Adjourned to 2 P. M.

EIGHTH SESSION.

JUNE 25TH, 2 P. M.

CLINICAL CONFIRMATIONS.

HARVEY FARRINGTON, M. D., CHICAGO.

I. *Belladonna*. Sensitiveness to jar is an ever present characteristic of *Belladonna*. The following case, however, illustrates it in a striking manner. A young man came to the office appearing in the best of health but the tip of his nose was red, shiny and swollen. This condition had come on some time in the morning and gotten rapidly worse and was now very sensitive to touch. He had no fever. "What is peculiar about it," said he, "is the fact that at every step I feel as though the end of my nose would drop off." *Belladonna* 30th cured over night.

II. *Phytolacca*. A young man of twenty years of age was suffering with a severe sore throat. His physician — a homœopath, lived at some distance and besides rarely made visits at the house. He grew worse and so rapidly that the family became alarmed and sent for the nearest doctor who proved to be an allopath. He diagnosed diphtheria and antitoxin but the family demurred. Meantime they had communicated with their own doctor and he recommended me.

The throat was indeed a bad one. It was swollen inside and out so that the boy could scarcely open his mouth; it was dusky red and a huge ulcer, filled in with grayish deposit, practically covered each tonsil, on the right side extending well up on the pillar of the fauces. It was agony to swallow even a teaspoonful of water — the poor fellow fairly cringed. But the pain was not in the tonsils or pharyngeal muscles to any great extent. It was in the *root of the tongue*. He was given three doses of *Phytolacca dmm* (Swan) about an hour or two apart. Whether it was actually diphtheria or not no one will ever know. There was not time enough to report the case. Half an hour after the first dose the pain was much relieved; after the second dose, the swelling began to abate and in two days he was up and dressed.

Kent's Repertory under "pain in the root of the tongue," on swallowing, gives seven remedies: *Arsenicum*, *Baptisia*, *Calcarea phos.*, *Cinnabar*, *Colchicum*, *Gelsemium* and *Phytolacca*, all in the lowest degree. The symptom has been so many times confirmed as a reliable indication of the "poke root" that it should be placed in italics.

III. *Lilium tig.* Mrs. J. B. S., aged 69, for many years a chronic sufferer from neurasthenia, rheumatic complaints, etc. took cold and developed what seemed to be cystitis. On account of the urging and severe burning in the neck of the bladder and urethra my first remedy was *Cantharis*, but its effect was only transient. Then I took the case more carefully and found, among other symptoms, weakness in the morning, continuous pressure in the region of the bladder with urging to urinate on standing; smarting while urinating; sensation of *heat* in the lower part of the abdomen, increased to

a marked degree by motion. In Allen's Encyclopædia we read under *Lilium tigrinum*, "Constant burning pain across the hypogastrium from groin to groin." This is not mentioned in the Guiding Symptoms, Clark's Dictionary or Hering's Condensed Materia Medica but as you will note, the other symptoms are all under that remedy; so I gave it in the 200th with considerable confidence of the outcome. And the result was unmistakable. A few weeks afterwards the symptoms recurring, she received the 1000th and it seems to be benefitting her general health.

IV. *Carbolic acid*. Mrs. J. F. C., a comely young woman of about 27, for several years has had attacks of boring pain in the right lumbar region, a little above the crest of the ileum and lasting for days at a time. It has been variously diagnosed as neuralgia, renal colic, etc. She has been treated by one of our oldest homœopaths with no avail. I therefore realized that some little, out of the way remedy must suit the case. But prescribing on a single symptom is, to say the least, unsatisfactory. On consulting Kent's Repertory I found *Asafoetida*, *Cantharis* and *Carbolic acid* the only remedies given under boring in the lumbar region. *Carbolic acid* 45m (Fincke) cured the pain and I have had occasion twice since to confirm the symptom.

V. *Jaborandi*. Salivation during pregnancy is sometimes a very troublesome symptom; at least it proved to be in the case of Mrs. L. about four months enciente, and baffled all our efforts to relieve. Finally she developed some symptoms which suggested *Jaborandi*—alternation of heat and cold; tingling in the dorsal spine; nausea, vomiting and saliva flowing so profusely that she was obliged to carry a towel about with her, for a handkerchief would soon be filled and swallowing the saliva would nauseate her. *Jaborandi* 30th ameliorated so that she could dispense with the towel and was otherwise improved.

VI. *Natrum sulph.* About fifteen years ago a girl came to our clinic at the Post Graduate School in Philadelphia, for some little menstrual difficulty. Her symptoms were not distinctive. Practically the only one that was peculiar was

diarrhoea during the menses, though she had a greenish discharge from the nose. She was about seventeen years old and would have had some pretensions to beauty if it had not been for her nose — she had what is commonly known as an “Irish pug.” Three months or more elapsed before she returned and then it was for some other ailment. But was it the same girl? The one who got Natrum sulph? We could hardly believe it for her nose was perfectly straight! Did the remedy do it? And yet what else could have shaped the nose anew? The “immediate method” was unknown in those days. Probably the soft matrix of the bones remained intact and the lime salts therefore could be replaced; there must have been an untimate basis through which the remedy could act. The word “pug” is used advisedly for it had not the sharp indentation of the syphilitic nose.

VII. In the Guiding Symptoms under *Sepia* you will read: “Sensation as of a strap as wide as the hand drawn tightly around the waist, in evening after supper.” (Vol. IX, p. 315.) About ten years ago, I cured a case of gall stone colic of eight years’ standing in which that symptom was a marked feature during the attacks — at whatever time of the day they appeared. Other symptoms were:—Face swarthy, almost olive; hair jet black. Dates her trouble from the birth of her first baby; but there was no “saddle” across her nose. Constipated; stool large, hard; no desire to evacuate the bowels for three days at a time, but no sensation of a lump in the rectum. Bleeding piles. Melancholy and depressed after eating. Worse from acids and vinegar. Hands “go to sleep” easily. Menses normal and no symptoms referable to the reproductive organs. Dr. Wm. Boericke considers the symptom of sufficient importance to incorporate it in his little manual.

VIII. *Ipecac*. How long does a potency retain its vigor? Clinical verifications of such a well tried remedy as old *Ipecac* are superfluous, but the following case is of interest on account of the preparation used and the remarkably quick action. It is one answer to the above question. Miss E. L. ate green cheese while visiting relatives in the country and on the way

home was taken acutely ill in the train. She was hurried from the depot to the house in a taxicab and put to bed. Her aunt told her symptoms over the telephone — which were the usual nausea, profuse salivation, vomiting of mucus, weakness, trembling and severe pain in the region of the navel. She thought that her bowels were going to move but when she attempted to walk she fainted. I told the aunt to give her Ipecac. Next morning she reported that two doses were sufficient. A few minutes after the first dose, the pain ceased, the nausea disappeared and she felt drowsy. In twenty minutes another dose was given and she immediately fell asleep, waking perfectly well next day. The Ipecac was taken from a case of B and T's 3x's and was twenty-six years old.

THE VALUE OF HOMOEOPATHY IN DESPERATE CONDITIONS, AS EXEMPLIFIED BY A CLINICAL CASE.

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

On Saturday, October 5th, 1912, I was asked to take charge of Mr. E. Q., aged 46, who was then in the fourth week of typhoid fever. He was delirious all the time and for several days had had each day two or three violent outbreaks, lasting from twenty minutes to an hour or more, during which time it required from two to four people to hold him, and keep him in bed.

When I saw him he was lying on his back, eyes wide open and staring, pupils widely dilated and immobile, mouth open, with slight chewing motion of the jaws. Muttering and talking nearly all the time about his work, attending a committee meeting, about the people in his room (who were not there), etc., etc. Twitching and jerking of muscles, picking at the bedclothes and reaching in the air as if to get something. The hands and forearms were trembling constantly and there was considerable rigidity of muscles, as shown by the forearms being held up from the bed and also on attempting to move

them. They at no time relaxed, but were held up from six inches to perpendicular, and often both arms would be extended straight up from the shoulders, as if reaching for something. He had not closed his eyes or slept for three days, but lay with his eyes wide open, pupils dilated and staring. The urine was scanty and passed only at long intervals — eight to twelve hours. He was given Hyoscyamus, 30, in water, a teaspoonful every three hours during the night. I saw him next morning. He had had no more violent outbreaks or delirium and the pupils, while still widely dilated, would react slightly to light and seemed a little more mobile. But he had not slept. *Sac. lac.* was given, and I saw him again that evening. He was decidedly worse — very weak, pulse 150, rolling his head from side to side, very restless, involuntary urination, temperature 102.6°. Dr. Farrington was called in consultation, and on his suggestion Hellebore was given, a teaspoonful every hour. We concurred in an unfavorable prognosis, and did not think he would live until morning. I saw him again at midnight, and he was no better, but weaker, for he would only roll his head occasionally. Pulse more rapid and so weak that I could scarcely feel it. Eyes wide open, but the eyeballs turned up so that only the white of the eyes was visible, giving the appearance of a dying man. Hands and arms still trembling. Was in a profound stupor, from which he could not be aroused, and no evidence of consciousness elicited.

I placed a powder of *Zincum met.*, 30, in half a glass of water, and put part of a teaspoonful in his mouth. In fifteen minutes he closed his eyes; his arms and hands quit trembling, and he was asleep.

His wife, sitting at the bedside, expecting the worst, noticed the change and asked whether the sleep was natural or the effect of the medicine. It was both, but she thought it must be due to an opiate.

I stayed with him for three hours, until 3 A. M., during which time he slept most of the time; was quiet; no trembling or rolling the head. I asked the nurse to report by phone at 9 A. M., which she did, saying: Patient is much better;

slept most of the time; pulse 112; temperature 99°; perfectly rational and knew his wife when she came into the room this morning.

He received no medicine but the Zincum and made a complete recovery.

Some weak-kneed brethren of our school are wont to say that homœopathy is all right for ordinary cases, but that it will not suffice for the worst cases. Such cases as this ought to show them the folly of their contentions. If homœopathy is the best method of treatment, then surely it is what is needed in the worst cases. Any other course seems irrational.

CLINICAL CASES.

DANIEL E. S. COLEMAN, PH., B., M. D., NEW YORK.

The cases treated in a year's practice are such that only a small number can be mentioned in a limited article. The majority comprise those in which both patient and doctor expect certain oft-verified results. For example: I have treated a number of typhoids this spring, but they were regular, ordinary cases with well marked indications for usual remedies. This is true in other diseases.

A few cases slightly out of the ordinary, or in which homœopathy shows its superior curative powers, may be of interest. I have chosen ten such for illustration.

Case 1. Male, 39 years old. History of long continued nervous strain. Impaired vision, could not see print with right eye, and distant objects appeared as if covered by a dense fog. Left eye was also affected, but could read with difficulty. A well-known homœopathic oculist made a diagnosis of hysterical amblyopia. I prescribed a small fraction of a drop of Gelsemium four times daily upon the following symptoms: great lassitude, difficulty in holding urine, drowsiness, could hardly keep the eyes open, occasional tremor, desire for absolute quiet on account of nervous exhaustion, occipital headache, and fog before the eyes.

Immediate improvement and complete cure in about two months.

Case 2. Miss A., age 36. Missionary to China. In September, 1911, following nervous strain and small-pox, she noticed that her eyesight began to fail until she could not read, and distant objects became scarcely discernible. A bad prognosis was given by an "old school" oculist. I diagnosed her case as hysterical amblyopia, and prescribed Gelsemium as in Case 1. The prominent characteristics leading to its choice, were great nervous exhaustion and the local eye symptoms. Complete cure in a few months.

In both these cases the remedy was discontinued when improvement was marked, and resumed when it ceased.

Case 3. Mrs. B., age 46, December 26, 1912. Lump in left breast half the size of an egg and of stony hardness. \mathcal{R} Conium 3. q.2.h. Cured in one week.

Case 4. Mrs. D., age 37, March 28, 1912. Troubled with a lump the size of a marble under the left arm for eight months. Phytolacca 3x, followed by Conium 3x in repeated doses resulted in a complete cure in about six months.

Case 5. Mrs. C., age 82, June 2, 1913. Otitis media chronica with marked tinnitus aurium. Hearing greatly impaired. \mathcal{R} Kali mur. 6x, one tablet four times daily. June 14th, hearing improved and tinnitus aurium entirely disappeared. \mathcal{R} Kali mur. 6x continued. June 23rd, hearing greatly improved; no return of tinnitus aurium.

Case 6. Male, age 41. Tinnitus aurium resulting from severe cold and lasting several years. \mathcal{R} Carboneum sulph. tincture on No. 40 pills. Several doses of three pills given. Prompt results and no return to date. The prescription was made a number of months ago.

Case 7. Miss C. Large unsightly scar on neck, about five inches long and two inches wide, resulting from repeated operations on abscesses and existing a number of years. \mathcal{R} Graphites 6x, two tablets four times daily, to be taken and discontinued on alternate weeks. To-day there is a marked decrease in scar tissue, so much so that it no longer attracts attention.

Case 8. Dental fistula existing many years. Thin discharge and at times great pain, < by touch or change of temperature. Just before prescription pain was so intense that extraction was contemplated. \mathcal{R} Silica 30x. Several doses cured the pain and greatly benefited the discharge. Now, many months after, there has been no return of the pain and only a slight return of the discharge.

Case 9. Mr. X., May 21, 1912. Protruding blind hemorrhoid about the size of the tip of the index finger and very hard and painful to touch. \mathcal{R} Aesculus 2. q. 2.h. Aesculus cerate externally. May 24th slightly improved. \mathcal{R} Aesculus 3. q. 1.h., cerate externally. June 10th, hemorrhoid one-third original size; no pain. \mathcal{R} Aesculus tincture gtt VI in half a glass of water, 5I q. 3. h. Entirely cured in one month from beginning of treatment, and it has not returned in over a year.

Case 10. Mr. D., age 63. Diabetes and enlarged prostate gland. Weak, tired, nervous, dull frontal headache, constant desire to pass urine; sometimes every hour during the day and several times at night; has to wait a long time before urine comes and then only a small amount passes. Pain above pubis, soreness on urination. Urinary examination: S. G. 1032; Albumin, slight trace; sugar, 7%. April 16th. \mathcal{R} Syzygium tincture gtt 1 q. 3 h. June 4th. Did not take medicine regularly, and has discontinued it for a week. Urinary examination: S. G. 1.022, sugar, 2%.

Please note that I made no change in diet whatsoever, he ate as much starch and sugar as he liked. I wished to give the remedy a fair test. Some of his symptoms still remained. He felt weak and nervous, he had desire to pass urine with inability to pass more than a few drops at each attempt and accompanied with great pain, < after breakfast, lunch and dinner. Burning of feet at night in bed. \mathcal{R} Sulphur 12, four times daily. June 17th felt better in ten or twelve hours after taking Sulphur. At present, is without symptoms and only rises once at night to urinate; sometimes not at all. He said: "Doctor, I feel so well that I do not know why I came to see you."

TWO CASES.

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

The two patients, whose histories I here give, have been well for so long now that it is reasonable to conclude, not only that the healing of the external lesions is complete, but that they are also permanently cured constitutionally.

The first is that of a widow over sixty years of age. She has always been frail. There is a long story of illness, which, though germane, would rather cumber this paper and so it is best to omit most of it. She told of having the entire left breast removed, some seven years before, for a small malignant growth. The wound healed poorly. Two years ago (five years after the operation) a spot appeared in the skin over the left temporo-maxillary articulation. It was at first a red and scaly lump which soon became an ulcer with a crusty scab. This, when it came off, as it did at times, left a deep ulceration whose edges were hard and everted. The discharge, more or less bloody, was not in large amount but was somewhat acrid. There was a reddish areolar, the whole the size of a five cent piece. The superficial cervical glands, at the side of the neck, were easily felt. Radium had been used, and also some other local treatment, without effect. The ulcer was steadily enlarging.

She was weak; chilly; liked heat; face very pale; sleep poor; restless and anxious at night, and was given Arsenicum 50m one dose. This was repeated a month later in the same potency. From it there was a general gain.

There followed several acute conditions — a painless diarrhoea, after fruit, which was helped by China 2c; a lumbago which Rhus 2c relieved; a coryza requiring Mercurius 2c; a tonsilitis which was cured in twenty-four hours by Lac. canium 2c; and a peculiar sensation of contraction or "goose flesh of the scalp," with pain in the occiput, and nausea and faintness on rising from bed, which yielded to Carbo. vegetabilis 2c — during all of which the facial lesion slowly improved.

As she was now in much better general health, I waited till symptoms developed, which made the next remedy certain,

beyond the suggestions of Lycopodium, Sepia and especially Sulphur, which the Concordances (Relationships) gave.

These confirmatory symptoms came in something over two weeks and consisted of the "faint feeling at the stomach with weakness at 11 A. M." Thereupon Sulphur 2c was given and later the 1m and 50m as lack of response to the lower potencies occurred.

Under Sulphur the ulcer healed slowly and steadily, small white scars only remaining, and her general health now is all that could be desired.

The second patient, also a widow, was eighty-seven years old. A suspicious crusty scab, about a fourth of an inch in diameter, had formed on the right side of her nose over the lower margin of the cartilage and another, smaller one, on the right upper lip. They had been developing for three months; there was a red areolar about each. Some itching, especially of the one on the lip. When scabs exfoliated slight bleeding. Glandular enlargement at the angle of the jaw.

There was an appalling paucity of symptoms, as she felt quite well and the nose and lip lesions were not sufficient upon which to prescribe.

I remembered that during the seven or eight years I had taken care of her that she had had two attacks of lobar pneumonia, in both of which Arsenicum proved curative, and, therefore, she was given one dose of Arsenicum 50m; this was repeated in a month. She then went away for the summer but reported, in about six weeks, that the lesion on the lip was healed and that on the nose improving. Later she wrote there was more gain. In October, when I saw her next, I found both spots healed without scar. No further medicine given.

The only local application advised in these cases was olive oil. As to the diagnoses let everyone suit himself.

CASES.

BY J. E. HUFFMAN, M. D., ALHAMBRA, CALIFORNIA.

Jan. 1, 1899. A man about 50 years of age. Had been

disabled much of the time for several years with lumbago. At this time, had been unable to dress himself for several days.

Shooting, tearing pains passing from the crest of the ilium on the right side to the region of the bladder on the right side; worse from motion; worse from cold air; better from heat, he said the pain seemed to go to stove. Back feels like broken; worse from motion. Aches all over especially the joints; worse in lumbar region; mouth dry; tongue cracked and coated white; thirstless; pain changing place to some extent; pain in back relieved by passing urine; some red sand in urine; lies on back; unable to lie on left side for years.

Lycopodium Cm three doses a half hour apart. I was called to see him at this time and did not see him again for about a week. He was then in town and told me that he felt the effects of the medicine in five minutes. The next morning he dressed himself and in a day or two was digging holes to plant grapevines. The last I knew of him he had had no return.

February 22, 1910. Nit. ac. 10m S. L. Laclair S., 18 years of age. A large seed wart on joint of second finger of left hand. Has had it burned off one time and removed with knife one time. It is now about three-eighths of an inch in diameter. It came about two years ago. When it was rather small, knocked it partly off, and after that it grew fast. Now there are two smaller ones, one near the large one and the other on another finger. General health good.

March 19, 1910. Nit. ac. 10m and S. L. Wart appears about the same except that at edge it is less ragged.

April 7, 1910. Nit. ac. 10m and S. L. Wart much smaller. Almost smooth now. Began to grow less soon after the second dose. This caused the wart to entirely disappear.

HOMŒOPATHY STANDS THE TEST.

J. W. WAFFENSMITH, M. D., H. M., ESPANOLA, N. MEX.

Case 1. Within the last decade specific methritis, sup-

pressed and constitutional, has made a great record in its various forms of disease manifestations.

About one century ago our immortal master faced the criticism of the world when he proclaimed the chronic miasms and included this as one of them, only amendable to homœopathic treatment. Long years of derision and scorn have passed and at last the light is breaking through the misty craniums of some of the leaders of the "Divine right" authority in medicine, and we hear whispered allusions that it may be so, since we find the gonococcus in remote parts.

Having shot volley after volley of powerful drugs into the urethra and the discharge ceases they are gratified to tell the patient he is cured. Alas! This dream is too often shattered by a return of that pestering discharge which, thanks to nature's persistency to throw out on the surface, is the patient's real hope though unrealized.

But too often the disease changes its location, and hugging to the mucous membrane manifests itself in more inaccessible locations within the organism. It is then that our old school brother, who understands not the causal relation, changes his diagnosis, steps from the medical realm into the surgical and offers by extirpation of organs to eradicate the entire disease. All reason and the rich past experience of our school is opposed to such a practice.

I desire to state I recognize a proper field for surgery, indispensable when needed, but when indiscriminately used its mutilations will stand in judgment against it before the bar of a coming higher civilization.

The following case is one of suppressed gonorrhea, followed by a chronic appendicitis and a complete recovery after the re-establishment of the discharge by the action of the dynamic remedies.

J. L., male, married, age 38 years, Mexican.

Jan. 1, 1909. Symptoms: Gonorrhea eight years ago, suppressed; pain in appendix, > motion; pain in back, arms and legs; pain around heart at night, > motion; burning of feet at night; flatulence 4 to 8 P. M.; pain in right testicle, <

morning; pain, burning, after urinating; pain after sexual act. Sexual desire diminished.

R Rhus tox. m.

March 18. R Rhus tox. Cm.

April 1. Better, except pain in appendix, < 4 to 9 p. m.

R Lycopodium 200. April 12. Return of symptoms. R Lycopodium 500.

May 5. R Lycopodium Cm.

Sept. 11. Pain is now below the appendix; burning when passing urine; dropping of a gleet discharge after urinating.

R Sepia 200.

Oct. 10. Discharged as cured; sexual function normal. I also cured the wife and the child afterward.

Case II. I présent here a patient who for many years has suffered, possibly more from doctors, patent medicines, foot lotions, etc., than from the disease itself, who was driven nearly insane from the suffering through her feet.

She belongs to that great proletarian army that must toil until late at night day after day to keep the wolf from the door, and her duty as saleslady compelled her to be on her feet continuously.

Driven to despair, hardly able to endure her misery any longer, she knocked at the door of Homœopathy, and by the mysterious potency of the dynamic remedy she now enjoys good health, is better fitted for her work, her feet feel normal, her shoes are too large, and another monument has been erected to the truth for which our society stands.

Case III. Miss E. D., age 23 years, Mexican.

January 20, 1913. Symptoms: Desires cold air; > in general from slow motion; > in general in morning; tearful; easily irritated; menses scanty, too soon, every three weeks; pork and fats disagree; Mouth dry; thirstless; numbness over entire body, < morning; pain begins at nose and spreads around both eyes, < A. M. and summer; aching pain in muscles of scapulae, < A. M.; weakness in arms, < A. M.; shortness of breath from walking; palpitation from walking; soles of both feet pain and burn, < during day, > from removing shoes; right foot <. R Pulsatilla 200.

Feb. 3. Cough < after eating; bones ache and < at night; pain and stiffness in muscles, > motion. \mathcal{R} Pulsatilla m.

Feb. 16. Stomach bloated after meals; menses one week too soon; feet > from cold water, < in afternoon; sticking pain in feet; calices on soles, pain on inside; sweat on head and face. Feb. 23, feet are <. \mathcal{R} Sulphur 10m.

March 2. Itching over entire body (no eruption); better in every way, except feet are <.

March 9. Feels nervous in morning; craves salt, eats it on bread; numbness >; menses one week too soon; flow normal; mouth not dry and drinks more; aching pain in scapulae >; pain around eyes >; insomnia; feet perspire more but trouble her more. \mathcal{R} Natrum mur. 10m.

March 30. Headache returned; also the pain in scapulae; sticking like needles in feet.

April 13. Better week before last, and < last week. \mathcal{R} Natrum mur. 10m.

May 11. Improved in every way; feet feel normal and shoes too large.

CLINICAL NOTES AND FACTS RELATING TO "AMALGAM" AND "VERMILION."

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

Mrs. F. D., age 25, a strong and healthy girl in childhood, and never had an illness of any kind until after she had several of her teeth filled with amalgam, when about sixteen years of age. From this time until she was twenty-one she had at least a dozen of her teeth filled with the same material, and my first visit to her was about a year later, when I found her suffering from a severe attack of apparent tonsilitis, involving both tonsils and the submaxillary, parotid and cervical glands were badly swollen, sore to the touch and painful, worse at night, uvula elongated and swollen, erysipelatous inflammation of throat, with mouth full of saliva, and whenever she opened her mouth as in the act of yawning, a stream of saliva would

spurt out like that of a geyser, stinging pains in the throat, worse from empty swallowing, at night and in the cold air, tonsils dark red, studied with ulcers, violent, racking, twin cough, worse at night, a sensation as if the chest and head would burst, rheumatic stiffness and a sensation of weakness over the entire body, sleepy by day and sleepless at night, jaundice, skin a dirty yellow, rough and dry.

I learned that the patient had been having like attacks, in milder form since she was about seventeen years of age — a year after the first tooth was filled with amalgam — and that she had not been well since. Attacks of this character had occurred at odd intervals during the period in question and the attending physician had always diagnosed the attacks diphtheria and as the physician in charge was more of a law to himself in those days than at the present, and the board of health was less strenuous in its requirements than now, the diagnosis was not questioned, and as no cases of diphtheria followed in its trail, nothing was done except to rejoice that another terrible ordeal was over.

My diagnosis was Mercurial poisoning, from the use of amalgam in the teeth, and I gave Aurum met. Cm, one dose, and waited for developments. In three days the patient was out and was at her post and played the organ at the church as usual, much to the surprise of all who were familiar with her previous attacks and expected to see a substitute at the organ on Sunday.

I consulted a local dentist, who promised to remove the amalgams and fill the teeth with gold, and the patient paid him nearly a hundred dollars to accomplish the process of substituting gold for the amalgam he had placed in her teeth himself, from the time she was sixteen to the present time.

Another year passed and still the patient was no better, she had frequent attacks and some of them were quite as severe as the first and I was called to an account for promising results which failed to materialize in her case, and the dentist was gloating over my failure with the song "I told you so." To be sure I had been given the opportunity to fulfill, as the patient had been under my care for a year and I had worked

the symptoms faithfully and well, and though by this time I strongly suspected that the amalgams had *not* been removed, I dreaded to voice my suspicions for reasons I think are obvious to all present who have been placed in similar relations.

Another dentist was employed, who soon revealed the fact that only the surface of the amalgam fillings had been removed and that the substitution of gold had been but a cruel pretense. After a long and painful experience and an expense of another hundred dollars every vestige of the amalgam was removed and from that time the patient began to respond to treatment and has not had another attack since. Aurum met., Hepar sulph., Nitric acid, and Sulphur, administered at such intervals as the totality of symptoms worked out from time to time brought a calm out of chaos, in each succeeding elimination, and now after an interval of five years, the patient is practically well.

I cite this case as one of many I have met in the past and as an illustration of the problems which present themselves quite frequently, especially with new patients. I am always conservative in my examinations and make sure of the degree of susceptibility of the patient to the amalgam or red rubber I may find in the mouth, before taking up the matter of the removal of either. The question of expense deters some from making the change, but there is another more formidable obstruction, I refer to the attitude of dentists and physicians who ridicule the idea that the small amount of mercury in either of the items in question could be injurious in the least degree in any given case, and I also find dentists who are unscrupulous enough (as in the case above described) to allow amalgam to remain in the teeth, even when they are paid their own price for removing it.

Henry H. Burchard, M. D., D. D. S., states that "the introduction of amalgam was not prompted by any specific merit that it had been demonstrated to possess, but was due solely to its properties of easy introduction, comparatively perfect sealing and prompt hardening, qualities which apparently recommended its wide and general use to those not possessing the requisite degree of skill for the successful manipulation of

gold foil." This led up to controversy between the skilled and unskilled operators, the particulars of which may be found in the dental journals of from 1846 to 1878. It was known as the "amalgam war." Alleged cases of salivation and mercurial necrosis were recorded as due to the use of amalgam, even at that time.

Amalgam is composed of atoms of silver, tin and copper, in various proportions — the most common being about 60 per cent silver, 35 per cent tin and 5 per cent copper — and inasmuch as none of these metals possess cohesive properties sufficient to serve the same purpose gold foil is used in the process of filling teeth, the atoms are blended by the addition of mercury, which renders the composition a plastic mass, and thus the excuse for using this dangerous material is established at the expense of the health of the patient and in spite of facts dentists and physicians should be familiar with if they are not.

The same may be said of the use of the red plate, used in the artificial realms in dentistry, where the color is the excuse for its use, and the lamentable fact exists that many dentists maintain the position taken by the manufacturers of red plate material that the vermilion plate is absolutely harmless, regardless of the admission of such authority as Dr. E. Wildman and Dr. Potter, of materia medica fame, that mercury as found in the red plate is slightly volatile at all temperatures.

The following, relating to vulcanizable caoutchouc (rubber) may be of interest in this connection.

There is some difficulty in obtaining accurate formulas for compounding the rubber used in the manufacture of dental plates, as naturally the manufacturers, who are in mercantile competition with one another, are not willing to publish their recipes. The formulæ which seems to approximate the compounds are those given by Dr. E. Wildman, as follows:—

"Dark Brown."

Caoutchouc	.	.	.	.	.	48 parts
Sulphur	.	.	.	.	.	24 "

Red.

Caoutchouc	48 parts
Sulphur	24 “
Vermilion	36 “

Dark Pink.

Caoutchouc	48 parts
Sulphur	24 “
White Oxide of Zinc	39 “
Vermilion	10 “

Grayish White.

Caoutchouc	48 parts
Sulphur	24 “
White Oxide of Zinc	96 “

Black.

Caoutchouc	48 parts
Sulphur	24 “
Ivory-black or deep-black	22 “

Jet Black.

Caoutchouc	48 parts
Sulphur	24 “
Ivory-black or drop-black	48 “

Vermilion, another name for Mercuric sulphide or Cinnabar, known as the red Sulphide of mercury. The metal mercury is obtained from Cinnabar either by roasting it, or heating it with lime. Mercury is slightly volatile at all temperatures.”

Bureau of Obstetrics

HARRY B. BAKER, M. D., CHAIRMAN.

RELATION OF EMBRYOLOGY TO OBSTETRIC PRACTICE.

E. O. RICHBERG, M. D., CHICAGO.

The relationship of embryology to the practice of obstetrics is, perhaps, psychologic rather than material, but man no longer regards psychology as a misty, grewsome thing, at any suggestion of which he shivers, shrinks and retreats. It is today counted a potent entity, whose influence must be carefully weighed and recorded among other vital statistics. This admitted, we shall agree that according to his understanding of embryology, is the physician fitted to more or less clearly recognize all manifestations and needs of the pregnant woman, the birth-crisis and the newly-born.

The average obstetrician who observes only maternal manifestations during the nine months of actual pregnancy or, as is more usual, during the latter six of seven months, advising and prescribing thereon solely, though he may at times prove weak in resources, is less likely to err egregiously than the more modern extremist who utterly ignores, as non-essential, the mother's opinions and preferences, regarding her as a case, to which his professional skill is to be applied, and as to which, all essential requirements have been learned from books, lectures, quizzes and a brief series of bedside experiences during the hours of delivery.

Results, apparently, average better among the so-called lower classes who receive untrained care and that only at the crisis, than among those who are able to indulge in all the

expensive accompaniments — manipulations and prescriptions of this modern type of obstetrician — who, in his egotism, fails to grasp the higher possibilities of this greatest of miracles.

I would say to all married or unmarried women patients, "Avoid the physician who regards maternity with indifference, who discusses it as he would a corn or the toothache, as a minor incident in family life, or, even as a domestic drama in which the medical adviser plays the leading rôle."

Said a conscientious practitioner, "The science of obstetrics was first revealed to me while taking a post-graduate course in embryology." Many other men-practitioners would doubtless experience a similar awakening from a similar cause; for, it must be admitted, without taking into account natural aptitude or education, women, being more intuitional and especially mothers, have the advantage in this line of professional work.

That their superiority, generally, is not of record, results from certain habits and traditions paralleled in many other departments of life.

It is certainly to be hoped that the obstetrician of the near future — of either sex — will be not only strictly homœopathic in *medication*, but in other respects as well, and that he will be familiar with all that may be learned as to the origin and development of the child in embryo. It is still very little, unfortunately.

During their investigations along this line homœopathists will promptly admit that here as nowhere else are to be found inspiration and confirmation of Hahnemann's theories as to the cause and cure of diseased conditions, for earnest study of man's development from the tiny cell leads naturally and unquestionably to a belief that one supreme power, Hahnemann "Vital Force," rules from conception to birth, from birth to death, that normal activity—harmony—of this force means healthy life, while abnormal or diseased bodily conditions must result from any interference with this power, *the only creative power that understands in detail every need of human beings.*

An impregnated cell, starting, unannounced, on its long

journey — even, during its few days in the oviduct,—begins, intelligently the work of construction. From the one, result as by magic, *many cells*, each bearing its distinctive trace of maternal or paternal origin. From this initial work, advancement is systematic and inconceivably rapid during the allotted nine months. No delay results from unfavorable weather, labor strikes, financial stress or political activity. The work is completed, if at all, *at the end of the nine months*.

Meanwhile, what of the requisite material for this new structure? All admit that it is furnished by the mother, with equal accuracy and promptness. From what source does she draw these supplies? How secure and shape them? What ought she to do, to take in this hour of emergency?

Does the family doctor know? Does the prospective father know? Do skilled attendants know? Do you or I know? Perhaps the prospective mother (is she never a mother in fact before external eyes view the embodied life?) suddenly develops a craving for onions, tomatoes and carrot-tops, stewed together and seasoned with nutmeg! The cook, a household treasure to be tactfully considered, pronounces it "An unheard-of mess," the prospective father "Cannot stand the odor of onions in the house," a grandmother disapproves of the nutmeg, and the doctor, to whom final appeal is made, decides it a rather unwise selection — (God's) because tomatoes are said to harbor cancer — and family history has already recorded one such disaster among her distant ancestry. He also fears the mixture might prove trying to her delicate digestion and so jeopardize the health of the hoped-for heir or heiress. Do they really know anything at all about it? Should they not have rejoiced that this frail body had so distinctly heard the arbitrary call from within?

If the mother be young and inexperienced, she is sorry, by this time, that she asked for it.

She doesn't care for the dish enough to fuss about it and thinks she probably would not like it after it were prepared as she never has eaten anything like but, *just happened to feel as though it would taste good*. She is tired hearing it

discussed and, hoping to get away from it all, decides she wants to rest, to sleep a while.

Immediately some one suggests that too much sleep in the daytime may mean wakeful nights and that often tends to melancholia — better that she have diversion and the outside air — “better for the child” (again). So, instead of rest, she is given a long auto ride, during which her joy-boosting companions try to interest her in every trivial incident along the route. It tires her back and makes her dizzy, but she does not tell anybody for they are all so anxious about her, and try to do so much for her. So it goes on day after day among some of the prosperous ones.

What chance is given to this listening mother to hear the call of the child-life stirring within? Take this home to your hearts and imprint it indelibly on your memory: There is wisdom in the intuitions of the pregnant woman that is, at times, awe-inspiring. It is responsive to the whisper of divinity. It is the language of New Life and demands a *hearing*, and also from her who can hear, responsive *material* and conditions for its embodiment. More than this, there is music, poetry and romance in every chapter of embryonic development. Listen for it, summon all concerned in the generating life to listen, and pray that you and they may correctly interpret the call.

During the *first month*, before the husband, attendant, doctor or even the prospective mother herself is aware of this new presence, it — as an individuality — is striving with the maternal consciousness for recognition, for expression and for co-operation. The brain and nerve tissues are in active process of formation, of development, the primitive heart rhythmically beats, the highways of circulation are planned and mapped out and the digestive system is as rapidly maturing.

Before the second month of pregnancy has been so counted, the tiny, eternal ear, eye, nose and mouth are also sketched out in this mysteriously intelligent cell mass, and four small, bud-like processes indicate the location of future limbs. With this wonderful mechanical and chemical process responding to the unseen force, *what do we do*, as men and women, as

citizens, as parents, as doctors or as lovers, for this mother, thus, perhaps as yet unconsciously, bringing into physical existence a new being — for good or ill — to love or hate, to be some day a citizen, a father or a mother, a blessing or a curse to itself and to the community.

We who respond helpfully to so many calls from the suffering and needy, what do we do? Each will answer from his own viewpoint and there are very many viewpoints. A prospective mother may *now* be exhausting her vitality — which means so much — over the kitchen stove or the laundry tubs, over the desk or typewriter, or upon her feet, may serve all day an endless procession of captious and fickle patrons and idlers in stores, hotels, restaurants and shops. She may even scrub herself sick over filthy public pavements, for the bare necessities — so-called, of life, — or she may endure daily abuse by a drunken husband for the privilege of sharing his cheerless home with their older offspring. On the other side of the ever changing picture, she may be seen voluntarily wasting her energies in such social activities as are made possible by the possession of a surplus of money, overeating, drinking, dancing, traveling.

It is but fair to all to admit that prospective mothers, the large majority, are treated, *not with unusual cruelty*, but with indifference as to the new burden of care and responsibility which they, voluntarily or unwillingly, have undertaken. Well may one ask, "Is it strange that a large proportion of children are born illy-fitted for life-duties?" Is it not additional proof of the immensity of God's purpose and the perfection of His plan, that, despite all this neglect, all the deprivation, the mental and physical torture — and, notwithstanding countless inherited faults and vices, *so large a proportion* of births yield children of 'average capacity,' — mental, moral and physical?

Man, the physician, (by comparison with that Great Physician, incompetent and fickle), audaciously counter dictates to the expectant mother and offends her delicate sensibilities, now doubly or trebly sensitive, by digital examinations, to see if things are progressing satisfactorily. Think of the pre-

sumption of it! What man or woman shall presume to constitute himself a competent judge of her condition at *any* stage, while ceaseless change is the divine order and according to the divine plan?

Regardless of the mother's preferences, special foods, exercise and medicines are prescribed. The physician, being often vaguely conscious that the latter may not apply to the case, but justifies himself by the belief that he thus emphasizes his personal superiority, keeps his grip on the case and *inspires confidence* in the patient or her family, which may later serve a worthy purpose.

It is a sad, pitiful state of affairs. How is this slipshod way of interfering with child-development to be prevented? This is a most important problem and incorrect answers are popular subjects for the philosophy of superficial students who would correct humanity by trying to improve the baby after birth, a rather hopeless effort, unless the future mothers are included in the reformation. The correct solution would be approached if every woman before the child-bearing age, were taught all that is known of human embryology. Let her, early in life begin to study *womanhood*, and learn to understand, before passion dims her power of discrimination, the incomparable honor and glory of *motherhood*. "How?" By the appreciative attitude of all with whom she associates. It cannot be accomplished in one generation, but it must make a beginning in *some* generation. Why not this?

Thus educated and prepared, she will, when time is ripe, wisely trust her intuitions in the selection of advisers, foods, occupation and the thousand and one other details that make or mar life.

In behalf of the poor, ignorant, neglected mothers of *today*, — and they are to be found in every social class, — I appeal to such members of the profession as specialize in obstetrics. Be homœopaths in all things, as in medication. Depend upon the *indications*, the subjective and objective, *as they appear*.

Answer only the call of the disturbed power within, which ever works for health and perfection. Do not meddle *unnecessarily* nor *ignorantly* with the adjustment, progress or

delivery of the new being. Treat each mother during pregnancy, when treatment is demanded, through the intelligent nerves of the tongue and refrain from other professional attention unless *she* as well as you recognizes abnormal conditions or mechanical flaws that vital force, notwithstanding your most efficient medication, *does not correct*.

How often will such interference be indicated? How often will such emergencies arise, when the intuitions of an intelligent mother are recognized as ruling?

I wish it were possible to accurately answer this question with reliable statistics. It would, I am sure, astonish some modern obstetricians.

I am reminded right here of a case of miscarriage in a frail mother who had prayed for a brother to the one precious little daughter.

After an unusually hard day in the kitchen, *note the inconsistency of her work and her wish!* she was stricken — and after a night of anguish and the passing of the foetus — with flooding and fainting spells, a doctor was secured. Indications called for Ferrum phos. of which she received a continued dose, three within the hour. She was promptly relieved, in every essential detail, and slept through balance of the day till evening when, *without professional consultation*, she ate a hearty supper of pork chops, vegetables and cut peaches with cream and sugar. That night she slept well, although at times conscious of a ‘plug in the vagina.’

Over the phone next morning, the relieved husband said ‘there was something (the plug) that ought to come away, and would the doctor come up?’ Being well satisfied with nature’s work, I thought well to allow more time for closure of the ruptured blood channels in the uterine walls, but as that little bundle of grit and nerve insisted that she felt perfectly well, and I wanted to keep her *in the house a few hours longer*, she was permitted to sit up and pare peaches for canning, which she did all day, stopping only long enough to eat ravenously again. Late that afternoon, with the slightest possible encouragement, an unusually large placenta came easily away, followed by about a tablespoonful of pale sanguineous fluid,

and I restrained my natural desire to see if everything was all right, making no investigation whatever as to what was going on under the Great Physician's dictation.

Recovery was rapid and complete, so thoroughly are man's blunders patched over when we allow nature to rule! You may well believe that hereafter the mother *in that home* will treat herself and be treated with considerably more respect and consideration — unless they forget the last solemn preaching of that attending physician.

Under the ministrations of homœopathic practitioners of the future, who will gradually cease aping certain superficial methods of the older school, the outlook for motherhood should be much brighter; for when we *mentally see* and try to *understand* the wonderful work of creation thus progressing under nature's benign guardianship toward perfection, children will be encouraged to come into physical being in a normal, easy way with normal desirable tendencies and capacities. This will be after women have learned *to be proud of motherhood* and when men accord it the respect it should receive.

For the present, let practitioners who are too busy or too indifferent to thus fit themselves for obstetrical practice, leave the field to more conscientious (or younger) members of the profession. To all such as would investigate the value of embryology, a word of warning: Text books are usually overloaded to conceal their lack of facts. Do not place your trust on microscopic views of dead tissue, nor pin your faith to facts learned by watching transformations in the ovaries or other generative organs of rabbits, dogs, guinea pigs or sheep. Even an embryonic chicken is not, during the process of development, the *exact parallel* of the human fetus. Study them *all* thoughtfully; study all *authorized theories*, to learn how widely they differ and read up on the experiments, *if they interest you*; but when you put away the books, *think about embryonic men and women* and the little you can read and hear of their growth. *Dream about them*, that your intuitions (imagination, if you prefer) shall inspire you with *truths* to guide you aright. Later, in practice, respect those awakened intuitions and realize that as you treat intelligently

and successfully, diseased conditions of the liver, stomach, lungs, and other structures of the body, *without digital examinations*, so, with this more sacred realm where a new life reigns, beware how carelessly you trespass!

Watch and study the *indications*, and learn to understand correctly *the divine code as thus transmitted*. Future results will attest your wisdom, and motherhood will keep pace with your respect therefor.

DISCUSSION.

W. S. Hatfield: It is my rule never to leave the house until the placenta has been removed. Some twenty years ago I was called hurriedly to a case of miscarriage at the third month caused by a fright. When I got there everything was over and they insisted that everything had passed, after-birth and all. There was no hemorrhage, no discharge and no signs of anything wrong. I kept her in bed for several days and all seemed right. Afterward, however, there was a slight discharge at irregular intervals. At eight weeks after I was sent for again and then I found that the after-birth had been passed without any septic conditions. It showed that they were mistaken in thinking that everything had passed. Ordinarily I never leave the house until the placenta has been expelled.

F. W. Patch: Some mention should be made of the suggestion that all digital examination be omitted during the progress of labor. I have always followed the custom of making as few examinations as necessary. Of late I have heard considerable said about the propriety of giving up all digital examination during parturition. If we could be perfectly sure of the interior condition of course it would be wise to do this, but I do not think that anyone can be and hence digital examinations must continue although they should not be repeated unnecessarily.

Grace Stevens: It seems to me impossible to know whether the condition is normal or abnormal unless an examination is made.

W. S. Hatfield: How about the presentation? You can not be sure what it is without a digital examination; it might be face or brow and need mechanical correction. That is illustrated by a case in which the doctor made an examination

at four o'clock in the morning and concluded it was breech; at four in the afternoon he found it was face and then it was too late to do anything. It had to be delivered in that position with forceps. The babe was lost at birth; it put the mother in bad shape. Four days later she was put in my care. She finally came out all right. I do not believe in frequent examinations; they are not necessary; but I always make at least one and keep in touch with the condition of affairs during the progress of the case.

President: I do not see that the case related by Dr. Hatfield illustrates the troubles that arise from not making digital examinations because the doctor did that very thing. It simply shows skill is necessary to recognize what you find.

Harvey Farrington: How about cases of contracted pelvis? That and other conditions that are sure to interfere with the delivery of the child should be known early and they can be known only by digital examinations. Of late years it has been recommended to measure the pelvis before every labor in a primipara so as to anticipate such conditions and meet them while it is yet time to do something affective. If I understood the paper right it claims that examinations should be omitted because they may destroy the modesty of the woman. I never yet came across a woman who objected to it.

C. M. Boger: In a twenty-six year old parturient woman I found the coccyx and the floor of the pelvis drawn up to one side. The other side was fairly relaxed. The condition was due to tetanic muscular spasm. It was a breech presentation; the after coming head was delivered with the forceps under anæsthesia. The next day she had full blown tetanus but got well. I should like to ask what would have been the result without a digital examination to reveal the true condition? The muscles closed on my hand as tight as a vice. We should be prepared to meet every kind of complication and it will not do to say that examinations are not to be made.

Harry B. Baker: My rule is to make as few examinations as possible but I must make enough to know just what is going on there. I never leave the house until the placenta is all delivered. I do not hurry it as a rule. I have had two

Cæsarean sections upon sisters. The first case went into labor at six in the evening with dilating pains which lasted during the night, but the next morning, as she had not made progress, I called in a specialist in obstetrics. He said that there was no use of waiting and tried to deliver with a high forceps application. He did not succeed. The child was now pronounced dead by him and he said that a Cæsarean section or a craniotomy would have to be performed. The uterus contracted and clamped around the neck of the child. I put her down under chloroform as far as I dared. We took her finally to a hospital and performed Cæsarean section. She died the next afternoon. The mistake that we made was in not recognizing early that the head was too big to pass through the pelvis. If the section had been done in the morning, both mother and child could probably have been saved. What could you have done without examination?

The second case was this woman's sister; you can easily imagine that I watched her very closely. I found that she had about the same narrow diameter as her sister. At the seventh month she was taken with gripe. Severe headache came on and they did not notify me of it until the next morning which was Sunday. I walked in and found her in convulsions. There was only one thing to do. I rushed her to the hospital and inside of two hours she was off the table in bed. We saved both mother and child. The only thing that bothered us was a burn inflicted by the hot water bottle. In a case of small pelvic outlets there is no remedy except the Cæsarean section.

E. O. Richberg: Dr. Baker asks what could have been done for the first sister without an examination; the absence of examination could not have done worse, since the patient died. I still believe that if women were not allowed to work as they do, from and before puberty, and were instructed in the possibilities of motherhood, labor would be really a physiological process and all the examinations and operations could be avoided.

POINTS IN OBSTETRICAL THERAPEUTICS.

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

By the very nature of the case the true homœopathist detects the very earliest signs of discord in the vital economy, this is as you know the very essence of success in the case of the pregnant woman, for the remedy which is then indicated will most likely be the only one needed during that whole period and will do easily, what at other times, is often most difficult. There are, however, times when the doctor will be suddenly thrown into the breach and be compelled to take care of conditions over which he has had no previous control. In these crises, he must of necessity have a good grasp of our materia medica or fail most ingloriously, for the measures of the old school are often the worst makeshifts if not entirely nugatory.

Whether the prescriber has plenty of time to survey his field or be suddenly called upon to face a critical situation, the fact remains that the pregnant state so profoundly affects the mental sphere that it furnishes the most reliable indications of all and it is his bounden duty to scrutinize the mind with the utmost care. This cannot be overlooked.

If it be persistent morning sickness, the symptom complex will often point to *Sepia*, which has all the elements of such a condition, including great sensitiveness to odors, just like *Colchicum* and in just as an intense a degree. If reaction at this stage seems imperfect and the case looks stubborn, *Medorrhinum* should be carefully looked into for this is very frequently a sycotic manifestation with the symptoms pointing to this or some other antisycotic.

Miscarriage is often a badly managed affair from the homœopathic standpoint and curettement is resorted to when the correct prescription is really all that is needed to do speedier and much better work. The old guard resorted to *Sabina* almost empirically for this condition but it does not and cannot fill the whole bill because it is not always indicated, for *Viburnum* is needed just as often if not a little more frequently, although, as you know, neither one may be

the remedy. It is worth noting that *Viburnum* has more bright red hemorrhage at this time than any other remedy. This is so pronounced that it is the custom of many men to pack thoroughly, give *Viburnum* and leave the rest to nature. I do not mention this with entire approval, but rather to point out a power of the drug which has not been emphasized enough. The fact that most *Viburnum* cases also have a large nervous element and sometimes polyuria as accompaniments should not be forgotten. The giving of *Arnica* after confinement is as old as homœopathy, but just to state that I do not always consider this to be good practice for the reason that in a majority of cases no remedy whatever is either needed or indicated and when one is called for it is not always *Arnica* by any means. If we have reason to think that the deeper tissues have suffered most, a single drop of tinct. *Bellis perennis* will do much more than *Arnica* and give you a pleasant surprise in the results that follow.

Eclampsia is a condition that most of us would rather not face, nevertheless in *Strychnia* we have the prince of remedies if spastic fixalis of the thorax marks each spasm, a symptom that is generally present. Then again this drug corresponds to the whole disease picture cause and all, as we understand it. If elimination is perfect and metabolism approximately normal it is doubtful if eclampsia can occur. *Strychnia* covers closely both of these spheres of action. It is perhaps indulging in commonplace remarks to say anything about *Phytolacca* and the *mammæ* but let me tell you that the woman who needs this remedy either before, during or after pregnancy and fails to get it, will never be well until she does. She will have indications of some sort, goitre, fibroids, etc. or will be effected with rheumatoid symptoms that refuse to yield to ordinary remedies. Only by taking the whole of her past history along with the present state and forming a complete picture will the proper indications come out, and the *Phytolacca* constitution be evident.

DISCUSSION.

Carolyn E. Putnam: I should have stated that this patient

needed *Phytolacca* for acute symptoms before labor and that afterwards the state of the breasts still called for *Phytolacca*.

C. M. Boger: You have to keep *Phytolacca* up a good while.

A. P. Bowie: I have never used this remedy for eclampsia. I have had only a few cases of it and always stick to the indicated remedy. I have never used *Strychnine* in the way spoken of and I do not see why the potentized remedy could not be used nor do I see why or how *Strychnine* is indicated in all such cases. It seems to me to be poor homœopathy.

C. E. Sayre: We should never forget the occasional necessity of using intravenous normal salt solution, when the kidneys are not acting and there is no elimination. It will get the skin to acting so that the kidneys will be relieved of their burden. Dr. Tomhagan got me to take care of a case of eclampsia for him. He showed me the urine and it was almost solid albumen. I said she must be gotten to a hospital at once. She went into convulsions the next day. It was about the eighth month of gestation. Conditions were desperate. I performed a Cæsarean section; there was no secretion of urine at all. We gave her 500 cc of normal salt solution intravenously every two hours. After the operation, she went into another convulsion. Dr. Tomhagan did the prescribing and I did the mechanical part. Following the injection there was some urine but containing no urea. Dr. Mitchell, who analyzed it, doubted if it was urine but I know that it came from her bladder. According to the authorities urine is a solution of urea but this had no urea in it. She finally got well, but I believe that she would have died had it not been for the salt injection. I have attended a number of such desperate cases and always make it a rule to consider the normal salt solution. Surgeons are apt to think of these things when physicians do not.

Harry B. Baker: I now have a case in about the sixth month of gestation. She came near aborting at the third month, owing to the top of the uterus being caught under the promitory of the sacrum. She suffered much pain but was relieved by *Belladonna*. Ten drops in water, teaspoonful

every two hours. She said that she had similar troubles at the last two pregnancies and she did not mind the labor so much as the colic and discomfort before. I would like to ask Dr. Sayre if he ever tried Isotonic plasma in place of normal salt solution? It is a natural solution full of activities of nature and not dead like the normal salt is.

A Voice. What is it?

Harry B. Baker: It is fresh sea water taken out of the ocean well off land and from at least thirty-six feet below the surface to avoid any contamination. Two parts of the sea water are mixed with five parts of a pure spring water, and it is filtered through a porcelain filter. Heating destroys its therapeutic activities and actually renders it toxic. It is practically the same as the plasma of the blood, having all of the elements contained in the blood in the same proportion. The leucocytes will live in it as well as in blood serum, which they will not do in normal salt solution. It is wonderful in its results in some cases. The dose is from 10cc to 300cc subcutaneously.

H. S. Llewellyn: What about its keeping qualities? Can it be kept in condition in places far from the sea?

Harry B. Baker: It must be fresh; it loses its properties after twenty-four hours.

W. S. Hatfield: Dr. Baker's remarks would sound better in Denver because this agent has never been proved. It sounds like an old school expedient to me.

G. G. Starkey: It does not seem any more old school than giving Strychnine as Dr. Boger recommended. I hope that Dr. Boger will tell us why he gives Strychnine in crude form, hypodermically in all such cases as he mentioned.

C. M. Boger: Because Strychnine is homœopathic to eclampsia.

E. A. Taylor: Eclampsia is a disease; it varies in symptoms in different cases. To what cases of eclampsia do you give Strychnine?

C. M. Boger: I said spasmodic conditions of the chest muscles. I give it hypodermically because rapidity is necessary and that is my custom.

Stuart Close: You recommend one-sixtieth of a grain hypodermically in eclampsia as I heard it?

C. M. Boger: Not necessarily just that.

Stuart Close: Very good, we will not take it for a routine measure then.

C. M. Boger: I would like to call attention to the great power of *Bellis perennis* in deep bruises. There is no remedy that will help as much in trouble arising from deep-seated trauma. I give unit doses of the mother tincture, especially after major operations. In ordinary uterine hemorrhages the indicated remedy is all that is needed. In cases of placenta previa a digital examination is absolutely essential to safety.

P. E. Krichbaum: I move that the rules be suspended and that Drs. C. E. Sayre and J. A. Tomhagan be elected Active members. Seconded, carried.

THE REMEDY IN OBSTETRICS.

BY T. G. SLOAN, M. D., SO. MANCHESTER, CONN.

Case I. Italian woman who cannot talk English, has been in labor eight or ten hours, when the pains begin to decrease both in frequency and force; dilatation nearly complete; walks around constantly, cries and wants the windows open.

Puls. 40 m. one dose. Inside of twenty minutes, the pains began to get stronger and she was delivered without any trouble.

Case II. Anæmic woman, third labor. Labor began at three o'clock yesterday afternoon. At seven this morning, the pains began to let up, go from the back over the hips, can't get any good from them.

Kali carb. Cm, one dose. In fifteen minutes the pains began to increase in force and she was delivered at 10.30 A. M.

Adherent placenta. Credé method of no help. Uterus relaxed, would fill with blood, which I would press out, when it would again refill. After half an hour of this, I gave Puls. 40 m, one dose, and in exactly ten minutes the uterus contracted, pressed out the placenta, and stayed contracted.

Case III. Woman about thirty, third confinement. First labor thirty-six hours and forceps—second labor nineteen hours and forceps—this labor fourteen hours and no forceps with an eleven pound baby. During the first stages, there was shivering, red face, drowsiness and frontal headache for which she received Gels. 200 (4) at 9.45 P. M.

At 11.30 P. M. said she could not work any more. Dilatation was nearly complete, but the pains went from the back over the buttocks and did no good. Vomited. Kali. carb. Cm (1). In a very few minutes the pains returned where they belonged and continued satisfactory until the baby was born at 5.30.

Case IV. Woman of twenty-four, second confinement. Her first child was born two and a half years ago after a very difficult labor and forceps, resulting in a severe laceration. For the last few months she has been under Homœopathic treatment for a chronic urticaria which has not been cured. Labor began at 2.30 P. M. As the pains became hard she began to be nauseated all the time, with vomiting during each pain, which of course prevented any expulsion. Ipecac 200, several doses, relieved this condition and she was delivered about 8 P. M. The most interesting fact is that her urticaria which she has had for over nine months, and which was prescribed for very carefully, but unsuccessfully, disappeared after her labor.

Case V. A woman expects to be confined in a few weeks. she suffers severely from heart-burn. I took her case twice and carefully worked it out making two absolute failures with Pulsatilla and Nat. mur. The heart-burn was very troublesome, keeping her awake at night. In looking up Mercurius, I found:—Heart-burn all night, pregnancy. Merc. 1m gave her relief at once and another dose kept her free till she was confined.

Yingling's Manual is used at the bedside in these cases.

DISCUSSION.

Harvey Farrington: I compliment the doctor on this paper because it is short and to the point. Dr. Kent once

said that a woman, when pregnant, was more sensitive to the homœopathic remedy than at any other time of her life. It is true that we get remarkable results during labor, but we all know that it is far better to require treatment during gestation. Oliver Wendell Holmes said that there was a cure for every disease if taken early enough; but that that might mean treatment two hundred years before the patient was born.

C. E. Sayre: There may be some exceptions to this rule; that is, there may be cases that will not do well no matter how early they are treated by even good homœopaths. Five years ago one of my clientele married a woman thirty-five years of age. She became pregnant and almost immediately began to vomit. She went with her husband through Europe and had the advice and assistance of many physicians but they all failed to help in the slightest degree. I met them when they arrived home. It was one constant process of retching and vomiting, without cessation. I called in Dr. H. C. Allen to help me. She had lost fifty-seven pounds in seven weeks. Dr. Allen, as you all know, was a careful prescriber. He was soon baffled as I had been. Against our hopes and wishes we had to empty that uterus in order to save the woman's life. If anybody knows of a remedy that will stop pernicious vomiting of pregnancy I wish they would make it public. All that we tried had no effect whatever.

J. F. Roemer: If you had dilated the uterus gently, it would have stopped.

C. E. Sayre: I did that.

J. F. Roemer: If you had kept the uterus in position it would have stopped it.

C. E. Sayre: I did that too.

J. F. Roemer: If you had had the urine examined you would have found that the elimination was defective and that might have cured her.

C. E. Sayre: I did it but it had no effect.

Harry B. Baker: Did the urine have excess of acetone in it?

C. E. Sayre: Yes, there is no question but what they did

everything you can possibly suggest in Europe. We did not give Soda bicarb. after the dilatation, but we did everything else and certainly Dr. Allen did everything from the homœopathic standpoint.

Harry B. Baker: I had a case in the country that had pernicious vomiting. I prescribed for her carefully as I could but with no relief. I found that the urine was laden with excess of acetone and gave her large doses of the Soda, as recommended, with the result that in a few weeks she was all right.

John Hutchinson: While recalling, as we must always, that there is no specific for the pernicious vomiting of pregnancy any more than for any other given disorder, I should like to remind the audience that the essayist, Dr. Sloan, cured such a case. It was a very serious case. He studied its symptomatology properly, and he cured the patient with one of our best-known remedies, namely, Bryonia.

Harvey Farrington: For constant nausea during pregnancy I would like to recommend you to look up *Symphoricarpos racemosa*.

G. G. Starkey: Is there a proving of it?

Harvey Farrington: I think there is.

A SEPIA CASE IN MALPOSITION OF THE FOETUS.

CAROLYN E. PUTNAM, M. D., KANSAS CITY, MO.

Mrs. H., aged 39 years, mother of six children and eight and one-half months pregnant, presents herself for treatment, complaining of false labor pains from which she has been suffering for several weeks, until now, they have become so severe and so constant as to seriously interfere with all functions.

She relates the following symptoms: Dull headache and dizziness aggravated by stooping; back-ache low down; bearing down in abdomen with much bloating; constipation with no desire for stool; face sallow, eyelids heavy; tongue thickly

coated white; dull, drowsy, nervous. Says the pains have worn her out, until she has "gone all to pieces" as she expresses it.

During her pregnancy she has been doing a good deal of varnishing and painting, in her new house recently built next door. Examination reveals:—No dilatation of external os, which is clasping three protruding toes, so firmly that they are immovable. Every fifteen to twenty minutes uterine contractions so violent as to be very plainly felt on palpation of abdominal walls. Auscultation reveals foetal heart-beat several inches above navel and slightly to the left.

R Mar. 28. Sep. 2c, one dose, with instruction to call again if not relieved.

Mar. 31. Reports, better in all respects, sleeping most of the night. Still has the spasmodic pain, but can rest very well. Is not so well today and bowels are not normal; tongue still badly coated.

R Sep. 2c, one dose.

April 2. Better in all respects. Bowels better but tongue still coated. Has oppression from stove heat, also has flashes of heat.

R Sul. 12x, one dose.

April 7. Appetite, sleep and bowels better, but pains are still present. Feels so despondent; face brown; tongue not clear; pains are worse at night.

R Psor. 8x, one dose.

April 12. Better in all respects, but still has the pains. They do not inconvenience her very much but each night, she is sure labor will come on. R Sep. 55m, one dose.

April 26. Was normally delivered of a nine pound boy, by first position, *i. e.*, "left occipito anterior." Repeated auscultation with the phonendoscope traced the foetal heart-beat in its course as it changed positions from above the navel to three inches below and to the left.

Was the fact that this child was the handsomest and strongest ever born to this mother, due to the homœopathic remedies prescribed? The babe was over term several weeks and had every appearance of being ten months of age.

A CASE OF ECLAMPSIA.

BY GUSTAVE A. ALMFELT, M. D., SOMERS, WIS.

On the second day of April, 1912, a young married woman came to my office for consultation and treatment. She told the following story:—Twenty-three years old, married about one year; last menses August, 1911. Had been subject to headaches with fainting spells since she had malaria five years ago. These headaches and fainting spells have become more frequent and severe lately, in fact so much so that a neighbor of hers, a patient of mine and also pregnant, advised her to go and see me.

By questioning her further I learned that she was born and raised in the country, somewhere in the state of Indiana. Was healthy as a child, in fact had no severe illness up to the time she contracted what was called malaria five years ago. She suffered with this more or less for three years, but has had no attack for the last two years. During these three years she was given much Quinine. Now she has headaches with dimness of vision, and fainting spells almost every day. These headaches usually come on in the afternoon, and get worse towards evening, sometimes as late as 9 and 10 P. M. Pain usually frontal, throbbing in character, worse by excitement or in a warm room, worse by heat or in the sun, and by motion and stooping; better by lying down and applying cold compresses to the head; dimness of vision and fainting would come on during the headache; appetite poor; desires sweets and pickles; drinks some water, but no marked thirst. Does not care for salt, or salty things, nor for milk; and drinks some coffee; bowels in a good condition, with normal stool every day; takes no laxative; bladder irritable, passes water often, and gets up several times during the night; sexual desire increased since becoming pregnant; mentally she is sad, weeps very readily, almost for nothing, hysterical at times; very sensitive to impressions, and better by sympathy and company; restless in bed at night; generally she is worse by heat and in the summer, will faint in a too warm room, desires air, and wants windows open, worse by absolute rest,

better by gentle moving about; sleep poor, worse before midnight, better towards morning.

On examination I found a blonde, well nourished, and rather good looking young woman. Pregnant about seven months, abdomen rather small, vertex presentation in second position; foetal heart could be heard in right lower quadrant. Pulse 76; temperature 98.8; heart sounds good and clear; lungs negative; stomach and liver negative; spleen not enlarged; blood pressure not taken. She did not bring a sample of urine, but was directed to have a sample sent up the following day. She was also directed to abstain from meat, and other heavy foods until further instructed. I did not work out this case, but the symptoms looked very much like Pulsatilla, and the fact that she had been given much Quinine decided me in favor of this remedy. She was therefore given Puls. 1 M, with placebo.

The following morning the husband came to my office, and reported that his wife had suffered from a severe headache all the night, and this morning she acted so funny, would not talk, and jerked all over the body. I realized the meaning of these symptoms and went with the man right away.

On arriving at the home I found her lying on the bed in a comatose state. She would not answer when spoken to, and on touching or moving her I noticed some jerking of the facial muscles around the mouth. I had her removed to hospital immediately, and on getting there she was out of the coma and fairly easy. My first procedure at the hospital was to have the external genitals shaved and cleaned, then I discovered a thick greenish leucorrhea, not mentioned the day before. Of this I had a smear taken, and on examination proved to be gonorrheal. Next I proceeded to give her a high colon flushing of normal salt solution, and in passing the rectal tube she went into a new convulsion.

From this on it was a continued state of convulsions and coma. The eyes were staring with a wild look, the pupils dilated, face at first bright red soon became cyanotic and livid. She was catheterized and urine found to contain large amounts of albumen. At this stage the question arose in my

mind as to whether it would be better to attempt an immediate delivery, or first try some other means for the relief of the convulsions; and after taking her general condition, and the outlook into account, I decided in favor of the latter.

As the convulsions are supposed to be due to toxins or poisons in the blood, retained products of a changed metabolism during pregnancy, causing an irritation of the central nervous system, it is evident that an attempt to eliminate these toxins is important and always in order, providing the measures employed are harmless, and do not interfere with the remedy given. Consequently after cleaning out the bowels, she was put into a hot blanket pack, with a slow continual influx of hot normal salt solution high up into the bowels.

After having kept her in the pack for about one hour without the slightest result, not even perspiration she was removed to a warm bath of about 100 or 101 Fahr. and although we got her into a free perspiration in the water, no relaxation or cessation of the convulsions was obtained. She was kept in the bath for about a half hour, rested for one hour, then put back into the hot pack for another hour, and then back to the bath again. This was kept up from 10.30 A. M. until 5 P. M. During this time Bell. 10 m was given on the tongue every half hour for six or eight doses, but all these treatments were without the slightest results; and as I did not deem it safe to let her go on much longer, I had her put under a light ether anathesia and in a half hour had a living seven months child delivered.

The placenta was easily removed, and the hemorrhage insignificant. The patient was then dressed, and put to bed, with the hope that when she awakes she will be clear in her mind, and free from convulsions. This hope was, however, not realized, as the convulsions and coma continued all the night and the following morning. Several remedies standing high in convulsions of this kind were given during the evening, and the early night, but without result. Towards morning Bell. 10 m every half hour was given for a few powders

with a slight improvement, as she had no convulsions from 4 to 10 A. M., but still unconscious.

At this time, however, they returned more violent than ever, and it became evident that she could not last much longer; the outlook was certainly not bright. The patient had been unconscious for over twenty-four hours, the entire body swollen and bluish, the face disfigured almost beyond recognition, the eyes edematous to the point of closing up, the tongue protruding and swollen, and the lips and mouth more than three times their normal size. But with the heart still good, the respiration fair, temperature only 102, and the kidneys working fairly well, and the vitality not all exhausted, there was still some hope if I could get a reaction. Eliminating and other measures had been used faithfully without any apparent results. None of the drastic allopathic measures, such as purging and venesection were, however, used.

Thus the only thing that remained was to try to find the remedy most similar to the case. Consequently I applied myself to a very careful study of the symptoms. This was, however, a difficult matter as there was plenty of common symptoms and pathology, but very little of rare and peculiar symptoms

One thing, however, impressed itself upon my mind as being peculiar, the fact that the convulsions got worse on touching or handling the patient. This I noticed when touching her face on first seeing her, when inserting the rectal tube in giving the colon flushing, on several other occasions, and I noticed it now if touching sensitive parts of the body. I had given slight attention to this symptom, but now it came home to me that it probably held the key to the case. I wanted however, to be absolutely sure of the remedy before giving it this time, and thus I went back to my office for a consultation with my trusted friend, the repertory.

There I found that under convulsions worse from touch only one remedy stands in the black type, four in the italics, and two in common type. *Cicuta virosa* is the remedy in black type, Bell., Carb. veg., Nux vom. and Stram in the italics. In going still further I found that *Cicuta* has the

same standing in puerperal convulsions, and after looking over the remedy, I called up the interne at the hospital, and directed him to give my patient *Cicuta* every half hour until better. 200 was the only potency he had, and this was given, the first dose at 10.30 A. M. Four powders were given in all, and at 2 P. M. reported no convulsions since first powder was given.

At 7 P. M. no convulsions, but patient still unconscious. At 9 P. M. she came out of the coma, and from this on started to improve rapidly. She slept well all that night, but on awakening the following morning her mind was an entire blank. She did not know where she was, nor that she had been pregnant, and that a child was born, nor even that she was married, or where she lived. Her mind, however, cleared up in a few days, she had a rapid and uneventful convalescence, and went home in two weeks.

Some time after getting home her headache returned as it had been before becoming pregnant, and she was given Puls. Cm twice during the summer, this relieved for a time, but did not cure her. On Aug. 17, 1912, she was given Med. 10; and this is the last I have seen of her, presumably she got so much better that she did not deem it necessary to return.

In this paper I have not attempted to go into a description of eclampsia as a disease, its etiology, pathology and symptoms, these things are all familiar to every one present, and need not be repeated at a meeting of this kind. The object of presenting this paper is to illustrate the effectiveness of the potentized remedy, even in the most severe cases when properly selected, and to call your attention to this symptom under *Cicuta*; convulsions worse by touching or even slightly handling the patient.

I should also like to emphasize the importance of paying attention to seemingly small and unimportant symptoms in our patients, even under conditions when a careful study is difficult. Had I paid close attention to this particular symptom earlier in the case, I might have stopped the convulsions without necessitating the delivery of the child.

Further I should like to ask:—Was it right to give Puls.

as I did the evening before convulsions? Did this remedy hasten the oncoming, or was it merely a coincidence that they came on the next morning?

DISCUSSION.

G. G. Starkey: I would like to ask in regard to the repetition of *Cicuta* in this case; in a desperate case like this is there any rule for determining how often to repeat or how much of the remedy we can give? I know, of course, the usual rule is not to repeat as long as improvement is manifest.

Stuart Close: There is one point very easily overlooked in dealing with the troubles of pregnancy. That is the existence of gonorrheal conditions, mostly chronic in character and shown by the presence of a vaginal discharge. Such a discharge should always be submitted to a microscopic examination. The condition is very often present without being known to the patient and it is often overlooked by the physician. It is vital in importance. I am sometimes tempted to think that this serious problem in obstetrics will never be solved; it certainly will not be solved until the importance of gonococcus infection in all its ramifications is fully realized. In our examinations, questions, we should use every means to secure correct information on this particular point. Treatment of the pregnant mother may prompt many dangerous complications in the puerperal, and spare the unborn child a burden of disease.

C. M. Boger: Hahnemann says that we should stop the medicine as soon as improvement begins. In the *Strychnine* case there was only one dose given and there was not another convulsion. When paraplegia precedes confinement or follows in the puerperal period I have never seen recovery.

Gustave Almfelt: I hoped that someone would tell me whether the *Pulsatilla* did harm or not. I left the repetition to the interne at the hospital where the case was. The repetition probably did no harm.

HOMŒOPATHIC OBSTETRIC FORCEPS.

BY A. C. PUTNAM, M. D., MARSHALL, MO.

It is not my intention to in any way discuss the obstetric forceps from a mechanical point of view, but to bring forth some of the more prominent indications for the Homœopathic remedy during the very trying hours of parturition. Let us begin with *Actea rac.* Neuralgic pains around the heart; shivering all over during first stage, with fainting or cramps; false pains; pains too weak with rigid os or labor pains too strong; as if the os would be torn wide open; no elasticity; pains spasmodic; tedious, fatiguing and aggravating. Labor pains cease entirely. Patient feels worse at slightest noise.

Bell. Cramps in legs; pains deficient; distressing, tries to escape; false, spasmodic pains. Amniotic fluid all gone with spasmodic contraction; slow parturition; constriction of neck and os. Labor pains deficient or cease entirely; only periodical slight pressure on sacrum.

This remedy seems to have an especially good effect on elderly women who have not previously borne children. The parturient woman lies quietly with spasmodic pains or flies into a rage and wants to tear everything; wants to get away; frantic; she knows she cannot live through it, it will never pass.

Caulophyllum. Pains flagging from long protracted and tedious labor with irritability; pains too short; passing off with a shiver causing much distress. Intense thirst; pains tormenting, useless at beginning; no progress being made; pains like pricking as of needles in cervix; pains short, irregular; patient weak and irritable. "I am just worn out and these old pains don't do a bit of good and I am not going to try any more."

Caul. 2 c, one dose dry on the tongue and she did "try any more" and very effectively.

Chamomila. Pains spasmodic and distressing; she can hardly bear them; she wishes to get away from them; tries to hold them back and will not bear down when pains come. Fretful, peevish and cross; can not return a civil answer,

desires fresh air but don't want to be fanned; no freedom from suffering between pains with more or less discharge of dark coagulated blood. Says she must and will get up, and sometimes does unless you are as positive she must not; inclined to scold; just can't stand pains; tearing pains down legs; labor pains press upward; frequent urination; she is hot and thirsty; hour glass contraction; restless.

Coffee, crud. Face puffed, eyes glittering; head hot; labor pains distressing; excessive (too strong) with fear of death; pains strong but still, insufficient in small of back; violent moving of limbs; lamenting weeping; muscles rigid; contraction causing pain in small of back; labor pains intolerable, feels better by giving vent to her feelings, regardless of any one else. She feels pains intensely; complete despair; "I just can't stand it any longer and I won't try any more," but even with this she fears death.

Gels. Cutting pain in abdomen from before, backward and upward; rendering the labor pains useless; nervous chill; teeth chattering during first stage; face uniformly flushed; labor pains absent; os dilated; membranes protruding; pains cease and fly all over the body like an electric shock; child seems to ascend with every pain. True pains which seem insufficient, are interrupted by false pains. Os widely dilated; complete atony, or os rounded and hard; feels as if it would not dilate. Pulse slow and full. Tongue thick like one intoxicated; drowsy; sinks into a semi-stupid state; hard to arouse, and soon relapses; cervix flabby; os open; no pain; bag of water bulging; patient more and more drowsy with threatening of convulsion. Pains going up to the throat like a wave ending in choking, smothering feeling, impeding labor with impending spasm.

Ipecac. Cutting pains in umbilical region interfere with the true pains; cutting across abdomen from left to right; incessant flooding; complete prostration; breathing heavy; oppression; face and lips colorless; ringing in ears; faint on raising head from the pillow, flow of blood bright red with persistent nausea; pains in umbilical region running down to uterus.

Nux v. Every pain causes an inclination to go to stool or to urinate; every pain causes fainting and thereby interrupts the progress of labor. Painful and retarded labor in women who have led too sedentary a life and to those accustomed to high living. Pains worse in back, not coming around to abdomen; pains nearly or entirely cease; fainting. Pressure above os pubis as if everything would be forced through; extreme tenderness of anterior lip of cervix constant sensation of weight in anus; os half open but hard and refuses to dilate more.

Puls. Mild, tearful woman who seems in healthy condition, but uterus is inactive; the pains excite palpitation; suffocating spells; wants the doors and windows open for she must have the fresh air, and likes to be fanned a little but not too hard. Labor pains too weak or ceasing with somnolence. Inertia; the head has engaged and contraction too weak to force expulsion; weeps because she is not delivered; pains extend from sacrum into region of stomach causing severe pains and vomiting; must stand or walk about; wants back rubbed, wants room warm but air must be fresh.

Secale. Thin scrawny woman; skin shriveled dry and harsh; weak cachectic women or women debilitated from venous hemorrhage. Pains weak; suppressed; fainting spells with small, weak or suppressed pulse. Pains cease, convulsions begin; tonic contraction; want of expulsive power; uterus flabby, everything seems loose and open; no action; strength weakened by too early or perverted efforts.

A sensation of constant tonic pressure in uterine region causes great distress; wants fresh air and no cover. Hour glass contraction; suddenly seized with convulsion while head of foetus was passing into lower straight, lasting three to five minutes. *Opisthotonos*.

Sepia. Shuddering attends pains and she wants to be covered up more because she can stand the pains better when warm; neck of uterus indurated; pains in neck of uterus shooting up with dyspnoea, feet cold although rest of body is warm, flushes of heat over body but does not want to remove any cover.

To give a complete list of homœopathic remedies which might be called for in dystocia would make a good sized volume but if you will keep this list in mind and adhere closely to the indicated remedy, you will have little cause to worry about the application of the mechanical appliance only in cases rendered difficult, dangerous and impossible by obstacles to the expulsion of the foetus.

DON'T.

JOHN C. CALHOUN, M. D., PITTSBURG, PA.

Mr. Chairman, Ladies and Gentlemen:—

A little over a month ago I received from the Chairman of this Bureau, an urgent appeal for aid. At first I was inclined not to heed his call, but on second consideration and on re-reading his appeal, in which he asked for anything that might help fill up his program, I decided to render him a little aid.

The notice came too late to get up a paper on a scientific basis, so, in reviewing the past experiences I have had in my obstetrical work, it seemed to me it was not so much what we do, as what we *don't*, that counts in the long run. So, with your kind indulgence, I will mention a few DON'TS.

Don't let it be known that you do not want to be engaged early on a case. Rather let it be known that you prefer to follow your cases for six months, if possible.

Don't take it for granted that the pelvis is all right. Appearances sometimes are deceitful. The pelvimeter properly used will tell the truth. I make it a rule to measure all new patients, whether primipara or multipara.

Don't take it for granted that the kidneys are functioning normally, but insist on a specimen for examination every month, up to the seventh month, then every three weeks. It is a safeguard for the patient; also, for your professional reputation.

Don't be afraid to insist upon an examination of your

patient, so that you may determine whether or not the heart, lungs and liver are normal, or to what extent pregnancy has affected them.

Don't have too complicated a program for your patient. The simpler, the more likely it is to be carried out.

After labor begins, make a thorough examination to determine presentation and position. After you are satisfied with such, don't be examining your patient with each pain, — infection may be carried in and give you trouble later.

Don't be too hasty in the use of forceps. Give nature time, and your patient will likely do better.

Don't wait too long when it is necessary to apply forceps, or your patient may become unduly exhausted.

Don't forget the dangers that beset a patient in labor. Be with her, and keep a watch for any of the danger signals and be prepared to meet them.

Don't forget that in obstetrical practice cleanliness, surgical, excels godliness.

Don't neglect to examine your patient after delivery to determine the condition of the birth canal, whether or not there are lacerations.

Don't make this examination by sense of touch alone, but by inspection also.

Don't apologize because laceration has happened. If you have done your duty, you are not at fault. Nature had not provided a better way.

Don't make light of the operation of repair. After you have had a few failures you will realize that it is a genuine surgical procedure.

Don't deny laceration, if there is any. Sooner or later someone else will discover it and you will be placed in an uncomfortable position.

Don't fail to examine the child before leaving, to see that there are no deformities. You will feel better having found them should such exist, rather than to be told of it by the nurse or some visitor.

Don't think that delivery is all, but care for the patient until she has made a good recovery. It is poor practice to

make two or three visits and then tell whoever is in charge to call you if anything goes wrong. The call may come too late.

Don't forget that the indicated remedy will rectify many a trouble and make for your success.

Don't be afraid to charge enough to justify in giving the best that is in you. Render the service and your patient will appreciate such.

I thank you.

SUSCEPTIBILITY DURING PREGNANCY.

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

Mrs. M. T. W., age 24. Family history exceptionally good, a primipara, strong and robust, and had never been seriously ill from childhood. During the period of gestation the patient's appetite was very fickle and food of her own preparation did not appeal to her. The most prominent and persistent symptom that prevailed with her was a pungent smell which she could not describe. It was present in her own home. When she went away it disappeared and as her husband and other members of the family were not disturbed, she concluded that it might be nothing but a personal idiosyncrasy and a part of her condition. She said nothing about it except to her mother whom she was visiting on one occasion, to whom she very incidentally told the story as follows:—

“There is a very peculiar odor in our house and especially in the enclosure where our refrigerator stands, and it follows me wherever I am. I cannot relish the food of my own cooking at all. I do not notice the odor anywhere else and always enjoy my meals when I dine among my friends.”

The matter was discussed in the most casual manner and dropped, nor did the mother recall the incident until after the death of her daughter. Nothing unusual occurred, during the period of gestation, to call the attention of the physician to the case. The urinal analysis from time to time sounded no alarm and the general condition of the prospective mother was such as to arouse not the least suspicion of anything

wrong in her condition. She was always in a most cheerful and happy mood and often said that she was in the most perfect health.

The date of her confinement was in accordance with expectation and the calendar, and the labor pains began at two o'clock A. M., June 4, 1906, and forceps delivery occurred at eleven o'clock P. M., of the same date. Through the entire day her pains were very indefinite and of no avail. The os was very rigid and dilatation was very slow. The vulva and vagina were cyanosed and though she had frequent naps during the day, she slept into an aggravation every time. Her temperature was variable, from 99 to 101 and her pains seemed more of an inflammatory nature than of labor, (Lachesis). Her complexion was dark and the face had a besotted appearance of the typhoid type. At eleven o'clock she was etherized and delivered of a most perfect child, weighing eight pounds, but the journey had been so perilous and it seemed so exhausted that it was supposed to be dead, but after the most vigorous efforts it was resuscitated and has been a very strong, healthy girl ever since her birth.

The uterus, vagina and perineum were terribly lacerated and when the attempt was made to reduce the lacerations the tissues would not hold the stitches, and seemed more like old rubber than new.

Blood poisoning was inevitable, and while she lived nearly three weeks and had the help of the best of consultation, of the Hahnemannian type, she died on June 26. The remedies employed were Lachesis, Baptisia, Calcarea carb., Sulphur and others I do not recall, as they were indicated.

After the death of the patient her mother recalled the incident relating to the peculiar odors in and about the refrigerator, etc. We explored the premises and found that the plumber employed had connected the refrigerator escape-pipe with the sewer without using a trap of any kind, and the writer presents this case with the desire that the question may be discussed as to whether the home environment of the patient, during the period of gestation was responsible for the conditions found at the time of delivery?

PREGNANCY AND CONFINEMENT COINCIDENT WITH APPENDICITIS.

Mrs. T. J. was confined at Syracuse, N. Y., September 26, 1890, her seventh child. The period of gestation was uneventful, except that the patient had experienced a severe pain in the region of the appendix, for some time previous to her confinement, which was attributed to pressure of the child upon nerve centres, either direct or reflex. As appendicitis had not at that time asserted its claims for the attention it demands to-day, the error in diagnosis was not detected. The delivery was no more difficult than those of previous occasions, nor were there any unusual symptoms, except those already named, until three or four days after delivery, when a general peritonitis was ushered in, which we supposed was a phase of puerperal fever. The patient grew steadily worse until dissolution was inevitable, when we called in consultation the late Dr. Stephen Seward, who after working out the symptoms, administered *Magnesia phos. Cm* which very soon changed the conditions and the patient made a very slow but sure recovery.

In June, 1911, the patient was operated on for appendicitis by Dr. Henry L. Houghton, of Boston, who found adhesions and other conditions which furnished unmistakable evidences of a previous attack of appendicitis. The patient had never had an illness, before or since the confinement in question, to which could be attributed the conditions found at the time of operation for appendicitis.

Since Dr. Houghton's findings in this case we recall many peculiarities in the patient's illness at the time of confinement which confirm the consensus of opinion of the surgeons and physicians present at the operation for appendicitis.

Had the writer been on the alert for evidences of inflammatory conditions, pure and simple, he might have aborted the appendicitis feature before the confinement of the patient, by administering the homœopathic remedy that the totality of the symptoms called for then and there, even though unaware of the fact that the patient had appendicitis.

This case illustrates the value of our methods in the treatment of the sick, when the diagnosis is unknown at the time.

"A CASE FROM PRACTICE."

BY W. B. GILLESPIE, M. D., H. M., ROCKVILLE, CONN.

October 23, 1910. Mrs. F. P., age 36. Fifth pregnancy. All previous confinements had been instrumental and lasted from two to four days. Hence, the present labor had been looked forward to with great dread. Labor started with too violent pains; severe headache; with each pain severe cramping in calves of legs; pelvic examination showed a rigid os uteri. Although the pains were violent, had no effect on it. Nux vom. 30x, two doses.

Headache was relieved very soon and she had one cramping attack after the remedy and she complained that the medicine made her dizzy and faint for a short time. No other remedy was used. She delivered herself with ease, and had none of the constipation she had had after the previous confinements.

"ARE NOT FORCEPS OFTEN USED IN CASES WHERE NOT NECESSARY?"

BY P. G. H. VANDER WYST, M. D., PHILADELPHIA, PA.

I have in mind two cases, recently passed through this maternity department, which through similarity gave a plain light upon the title of this paper. Both were primipara, both histories were O. K. Pelvic measurements normal in every detail.

Case I. Was brought in here by a woman physician, and cared for in a private room, at a private price for the room as well as for the physician in charge.

Case II. Was a ward case and came under my personal care.

On the night of the 5th of May, I was called out of bed by the night nurse of the maternity, asking if I would mind assisting the woman physician with her case.

When I came over, the mother to be, had been in labor for twelve hours, pains came six minutes apart, but were not hard at all. The patient made a great fuss about being so long in labor and wanted to have forceps applied to which I violently objected, but to which the physician in charge after some arguing agreed.

I administered the ether and after the patient was under the doctor applied the forceps, which, however, she was unable to handle correctly, so we changed places and I delivered an eight pound baby with the result of a laceration of the second degree, requiring seven sutures immediately.

One night later, my ward patient was in labor. When I was called up, I found exactly the same condition as the night before, twelve hours in labor, pains six to seven minutes apart, but not hard. The patient requesting the application of forceps, as she could not stand the pain. Instead of granting her wish, I tried to quiet her down, in which I only partly succeeded, she called me a cruel man every time she had a chance to. I went to bed on a couch near by and six hours later, the case being in actual labor then for eighteen hours, I delivered in a natural way from her an eight pound baby, without any laceration whatever. The result was much more satisfactory to all parties concerned, the mother not excepted, who gladly voluntarily apologized afterwards.

Now both cases were exactly alike, both primipara, both L. O. A. position, in both membranes ruptured twelve hours before actual labor started in, both mothers requested the application of instruments.

Of course, I see, as all doctors present see, the difference in the fee between an instrumental and a natural birth, but are we, as conscientious men, to take that in any way in consideration where the welfare of a mother and, perhaps, the life of a baby is at stake?

COMPLETE INVERSION — A CASE.

BY MARY E. COFFIN, M. D., ALLEGHENY, PA.

Mrs. D., age 33, primipara, slight build, compact, pelvis normal, occipital presentation.

Labor started on the morning of Feb. 20, 1910, and dilatation progressed slowly but steadily until evening, when the intervals between pains lengthened until by midnight they only came every twenty-five minutes. The patient's condition was very good, so the expectant plan was followed, but there was no progress by early morning. Consultation was called and manipulations resorted to, to release what was supposed to be a head lodged behind the pubic bone. This caused no change and forceps were applied and the child delivered at noon. The cord was very short and with the child came the after-birth, but no trailing membranes followed.

Examination revealed the startling condition of a completely inverted uterus with the round ligaments tense, and the placenta so firmly adherent that it had to be *peeled* off, and it was with difficulty that the margin could be distinguished. When this was done the uterus was pushed back into the vagina and then through the abdominal walls, with assistance through the vagina, the os was dilated, and the uterus turned *inside in* again.

These were moments of mental agony for the physician, but complete unconsciousness for the patient, due to chloroform. The canal was irrigated and the perineum sutured, and succus calendula used to promote healing. The recovery of the patient was uneventful, the highest flight of temperature being less than 100°. She was kept off from her feet for five weeks and her present condition shows no evidence of the awful ordeal through which she had passed.

Evidently the cord had been so short that the child could not descend through the pelvic outlet, so when traction was applied the placenta, still firmly adherent, followed the child, and the uterus became everted behind and within the placenta, thus affording no pressure to loosen the villi from the endometrium. The tense cords at either side caused a quick

search for the fundus above the pubes, and the empty condition of the abdomen confirmed the feared diagnosis.

HOMŒOPATHY IN PREPARATION FOR PARTURITION.

BY JULIA C. LOOS, M. D., H. M., HARRISBURG, PENN.

Introductory note: Parturition is a normal process. As such it should proceed comfortably, without serious conditions, undue loss of blood, and in moderate comfort. Women who are in disorder before or during pregnancy quite commonly experience delay, discomforts related to one or more of several functions, including complications of very serious character. It has been claimed for Homœopathy that when the patient has the privilege of this treatment, the ills are reduced and parturition is relieved of its terrors. By turning the patient into the road leading to normal physical condition, this, as other functions, becomes more nearly normal.

Mrs. E. B. was married at the age of twenty years. A few years previously she had been rejected by a life insurance examiner because of some defect he detected about her heart. She had, at the time of her marriage been suffering periodic headaches, usually associated with the periods of menstruation. These were at times so intense that much against her desire, she had applied to a doctor for medicine for relief. She appeared for treatment with the following report:

Jan. 13, 1912. Headache first or second day of menses. In November obliged to go to bed with it, extended into the second day; < reclining with head low; < by motion of jaws, when eating; back-lumbar region aching, tired from exertion; tired quickly, from short walk or slight exertion; members of the family consider her lazy; fulness sensation after eating small quantities; thirst much for cold water and in small quantities; weeping inclination when tired; < noise when tired; urination, frequent urging, recently; rises 5 A. M.; urine clear, yellow; left iliac region, heaviness at menstrual

periods, at times in r. iliac; may continue for two days, and then disappear for a long while; bends her double; < walking. Medor Cm, one dose, followed by Saccharum night and morning. This was prescribed because of knowledge of its relation to other members of the family.

Jan. 23. Menses began on 12th. Right iliac pain extended upward, down thighs, to hip, and occasionally across to left side; more recently extends backwards, with numbness, and with weakness in leg; leg and foot cold; eating improved, eats less candy, etc. between meals; fullness sensation >; stomach discomfort after eating much sweet; back improved, can make more exertion without fatigue; headache almost continuous since menses began; forehead, above eyes, at times in occiput; < in afternoon; > in open air. During menses more in occiput. When omits wearing glasses, nausea and discomfort in eyes. Thuja 200, one powder and Saccharum night and morning.

Feb. 10. Menses, period beginning on 6th was the most comfortable of any during the past year, though the iliac pain continues, extending to the thigh nearly to the knee, when at the worst. Thuja 200.

Thuja proved to be her constitutional remedy from that date to the present. It was repeated in 1m, 79m, cm, and mm potencies, each potency used twice before advance to the next higher.

The chief points of interest indicating progress during the year were as follows:—March 4. Right iliac, pain only slight; headache slight. March 14. Menses accompanied by more intense pain in pelvis, lumbar back pain, but no headache. April 4. When menses due and absent, took liver pills; urging to stool awakened her at 4 A. M. and during evacuation she became cold and faint; after evacuation had intense pain in abdomen. Evacuations were repeated during the day without pain. Menstrual flow appeared on 5th. April 20, iliac pain absent for some time.

May 1. Menstrual flow began today. This proved to be the index period for pregnancy. Headache on 26th after nervous strain. Pulsating intense for one-half hour but >

after sleep. Sensation of soreness remained after pain disappeared.

May. Heart, weak sensation in paroxysms accompanied by difficult respiration (deep inspiration impossible), small pulse, pale lips, cold hands and feet, and periods of unconsciousness or doubtful sleep, of ten or fifteen minutes duration. Iliac pain occasionally. Eruption on elbows >, raised nodules, itching > scratching; face tiny rash.

June and July. Marked by nausea and vomiting; morning, night, sometimes all day; sometimes with intervals of several days. Had a long automobile ride, several short ones, has been swimming.

Late July and early August. Dorsal region about two inches to right of spine; had sore pain about size of finger-tip and radiating therefrom; < reclining on back or right side; < pressure; < deep inspiration; < motion of affected part (muscles). Bry. 1m finally cleared it.

August to January. Generally comfortable and happy.

January 17. Rupture of membranes wakened her at 2 A. M.; pains slow, gradual, mild; dilatation slow; sleepy, wants pains to cease so she can sleep; naps between pains; 8 A. M. Puls. 10m. Pains more effective, but patient almost without a groan, vulva gradually stretched, as an ideal process; delivery 9.40 A. M.; placenta ten minutes later; patient said she was waiting for something worse all the time.

February 28. Examination revealed no evidence of the delivery or pregnancy to the touch. All tendency to faintness or weakness of any sort disappeared and no intense headache nor ovarian pain has been experienced since. Skin of face was covered with pustular eruption several days after the child's birth, and persisted, though gradually decreasing in intensity, at least, through the next six months. Throughout the pregnancy and lactation nearly every disturbance has cleared away under the influence of Thuja. Very few intercurrents were needed.

The child, a splendid specimen of seven-pound boy, has developed in most excellent manner, adapting himself to normal habits of sleeping and feeding, in blessed good humor.

Lymphatic gland below the right ear enlarged in the fifth month, increasing in size quite rapidly to the extent of a small egg, and disappearing even more rapidly under the influence of Calc. c. 1m.

Previous to that some slight phimosis, and slight colicky pains were the only suffering he experienced. Medorrhinum 1m was used until the indication were clear for Calc. c.

The intense headaches preceding this girl's marriage threatened her mental balance. The course that she would have followed without curative treatment must have been far worse throughout and would surely have brought much regret to all her family.

OBSERVATIONS OF, AND EXPERIENCES IN OBSTETRICS.

JOSEPHINE HOWLAND, M. D., H. M., ROCHESTER, N. Y.

The other day I was called to see an elderly lady, and in the home was a eleven weeks old baby. The mother called my attention to scars either side of both eyes of the infant, and two scars above the nose, with a red streak above the nose which she said was the shape of a U, (not very apparent to me). The right eye was badly swollen and red when the infant came. She said that these marks were made by the doctor's forceps. I said, "Who was your doctor?" She said his name was J———. I told her never to employ him again; that the baby's face was not the place to apply forceps. In relating this afterwards to some one, I was told that a boy had been made blind for life in one eye by the application of forceps to the child's face. Now if you must, or think you must, use forceps, apply them over the ears in head presentations, and not over the face. In my own experience in obstetrics, which has not been very extensive, I have never used forceps, nor allowed them to be used.

My first obstetrical case in private practice, was a large, fleshy woman who placed herself under my care for treatment early in pregnancy for an eczema on the nape of the neck.

The eczema left, and she seemed to improve very much under Sulphur. I thought we were going to have an easy time when labor came, but this was not so. She was in labor from 2 p. m. until noon the next day. The head came down to the floor of the pelvis and seemed to be wedged there. I boosted her up with Sulp. 55m and a couple of doses of the Cm, but still no progress. I called a mongrel homeopath, (none other being available), and told him to bring his forceps. After his arrival, by some manipulations, he claimed to have a better position and waited, expecting the patient to be delivered. As she was not, he said to me, "Shall I use the forceps?" I replied, "No, not unless you must." So he waited again. Still no delivery and no progress. Again he asked me the same question, and I gave him the same reply. He waited, with no results and finally he said to me, "If you know what to give her, give it to her." I replied, "Doctor I have boosted her up two or three times." But this gave me courage to go still higher, so I gave her Sulphur mm the highest I had in my case, and she was delivered in five minutes of a fine boy.

The patient recovered in a normal way, and all went well. Three times after that, I delivered this same woman, but never used forceps. I think doctors, as a rule, are too hasty in using forceps, and by their lack of knowledge or through carelessness, or both, they injure the mother, and sometimes the child. Another thing I have observed is, that most doctors deliver the patient on her back. As soon as the head reaches the floor of the pelvis, place the patient on her side, (preferably the left). This helps to modify contractions; then push the head back against the pubes to prevent too rapid labor, and distend the perineum gradually. As soon as the frontal eminences are at the vulvar orifice stroke the latter backward. This is the moment of greatest danger to the perineum. No patient of mine has ever been ruptured.

Many a mother has been made an invalid for years or for life by ignorant, hasty and careless delivery. "Haste makes waste," is as true in obstetrics as anything else. Give nature

a chance, and with the aid of Hahnemannian homœopathy and skillful manipulations, she will do her work well.

I think one trouble with Hahnemannian doctors is that they do not go high enough in their potencies. I remember of once making a failure in hospital practice because I did not go high enough. It was a transverse presentation, and had baffled the skill of the head of the hospital who was a mongrel homœopath. Under her care no progress has been made for three days, so I was called to the case. I at once recognized the symptoms of Pulsatilla and gave it to her in a 10m potency, with the result that the child turned part way, then things were at a standstill. I did not know then that I should have gone higher and higher until she was delivered, but told them to get another doctor. An expert (?) in obstetrics was called, who tugged away with forceps for hours, chloroforming the patient twice. Finally she was delivered. Puls. cm or perhaps mm would have delivered her in a comparatively easy manner and in a short time. In acute cases (and this was an acute case) when improvement ceases, do not be afraid to go higher and still higher, until your object is accomplished. You will be happy with the results, and will have made a strong advocate of Hahnemannian's homœopathy.

I once started an old lady on a 2c of Sulphur, and before I got through with that case I had to give her 3m. It took me three years to get to mm.

I heard a great deal of the awfulness of child-bearing when in the allopathic schools, but as soon as I had gained a knowledge of Hahnemannian homœopathy, and applied it, the awfulness seemed to melt away, and I now go to a case of obstetrics, armed with my high potency, with as much complacency as I go to any other case. I never purchased a pair of forceps, nor a hypodermic syringe. I have had no use for either in my eighteen years of practice.

THREE UNUSUAL OBSTETRICAL CASES.

BY RITA EHRLMANN DUNLEVY, M. D., NEW YORK CITY.

Case I. Mrs. C., second wife of a sporting man, whose first wife had miscarried several times, without apparent reason, was delivered of a dead foetus, at the sixth month. In her *second* pregnancy, a year later, the child lived until within a week of labor at the full term when I delivered her of a pseudencephalic child.

I cautioned against future pregnancy and advised both husband and wife to take constitutional treatment. I left the wife in ignorance of my suspicion as to the cause which the husband denied. I gave him a dose of Syphilinum 10m.

About a year later the wife again became pregnant. I prescribed for her Syphilinum 10m at long intervals. She went through her gestation normally. At term I delivered her of an apparently healthy girl baby now six months old. She has never been ill since birth.

Case II. Mrs. B., aged 39, when four months pregnant, was suddenly taken with flowing. Upon examination, I found the foetus had been cast off, and the placenta remained. The uterus was retroverted and the fundus adherent. I told the patient she would be obliged to have the adhesions broken up before she could have a child. I treated her with electricity at my office and tried by forcible stretching to break loose the adhesions but was only partially successful. I then advised an abdominal operation in order to break up the adhesions and cautioned against pregnancy if not operated upon as I feared she would have the same result otherwise.

Greatly to my surprise about eighteen months later she walked into my office seven months pregnant; everything in good condition and progressing favorably, notwithstanding there had been no operation nor treatment. A month before term she had a fall on a slippery floor which fortunately did no damage other than to shock her nervous system.

At the end of nine months, at the age of 41 years, I delivered her of twins—the first a girl, head presentation, weighing six and one-half pounds; and an hour later, a boy, breech

presentation, weighing seven pounds — single placenta — the two having grown firmly together. Recovery normal, no laceration. The twins had to be put on the bottle and are now thriving nicely.

Question: What happened to those bands of adhesion, one of which posteriorly was easily felt before the last pregnancy and seemed to be a sixteenth of an inch in thickness? Were they absorbed or did they simply stretch? No examination has been made since the uterus returned to its natural size.

Case II. Mrs. F., aged 30, a highly neurotic blonde engaged me for her confinement. At the seventh month I diagnosed a breech presentation and prescribed Pulsatilla hoping to correct the faulty presentation.

She had many digestive disturbances, inclined to be tearful and despondent at times and when cheerful verged upon hysteria. Pulsatilla was given ranging from 30 to the 10m. While she reported tumultuous movements of the child after the remedies were taken the presentation never changed from breech.

I sent her to a sanatorium and told her husband I had but little hope of saving the child. Dilatation of the os proceeded with little pain but the membranes ruptured too early to permit of turning. I watched carefully to prevent the feet presenting before dilatation was sufficient to introduce my hand.

Fortunately at this stage a physician of great obstetrical skill happened to be in the sanatorium and offered to assist me by making external pressure upon the head, which he did by keeping up a firm pressure with both hands over the top and sides of the fundus, pressing in the direction of the axis of the pelvis and keeping the child's head flexed upon the chest. Being unable to deliver the breech I brought down the right leg then the left and rotated the back anteriorly; after delivering the arms extracted the head with some little difficulty and tearing slightly the perineum. After some effort of resuscitation, the child began to cry. It showed no external injury except some bruising of the genitals but that night it began to utter shrill cries and went into convulsions. Apis was first given, later Arnica and Belladonna as indi-

cated. For several days these epileptic attacks continued and I felt the child would die, but it began to improve. No history of epilepsy can be traced upon either side.

The mother was shocked a week before the baby was born by seeing a child have an epileptic fit and this made a great impression upon her. She also *as a child* knew a little girl who was subject to epilepsy and witnessed her attacks. *After* she married she feared *she* might have a child similarly affected. However, in this instance I feel it is a case of traumatic epilepsy due to the great external pressure on the head and its rapid delivery plus the rightly nervous state of the mother.

The mother was a twin and a breech presentation and lived a very abnormal child-life, given to fits of brooding and dreams, spending many consecutive hours practicing upon the piano.

The babe now four months old shows an irritable spine especially sensitive over the vertebra prominens and the lower dorsal region. There is a little swelling of the tendon of the sartorius muscle at the anterior, superior spine of the crest of the ilium yet she has perfect control over the leg.

The mother declares the babe never shows any signs of convulsions, but screams out in her sleep and has many muscular spasms of the entire body. The head is peculiarly shaped with a narrow low forehead and somewhat contracted at the parietal bones leading me to apprehend mental deficiency. This is the first case in my practice of epilepsy in a new born babe in spite of many difficult instrumental head and breech deliveries.

THE INDICATED REMEDY IN OBSTETRICS.

LEE NORMAN, M. D., LOUISVILLE, KY.

Although pregnancy is a purely physiological process to the average woman, its mental and physical disturbance give to it a pathological significance. To most women, however, it

is a blessing since it fulfills one of the functions of organic life, *i. e.*, reproduction. To a few it is disastrous, not in itself, but because of some previous abnormality in the woman. To the majority it is curative in its effect, because during pregnancy all physiological processes are more active and produce a reaction against dormant, morbid tendencies. In some women these tendencies run a latent course, until they have reached such a degree of potentiality that the reaction produced by pregnancy is greater than they can withstand. Luckily, these are few and far between.

To the physician who is alive to the significance of the symptoms during pregnancy it is an extremely important period. To the average doctor the peculiar symptoms represent only vagaries of pregnancy, but to the careful Homœopath, they are often the key to hidden conditions which bear a vital relation to the woman's future health.

I have in mind a case, that of a woman, age about 25, who had had two children—labor had lasted from twenty-four to thirty-six hours and each time ended with forceps delivery. When she became pregnant with the third child her husband came to me, said that she was feeling very well except toothache. I called to see her, she said that as soon as she became pregnant the fillings in her teeth would get loose and fall out—gums painfully sensitive when chewing; constipation, ineffectual urging in rectum, only wind passes. I gave her *Carbo. veg.*, repeated once a month, all symptoms, she was in labor about ten hours, child born without the aid of instruments. Mother made nice recovery.

Kali carb. patient, Mrs. M. When I arrived she was in great pain, she couldn't lie on her back, said her back was pulling in two. The pains in the uterus were very weak, not sufficiently expulsive to make progress in the labor. The pains extended down the buttocks and legs. I gave her *Kali carb.* and in a short time the pains became regular, she could lie on her back—labor was hard but not long—about four hours in all.

Now this same kind of a pain may deceive you. The pain begins in the back, and appears to go to the uterus, and then

runs up the back with shivering, would also indicate *Gel. cemic.*, which has shivering in the first stage of labor but the pains are irregular, sharp pains that do no good. A few doses of *Cimic* will cause the pains to become regular and hold on to the very end.

I could go over a list of remedies and their action, but you are familiar with them so with your permission, I will say a word on

PRENATAL HOMOEOPATHIC TREATMENT.

This subject should be a part of the education of every physician. I believe it is our duty to inform the expectant mother early in her pregnancy of the things she should and should *not* do, and explain the effect of the physical conditions surrounding her, even the thoughts she has, upon her unborn child. Is it strange that our prisons and asylums are so full when we consider the number of our youthful offenders who were conceived in atmospheres of crime. The mother is filled with disgust, indignation or shame when she finds she is pregnant. She then exerts her cunning and all sorts of attempts are made to rid herself of the despised child — her mind is filled with the desire to kill — she becomes nervous and fretful, and if she fails in her abortion the babe is brought into the world hated and unwelcome. If pity or remorse comes, it is too late for the fatal error has been made and the impression is there to stay.

In the light of the forestated truths, realize what this means to the succeeding generation. We all have repeated opportunities to paint these pictures to our patients and to contrast the effect of a mind filled with pure thoughts, lofty purposes and a desire to see her child live to be a strong, and earnest noble man or woman. The careful administration of the homœopathic remedy will help restore order.

Homœopathy has extended her powers to mental derangements, and there is no limit to its power when rightly applied.

I thank you.

HOMŒOPATHIC RESULTS IN OBSTETRICS.

BY W. H. FREEMAN, M. D., BROOKLYN, NEW YORK.

Case I. Mrs. R., bipara, seventh month. Varices of vulva, thighs, legs, ankles, feet, as large as lead pencils and in several places in apparent danger of bursting.

Constant soreness, aching, itching and burning with great sensitiveness to touch. Unable to stand or walk or wear elastic stockings without increase of discomfort.

Constipation without inclination, obliged to depend upon enemas. General aggravation from warmth. Melancholic tendency.

Similarly afflicted in a milder degree during last pregnancy and was obliged to wean baby after several weeks of nursing had demonstrated that the milk disagreed with him exceedingly.

R Graphitis 10m, one dose, after which there was not only a marked cessation of discomfort, but, also, a decided decrease in the size of the varices and she was soon enabled to get about and attend to her household duties with but slight inconvenience, although she was still unable to tolerate the elastic stockings and refused to wear same.

Since her confinement she has had plenty of milk and the latter has agreed with the baby.

Case II. Mrs. X., age 35, primipara, normal health during and preceding pregnancy. With the outset of labor she evidenced an extreme sensitiveness and intolerance for pain and she also became very ugly and abusive — loud screeching, striking at husband, scolding the doctor and demanding that something be done to stop the pains at once.

R Chamomilla 200, in solution, frequently repeated as necessary, quickly subdued this condition and caused her to bear the pains with quietness and fortitude.

Case III. Mrs. S., age 39. The third day after her seventh confinement had developed a right sided mastitis. No milk would flow from this breast for baby, or with the breast pump or massage.

The history disclosed a similar mastitis after the first con-

finement twenty years ago and an inactivity of this breast ever since, or until the present occasion, the other babies having nursed the left breast exclusively.

Such a recrudescence at this late day could probably be accounted for as a reaction due to *Sulphur*, several doses of which in the *1m* potency had relieved some distressing symptoms during the latter months of pregnancy.

R *Phytolacca*, 200, in solution, a dose every two hours, was followed within twenty-four hours by relief of pain and inflammation and free flowing of the milk, since which time the baby has continued to suckle both breasts with equal satisfaction.

TWO ILLUSTRATIVE CASES OF THE KINDLY CONSIDERATION OF DAME NATURE.

BY S. H. SPARHAWK, M. D., ST. JOHNSBURY, VT.

Case I. Mrs. M., a strong, healthy woman of 28 years, noticed a cessation of her menses; but, as there were no attending symptoms excepting, after a time, a little change of form; and, never having had any experience with pregnancy, and feeling perfectly well, she took no note of her absent menses, asked no questions and went along with her housework as usual.

When nine months from the time of cessation of menses had expired, she was "cleaning-house" with her accustomed vigor, and was taken suddenly ill with a little pain in back and lower abdomen which she could not account for, and, as the pains grew quite rapidly worse, she sent a hurry call for me to visit her. On answering her call and noting the regularity of the pains and the nature of them, I questioned her in regard to possible pregnancy, eliciting the above information. Soon afterwards a dead foetus was born enveloped in its sack with afterbirth accompanying all intact; the latter appearing to have been freshly disconnected and no decomposition whatever.

She was much surprised at the outcome of her sudden

attack, but made a rapid and uneventful recovery — years afterwards giving birth to two strong, healthy children.

Case II. Mrs. K., a woman of 26 years; the mother of a girl of six and a boy of four, who had had an abortion at three months about six months previously.

She had been troubled more or less with leucorrhœa and other uterine troubles, and her menses failing to appear and nausea coming on as in her previous pregnancies, she of course concluded that she was pregnant.

She went along in her ordinary way for about three months, and a couple of months after that, not noticing any change of form, motion, etc., she could not understand the reason for it, and when she consulted me, I quieted her fears by telling her that, she was probably pregnant, and would be liable to an abortion at any time; but, so long as she felt perfectly well, she had no cause for uneasiness, and that she might go on without further uneasiness, and that, she might be without further symptoms until the nine months from the cessation of menses had expired, when dame nature would probably come to the rescue and relieve the uterus of its diminutive load. That prognosis proved true, labor pains coming on in due time relieving the uterus of a dead foetus and after-birth not in the least decomposed; she made a quick recovery.

It was very kind and considerate of Dame Nature to let these women go along undisturbed to follow their usual avocations with good health, peaceful mind — and in the first case — ignorant of the fact that she was harboring a second party within her, and giving them clear sailing for nine months.

“GESTATION.”

J. W. WAFFENSMITH, M. D., H. M., NEW MEXICO.

The period of gestation is of great importance to the home and State, and requires our most thoughtful attention in its proper management. At this time in a woman's life all her reserve force is required to meet the changing conditions taking place within the organism.

Sufficient exercise of the right kind, plenty of fresh air and water, pleasant environments, banishment of all care and worry, the proper and best quality of food, and the Homœopathic remedy is the ideal. But who finds all these combined in any one case? One or more are always absent, especially often the dynamic remedy.

This is a time when the vital force demonstrates renewed activity, when the nerve centres respond more readily and latent symptoms appear again to be given their proper value by the competent observer. It seems like nature's effort to give the coming generation a better chance to throw off the heritage of disease. If we utilize the opportunity we can assist the expectant mother and also give a new birthright to the child in embryo. We can only dimly appreciate the potential possibilities for the higher evolution of the race involved in the careful management of woman during gestation.

By the application of the laws of eugenics, we may produce whatever type we desire, but we must have the proper application of the dynamic remedy to free those types from the great chronic miasms. It is here that the law of similars acts as a handmaid to progress through gestation.

Let us not be selfish, but consider the long months of retirement, the inconvenience and suffering endured. It is here that our worthy art demonstrates its value by marked assistance during this period. By directing the will and desire force into normal channels, it often, in spite of adverse circumstances, assists in developing within the finer shades of motherhood and a high conception of its responsibilities.

I will direct your attention to a case which came to me feeling pregnancy was a great calamity for her, mentally and physically sick and discouraged, and who under the beneficent effect of the Homœopathic remedy now enjoys the best of health and looks forward to her delivery with a glad heart.

Mrs. A., age 26 years, Mexican.

Feb. 24, 1913. Symptoms:—> in general from warmth; < in general from wet weather; numbness of entire right side; pain in both ovaries, < right side; pain in uterus; the pain in both locations is < at night and from cold feet and

> towards morning and from motion; pain in sacrum and coccyx; > motion; vertigo, > motion; yellow leucorrhœa.

History:—Last menstrual flow Sept. 15, 1912 — slight appearance of blood one day recently; when single menses suppressed four and five months at a time; flow scanty and more at night; color pale.

Made careful examination and made diagnosis of pregnancy, which is the second one. \mathcal{R} Sac. lac.

Feb. 25. Cough, < during day; hoarseness; yellow and bright red (blood) expectoration in morning; vomiting with cough after eating. \mathcal{R} Nux vomica 200, four doses one-half hour apart.

March 2. Cough and expectoration of blood >; vomiting with cough >; hoarseness continues. \mathcal{R} Ammonium carb. m.

March 9. Better.

March 16. Weakness and vertigo; loss of sight, < from heat. \mathcal{R} Amm. carb. m.

April 6. Better.

April 27. Slight vertigo once during past week in morning.

April 28. Numbness on left side of body. \mathcal{R} Amm. carb. 10m.

May 18. Discharged as cured and awaiting parturition.

CASES FROM PRACTICE.

BY J. E. HUFFMAN, M. D., ALHAMBRA, CALIF.

Mrs. Eva S., age 21, primipara. November 21, 1903. I waited on this patient during a normal labor. Milk came second day. Breasts became hard and sore on the 26th, which one dose of Bry. m relieved very quickly. Patient was up at her work in good time and felt as well as usual.

On December 12, 1903, they called me and I learned that on account of a visit from her mother and sister, the patient became excited and her right breast grew hard and heavy, chilly sensations, breast sore and could not lie on right side

on account of pain in the heart. Pulse 110 and temperature 100.4 at 4.30 P. M. Patient was quite sick, in bed. Gave Bry. m.

When I called next morning at nine o'clock, the patient met me at the door and informed me that in less than an hour after she took the medicine she was free from pain and slept well through the night. Pulse and temperature normal.

Mrs. Katy P., 20 years of age, primipara.

May 19, 1913. The patient was quite stout and had a mild easy going disposition. In August, 1901, I prescribed for her for some derangement of the stomach.

March 3, 1902, Bell. Cm. I was called at 5 A. M. and found the patient having pains but no show; throbbing, frontal headache, eyes red and injected; vagina, dry and sensitive; does not bear the pains well. 1 P. M., os one-half inch in diameter, edge thick; no show. 5.30 P. M., headache not so bad.

Cham. 4m. Very sensitive to pains, cries out and says cannot stand them. Os about the size of a silver quarter; very cross and irritable.

I was to call about 9 P. M., but just before nine they sent for me and said the baby was born at seven o'clock.

Bell. Cm. On examination I found the placenta in the mouth of the womb but before I had time to remove it the patient went into a convulsion. Body rigid, eyes turned upward and froth at mouth. Pulse 120; coma; tried again to remove placenta but patient was threatened with convulsion. At ten o'clock I succeeded in taking the placenta. At 1.30 A. M. the pulse had so improved that I went home.

March 4, 1902. Had good night's sleep and felt refreshed. Kali. c. cc. Vision blurred and upper lids swollen; pulse 90, lochia normal. 1 P. M., pulse 70; vision dim yet.

March 5, 1902. Had a good night. 6 P. M., slight headache, occipital and sometimes frontal.

March 6, 1902. Good night. 6 P. M., pulse 90, temp. 101. Puls. Cm. Headache, lochia somewhat watery; no milk yet; hot flushes from below upward.

March 7, 1902. 8 A. M., pulse 100, temperature 100; eye-

lids not so swollen; stool in the night; lochia normal; no headache. 6 P. M., pulse 85, temperature 100.6. Puls. Cm. Feeling quite well.

March 8, 1902. 8 A. M., pulse 90, temperature 99.4; slept well; plenty of milk. Puls. Cm. 6 P. M., pulse 100, temperature 100. On 9th and 10th pulse was 85 and temperature 99.8. Feeling well; no medicine.

March 11, 1902. 6 P. M., pulse 85, temperature 99.8. Puls. Cm. Eructations, loud, continual, sometimes sour. Burning in stomach.

March 12, 1902. 6 P. M., eructations much improved; Puls. Cm. Pulse 82, temperature 100; feeling pretty well.

The temperature kept up to about 100 in the evening till the 17th when it was normal and the patient feeling well. She had Puls. Cm each day except one until the 17th when she was discharged and had no further trouble.

Although this case was dismissed at the end of fourteen days I have not felt that I did the best work in it.

I believe that Cham. cut the labor short several hours as I thought when I called in the evening that I had a night of work before me. Would Plat. have cleared up the whole case if it had been given early?

BUSINESS PROCEEDINGS.

EIGHTH SESSION.

ELECTION OF OFFICERS.

The election was by ballot in accordance with the By-Laws and resulted as follows:

President, Franklin Powel, Chester, Penn.

Vice-President, Grace Stevens, Northampton, Mass.

Treasurer, Wm. H. Powel Philadelphia, Penn.

Secretary, Frank W. Patch, Framingham, Mass.

Cor.-Secretary, P. E. Krichbaum, Montclair, N. J.

BOARD OF CENSORS.

The Board of Censors was re-elected and is constituted as follows:

C. M. Boger, Parkersburg, W. Va., Chairman.

R. F. Rabe, New York City.

Lee Norman, Louisville, Ky.

W. H. Freeman, Brooklyn, N. Y.

M. W. Turner, Brookline, Mass.

BOARD OF PUBLICATION.

The term of E. A. Taylor expired but he was re-elected.

L. A. L. Day, Chicago, Ill.

E. A. Taylor, Chicago, Ill.

R. F. Rabe, New York City.

Frank W. Patch, Framingham, Mass. (ex officio).

Place of next meeting. Moved by Dr. E. E. Case that the place of the next meeting be within 400 miles of New York City. Seconded, passed.

C. M. Boger: In regard to the "Medical Advance" I think that we could desert it and publish a quarterly of our own. We probably could not manage a monthly but I think that we could a quarterly.

T. G. Sloan: Do you mean that it would contain nothing but the transactions of the society.

C. M. Boger: We could put in as much other matter as we could get.

A. P. Bowie: I think that the Committee on Publication should take the matter in hand and after due consideration make a report next year. They could have it in shape by that time.

F. W. Patch: I suggest that it would be only fair to give the publishers time to adjust themselves to the new conditions. The only way, I believe will be for the members of the Association connected with the journal to resign and then at the next meeting the time will be ripe to take up the consideration of a new quarterly. The committee will be in position to furnish us with information which will enable us to

act. We are not in any position now to take final action. Therefore I move that the matter be referred to the Board of Publication. Seconded, carried.

W. R. Powel: The Board of Censors has given its consent that the rules be suspended so that I may move that Dr. J. T. Kent be recommended to a place on the list of Honorable Seniors.

E. E. Case: I second it. Carried.

E. A. Taylor: Owing to a change in the political affairs of the state and the election of a new governor, there will be some new members appointed on the State Board of Health. One of the members of this Association, Dr. T. B. Lewis of Hammond, Ill., is an aspirant for that position. I move that he be endorsed by this society and recommended to Governor Dunne. Seconded, carried.

Stuart Close gave notice in writing of a proposed change in the By-Laws. Article X to be changed to read as follows:—

All ethical questions and all matters of discipline for non-adherence to, or violation of the Declaration of Principles of this Association, moral or otherwise, may be referred to the *Executive Committee* and the *Board of Censors* acting as a joint board. They shall hear charges and take such final action as may seem to them for the best interest of the Society.

To be voted upon at the next meeting in 1914.

Letters of resignation were received from Nettie Campbell, L. E. Rauterberg, and Z. T. Miller and accepted.

Letter from Dr. Mary Tyler of London was read.

REPORT ON THE PRESIDENT'S ADDRESS.

Our president's learned survey of medical history outside of Homœopathy—visualizing for us a pageantry unique, gorgeous, and terrible in its barbaric and inhuman artificiality—is peculiarly appropriate at this modern date, when the baser ambition of man and his grasping greed give us pause.

The International Hahnemannian Association has throughout all the years of its existence stood uncompromisingly for the medicine of order, of natural law, of science worthy the name. It stands to-day representative of the art of healing in grateful obedience to the merciful mandates of the great law of cure. Herein lies the strength the eternal youth the enduring restraint of this Association. Since Hahnemann enunciated his epoch-making discoveries, not one jot, not one tittle has been allowed to perish in the cruel sea and shifting sand of base therapeutic aim. The clear-colored banner with its simple device,—“The whole duty of the physician is to heal the sick,”—has led its followers in the past through stormy periods and will lead in future to its own victory. It is not for us to avail of loud and domineering efforts to press the truth home in unwilling minds but we are surely privileged as physicians further to demonstrate the law of cure to the best of our ability. In the faithful cure of the sick at our untiring hands rests the whole matter.

Those of us who are inclined and are able to meet the attacks made on Homœopathy from without can perhaps best do so through other organizations already well equipped for that purpose.

LAWRENCE M. STANTON,
JOHN HUTCHINSON,
Committee.

REPORT OF THE NECROLOGIST,
EDWARD RUSHMORE, M. D.

MEMORIAL NOTICE

OF

MARIETTA H. (CRANE) WOODRUFF.

Dr. Woodruff was born in Pinebrook, Morris Co., N. J., May 9, 1837. She was graduated from the New York Homœopathic College for Women in 1874, and at once engaged in practice in Boonton, N. J., where she remained until her death on November 6, 1912.

She was a steadfast defender of homœopathic principles and carried them out in her practice to the best of her ability. She was a member of the New Jersey State Homœopathic Medical Society, and of this Association, which she joined in 1907.

At first she met with much disfavor from neighboring physicians of the old school, but she lived to win their universal respect.

She is said to have been an earnest Christian, and active in the practice of her profession.

Besides two daughters she leaves one son, Doctor Franklin C. Woodruff of Rahway, N. J.

NINTH SESSION.

JUNE 25TH, 8 P. M.

Bureau of Surgery

BENJAMIN C. WOODBURY, CHAIRMAN.

President: In the absence of Dr. Woodbury the chairman I will ask Dr. Thomas G. Sloan to conduct this bureau.

FORESTALLING SURGERY.

BY THEO H. WINANS, MEXICO, MO.

When first asked for a contribution to the Bureau of Surgery, I thought only of operations in which our remedies are used as adjuvants, for the chairman had said in his request that except there be advantages in this combination there is no longer any excuse for the distinctively Homœopathic surgeon. To me a surgeon has been a surgeon, and to be forestalled, if possible. When I *must* have one, I surely would give the preference to one who would not laugh at my remedies and shoulder them clear out of the case. Let me call the surgeon to my assistance that can counsel with me in selecting a Homœopathic remedy for our patient, but I have never had that privilege, so the surgeon has been classed by me with the opposition.

My first clash with a surgeon was soon after I landed in Mexico, Mo., a patient came to me with a phlyctenule upon the cornea just ready to rupture, and so near over the pupil that sight would be lost for a time at least if allowed to rupture. I sent her to the surgeon for an operation and told her to return for treatment. She returned to pay her bill with the information that I was laughed at. That the surgeon

would not need to operate. That he could wash it off with hot water. She returned again a month or so afterwards so blind in that eye, that she could but tell where a window was located when the other eye was covered. She told her story of events since her former visit. The surgeon had irrigated the eye with hot water for a week without results and then had operated. Then another phlyctenule came; and another, and another, and another, five in all, and some had ruptured in spite of the knife and hot water combined.

Under what Homœopathic prescribing I was able to do, no more came, the eye gradually cleared till it was as well as the other, save one pin point speck that was always in the way of her vision, and that, I think, never did take its departure. She was a Sulphur patient. Had he been a surgeon of our school, we could have talked and worked together and saved those months of suffering and blindness, forestalling the most of his work.

Writing about this eye case reminded me of a case of rectal fistula, where after operation the inflammation went to the eyes, the rectum healing nicely. The inflammation could not be controlled with all the local treatment the surgeon could use, until his patient lost his sight permanently in both eyes, and not then. The inflammation continued to burn on like a raging fire, until the fistula returned and then the eyes cleared rapidly. Then he came to me, led by another, to see if I could cure his fistula, which I did, thanks to Homœopathy, and then I told him what he already knew by that time, that had he come to me in the first place I could have forestalled his surgical operation and saved his eyes. Bacillinum was the remedy.

Another case of an ulcer, or discharging fistula, like an auger hole over an inch across and about two inches deep was a case where surgeon should have been forestalled. The caked and inflamed mass around this auger hole, had four or five other holes about the size of a rye straw, all discharging pus.

After eighteen months of such Homœopathic treatment as I was then able to give the discharging mass remained about the same. About that time while on a visit to some town in

Illinois, a Dr. Boyington, brother of the Dr. Boyington who taught me surgery, saw the case and criticized me. He said I was neglecting surgery. That I ought to drain it like a pond. If he is living he will remember a hot letter that I sent him for suggesting unhomœopathic methods.

Soon after that a strange thing occurred, or was it strange? Her left leg began to swell on the outside above the ankle, and that trouble in the hip reproduced itself down there. The same auger hole and the same straw sized holes around it; and as fast as that came, so fast it went from the hip, and the auger hole there healed from the bottom up and skined over till you could not tell where it had been. Some of the rye straw sized holes yet remained, when one day she sent for me and I found her sitting in the bed and rocking her body to and fro and weeping and saying, "When will I ever get well if when it gets well in one place it breaks out in another?" I told her that if it had been on the leg in the first place and then reproduced itself on the hip, that I would give up the case and call it incurable, but that as it was now thrown farther from the vital organs it was a good indication. She and her advisers could not see it that way and I was forestalled and three allopathic physicians put in charge, one of them a surgeon. One of them, a brother in the same church, went to our pastor and told him that I had criminally neglected surgery, and the pastor came to me with it. I asked him who was hanged on Haman's gallows and told him to wait and we would see what he would see.

The bone of the leg was cut down upon and scraped. What was the matter with that bone? The trouble had not been there long enough to indicate a bone trouble. Dressings were applied and the discharges suppressed, and the patient became very sick and then worse, and soon she was given up and got her grave clothes ready, and the watchers sat up to see her die. Then it broke out in the hip again and the patient was better. The same cutting and scraping was done for the hip and with the same results. She was given up to die again. Then it broke out on the knee and the patient was better again. Wouldn't you think that would be enough of surgery? But no,

the knee was cut and scraped and the patient a third time made preparations for burial, when it broke out on the leg again and she was better. Then the patient put a stop to further surgery, not the doctors, and she is living today in fairly good health and the leg still discharging. A mutual friend recently told me that the patient said that she wished that she had not allowed herself to be persuaded to change doctors, that perhaps she might have been cured. Could she?

One more case that came to me last August I will mention because it was helped by one of our new remedies. A case of nasal polypi after four or five surgical operations in which in all fourteen polypi had been removed. After each operation he could breathe some better for a short time and then the polypi would return. When he came to me his head was stuffed again, and one large polypus nearly protruding from the right nostril. He received at my hands four powders of *Tuberculinum avarium*, to take four hours apart and *Sac. lac.* Soon he noticed a putrid odor, and before ten days or two weeks had passed, that large polypus dropped out, a shriveled up and putrid mass, and he could breath through his nose better and his head felt clearer than it had for four or five years. He needed no more medicine, and there was no recurrence till last month when the same remedy was repeated with the same results.

Not long since our county Allopathic Medical Society invited a doctor up from St. Louis to speak in behalf of public school inspection. The speaking was advertised and the people asked to come out and hear this doctor, and a fair audience responded. Among other things this doctor said:—"The school inspector might see a discharge coming from one of the children's noses and on examination he might find a growth there." He took it for granted that everybody in that audience would say that it should be removed. This school inspection business is another place where the surgeon should be forestalled.

DISCUSSION.

W. S. Hatfield: I remember forestalling surgery one day:

A man had injured his knuckle while at his work. The work which he had to do necessitated putting his hands in ice water. The next day his hand was swollen and inflamed. He went to see a homœopathic doctor who said that it was serious and that he might lose his hand or even his arm. It would have to be opened up. They called me up in the meantime by telephone and I told him "whatever you do don't allow them to cut your hand." Later, he saw still another homœopathic doctor who scared him worse than ever. At that, he bought a ticket and came to see me. He arrived in the morning. I gave him Lachesis and in a few days he was perfectly well.

Another case was a lady patient of mine who pricked her thumb; a deep prick without bleeding. She had applied poultices for several days before I saw her, resulting in the thumb and a part of the palmar surface of the hand being covered with pus just under the skin. I gave her *Ledum* and in twenty-four hours the whole palmar surface of the hand was covered with pus. And yet there was no visible break in the skin. It was swollen, hot and angry looking. I gave her *Pyrogen* and that stopped the process. There are surgeons in Cincinnati who would have removed the whole hand, to judge by their other work.

The indications for Lachesis in the first case were blueness of the skin with red streaks running up the arm; also aggravation after sleep.

E. O. Richberg: My daughter had a severe trouble with the ear while on a journey several years ago. The ear was swollen out from the head. We arrived home late and she managed to stand it until morning. She then saw Dr. Day who found that in addition to the external inflammation that there was a perforation of the drumhead. He gave her three doses of medicine. She took the first dose (not a second), went to sleep, the swelling went down and she was well. There was never any indication of perforation afterwards.

F. W. Patch: I think that this matter of forestalling surgery is a most interesting feature of our work. I had occasion several years ago to see a patient suffering from inflammation of the ear. In fact I had the patient in my house.

Her physician had ordered syringing of the ear frequently. She had been unable to sleep for many nights, the cervical tissues were swollen and there was almost total inability to swallow. There was such pain throughout the head that it seemed possible that meningitis had developed or was developing. She was seen by one of the specialists of Boston who had done a great deal of sinus work. He thought that there was pus in the frontal sinus but said that he was not absolutely sure of it, and he advised operation as the safest course. We decided that we would let it go twenty-four hours without operation. In the meantime I had noticed one rather prominent symptom. The only thing she could take with any comfort was a swallow or two of very hot water or gruel. With that as a leader I gave her Sabadilla 200 or one m, I forget which. She began to improve immediately and the improvement was continued until she was perfectly well. The surgeon expressed the greatest astonishment that such a result was possible in so short a time. Sabadilla is a remedy that one would not think of in such a condition but the peculiarity of being able to swallow hot things only pointed directly to it and to none other.

Harry B. Baker: I had an opportunity of exhibiting the action of the homœopathic remedy to an old school specialist about a year ago. A patient of mine in another city developed trouble in the frontal sinus, and went to this specialist for treatment. As she had had several severe operations he was anxious to avoid another one and tried to relieve her with local treatment. She became worse and he told her that he feared that an operation was unavoidable. She then had her husband write out her symptoms and send them to me. As *Spigelia* was clearly indicated by the symptoms I sent a powder of the 200th to be taken in water, five doses one-half hour apart. This promptly cleared up the trouble.

E. A. Taylor: I call attention that in the last case in the paper the doctor paid no attention to the pus that the diagnostician said was there; he did not use a so-called pus remedy on that account. He did not give *Pyrogen* for the pus. He did not treat the pus, he treated the patient.

So Dr. Patch used Sabadilla in a case that would not usually call that remedy to mind; but he was not prescribing for diseases but for his patient and saw that Sabadilla was required and the results were what they always will be when you treat your patient homœopathically without reference to the name of disorder.

HOMŒOPATHY vs. SURGERY.

T. G. SLOAN, M. D., SO. MANCHESTER, CONN.

Case 1. A stout German woman of 45, who is on her feet working hard most of the time, bruised her shin four months ago. Shortly afterwards a sore appeared where she was injured, which has persisted in spite of strapping and ointments, discharging a thin, bloody, irritating fluid. Severe biting, burning pain, leg very hot, < afternoons, < about midnight, waking her every night, > soaking in hot water, > elevating the leg. Is very restless, does not expect to get well. Has had varicose veins for years.

She was given Arsenicum 1m, 9m and Cm, and a horse bandage was used to give support.

In three months the ulcer was healed and the pain was gone.

Case 2. A young man has an ingrowing toe nail on his great toe, which was relieved two years ago by operation, but has returned, and has been very troublesome for several months, almost preventing him from working. Thin discharge from the ulcer, with some bleeding. Sweating of feet causing soreness between the toes.

Silicæ 10m. In three days the soreness was practically gone and has not returned.

Case 3. A young woman has had many boils on various parts of her body. For over a week there has been a red, hot, very sensitive swelling on the back of her little finger which does not grow smaller or show any tendency to discharge. It is extremely sensitive to movement or touch.

She was given Hepar. sulph. 40m. Inside of twenty-four

hours it was less painful and in a few days it had disappeared without discharging. She had no more boils for a year.

Case 4. A four-weeks old baby has a left congenital hydrocele. He was given *Rhododendron* 1m on May 9, and on July 5 *Rhododendron* 9m. On Sept. 9 there was still some swelling left so he received the 40m. At the present time there is no evidence of the trouble.

Case 5. A woman of 40 was taken ill suddenly with general abdominal pain, which located after a few hours in the right iliac fossa, < jar, < motion, very sensitive to pressure. Her face was hot and flushed, her pupils were dilated, she had thirst for small quantities often, and much sweat on covered parts of her body. Temperature 100°, pulse 84.

9 A. M. *Belladonna* 200, four doses. 5 P. M. temperature 97.2°, pulse 66. No pain, but tender on pressure. Slept well all night. The next day she was free from pain unless she moved around, less soreness. Uninterrupted recovery.

Case 6. A very ignorant man of 70 has suffered very severely for a long time with constant burning pain over the bladder, < after urinating. Must urinate often day and night. Sudden urging, cannot hold urine. The urine sometimes looks like pure blood, sometimes only blood tinged. The microscope shows a very large number of red blood cells. I think it is the worst specimen I ever examined. The pain is very severe and almost constant, he looks very badly, and his family was told he would probably live a short time only. I thought he had either a growth in the bladder or a calculus, and I expected him to die of exhaustion or sepsis.

He is alcoholic, his lower eyelids are red and everted, his eyes water constantly. The conditions were such that no cystoscopic examination could be made. On June 10, 1912, he was given *Cantharis* 200, four doses, on June 20 1m, on July 7 40m. and on August 8, as there was some return of the symptoms, the c. m. He has been free from pain since, and does active work for a man of his age, as chopping wood and the like.

Case 7. A very active boy of three fell down a flight of steps last fall and since has had a right inguinal hernia, which

comes down into the scrotum if he is active in play or coughs, always causing a good deal of pain and becoming incarcerated several times. It is constantly becoming more troublesome. Sometimes it causes pain when not down. He has much offensive foot sweat.

March 7, 1913. Rhus. tox. c. m., one dose.

March 22. Hernia has been incarcerated for twenty hours. Reduced with difficulty. He has had much pain and vomiting.

May 25. Hernia has come down again. Easily reduced. Rhus. tox. c. m., one dose.

June 20. Up to the present time has had no further trouble.

Case 8. An Italian woman, between two and three months pregnant, produced an abortion by means of a catheter. She flowed freely for seven days, when the flow suddenly stopped, followed by a chill, fever, and a watery discharge having a very bad odor. On the second day after the chill I was called. She now had bearing down pains in the pelvis, the watery discharge and a temperature of 101.4°.

Sulph. c. m., one dose at 10 A. M. The flow returned in seven hours and in forty-eight hours, the temperature was normal and the pain gone.

In the second afternoon however, she had a severe chill, her temperature went to 104°, the flow, which had about ceased, became a hemorrhage, large dark clots and fluid blood. When I saw her three hours later, she had lost much blood and was very weak and pale, the flow was < motion, bearing down pain was intermittent and she had thirst for small quantities often.

She was given Sabina 1m, one dose, which controlled the hemorrhage at once. Later she received China 1m for the resulting anæmia and made an uneventful recovery.

CASES TO ACCOMPANY APPLICATION TO ACTIVE MEMBERSHIP IN THE I. H. A.

Case 1. A man of 39 has suffered for many years with very offensive and profuse foot sweat, causing rawness between

the toes. Much itching between the toes when warm in bed. Sweats very freely all over, particularly axillæ and palms. Moisture and itching around arms, worse when in bed. Occasional bleeding with the stool. A thorough physical examination was made, but nothing of interest was found.

April 17. Graphites 40m, one dose. He continued to improve till June 17, when Graphites c. m., one dose was given.

July 8. Patient reports sweating, rawness and itching entirely gone.

Case 2. A man of about sixty has had a chronic catarrh since he was twelve. His symptoms are as follows: Post-nasal dropping causing cough, < on rising, < after eating. Raises a little white tasteless sputum; sensation as if he had breathed dust; mouth dry during sleep; stiffness in lumbar region after sitting; itching between the toes, < scratching; sweating on inner side of thighs near genitals.

Thuja was the only remedy that covered the case. There was no history of gonorrhea.

Dec. 24, 1912. Thuja 10m, one dose. This was all the medicine he received. I saw him last on March 1, 1913, the catarrh and sweating had entirely disappeared.

Case 3. A girl of 19 has an inflamed, cracked and fissured wart near the nail on the back of one finger. It is very sore, interfering with her work on the telephone switch-board. There is another wart on the side of another finger; much offensive foot sweat; constipated, ineffectual urging to stool; nervous, cries easily, gets excited over her work; sad, trifles irritate; is astigmatic; has not been well *since* the measles four years ago; she was fitted to glasses.

April 30. Thuja 10m, one dose.

June 3. The inflamed wart is gone. Thuja 40m.

July 7. The second wart is gone, bowels regular, sweating and all other symptoms are much improved.

DISCUSSION.

Harvey Farrington: The last case illustrates one point in regard to the use of Sulphur. It is bad practice to give

remedies in routine fashion but it is remarkable how many times Sulphur will cut short puerperal infection. In an experience of seventeen years I have never had a serious case, in spite of the fact that I never use antiseptics and no doubt, make too many digital examinations to suit modern requirements. A chill followed by rising temperature with suppressed or scanty, foul-smelling lochia, sensation as if the room were too warm, perhaps a little diarrhoea, perhaps burning of the feet or flushes, but not always — Sulphur will stop the whole process in a few hours. Arsenicum, Lachesis, Pyrogen, other remedies may be indicated but in my experience Sulphur most often suits the case.

THE INDICATED REMEDY VERSUS ADVERSE ENVIRONMENT IN SPONTANEOUS RECOVERY OF RECTAL FISTULA.

BY CAROLYN E. PUTNAM, M. D., KANSAS CITY, MO.

Mr. M., aged 17 years, called at my office to see the doctor. On being assured that *I* was the doctor, he brushed past me and *reeled* as he walked down the hall to the reception room. He was so dazed and so unsteady that I thought him under an intoxicant.

Examination soon revealed a case of well advanced typhoid fever, with patient so weak that he could scarcely walk without falling, who, being a stranger in town and without money, had been trying to work, regardless of his unfit condition.

With face besoted and eyes wandering and dazed, he gave the history of having come from Los Angeles, some six weeks previously, and of having felt badly, with no appetite for three weeks or more. Had been growing weaker from day to day until now as he walked he had "sometimes to stop and hold on to things to keep from falling." "Had just been to a restaurant and eaten a *good big meal* of steak, to see if it wouldn't strengthen some." He exhibited great restlessness and anxiety with temperature 102, pulse rapid and weak.

R Ars. 2c, one dose and placebo with instructions to go to bed and remain there, until I should call in the morning. Instead of obeying instructions, the next morning he reported at the office bright and early, with all assurance that he was *much better*, having had a good night's rest. Restlessness and anxiety much less, temperature $103\frac{1}{2}$, pulse 120.

Calling up his employer, we together promptly got him to the hospital, with the agreement that he was to pay the hospital fee, I to furnish the treatment, and by the time we had him in charge of a nurse, he went to bed with temperature 105, pulse 120.

After a few days of observation his case was reduced to the Repertory giving the following list of symptoms:—Anxiety, befogged, light hair, discharge from ears bloody; discharge from ears purulent; discharge from ears foetid; hardness of hearing; nose bleed, dark; tongue dry; thirst; desire for candy; desire for wine; desire for fresh air; taste bitter. Involuntary stool (*pea-soup*).

Which ran:—Lachesis 11-27, Phos. 11-31, Psor. 11-40, Sulph. 13-41, Tub. 9-30.

R Sul. Cm. This was followed by a modification of all the constitutional symptoms, lasting for several days, when a change in the mental symptoms seemed to call for **R** Psorinum Cm, one dose. After a few days the following additional symptoms appeared:—

Large fistulous abscess on upper surface right wrist, burrowing deeply into joint, with much hemorrhage following a free discharge of thick pus. Tympanites, but not much abdominal tenderness. Every time the nurse leaves the room she returns to find her patient out of bed and trying to get into his clothes. On being questioned he answers, "I must leave this hotel because I have not money enough to pay for my room."

R Lachesis 2c, three doses, at intervals as required, with the result that by the eighteenth day the temperature dropped to normal after a gradual decline with the patient reduced to that degree of "skin and bones" common to such severe types of typhoid.

A few days later there appeared such an unaccountable stench about the bed (like putrescent fish) as to suggest gangrene of the bowels. But the *patient* was markedly better in *all respects!* What could this mean? Turning him over for investigation, revealed to my utter chagrin, a very pointed pimple with a black center one and one-half inches above the anus. Calling the nurse, I said, "See, he is developing a rectal fistula!" Whereupon she took a piece of cotton in her fingers picked up this black point, and drew out that which looked like a piece of shoestring six inches long, but which proved to be the membrane of a fistulous tract, impacted with fecal matter. The most offensive watery fluid with which I have ever had experience, followed this "string," (like putrid fish) and then came plenty of pus and lastly blood, followed by the characteristic involuntary pea-soup stool, which was constantly pouring from the rectum, and for which there were now two vents instead of one. Pus was still pouring from the ears and the abscess of the wrist, which together with the patient's demand for fresh air, and slight temperature coming and going seemed to call for R Sul. Cm, one dose.

Fistula was dressed with compress of dilute Calendula succus (Boericke & Tafel's) with directions in inject same into the fistulous tract by means of a small glass syringe, each time the pad was changed. The involuntary stool continued to flow through it for eight days longer. When it ceased the fistula promptly closed, first at the outer orifice, then opening again in a few hours, the healing became continuous from within out. The bowels remained quiescent for five days, then became normal, thus giving the ulcer a chance to heal.

Clear of fever and sitting up by beginning of fifth week. Down on the lawn the sixth week. Discharged from hospital at the end of seventh week. Diet consisted of water *principally*, milk *occasionally* when asked for. In the beginning of convalescence, patient called me to the bed one day and asked if "I would mind if he had a little California wine?" Grape juice (Boericke & Tafel's) was substituted, which gave complete satisfaction, although in asking for it he always called for "Some more of that fine wine."

As convalescence progressed he developed an inordinate desire for oranges, which was gratified to such an extent that the hospital made extra charge for them. His having been raised in California might explain this. After his desire for oranges waned, he began to ask for steak, which he ate without swallowing the fibre at end of fifth week. At one time after the temperature became subnormal he begged so for salt, that it was granted him. He ate a teaspoonful and never asked for more.

Query. Was this salt required because of a surplus of Lachesis for which it is an antidote?

We always expect much of the "Indicated Remedy" but I am frank to confess that I hardly looked for so uneventful a recovery with as serious a complication as rectal fistula, where the characteristic stool of typhoid was pouring almost continuously through it, and in a patient not only depleted by a course of hemorrhagic typhoid, but who was also of distinct psoric type. The treatment evidently diverted the processes of ulceration from their common site, viz.:—"Peyers Patches" to the less dangerous sites, viz.: orifices and wrist, as there was at no time tenderness of the bowels, although there was considerable tympanites. This case presented the characteristic rash.

DISCUSSION.

George G. Starkey: We can take a great deal of comfort from that result in the matter of Sepsis. We often hear homœopathic physicians say that they are afraid of Sepsis and yet in a case like this without aseptic surroundings no bad result follows. We all know of the occurrence of obstetric cases in the slums under every condition of dirt around and about, which come out well. Sepsis though not to be lightly regarded, to us not be the terror that it is considered to be.

C. A. Walton: That is an interesting case and if anyone is inclined to be weakened, it should strengthen him. I recall one case that I cured twice. The first time was in my mongrel days, the patient was a very fleshy woman, and not in

very good condition generally. I used a long syringe and treated it several months and finally healed it up. Four years later she came in in the same condition. I told her that I was going to treat her differently this time, not going to touch the fistula at all but treat it by internal medicine alone. I held her attention by the novelty of the idea but did not mention the word Homœopathy. The remedy was Pulsatilla. I took three months; the fistula was cured but not only that but she lost flesh and became in much sounder and healthier condition than she had been for years. I have had several experiences in the cure of fistulas by homœopathic remedies. I have had experience also in the old local treatment and conclude that the better way is the internal way. It acts quick and the results last. Just recently a case came to me complaining of trouble in the anus. I made an examination and found a very sensitive fistula just within the anus. It seemed to be a blind one; I could not find that it communicated with the bowel at all. It was about a half an inch deep. I prescribed Sepia and when he came in two weeks he did not know from sensation that he had the trouble at all. On examination the opening was gone, I could not find it. An old school friend predicted that it would break out again and discharge pus, but I have waited in vain for it.

Julia M. Green: Many years ago I had a patient in a clinic who came to me without telling me that she had had any kind of an operation. She came for an opening in the inguinal region. On the symptoms and the presence of a fistula I gave Silica. It caused the discharge of a piece of drainage tube that had been left in her and then it healed up.

Harry B. Baker: I had a peculiar experience last year; the patient had been operated for an abscess in the region of the left kidney several years before, and a discharging sinus remained. He complained of severe pain in the back extending down into the thigh. He was so afraid of another operation that he would not let me have an X-ray taken. Remedies relieved the pain somewhat, but did not remove it. Later he showed me a stone as big as the end of the finger that had

discharged through the wound. After that the pain left and he improved though the sinus has not yet closed.

Carolyn E. Putnam: I had the opportunity of observing this patient for two years after and know that the health in general was much better than it had been. He grew into a state of better nutrition. At the height of his sickness he had three doses of Lachesis and then began to convalesce. He then wanted salt for which he had a craving after the Lachesis. I thought that possibly he had had too much Lachesis and allowed him to take a little salt. He ate every bit of a teaspoonful of salt.

Meeting adjourned.

SURGERY AND THE DYNAMIC REMEDY.

G. C. EMERSON, M. D., MARSHALL, MO.

Surgical cases need surgery. Medical cases need the dynamic remedy, and some cases need both surgery and the dynamic remedy to effect a cure. It sometimes happens that we treat a surgical case with medicine and fail because surgery is necessary to render the patient normal.

This case I saw in consultation with Dr. A. C. Putnam. Mr. B., family history of tuberculosis. Oct. 11, 1911, severe pain in epigastric region with violent retching and vomiting of very sour fluid. Inspection showed a great degree of distension from gas all through abdomen. Examination revealed tenderness in region of the appendix. Rigid muscles on right side during the paroxysm with a tumor in region of appendix. No fever, no pain, no thirst. Paroxysm of pain during meal and also at other times. I recommended an operation and diagnosed the case as chronic appendicitis. The patient refused to be operated at this time. Sulphur Cm was given and relieved for several months, then the paroxysms were worse and the medicine given had no effect. The patient consented to an operation September 1, 1912, and has remained well to the present time.

It also happens that we treat a medical case with surgery and fail because surgery is unnecessary and often fatal.

The following clinical case illustrates the foregoing statement. Miss L. K., age 24, came to me July 13, 1912, with the following history:—She had been sick since a child with stomach trouble. Symptoms in the language of patient:—Pit of stomach cramping, extending on both sides to lower abdomen, < by food of any kind, > by rubbing or hot cloths, < lying down; gas sour; constipation, dark; operated for appendicitis three years ago which brought relief only for a short time as her old symptoms soon returned; skin yellow, emaciation; no appetite, < drinking cold water; desires sour things, < 3 A.M. until 7 or 8 A. M.

This case was worked out by Allen's slip repertory. Nux v. and Sulph. were the two leading remedies. I turned to my *Materia Medica* and after studying both remedies decided that Nux v. was the *similimum*. I gave Nux v. Cm. at night before retiring. The case began to improve at once.

Sept. 28. I repeated my remedy in the same potency. She has fully recovered. She weighs more than she has ever weighed in her life and says she hasn't an ache nor a pain. Could this case have been cured by the dynamic remedy before surgical interference?

THE CONSERVATIVE TREND IN SURGERY.

BY BENJ. C. WOODBURY, JR., M. D., PORTSMOUTH, N. H.

The followers of Hahnemann have long held, tentatively, at all events, to the belief that surgery should be employed only as the *dernier resort*, or at most but in complemental relationship to individualistic prescribing.

The prescription in any case may not even be the first consideration. In fact, the well revered Dr. Carroll Dunham was a firm advocate of the careful examination of the patient's mode of life for removable causes of symptomatic imbalance, before resorting to even the appropriate homœopathic prescription.

Thus surgery, frequently referred to by Hahnemann as a mechanical art, has long held a place in homœopathic practice; supplementing the remedy in removing unavoidable products of disease, meeting the emergencies of trauma and for the correction of congenital deformities. Likewise has surgery been reinforced by proper prescribing; as manifested by the magical effects of the regularly prescribed vulneraries — given upon indications — and the astonishing action of **similar remedies** even in ancient injuries to muscular, bony, periosteal, or nervous structures. These remedies are too well known to enumerate. What a world of sufferers would find relief if *Arnica*, *Calend.*, *Hyper.*, *Ledum*, *Symphytum* et al, were in more universal usage.

It has been considered proper to resort to surgery in cases where there is irremediable tissue change, providing the antecedent symptoms have been modified or in part removed, before the case is submitted to the surgeon.

It is interesting to look over homœopathic literature and note the cases of tumor growth, benign and in a certain number of cases malignant, which have been cured by the similar remedy. Again, the era of antiseptic surgery which we are glad to affirm has now gracefully given place to asepsis, held not its traditional hypnotic influence over the follower of therapeutic law. To him, the germ meant and still means, simply a material concomitant of dynamic causes, originating in the deep and hidden recesses of the organism.

The antagonism of the disease from the standpoint of bacterial manifestation *per se*, was a subject to which the homœopath never required to give more than a passing thought. To him disease was to be determined in terms of the Hahnemannian pathology, which was a dynamic one; expressing itself ultimately in diseased structure. To him the removal of the disease was first of all the removal of symptoms, back of these the removal of tendencies.

Hence to the Hahnemannian, the germ like the *acarus* or the tape-worm was simply one manifestation of *psora*. His stronghold then is established within the realm of causes. Reasoning thus, in order to cure a patient of his diseases, one

has but to cure him of his tendencies; his real disease exists potentially on the plane of a pathology as yet unmanifest. The ultimates of primary dynamic disorder manifest themselves simply as healing crises, which we are assured by Hahne-mann tend toward recovery; whereas, when improperly treated, antagonized or suppressed by inappropriate methods, tend toward chronicity. These chronic affections are the results of primary dynamic disorders and represent the ultimates which we recognize in diseased tissues. Their origin, while often obscure, may be looked upon as the direct reactions of suppressed acute crises and represent the (destructive) efforts of nature to sacrifice if need be the lesser, to protect the more vital organs from disease.

As this psora develops, turning about or revolving upon itself in vicious circles, the disease manifests itself in a variety of different symptom-complexes well known to the trained observer. If such a case be properly treated with antipsorics, it offers hope of cure, if not too far advanced. Therefore, granted that the disease be a tumor, it can safely be removed surgically, after antipsoric treatment has undermined or modified its pre-organic symptoms; in other words, the patient's individualistic symptomatology or generalities.

Under such a method combined with surgical treatment, a complete cure may result. If improperly treated by meddling or suppressive measures, even though the gross pathological lesions be completely removed, it progresses by inversion to the more vital organs and death or incurability are the too frequent results. Hence, it transpires that there is a host of surgical, yet non-surgical diseases, which it is difficult to classify except we group them under the psoric diathesis and consider them fit subjects for antipsoric treatment.

Therefore we might in a large majority of cases, instead of advising our patients to consult the surgeon, recommend his applying to a careful prescriber for preliminary, intermediary or post-operative treatment. It is interesting to note that much thought has of late been given to this class of cases by old school surgeons.

The late Dr. Maurice Richardson of Boston wrote frequent

essays upon this class of "Border-land" cases as he preferred to call them. Reasoning along this line, toward the later years of his life, this eminent surgeon as well as many of his colleagues, were led to adopt this method of temporizing in many cases which formerly were regarded as surgical and treated as such.

It would seem that discretion were the better part of valor, and in many instances, we venture to say, infinitely safer for the patient. Such methods of temporizing and discriminating are not the result of chance, but are the outgrowth of long experience, so finally it has come about that great conservatism is being shown as to the advisability of operative measures in cases of neurasthenia, large and extensively destructive extirpations, as in incurable or inoperable carcinomas, total removal of ductless glands like the thyroid, and complete ovariectomy with its consequent unsexing of the patient. Moreover, brain surgery, at one time thought to offer so much hope in epilepsy and cerebral tumor, has been more or less discredited. Likewise many of the vaunted methods of prostatic surgery, invasion of the regions of the gall ducts, spleen and pancreas.

On the other hand, the utmost daring, zeal and enthusiasm, with perhaps more gratifying and creditable results, have been manifest in the surgery of the heart and blood vessels, approved methods in anæsthesia, etc. Recent glowing accounts of excision and transplantation of parts of organs, portions of extremities, and even the substitution of brain tissue itself, while they make good expositions of the wonderful achievements of modern surgery, when reported to the laity, fail in accomplishing very much in the long run, owing to the fact that such processes are for the most part too intricate to easily admit of such gross substitution by the art of man. One reason why such methods must essentially fail is that they are of very necessity resorted to only in extreme cases, hence the factor of time is for them the greatest stumbling-block.

Some scientists have stated their belief that why man has never been able to integrate life, is owing to the fact that there is not time enough at his disposal; life being the resultant of

a universe of time. Granting that vitality or life may not have existed as such from the beginning, except potentially, such processes of mutation must long baffle the alchemy of man.

That this idea of conservatism in surgery is not limited to actual operative methods, is evidenced by the general trend in ante- and post-operative measures.

A writer in a recent surgical journal (American Journal of Surgery, Sept., 1912), deals with this matter from the standpoint of the surgeon — in an article entitled "Surgical Essentials." Among other things is emphasized the fallacy that somnolence induced by drugs can take the place of *natural sleep*; that catheterization should immediately be resorted to after operations; that the post-operative diet should be dependant upon anything aside from the actual condition of the stomach following narcosis; and furthermore, emphasizing the usefulness of careful regulation of the dietary to avoid elevation of the temperature, constipation and post-operative paralysis.

Articles of this sort, while they may seem very crude to us as Homœopathists, but show the trend of old school methods. Systematic reading of surgical advance, while it may contain very little of pure benefit to practitioners well grounded in homœopathic philosophy, may still enable us to keep informed upon important problems which are destined to be before the medical world for some time to come.

We may say that surgery is both constructive and destructive; we may perhaps speak of not-surgery and the not-surgeon; and surely the not-surgeon must eventually gravitate into the composite type of physician, the caretaker and the dietitian; and more particularly we hope into the transcendent physician — the careful follower of Hahnemann. In truth, the surgeon can but find a fertile field for enlightenment, if he digress from the well-worn paths of tradition and investigate impartially the extra-surgical management of cases, in which formerly surgery was considered the only resort.

Truly the processes of life and death are as yet too intimately related to transcend the course of nature and create

life. This latter we venture to prophesy will remain within the keeping of natural selection for some aeons to come. So too, there is little hope that surgery, by simple removing structural débris, can restore order out of chaos. In order that our labors may be most effective, we must go back into the causative realms of the organism. Then the demand for surgery will become less and less imperative, and natural healing will supplant it as a purely constructive method.

Surgical nomenclature should be modified, in order that its possible patients will in the future be less terrorized with the fear of its many evil possibilities.

There should be less "surgical atmosphere" about our institutions; all of which can be carried out without detriment to the essentials of asepsis. May not the multiplicity of adenoids, appendicitis, mastoid operations et cetera, in part be due to fear engendered by noxious mental suggestion.

All this may seem irrelevant, but it is notable that when physicians themselves shall have less fear, there may be ere long, fewer of such cases among the sick.

Perhaps this may be the field of the not-surgeon; at all events it is more than likely that it will yet be within the province of the careful and conservative surgeon.

T. G. Sloan: This is all the papers I have belonging to this bureau, Mr. President.

President: This has been a very pleasant and profitable meeting, one of the best that I remember after an attendance of some twelve years. I congratulate the members who have attended and thank the chairmen of bureaus whose industry has assembled so many excellent papers and also the members who have shown their interest and enthusiasm by writing papers for the meeting. I think that we should pass a special vote of thanks to Dr. Minnie R. Bishop who has acted almost as a hostess to the whole Association and by her efforts so effectually contributed to the pleasure and comforts of the members.

F. W. Patch: I move that we pass a standing vote of thanks to Dr. Bishop. Seconded, carried unanimously.

President: I now declare the thirty-fourth annual conven-

tion of the International Hahnemannian Association adjourned.

An informal social gathering was continued after the regular adjournment during which a niece of Dr. W. S. Hatfield favored the assembly with some amusing recitations.

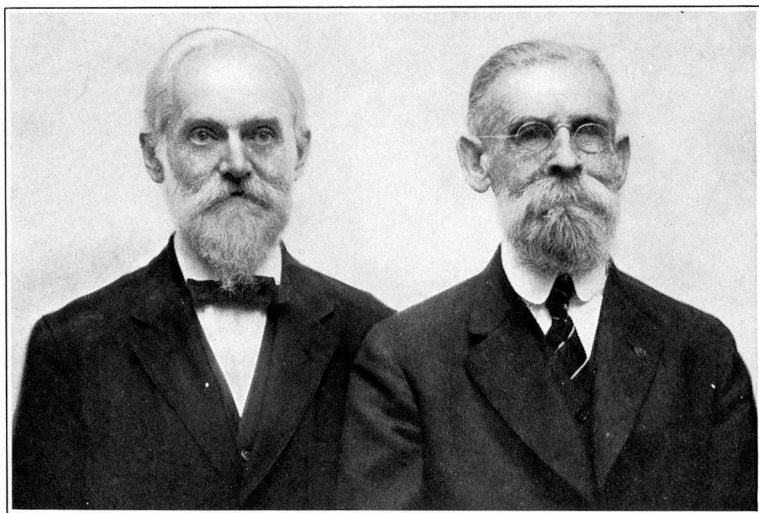
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EDWARD RUSHMORE, M. D. *and* T. FRANKLIN SMITH, M. D.
Charter members present at the Atlantic City meeting.

PROCEEDINGS

of the Thirty-Fifth Annual Meeting *of the*

INTERNATIONAL
HAHNEMANNIAN
ASSOCIATION



HELD AT THE HOLMHURST
ATLANTIC CITY, NEW JERSEY, JUNE 25, 26, 27

1914



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PROCEEDINGS OF THE THIRTY-FIFTH
ANNUAL MEETING OF THE
INTERNATIONAL HAHNEMANNIAN ASSOCIATION
THE HOLMHURST, ATLANTIC CITY, NEW JERSEY.

June 25, 26, 27, 1914.

The Thirty-fifth annual meeting was called to order by the President Franklin Powel at 11 A. M., June 25th, 1914.

REPORT OF SECRETARY.

Frank W. Patch, M. D.

The last meeting of the Association, held in Chicago in 1913, proved to be one of the largest and most enthusiastic of recent years.

As the details of the gathering have been recorded in the annual volume of Transactions it is not necessary to recapitulate at this time.

More than thirty new members were admitted, a larger number than for any single year in a long period.

That the interest centered in this meeting has been maintained throughout the year has been evidenced through the correspondence with the Secretary's office.

During the year an effort has been made to get in touch with all Hahnemannians included in the directory, by sending out a form letter calling attention to the advantages of membership in the I. H. A.

This has resulted in a number of applications for membership, especially from European countries, and your Secretary would urge Bureau Chairmen, during the coming year, to

further this interest by soliciting from these men papers for the next meeting.

Our Association is now most truly International in its scope and we want the cooperation of members from abroad in furthering the cause of Homœopathy.

While it is not within the jurisdiction of the Secretary to go into the financial side of our work, it may not be out of place to call attention to the fact that our resources are pitifully small in comparison with the work we have to do.

If we are to carry out an aggressive campaign for pure Homeopathy even on a modest scale, we must spend a good deal of money for postage, printing and general office expenses.

At present we cannot do this. We have been obliged to drop many members for non-payment of dues, and the number of volumes of Transactions accumulating in the Secretary's office indicates that still further pruning will be necessary.

No doubt many members would gladly keep up payments if they were able and perhaps our only way to overcome this difficulty will be by further effort in attracting new and more active blood.

It is a pleasure to call your attention to the elaborate program prepared for this meeting and commend the energy of the Chairmen who have been instrumental in gathering all this material for our enjoyment and profit.

P. E. Krichbaum moved that the Secretary's report be accepted. Seconded. Carried.

Frank W. Patch: The next report is that of a committee on new members appointed two years ago which has done excellent work and which is still in force.

President: I will defer the appointment of this committee for the present.

Frank W. Patch: Notice of a change in Art. 10 of the by-laws was given at the last meeting. The idea was that in matters of discipline, action could be taken by the executive com-

mittee and the chairman of the board of censors instead of by the honorable seniors.

P. E. Krichbaum: I move that action on this change be laid upon the table; Seconded.

C. M. Boger: I would amend that motion by moving that the matter be considered at a later date during this meeting. Seconded, carried.

REPORT OF CORRESPONDING SECRETARY.

Your Secretary has written a number of letters to prominent physicians of different countries in the interest of material of value to the I. H. A.

Most of the replies were merely negative and courteous, but the following from Dr. Clarke will be of interest to all.

16 May 1914, 8 Bolton St., Piccadilly, W.

Dr. P. E. Krichbaum, Montclair, New Jersey.

My dear Doctor:

Please accept many thanks for your kind letter of April 8th.

You ask for my views on the "status of vaccines and serums in the therapeutics of today." I have always regarded them as a very crude and often dangerous exemplification of the homeopathic law.

I cannot see any essential difference between treating a case of disease with its own altered virus on the part of an allopath and the use of nosodes on the part of homeopaths.

I used to tell Burnett, whose genius seized on the possibilities of the nosodes, he utilized them in ways which no one before him had done, that he cured his patients by giving them one another's diseases. But Skinner went one better than that; he sometimes cured his patients by giving them the C. Ms of their own diseases.

This last principle is now the favorite among the allopaths. Only instead of C. Ms they give the products of cultures, sterilized by boiling and introduced by the hypodermic syringe.

One of the principal uses of the hypodermic syringe appears to me to be that it gives a "scientific" flavor to the business and conceals its homeopathicity. At the same time I am not prepared to deny that it has sometimes other and more substantial advantages. The questions of dosage and administration are by no means settled on either side of the line.

I have known cases of blood infection with coli bacillus which strict homeopathy and the administration of a potency of the bacillus failed to control, completely relieved by a course of injections.

The remorseless logic of events is driving the old school into a position in which it can no longer pretend to deny that likes are cured by likes. But it seems to me that it will be several generations before the real homeopathy is robbed of the advantage it holds over all the world in the possession of the proved remedy and the infinitesimal potency.

The "catch your microbe and cook him" system does not require any great amount of brain—sweat; yet it sometimes succeeds. I in no wise grudge its success. But compared with the range of Hahnemann's homœopathy its sphere is indeed microscopic.

With every good wish for the success of your meeting,

Most truly yours,

JOHN H. CLARKE.

P. E. Krichbaum, Cor. Sec.

C. M. Boger moved that the report be accepted. Seconded, carried. Adjourned to 2 P. M.

SECOND SESSION.

JUNE 25TH, 2 P. M.

E. Rushmore moved that the reading of the President's address be made the first order of business at the evening session.

Seconded. Carried.

President: If there is no further business now we will proceed with the scientific part of the program by opening the

Bureau of Clinical Medicine

THOS. G. SLOAN, M. D., CHAIRMAN.

T. G. Sloan: The first paper will be presented by Dr. Boger.

CONFIRMED SYMPTOMS.

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

All of these symptoms were either very strikingly improved or entirely removed.

Ambra 3x. As of a lump in left lower chest with nervousness and flatulency.

Aralia racemos 3x. Catarrhal cough awakes her after a little nap. This followed gripe. A similar cough several years ago became very obstinate. Rapid cure.

Argentum nitricum 200. Obstinate eructations followed by vomiting; < emotions or raising up, > pressure. Very dry mouth. Formerly much mental exertion. Pregnancy.

Arsenicum MM. Nervous diarrhœa. Feels inefficient or that people are looking at her. Tearful. Crowding of ideas. Puffiness of lower eyelids. Asthmatic attacks.

Carbo animalis 200. Can't locate sounds or speak correctly. Every noise upsets her, especially the talk of others. Vertigo. As of bugs on flesh. Much < in company. Hemiplegia two years ago. Now since remedy reads and goes down town again; feeling well.

Caulophyllum CM. Sore nodes on finger joints with a sickening ache. Great general improvement. Several cases.

Causticum 1M one dose. Cough from tickling in throat pit with salty expectoration. Blows greenish-yellow scabs from

head. Purring within chest. Steady emaciation. Consolidation of left lower lung.

Chamomilla 1M. Attacks of boring pain in right hip and between scapulae causing nausea, sweat, restlessness and irritability almost putting her beside herself < night and on dropping to sleep.

Chlorine CMM. Cough from tickling in throat with a feeling of air being forced into upper chest, as when sneezing; > lying with head high. Shortness of breath on lying on left side. Tired from heat. Hoarseness. Goitre. Tubercular laryngitis.

Conium 1M one dose. Pains or shooting in heels < stepping. At times seems to step on cushions or as if bones would come through. Feet go to sleep when sitting. Better elevating feet. Can't stand with eyes closed. Intense photophobia. Coldness in nape, > wraps. Radical cure.

Ferrum iod. 2x. Soft goitre in chlorotic girls at the age of puberty. Two very prompt cures.

Kali bi. 1M. Very severe pains in antrum of Highmore with scant thick nasal discharge. Can't stand draft on head. > heat. Several cases.

Kali bi. 1M. Shifting aching pains. Headaches; when the urine starts slowly and is scant; it contains traces of albumen and fatty and waxy casts. Sensitive to cold. Dry palms and soles. Nervous when too quiet. Seven doses during four and one half years with steady and great improvement.

Kali bi. 1M. Attacks of throbbing from stomach to head with prolonged, loud belching, awaking her at 1.30 A. M.; must sit up. Chilly creeps upward from ankles. Mouth and throat feel thick, dry and are full of sticky mucus. Easily offended or angered. The throat symptoms was not divulged until the case was well under way.

Kali bi. 1M. Asthma on rising in A. M.; < wet weather; first caused by getting feet wet and living in a damp house. Peevish attacks. Stringy expectoration. Radical cure.

Kali iod. 200. Takes cold then lachrymation and acrid coryza ending in a sticky white nasal discharge. Attacks of

asthma with throbbing in stomach and abdomen < lying on back and in damp weather, > cool air. Weeping. Despondent. Patient aged 65. Never took Kali-iod. Complete cure.

Lachesis 4M. As of a lump in anus. Bleeding piles. Colds give her a painful sore throat.

Lachesis MM. Yearly colds with cough ending in bitter-sour vomiting and a feeling as of a rock rolling down, < every other night after the first sleep. Much thick yellow expectoration. Left chest sore to touch. Feels > out of doors. Emaciation. 2101. Complete cure.

Lachesis 4M. Sharp occipital ache on awakening. Hot flashes since removal of fibroid uterus which bled much dark blood. Formerly much tonsilitis or diphtheria with < from empty swallowing. Reported because such cases following hysterectomy are hard to relieve.

Lachesis 4M. After overheating nausea < lying on left side, eating sweets or odor of food; then tough, frothy, bilious vomit. Moss like coat on tongue. A lump seems to rise into throat and must be swallowed back again. Green mucus or black stools. Hot flashes after each nap; must have room opened up. Distorted joints. Suppurative inflammation of gall bladder. Had been sick one month; death now seemed impending. Complete cure.

Lycopodium 43M. Pains in the leg that cause it to jerk upward. One case each of sciatica and gout.

Magnesia mur. CM. Sudden sickening throb below left scapula with a sickening pain from waist through bowels then weakness in left chest and back; > hard pressure, rubbing and heat. Nervousness and coldness in ankles at night; can't keep them still. Recurrence in eighteen months quickly relieved again by repeating the dose.

Manganum CM. Chronic dizziness as if to pitch forward < cold drinks > stool. Gas collects in rectum. Old man.

Merc iod. flav. CM. Small right-sided goitre but affects speech very much. Water runs from mouth in sleep. Subject to tonsilitis.

Naja 45M. Rolling up from left ovary toward heart

which throbs heavily < lying on left side. Vicarious bleeding from bowels. Intolerant of cold especially on vertex.

Natrum mur. 1M. Child limps first on one leg then the other. Sweat on nose. Hip joint disease. Since the cure the buttock of the affected side has sunken deeply in.

Natrum sulf. 30 and 200. Takes cold from dampness then sore throat which swells as also does the face, with deafness. Cough with white, sweet, expectoration. Overlifting causes a feeling of separation in forehead. Eyeballs pain. Very sensitive to dampness. Progressive weakness and emaciation.

Natrum sulf. 30 and 200. Clear water runs from nose at night. Much flatulence after supper with nausea until it is discharged.

Nitric acid CM. Cutting from left tonsil to ear. Excessively painful swallowing. Can't bear the rattle and rolling of distant wagons. Streptococcic sore throat.

Nux vomica 180M. Jerking in bladder that makes her nervous; her feet are restless < lying. Internal rawness. Can't stand pressure over liver or bear the fresh air.

Phosphorus 200. Snuffling. Picks at nose. Cross on awaking. Screams and awakes frightened. Has had adenoids removed.

Phosphorus 50M. Attacks of migraine preceded by green or red spots before vision.

Phosphorus 50M. Itching crawling in skin; after scratching it weeps a sticky fluid and scabs over; it cracks from washing. Shaving causes burning, < in cold weather but otherwise cold makes her feel better. Suppression of foul foot sweat. Eyes weep from high wind. Has a wheezing cough. Generalized eczema.

Physalis 3x. Sharp aching in sockets of eyes and eyeballs. Drowsy in cloudy weather. Rainbow colors about light also much fainter.

Plubum 200. Boring, penetrating pains. Tension below knees. Aching in left upper arm < putting them behind her and when the weather changes; > heat.

Plumbum 1M. Eructations tasting like the feces smell.

Mitral regurgitation and aortic aneurysm are improving greatly. Treatment has lasted two years.

Pulsatilla 2x to 1M. The glands of the neck swell regularly on alternate sides with sleepy, feverish attacks and aching in eyeballs. Mental exertion discourages and exhausts him. Hair is falling out. Mucous patches in throat. Radical cure.

Pulsatilla 1M and MM. Skin itches in spring and fall or when the temperature changes < overheating or from meats. Stools of small hard pieces; rectum seems powerless and straining causes head pains. Has been operated for piles.

Sepia MM. Numb cheek bones. Inhaled air feels raw. Blows yellow pus from nose. Yellow saddle across nose. Ozoena.

Sepia MM. Heaviness in occiput with vertigo on looking up. Eruption in bends of elbow. Hives with nausea.

Stramonium 1M. Throbbing in occiput. Green vision with trembling attacks. Bloated abdomen. Nauseated and sleepy with yellow sweat on face.

Stramonium 1M. For several months has had pain in left hip and down to heel < turning over in bed, stepping and in the evening. Red face. Was formerly afraid of the dark.

Strontia carb. 200. Soreness in brachial region first left then right after spraining the part. < touch > motion, rubbing and heat. Lives in a damp place and fears return of an old inflammatory rheumatism.

Sulfur MM. Attacks of sudden nausea with anorexia and acidity, < drinking water. Stomach full as from a knot. Right abdomen heavy and sore < lying on it. Heat and throbbing all over when stomach is out of order. Can't hold urine when standing. Stools of hard knots.

Sulfur 1M. Dysentery then rheumatism then ecchymoses. Burning in tongue, palms and soles. Upward pressure within vertex. Expectoresates foul, bloody pus. Remains well after three years.

Sulfur 1M. Opening and shutting feeling in right occiput then pain goes to over right eye with belching like bad eggs

or painless gushing stools and yawning or shortness of breath. The side of the face feels burnt after the pain leaves.

Syphilinum 1M. Gradually increasing soreness, stiffness, throbbing and sense of shortness in neck; < noise, touch, swallowing, jar, 6 P. M. to 6 A. M. Jerks the head back and forth. Bursting feeling in ear drums. Bitter taste. Does much ironing. After failure of Glonoin.

Thuja MM. Rancid, greasy eructations. Weak, heavy arms. Aching over either eye and thence down neck, coming and going < after menses. Shooting through ovaries.

Cimicifuga 3x. Pain in nape as from lying in a bad position < pressure and overexertion. Always tired. Easily irritated by noises. *Itching soles.*

DISCUSSION.

John Hutchinson: It is extremely interesting to hear a paper like this in which the cases reported have been divested of all unnecessary symptoms, and the light strongly directed toward those which the doctor finds calling for the remedy. It goes to show that there are many ways of arriving at the goal, and Homœopathy is so rich in its material that the technique of one prescriber may differ from that of another while both reach the right prescription. I would like to ask the doctor whether in those cases in which a well-known remedy was used—a polycrest—selected upon symptoms that do not immediately come to the mind as belonging to its great characteristics, whether in such a case the well-known modalities were present. For instance, in the *Lycopodium* case the time aggravation was not mentioned. Was it present? So in the *Lachesis* case, sleeping into an aggravation was not spoken of. Was it there? The point is, Dr. Boger has not given us the usual symptoms that direct most minds to the remedies, but gives other symptoms less often depended on in prescribing. Were the ordinary symptoms *in* the case, so that most of us would have selected the right remedy from our own knowledge? We are not as familiar with the less striking symptoms that have been given highest rank.

C. M. Boger: The symptoms are given just as the patient recited them. Well known modalities and key-notes not given in the paper were not given by the patient. I took just what the patient said and worked over that regardless of whether it was a recognized key-note or not and being careful not to ask leading questions.

President: You emphasize or bring out the well known modalities in talking to the patient do you not?

C. M. Boger: No, I allow the patient to tell his own story first.

W. S. Hatfield: I understood the doctor to say that he had eliminated all symptoms except those mentioned in the report. Why prescribe on an obscure, unused symptom when a proper question or two would bring out strong confirmatory points? It is not the way to prescribe, it is merely an exhibition of expertness. Of course you are bound to get results if you get the remedy, no matter how you get it.

Only a couple of weeks ago, a lady came to me with an itching eruption of thirty-three years standing. During that long period everything possible in the way of applications had been tried by the numerous doctors who had treated her. She had about given up hope, but it happened that I had greatly relieved her son of a painful affection of the feet. Then the son and his wife (who has been a patient of mine) thereupon persuaded her to try one more doctor. Two weeks ago she arrived. The eruption was all over her body, of a brownish color, and the itching was marked. In addition I found a peculiar headache and a number of other peculiar symptoms characteristic of Belladonna. I gave her that remedy on Monday, and Tuesday night she had no itching nor did she have any up to last Saturday when I last heard from her. She said that that was really the only relief she had had in thirty-three years. This shows how a remedy will relieve a condition if the symptoms correspond.

P. E. Krichbaum: There is one phrase that I would like to see eliminated from our papers and discussions and that is the phrase "I gave one dose." It is not necessary to say that, say one prescription. A few days ago an intelligent

gentleman told me that he had been treated by a member of this association. The gentleman was well disposed towards homœopathy but when that doctor related to him how he had treated a case of insanity for seven years with four doses of medicine, his estimate of that doctor and probably also of homœopathy fell. He told me that he would not have that doctor treat him or his family under any consideration. That was a case of too much boasting; the doctor thought he would excite admiration by relating that one dose idea and instead he only succeeded in disgusting the patient and losing his patronage. It is enough to speak of one remedy and of one prescription. Do not speak about one dose.

E. Rushmore: The case of catarrh mentioned with pains in the antrum recalls Kali Bichromicum to me. I have had it act with magical effect in catarrh and influenzas with that particular symptom.

CANCER PROBLEMS.

BY JOHN HUTCHINSON, M. D., NEW YORK, N. Y.

Most things about cancer are problematical. They may be summed up in the statement that we do not know either its origin or its cure. But, it is urged, we do know its pathology,—that it consists of the proliferation of normal tissue cells up to the point of overflow and secondary foci, degeneration and ulceration. Also the different forms of cancer are known and their extensive classification as related to different locations and different tissues of the body.

Of all the problems that cancer raises, malignancy is the only one that carries its own solution. The fatality of cancer is an accepted issue.

We have followed for years the industrious theories of causation; we are conscious that now a multitude of them fill the air; but except for their diverting character they are unworthy the time it takes to examine them. The viewpoint of the chemist, of the pathologist, the bacteriologist, the sur-

geon, the radiologist, the internist, and the homœopathist varies to a discordant degree. And, meantime, cancer persists and increases everywhere, regardless of season and climate.

The surgeon urges excision, early. He must admit that this does not obviate systematic progress, and he may also concede that internal treatment is more important than surgery. It is the "forlorn hope" to the front, however, and surgery and chemistry lend their support to the conception of the demands, while neither is competent to restore normal vital rhythm.

The prevalence of cancer in Japan raises the question in respect to its being a sequela of vaccination. I should like to know if anyone has seen a case of cancer in an unvaccinated person in any country.

The thyroid cancer in fish awakens query. At present, as far as I can judge, its study is being pursued on the footing of preconceived theory. Perhaps we shall learn more later.

The chronic poisoning of the system from different substances might bear on the aetiology of cancer. It is admitted that the causes may be multiple.

Perhaps Radium like the X-ray has the power to cause cancer. Certainly it is not yet well enough understood to show many cures, and its intemperate exploitation has brought discredit. This has bred the false impression that patients were not receiving treatment but that cancer was. In these cases the results have been bad.

Amongst the persistent beliefs about cancer has been the factor of traumatism. We know of none more deserving of respect. Its significance has been underestimated. We take it that trauma in all instances is most frequently ignored because overlooked or undetected.

If a blow, with consequent injury to many tissues is capable of becoming the remote but direct origin of a malignant process, how much more possible is the effect of the introduction of foreign agents into the organism. That is in the surest sense traumatic. If an external injury to protective tissues in one part of the body may provoke awakening of the proliferative power, how much more possible is the traumatic introduction

of an antitoxin, a vaccine, or a serum into the tissues and the blood stream, straightway to invade the citadel of vitality itself with an action manifestly traumatic?

The fibroid is no longer accepted as necessarily benign, and its increasing tendency to malignant change adds another problem. It calls attention to the beginnings of disorder, and Homœopathy is concerned with such beginnings. Herein lies the function of preventive medicine.

If it be remarked that Homœopathy has to receive its cases as they come, and in the stage of disorder they evince when they do come, we concur. It is eminently true. Also we as the custodians of Homœopathy have our distinctive rôle to play. And we have much to do besides dispensing a potency. We have continually to teach our public.

What the public has been taught as to preventive medicine may have little or nothing to do with the prevention of cancer. Let us hope it has less to do with the cause. The public has quite naturally assumed no relationship between some arbitrary procedures and their possible consequences. But the public might properly know that the aim of medicine is to heal patients, not to devote itself to disease regardless of patient. There is little doubt that the disorder of cancer would develop more rarely if there were fewer fads in experimental introduction of bacterial products. Cancer is a negligible phenomenon in patients who have received the benefit of Homœopathy throughout their career.

DISCUSSION.

Harry B. Baker: What is the death rate of cancer in Japan?

John Hutchinson: I tried to get some reliable data upon that subject but could not. It is doubtful if complete statistics of diseases and deaths are kept in Japan. My impression is that cancer is greatly increasing in that country.

Harry B. Baker: Japan is the best vaccinated country in the world. Under the law of 1885 every child is vaccinated within six months after birth, and if the first vaccination

does not take it must be vaccinated at least three times during the first year of life unless it takes sooner. It must be vaccinated again in seven years, and again seven years later, and for all males there is vaccination again on entering the army or navy. In addition to this a general compulsory vaccination can be declared whenever the medical authorities deem it necessary. The law is rigidly enforced and there is no escape. The results were as follows: from 1889 to 1908 there were 171,500 cases of smallpox in Japan with 48,000 deaths, a mortality of 28 per cent, and in 1908 when the Empire should have been thoroughly protected there were 18,000 cases with nearly 6,000 deaths, a mortality of over thirty-two per cent.

E. Rushmore: I think that in certain families or certain lines of descent we may see proof of the transmissibility of cancer. I can recall a family in which there is cancer appearance in three generations in the direct and collateral lines.

P. E. Krichbaum: The late Dr. Butler died of cancer, his wife died from cancer, his assistant and student died from cancer and the nurse who took care of him died of cancer. I am living in the same house and probably I will die of cancer but I have not yet. I do not know whether cancer is communicable or not I simply relate these facts.

John Hutchinson: Was the late Dr. Butler ever vaccinated?

P. E. Krichbaum: I am under the impression that he was never vaccinated. I know that he did not favor it.

T. G. Sloan: Much is said by statisticians about the terrible increase of cancer in the United States and they show that if the present rate of increase keeps up, in a few years we will all die of this disease. I heard a very interesting address given upon the subject by a man who has charge of a government cancer institute. He had looked up some of the so-called cancer belts in the country to see if the factor that caused the cancer rate could be determined. He found that those belts where many people died from cancer were usually situated in the country in old settled places where the younger people had left their homes and gone to the city leaving the

district with an abnormally aged population and naturally the death rate from cancer would be higher under those circumstances. Another point he mentioned was that diagnoses were made more carefully and earlier than formerly. Laparotomies were often made now-a-days simply for the sake of diagnosis. Carcinoma was thus found in hundreds of cases that would have escaped detection in former times. Taking all these things and others that he mentioned into consideration he came to the conclusion that cancer was not any more prevalent than it was thirty or more years ago.

Harry B. Baker: Did he say that it was more prevalent thirty years ago than it had been fifty or sixty years ago.

T. G. Sloan: He did not speak of that.

John Hutchinson: Some of our members to my knowledge are prevented from attendance at this convention on account of cancer patients just about to die. Indeed, four cases that I know of have received the radium treatment on reasonable promise of the radiologist that it would be helpful. Quite the contrary has resulted. The treatment has had the application from an expert whose attention to the cases has been insisted upon since they have returned to their homœopathic physicians. The expert now maintains that there is nothing to do except depend on hypnotics, sedatives, and opiates. One of these cases was most decidedly worse after the radium instead of better. None was improved by radium.

President: A case came under my notice of cancer of the breasts. She came from Kansas City for operation and radium treatments. They were all very hopeful and enthusiastic at first, but I notice that she has recently gone home to die.

CASES RELIEVED BY TUBERCULINUM AVIARE.

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

My attention was first called to this nosode by a series of cases reported by Dr. Hayes some years ago, at which time he also gave some of the general indications for the remedy. The

type of patient is not an unusual one—the “degraded” condition of the tissues, dingy skin, relaxed muscles, and general appearance of being much the worse for wear, mental and physical restlessness with exhaustion after a little exercise, although some of the pains are relieved by motion, and amelioration in the open air. The patients requiring this remedy are often those who have just had, or who frequently have, grippe.

My first case is that of a woman about sixty years old who was sent west years ago with a bad cough and whose chest shows signs of old tubercular lesions. She is far from strong and is easily exhausted, although she always feels better in the open air. She has a good many aches and pains and at the time of prescription this was the record:—

One ankle swollen and sore, worse for motion.

Aching of left shoulder and upper arm—feels as if she could not raise the arm.

Pain in the left knee and along the sciatic nerve.

Stiffness of left hip after sitting—better after motion.

Lameness and stabbing pain in the articulation of the jaw on the right side, worse when chewing and when lying on that side.

Tub. av. 30 M was prescribed and she was better in a few days. When she came to the office three months later she was still free from the lameness.

Case II. Miss B. S. This patient has had many bad attacks of grippe, although her general health is generally good. She is very fond of open air and better while in it. Her skin is coarse in texture and apt to be very oily. In April, 1912, she strained her back while lifting something heavy and the result was very severe pain in the left sciatic nerve, much worse for walking and standing. Medicines did not relieve and an osteopath who examined her said she found a forward displacement of the left innominate. This was replaced with immediate relief, but remained in place only a few days and for several months she required frequent mechanical treatment, while she had *Rhus. tox.* and later *Ruta* as remedies. In November the joint still occasionally slipped,

her ankle turned easily and her toes blistered at the ends. Tub. ax. 1M was given November 7 and improvement lasted for about three weeks when the remedy had to be repeated in the 30 M potency. This held for three months when the pain came on after overexertion and was again relieved by the remedy.

Almost ten months later the patient developed pain and lameness in the lumbar and sacral regions on the left side after hanging pictures and lifting some heavy books. Rhus. tox. followed by Sepia relieved for the time, but a few weeks later a very severe attack of lumbago developed, following the lifting of some object not very heavy. There was great soreness and aching much worse on motion, and now a new symptom—there was burning of the lobes of the ears, worse in the house, and the hands were red and a little swollen, with itching of the palms and between the fingers. The marked aggravation from motion led to the prescription of Bryonia which did no good. Lycopodium was then given and brought speedy relief.

A week later the patient reported feeling very well except for one sore spot in the left sacral region and some return of the itching which she said had preceded the other attacks.

Tub. ave. 30 M removed this and for five months there was no return of the pain.

Case III. Mrs. F. This patient is on the whole a very healthy person, very fond of out of door life and much troubled by close air in the house. She has the restless desire for travel that is said to be characteristic of Tuberculinum. Last winter she did some heavy lifting and got very tired and later got chilled and wet on one occasion. The result was lameness of the left hip with pain and soreness of the sciatic nerve on that side, worse in damp weather. Rhus tox. relieved for a few days, but the condition returned and I felt that something deeper acting was needed. I took the symptoms more carefully with the following result:

Pain and soreness were worse lying on that side.

Aggravation from beginning motion.

Amelioration walking out of doors.

Aggravation crossing the knees.

Aggravation climbing the stairs.

The left limb decidedly weak so that she must support herself by the banisters while climbing the stairs.

She was much troubled by gas in the stomach and bowels soon after eating.

Very marked general aggravation from close air.

In examining the limb I stretched the sciatic nerve which gave some relief and prescribed Tub. ave. 200.

This was April 23. Improvement began at once, not only in the relief from pain but in the strength of the limb. In a few weeks she could lie on that side with perfect comfort and climb the stairs quite easily. At last accounts the limb seemed perfectly well.

DISCUSSION.

Margaret Burgess-Webster: What was your reason for using that particular variety of Tuberculinum?

W. S. Hatfield: Did you have no other symptoms indicating the nosode than itching of the ears and redness of the palms? I reported a case last year in which there was a peculiar symptom annoying to the patient and that was a sensation of itching in the brain and down the spine, which Agaricus relieved. In a previous illness of Cerebro-spinal-meningitis, ice bags had been used with the result that she suffered continual pain in the brain and spine; also the itching previously mentioned. The patient, as well as the rest of the family, had given up all hope of relief and considered her a confirmed invalid. Later, the mother told me her daughter was perfectly well, and not long ago she led a husband into my office. So I guess she has entirely recovered.

C. M. Boger: Characteristics are often found in the prodrome rather than in the full development. The itching and redness of the palms and ears was characteristic of that case at that time and was the most important thing to consider. Malaria is a disease often marked by a prodrome, the most characteristic features of the case often being found there. In epilepsy also the prodrome or aura will often show the

remedy. In pneumonia and in typhoid the characteristic of the case is often in the prodrome if you know enough to detect it. In a hopeless case of tuberculosis with a distinct chill like a malaria I noted the prodrome of her chill and worked out the remedy from that; the chill stopped promptly and the whole case has improved wonderfully.

P. E. Krichbaum: It is characteristic of the nosodes that they start a case toward a polychrest or an antipsoric remedy. Start with Pyrogen and it leads you to Arsenic or Rhus; Tuberculinum to China or Calc. carb; Malaria officinalis to Arsenic or Natrum muriaticum. That means that we do not know much about the nosodes and it is time that we did know something of them. Here is a field for an Institute of Medical Research when it gets started.

G. B. Stearns: I would like to know very much how to choose between the various kinds of Tuberculinum. We have that from birds, and one from the human and one from the bovine; I would like to know what are the advantages of each kind; so far as I know they all seem to be required in cases which are sluggish and need stirring up. The thing that we don't know or at least I don't know is when to use one in preference to another.

A year ago last September I had a patient who came to me with a diarrhoea which resembled Podophyllum and that remedy relieved; about four weeks later the patient came down with a chill and then a fever with characteristics like typhoid. I now had the blood examined and found that the Widal reaction was positive. Phosphorus was certainly the indicated remedy and it relieved for two weeks, after which nothing seemed to be indicated; after some time she developed pain in the right hip—a pain that came on suddenly, came on late in the afternoon and came on frequently. Soon I made out that the limb was wasting away, with tenderness over the sciatic nerve and absence of the knee-jerk. Then the limb assumed a peculiar position and I recognized that I had infection of the hip joint. Pulsatilla relieved temporarily; Radium was given with marked relief of the pain but none of these remedies held it for long. I had Dr. Rabe go over the case

with me; Ranunculus did not help nor Lycopodium except for a day or two, then it would be as bad as ever.

We now figured on the nosodes and selected the 10m of Fincke's make, I suppose of human origin. Under that remedy there developed distinct crepitation in the right lung much like a beginning pneumonia; also a marked purulent condition in the urinary tract and then she began to improve generally. It saved her life although it left her crippled; she gets around with a crutch now.

P. E. Krichbaum: If Phosphorus kept the symptoms down for two weeks and then was followed by other symptoms, different but just as severe then I say that Phosphorus was not the remedy. Under a truly indicated remedy the patient does not develop other things just as bad. At least when it happens to me I conclude that I have not been giving the right remedy.

G. B. Stearns: Probably not, but I do not know how under the heavens you are ever going to find it.

E. Rushmore: Are we to accept the doctrine that in case the action of a remedy is temporary, it was not indicated?

President. Theridion is a remedy that is overlooked when it might be of much service. Where the indicated remedy does not hold long, its action is marvelous and will help you out of many a difficult case.

E. Rushmore: I would like to ask Dr. Boger to answer my question.

C. M. Boger: Because a remedy acts but for a short time is no sign that it was not indicated: it may be perfectly indicated at the time and necessary to carry the patient past a state where some other remedy will carry the case on to complete cure. To treat membranous croup without repetition is a hazardous business. The rule is as old as the Organon; so long as improvement goes on, withhold your hand.

P. E. Krichbaum: My question was not about the indicated remedy. I know all about that; but when a remedy helps for a little time and leaves the patient different but no better, the indicated remedy was not administered at the beginning.

G. B. Stearns: When I give a remedy and get results but only for a short time, I am apt to feel that I have not got the

right remedy. But I do not know how to get the remedy if the symptoms do not show it. Could anyone have been so wise as to interpret the symptoms presented in that case for any thing else but Phosphorus? The result was so brilliant at first that the chart was held up as a beautiful instance of the effect of the homœopathic remedy.

Stuart Close: We sometimes forget that what we call a "similar" belongs to a series that runs all the way from the least similar to the most similar, which last is the simillimum. Less similar remedies belonging in the series, remedies that are similar in a less degree than the simillimum, may have a very happy action for a short time, but they prove their lack of being the absolute simillimum by the shortness of duration of their action. One who has not the necessary skill to select the simillimum may still benefit and cure his patient by less similar remedies, "zigzagging" him back to health. When you strike the simillimum the action is longer continued, and perhaps goes on without interruption to a cure.

President: I am afraid that most of us have to zigzag many of our cases.

T. H. Winans: The development of an abscess would not show that the remedy given was not indicated, as that is one of Nature's ways of curing a patient. The indicated remedy assists Nature.

E. E. Case: One potency holds a short time only, another potency of the same remedy holds longer and cures. Dr. Fincke used to say that there is a homœopathicity in the potency as well as in the remedy. My rule is when a remedy holds only a short time to give a higher potency and generally with good results.

W. S. Hatfield: The difficult part of curing is to wait when you ought to. The aggravation does not always come immediately after the remedy is given. Action may be deferred both as to cure and aggravation:—If you are sure of your remedy it is a good plan to wait.

G. B. Stearns: In taking this case I considered all the prodromal symptoms of the previous month. Then I gave Nux 1m with good effect for a while; then I repeated it with-

out result. If it had been indicated, I think I should have got something from the second dose.

C. M. Boger: Read Paragraph 180 of the Organon.

President: Dr. Stevens will you close the discussion?

Grace Stevens: I have nothing more to add, thank you.

CLINICAL EXPERIENCES.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

I.

A slender black haired man, aged sixty years, librarian, has been in poor health several years, receiving every treatment excepting homœopathic, and nothing bettered. He married early in life contrary to the wishes of his parents.

Because of this he imagines that he hastened their death, that he is a murderer, that the police are after him; he has suicidal thoughts, despairs of eternal salvation.

He is gentle, yet irritable.

All his movements are hurried.

Concentration of thought difficult, but he goes on with his work.

There is heat and pressure in vertex; relieved by cold applications; worse lying on the right side.

Horrible dreams awaken him too early in the morning, moaning and frightened.

Sept. 15, 1912. One powder Sulphur 1m B. & T.

He improved steadily and received as seemed needed on Nov. 8, one powder Sulphur 40m F., Dec. 11, one powder Sulphur 50m F., Mch. 27, 1913, one powder Sulphur Cm F.

May 4, 1913. He is still gaining, but weeps much and is greatly aggravated by sympathy (A new modality). One powder Sepia 1m B. & T.

May 31. No change in mental state. The Sepia brought out a new symptom characteristic of its complementary remedy.

Aggravation every other day from 10 A. M. until mid afternoon.

One powder Natrum mur. CmF.

His vacation at the usual place and time, May to September, "helped him so much that further treatment was not needed."

As might be expected an itching eruption annoyed him during the summer.

II.

A brick mason aged sixty-five years had chills and fever thirty years ago, much Quinine then, and frequent large doses since. He had consulted an oculist for a defect of vision and was referred to the physician.

Objects move perpendicularly up and down before the vision. Upper part of orbits sore to touch. Dull pain in the occiput extending to one temple, with pain in lumbar region; tired and sleepy at the time. For this he takes Quinine. Awakens at one A. M. with dull pain in the occiput, then has no more sleep unless he drinks strong coffee. Heat in left side of head, worse from reading; worse from warm air. Vertigo on rising from stooping. Bowels obstinately constipated.

March 12, 1913. One powder Arsenicum cm F.

Within a few days the defect of vision was permanently cured and the bowels moved naturally. He had for the other troubles April 30, one powder Arsenicum Cm Sk., Sept. 3, Arsenicum 3 Cm F., Nov. 9, Arsenicum 5Cm F.

The motion of objects perpendicularly up and down before the vision was cured so quickly that it should be noted as a clinical symptom of Arsenicum, to be further verified.

III.

A dark haired widow aged forty-six years, stenographer, has chronic cough with wheezing in trachea, worse from lying on either side, from laughing, from speaking.

Expectoration greenish, salty. Chest feels weak and empty after coughing. Rawness in the larynx. Awakes in the morning in profuse sweat, weak and exhausted.

March 29, 1913. One powder Stannum 1m B. & T.

May 18. The cough is gone and strength rapidly returning. She now has faintness of stomach at 11 A. M. Constipation with ineffectual efforts to stool.

One powder Sulphur 1m B. & T. completed the cure.

IV

A retired clergyman aged seventy years has been failing under the care of his son, a homœopathic physician. He has not been well since he had chills and fever in early manhood, which Quinine could not suppress, but other mixtures did stop them.

Nearly every day he has pains extending from the calves to hips, with sensation of soreness in the legs as if they had been pounded, with sleepiness. Worse from standing, walking, lying on the back, in wet weather. Oversensitive every way. Worse from company, especially if obliged to talk with more than one person at a time. Left sided sciatica since injury to ankle six years ago; worse lying on painful side.

April 16, 1913. One powder Sulphur cm F. Rapid improvement began and continued until May 22, when he had a powder of Sulphur Cm Skinner.

June 18. A chill in the afternoon, with little fever and no sweat. This "made a new man of him," and he asked why his son had not cured him? Reply—"His son had not yet learned how to use the remedies."

V.

Some illustrations of the truth of paragraph 38, Organon. A more powerful suspends a less powerful disease until its own course has been run, or it is cured, then the old disease returns.

Several children in one family had all the symptoms of measles except the eruption. That was expected the next day, but they were then broken out with scarlet fever with none of the measles symptoms. When this eruption paled measles symptoms returned and that disease ran its usual course.

A man aged seventy years, a chronic asthmatic, was suffer-

ing with dyspnoea when a convulsion drew his head backward and all the symptoms of asthma were gone. The right side was paralyzed, and the other symptoms pointed clearly to *Cimicifuga*, which remedy relieved his pains. Eight days later the diagnosis of cerebro-spinal meningitis was confirmed by dark mottled spots which covered the trunk and extremities. In spite of carefully selected remedies he soon became comatose and died in five days, thirteen days after the convulsion.

A young man aged twenty-three years, having valvular heart trouble since arthritis in boyhood, had all the symptoms of typhoid fever—prostration, diarrhoea, tympanitic abdomen, pain in head and extremities, daily rise of temperature, et cetera. Arrangements were made in the morning to place him in a hospital. In the afternoon when called for he was covered with eruption of scarlet fever. This was of a severe type with throat simulating diphtheria. Six days later, when peeling began, he had four profuse rectal hemorrhages in an hour and a low type of typhoid fever came on. In ten days the characteristic eruption of typhoid was upon the abdomen. He died of exhaustion three days later, in the fourth week from the first onset of typhoid fever.

DISCUSSION.

P. E. Krichbaum: They all believe you, doctor.

E. E. Case: I hoped that somebody would have something to say about one disease suppressing another.

G. B. Stearns: I cannot say anything but I am glad to hear the paper; Dr. Case's reports are self evident propositions and can be admired but there is not much room for discussion.

A CASE OF MALARIA WITH BLOOD EXAMINATIONS.

HENRY L. HOUGHTON, M. D., BOSTON.

Mrs. M. W. 1912, Sept. 21. Has recently returned from

several months abroad. Although previously strong and well felt miserable most of the time while traveling. At present complains of severe aching in the head and back, nausea as soon as she stands—none on lying. This began four days ago—had a chill three days ago which began at seven A. M. Chill yesterday at noon which lasted for about one-half hour, shaking all over. Gets feverish each evening, profuse perspiration last night. Finger nails blue—fingers colorless and numb during the chill. Sat up during the chill not being compelled to lie down with it. Nausea all times on standing. No special thirst. Cold water tastes bitter so prefers hot drinks. Coughs when chilly. Temperature 101.8. Pulse 96. *S. L.*

Sept. 22. Examination of the blood shows the presence of malaria. *Causticum 1m.*

Sept. 29. Chill on the twenty-third, none since. No sweat. Temperature each evening from 100° to 101°. No appetite. Sleeps all night and much of the day. Temperature this morning normal. *Ipecac 45m.*

Oct. 26. Has been feeling normal. Much better than for several months. Examination of the blood for malaria negative. *Sepia 1m.*

1914, June 4. Has been in normal health up to the present time. No return of any of the above symptoms.

For several years it has been a matter of routine to have the blood of every case, that presented symptoms that suggested malaria or where the diagnosis was doubtful, examined. Such examination may have been absolutely valueless so far as the selection of a remedy was concerned but it is of value in giving positiveness to one's statement of the nature of the sickness. It has also been the custom after the cessation of symptoms to have the blood examined until a negative report is secured and my own experience has been that the report is practically always negative after the cessation of symptoms.

Malaria is one of the few diseases for which the old school claims to have a specific. Such claim we know to be absurd and not borne out by facts. Malaria can be cured only by the administration of the indicated remedy in proper dose. The

change of symptoms or the disappearance of symptoms under other treatment means suppression.

I am reporting this case not because it is of any particular value so far as the prescription is concerned but simply to draw attention to the fact that it is of definite value for strengthening the "Law of Similars" in the eyes of the public to have the confirmation of whatever so-called science can give us in reporting our cures. The action of the first remedy prescribed in an uncomplicated case of acute malaria is one of the most striking things in a physician's experience. Its curative action is as emphatic and immediate as the suppressive action of Quinine. This acute remedy, acting thus curatively, almost invariably needs to be followed by a chronic remedy to remove susceptibility and prevent a future attack.

DISCUSSION.

Harry B. Baker: I have often found that the remedy indicated by the symptoms of the paroxysm and which stopped it does not cure the whole case. It usually must be followed up by an antipsoric later.

H. L. Houghton: I have generally found that you have to give a dose of *Natrum muriaticum* after paroxysm has cleared up.

C. M. Boger: The treatment of occult malaria is one of the knotty points in medicine. A case of recurrent blindness coming at 10 A. M. every day was cured by *Gelsemium*. A case of vertical hemiopia between ten and twelve in the morning, followed by stupor and sweat with no sign of a chill was cured with Quinine sulphate 200th.

G. B. Stearns: He waited several days before prescribing is the moral to be learned from that. The worst cases I have had to treat were those which persisted after I had prescribed for them. We mix them up worse than Quinine crude does. The important sentence was the last one of Dr. Boger's.

NOTES ON INTERMITTENT FEVER.

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

A case of chills and fever may be very easy to prescribe for especially if it be a recent case and not mixed up by drugging, and one dose of the indicated remedy may clear up the whole trouble. Also some years a single genus epidemicus will cover nearly all of the cases. I remember one summer in Richmond some years ago when *Natrum muriaticum* covered nearly every case. It was hardly necessary to see the patient and take his symptoms, because if he had chills that year we knew that *Natrum muriaticum* would take care of them. Unfortunately such years are rare and I have often found malaria a very difficult thing to prescribe for, especially the old cases that have been suppressed with heavy doses of Quinine. One of the most important points in treating a case of this kind is not to be in a hurry. Don't give your remedy until you are certain that it is indicated or you will mix the case up still more. When called to see a case of chills and the symptoms do not point clearly to any one remedy, I generally give *Nux vomica* low in repeated doses for a few days, and it will frequently straighten out the symptoms and enable me to see a remedy. *Sepia* is often useful for this purpose though I generally give that later on after I have made a prescription and failed. The more careful you are in making your first prescription the fewer failures you will have, and I know of nothing much more troublesome than a badly mixed up case of malaria. It pays to take the case down carefully and if you don't see the remedy off hand, to take it home and work it out before prescribing. In working out my cases of intermittent fever I use Allen's "Therapeutics of Fevers" as the repertory is especially arranged for this class of cases and saves time. It is an excellent book and I would feel lost without it.

In my part of the country the most frequently indicated remedies are *Nux vomica*, *Arsenicum*, *Natrum muriaticum*, *China*, and *Eupatorium perfoliatum*, and these five remedies will probably cover ninety per cent of the cases, but it is well

to remember that any remedy in the materia medica may be called for. The symptoms alone are the guide. *Rhus toxicodendron* has cleared up a number of cases for me, where the chill was preceded by a cough. I have found *Thuja* useful in cases that began in the afternoon and the coldness first appeared in the thighs. I think that these cases all had a sycotic history. *Tuberculinum* is a remedy to think of in cases that have a tubercular history and do not respond to the apparently indicated remedy. We must always bear in mind the chronic miasm which is at the bottom of the troublesome case of malaria, hence *Sulphur*, *Psorinum*, or any of the chronic remedies may be needed. The character and history of the patient must be taken into consideration as well as the symptoms of the paroxysm. In looking back over cases that I have failed on I feel certain that the failure was generally due to my not following this rule.

A patient who has had an attack of intermittent fever and been treated homœopathically should have as good and generally better health after it than he did before. If not, it shows that his proper chronic remedy has not been found, and while the paroxysms have been stopped that the underlying miasm has not been affected.

One of the most interesting cases that I ever had was a double tertian in a child five years old. She had been treated for some time without result by her grandmother who was a homœopathic physician of the kind who are generous with their medicines. I took the case carefully and worked it out. The deciding point was the time of the paroxysms, one day at 10 A. M., the next day at 3 P. M., the next day at 10 A. M. again and so on. One dose of *China sulphuricum* cm cleared the trouble up. I do not think that this patient had taken any crude Quinine.

A point to remember is not to be in too big a hurry to repeat your remedy. If after giving a remedy the next paroxysm is either more severe or lighter your remedy is acting and it is well to leave it alone. If the paroxysm is not affected you should repeat or study for a new remedy. Quotidians are often difficult to treat, because the paroxysms come

so close together that it is sometimes difficult to get the remedy in during the apyrexia. In such cases the remedy can be given during the latter part of the sweating stage.

DISCUSSION.

G. B. Stearns: Speaking of the directions that you should give patients after they are cured as to how to look after themselves the late Dr. E. Carleton always told them to be particularly careful on the seventh, fourteenth and twenty-first days; not to put their hands in cold water, not to get cold or wet or to take hold of cold things. I have recently—about two weeks ago—had a case with a chill or paroxysm the symptoms of which I thought indicated Bryonia. I had the blood examined and found it full of the plasmodium. Next day she seemed all right, the chills did not appear at all. Yesterday, which was the fourteenth day, she had a very severe chill. In the morning she had done the family washing.

F. W. Patch: The chances are that Dr. Stearns did not get the correct remedy. The instructions to patients as to how to conduct themselves after an attack is important. In my opinion fatigue is the most important factor in bringing back an attack; even when the correct remedy has been chosen fatigue will bring it back. This may happen even after some weeks have elapsed.

I can confirm Dr. Houghton's statement about following up acute cases with the chronic remedy; every case needs it. The meeting of the acute symptoms with a remedy is not enough; if that is all that is done a recurrence will appear sooner or later. Complete cure comes when you succeed in getting the simillimum after the attack has passed. If two years go by without any recurrence we can safely say that a cure has been effected. I have realized the bad and confusing results arising from giving a poorly selected remedy in the beginning of an attack. Arsenic seems to me a remedy that we should fight shy of in malarial fever; it confuses cases in many instances.

Of course when it is indicated, give it; what I mean is that

it has a reputation for intermittent and is given sometimes on that account and when given to a case that does not need it, it produces confusion and the patient has to suffer for it afterwards. I would like to ask Dr. Boger if he can complete a cure of intermittent through the study of the prodrome alone?

C. M. Boger: Mostly so, I got the hint from Dr. Skinner. The symptoms of the prodrome are apt to be peculiar to the patient; they occur before the common symptoms or the symptoms common to all paroxysms of intermittent, occur. If you see them distinctly they may point to a remedy which may be obscured later by the common symptoms. For instance, in a woman patient tympanitic inflation of the abdomen occurred during the prodrome and pointed to *Lycopodium*. During the chill this peculiarity was absent. It cured the whole case.

President: An error in diet may cause the return of malaria that has just been stopped by the remedy.

P. E. Krichbaum: What diet would you give in a case of malaria?

President: No special diet; I simply am careful that they eat nothing that will disagree with them nor allow them to over-eat.

H. L. Houghton: Dr. Baker spoke of using *Tuberculinum* in a case that would not respond to what seemed indicated; the cases in which I have found *Tuberculinum* useful were not those in which a remedy did not act but those where it acted but did not hold long enough. *Tuberculinum* will then straighten out things and the next remedy will cure.

ARE WE PROGRESSING?

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

The health of the human race depends largely upon the thorough advancement of medical science.

Ages ago, the diseases from which the human race suffered were few. With the advancement of civilization the dangers

from the different diseases have increased. Not many years ago, the theory of the prevention of disease was first considered, and about the first, after severe epidemics of small-pox, Dr. Jenner discovered that a certain class of people who were employed in the care of the animals were practically immune from that disease. By a series of experimentation and inoculation he considered he had discovered the preventive measure from small-pox.

He theorized thus: those who care for the horses, sometimes are impregnated with the poison emanating from the horse, when the horse is suffering from a disease known as scratches. This diseased condition, thus acquired, causes an eruption upon the body of the attendant of the horse. If it should happen to appear upon the hands and that same attendant transfers his attention to the milking of the cows thereby impregnating the udder of the cow, seemingly gives these persons, thus afflicted with this eruption, partial, if not complete immunization from the ravages of the disease called small-pox.

That, in substance, was the beginning of vaccination. Dr. Jenner noting this condition, considered this a great discovery. So enthusiastic was he upon the subject, he performed the operation upon all who applied.

In England, compulsory vaccination prevailed for many years. During that time, the law was so strict that if the child (every child) was not vaccinated before it was three months old, the parents were imprisoned until the law of compulsory vaccination was complied with, and in the meantime, during this period of compulsory vaccination, the disease known as cancer increased to an alarming degree, and today the mortality from the disease known as cancer is appalling.

Likewise tuberculosis, not only pulmonary but of the whole body—glands, internal organs, bones—in fact, every portion of the body is afflicted often with the tubercular condition. How much vaccination is responsible for this condition, is, of course, problematical.

It is sufficient to raise the question, and this is the question:

"Why should the body of a healthy child be impregnated with a poison, the danger of which we know not?" The child may live its life without ever coming in contact with small-pox. But these diseases—cancer and tuberculosis—are diseases of later life and decidedly more deadly and more difficult to cure than that of small-pox which is a disease limited at most to a few weeks.

The method of propagation of the vaccine virus is questionable always. There is no method known by which we can be assured that the calf, the medium through which this propagation of the vaccine virus is carried, would not develop, later in life, either of these two diseases, tuberculosis or cancer. If such should be the case, the tendency is within the calf at that early stage in life. It is perfectly logical, if that tendency is present in the calf, then it is propagated and transmitted from the calf directly into the blood of the child. Yet, it may take years for one of these latent diseases to develop.

We are creatures of education and custom. For many years previous to Dr. Jenner's discovery of vaccination, the custom of inoculation was followed. Because of the belief that once having suffered from that disease made them immune ever after, in an effort to prevent the spread of small-pox, they would inoculate different members of the family, so that the family would have had small-pox. It is the same today with some people. They strive, as it were, to give their children the opportunity to become exposed, and if they will contract, either measles, whooping cough, or any of the juvenile diseases, in that manner, they consider they are safe ever after from those diseases.

In the matter of inoculation for small-pox, it was necessary to invoke the law to put a stop to the practice of inoculation.

I will venture to say that not many years hence, the same conclusion will be reached in regard to vaccination, and it will be considered a crime to instill within the body of a healthy child this poison of which we know not the end.

If every victim of the ill effects of vaccination were to be cited, the list would be appalling.

With the wheedling of those who consider themselves in authority, the contamination of human childhood goes on

apace. The more pure the blood of the human body can be kept, the less likelihood there is of some blood taint becoming enthralled therein.

The members of the medical fraternity have become enraptured with the idea of vaccines. They see their shortcomings in dealing with disease. Their most recent endeavor is to prevent the disease by the use of vaccines, made from the poisonous products of the different diseases, whereas, the proper method of prevention lies in better sanitation. The typhoid danger can be eliminated with ease by cleaning up of all suspicious conditions of living.

The elimination, almost entirely of the dread yellow fever is an example of how these conditions can be overcome.

The inception of small-pox is through filth and negligence. On board ship, as a general thing, it does not find place of inception among the first-class passengers, nor the second, but in the steerage, where everything is to be found except cleanliness and the usual sanitary surroundings. The ventilation is bad, and all other conditions are conducive of anything else but good health.

On land you will find the first cases of small-pox among those whose environments are of the worst possible character. As a general thing, all such diseases begin in like surroundings.

Clean up! Clean up! should be the watchword, but do not pollute the wellspring of youth.

Let us grant, that in spite of all sanitary precaution, some disease has found foothold. When that condition arises, treat the sufferers humanely. For hundreds of years, all cases of small-pox were confined in close rooms. No fresh air was allowed to enter the sick chamber, but by accident, patients became exposed to the air, and even to the elements, and the attending physician saw that contact of the fresh air was a benefit and fewer deaths have been the result of the change in the method of treatment.

Some of the afflicted have been sacrificed, through the zeal of the attending physician, who advised too much fresh air, too frequent bathing.

The inconsistencies in the minds of those who should be more within the bounds of reason, are unexplainable. Instead of endeavoring to keep the blood of the human body pure and undefiled, those of the medical fraternity seemingly appear to destroy the elemental properties of self-preservation. The constituents of the blood are ever equally divided so that every part of the human body (as well as all animal life) is so constituted that within itself every part of the body is equally nourished.

In whatever manner the upbuilding of the body is interfered with, it is because of a diseased condition, introduced within the body either through heredity, contact or immediate introduction through some channel that is wholly without reason.

Nature has prepared an adequate covering to insure the purity of the blood, and likewise, the upbuilding of the elemental tissues necessary for the maintenance of a perfect, symmetrical, enduring body. The medical world instead of aiding nature to maintain a perfect body, seeks to instill within the body a diseased condition.

Thus it is that through their good intentions, they are misled into the contamination of the body to prevent that which is of less importance than other conditions which might be entailed upon the system, thereby causing diseases to be implanted within the system which might prove to be much more difficult to eradicate.

This vaccine poison which is introduced into the system must necessarily engender within the system a disease, and in that diseased condition lies the power, if there is a power, to repel the poison emanating from a person who is afflicted with small-pox.

Of this there may be the satisfaction of this prophylaxis, but as the years go by, and the different diseases, any one of which is liable to be entailed upon the system, are much more difficult of eradication and in the majority of cases death is the result of the inhibition of some one or more of these incurable diseases.

Nature in all the ages has perfected the laws which govern

the prevention of disease which might ultimately overpower the life principle of the human body. And furthermore, it is within the realm of reason that the medical world should aid in the prevention rather than aid in the weakening of the laws of prevention of disease, which would not afflict the human body without the aid of unsanitary conditions.

It is with serious contemplation that we view the field of experimental medication. The law of cure is practical, and it admits of the demonstration and proof.

The uncertainties attending the use of the different methods of experimentation demonstrate the fickleness in the minds of those who continually endeavor to discover some other method by which disease may be overcome. Many of the diseases to which the human family is heir, are easily prevented by the strict law of sanitation.

At present, the prevention of typhoid seems to be uppermost in the minds of those who have in their power the direction of energy against those conditions which result in the overpowering of the human system for the prevention of the disease known as typhoid.

It is little realized that in the method of contamination of the blood, the results, while immediately beneficial perhaps, there may be engendered within the system a condition of the blood which might result in causing a condition much more serious and much more difficult to eradicate than that which might be from the typhoid itself. These results will not be seen until it is too late for prevention.

The curse of the medical world today is experimentation. Instead of endeavoring to maintain the purity of the blood, the opposite seems to be the ultimate result.

Nature, which in the millions of years has had to do with the building up and perfecting the laws of prevention of disease, safe-guarding of the blood of the human family against inroads and contamination by disease, man, in his aggressiveness, chooses to thwart, and in her stead, endeavors to forestall that which in the natural order of events is due to unsanitary surroundings, improper living, excesses of every description. It is man's endeavor to overcome the evil influences caused by these unsanitary and excessive infractions

of the laws of Nature, thereby hoping to prevent what must naturally follow from ignoring the natural laws of prevention of disease.

In the matter of vaccination, it is appalling to realize the denseness of the medical mind in regard to the hurtfulness resulting from that procedure in the attempt to prevent the results of unsanitary methods of living.

With the law, and through the working of the law, the prevention of small-pox can be assured without evil results attending the method of introduction into the system by means of the method of sacrifice. No evil results follow the administration of the medicinal prophylactic through the natural methods of administration, but a thorough verification of this method of administration and the results which follow, will prove that this method is the only true natural prophylaxis against small-pox, without engendering within the system one or more hurtful long lasting disease conditions, which are not only difficult, but in the majority of cases, impossible to overcome.

Dr. Jenner in his enthusiasm was perfectly right. It was not within his power to see the latent evil effects in which his discovery would result. But in the years that have followed, it should be clear to the mind of any one who is not blinded by prejudice.

Do not consider that because certain would-be lights in the medical profession declare for or against any measure whatever—do not consider that the question is settled. Observe for yourself, acknowledge only that which appeals to you as reasonable and right. Above all, strive to aid nature in guarding against the contamination of the blood, and insist that sanitation, strict, healthful cleanliness is the surest prophylaxis against diseases which are engendered through filth and unsanitary methods of living.

DISCUSSION.

Harry B. Baker: Compulsory vaccination was in force for many years in England and it was really compulsory. The registry of births was followed up and every infant was obliged

to be vaccinated; none escaped. This is largely a thing of the past in England since 1907. Dr. Alfred Russell Wallace estimated that there were 10,000 deaths annually there which could be traced to vaccination.

In this country the vaccine manufacturers do not know what they are turning out for the use of the public. I have letters from two firms which admit that they know neither the origin or composition of the vaccine that they are manufacturing.

I have had some experience with typhoid inoculation. One of my patients, a delicate boy of about twelve years old, one who had been always delicate, was taken off by his mother for a trip last summer. As a precaution, in consequence of some bad advice, she had him inoculated against typhoid. He has been sick ever since. He has been running a low fever; his tonsils were suspected and taken out without results; I have been prescribing for him without results. I believe that the child has some tubercular condition back of it all but not developed enough for me to get at it and the vaccine has brought it to the front. A British Commission appointed to report on the typhoid vaccine published its findings August 23rd, 1913, they stated that its use would bring out a latent tuberculosis. American Medicine for April, 1914, has a good many articles on this subject.

John Hutchinson: Jenner remarks in his book that the inoculated small-pox is dangerous for persons who have a taint of scrofula in their blood. That would apply to tuberculosis now. He said there was sure to be started up some phase of that malady and disastrous results would follow.

G. B. Stearns: One reason why the typhoid vaccine acts badly on the system as a whole is that it lowers resistance to other infections. No doubt it increases the liability to tuberculous infection; I make a practice of carefully examining everybody that comes to me and it is surprising how many you will find with a slight lesion in the apices or back of the shoulderblades. Probably there are few who have not been affected with tuberculosis; comparatively few have it developed

beyond the incipient stage, because they have resistance enough to overcome it, and it is never known.

Dudley A. Williams: I can corroborate what Dr. Stearns has said in regard to colon infection following typhoid vaccination. I have as a neighbor the chief medical officer of the Rhode Island militia who has had an interesting experience with typhoid vaccine. Last summer from ten days to two weeks before camp the entire command was vaccinated against typhoid. While in camp a large number of diarrhœas occurred which on bacterial examination proved to be due to the colon bacillus. While he did not connect these conditions still when I drew his attention to it he was willing to admit that it might be so which is going pretty far for an old school man.

Harry B. Baker: Like every new thing that shows even a probability of success they are going ahead to inflict it upon everybody. At the Virginia Military Institute they have just made it compulsory so that every cadet will be vaccinated no matter what he or his parents or his doctor think about it. It will be a serious proposition.

W. S. Hatfield: The curse of the medical world today is experimentation. They are dropping all they ever knew and taking up with new things. Dr. Jenner was less to blame than they are now because he had no means of knowing the ill effects that would arise in the future. We can see, so many years after, where the ill effects come in and we should combine against this method of contaminating the blood. I for one am going to see what I can do against it. If there is no objection from the society I am going to have this paper printed and send it out over the country; that is the only way to reach the people.

Harry B. Baker: You can do a good deal if you know how to get the people out; I have organized an anti-compulsory vaccination society in Virginia and it has already done good work. The law is very rigid in Virginia, the board of health having the power to declare compulsory vaccination whenever they consider an epidemic of small-pox impending. They declared compulsory vaccination in Petersburg this

spring and started in to vaccinate the town, but they struck one of our men who was a fighter. He refused to allow his eight months old baby to be vaccinated, and called a mass meeting to protest against the compulsory vaccination. I went over and addressed the meeting, strong resolutions were passed, and so much pressure was brought to bear on the council that they refused to appropriate any more money for vaccine which broke the whole thing up.

H. L. Houghton: They arrested a man in Boston because he refused to be vaccinated and then they vaccinated him because he was an inmate of the jail. Then they fined him \$5.00 because of the original refusal.

President: I see that the Treasurer, Wm. R. Powel has arrived, we will now hear his report.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

WM. R. POWEL, *Treasurer.*

June 24, 1914.

Dr.

To balance on hand June 24, 1913	\$84.86	
Sale of old transactions	26.00	
Dues from members	539.00	
	<hr/>	\$649.86

Cr.

Printing and mailing announcements		
of Chicago meeting	\$21.00	
Programs of 1913 meeting	36.50	
Postage on old Transactions sold	5.52	
Stenographer	100.00	
Secretary's bill	29.15	
Printing bill heads	7.00	
Postage mailing bills and receipts	5.00	
Printing 1913 Transactions	370.54	
Freight on box books . . . . .	.75	
Balance on hand June 24, 1914	74.40	
	<hr/>	\$649.86

Your committee has hereby examined these accounts and found the same to be correct and to agree with the books.

HARRY B. BAKER,
ALEXANDER DONALD.

P. E. Krichbaum moved that an auditing committee of two be appointed to report on the Treasurer's report. Seconded, carried.

President: I will appoint Drs. Harry B. Baker and Alexander Donald on that committee.

Adjourned to 8 P. M.

THIRD SESSION.

JUNE 25TH, 8 P. M.

REPORT OF THE BOARD OF CENSORS.

The Board of Censors through Dr. C. M. Boger, chairman, reported the following list of applicants as eligible to election to membership.

Applicants for Active Membership.

Dr. Henry C. Aldrich, Minneapolis, Minnesota.
Dr. Plumb Brown, Springfield, Massachusetts.
Dr. John C. Calhoun, Pittsburgh, Pennsylvania.
Dr. G. C. Emmerson, Marshall, Missouri.
Dr. William B. Gillespie, Rockville, Connecticut.
Dr. Arnley Quackenbush, Ottawa, Ontario, Canada.
Dr. Donaldo Mattoli, Florence, Italy.
Dr. Eloise O. Richberg, Chicago, Illinois.
Dr. Giuseppe Secondari, Rome, Italy.
Dr. Paul B. Wallace, Tomah, Wisconsin.
Dr. Dudley A. Williams, Providence, Rhode Island.

Dr. Benjamin C. Woodbury, Jr., Portsmouth, New Hampshire.

Associate.

Dr. Henry Duprat, Geneva, Switzerland.

Dr. A. Haas, Chicago, Illinois.

Dr. Edmond Mersch, Brussels, Belgium.

Dr. G. N. Ohdedar, Lucknow, India.

Dr. Bina Seymour, Springfield, Massachusetts.

Dr. Helen B. Todd, Meriden, Connecticut.

Dr. Vincent Wijetunge, Colpetty, Colombo, Ceylon.

F. W. Patch: Before proceeding with the election of these applicants I would like to say that you will perhaps remember that there was a certain Italian applicant last year whose election was deferred because it was thought that he was not a reputable man. Since that time he has been investigated and there were found to be two doctors of the same name, and the applicant had been mistaken for another man.

Moved that the report of the Board of Censors be accepted and that the Secretary be instructed to cast one ballot for the society electing these applicants to membership subject to completion of the requirements. Seconded, carried.

Ballot cast and the members elected.

F. W. Patch: I would like to say a word in regard to Dr. Z. T. Miller. He sent in his resignation and shortly after died. I think, with the consent of those present, his name might be placed on the list of deceased members.

Treasurer: His daughter sent in five dollars in payment for dues since his death so that he was a member at the time of his death.

Alexander Donald moved that Dr. Miller's name be placed upon the list of deceased members. Seconded, carried.

F. W. Patch: I would also like to put in a plea for Dr. Bernard Starke of Kansas City. He is seventy-five years old and his income will not permit him to continue paying

dues. He has been a member for four years. It would be a gracious act to put his name on the list of Honorary members.

C. M. Boger: It is the opinion of the Board of Censors that his name should be put on that list.

F. W. Patch: I move that the name of Bernard Starke be placed on the list of honorary members. Seconded, carried.

Dr. Bernard Starke is now an honorary member of this society.

C. M. Boger: I would like to ask the same privilege for Dr. H. H. Read of Halifax, N. S.

Harry B. Baker: I called on Dr. Read once; he was alone of our school and was upholding the banner of Homœopathy effectively. I believe him to be a first-class Homœopath.

John Hutchinson: He has lately had to retire from practice. He was a pupil of Dr. Wm. Wesselhoeft. He is a graduate of an old school college who had difficulty in curing his patients. He asked Dr. Wesselhoeft to teach him Homœopathy. Dr. Wesselhoeft told him to get books and to study it himself. He was over forty when he began and he made a success of it.

C. M. Boger moved that Dr. H. H. Read be made an Honorary member. Seconded, carried.

Dr. H. H. Read is now an honorary member.

PRESIDENT'S ADDRESS.

FRANKLIN POWEL, M. D., CHESTER, PA.

Fellow Members of the International Hahnemannian Association:

It would be an act of discourtesy if I failed to gratefully acknowledge the honor you have conferred upon me by electing me to your presidency. I assure you of my high appreciation of this honor and solicit your earnest co-operation to make this session one of profit and progress.

It will hardly be correct to characterize what I am about to say as an address. If I take some liberties of speech, your Publication Committee will expunge them. Heretofore we have spent too much energy and time in mote plucking—criticising our brethren, the mixers, and those of the dominant school. The time has come, yea! almost passed, when something practical must be done to perpetuate Homœopathy. I know of no university or medical college where it is taught in its purity and some way must be devised for our life and longevity. I am optimistic as to our future, notwithstanding the assertions of our enemies that we are fast dying out and soon we will have no exponents. The survival of Homœopathy will eventually be decided by the edict of the people and neither the A. M. A. nor any other association can send us to perdition—it will stand or fall by that edict.

In my humble opinion there is one supreme way for our perpetuation, viz.: publicity. I am for a modest, persistent and protracted campaign, daily, weekly and monthly in the public press throughout the length and breadth of the land. This means the spending of thousands of shekles, but that should be no obstacle. An article (or just that article) such as written by Dr. W. H. Freeman of Brooklyn, one of our members, appearing in the May "Advance" and published broadcast repeatedly will do very much for our advancement. This work ought to be done under the censorship of this Association. Publicity has already done much to create a demand for the antitoxines and serums now in use to say nothing of Radium. Publicity will do as much for us judiciously used.

I have several letters which I will submit to you at the proper time as other suggestions for our perpetuation—they may help, but I am for publicity first, last and everlastingly.

Are we optimistic? yea, verily; as certainly as we believe in the eternity of Truth. A law so firmly established as the law of similars can never be effaced. Truth is eternal and will prevail.

E. Rushmore: I move that a committee of three be ap-

pointed by the chair to render a report on the address. Seconded, carried.

The Bureau of Clinical Medicine was now resumed. Dr. T. G. Sloan, chairman, called the next paper by Dr. H. A. Roberts.

CRYPTOGENIC SEPTICAEMIA.

H. A. ROBERTS, M. D., SHELTON, CONN.

Septicæmia represents one of those profound poisonings of the vital forces which, as physicians, we have all learned to dread because the complications which we are liable to meet are many and far reaching and in the long run the fatality accompanying the disease is excessive. Yet with all these dangers to war against, it is in these profound disturbances that we find the best illustration of the beneficial influence of the carefully selected remedy and a true verification of the law of similars.

There are always present in septicæmia many pathological bacteria of various types, with the streptococcus and the staphylococcus predominating in numbers. Pathologists tell us these are the cause of the diseased state,—true it is they are always present, but, that they are the cause of the disease, we have abundance of evidence to question. These bacilli are the product of the diseased force and not the cause of the deranged vitality.

If septic conditions localize as is the tendency many times, we are fortunate indeed, for nature then walls off much of the product of the disease, *en masse*, and the eliminative powers of the body are given much less work to accomplish in the restoration to health. Upon this process I do not wish to dwell, for it is a common condition to all of us; but on the other hand, where the septic state is general, without the local walling of the pus our task is more difficult and it is here that the influence of the well selected remedy is of such great help in restoring the patient to health. It is to this general septic condition I wish to call your attention and I cannot

do so better than to report two cases as they will illustrate the diseased condition and also the importance of individualizing each case as it proceeds.

Case I. On April third I was called to see Mr. Van S., aged twenty-four; American; a workman in a bone and hoof button factory. The right ankle and knee joints were swollen, and very painful on motion. The tongue was furred, with a red tip. There was some chilliness, especially if uncovered; the perspiration was profuse and the temperature was 101, pulse 90. I made a hurried diagnosis of inflammatory rheumatic fever, and sent him to the Griffin Hospital. Soon after his arrival the superintendent telephoned me asking what I had sent in that the patient was covered with a rash. The rash was mottled, smooth, resembling scarlet fever rash or the rash accompanying epidemic cerebro spinal meningitis. The rash extended during the next few days entirely over the body and limbs. The next day he complained of distress in the precordial region; the heart sounds were muffled, the apex beat was pushed upward. By April 8th the soreness of the joints had disappeared but the rash persisted; the pericarditis markedly increased, the abdomen became tympanitic, and there was marked gurgling in the intestines; the spleen became tender to pressure and enlarged beyond the free border of the ribs. On April 14th the patient complained of soreness and stiffness of the arms and of difficulty in swallowing. On April 20th he became delirious, and from that time until the 24th he became rapidly worse. He was then in a critical condition. The jaws were tightly locked, the facial muscles were drawn, tense, jerking of muscles and sets of muscles was constantly present over the entire body, the head was drawn backward, the apex beat was pushed up to the third intercostal space, intense restlessness and delirium in acts and gestures. Temperature, 106-6/10 degrees; respiration, 54; pulse, 146. Stools involuntary and offensive. Involuntary urination. Tympanitis marked. Next day the temperature was 101-8/10 degrees; pulse, 122; the respiration, 28. Could open jaws slightly. From this time on there was gradual improvement until recovery was complete. The remedy administered in the

early stage was *Rhus tox.*, but the one remedy that controlled the situation during the critical condition was *Cicuta virosa* 200. From that time *Cicuta* was the remedy except two or three times, when *Opium* was given. When there seemed a standstill in the process of recovery the *Cicuta* would again do excellent work.

The second case is very interesting because in the beginning it was that of a true cryptogenic septicæmia and then as a result of a relapse the final condition resolved itself into a localized septic condition.

March 28. This patient was an American boy 19 yrs. of age, giving a good family history. His personal history was good except that one ear had shown a slight discharge since childhood. His work was that of a cotton mill hand. He became suddenly ill with a sharp chill in the late afternoon, which was followed by fever, the temperature rising to 103, the pulse to 108. There was a hard headache which was made worse by motion. The face was flushed.

The throat was sore and very painful when swallowing, with a constant burning sensation. There was a bright red appearance of the tonsils and on the pharynx; the tongue was very red especially on the tip; there was moderate thirst. Both legs, below the knees were covered with a bright scarlet rash. Where the rash appeared the limbs were somewhat swollen. The patient complained of an intense burning of the skin in these locations.

There was a mottling of the skin in several places on the back. The patient was very restless. *Rhus tox* was the remedy administered. On March 29 the temp. was 100°. The rash on the legs was less marked. The mottling of the skin on the back had all disappeared; the restlessness was less.

March 30 the temperature was normal. The rash had nearly all disappeared.

April 1st. Discharged the patient.

April 5th. The patient had been out during the previous evening in a heavy rain. The left side of the face was badly swollen about the angle of the jaw. The parotid gland had become extensively involved and was very sensitive to touch.

He complained of soreness of the throat and there was a slight creamy colored deposit on the posterior surface of the left tonsil. The soreness was often worse when asleep, in fact the patient was awakened because of the soreness of the throat and face. The temperature was $102.8/10^{\circ}$.

Lachesis was administered.

On April 6th, 7th, and 8th the patient steadily grew worse, yet, it seemed as if Lachesis should do the work which it failed to do even in different potencies.

On April 8th I reviewed the case carefully and added to the above these notes. Temp. $104.5/10^{\circ}$, pulse 124. The swelling was excessive even on the upper part of the chest in the median line. There was some slight swelling at the angle of the right jaw. The throat was very sore and was made worse by empty swallowing. The Alae nasi dilated with every respiration.

In spite of the left sidedness, Lycopodium seemed the choice and I administered two doses.

On April 9th the patient was more comfortable. The temperature was down two degrees. At a point near the left clavicle the skin was reddened, as if about to suppurate.

On April 10 the temp. was 100; the patient had a very comfortable night. The point at the clavicle would fluctuate and I lanced it and evacuated a large amount of pus. From this time on the patient made a rapid recovery.

These two cases well illustrate the fact that we have at our command a wonderfully rich armamentarium in our several remedies, when they are carefully chosen for each individual septic condition, and yet in clear view of these facts many are prone to rush off and use the pathogenic vaccines to overcome septic conditions, when we surely have at hand a more potent force in the dynamic powers of our remedies.

DISCUSSION.

C. M. Boger: They were two very severe cases. I want to call attention to a symptom of importance—the convulsive motion of the nostrils, indicative principally of Lycopodium.

It is a symptom that should be observed in its faint beginnings if we would reap the most benefit. I have seen the most wonderful results from the action of *Lycopodium*. One was a case of tubercular meningitis that ended in complete recovery. If you wait until the movement becomes so strong that one cannot help seeing it, it may be too late. After the subsidence of the meningeal symptoms in the above case the patient broke out in blind abcesses all over, but made a perfect recovery. In a certain form of tuberculous meningitis, *Lycopodium* is our refuge and will cure apparently hopeless cases.

OBSERVATIONS ON BLOOD PRESSURE.

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

Not blood pressure, not any pathological condition, not any symptom or set of symptoms constitutes the whole of any case. But an elastic comprehension of all the factors entering into the patient's complex, may lead to any of the elements of that complex as the starting point for remedy study.

Of all diagnostic procedures, none is easier of accomplishment, (not even excepting the use of the clinical thermometer) than that of determining the blood pressure.

And inasmuch as its information applies to a case, that information is definite, suggestive and satisfying, and offers a point of departure for further investigation.

The mechanics of blood pressure have to do with the heart, the arteries, the blood and the tissues through which the blood is forced. Normally the blood in the arteries is under a constant pressure of 60 to 90 m. m. of mercury. This is maintained by the arterial walls, their elasticity being sufficient to force the blood at that pressure against the resistance of the arterioles even during the time the ventricles are resting in diastole.

During systole, the heart adds its force to the elastic recoil of the arteries, and the arterial blood then sustains a pressure 110-135. The difference between the diastolic and systolic

pressure is known as the pulse pressure, and normally is from 30-45 m. m.

Variations in pressure may be due to an increase or decrease in the force of the heart-beat, to variations in the elasticity of the arteries, to changes in the resistance to the blood in its passage through some organ or tissue, to alterations in the quantity or quality of the blood, or to a combination of any or all of these factors.

The pressure varies according to age and sex. For males at 20, it runs from 105 to 140 with an average of 122. At 60, 115-150 with an average of 132. Women average eight points lower than men.

The pressure increases at a regular rate with the age of the patient.

A lowered pressure is present in conditions of cachexia, and in wasting diseases, notably in tuberculosis; in anæmia after hemorrhage, in shock and in most acute conditions; in chronic drug intoxications, in neurasthenia, and in failing cardiac compensation; in fact, in any condition which is characterized by lowered nerve tone.

It is occasionally found in patients who tire easily from mental or physical exertion, but who have no definite lesions.

If present in a young person who is to undergo an operation, the possibility of status thymolympathicus should be investigated.

In many cases presenting a lowered blood pressure, I have been able to demonstrate an area of lung tissue, usually in one apex, which gives a high pitched percussion note, increased fremitus and harsh breathing sounds, due undoubtedly to a healed tubercular infection. Usually such patients give a history of having been "run down" during a period of several months at some previous time.

A daily variation of temperature, especially if accompanied by moist rales heard over the affected area, is the strongest possible evidence that the tubercular infection is active.

In rare cases, a morning temperature below normal, with an evening rise to normal has the same significance as an evening rise of temperature.

Lowered blood pressure which follows a long continued high pressure, unless occurring gradually as the result of a curative change in the patient, is usually the result of myocardial degeneration and dilatation. In such cases enlargement of the heart-area and weakened first sound signify danger of early dissolution.

Increased blood pressure has a more important significance than lowered pressure, and may arise from several causes.

When confronted by a pressure above 160, the examiner usually expects to find chronic interstitial nephritis, or arteriosclerosis.

It has been claimed that 75-80 per cent. of increased pressure indicate interstitial nephritis, and the other 20-25 per cent indicate either a splanchnic sclerosis, or sclerosis of the aorta above the diaphragm.

Observations indicate that this statement is too inelastic, for under hygienic treatment alone some cases of increased pressure approach the normal, and this would hardly be possible if the arteries were sclerosed, or the kidneys were chronically contracted.

Dr. Brinkerman of New York has shown how there may be too great a volume of blood due to a condition of hydraemia, causing increased arterial tension. By reducing the amount of water taken the pressure is often reduced to normal.

Dr. Rudderow of New York has apparently cured cases having high blood pressure and all the evidences of a chronic interstitial nephritis by a course of treatment directed to the increase of muscular efficiency. His opinion is that in these cases, the albumin casts and polyuria are the result instead of the cause of the high pressure, and that the high pressure is due to lack of tone of the circular muscular fibers of the arteries, a condition analogous to that found in the inelastic voluntary muscles of those who exercise too little.

Another cause has to do with psychic conditions, as prolonged emotional strain has apparently induced high arterial pressure.

Auto-intoxication, due to protein putrefaction products has a bearing in some cases, and when such patients are put on

purin-free vegetable diet of low protein content, often times the pressure will be reduced to normal.

The habits of patients as regards drugs, tobacco, tea and coffee, alcohol, etc., are undoubtedly potent factors in some cases.

The usual experience is to find a lowered pressure in the chronic tobacco, drug and alcohol users, but before the degenerative changes have advanced far, there may be a period of increased pressure.

I have one case where there was an alarming increase in pressure, directly due to cigarette smoking. The patient is a woman of 39 who began to smoke cigarettes about seven years ago.

The effect of nicotine has been shown to be cumulative, and for some unknown reason, this patient reached her point of toleration. Normally her pressure had been 120 m m, but one evening it was taken after a large number of cigarettes had been smoked, and it was 140. After a day without smoking, it was again 120. In seven months it was 185 m m, and the patient had marked symptoms of nicotine poisoning. Since stopping cigarettes, the pressure is gradually coming down.

It should always be remembered that back of a high blood pressure is a heart working harder than normal. The increased work causes muscular overgrowth in the heart, and there results cardiac hypertrophy, and the whole condition is compensatory. When compensation fails, the heart muscles give out, and cardiac dilatation follows, with its train of distressing symptoms.

A steadily increasing pressure warns of possible apoplexy.

When confronted by a condition of high arterial tension, the urine should first be examined. If evidence of kidney impairment is found, or if indican be present, a suitable diet should be prescribed. The general hygiene can not be too carefully gone into, for aside from the inherent tendencies of the individual, his ill health is the result of the accumulated effects of what has entered into his daily life. After correcting all that it is possible to correct, a study should be made for the curative remedy.

A wise interpretation of the fact of high blood pressure will in some cases be of material help in the selection of the remedy.

In others, it will be considered no more than if it did not exist. The best prescriber is the one who recognizes when a pathological condition has significance as an indication for a remedy, and when it can be ignored.

To illustrate some of the practical points of the subject, a few cases will be briefly presented.

A year ago, a woman of 55 reported that the day before, she awoke with stiffness of the left side of her neck. On turning head to the left, little fine pains shot into the head. Dry cough when lying. When coughing, head felt as though it would burst. Vertigo on motion. Disinclined to move, unrefreshed after rest better in open air. I gave Bry. without relief and later changed to Gels. This relieved the sharp pain, but she could not lie down or move. I took her blood pressure, and found it to be 115 diastolic and 215 systolic.

The gravity of the situation now dawned on me, as here was evidently an increased blood pressure causing dilatation of the basilar arteries, and threatening apoplexy. A urinary examination had been made shortly before, showing her kidneys normal. Glon. 30 was given, with marked temporary relief, and then an aggravation, showing it was only palliative.

There was no flushing of the face, but there was slight mental excitement. She had been emotionally overwrought for a year previously.

Dr. Spencer Carleton had previously had this patient for several years, and I asked him to go over her case with me.

The fact of congestion as shown by the sphygmomanometer suggested the Belladonna group, and the absence of flushed face led to a study of Hyos, which was given in the 200 every two hours. Relief from the pain began within a few hours, and the blood pressure became lower the next day. It was about ten days before she could lie flat in bed, and several weeks before her blood pressure was normal. Her recovery was complete, and her present pressure is 135 m m.

This case narrative is evidence enough of the bearing the

blood pressure had on the prescription; without the knowledge I doubt if the remedy would have been found.

Two months ago I was called to an old lady of 73, who a few hours before had had a sensation of heat as though the room was too warm. This was accompanied by red face, pain in the head which entered at the bridge of the nose, and nausea. Her systolic pressure was 235. A year previously it had been 140, and a urine examination three years previously had shown no kidney lesion.

Under Amyl. nit 30 the pressure came down to 170 in 48 hours, but then began to climb up again. On the 5th day it had reached to 235, when I gave Sulph. 50 m selected partly from previous knowledge of the case, and partly because of symptoms which arose. She went on with a pressure varying between 165 and 205 for a month. In the meantime, her urine disclosed a chronic interstitial nephritis. Daily observations were made as I did not consider her out of danger, and the close watch was justified by the sphygmomanometer showing a pressure of 235 one day, when she said she was feeling better than for a long time. It is a common experience for a patient who is about to have a stroke of apoplexy to appear and feel unusually well the day or two before. A careful questioning of the family brought out the fact that she had been irritable and excitable, and that her voice had been pitched high. In addition, she developed suddenly in mid-afternoon a pain in the occiput which was sharp in character and aggravated by motion or lying. Under Bell 1 m. the symptoms abated, and the pressure came down, though it remained irregular.

A few days later, a review of her whole case led me to give Calc. carb. and now her pressure remains at 155 to 170. I have every expectation that it will eventually go much lower. For a year previous to the acute attack, she had been through great mental anxiety. The difference between her diastolic and systolic pressure is remarkable, being about 90 m m, and it is my opinion that her kidney condition has most to do with the arterial tension, as I believe her arteries are a little, if at all, sclerosed. In any case, at her age the experience was a

perilous one. In this case the fact of high blood pressure was an important indication when studying her remedies, and was invaluable as a danger signal before irreparable damage had occurred.

Six months ago a man of forty-one applied for treatment, complaining of severe headaches and weakness. For several months he had had frequent urinations at night.

For two years had been undergoing tremendous business strain, and had done the work of three men.

Physical examination showed his heart enlarged and his blood pressure to be 255. His urine contained albumen, kidney epithelia, hyaline, epithelial and granular casts and blood cells. An examination of his eyes by an oculist revealed an albuminuria retinitis. A diagnosis of chronic interstitial nephritis with added croupous element was made. According to medical statistics such cases usually die in six to eighteen months.

It is a pity he did not consult a physician when he first noted frequent urination at night, as that is often the first sign of Bright's disease. A bad element in his prognosis is that his father died suddenly at 52, and a brother died suddenly at 43, both cases being diagnosed as heart failure. Probably both had Bright's disease, and may have had a cerebral hemorrhage, or a sudden giving out of the heart.

There is evidently something wrong in the family fiber. A careful reportorial study of his case led me to Sepia, which I have given at infrequent intervals and increasing potencies. His urinary condition is improving and he is getting better symptomatically, though his blood pressure remains the same.

In this case the sphygmomanometer finding is of diagnostic and prognostic value, and did not enter into the prescription.

I have two women under observation, one 48 years of age, and the other 57, both of whom have blood pressure of 245, and neither showing kidney disease. Both have indican however. The first one lost a brother at 53, who died of cardiac dilatation. He had a blood pressure of 225 for two years at least before he died, and no treatment modified this.

Both are on Sulph. selected on constitutional symptoms.

In indicanurina Sul. or one of its compounds seems to be frequently indicated.

The value of physical findings as an aid in prescribing remedies is greatest when these physical findings represent change of function as in cases where blood pressure rises because of long continued emotional disturbance; and the value of these physical findings is least when they represent fixed pathological conditions as in arteriosclerosis.

One represents the living changes and the direction in which they are progressing, but with the inherent probability of change to normal. The other irrevocable results, dead potentialities.

DISCUSSION.

T. G. Sloan: One fact not always appreciated in making estimates of whether the pressure is normal or not is that the older a person is, the higher should be the pressure. I have one patient of 80 years old who runs a pressure of 220 right along and I do not worry myself or worry her about it. I let her alone. I have another about 70 whose blood pressure runs from 170 to 190. An old school physician had pulled it down to 150 and kept it there for weeks and she was miserable all that time. He woke up and took her off the Nitroglycerin and she got perfectly comfortable again.

P. E. Krichbaum: While attending a medical meeting one evening, they took my blood pressure (I was "dummy for the rest"). They found it was 212, just boiling you see. Probably they thought I would die before morning. Subsequently I purchased a machine and discovered that my normal pressure is 120. I have a patient with fatty infiltration of the muscles of the heart whose pressure is 200, and that disease usually has a low pressure. My own blood pressure on the night mentioned was what attracted my attention.

Dudley A. Williams: There are many men who do not take blood pressure accurately; it is a thing requiring some practise and can be very misleading at times. In the beginning I made a whole lot of mistakes with it. In order to get accurate results, results that are worth anything you have to use a

stethoscope because the sense of touch is not sensitive enough. When I first began to use it I examined a number of people with nothing the matter with them and found that they had high blood pressure, which scared me to death. After I grew more expert and used the stethoscope I found that they were normal. The range between the diastolic and systolic pressure is to be considered a great deal if you want to get the most information. In the first case reported by Dr. Stearn's there was a range of 100 points which is extraordinary; I never ran across a case like that.

P. E. Krichbaum: I have those things you put in your ears also. The case I spoke of weighed 200 pounds and had fatty infiltration of the muscles and yet the pressure was high. I am not old enough to have so high a pressure; the time it was 212 I had been smoking.

E. W. MacAdam: I have heard it stated that the size of the arm has much to do with the pressure registered in the manometer; Dr. Janeway had a patient with one atrophied arm, and the pressure recorded was the same for the small arm as for the larger arm. In making our reading the size of the arm need not greatly concern us.

Dr. Stearns states in his paper that the resistance to the blood flow is in the capillaries. This may seem a small point, yet I speak of it for a very definite reason. The resistance to the blood flow is chiefly in the arterioles; not in the capillaries. There are three factors in blood pressure; first, the force of the heart beat; second, the elasticity of the arteries; and third, the resistance of the arterioles; alteration in any one of these factors is attended by alteration in the blood pressure. The arterioles are endowed with circular muscle fibers, which are directly under the control of the nervous system. When these little vessels relax, the pressure falls, when they contract, the pressure rises. These changes of calibre are under the control of the vaso-motor centers in the brain and spinal cord. As far as we know, there is no nervous control over the lumen of the capillaries. The blood pressure then, varies under vaso-motor control, and as the vaso-motor centers are influenced largely by emotional states, we can understand how

the blood pressure may be affected by excitement or any other psychic state.

G. B. Stearns: I would ask the secretary to please correct the paper to that extent and I thank Dr. MacAdam for calling my attention to it. It was an oversight. Many physicians take blood pressure and on finding it too high try to bring it down by various means; that is a mistake and is often a dangerous thing to do, for in the greater number of cases high pressure is compensatory and necessary to the patient's safety. Oftentimes the systolic pressure comes down while the other remains stationary. The nearer you get the two together the nearer you come to obliterating the pulse. When you get them absolutely together the heart stops beating. The high pressure is absolutely compensatory whatever the cause. It leads back to a cause and through that you sometimes get a hint for a remedy.

F. W. Patch: Attention of the members is called to the presence of Dr. T. F. Smith. It is seldom that we have the pleasure now-a-days of welcoming two charter members at a single session. Dr. Edward Rushmore and T. F. Smith are with us today.

T. Franklin Smith: I am glad to be here for I hardly expected that pleasure: I am not very well myself and I have a very ill wife at home. So I had about given up the thought of coming to this meeting. Yes, I am one of the original organizers of this society. There was occasion for the organization of such a society at that time; whether that occasion still exists I am doubtful and I am not going to say. Any of you who hear the report that I am to make next Monday will say that homœopathy is not dead nor even asleep: I think I will prove that. I realize that this association is doing good work for although I am for the most part unable to attend the meetings I keep track of what you are doing by reading your transactions, and I am pleased to see what is being done by the I. H. A. and I am glad to be here with you today.

CLINICAL STUDIES.

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

I. A woman nearing the sixtieth year. Pain in the lumbar region over the right kidney, later over the left, which perhaps showed its involvement also in the course of the disease from which she suffered; this pain was both a severe aching and a pinching pain, as if the suffering part were pinched between thumb and finger, as she described it; at times it extended forward and downward, I suppose along the right ureter. Urination urgent, with some pain at its close; stopping and starting of the urinary flow.

During her illness and for several weeks preceding it, great coldness and chilliness in the lumbar region, running up the back, so sensitive to exposure of this locality that she must keep it well covered.

Irregular fever, but upon closer observation this was always highest at four or five in the afternoon, when it reached 102° or 103° ; much chilliness during the fever. Insatiable thirst at times. Disgust for food during the fever, but good appetite returned as the fever passed, which at times amounted to ravenous hunger.

Sweating not marked.

If the urinary symptoms had not made one suspicious of the kidneys or bladder I suppose the case might have been thought malarial.

Examination of the urine showed 30% of albumen by measure; pus in great quantity; no casts; few epithelial cells either from the bladder or kidney. That the pus came from the pelvis of the kidney there can be little doubt as the urinary analysis, both chemical and microscopical, showed on the one hand no cystitis, nor on the other any involvement of the deeper kidney structure.

Diagnosis: Pyelitis.

Treatment: Several remedies without benefit, then a closer study pointed to *Eupatorium purpureum* which was given in the 200th. potency. The patient soon showed improvement

and a very satisfactory recovery followed. The diagnostic symptoms of the remedy were:

The coldness and chilliness in the lumbar region, spreading up the back, very marked and troubling the patient perhaps more than any other symptom. An irregular fever, but which was always highest at four or five p. m. Allen's "Intermittent Fever," while stating that the hour of temperature or paroxysm of *Eupatorium purpureum* is not marked, mentions in brackets three to five p. m. The disgust for food during the fever and the hunger or even ravenous appetite as it abated was a strong indication for *Eupatorium purpureum* and is one of those peculiar symptoms which only the student of Homeopathy—and the patient—would heed. Remedies having hunger after the fever are: *Cina*, *Cinchona*, *Cimex*, *Eupator: perfol.*, *Eupator: purp.*, *Ignatia*. The urinary symptoms which were not very characteristic, were suggestive of the remedy and were covered by it. The aching over the kidney is also worth our consideration. T. F. Allen says of *Eupatorium purpureum*, "the severe pains in the back noticed in this drug seem to indicate its use for chronic or subacute inflammation of the kidney."

The case is unique in showing the almost unlimited applicability of any remedy to any disease, given the correspondence of high-grade symptoms. We know the reputation of this drug in intermittent fever, we have cured with it various bladder affections, but I do not know of a case of pyelitis having come within its influence.

II. Cough in a woman eighty-four years old. She had had this dry cough some days and it had now become so incessant that she was much exhausted by it. The coughing was so rapid during the paroxysms that she could scarcely utter a word. It was less marked during the night than by day unless she lay on her right side, when it was greatly aggravated.

After several remedies apparently as well if not better indicated by the modality "cough worse lying on the right side" *Ammon. mur.*, 1m potency, quickly cured. "Dry cough with inability to utter a single word during the paroxysm" is also

very characteristic of Ammon. mur. and is a symptom we frequently run across in practice.

A year later this patient had a cold in her head with stoppage of the nose and an acrid watery discharge burning the lip. The condition suggested Ammon. mur. and at the same moment I was reminded of her cough of last year. I confidently repeated the remedy, much to the patient's relief.

We frequently have such an experience, a patient in all his complaints always manifesting some phase of the same remedy, of "his remedy" we say, and the question is raised regarding the successful treatment of such a case. Is a chronic case where we are met by the invariable demand for the same remedy as curable as where a concatenation of symptoms is presented to us with a corresponding sequence in the remedies?

III. The next case is one of no great importance if we measure importance by the seriousness of sickness, but if our object is a more exact knowledge of our tools, we may gain this, I think, quite as well from their use in slight ailments as from their employment in those of graver nature.

The case was one of diarrhoea that had lasted several weeks unremittingly. The symptoms were: pinching, cutting pains throughout the abdomen, worse after eating and accompanying the stools or expulsion of gas; stools after eating; rumbling and rolling in the abdomen; discharge of large quantities of gas from the bowels. These symptoms were one and all distinctly worse the latter part of the afternoon, during the evening and early part of the night.

It, of course, looked like a *Lycopodium* case, but not feeling satisfied that it was, I devoted some study to it, before prescribing, giving then *Gambogia*, 10m. potency. Improvement was immediate and the patient recovered nicely in a day or two.

Why was it not a *Lycopodium* case, given the noisy rumbling in the abdomen, the discharge of much flatus and the time of aggravation of the symptoms so characteristic of that remedy?

Why was it a *Gambogia* case when such important symptoms as "coming out all at once with a single prolonged ef-

fort" and "marked relief after stool" were lacking from the analysis?

It was not *Lycopodium* because the diarrhoea of this remedy is painless, so far as abdominal pain goes. The pain of the *Lycopodium* stool in diarrhoea is in the rectum where it is biting, burning with tenesmus and perhaps with that peculiar symptom "chilliness or coldness in the rectum." *Lycopodium* has colic, plenty of abdominal pain and discomfort, but these occur with constipation or are accompaniments of other digestive disturbances. While the time of aggravation in the case strongly suggested *Lycopodium* it was not after all typically between four and eight p. m. but began the latter part of the afternoon and lasted till ten or eleven p. m.

It was a *Gambogia* case on account of the symptoms mentioned, every one of which is highly characteristic of this remedy, to wit: the pinching, cutting pains in the abdomen, which, with the diarrhoea were worse after eating; the rumbling and rolling in the bowels, the profuse discharge of flatus; the aggravation of all symptoms the latter part of the afternoon, in the evening and early night.

Bell, in his "Diarrhoea" says that *Gambogia* closely resembles *Aloes*, but I have tried to show in this case that it has another side quite as suggestive of *Lycopodium*.

IV. A baby seven months old had been returned from the hospital where she had been sent for operation. The operation, however, had not been performed, no doubt on account of the baby's serious general condition which was such that she hardly would have survived the knife.

It was a case of coxalgia of the left hip joint, in all probability tubercular in nature, though I can give no laboratory evidence of this. The mother was the picture of tuberculosis and had at times manifested symptoms of this disease.

When I first saw the case the joint had reached the suppurative stage and pus was discharging freely through two sinuses, one of which opened in the upper segment of the thigh on its outer aspect, the other slightly posterior to this.

It is understood without saying that the child's general condition was one of profound malnutrition. She was maras-

matic, wasted to a skeleton, and immediate or early death seemed inevitable.

The stools were frequent and sour; there was somewhat exaggerated sweating about the head and neck. I could learn no other decided symptoms upon which to base a prescription. Of course the antipsorics presented themselves one after another for consideration. Silica, Hepar, and one or two others were given with no appreciable result.

One day the mother gave the information that the stools had the odor of old cheese. This was the clue I had been looking for and no time was lost in following it up. Bryonia, Hepar and Sanicula are the only remedies, I believe, having this symptom. Hepar had already been given on account of the sour stools and the suppurative process, so Sanicula was the obvious choice. The 11m. potency was given. In a few days there seemed to be a slight reaction and it was not long before the mother declared that the baby was "picking up." The discharge lessened; the diarrhoea ceased; nutrition improved; eventually the sinuses healed. That baby today is a healthy, rosy-cheeked child and plays her life like any other child to the incessant tune of two good legs.

V. A case of spasmodic laryngitis in a woman in her forties with these symptoms: dry, spasmodic, sibilant cough, giving much pain in the larynx and bringing tears to the eyes; cough "as dry as a board" in the patient's words; much worse at night, after midnight, and after sleeping; wakes in severe paroxysms of coughing, strangling and suffocation with sense of contraction in the larynx and great difficulty in getting her breath; breathing is further interfered with by obstructed nasal passages, which condition passes off with the paroxysm and which is not caused by accumulation of mucus; restless, apprehensive and fidgety in an extreme degree, moving and throwing herself about with some relief from doing so.

The symptoms cleared up considerably during the day, only to return with the same severity the following night; continuing in this way several days, probably the greater part of a week.

I had seen the patient through a number of such attacks,

had given various remedies with indifferent success. Now after renewed study at the beginning of another attack I felt convinced that *Sambucus niger* would help. From the 45m. potency there was almost immediate good effect and the patient made an unprecedented recovery. Since then she has been threatened a number of times but *Sambucus* has always averted an attack, save once, when after some help from the remedy, Chlorine 10m. was of great benefit.

That I stumbled upon *Sambucus* is only too obvious and yet it admirably covered the case in every particular. Why, then, was it not given first instead of last? Partly no doubt because of many other remedies delusively similar, but also simply because the patient had not manifested certain characteristics which one looks for when thinking of this drug, namely "profuse sweating during the waking hours but dry heat while asleep" and, in reference to its respiratory sphere, "easy inspirations but difficult expirations."

This fact, the absence of important symptoms which we have taught ourselves to expect, shows that we may go too far in presuming that every case will exhibit key-notes for our satisfaction, or, on behalf of the remedy, that these should constitute a *sine qua non* of every prescription. I am convinced that a predilection for some particular aspect of a remedy will often exclude from view another side that would prove equally indicative of the drug.

After the spasmodic symptoms in the present case I suppose the aggravation after sleep, or on going to sleep, was the strongest indication for *Sambucus*. It is a very marked modality, accompanying many symptoms. It of course reminds us of *Lachesis*; cyanosis, though not a feature in this case, is another symptom common to both remedies, and in these laryngeal cases where both are frequently called for we may find it difficult to distinguish between them. In *Sambucus* the cyanosis is mechanical, due either to spasms of the larynx pure and simple, or to oedematous pressure within it, which in turn is referable to the drug's spasmodic action, causing strangulation of the local circulation and serous exudation into the neighboring tissues; probably both causes are operative at the

same time. *Sambucus* is full of cedema. Under *Lachesis* we may expect to find that its cyanosis is either toxic or that it arises from a damaged heart or enfeebled circulation.

To return to our case another manifestation of obstruction from cedema was the "stuffy" nose, the patient being unable to draw air through it. This, as I have said, was not due to occluding mucus; it cleared up as the spasmodic element subsided showing thus its true nature.

One more prominent feature, and one so marked under *Sambucus*, was the extreme restlessness, the relief from motion and aggravation from keeping quiet. We think of *Aconite*, *Apis*, *Arsenicum*, and *Rhus*, but it is not difficult to distinguish between them. Parenthetically, the *materia medica* tells us that *Sambucus* relieves ailments from the abuse of *Arsenicum*.

Referring to notes in this patient's past, I find one or two points bearing upon *Sambucus* that may be of interest, though immediately they had nothing to do with the case, that is, did not occur to me at the time. Under *Sambucus* we have "anxiety" "easily frightened", "bad effects of fright." The patient exhibited all this; she feared every disease, every germ, she would have diarrhoea from emotional disturbances.

In bad effects of fright it is worth mentioning that *Sambucus* follows *Opium* well and in speaking of these two remedies I may add this antithesis: persons formerly robust and fleshy, suddenly become emaciated, — *Sambucus*; persons formerly spare and emaciated suddenly become fleshy, — *Opium*.

When "nervous" this patient often complains that her face or lip feels enormously swollen, but they are not so; *Sambucus* has "sensation as if the cheeks were swollen, which is not the case."

Again I find, the patient since she was a child, has suffered from the fear of loss of consciousness on going to sleep, this fear sometimes keeping her awake for hours. Another instance, not only of her fearfulness, but of the aggravation on going to sleep which we have spoken of as running through *Sambucus*.

I do not know what improvement there may have been in these several particulars of the patient's chronic condition, but there is no doubt that she is materially better in general health since she has had Sambucus.

While there are many sides of Sambucus not touched upon here, I have tried to bring a little order out of my own chaotic conception of this remedy and hope to have conveyed some idea of its usefulness in the class of cases we have been considering.

DISCUSSION.

John Hutchinson: The doctor touches upon an interesting point when he speaks of not having prescribed a certain remedy earlier in the case. We all have heard good prescribers say that if the given case had received the last remedy two or three days earlier it would have saved time. That statement does not get my assent. If the first prescription is a good one it does its work. If symptoms still remain that indicate another remedy, the second remedy may complete the case. Is it philosophical to insist that the last remedy if given first would have cured more quickly than the two did? As it was not indicated at first it probably would not have cured at all. Obviously, the first remedy opened the way for the work of the second. The second remedy was not indicated at first.

In a case of remittent fever, the remedy seemed to be Bryonia. It was given with excellent advantage to the patient. Its effect held for some days. The patient's condition improved; the fever gradually subsided. Then quite suddenly Capsicum was indicated by pains in the thighs and other symptoms. It was given and worked so well that one of the physicians remarked that it should have been given at first. In my opinion, it was not called for by the first symptoms that presented, which demanded Bryonia.

G. B. Stearns: I feel that when I prescribe more carefully at first I have fewer second prescriptions to make and very many less third prescriptions. I think that as a standard two prescriptions at the most should carry almost any case through.

P. E. Krichbaum: The doctor was in doubt as to the diagnosis of ulcer of the stomach in that first case. A case I have in mind was diagnosed as gastric ulcer and it ruptured: I was sent for in a hurry, I sent the patient to the hospital she was operated upon and returned home in three weeks. Then another ulcer seemed to form and she was told that she would have to be operated upon again. The patient was scared to death and came to me to avoid an operation if possible. It took a good deal of courage to take the case in spite of the diagnosis, in spite of the operation, in spite of the rupture of the previous one. Well, that patient got well without any operation. I have now not the slightest idea what I gave. Another case was one of wrong diagnosis; I was on a fishing vacation when a child of one of my families was taken down with an illness. There had been a storm and the telephone lines were down so that they could not get me and a doctor in the neighborhood was called in. He pronounced it a case of bronchial pneumonia and serious. The child declared he was poisoned all through. I arrived next day and took hold of the case. It was an instance of talking too much. He was there Thursday, I was there Friday and the child was going to school early the next week.

Harry B. Baker: Cabot admits mistakes in diagnosis of nearly fifty per cent, and if one of the best experts makes so many what must be those of the rank and file. Some years ago a man came to me with the diagnosis of cancer of the stomach made by one of the best internists in the city. I knew that he had taken a great deal of medicine and thought that that and not cancer might be the cause of the trouble. I took the case and finally worked out his remedy. He gained rapidly in every way and put on thirty pounds in weight so I felt pretty sure that he did not have cancer. He was able to go back to his work, carpet stretching, and kept at it for six months. One day he undertook a very heavy job though I had cautioned him against it, and something seemed to give way. He went rapidly down and as a last resort we operated on him. We found a very much contracted stomach with an old chronic ulcer in it. The remedy had evidently healed it

up but the over exertion had broken it out again. He only lived a few days after the operation. I have a man now who comes to me with a diagnosis of cancer of the liver made by two very good men. He has improved a little so far and I am hoping that the diagnosis is wrong in his case also.

A. P. Bowie: These cases are interesting to me; they do not reflect much credit on old school diagnosis. We are all capable of making mistakes in diagnosis but at least we can get results from treatment that the old school are unable to attain. They put most of their strength in diagnosis and we in curative results.

QUIESCENCE OF GASTRIC AND UTERINE MALIGNANCIES FOLLOWING HOMEO- PATHIC TREATMENT.

JOHN B. CAMPBELL, M. D., BROOKLYN, N. Y.

The apparent modesty of this title may forestall or anticipate any possible objection to the use of the word cure, when considering the more or less permanent relief of cancer of the stomach and uterus.

Nevertheless, let it not be forgotten that cancerous conditions of these organs respond to properly selected homœopathic remedies by long periods of quiescence or cure, and that much may be expected. Even in fairly advanced gastric and uterine cancer from the action of remedies augmenting each other by administration in complementary sequence.

A good deal is being accomplished along diagnostic lines by the radiographer and the microscopist, in reducing the margin of possible doubt as to the actual condition of the affected organ. But in certain cases of malignancy, diagnosis by these methods may, for one or more reasons be impracticable, and the physician may be obliged to content himself with less elaborate confirmation of the existing conditions.

In spite of the fact that modern medicine looks askance at any case which has not measured up to diagnostic require-

ments, I feel warranted in reporting these instances of the relief of undoubted malignancy, and I have confined my statements more to gross conditions and results than to the finer symptomatic details and differentiation of remedies.

"The chief and most important physical sign presented by gastric cancer" says one of the ablest of English diagnosticians "is the presence of a tumor"—when we can add to this the typical "coffee-ground" vomit, pain, emaciation and cachexia, we are left in very little doubt as to the nature of the malady.

After all, the phenomenon of malignancy, its origin, prophylaxis and successful treatment constitutes at the present day a subject of consuming interest. This is largely because malignancy has for many years been equivalent to therapeutic panic wherein physician and surgeon have concentrated their united attentions upon the offending growth itself rather than upon its contributory causes. And quite logically, this view of the matter has pointed the way to extirpation of the growth as the only radical remedy.

Many of us can bear witness to the fact that in unmistakable malignancy, operation simply arouses an already furious miasm. However, surgical ideals seem to invariably demand removal of malignant growths, together with every particle of diseased tissue, wherever and whenever possible. But even where this can be accomplished, malignancy may go on developing with proportionately increased rapidity—as did a sarcoma of the eye in a child of three, which came to my attention.

It began as a possible plastic cyclitis. Then neo-plastic cyclitis was suspected and the eye removed before any malignant manifestation had exhibited itself outside of the eyeball. In other words, every bit of the suspicious development was confined within the globe, yet in four months, malignancy recurred at the muscle stumps. After a second operation there was recurrence in seven weeks, and again, notwithstanding the application of Radium in three weeks. This child was operated upon by two prominent old-school oculists both of whom were hopeful; one even going so far as to assert that he

thought there would be no recurrence. In eleven months from the perceptible onset of the disease, the child died.

We felicitate ourselves perhaps too much upon relatively minor achievements experienced in taking care of the daily grist of diseases in the curable class. Malignancy however, represents the most desperate of disease ultimates. It means dire physical need, and often conveys the impression that the entire fabric of medicine even in its most modern development and application, is far within the extremes of human necessity.

The exhibition of infuriated cell-growths known as malignancy have occupied the attention of physicians of all schools and awakened the solicitude of the whole world as to their deep significance.

It seems hopeless to expect any so-called universal "cure" to be discovered which will successfully reach every case, or even a reasonable percentage of malignancies for the very old reason that individuals vary, and it is they and not abstract diseases we are compelled to consider. But the universal cure is still a delightful medical mirage.

Once burn it into the mind that all vital phenomena are inseparable from oxidation, and it will be seen that perverted function in its recent and remote effects is closely linked with defective oxygen distribution throughout the living organism.

Sub-oxidation with consequent carbonic accumulation in the tissues has been held accountable for various forms of disease, including some of the malignancies, and it would appear that the power of vaccination, if power it has, to change the complexion of whole races with regard to small-pox which is an oxidizing disease has a strong bearing on the subject of subrated oxidation. The problem of malignancy I fully believe is involved in part at least, in the relation of the underlying cause of both quick and slow diseases to subverted oxidation.

To present the matter to members differently, I have reason to believe there is a close relation between certain slowly oxidizing or smouldering expressions of diseases, and the cancers and other malignancies which blaze fiercely and consume quickly; that this relation is involved in a chemically dis-

turbed vitality and is frequently of adventitious origin—that is, it may be forced upon the organism through vicious treatment. However, I will not do more than touch upon the question at this time.

It is rather with the broader and more elusive general proposition of miasmatic expression as seen in phenomena of long duration and deep disturbance, that I wish to speak.

Sub-oxidation will be seen* to underly, to some extent, every functional disease which falls to the lot of mankind, but is most apparent in suppressions, metastases, and in the hundred and one evidences of faulty metabolism. This statement implies the danger of attacking by means of incorrect treatment, forms of disease in which there is the chance of a miasmatic explosion, as, for instance by turbinectomy or operations upon rectal fistulae which are occasionally followed by pulmonary phthisis.

Now a very definite knowledge of homœopathic philosophy is indispensable, particularly in its bearing upon disease progression and retrogression; for if a practitioner does not know his philosophy he is very often unable to tell in advance what the outcome of certain treatment will be—and during the course of disease he will not be able to determine the relative value of symptoms.

Before citing the cases that follow which I have purposely limited in number I would like to say that aside from everyday uses, Homœopathy has a most valuable application in that extensive class of latencies and pre-symptom states, such as are evidently general weakness depression, emaciation, etc.

These states are mentally and physically reciprocal by reasons of the continual play of reflexes and many of them under no treatment or bad treatment eventuate in malignancy. But under the influence of one of the antipsoric or the diathetic nosodes, the latency can be made to declare its true character after which the scientifically selected remedy or cycle of complementaries will accomplish more than any other remedial measure to subdue the miasm and divert its manifestations from vital to non-vital parts of the organism, and from malig-

nant to benignant expression. Instead of venting the entire volume of the energy locally it becomes innocently diffused.

Over three and a half years ago I was asked to see a man of large and heavy physique who had a central pneumonia from which he did not seem to recover. The reason for this imperfect resolution was more or less a mystery until I at last discovered the presence of a malignancy on the posterior wall of the stomach. This man was the personification of fear as to the outcome of his disease. He would seize my hand and implore me to tell him whether or not he was going to die. Here was a very unstable, hysterical morale, which if allowed to run riot would probably have destroyed the patient.

It took a long time. I should say five or six months to fight down the fear thought which absolutely controlled this man of once herculean strength. It was accomplished by emphasizing the hopeful feature of the case. But the key to the situation was discovered through observing that when the mental state was worse, the patient would be less likely to complain of pain and nausea. This oscillatory movement between mental and physical departments of being was a peculiarity belonging to the individual and not to his disease. It constituted a great "general" indication covering every symptomatic feature of the case. It therefore required only a single dose of the hundred thousandth of Platina to unlock the complex.

It is entirely probable that nothing but Platina could have accomplished the results which followed.

As to whether these results indicated quiescence or cure, I will answer by saying that this patient, who had run down to 155 pounds, today weighs 225, having made a gain of seventy pounds in less than two years.

Remedies of this comprehensive nature cover a large area of the field of medicine—a fact to which I am sure you can all testify. They include difficult, intractable or inveterate conditions, and sub-symptomatic states on one hand, and extreme ultimates on the other which would eventually terminate in cancer, tuberculosis or one of the insanities. Indeed, the

field so covered I believe to be unreachable by any other known means.

In a man of 77 near the pylorus I discovered a tumor the size of a small orange, very hard, and accompanied by pain, nausea and vomiting. There was some cachexia and loss of appetite, while the ingestion of food was followed shortly by distress. There seemed nothing in the symptoms which was peculiar to the individual except the sudden pain.

Infrequent doses of Carb. an. 45m. were given over a period of several months, and for the attacks of pain which, as I said occurred with suddenness, Belladonna cc. in repeated doses was given.

The man who now lives in a distant town declares that the growth has disappeared. I can hardly believe this, but I know that there has been no discomfort for over three years.

More than nine years ago I was called to see a woman suffering from what was apparently a severe attack of gastralgia. This case exhibited a sclerosed condition of the pyloric end of the stomach—with the customary symptoms of nausea, pain, weakness and a suggestion of cachexia. The remedies which relieved were Sul. cm. and Carbo. an. cm. A few days ago I heard from this patient to the effect that she is feeling quite well. This case was under treatment for several years.

Three years ago last February I discovered on examination a malignancy in the uterus of a woman of fifty. There had been long-lasting passive hemorrhage, sometimes for as much as three months. Evidences of depletion, weakness and pallor were pronounced.

The pathologist reported a condition calling for immediate operation, which however, in his opinion would only prolong the patient's life a year at most. But the operation was not performed. There has been steady improvement under Sep. Lyc. Iod. and Nat. mur. given as indicated in the order mentioned throughout several cycles. For a long time after improvement began there was a continuous dirty brownish discharge, seldom bloody and only occasionally offensive. In passing I want to remark that some of these leucorrhoeas undoubtedly drain off pathological products, hence are conserv-

ative in character; while others are wasteful and destructive, and it is a significant fact that as this particular discharge progressed the patient's health increased. Quite recently the general condition has shown improvement under Hydrastis can., in various potencies, at present there are no complaints.

I will give an outline of one more case which represents about ten years of uphill work. The patient, a woman now age 43 is undersized, has a badly bent back, and is of most unpromising physical appearance, possibly due to the influences of consanguinity. The parents were cousins.

She had repeated asthmatic attacks which were aggravated before and during the menstrual period. There was also at this time a paroxysmal cough, with wheezing respiration, loss of appetite and great weakness.

These symptoms were relieved by various remedies from time to time but at last the menses disappeared and were absent for three years. Every month however, there was a recurrence of the asthma and dyspnoea which at times became extreme. The cough was now almost continuous and with copious and offensive expectoration continued for several months, and the patient became, if anything, somewhat weaker and was not able to eat much at a time owing to pain being caused by food. The pain seemed to subside on lying down and returned as soon as the upright position was resumed. Between the asthma which was aggravated by lying and the pain which sitting up made worse, the patient's life was not a happy one.

I made physical examinations from time to time, and one day detected an area of indications at the greater curvature of the stomach, and suspected malignancy the presence of which was later confirmed. The diagnostician told the patient's friends that she had cancer of the stomach and tuberculosis of the lungs and that she might last eighteen months but he thought she would not live more than six.

That was six years ago last November and the patient has been teaching school over five years.

I must not forget to add that she came in one New Years' day to tell me the menses had returned. There has since been

a tendency to menorrhagia and a small tumor appeared in the left breast which showed a tendency to increase in size at the menstrual approach. This patient is not an example of physical beauty at best but at any rate she is alive and busily engaged in her profession, while several of her friends who condemned her to an early grave have preceded her in occupying that particular resting place

The remedies which had the strongest bearing on this case were Puls. Carbo. an. and Con. all in high potency and without much regard for complimentary sequence. The indications were too erratic to admit it—no potency lower than the 200th was given.

It may be urged that nothing is said about the various malignancies which *have not* been subdued by treatment. But to this we must answer not to lose sight of the power of Homœopathy to avert impending retrograde metamorphosis. Moreover it is one of the disconcerting absurdities attending the *successful* practice of medicine that very frequently the better one's work, the less appears to have been done. Some of the greatest prophylactic curative triumphs are not susceptible of laboratory demonstration. Very much has been accomplished by carrying patients along on a small percentage of physical margin until a fair degree of health seems assured. Thus it will be easy for us to realize how a concatenation of symptomatic facts pointing toward malignancy, may be effectually dissipated by Homœopathy.

Besides, we publish cures because we are not here to emphasize failures. Failure ordinarily implies imperfection. In this instance failure would be considered the antithesis of cure. Although there are plenty of so-called failures that represent success in the making.

Homœopathy is still too little understood. Its nominal ranks are made up of practitioners many of whom have not *quite* grasped the central homœopathic idea—that elusive essence which in the alembic of therapeutic thought distills most quickly, hence is most easily lost to the casual materialistic thinker.

In the solution of pathological problems which occur dur-

us of Lachesis; cyanosis, thought not a feature in this case, is ing the day's work, the intelligent study of drug sequence at times becomes to Homœopathy what a knowledge of the laws of harmony and counterpoint are to music.

Under the action of a chain of complementary remedies it will be seen that the ominous symptom picture loses some of its original character or else it recurs with modified insistence. This line of progress might well be compared to a spiral staircase by which the patient ascends out of darkness and difficulty into a state of mental and physical well-being.

Notwithstanding the fact that Homœopaths must contend with various forms of modernism in the shape of drag-net competition, charitable and specialized, up-to-date application of aggressive therapeutics, surgical, electrical autogenous, manual, mechanical or medicinal, drugless, dietetic, psychic or pseudo-religious, etc. etc., there still remains a well defined and fairly extensive therapeutic territory wherein Homœopathy holds undisputed dominion.

PLEASE DIAGNOSE.

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

Of course I mean the *condition*, not the remedy, which I was able to diagnose for myself. Shall it be *neuraethenia*, *melancholia*, *anaemia*, or some other of the many names upon which we are able to shoulder the depth of our ignorance.

It is possible that, in the rapidly nearing future of exactitude, there will be a name which will cover this, and various other conditions, which we jumble together in the above, or other nomenclature, but privately, and between ourselves, it is my belief that *some day*, if we remain pure disciples of Hahnemann, we shall *know* when these forces and disturbed energies within the animal kingdom become jangled and out of tune what it means and greater than that, whither the various disturbances and disharmonies lead.

The present method of elimination of "bugs," of changed blood-pressure, of correct feeding, of irregular or unbalanced

excretions, seem not to help much in our efforts to correct, even when we know the exact laws of quantity and quality due for proper adjustment. The results would seem to lie in the ability to read the signals made by the energies liberated by the various forces, perverted or inimical, and only through that reading and final application of the *Similar*, could we look for a permanent check of inharmonic action, or restoration to normal.

Nov. 13, 1913. Miss K, age 49. Consulted me for the following conditions.

Her nerves were in a jangle, she was sleepless, feared insanity, was losing flesh, anxious and exceedingly sensitive.

She had a history of four years' care of an excessively disagreeable aunt of ninety odd years, whose sudden death, in November, 1912, after an insistant over-exertion which no one could prevent, had left my patient a total wreck. Miss K—had evidently been a hard worker, and the sudden cessation of the heavy burden had left her out of control of herself.

She had taken drugs and even chloral, without being able to sleep. So on January 13 she went into the hospital in G— for two months, taking hot baths, a careful diet, etc., and had just begun to sleep, when she came out, and another shock overcame her, her father, always a strong, independent Scotchman, who never knew he had a nerve, developed cataracts, because of which, *his* nerves went to pieces. Her mother died in labor, at thirty-two years, the doctors saying she had had too frequent labors.

After the last mentioned shock, the patient gradually gained until the previous two weeks, when some necessary dental work, which was considerable, had broken up the healing process, and she was again on the verge of collapse.

She feared insanity because of the following conditions and symptoms.

Sleepless.

Visions on closing the eyes.

Visions formerly not unpleasant; but it might be of a shop in the village; a woman coming out of the door; a piece of

furniture. At present it is of people, hag-like; maybe herself, sitting melancholly. Nothing looks right to her, things most familiar even in the landscape, are not right or natural.

At one time was in constant fear of something happening, and she lost interest in life.

Now desires to live, to recover.

Among her peculiar sensations had often felt a dead hand placed in hers as plainly as she could feel mine.

Once had had the sensation that a dog had come and jumped into her lap.

Menses: irregular, neither very late nor very early.

Leucorrhœa: several years; acrid, clotted, bloody, leaving a yellow stain.

Leucorrhœa: in life time had tried local treatment and pessary, which much < conditions.

Complains of quivering in abdomen, which she terms dizziness.

Stomach: nausea, loathing food.

Drinking: thirstless, neither coffee or tea.

Stool: normal.

Urine: frequent, scant 2½ pints; (from later report) Sp. Gr. 1020.

Urine reaction acid, clear, odor normal, coagulates in heat, clears with acid.

March 13, sudden pains in right hypochondrium < motion.

At present, sharp stitches left hypochondrium.

At present but little soreness in right.

Abdomen: weakness, and aching, also in sacrum.

Music: < emotion, nerves.

Noise: <

Catarrh: green plugs high in nasal passage, each or alternate days.

Breath: offensive.

Tongue: whitish coat.

Aching: between scapulæ. Calomel the previous Saturday supposed to stir up liver.

All the time of her recital of troubles I had thought of that remedy, so efficient for conditions apt to arise from the

long strain of nursing, but proceeded with the anamnesis, just the same.

The strongest indication for prescription seemed to me to be the "Visions," "< from noise," catarrhal symptoms, both *nasal* and *vaginal*.

Sensitive to noises. Visions.

Alum., Ambr., BELL., Calc., Cic., Camph., Con., Lyc., Nat-M., Nit-ac., Op., Rhus., Sep., SIL.

Nasal crusts. Acrid leucorrhœa.

Alum., Calc., Con., LYC., NAT-M., NIT-AC., SEP., SIL.

"Green plugs high in nose each A. M.; Nit-ac.

"In bed all sorts of images appear;" Nit-ac.

"Visions instead of sleep;" Nit-ac.

"Lost in thought, past events;" Nit-ac.

"Lost in thought, always some trend;" Nit-ac.

"Lost in thought unable to free herself;" Nit-ac.

"Anxiety about illness;" Nit-ac.

"Nursing the sick, anxiety and over exertion mind and body;" Nit-ac.

Easily startled, frightened; R Nit-ac. 5m.

Improvement reported on November 20, 1913. S. L.

December 10, 1913. Had gained three pounds, was considerably stronger, had but few visions; appetite good, and sleep good." NIT-AC. 5m.

January 4, 1914. Good report.

April 25, 1914. Some <; reports a gain of twenty pounds since January. Sent NIT-AC. 5m.

In the persistent demand for diagnosis of conditions to which no name is affixed, and of which we have an *unholy* number, I sometimes wish we might say, what some of the older and more eminent practitioners used to say: it is a NIT-AC. condition, or a SULPHUR condition.

A CLINICAL CASE.

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

Miss M. E., aged 24, unmarried, had eczema on the dorsal surface of the left hand for several years. There was nothing

distinctive about the condition, and the patient appeared in perfect health otherwise. Upon careful interrogation, the only point elicited was that there was some intermission of the menstrual flow. So, taking into account the location of the trouble on the back of the hand, and the symptom, "the menstrual flow intermits," we gave Kreosotum, but with no decided benefit. We changed the potency, but the result was the same, namely, unsatisfactory. The patient was becoming discouraged, and so were we, and one day her married sister called at the office and said, "I do not believe Mattie tells you all her symptoms." We replied that we had questioned her pretty thoroughly, but had been unable to obtain satisfactory information upon which to base a prescription. "I thought so," she replied. "At every monthly period there is a terrible odor from her body. Did she tell you that?" We informed her that she had not, but that this information would enable us to cure the sister of her entire trouble—odor, eczema and all, and so it proved, for Stramonium, 1 m, cured her promptly and permanently.

Comment: Clearly this case would be classified as psoric, and, because of such classification, would from many prescribers receive sulphur. The futility of such a course is obvious. Remedies must be selected "according to clearly intelligible reasons," and there is no more reason for prescribing for psora than there would be for prescribing for pneumonia, consumption, or any other diagnosis. Yet we hear some claiming to be Hahnemannians contending that the so-called "miasmatic" method of prescribing is the only correct one. Would it not be just as rational to talk about rheumatic prescribing or measly prescribing? In truth, would not the last expression be the correct designation for such therapeutic pettifoggery?

Paragraph VI of the Organon says: "The unprejudiced observer—well aware of the futility of transcendental speculations which can receive no confirmation from experience—be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (*morbid phenomena, accidents,*

symptoms), which can be perceived externally by means of the senses; that is to say, he noticed only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease." The inculcation of any method which detracts from or deranges this basic principle imperils the integrity of our system of medicine, and would, if accepted, invalidate the foundation upon which the whole superstructure rests.

RAMBLING REPORTS AND COMMENTS.

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

These cures were penned as they happened to drift into memory. They are not paraded as having been standardized with precise methods of diagnosis and there is no material proof that the cures were caused by potencies but the method used was not lacking in solid principles. Even material proofs fail to convince an unwilling or indolent mind. No amount of material phenomena can take the place of knowing the method and playing the game.

"IMPERFORATE" CERVIX.

I was called one hot lazy morning to see Gracie V., a young woman of eighteen who had enjoyed paroxysms of hypogastric pain during the last seven or eight years. These appeared every three weeks until latterly every three or four months.

They had always continued several hours except when interrupted with hypodermics of morphine.

The pain was described as shooting from the uterus to the rectum, always worse afternoons and at 3-4 A. M.; ameliorated when sitting bent forward, by hard pressure to the hypogastrium and by cold applications, not relieved by heat; accompanied with nausea and vomiting and throbbing in the pelvis. General muscular aching. Had never menstruated. Tem-

perature 101. Could not endure warm close rooms but liked cold weather.

At this point the following conversation ensued: "Have you ever been examined by a physician?" "Yes." "With instruments?" "Yes." "With a probe or sound?" "Yes." "What did he say?" "He said that there was no opening in the womb and that I would have to have one made with an operation." "Did any other physician ever examine you in the same way?" "Yes, a doctor in New York said the same thing."

For certain reasons I refrained from any attempt to verify the diagnosis. So I prescribed by giving one dose of *Bellis perennis* 200th.

The pain ceased after a few minutes but returned the same evening. The pain ceased again a half-hour after another dose of *Bellis*. Three days later she was menstruating normally, the first that she had ever experienced.

A year later I heard from a distant city that the amenorrhoea had returned and that she was to have a hospital operation. The perforated wound made by *Bellis* 200th had probably healed by cicatrization!

LIVER STATISTICS.

Only belated precision is claimed for this report. One or two close shots were made before hitting the bull's-eye. The first two were made after thorough examination. The third and center shot was made after one poke of the finger-tips toward the center of the affected area.

The condition was hepatic colic; the patient a married woman of thirty who had had a uterine curettage with ether anaesthesia. As with many women who have abdominal or pelvic operation with ether or chloroform anaesthesia she developed "indigestion" and finally hepatic colic.

She had attacks of pain at increasingly frequent intervals until at the time I first saw her it had become almost continuous night and day. The description is this:

Paroxysms of intense pain in the epigastrium extending

from the right hypochondrium, described as an agonizing grinding with sharp shooting through and around. Could not remain in any position except sitting bent forward. Pain almost continuous but formerly whenever it had ceased it had not failed to recur at 3 P. M. and continued with writhing, twisting and screaming all night. Morphine hypodermics had been used plentifully until at last they had entirely failed to relieve and her former attendant had said that nothing more could be done except an operation, which the patient positively refused.

The liver, right hypochondrium and epigastrium were intensely tender, the central point of tenderness being the classic point below the gall bladder. The entire hepatic region was swollen and tense. The stools were light colored, there was biliuria and jaundice. The entire region was bloated and clothing had to be worn loosely.

A dose of *Lycopodium* 50m was given after which she slept with the pain much of that day and night, then the condition became much worse. *Lycopodium* cm was given with no response. *Bryonia* was followed by a few minutes relief and *Colocynth* by none. Next morning a message came that the patient had screamed and writhed all night even throwing herself from the bed to the floor and I was requested to do something if possible. The woman was found writhing in agony but so weakened by long suffering and enforced dietary depletion that her exertions were visibly becoming weaker. I punched my finger-tips toward the gall bladder,—and lo! the similar was diagnosed at once. Here was a damming back of secretion and a tensive resilient congestion and swelling with the agonizing, pressive, cutting, streaking pains found in such conditions to which the remedy is similar.

To clinch the argument I questioned a bit: Sore, bruised feeling all over. Throbbing in the abdomen. Clutching sensation in liver. Faint spells with cold sweat. Worse evenings and nights. *Bellis perennis* 200th one dose.

That ended all pain and she slept two days and nights. One month later Sulphur was used and there has been no trouble since—seven months.

Two or three things here are worth considering. The best diagnosis made was obstructive colic as no calculi were found. Whether gallstones once formed may ever be dissolved by putting the secretion in normal condition cannot be known until the stones can be revealed by clinical means.

It might properly be asked whether it is better to treat such obstructions of uncertain diagnosis surgically or medicinally. Every case is individual, therefore a law to itself. Ruptured gall-bladder or duct is a rarity with good prescribing. I have seen but one but I have seen many hepatic colics, both acute and chronic cured with remedies. I have also seen so-called gallstone operations by accomplished surgeons and diagnosticians which included no findings of calculi or obstruction.

The same remarks apply to appendicitis but with extreme caution because the anatomy of the appendix is more prone to dangerous morbid deviations. It is a fact nevertheless that sensitive perception and circumspection and care will safely guide in many so-called operative conditions.

TOOTHACHE.

This report illustrates the two preceding actions of *Bellis perennis*.

A woman of thirty-three had a bad toothache in a filled left lower molar. The pain made her face sweat. Could not close the jaws because of tenderness of the teeth. Aggravated by cold air in the mouth but ameliorated by cold water in the mouth. Dull steady pain with shooting; throbbing; restless walking; becoming worse at 3 P. M.

Bellis in the 200th attenuation was administered to the suffering lady. All pain except soreness was gone after fifteen minutes and no abscess formed although swelling had been rapidly developing.

These three reports of localized vascular tension are good illustrations of the kind that *Bellis* should cure. It should cure catarrhal otalgia with children having lancinating pains with screaming and trying to find a cool place on the pillow. *Pulsatilla*, *Phosphorus* and *Lachesis* cure some of them and *Bellis* might cure others.

ANALYSIS OF AN INSPIRATIONAL PRESCRIPTION.

A black, scrawny, Arabic looking Yankee accosted me one day saying that he had endured for many years a catching pain in the back of the neck when rising in the morning or when turning the head after sitting awhile. Here he grabbed his neck with both hands, turned it as with difficulty, grunted and screwed up his face to describe how it felt. With that I saw the remedy but led him on a bit. It was worse with damp weather and worse bending the head forward. He had catarrh; and sneezing colds from damp feet.

It was inspirational to have prescribed even with these added symptoms. Let us analyse the inspiration. When the man grabbed his neck with both hands and uttered the painful exclamations I responded by recalling something I had read in Allen's "Handbook" thirteen years previous; that when the prover coughed there was such sharp pain in the sides of the thorax that he was obliged to spring up and grasp his sides with both hands. Transpose the location; the quality is the same. It is the central motive and suggests the remedy. Two or three other harmonious symptoms complete the picture of *Natrum sulphuricum* for which there is no substitute. It cured.

This is the ideal method for simple miasms. It is the ideal method for complex problems depending on the ability to use it. It is the inspirational method.

Inspiration is a mental and emotional reaction caused by becoming imbued with the spirit of a thing. To have inspiration one needs receptivity and sensitiveness. By permitting a negative condition of mind and emotion and being oblivious to everything else when Mr. L. made his complaint I became imbued with the spirit of his complaint and reacted spontaneously by recognizing the similarity to the spirit of *Natrum sulph.* although I had never used *Natrum sulph.* in such a condition in any part of the body.

Inspirational prescribing depends on the ability to perceive corresponding subjective conditions from their slight objective signs. Often the external sign is so slight that it scarcely

impresses the memory and the response in thought, speech or action is spontaneous, but the objective point of departure is always there.

Perception is psychical—internal—as well as physical and external. The homœopathician should be negative, receptive and sensitive to impressions so that he may recognize their psychical quality.

Questioning, following up clues or any other interruption interferes with draining out what is in the mind and feeling of the patient and obstructs the insight of the physician.

The emotions and sensations voluntarily expressed by the patient is the best test of the mental reflexes of the prescriber.

Not submitting to these facts his methods are liable to become sclerotic and progress stumbling and awkward.

A DIPHThERIA PROBLEM.

Mr. S. woke up in the morning of March 17th with diphtheria. This diagnosis was clinical; then a culture was made by the city bacteriologist and reported positive.

The essential symptoms of March 17th were:

Sore throat, not swollen, a long irregularly shaped patch of membrane on the right side of the pharynx. Chilliness when moving. Triangular red tip of tongue. Dull frontal headache. Muscular aching, rather relieved by changing position. Weakness when rising especially felt in the stomach. Slight fever and quickened pulse. Rhus. tox. 50m Sk. Id.

March 18th. Relieved bodily and in head.

Throat worse; swollen; membrane had extended around the pharynx and to the uvula.

As the inner man was improving it was seen that the vital force was moving outwardly in the direction of cure. Therefore prescribed S. L.

Next day: Feeling better; no membrane.

Next day March 21st: Tonsils had swollen rapidly, appearing smooth like quinsy. Stringy, ropy, tough mucus. Cutting in left tonsil. Warm drinks relieved, cold aggravated.

Because of the appearance of the throat and history of quinsy an abscess was suspected to be forming. S. L.

March 22nd. When I glanced at the patient that morning I said to myself, "Your throat is covered with membrane." The softer tissues of the neck had swollen, the cervical glands were swollen and tender. Saliva stringy. Tongue brown in center. Restless last night, worse toward morning; the bed felt hard at that time and he had occasionally changed position for relief.

The internal throat was badly swollen, the tonsils, walls of the pharynx and uvula covered with membrane.

Voice husky, a sensation of swelling near the larynx.

Countenance dusky and oily and expression sickly. He is a sick man. The poisoning has continued five days and its general toxie effect is becoming noticeable. What shall be done?

The patient appears to be unaware of his danger but this may be a game of life and death which we are playing. An anxious young wife watches every move. She may become a heart broken widow if a wrong step is made. The helpless sleeping infant may never feel the strength, the love and care of a father if we stumble here. My own feelings—the responsibility to these people—the dreadful realization of what it means to lose a patient with acute disease—the anxiety to uphold the principle of doing what is best for the patient regardless of other consequences—all these dread thoughts shift like awful phantoms through the undermind while we make assuring adjustments of the little sick-room problems above.

What shall be done? Rhus has not done what might be expected. The fires have been smouldering and are now blazing forth anew. No other remedy is indicated. The antipsoric cannot be seen. Shall we turn to the popular cure, antitoxin? Shall we throw away the golden burden of enlightened responsibility for the silly privilege of resting in the easy-chair of popular belief and approval? No! not *that* come what will. If the choice be antitoxin it shall be on its own merits so far as we know them.

The fact is I know but little of antitoxin because it has seldom been necessary to think about it.

I have seen it used with three of my patients at the request of consultants and have used it with one patient myself. The first was a desperate membranous croup in the intubation stage. The membrane softened but a heart weakness developed which appeared to be hopeless but from which the child rallied after Nux v. then Ars.

The second was identical with the first except that I used antitoxin myself before intubation was necessary. The membrane dissolved, probably the effect of the antitoxin.

The third was phlegmonous cellulitis and it had no effect except to intensify the suffering.

With the fourth I had a homœopathic and an allopathic consultant. It was a pharyngo—laryngeal condition in a child of three. She had reacted but feebly to remedies; 5000, then 10,000 units were used. The next day after the 10,000 had been used the condition had not improved. Strangulation appeared but was relieved with Ant. tart. before intubation could be performed and the breathing became better than it had been during two days. The Homœopath now said the only thing to do was to fight it out with remedies. The Allopath, who had had special experiences with children said that if 15,000 units was not effective that more would be useless; that it was the only remedy for diphtheria but was a heart depressant; that he had seen fatal results from 3,000 units; that the practice of using large dosage was a mistake.

The membrane loosened after the Ant. tart. Then breathing became stridulous again and the prognosis appeared bad. The child expressed a craving for beer. Then Sulphur cleared out both toxæmia and membranes.

Two of these laryngeal patients were snatched out of the collapse of strangulation with the homœopathic remedy. One had rattling, the other did not. Strangulation, with cyanosis, cold sweat, wide open appealing eyes with dilated pupils and agonized attitude and expression, the drowning aspect, needs Ant. tart. whether there is rattling or not.

An allopathic friend showed me a few tonsillar infections

with which he had used antitoxin and the recoveries were bad. The faces of the little patients were bloated and pallid, expressions dull, there were bad appearing ulcers where the membrane had been, and the nerve and heart weakness appeared worse than after the same conditions with homœopathic cures. The results with potencies are as quick or quicker and the patient usually has better blood and health than before the disease. Use homœopathy early and antitoxin will almost never be needed even in laryngeal conditions.

On the other side, antitoxin does usually dissolve or cast off the membrane. Therefore it is often a life saver to the allopath, and should be remembered as a mechanical expedient by the homœopath.

Applying the ethics of the problem to my own case, as an instance: during my practice I have treated about 100 patients with genuine diphtheria, to make a conscientious guess. I lost one patient that should have been saved with Pyrogen had I known the remedy and one with phlegmonous cellulitis. This experience is a comparatively small one but I prefer to be guided by it than by the less favorable ones with antitoxin; reserving antitoxin as a mechanical expedient in those very rare cases of membranous croup in which the similar cannot be found.

To return to the story of Mr. S. and his little family. The dreadful tragedy of their situation was enacted mostly in the laboratory of the Bureau of Clinical Medicine for the I. H. A. sessions at Atlantic City in 1914. It was easy enough to see that the simillimum was *Rhus tox*; that the reason that the first dose did not entirely quench the flame was because there was strong infection plus unusual susceptibility. Common sense judgment affirmed the superior force of a higher potency to that of the poison—and previous experience supplied the “nerve.”

So of course I used a dose of the cm and watched the man improve steadily while three or four successive membranes came and went each one thinner than the preceding until

there wasn't any. And the only thing he needed after that was a dose of Nux 30x a month later for the backache.

CASES TO ACCOMPANY APPLICATION FOR ACTIVE
MEMBERSHIP IN THE INTERNATIONAL
HAHNEMANNIAN ASSOCIATION.

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

March 10, 1914.

Case I. Mr. R. B. W. Has complained of stomach trouble for about seven months.

Previous history negative—probably has some of the usual children's diseases.

Present illness: began the previous September; complaining of pain in back and right side of abdomen, slight discomfort on the left.

Disposition generally affected; feels very depressed; has even had more or less thought of suicide. Wants to sit down and think continually of his trouble. Very depressed; especially affected by the death of a friend from appendicitis; fears he may require an operation.

Pain in right side, felt for the most part of the day. Better lying in bed, feels it most on standing erect; generally better when attention is absorbed in something. Stomach feels all-gone, which sensation may come on at any time, particularly when the mind is not occupied.

Suffers from gas after eating pork, greasy, fried or fatty food. Appetite good as a rule. "Gassy" taste in the mouth; feels bloated after eating, especially after fatty or greasy food. No special thirst. Bowels fairly regular; move practically every day, but takes an occasional dose of salts. Pain in region of liver on rising from a seat.

Pulsatilla 200 (1).

March 20th. Thinks he has been a little brighter mentally; felt less depression, and when mind was occupied, less pain.

Puls. 200 (2).

March 27. Says he feels better than he has for four months.
Sac. Lac.

April 5th. Generally very much better. Entirely free from pain for about a week. Last night, after eating heartily of an ill-proportioned meal, had a slight return of depression and distress.

Sac. Lac. Patient had not reported since; but I have heard that he is free from any trouble.

Case II. James S. Colored, age 57. Has had for a long time tardy emptying of the bladder from a tortuous urethral stricture. About three years ago he was ill for several days with chills, highly concentrated urine and general evidences of cystitis. Suffers from rheumatism, which is probably syctic; gets very stiff from changes of the weather, especially felt in the knees. For this he has had *Rhododendron*, which has seemed to do him good.

April 20, 1914. After having snuffed salt and water up the nose for the 'catarrh,' and also after just having had his hair cut, presented himself with a terrific headache, which seemed to concentrate its fury in the region of the left ear, which upon examination was found to be intensely sensitive to touch of speculum; but there was no evident difficulty with the drum membrane; in fact it seemed as though, judging from a slight bulging of the external canal that there might be the beginning of a furuncle. There was however, slight soreness over the temporal bone posteriorly. He was given *Belladonna*.

April 22. He was suffering intense pain in region of the mastoid, with very marked sensitiveness to slightest touch externally; canal rather less sensitive internally. His headache was terrific; he looked very sick, though there was no rise of temperature. Pulse 90. About this time he began to blow from both nostrils, bloody, stringy mucus, which was very ropy and tenacious.

Capsicum 3x on pellets, one to be taken every two hours.

April 23. Headache some better; mucus discharge slightly

lessened; less bloody; mastoid process very sensitive to touch. Medicine continued.

April 25. Feels much better, but ear still very sensitive. No medicine.

April 27. A return of pain; and ear still sensitive to deep pressure; headache is very severe. Capsicum 30th was given which relieved all his symptoms, except the headache, which finally resolved itself into the following picture:

May 2nd. Pain in head worse at night; begins on going to bed or wakes him from sleep. Better in cool or open air, as putting his bed so that cold air blows directly upon his head; also from the application of cold wet packs, which he was advised to use and which he faithfully carried out.

Pain goes away after getting up in the morning and moving about.

Pain for the most part steady, but aggravated as above stated. Loss of smell. Mouth and throat get dry, but slight amount of water satisfies. Received Pulsatilla 30th. One powder, which entirely relieved the headache, and the loss of smell. Now there is left:

May 6th, slight deafness in affected ear, more especially to bone conduction. Can hear watch tick if he presses it close to his ear.

Pulsatilla 200, one powder. At last report his hearing was slowly returning, and his wife tells me, that now (June 7th) he no longer mentions the fact of his deafness.

This brief report of treatment in a case of deep-seated type does not go very far, as the patient is probably syctic. He complains of severe attacks of pain in head after having had sounds passed to dilate the stricture, and for this reason is greatly in dread of the operation. It was about two years ago that he last had the urethra sounded. Undoubtedly some mechanical assistance of this sort would give him a good deal of relief, yet his chronic symptoms will need careful study.

Case III. Miss W., a teacher in the fourth grade. Age about twenty-five years. Has during the past three years

been almost entirely free of chronic headaches, since taking a few doses of *Lac. caninum* 200th.

January 21, 1914. Applied to me for relief of the following group of symptoms:

Has had three slight headaches since September last, but of very slight character, and not of the old prostrating type; more particularly attendant upon menstrual periods. A few days previously, following what seemed like a catarrhal cold, noticed a "blind-boil," on the left side of the face in the region of the jaw; swollen feeling. Now has:.

An enlarged gland under right jaw (submaxillary), slightly sore to the touch. Tongue feels rather thick, and disagreeable. Some thirst; feels generally exhausted. Complains of irritation of right toe joint, which seems like chilblains; has affected both feet. Right toe joint red in color; pains sharp; burns in a warm room; better out of doors, but worse when walking on it; proves to be very painful at times, and burns at night. Mouth tastes badly.

Pulsatilla 200, one powder.

February 2. Symptoms are somewhat better except for enlarged gland; now has slight headache without nausea. No medicine.

February 27th. Glands show no improvement. Dropping of mucus in throat in morning; thick yellow, brown in color; throat feels tense and trained. Right toe joint again badly inflamed and enlargement of submaxillary region has extended to adjoining cervical region and on the whole the neck presents a very swollen appearance. Soreness and stiffness on turning the neck; glands hard, and sore, filling in the regions of soft tissues of the neck and completely hiding the angle of the jaw. Toe joint very much swollen and sensitive. Pimples on face and shoulders, general roughness of the skin, with chapped appearance of the face.

The glandular symptoms showed considerable improvement after *Merc. prot.* in the third decimal trituration in infrequent doses. She continued her duties at school, until March 28th when the glands seemed very hard, and there was no gen-

eral improvement. She was then given one dose of Silica 30th.

April 4, she returned from a trip to Boston, when after shopping and becoming generally fatigued, the glands were all very much aggravated, and the toe joint inflamed to the point of discharging. Her general symptoms were somewhat as follows:

Feels better in the open air; likes to be out-of-doors, and cannot bear the stuffy atmosphere of the schoolroom. Toe joint better from cold applications. Becomes very much exhausted from walking even in the open air, yet feels better while out of doors. Glands of the neck very much swollen and hard; noticeably larger, and much more painful. Foot hurts her very much on walking.

She received powders of Iodine 30th to be taken one at night until there should be some noticeable improvement.

April 8th, better. Sac. lac.

April 11th, better. Sac. lac.

April 15th. Iodine 30. One powder.

April 18th. Iodine powder every other day.

April 25th. Glands have been improving since under the Iodine. Now has inflamed spot on left heel, hurting her to walk; very sore and painful; slight discharge without any appearance of pus. Received one powder Staphlocin 6 (Shedd).

May 1. Heel slightly better. Glands about the same. Menses have come on and are very dark in color, and she now has symptoms of nasal catarrh. Began with sneezing, slight cough; soreness of nose from discharge; dark greenish, thick discharge from posterior nares. Coryza better in the open air, worse in-doors; and likes to keep in the open air. Mouth very foul in the morning, which makes her feel slightly nauseated.

From this time on she received with steady improvement in her symptoms, as follows:

May 1, Puls. 30th, one dose.

May 9th, Puls 200th, one dose.

May 15th, Sac. lac.

May 22. Cold all gone now; menses much more normal in appearance. Glands much smaller on the whole, but not progressing very rapidly just now. This means that the enlargement has now diminished to about one-third its former size, and the general contour of the face is fast approaching normal. The skin is now perfectly clear; mouth tastes naturally; and the feeling of fatigue has entirely disappeared. Both feet are free of any appearance or feeling of discomfort, except slight sensitiveness of the surface, with some discoloration of the former inflamed areas.

Patient is herself bright and cheerful, and thankful that she listened to her professional advice, instead of to her solicitous friends and acquaintances with their oft-recommended embrocations of Iodine externally, and their oft-repeated warnings as to the risk she was subjecting herself to in not consulting a surgeon.

In fact so well pleased was she, that she has in the meantime sent a young boy of four years to me, suffering with an enlarged gland of the right side of the neck, following an acute cold, which rapidly vanished after a dose of *Lycopodium* dry on the tongue.

June 1, 1914. Glands slowly improving. Says she has "forgotten the neck"; those under the chin are about the same, somewhat softer and more movable; and the last cervical gland to come, and the one that was largest of all is now no longer to be found. Thus the disappearance seems to manifest the curative direction. Is looking tired from a hard week at school.

Iodine 200th, one powder. This is the last report to date. There seems to be every reason to look for her complete return to health.

WHAT THE HOMOEOPATHIC REMEDY WILL DO IN THE MIDST OF PHYSIOLOGICAL DRUG ACTION.

BY C. W. YOUNG, M. D., PHILADELPHIA, PA.

Admitted to the hospital in Philadelphia, Pa., (in the care of Drs. T. and F), June 9, 1913, Miss M. T., age thirteen

years, residence Philadelphia, Pa.; afflicted with chorea in an extreme form.

The following history was obtained from the parents:—

Family history negative to tuberculosis, syphilis, cancer, gout, rheumatism, alcoholism, nervous or mental diseases.

Both parents living and in good health.

Two (2) children living and in good health. No children dead.

Previous personal history—Foetal term: full.

Birth: normal. Scarlet fever at three years of age. Pertussis at four years of age. Cervical adenitis at seven years of age (for which she was operated). Measles at eight years of age. Frequent, irregular attacks of tonsilitis until two years ago. Negative history to chicken pox; mumps; diphtheria; typhoid fever; pneumonia; pleurisy; meningitis; convulsions and rheumatism. Never vaccinated.

History of present illness:—

General health had been good until six weeks ago, when choreiform movements of hands and face developed; accompanied with slight attacks of pain in left side of chest; and rather frequent attacks of night-mare. There was a constant rapid development of the choreic condition (twitchings and jerking), the entire body becoming involved; constant motion of the whole body; associated with frequent frontal headache (dull aching in character); cardiac palpitation; restlessness at night time, and the development of a depressed mental condition.

On the day of patient's admission to hospital she presented the following symptoms:—

Whole body in a state of constant motion, violent, irregular, spasmodic jerking of all the muscles of the body it seemed; so violent and uncontrollable that patient was unable to walk; sides of her bed had to be padded to prevent injury to her extremities and head; tongue was bitten in several places; almost constant twitchings of the facial muscles, with violent jerking of the head; patient was unable to speak—on effort to speak she could produce a word now and then, spoken as if they were jerked from her mouth; startled anxious expres-

sion; spirit of despondency; violent cardiac palpitation; mitral systolic murmur, apical, transmitted to left axilla and posteriorly to angle of left scapula; accentuated pulmonic second; general asthenia.

T. 100-1/5; P. 80-110; R. ?.

History of having been in this state for more than four weeks, during which time she was a patient of Dr. F. who visited her at her home. Her treatment during most of time (of the six weeks or more since the development of the first symptoms, had consisted of massive doses of Fowler's solution (Liquor Potassium Arsenitis), and of the bromides; and of the administration at night-time of Sulphonal, Veronal or Trional in physiological dose (qs. to produce sleep and rest).

This treatment was continued after her admission to the hospital.

Prescriptions ordered as follows:

Sodium bromide (saturated solution gtts. X—tid.

Fowler's solution gtts. III—tid.

Sulphonal grs. VII (by capsule) each night at 8 P. M.;—to be repeated in two hours if not effectual.

Chorea diet (sugar free).

Oleum ricini $\bar{\text{3}}$ III.

Saline enema, 48 hourly.

No homœopathic prescription was made. Two (2) days later, on June 11, 1913, there being no improvement in patient's condition, the quantity of Sodium bromide was raised to gtts. XV (Sat. Sol.) tid., and Aspirin grs. X—four hourly, added. Fowler's solution and Sulphonal to be continued as above.

On June 16, 1913, seven days after admission to hospital, and now over seven weeks since the onset of her condition, and nearly seven weeks of the above treatment, and there being no improvement in patient's condition, other than the immediate paliative effect of the drugs, I asked that I be permitted to prescribe a remedy I thought indicated homœopathically. Receiving the reply from my chiefs Drs. T. and F., "All right go ahead, give anything you wish, as long as she

continues to get what we have ordered." I prescribed Mygale lasidora 6x dilution (the only dilution we had in our pharmacy); gtt. II in $\frac{1}{36}$ of water; $\frac{1}{31}$ to be given every two hours.

There was a noticeable improvement in patient's condition within the next forty-eight hours; so much so that patient slept for several hours at a time, and the jerkings seemed less violent.

The Sulphonal was ordered discontinued on June 18, 1913.

On June 19th, I changed my prescription to $\frac{1}{31}$ (same medicine) tid. only.

Constant gradual improvement follows generally. Patient was able to feed herself for the first time on June 21st, without possibility of the platter and its contents turning turtle or the food morsel going astray en route to patient's alimentary tract.

On June 22nd after five days on Mygale lasidora 6x (two days on $\frac{1}{31}$, two hourly, three days on $\frac{1}{31}$ —tid) I ordered it discontinued.

After forty-eight hours there was a slight aggravation of her symptoms (she didn't sleep so well, return of twitchings of facial muscles which had almost entirely ceased), and the general body jerkings were worse. This gave me assurance that Mygale had been responsible for the improvement which had taken place, and that it was not due to the other drugs which were still being given as ordered from the first, with the exception of the Sulphonal.

After waiting twenty-four hours more, on June 25, patient still getting a little worse, I again prescribed Mygale lasidora, this time the 30th dilution (which I run up), potentized myself, gtt. II in $\frac{1}{36}$ water; $\frac{1}{31}$, to be given tid.

Improvement began again, and after two days, I lengthened interval to $\frac{1}{31}$, once daily only.

Constant gradual improvement followed. July 7th permission was given to sit up in bed, and Fowler's Solution was discontinued.

July 9th. The Sodium bromide was discontinued and the Aspirin reduced to grs. V, four hourly.

July 10th, patient was permitted to be out of bed in a chair.

July 15, 1913, was discharged cured by Drs. T. & F.
Mitral lesion very much improved.

Bureau of Homoeopathic Philosophy

THIRD SESSION.

JUNE 25TH, 8 P. M.

The first paper was by Dr. Stearns.

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

APROPOS OF RADIUM.

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

This interesting element gives a glimpse of the tremendous energy locked up in the atom.

It is of interest to the physician to know about the therapeutic energy inherent in the drugs he uses. Modern pharmacology considers drug study mostly from the standpoint of chemistry. But it is not certain that the physiological reaction of drugs is due to chemical energy. Nor is it certain that the energy expressed in drug action can be registered by any mechanism excepting a living organism.

Enough mechanical force is manifested in ordinary chemical reactions to account for all physiological reactions when drugs are given in material doses.

But no chemical reaction is active enough to account for the effect of a drug in the 200th dilution.

The power generated by chemical action represents the amount of attraction that exists between the atoms of the combining elements.

There can be no greater manifestation of energy than there is energy at the source, and since there are undoubted proofs of physiological reaction from the 200th and higher dilutions, it is worth while to investigate the force inherent within the atoms themselves.

Atoms have been described as closed worlds. Each atom consists of a solar system as perfect and as intricate as our own.

They give no hint of the enormous amount of energy inherent in their structure, as that energy is tied up in the control of the intra-atomic elements. The amount of energy expressed in chemical reaction is infinitesimal compared to that within the atom itself.

The radium atom represents an unstable system in which a portion of its atomic elements manifest themselves outside the atom as radiant energy.

Our solar system is composed of the sun, eight planets and their satellites, and numerous asteroids and comets.

The planetary system of the radium atom consists of about 226,000 elements, known as electrons, and each electron is separated from its neighbor by a space equal to about one hundred thousand times its diameter.

In most elements, the electrons obey the internal law of their atoms, and revolve within the atomic structure.

In the radium atoms, the electrons have rebellious tendencies, and in groups break the bonds which hold them, and these groups form new atoms. The atomic weight of radium is 226, but through the desertion of its rebellious electrons, it passes through a series of decreasing atomic weights until its final stopping place is probably at lead, with an atomic weight of 206. During this transformation, such an enormous amount of energy is liberated that the mind is staggered in attempting to comprehend it.

A gram of radium, a portion not larger than a cube cut from the end of a lead pencil, develops 118 calories of heat an hour. It would take 2,000 years for one-half a given volume of radium to be transformed. Therefore a gram of radium gives off enough energy to supply a person with sustenance for at least 2,500 years, if it could be converted into the form of food.

Expressed in another way, the energy given off from a gram of radium is sufficient to lift the largest dreadnought to the

top of old Ben Nevis, a matter of lifting 26,000 tons to a height of 4,400 feet.

If this incomprehensible amount of energy is revealed in the rearrangement of electrons whereby the atomic weight drops from 226 to 206, one's imagination staggers when contemplating the inherent force held within the atom weighing 206.

Physicists have computed the intra-atomic energy of matter to be so great that an ounce of matter contains enough energy to blow nearly a million tons off the earth. As tremendous as this sounds, it sinks to the ninth power of inertness when considering the energy pent up in the universal ether.

Lord Kelvin held that matter occupied but an infinitesimal part of the space taken up by its physical bulk.

As before stated, the distances between the electrons are a hundred-thousand times their diameters. In other words the electrons occupy only a thousand millionth part of the cubic content of the atom.

The rest of the space is occupied by the ether, and this instead of being a substance of infinitely rarefied attenuation is a substance so dense that descriptive terms carry no meaning to the mind.

If we could compare matter as we know it with the ether, a thousand tons of matter to be of the density of ether would be compressed into the space of a cubic millimeter, or $1/25$ inch cube.

Fifteen million million million atoms of hydrogen are computed to occupy a cubic millimeter of space, and each atom contains a thousand electrons.

The electrons are in constant motion at approximately the speed of light.

The ultimate parts of the ether, which are comparable to the electrons are also in constant motion at the same speed of oscillation, and the amount of energy contained in a cubic millimeter of ether, represented by a thousand tons of matter is equal to that of a million horse-power station working continuously for forty-million years.

These figures have been worked out through a refinement of

experimentation, and are accepted by the scientists of the day as facts concerning the ultimates of a substance.

There is certainly enough energy at the source to supply therapeutic force for the highest conceivable dilutions, and yet some minds balk at contact with the idea of medicinal power in any thing above the 12th centesimal dilution.

HOMŒOPATHY TODAY.

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

There is no evidence that any of the principles of Homœopathy have changed. Heeded or not, they still remain established as they were when and before Hahnemann outlined them. They give us the privilege of dealing with the positive in medicine, with facts of the highest practical utility. We may insist that this evidence is stronger to-day than ever before.

The real question to consider is: "Where are *we* to-day in respect to Homœopathy and its principles?"

It is easier or more satisfactory for some minds to study one detail of organic life than to consider the relationship and unity of all functional details. Accordingly, the mechanistic view of life has a more widespread appeal than the vitalistic. There is constantly an attempt to get away from the idea of a vital principle that animates the bodily forces.

But we do not know the exact physiological reason for single processes. They have been explained in as many different ways as there are years in which they have been studied.

The physician who has grasped Homœopathy has a respect for the united expression of all the forces of the living organism. The combined expression of its need emphasizes the value of symptomatology elicited by provings, which are the support of every therapeutic effort.

From a readable book entitled Mechanism, Life, and Per-

sonality, by J. S. Haldane, M. D., LL.D., F. R. S. (1914) we quote as to the "exquisite delicacy of physiological reactions":

"This delicacy was hardly even suspected in former times. It is only quite recently that we have come to realise the astounding fineness with which the kidneys, respiratory center, and other parts regulate the composition of the blood." Again—

"The fundamental mistake of mechanistic physiologists was to treat such processes as secretion, absorption, growth, nervous excitation, muscular contraction, as if each were an isolable physical or chemical process, instead of being what it is, one side of a many-sided metabolic activity, of which the different sides are indissolubly associated."

So much for the change of view in favor of the "exquisite delicacy of physiological reactions" that the principles of Homœopathy are based upon.

While many counterfeit results are brought about to-day in the name of Homœopathy which are extremely unfortunate, a general survey of medicine is convincing that the law of similars is being constantly verified. It is the perpetual working out of the fact that nothing is the matter with Homœopathy, while a great deal is the matter with those who bungle it. Misconceptions obtain in two great classes of physicians represented by those who assume to use it without knowledge, and those who assume to reject it without being able to suppress the evidences of its working power. Of course it cannot be expected that the latter class will be able to discern the meaning of its phenomena when expressed, any more than it is possible for the tyro to avail of it successfully when need is greatest.

Logically, there can be no longer ridicule of the small dose. Medical announcement reeks with its re-discovery because our friends have discerned that 1/10 grain calomel is better than two grains at once, do they apply that knowledge to other prescriptions?

One would suppose that admiration for massive doses had ceased, in the light of recent reform literature and the pre-

cept of leading practitioners. Yet 30,000 units diphtheria antitoxin are favored at one dose. How much further than the diphtheria this reaches may be observed.

Edward Jenner had this to say in his book:

"In constitutions predisposed to scrofula, how frequently we see the inoculated small-pox rouse into activity that distressful malady! This circumstance does not seem to depend on the manner in which the distemper has shown itself, for it has as frequently happened among those who have had it mildly, as when it appeared in the contrary way."

Jenner had some courage of conviction. His prophylactic for small-pox was inoculation of cow-pox. But he did not stop there; he proved his case by a second inoculation, this time with the small-pox virus, and so found that the cow-pox did protect.

There is a pretty general impression that there has been no such test on those supposedly immunized from typhoid. If they have been given water contaminated by the typhoid bacillus as a test, it is not generally known. But it is generally known that since the use of typhoid vaccination in the armies of the United States of America, in England, and in France, there has been great increase in tuberculosis. Which seems to show that Jenner was right.

We are all familiar with the dictum in respect to the selection of patients for the exhibition of a vaccine or serum—that the subject should be in health. It may be submitted, however, that it is very rare to find any person in perfect health.

There was an epidemic of small-pox at Niagara Falls from November last up to the end of February. There were between four and five hundred cases, according to the health board. The following table shows the mortality from certain diseases throughout New York State for that period of four months. That is, in the whole state there were exactly three deaths from small-pox recorded, including, of course, unvaccinated Niagara Falls, and the other figures are in round numbers, for convenience, to wit:

	<i>Deaths</i>
Small-pox	3
Meningitis	200
Erysipelas	200
Whooping Cough	200
Measles	300
Scarlet Fever	300
Typhoid Fever	400
Influenza	500
Diphtheria	700
Cancer	3000
Tuberculosis	5000
Pneumonia	7000
Other causes	30000

Since the later discoveries in physics, the better appreciation of forces exemplified by radium, and the dire consequences of brutal therapeutic fads, there is scientific awakening to other powers than the grossly material. Yet, while this is so, curiously enough the menace of inappropriate agents of cure is not fathomed. It would seem that nothing in physics, nothing in chemistry, nothing in life nor death will make it clear. We believe that the statement may be maintained that only when the facts that pass review are studied in the light of Homœopathy can the menace be realised. No other philosophy appears to supply the truth as to the reaction of the human organism to medicinal agents. Until such reaction is comprehended, assumption to the contrary will not depart.

Dr. Leon Vannier states:—

L'Homœopathie n'est pas un procédé thérapeutique, elle est la thérapeutique qui, précédant de l'expérimentation sur l'homme sain, repose sur la loi de similitude et emploie la dose infinitésimale. Elle est la thérapeutique de l'avenir, la seule qui puisse répondre à l'évolution de la science contemporaine.

(Homœopathy is not a therapeutic measure or process, it is therapy, which, preceded by experimentation on the healthy man, rests on the law of similarity, and employs the infinitesimal dose. It is the therapy of the future, the only therapy

which is able to answer to the evolution of contemporary science.)

Again, curiously enough, it would seem that the majority of men of science reject both carelessly and obstinately the method of *exact proving* elucidated as well as formulated by Hahnemann, and that bears to-day more than ever the seal of basic truth which our cult is supposed to respect. As suggested, there is every reason why our school in this decade of the 20th century should embrace it anew.

In point of fact, the method is faintly regarded and its advantages largely rejected. The school of medicine known as the homœopathic is by no means the distinctive body that it is its privilege to be. When a so-called homœopath uses drugs as irregularly as the third-rate allopath, at the same time defending his position as "up-to-date," the most charitable conclusion forced upon us is that he has not completed his education in Homœopathy. Then, what is to be said of the practitioner sheltered by Homœopathy who declares that Christian Science contains more good than high potencies do. And, again, there is the group of prescribers who see in vaccine therapy the latest application of the principles of Homœopathy. The fact that Salvarsan has occasioned many tragedies, that antitoxins have swelled the ranks of paralytics, that prophylactic serums and vaccines count their fatalities and chronic victims in increasing numbers does not count. What a pity that "Safety First" should not be chosen as the slogan for medicine as well as for railroads!

We venture that the following will be admitted by anyone: We do not know that an exudation or a secretion, or a single product in any diseased condition represents the disease *in toto*, any more than hydrogen represents water. It may not represent the disease at all. If it does represent some or any of the disease, we do not know just what part it does represent. It amounts to an extension of the problem suggested by Virchow;—that as to bacteria, they are not necessarily the cause of disease, and may be in many cases, if not all, merely consequence of disease.

Where, it may be asked, is the future understanding of

Homœopathy to be lodged? Whence is it to be reinforced? One would naturally answer, "The Homœopathic College." Will it be? We have in mind the policy and output of the college as a whole. Not of individual chairs. Would that some of these chairs had fuller control. The college turns out a majority of its men having the smallest conception of the principles on which the practical workings of Homœopathy are grounded. The man from old-school medicine is more likely to make the best practitioner of Homœopathy. He thinks things out. He knows that patients in the long run can tell a cure when they see it.

Despite rich endowment, imposing buildings, and material equipment, if the institution lacks the aim to inculcate essential principles into the character of men, its purpose fails. This is exactly the state of things to-day. Our teaching lacks emphasis against quantitative drug toleration, which has no relation to cure if it does have to metabolism. And why should emphasis ever fail on the elementary considerations of never repeating medication after reaction is established, of avoiding the compound prescription, and of rejecting adjuvants that are unsafe and useless, however much they are labeled harmless and beneficial?

If the Homœopathy of to-day were always the real thing, it would provide the only therapy able to respond to the demonstrated facts of contemporary science. The proper attenuation of remedies and the consequent development of their potency, while constantly attested, reflects a correspondence in the activities of agents less well understood. Unconscious homage will continue to be offered in circles quite outside our own. But without the formulated and orderly conception of curative therapeutics it is hard to tell when any intelligent general progress will begin.

Homœopathy to-day is all about us. Its treasures await the key of recognition, the key of knowledge, that will unlock them for universal, practical use.

DISCUSSION.

Richard S. True: This kind of a paper always strikes the

society dumb; it is the kind of paper that should awaken everyone, should put everyone on their feet with enthusiasm and zeal. How is homœopathy to be promoted and its benefits spread abroad; how is it to be handed down to the next generation. In the Boston University homœopathy is merely tolerated, The curriculum is so full of old school studies and the examinations so full of old school requirements that there is no chance for homœopathy among the students. They have to study that which will get them through the examination. Even if a student has homœopathic proclivities he can find no time to give to its study. A straight Homœopath at the head of a board of insurance in the state of Massachusetts who has at least 150 Allopaths under him told me that some of his under doctors asked him where they could take a post graduate course in homœopathy? "We find ourselves outdistanced by the Homœopaths, all about us—they seem to be curing their cases and getting the business." If the students understood that their best chance of financial success was by studying and becoming straight Homœopaths it would be a great help to our school.

E. Rushmore: Homœopathy is a system of philosophy and is comprehended only by a philosophic mind, and I believe that the formation of this mind lies at the foundation of the spread of Homœopathy.

Dudley A. Williams: In order to practice Homœopathy you have got to have a philosophic mind; I graduated from the Boston University fourteen years ago and out of the whole number of fellows in my class there have been only a very small per cent that have ever practiced good Homœopathy. The majority of them had not the philosophic minds necessary to grasp the principles and practice of Homœopathy. One of them came to me last year to get me to prescribe for him; he said, I have not your type of mind, I can't practice medicine the way you do; it is not in me." There are students in our homœopathic colleges who cannot and never will grasp homœopathic philosophy no matter how well they are taught. It is not in them. Students select a homœopathic college for a variety of reasons and not always because they are devoted to

Homœopathy. I do not think that the teachers are always at fault because so few genuine homœopaths come from the colleges; the primary fault lies with the form of mind of the students.

F. W. Patch: I want to corroborate from my own experience what Dr. Williams has just said: for the last three years, homœopathy has been taught in the Boston University in its purity and there has been every opportunity given to the students to become acquainted with the philosophy of Homœopathy and its practise. If students go out of the University without understanding it, the fault lies in their own minds not wholly in the teaching. We need students who want to understand Homœopathy and the preliminary training that enables them to grasp it. In every class we find a certain small per cent of men who make good Homœopaths; we have an example here in Dr. Williams who graduated from the Boston University. Dr. Rabe said the same thing to me. We have to take students as we get them, and when a few in a class have the right kind of minds and the disposition there is no danger of such being lost from lack of instruction.

P. E. Krichbaum: As a rule the measure of a man's work is the measure of his mind. But early predilections play an important part in our prognosis of future ability, or facility. I believe these timid first sprouts of inherent taste should receive certain respect. I have a boy,—a bright boy too if I do say it myself—I have been anxious to have this boy be a little sporty, especially have I wanted him to be interested in horses, as I am myself. When I used to take him out driving, he always wanted to go home; I bought a very striking team of horses once, and I thought he would admire them so I took him to the stable with the idea of showing them off. The new purchase received but scant attention, but he looked at an old sorrel horse that he had ridden behind for two years, and said, "Father, where did that horse come from?" No use trying to interest that boy in horses. His tastes do not run that way. I feel that each prospective student of Homœopathy should be carefully examined for the peculiar qualities

which may subsequently make his choice of his life's work, a pure delight as well as a success.

G. B. Stearns: I have come in contact with a good many students and I have taken particular pains to teach them in a practical manner how to apply Homœopathy to the cure of sick people. But I find that few—very few—can comprehend the mental process which it is necessary to go through in order to make a homœopathic prescription.

I have tried them out in various ways; I had them bring patients to me every Sunday morning and take the symptoms and try to make a homœopathic prescription. Some seem to catch the idea at the time but soon fall away; they try a little while and then stop; they have not the right kind of mind, they do not know the sorrel horse when they see it.

Harry B. Baker: Do any of our schools give a post graduate course? I have a man on the string who knows a little homœopathy and wants to practice it. He comes from good homœopathic stock and has all the signs of the right kind of mind to be successful with it. In about a year he will begin to take it up.

F. W. Patch: I think a post graduate course in homœopathics will be established in the Boston University next year.

C. M. Boger: The subject of educating men for Homœopathy lies farther back than our colleges. There is no use trying to make a Homœopath of a man who does not have powers of application enough to study botany and chemistry and allied sciences. The power of reflection and to see things as they really are lies at the bottom of the education of a good homœopath. Then he should hear Homœopathy from every branch and if any professor attempts to teach anything else he should resign from the faculty.

P. E. Krichbaum: I do not know botany; must I resign?

C. M. Boger: For that reason Allopaths make the best Homœopaths when they once begin studying.

A. P. Bowie: I was surprised to hear that a man had to be a philosopher in order to be a Homœopath; it made me wonder why I ever became a Homœopath for I am no philoso-

pher. Hahnemann said that the simplicity of the art of healing was its great excellence; in my opinion there is nothing of the mystical, cloudy or philosophical about Homœopathy. Its excellence consists in its freedom from these mystifying features. As for students of Homœopathy I think Hering hit the mark when he said that the best preparation for studying Homœopathy was domestic practice. If a person is interested in the sick and in the action of remedies given as directed in the works on domestic practice he is getting a good foundation for the study of Homœopathy. I knew a lady once who made many converts to Homœopathy with her box and book. I am free to say here very few of that sort of women are living now a days. Homœopathy is not abstruse, difficult, mysterious; It takes no deep or profound education to understand it. It is simple and can be easily understood by any intelligent person. That is the point where we are found fault with by the old school; they say it is too easy for the laity to treat themselves. For themselves they think that it is so simple that it is not worth while for them to pay any attention to it.

I believe that any person who puts away his prejudices and studies the works of Hahnemann he cannot help being convinced and made a Homœopath in spite of himself. If on the other hand he thinks that it takes a very deep mind or a lot of philosophy to understand it he will not bother with it.

E. Rushmore: Hahnemann in his childhood was given a daily lesson by his father in thinking. Who shall say that it was not these lessons in reasoning that made him the great man that he was?

J. W. Krichbaum: A few days ago I had a man in my office who had brought on illness by too much imbibing. The first thing he said was "I do not want you to tell me how I ought to live or what I should do or not do. I want you to fix me up so I can go and do it again." There are about as many men longing to live right as there are men capable of becoming homœopaths. In my class there were about 100 graduates. A few have made good—the majority became routenists or quit medicine.

W. S. Hatfield: I believe the reason is that the *Organon* is not properly taught. They are prejudiced against it, because they do not know of the truths it contains.

Dudley A. Williams: I do not agree with that for one minute. Give the *Organon* to a young man with nothing else and nobody to explain it and you are doing the best thing possible to throw him off the track. Give it to the average medical student and let him read it through and he will say, "this book applies to conditions that existed a hundred year ago but we do not have such problems now." To be effective it must be accompanied with explanations and comments. I read it three time in my first year of practice without getting much from it. The first thing that opened the *Organon* to me was Dr. Kent's "Lectures on Homœopathic Philosophy." If you give the *Organon* to an allopathic doctor to read and offer no explanation he will come back saying "it is beyond me."

W. S. Hatfield: What you say applies to the introduction: I do not mean the introduction but the text.

Richard S. True: I gave the *Organon* to an inquiring friend an old school physician, and cherished the hope that I was going to make a convert. He brought it back in three days with the question "If I brought you a man so drunk he could not stand up would you give an attenuation of alcohol to make him sober?"

E. W. MacAdam: It is a pleasant thing to sit here and hear it said that only men of profound and philosophic minds can understand Homœopathy, and then to reflect that we are all adepts in understanding. But I wonder how many of us know Homœopathy because of some peculiar excellence of mental equipment, and how many because of being properly taught?

I look around and I know that this one has received personal instruction from Kent and this one from Wesselhoeft or Carleton or Howard or Close. Much more important than the philosophic mind of the student is the character of the teaching he is given. And Homœopathy appears not to be easily taught in classes, or by means of books. What is? The best results are obtained by personal instruction.

Of course the better mind the student has, the better homœopath he will make, if properly trained. If you get hold of a man and take him around with you, and show him your work and how to work himself, you will make a homœopath of him whether he has a philosophic mind or not.

You must take him and personally teach him. Rub his nose in it.

This is something we must realize. I have been astonished to see men and women students, not any too elaborately endowed mentally, become enthusiastic and get a very real grasp of one subject when I have taken the time and the trouble to teach them and show them results.

The personal touch seems to be necessary.

F. W. Patch: This is a good time to call attention to a new edition of the Organon in "Everyman's Library" in a cheap form. The translation is by Dr. Wheeler of England. The price is thirty-five cents for cloth binding and seventy cents for leather. We have sold about seventy copies at the Boston University. It is a good book for propagandistic work.

Harry B. Baker: The time when every student had to have a preceptor and was trained before he went to college at all is gone. Perhaps that is one of the principal reasons that students of to day have fallen away in homœopathic quality. I had Dr. Tabor as a preceptor and was his assistant for years after I graduated. I am sure that that helped me a great deal. If you can take a man in your office and show him cases and personally explain the way of prescribing it will do him a lot more good than merely being told it in a lecture at college.

Alexander Donald: I have been much interested in the talk here about education and of the ways and means to make a good homœopath. In my experience two things go to the making of a good Homœopath; one is the student must possess manhood or character, the better the manhood, the better the Homœopath that will be turned out. The other is you have to have a sudden realization of the inefficacy of the old school and the superiority of the homœopathic, it must come like

a shock to turn you towards Homœopathy as a goal to be attained. With me it was rather a severe shock but it came and under the guidance of an experienced Homœopath I got to using single remedies. But the majority of my teachers although in a homœopathic college used quinine, chinorchine and so on, right along. In that large class there were but a few boys who had read the Organon. Within ten years I have bought six copies of the Organon and given them to men who were allopaths but exhibited some desire to try better modes of practice. Three became pretty good Homœopaths, two could see no sense in it and the one has not been heard from. We miss the old preceptors who used to show students their patients and how to prescribe for them.

John Hutchinson: I have been greatly interested in this discussion. To my mind, the explanation of the poor grade of Homœopathy practiced by many graduates from our colleges is the INCONGRUITY of the instruction offered at our colleges. There is such a mixture of Allopathy and Homœopathy that the student is powerless to separate it and tell which is which.

In other words, there is an excess of allopathic teaching, and a deficiency of Homœopathy, and as a result there is an incongruous problem that no under-graduate should ever be expected to solve. Many lecturers in colleges of Homœopathy never touch upon the application of Homœopathy to their subject. Of the eight hours of daily lectures, seven may be devoted to something other than Homœopathy, and it is but natural that the students get very little idea of the value and superiority of Homœopathy, or of how to apply it.

This Association should consider carefully what it can do towards correcting this fault in homœopathic colleges. The professors of materia medica are able men, but having to work against almost insuperable opposition their efforts are too often cancelled.

I can tell you of a simple-minded student who studied the Organon and Hahnemann's *Materia Medica Pura* under a preceptor, then matriculated in a homœopathic college and studied there. When he left with his diploma he was abso-

lutely depressed by the idea of practicing medicine on what he had learned and unlearned. The incongruity of it all was appalling! What medicine should he practice? He had no notion derived from the majority of his professors that anything in remedies above the first decimal was of the slightest value. He had to work slowly up from that degraded state of knowledge in order to become a decent prescriber, and a respected physician. That was a hardship, when we reflect how many years such an experience takes from our short life. The hardship should not be imposed. The man I speak of suffered for years from the bad teaching he was forced to accept at his Alma Mater.

PSYCHOLOGICAL SUBTLETIES OF HOMOEOPATHY.

BY JOHN B. CAMPBELL, M. D., BROOKLYN, N. Y.

In working out the application of the law of Similia the Homœopathist is led far afield into considerations of unusual character. He must forever be prepared to pursue these considerations if the indications seem to direct him; his attitude must be one of habitual poise, and he must have an open, flexible and receptive mind.

A short time ago an old operatic tenor whose career has been marked by a long series of successes declared to me that "whoever hopes to sing well must remember always that success in singing is due, three-fifths to the mind and two-fifths to the voice.

He recognized, as do all vocal artists, the psychology involved in producing effects which to the casual observer might seem to belong largely to the domain of the physical.

Similarly sometimes success in Homœopathy is immediately dependent upon recognition of the psychological character and features of applied Similia in curing those Elusive Enigmas which defy the routinist.

And the Homœopathist must, above all other internists remember that life and its phenomena are the result of such

a *composite* interplay of functional impulses that no one can hope to put his finger on the beginning or end of the process.

Therefore, it is only with the presenting segment of manifest life that we have to deal. Nothing else concerns us. As Homœopathists, nothing else *can* concern us. But we must thoroughly exhaust our working resources and philosophy before we dare declare that Homœopathy has failed.

Notwithstanding the accusation that the present outward form of Homœopathy is archaic. I feel you will agree with me in the belief that the cosmic principle which Homœopathy embodies is ever in advance of medical practice.

There is, in connection with every great thought a certain margin of undemonstrable truth. But just beyond the border line of the demonstrable lies the areas of the *occasional* and the *possible* achievement. Although within these *uncertain* territories we may not be able to demonstrate a proposition with invariable finality, there *are* occasions when, to all intents and purposes we may secure a firm grasp of principles which will enable us to accomplish desired results.

And the whole philosophy of Homœopathy as formulated by Hahnemann, is replete with possibilities and principles and even working directions which be turned to immediate account in healing the sick. I will illustrate this with the case of a girl of eighteen who was sent to me by a surgeon twenty months ago. He had suggested that she be committed to an institution for the insane. The girl had made innumerable attempts to kill herself by turning on the gas, and so often had she tried to jump out of the window that it became necessary to nail down all the sashes. She would spend whole days in an introverted, reticent state, refusing to see friends who called, or perhaps playing upon the piano and singing in melancholy fashion. She usually talked to me, when she talked at all, with averted gaze, her face sometimes hidden by her hands and always exhibited an air of distrust. She would sit hunched up in a corner of the bed silently chewing and tearing handkerchiefs with her teeth. Her mother told me she would destroy several in one day.

For six or eight months before I first saw her the menstrual

period had been postponing and the flow becoming pale, scanty and finally absent.

The father of the girl who had been dead a number of years, suffered from pulmonary tuberculosis and melancholia.

During the summer preceding the illness, the young woman had arranged to spend her vacation with friends, and had looked forward to the event with much pleasure. But business exactions prevented the realization of her hopes and the disappointment preyed upon her mind until she became ill. Then mental symptoms began to develop and for some time after I assumed control of the case were becoming more and more exaggerated.

She entertained combined delusions regarding her person. Said her face was "as big as a hippopotamus and looked as old as a grandmother." For days she ate little or nothing as she was anxious to reduce her imaginary bulk. In reality she was emaciating.

Hahnemann in paragraph 211 in the Organon of the Art of Healing says: "The state of the patient's mind and temperament is often of most decisive importance in the selection of a remedy, since it is a distinct and peculiar symptom that should least of all escape the accurate observations of the physician.

In paragraph 215 he also says: "Most of the so-called diseases of the mind are in reality bodily diseases. Certain mental and emotional symptoms are peculiar to every bodily disease.

These symptoms develop more or less rapidly, assume a state of most conspicuous one-sidedness, and are finally transferred like a local disease into the invisible fine organs of the mind, where, by their presence, they seem to obscure the bodily symptoms."

As a statement of existing conditions, this paragraph covers the case under consideration. But to construe and apply the suggestions they contain is another matter, and one which is largely dependent upon the visual angle.

However, Hahnemann does not leave us in the dark but draws attention to the importance of deducing great symp-

tomatic generalizations which shall include all the subsidiary details of the case.

It took weeks for me to properly decipher the mental complex which this case presented. I finally looked over all the ground first as though I had not seen the case before, and argued thus: "This girl has been disappointed. Her disappointment in the beginning was so keen that it was equivalent to, and attained the severity of an acute disease—AND—she has not, as yet recovered from that acute disease. It is a condition in which I must consider the mental and physical states and include them all under one remedy. I know that in the symptomatology of *Psorinum* occurs the rubric: "Failure to recover from acute diseases," therefore I will give *Psorinum* because, with this all-inclusive generalization it blankets the entire case, and I think there will be little need of going further into the study of individual symptoms.

Following a single administration of *Psorinum* 42m there was very slight aggravation for perhaps a day. After which the girl made a gradual and uneventful recovery. She has since gained over twenty pounds, and has remained entirely well. It is a pleasure to know that she is, at this minute, enjoying an outing of which that year's unhappy experience deprived her.

For the reasons mentioned, I believe that nothing but the remedy last given would have healed this girl, and it is almost certain that if she had not been so helped, she would today be in an institution for the mentally affected with a fair chance of remaining in her unfortunate condition for an indefinite period.

The fact that a great many medical truisms are not demonstrable in the laboratory, ought to help us realize that Homœopathy is applied philosophy as well as applied natural law. That in some of its aspects it is inseparable from psychological science. The deeper the hold one has on this realization the greater the growth of its exponent in the Homœopathic healing art.

There is much in the Hahnemannian power of inductive, and deductive reasoning as related to medicine that can be

thought out inferentially in the mind of the practitioner who has trained his perceptions in the Homœopathic thought. At any time he may be obliged to readjust his viewpoint in order to contemplate a case from a new angle, as in a case of rheumatism of the hands in a lady of seventy-five whom I had been treating for several weeks with scant success. One day it flashed over me that the generalization of pre-senility would reveal the key to the situation and that this key might be *Baryta carbonica*. A study of this remedy revealed a relationship strong enough upon which to prescribe although some of the indications pointed to other remedies, and the mental faculties were as yet intact. But I was convinced that there was a drift in the direction of senile dissolution. The 200th potency was given, but did not relieve in a noticeably short time. Nevertheless I persisted in giving it at four-hour intervals for a number of weeks, my reason for such frequent repetition being that in a person of advanced years, vitality can not always gather sufficient momentum with single, or even infrequent doses to carry the patient on to a complete cure.

We have heard it affirmed that "six is the basis of creation." Certain it is that six is apparent in much of the vital phenomena of the human individual. It is interwoven in thought and inseparable from the emotional sphere, and starting at the centre of being ramifies far out into indefinable psychical subdivisions, many of which re-act ultimately on the physical plane. For example: who would at first thought to associate disappointed love with habitual constipation? Yet, in a case which came to me, the intestinal torpor followed profound depression in the department of sex, which was due to emotional shock. I did not primarily consider the inactive intestines but rather the emotional cause. And *Lillium tigrinum* suggested itself, because I have come to regard *Lillium tig.* as peculiarly applicable for psychical reasons in the discontented, disgruntled conditions of women, which may be summarized as sagging sex. Following *Lillium tig.* the patient said: "I expected relief but nothing so remarkable as I have experienced."

In the very important matter of habitual constipation I

have learned that many cases are face to face with the psoric miasm.

Even if they have been subjected to the entire range of old school intestinal dynamite with its disastrous effects, we have nevertheless to reckon with psora to a great degree. Hence, frequent intercurrent doses do well in connection with such remedies as Plumbum, Platina, Alumina, etc. I have had results by such methods that were highly gratifying.

In this relation I also want to refer to the utility of reading remedies not only in the light of their well-known characteristics such as Veratum album in copious, exhausting choleric diarrhoeas, accompanied by cold sweat and collapse, but Veratum in extreme *constipation* when accompanied by cold sweat. I have found that in the constipation of infants the slightest degree of exhaustion after a difficult evacuation, even without sweat indicates Veratum alb.

We encounter disease problems which have been almost hopelessly bedevilled by the short-sighted cunning of latter day physic—problems which for their solution demand greater therapeutic resources than are at the command of accredited science. Examples of created diseases which are traceable to therapeutic violence are very common. Organic affections, gastroses, pulmonary phthisis and a host of nondescript or transmitted ailments which can not be definitely or satisfactorily labelled.

In these drug diseased conditions Hahnemann held out slight hope of cure. High potencies however, have done much to mitigate these diseases which result largely from the attempt to cure by primary drug actions. It is re-active—not stimulative due to primary effect of a drug, which truly cures. The entire body of primary action seekers have been vainly trying to discover world specifics for world-wide diseases. Many times the most desperate of these diseases such as cancer, consumption, insanity, etc., represent ultimates caused by interlocking of the miasms. And I need hardly remind you that the cure of interlocked miasms can never be accomplished through primary, physiological or toxicological drug action.

A matter of interest to the Hahnemannian is the discovery

of the curative remedy through analogy as exemplified in the insanity case cited above and touched upon in the following: *Elaps corallinus*, the coral viper, is a remedy which has recently been threatened with expulsion by *Materia Medica* reconstructors. Among its head symptoms are great heaviness, or "weight and pain in forehead." And we usually find this feeling resulting from a weakened cardiac innervation.

I had a good deal of trouble in a frail girl who complained of weakness of the arms. *Dig. Glon. Acon.* and a number of other remedies have this feeling of weak arms, but not *Elaps*. *Lachesis* has the symptom: "Arms so weak she is unable to raise them" yet *Lach.* did nothing for this girl, nor did any of the remedies given early in the case.

Because of the paralyzing action of small venom on the heart I believed this symptom would respond to one of the ophidians. Notwithstanding I could find no proven correspondence under *Elaps* I gave it with permanent relief. It was an easy matter to extend, by inference, or projected analogy, a weakened innervation of the cervical muscles, to the same condition in the arms, both being of cardiac origin. Thus it will be seen that by analyzing the individual, or peculiar features of his patient's case, together with their significance as a whole the Hahnemannian can often deduce much that is not in the text.

Sometimes this process of analysis will supplement the repertory and the *Materia Medica*, and again, the relation may not be entirely clear. But in any event, it is quite impossible to arrive at a profitable conclusion in the absence of actual knowledge obtained through the systematic study of all works pertaining to the subject in hand. The results however, especially in obscure cases, justify the means and are a better demonstration of the underlying truth of *Similia* than any laboratory could afford. Reasoning out the relation of analogous symptoms, may lead to happy results as in a case where cold water seemed to be running from the eyes. This patient had been recently helped by *Silicia* and *Fl. ac.* seemed a good second. Moreover it has the symptom: "Sensation as of a cold wind blowing under lids. By analogy based on the sen-

sation of coldness only, in connection with the eyelids, Fl. Ac. was given and it relieved.

Laboratory demonstration is the inexorable standard by which modern medicine is supposed to stand or fall. Still, as Dr. Beverly Robinson, an eminent old school authority said not long ago. "In medicine, as in surgery, there are many and great exceptions to all rules, and why? Simply because our knowledge of the causes of diseases is imperfect, inaccurate, insufficient. We think we know frequently, and later we find we were woefully mistaken, and that all our knowledge is mere vanity and vexation of spirit."

To establish the presence of the gonococcus in the knee joint is unnecessary when we know perfectly well there has been a gonorrhoeal suppression by local measures. The physician who knows, can by the proper remedy relieve the rheumatism and at the same time restore the original trouble. No lengthy process of logic is needed to establish the relation between the initial and secondary symptoms of the gonorrhoea.

When we gather symptomatic evidence according to the system of induction which has been used in hundreds of thousands of homœopathic prescriptions for the relief of disease, and remove the results according to the law of Similia we have made one kind of conclusive demonstration. We are working in a biological laboratory which every sick room becomes under the homœopathic law.

Confirming the assumption that Sulphur in high potency should have been administered twelve years earlier than at the time the case presented itself. I report the following:

Almost three years ago a man came into the office giving an account of gradual decline of health during the preceding twelve years. This might be in part ascribed to physic which he took every *alternate* day. His heart beat irregularly and there had been a steady falling off in weight. The liver was hard and evacuations clay colored.

There was oedema from the waist to the feet. This man was rather undersized, yet his waist measurement was 46 inches. The upward pressure of the retained fluid caused dipnoea so that he could not breathe while lying in bed.

Every part affected was enormously oedematous. Old school treatments had been of no avail and it certainly looked to all concerned as though his time had come.

I went over the history carefully and learned from his wife that twelve years before he had pneumonia and that although he continued at work he had not been really well. My reason for giving the Sulphur was simply this: The man had a pneumonia. His history revealed the fact that since the pneumonia he had not been as well as before.

I knew that as he had lived in a part of the city where the people knew nothing about Homœopathy and had been treated by antidiluvian methods, resolution had not been complete. And I assumed that he had been denied a high potency of Sulphur which he actually needed for twelve years. Even at the very late day when he came to me I felt he must have it. Two weeks of waiting on a single dose of the 52m were followed by an improvement in the sense of well-being which our old school friends would, no doubt, ascribe to a rise in the opsomic intex. The œdema did not appear to lessen greatly. A new study of the case gave a fairly clear picture of Fluoric acid and a single dose of the 45m absolutely cleared up every remnant of the oedema and all the associated symptoms. I followed this case for several weeks and must confess to a degree of amazement at the permanency of the results. The man to-day is perfectly well.

This kind of result compels us to realize the power of the gigantic infinitesimal truly "*die milde macht ist gross*": and in seeking Similia we are continually confronted with the necessity for the little accuracies, which make for the big successes.

As a help in successful prescribing the mind must ever remain in a state of flux wherein prejudice has no part. This attitude is in opposition to much of what is called progress in medicine. There is no doubt whatever that a certain percentage of so-called medical progress represents merely the systematic evolution of professional prejudice—positively nothing more—of arbitrary and even divergent opinions logically taking refuge in imperious edicts and conclusions of

little scientific value. This is a *sort* of progress—a will-o'-the-wisp illuminating for a short instant the moors and barrens of vast undertakings, but ultimately ushering the climaxis into the impenetrable darkness of therapeutic nihilism.

Homœopathy is no longer an experiment, neither is it fully developed. It can never be fully developed, but the very glory of its imperfection lies in the elastic all-comprehensiveness of its basic principle. Under this principle *any* force capable of inducing curative re-action can, in disease be applied for the relief of suffering humanity.

Many instances could be added in support of the statement that unusual avenues of approach are necessary in solving unusual disease problems and in illustration of the interpretation of the genius of symptoms. But enough has been cited to show that Homœopathy is not altogether an obvious art, and that the homœopathic prescription and cure may be matters reachable only by devious routes.

There are positive benefits in Homœopathy which must not be overlooked and no matter what the current reports concerning the decline and death of Homœopathy as an institution or as a science, it would be simply foolish to sink into oblivious neglect of the phenomenal potentialities resident in the precisely selected homœopathic remedy on one hand, plus the driving power of intense conviction on the other. Furthermore, so-called medical progress is not progress at all if it demands the relinquishing of tried and proven measures for therapeutic agents whose chief bid for public attention is based upon rapidity of action or mere novelty.

Realizing fully that to become one-sided is to become unsafe, and being alive to the danger of narrow gauge prejudice and the bigotry which makes no allowance for differences of opinion, the Homœopathist should not be misled by flamboyant detail. He should not be hypnotized into a state of forgetfulness by the arrogant re-iteration of scientists whose accomplishments do not include a knowledge and recognition of the laws of motion as exemplified in true Homœopathy.

There is a line of medical thought leading to the inner shrine of Similia, that might be defined as the straight and

narrow way—which suggests what was profoundly remarked by a member of this association when he said: “We cannot go to science—science must come to us.” This line, or path, winds through a field of suggestive concepts which appeal to the *adept* rather than to the mystic. For there is no mysticism about the high Homœopathy, although there is, as the title of this paper suggests, considerable of the Esoteric.

Because Homœopathy is of the law it must, in some form, survive and undergo successive reincarnations. Because it most successfully grapples with subtle and sinister complexities whose solution without it would be hopeless. Homœopathy must always maintain with those who know, an enviable supremacy.

DISCUSSION.

Stuart Close: When we listen to such papers as that, and others we have heard this afternoon by Drs. Boger and Case, we are ready to believe that the comprehension of homœopathy requires a philosophic mind; when we hear the reports that come from the far West of the quick and wonderful cures made by some young student, or by some good mother in Israel, and by our own modest efforts, we are ready to acknowledge that Homœopathy is simple and not so abstruse after all. This paper gives us a glimpse of the tremendous reaches of Homœopathy; in some features capable of being understood by the simplest mind, in others affording scope for the most brilliant understandings; giving opportunity for the finest perceptions, the deepest thought, and the broadest generalization. It presents a field broad enough for all of us, from the simplest to the most profound.

It warms my heart when I think of the enormous scope of Homœopathy; covering alike the cases which come in every day, expressed in the simplest terms and bearing their remedy in their hands, so to speak; and the deep cases, covered under, suppressed, revealing themselves only by occult symptoms, requiring for their interpretation the exercise of a mind trained in the subtleties of Homœopathy. The one point I desire to emphasize is, that having a science that is so broad and yet so

simple, and which is capable of being successfully applied by so many different types of minds, we have no need to be discouraged about its future. Homœopathy will live.

FOURTH SESSION.

JUNE 26TH, 10.00 A. M.

The secretary read letters from E. P. Hussey, Mary F. Taft, R. E. S. Hayes.

I may add that Dr. Hayes has had a serious and trying year since our last meeting. He lost one of his children from diphtheria and is himself still suffering from an attack of it. In spite of this his work as chairman of the Bureau of Materia Medica has been most excellent.

C. M. Boger read a letter from Dr. Carolyn Putnam.

The secretary read a letter from S. L. Guild-Leggett.

P. E. Krichbaum moved that the Secretary be instructed to send a letter from the association to Dr. Guild-Leggett expressing the sympathy of the members and their hopes for her speedy restoration to health.

P. E. Krichbaum read a letter from Professor Weir.

P. E. Krichbaum moved that Professor Weir be informed that he can have a set of the Transactions at 50 cents a copy and transportation charges. Seconded, carried.

THEORIES.

J. B. S. KING, M. D., CHICAGO, ILL.

Theories have a legitimate place and function in the growth of science; they are indeed an intrinsic part of those two logical instruments by which all science advances namely inductive and deductive reasoning. Of these two the first rises from the study of a series of facts to a hypothetical, general principle which it then extends and proves by other facts, after the

manner of Aristotle. The second starts with the theory of a universal or at least a general principle and then descends to particulars, after the manner of Plato. The first leads slowly but surely to very substantial results; the second is more rapid and spectacular but is a snare to shallow minds and a great feeder of fads. For instance, it is common practice to assume that a theory is true because it is agreeable to one's mind and then to try to bolster it up by facts selected or experiments made for the purpose. This is not the way to arrive at the truth. Such a method is sure to twist facts, to magnify certain points and to minimize others and is the favorite weapon of special pleaders, enthusiasts, cranks and one sided men in general. Vegetarians, socialists, prohibitionists and even Homœopaths have all been guilty at times of this misleading, mental process.

Both inductive and deductive reasoning each with the necessary projection of a theory are involved in every important advance in science. Hahnemann used both modes with the greatest success in the development of his therapeutic method. From the observation of a single striking fact he theorized or projected the hypothetical principle expressed in the formula *similia similibus curantur*; he then tried it out by many experiments until its truth was evident. This is an excellent illustration and a sound example of the proper use of a theory.

Another example of the great value of a rational hypothesis, sanely developed and properly applied is the atomic theory usually ascribed to Dalton, although several others had a hand in its development. Hundreds of isolated chemical facts about the composition of matter were known before the time of Dalton. In ancient times the Egyptians knew how to make soap, the Phoenicians knew how to make glass; to stain it blue and to dye woven fabric; the labors of the Arabian physicians, of the alchemists and of the relatively modern investigators Davy, Farraday, Richter and Lavoisier had put the world in possession of a large number of chemical facts but there was as yet no science of chemistry: a general principle was needed to correlate and co-ordinate these facts before chemistry could be called a science. Dalton invented a theory,

simple, beautiful and successful that at once gathered together and correlated thousands of isolated phenomena and made them capable of a rational explanation. In other words he made chemistry a science. To an old and vague notion about atoms he attached an exact meaning by conceiving matter as not infinitely divisible but as consisting of minute, indivisible particles and that each one of which was the home of a powerful attractive force, which prevented it from existing in a free state; chemical compositions took place by juxtaposition of atoms and not by penetration of their substance. To atoms of each kind a precise relative weight could now be given, so each atom of the same kind an exact combining power or valency could be given, to every substance that could be volatilized the exact specific gravity could be assigned by calculation. In short by this simple and beautiful theory all the dark corners and mysteries of chemistry were flooded with light.

Notice that the atomic theory did not presume to dogmatize about the interior forms of nature nor conceive of atoms as the ultimate form of matter; nor venture to prescribe the form of atoms; it limited itself most wisely to the statement that atoms were the smallest forms or particles of matter that were concerned in chemical combinations.

Nowadays, the atom has been eviscerated and a thousand or more of ions found circling in its interior but this has not in the least interfered with the great practical usefulness of the atomic theory which is used every day in the arts and science.

The most recent and ingenious theory in medicine is undoubtedly Ehrlich's side-chain theory projected to explain the facts of immunity. The phenomena of immunity have long been known, but never explained. We have all wondered how it is that one attack of an exanthematous disease forever renders an individual immune to another attack; why one person is insusceptible to certain diseases while his neighbor is getting them continually.

Three men go into the jungle, one man gets intermittent fever, another remittent, the third remains well. I have observed the unusual phenomenon of one child, out of six in a family, get scarlatina without any of the others contracting it

although the exposure was equal and constant. Some immoral men never get gonorrhœa while others get it many times. The mysteries of immunity are many and baffling and the side chain theory of Ehrlich is an attempt to solve them as the atomic theory solved the many mysteries of chemical combination. The side-chain theory is based upon the more accurate knowledge of the blood that has grown up since 1890. Men who graduated before that time will remember that they were taught that there was no microscopical or chemical difference between the pus of gonorrhœa and the pus of chancre, between the pus of an abscess and the sputum of tuberculosis; they will remember how meager was the knowledge of the intimate constitution of the blood: red corpuscles, white corpuscles and serum was at that time a complete analysis of the blood. A doctor who has not learned anything since 1898 may justly be regarded as a back number, and in danger of permanent ossification of the intellect: The X ray, radium, and radioactive bodies, the analysis of their rays, the splitting up and evisceration of the atom, the discovery of the spirochete as the bacterial form of syphilis and all the many facts, results and conclusions that issue from these discoveries have made practically a revolution in medical and allied sciences. No new discovery can hurt truth, it can only subvert error and thus Homœopathy has not only withstood these advances but has been confirmed by them. The proper position of a homœopath is to welcome all scientific novelties as they are discovered, but to consider, to weigh and to discriminate, to claim for his art what properly belongs to it, to hold in suspension what appears to contradict it and to never ignore real advances of any kind.

The side-chain theory is an ingenious effort to account for and explain the workings of immunity; it predicates a number of new bodies and is responsible for a number of new words in the English language.

The first man to produce an artificial immunity to disease was Pasteur in the cases of anthrax, chicken cholera and rabies.

By his method the infectious matter of these diseases is artificially modified and weakened and on injection causes a

transient feeling of illness, soon recovered from and which for at least a limited time, produces immunity from the disease from which the infectious matter was taken. This method is still used in the production of the cholera and plague vaccines of Haffkine and the typhoid vaccine of Wright. Later it was found that the chemical products of the hog-cholera bacillus, freed from micro-organisms by filtration through a Berkfield filter would produce immunity and protect the animal from the disease. This fact was then extended to diphtheria through the researches of Rous, Vaillard and Behring. Behring later showed that the insusceptibility produced by the injection of bacterial toxins could be transmitted to a second animal by injections of the blood serum of the first or treated one and that this blood-serum could be used as a curative agent.

Insusceptibility thus artificially produced became much more tractable to fruitful study and Ehrlich by the inductive method of reasoning, confirmed by masterly experimentation has succeeded in evolving what is known as the side-chain theory which explains many of the mysteries of immunity, and gives the reason "why" one individual passes through life almost untouched by infective diseases while his less fortunate neighbor seems to contract every possible disease. Among the natural insusceptibilities I may mention that human beings are the only animals who have typhoid fever; the white rat and the Algerian sheep are not liable to anthrax; glanders, common among horses is extremely rare among cattle, and unknown among swine; the monkey and the cow suffer grievously from tuberculosis while it is scarcely ever met with in the dog and the goat; black and tan dogs can scarcely be killed with morphine; a dose of hydrocyanic acid which would kill a dog of small size does no more than make a kitten sick although full grown cats are killed by it.

Ehrlich conducted experiments with two poisonous proteins, abrin from jequirity and ricin from castor oil beans and came to the conclusion that acquired immunity is of two kinds, one active of long duration, resulting from an attack of the disease or vaccination with a modified virus and not trans-

missible to the fetus: the other passive resulting from the inoculation of an animal with the blood-serum of an immunized animal (by bacterial toxins or cultures). It is soon lost but while present is transmitted to the fetus.

The chief methods by which an artificial immunity is produced is first by treatment with a modified and weakened form of an infective agent. This is the Pasteur system of vaccination: the vaccine is prepared by growing the bacillus, for instance the anthrax bacillus under unfavorable conditions which diminish its virulence so that it produces a transient illness only, instead of death.

Second, immunity may be induced by treatment with killed cultures or bacterial toxins. For instance by treating an animal with increasing doses of tetanus or diphtheria toxins immunity to these diseases may be produced.

According to Ehrlich the reaction between a toxin and anti-toxin is a chemical action much like that between a strong acid and a base. A poisonous dose of hydrochloric acid, for instance, may be combined with a poisonous dose of sodium hydrate so that an innocuous salt is produced which may be taken in almost any quantity without fatal results.

The poisonous action of a toxin upon protoplasm is also chemical in its nature: Ehrlich assumes that the toxin molecule contained within itself two different combining groups; one of these he called the "haptophore" group and claimed that it conditioned the union of the poison with cells and with antitoxin; the other he designated as "toxophore" group is the actual toxin or poisonous group.

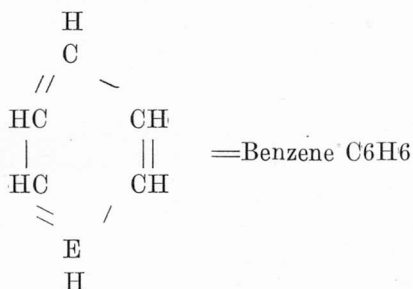
In the cells he postulates the presence of a group or portion which had an affinity for toxin and hence are called "toxophile" groups. The cause of the toxic action is the presence of toxophile groups in the cells which unite with the toxophere groups in the toxin. If the toxophile group is absent from the cells the toxophere groups of the toxin are unable to act and no toxic action ensues.

DIAGRAM.

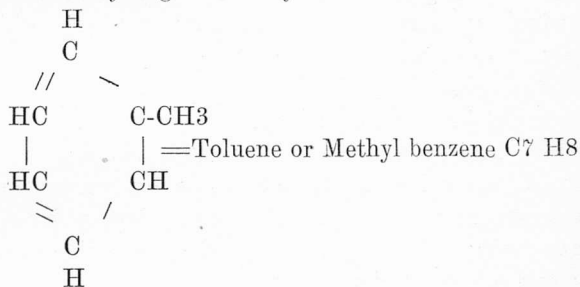
Having cleared away the brushwood in the jungle we are

now in a better position to expound Ehrlich's side-chain theory.

The living matter, bioplasm of the cells of the animal body consists of a complex molecule with a number of atomic groupings and he borrowed the term "side-chain" from the nomenclature of organic chemistry. As an example of the side-chain of organic chemistry benzene may be cited. Its empiric formula is C_6H_6 .



If a methyl group CH_3 is introduced into this ring in the place of one of the hydrogen atoms you obtain.



The methyl group is the side-chain.

Extending these ideas to living matter, Ehrlich conceives the bioplasmic molecule as having (a) a central, ring-like, functioning nucleus which performs the life work of the cell and (b) certain nutritive side-chains which in accordance with the food requirements will be different both in quantity and quality. The side-chains are so constituted that they are able to fix to themselves certain definite food stuffs, necessary to cell life.

The receptor and toxophile groups of cells subserve normal

function and represent the assimilative and protective powers which all living tissue possesses. We all know the assimilative and resistant powers of the living organism; Ehrlich gives more of a chemical complexion to their function than others; the resistant power of tissue and its striking resemblance to chemical action may also be shown *in vitro*; a massive, lethal dose of tetanus toxin if mixed with fresh guinea-pig brain, unites so firmly with the nerve cells that it becomes mild and may be injected into another guinea pig without harm.

According to Ehrlich's theory, then, the bioplasm of the cell is very complex and consists of a number of atomic or molecular groups, resembling the side-chains of organic chemistry; like the hypothetical atoms of chemistry each one of these groups is particularly and peculiarly adapted to unite or enter into combination with extraneous, suitable atomic groups, should such be present.

These groups in the cell represent the absorptive function and the rejecting or eliminative function of the living body; by one nutritive substance is absorbed, by the other noxious matter is thrown out and rejected or held in abeyance.

A cell with protuberances of various shapes graphically representing the cell's ability of entering into combination with various nutritive elements, toxins or poisons.

The main body of the cell, is what determines its peculiar quality, function and identity; depending upon it, providing for its sustenance and resisting inimical substances are the side chains which are different in different individuals, different according to food requirement and different as the powers of resistance are called on or not.

The relationship between the side chains of the cell and the side chains in the food or the poison must be definite and specific; they must be exactly adapted to each other, like a lock and its proper key.

The relation between the cell and the poison by which it is poisoned or to which it is immune, is no longer mysterious or at least can be explained if we grant that the haptophore groups of the toxins are molecular units, fitted to unite both

with the side receptor chains of the cells and with the antitoxins and it is by their agency that the toxins become anchored to the cell. Should the cells not possess receptor side-chains to fit these haptophore groups the toxophore group cannot become attached. The cell therefore suffers no injury—is immune.

The foundation of antitoxin, which is the same thing as insusceptibility, is thereby explained:

If an animal be injected with a sublethal dose of a toxin, the toxin becomes united by its haptophore units to the receptor units of the cell. This a firm, enduring union and the side-chains involved are so embraced or occupied that they cannot exert their usual function. This defect is overcome by regeneration namely by formation of new receptors and if more toxin be injected again unite with it and this union of receptors with toxin and reproduction of more reception may be repeated again and again, the cells being thereby stimulated to produce receptors in ever increasing quantity. The receptors are thus increased far beyond the ability of the cell to retain them so that they become free in the blood—this excess is the antitoxin.

DISCUSSION.

John Hutchinson: This is an exceedingly scientific paper, I know, because I also know that I do not understand it. It is also an interesting paper as showing the complicated theories used to explain certain procedures. I would like to ask the doctor what happens to these little forms that he has drawn for us, when a patient gets an injection of salvarsan and immediately after it goes “stone blind.”

J. B. S. King: These figures represent in graphic form the side chain theory of Ehrlich and give an explanation of immunity. If a person takes arsenic steadily, persistently and in gradually increasing doses his system will acquire an immunity from arsenic not possessed before. The arsenic becomes innocuous by the cells adapting themselves to it in some such manner as I have represented. The continued in-

gestion of arsenic stimulates the cells to produce side-chains to make the arsenic harmless. The blindness said to be occasionally produced by salvarsan is because the organic molecule in which the arsenic is locked up in salvarsan is broken up and the arsenic loosened, without side-chains having been formed.

E. Rushmore: I would like to know whether this theory explains and to what extent, the harmful effects which follow the use of antitoxin; and how can we avoid the injurious effect.

J. B. S. King: It belongs to the phenomenon of anaphylaxis and is not entirely understood.

W. S. Hatfield: I believe in safety first. And the safe way is not to use them. They had the experience, at the City Hospital in Cincinnati of treating about a dozen cases of meningitis with the popular injection for that disease and I believe all of them died of tetanus. There does not seem to be any method by which they can secure the good effects without the dangerous ones.

J. B. S. King: A safe way that allows the patient to die, is not as safe as a dangerous way that saves the life of a particular child. This is exactly and incontrovertably what I have seen in my own personal experience. The safe way, steered by homœopathic experts was failing; the dangerous way saved a life.

P. E. Krichbaum: Does the theory explain the action of the homœopathic remedy. I believe that the application of the indicated remedy raises the opsonic index.

Dudley A. Williams: I heard a paper read at the American Institute of Homœopathy by Dr. Drury of Paterson in 1903 in which he brought out the side-chain theory of Ehrlich as a proof or illustration of the action of the homœopathic remedy. I think that if Dr. Krichbaum will read the transactions of the American Institute for that year he will have his question answered.

G. B. Stearns: This is a serious attempt and one that is accepted as explaining the action and reaction of the blood in bacterial infection and also the phenomena of natural and

acquired immunity. It probably represents what happens in the living organism and the means that the organism utilizes in combating invasion by bacterial and other poisons. Vaughn's work, which has been going on for the last ten years, has succeeded in isolating the toxophore group of the organic molecule, making some proof of the correctness of the theory. The crux of it all is in the method of introduction into the system. The body is so constituted that toxic substances entering through the ordinary channels can create a natural immunity, as we know from the history of exanthematous disease, but when the toxic substance is introduced directly into the blood we do not know so certainly what it is going to do. Hence the occasional accidents. Nature has not adapted our bodies to receive foreign substances directly into the blood. When we do so, we rob the system of its natural guards and also may run into unsuspected sensitiveness. If you give a child who is troubled with an asthmatic condition the diphtheria antitoxin it will surely kill it. Instead of increasing the resistance to disease, it makes it liable to succumb to the latent infections which are present all the time.

E. Rushmore: A member too modest to speak for himself desires to ask what part if any the carbolic acid present as a preservative takes in the action of the vaccine and serum injections.

J. B. S. King: The carbolic acid has nothing to do with the peculiar action of the vaccines and serums. This is proved very simply by injecting a weak solution of it into the veins and watching the result; it has been done many times. I am not especially interested in the theory of Ehrlich but I think it is the business of every physician to be acquainted with current scientific events. This is no mushroom idea that sprang up in a night or a vagary of an idle hour. Ehrlich is an accomplished scientist; it was while he was in Africa studying the "sleeping sickness" that he discovered that arsenic was a poison that was peculiarly fatal to all spirillar organisms and when Syphilis was found by Schaudinn to be connected with a spirillum he set about trying to

discover a preparation that could be given in sufficient doses to kill the organism and spare the host. In all this work, with thousands of observations he developed the side chain theory as an explanation of many of the phenomena of immunity and susceptibility. It is well worthy of anyone's time to study it and every Hahnemannian should be abreast of the times in medical matters and several miles ahead in therapeutics.

CASE-TAKING.

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

"Why do doctors so often make mistakes? Because they are not sufficiently individual in their diagnoses or treatment.

They class a sick man under some given department of their nosology, whereas every individual is a special case, a unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a factor, simple or complex, which is multiplied by a second factor invariably complex—the individual, that is to say, who is suffering from it, so that the result is a special problem demanding a special solution, the more so the greater the remoteness of the patient from childhood or from country life.

The principal grievance which I have against the doctors is that they neglect the real problem, which is to seize the unity of the individual who claims their care. Their methods of investigation are for too elementary; a doctor who does not read you to the bottom is ignorant of essentials."

These words from Amiel's Journal seem to me a fitting text for a paper on case-taking. The heads may be as follows:—

A—Every individual is a special case, a unique example.

B—Every illness presents a special problem which can be solved only by seizing the unity of the individual who demands the doctor's care.

Turning to the Organon we find at once teachings that

serve to amplify and illustrate these headings. In paragraph 3 Hahnemann says: "The physician should distinctly understand . . . what is curable in diseases in general and in each individual case in particular." And in paragraph 82, "Genuine cures of these or any other diseases are not to be accomplished without rigid individualization of each case." And in 83, "Individualization in the investigation of a case of disease demands, on the part of the physician, principally unbiased judgment and sound senses, attentive observation, and fidelity in noting down the image of the disease."

In other words the physician must take up each case as unique, making no snap diagnosis either as to disease or remedy and as he uses his well trained senses to observe every symptom he should make a faithful record in writing of the same, not trusting to his memory be it never so accurate. Only by means of the written record may be preserved a detailed and accurate picture of the case; and these details—seemingly unimportant—may be just what is needed to make the picture individual.

In paragraphs 84-104 Hahnemann gives more explicit and most helpful directions for the examination of the patient.

The testimony of the patient himself is to be taken first, since he as a rule can detail his sufferings better than anyone else, and his own expressions are to be recorded. Then should follow the statement of the family or nurses as to the patient's behavior under suffering, or any attendant circumstances which they have observed. All these symptoms may be made more accurate by the physician's questions regarding the modalities and the concomitants, that is, the way in which symptoms are influenced by time, position, motion, pressure, heat or cold, etc., and what symptoms are closely associated. The questioning demands much care and tact in order that the physician may not suggest answers to the patient and that he may avoid questions answered by yes or no. The physician who would become skillful in case-taking will arrange for himself a scheme or order to follow in questioning, so that no part or function of the body may be overlooked. The mental symptoms should be inquired into carefully as

these often are of great value. Through all this, the physician should use his own powers of observation as accurately as possible, and should note down the results. Hahnemann says: "The physician observes by means of sight, hearing and touch what is changed or abnormal about the patient," making what we should term a careful physical examination, which should now follow the questioning. It is needless to state that this includes much more today than it did in Hahnemann's time, but we may rest assured that were he living, he would be conversant with the most scientific methods of investigation. The process of individualization is not complete without taking into account any peculiarities of the patient in time of health (par. 90). The knowledge of idiosyncrasies in regard to food, temperature or the like may help markedly in the selection of the remedy and the adjuvant treatment.

Within a few years Dr. Richard Cabot, being dissatisfied with the results of purely medical treatment in the clinics of the Massachusetts General Hospital, has organized a band of friendly visitors to investigate the home surroundings and living conditions of the patients and to report them at the hospital so that means may be taken to remove the exciting or contributing causes of disease and suffering. This most praiseworthy work has been hailed by many as something quite new and unheard of.

Hahnemann makes such inquiries only a regular part of case-taking. In paragraph 94 he says: "The investigation of the condition of chronic diseases should be conducted with particular reference to the circumstances of the patient; his usual occupation, habits of living, his diet, his domestic relations etc. should be carefully considered, in order to discover to what extent errors of living participated in the production and maintenance of the disease, and what will be the appropriate means of their ultimate removal, and of the restoration of health."

Hahnemann was a man of thorough common sense who never advocated the use of a drug when the abnormal condition could be remedied by the removal of the cause, and his fol-

lowers are so far unworthy when they fail to seek and, if possible, to find the causes of disease.

In connection with this last topic the physician should not fail to investigate and record any facts as to the physical or mental inheritance of the patient which may influence his present condition. Furthermore, the personal history of the patient should be taken as regards his development, mental and physical, and any illnesses or accidents from which he may have suffered. The word accident may apply to the mental as well as the physical sphere, for the after effects of such mental trauma as fright or shock may be serious and long lasting.

When the whole case has been investigated as thoroughly as possible the physician should review it in order to see that it is as logically arranged as possible. He should indicate what symptoms apply to the whole individual—as, for instance, the reaction to heat or cold—and what to only a part. The record should be paragraphed with headings, and each symptom should have a line of its own, with space to make necessary addenda.

To recapitulate—the record, especially of a chronic case, should contain family history, personal history and present state of health, giving a list of abnormal conditions, mental and physical, with concomitants and modalities, and also any facts as to the patient's circumstances that may influence his condition.

DISCUSSION.

P. E. Krichbaum: That is a very good paper; I do not believe in a stereotyped way of taking all cases. To go at it in a regular formidable way with a big book beginning at the family history and winding up with pains in the toes may be very scientific but I do not think it is the way to get at the patient's real state. The patient becomes impressed with the superior knowledge of the doctor and they make up their minds that they must fit the ideas of the doctor, and he gets answers according to what they think he wants them to say. You may get at some cases that way but the best method of

getting the truth is to say, "tell me all you know about your sickness." They will always start with the thing that bothers them the most. The most important part of a case may be in the feet and a long written account of family history, old complaints, etc. would lose sight of the feet entirely. In addition you have to read into what they tell you your judgment of the most important phases of the case; between the lines as it were.

G. B. Stearns: The preliminary work which goes into the taking of a case is the most important help in the subsequent curing. It is not to be done in a stereotyped way. Different individuals approach a case in a different way; there may be nearly as many ways as there are prescribers but nine-tenths of them may arrive at the same result.

John Hutchinson: In the essay entitled *The Medicine of Experience*, Hahnemann says something that is wonderfully helpful. Among other things he says that we should lay great stress upon the symptoms that are most troublesome to the patient. This advice may not profitably be lost sight of even in caring for hysterical patients.

A case of pharyngitis comes to mind. It looked like Aesculus, which was given. The next observation, however, had to consider cramps in the calf muscles that were almost intolerable. The throat, while better, was not well. I found that Cuprum had the symptom most complained of, also that it had the throat symptoms as well, which I did not know before. It acted immediately with perfect success.

G. B. Stearns: A point to be borne in mind is the heredity of the patient; it may not help in the immediate prescription but it helps immensely in your conception of the whole case and what you will probably run into. It helps the prognosis also. I have in mind a father with much gout in his history and gouty deposits in his urine; one of his daughters has hay fever, a son has catarrhal deafness with discharge and another son has a great deal of trouble with symptoms of throat and head. The hay fever daughter has three children and they all require constitutional remedies. Her brother has one son with asthma and twins with weak ankles and throat trouble;

one of the twins has recurrent attacks of appendicitis. That all means something. The family history is a material help in understanding the illnesses of the children.

Margaret Burgess-Webster: In our search after subjective symptoms and possessed with the idea of letting the patient tell his own story we must not overlook objective symptoms. A case of deafness and buzzing in the ears came to me after having been cared for by a good prescriber for a long time without success. I found hardened ear wax the removal of which cured without remedies.

W. S. Hatfield: I believe in allowing the patient to tell his or her story just as he or she will. One prominent symptom may lead to the remedy. I do not say you should prescribe on it, but it leads to the remedy.

E. W. MacAdam: There is one especial fault we Homœopaths have; we do not examine our patients sufficiently. We get down a most painstaking account of their subjective symptoms, but we do not examine the ears, the eyes, the nose, the throat, the stomach, or even go carefully over the chest. This is often my mistake. I am so eager to get down symptoms that will be helpful in prescribing that I neglect to examine the objective condition.

I think we run into more snags from neglect of these necessary and simple procedures than from anything else. And they are as simple as they are necessary.

VERILY.

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

In as much as the intricacies of life are so thoroughly hidden, so also are we barred from the knowledge of the action of remedies. Nature in her bounteous provision for the up-building and maintenance of the human body trifles not with uncertainties.

Each particle of the human body is perfectly developed. Each portion of nutriment is accurately placed for the suste-

nance of each and every portion of the body. There is never a mistake so long as the soul (or vital-force) is not hampered by some hidden disease power, which has been contracted through contact, through exposure, or on account of forcible injection into the system.

Nature does not make mistakes. Wherever and whenever a mistake is made in the upbuilding of the human body, or any other expression of nature, were it possible to delve into the depths of the intricacies of life these mistakes could all be accounted for.

Nature strives always to develop her every expression in perfect accord with the laws governing such expression. It is not alone in the upbuilding of the human body that we see the wonderful magnificent expression in nature. The tiny pebble, the grain of sand, are equally as wonderful examples of expression in nature's bounteous storehouse of wisdom.

It is but natural, because of the common knowledge of the grain of sand, we consider with so little interest the wonderful provisions nature has seen fit to make in the formation of that grain of sand.

With this knowledge and understanding we are better able to comprehend the magnitude of our efforts to understand the intricate power which controls the upbuilding and the maintenance of the human body, when we consider the conditions that govern the mechanism of nature in her efforts to maintain in health this wonderful unknowable tenement, during life and health is always under perfect control of that power which we term the vital-force.

It is equally as difficult to penetrate and endeavor to explain the curative power contained in each and every individual medicinal product. Properly prepared the result of the administration of any one of nature's products can be depended upon in the treatment of the ills which may come to any one member of the human family.

To remove any great obstacle, even the rending of a mountain, nature has provided conditions equal to the emergency. No less so in the manipulation of any portion of nature however small. These provisions, ever present in every particle

of every substance upon the earth, admit the wonderful working of the power of nature.

The influence of the action of any one of these medicinal forces upon the human system brings forth expressions peculiar to that individual medicinal power. Those versed in the application of these medicinal forces in the treatment of the human body are likewise able to accomplish seemingly impossible feats under certain conditions under the influence of any one or more of the different diseases which may have caused the distunement of the vital-force.

In the administration of these medicinal products it is necessary to have them properly prepared, properly administered and the proper time allowed for the action of any one and in the end the proper restoration to health of the distuned vital-force will follow.

Verily, the hidden secrets of nature are as unknowable as the elemental principles of life itself. We may consider that through our investigations we can fathom those conditions which make for the healing of the sick. Man's thoughts and his investigations prove that insurmountable barriers encompass the hidden truths of life. Without these investigations we would fail to realize the wonderful hidden power of that which governs all conditions of life. Wherefore shall nature give up her secrets? It is within the realms of the impossible that we can hope to be able to delve into the depths of those conditions which surround the secrets of life itself.

It has been the rule among the members of the medical profession that each investigation is supposed to be the solution of the whole problem. In the thousands of years wherein the medical world, in all its crudeness, has endeavored to fathom the wonderful workings of nature, it has chosen to claim for itself the solution of those hidden problems which constitute the laws which govern those points which nature has vouchsafed to be her own, and everlasting undiscoverable treasures of truth and knowledge. Verily, as it seemeth to the uninitiated, the solution of those hidden secrets are not difficult to fathom.

In considering the action of the medicinal products upon

the human system, the laws of nature have been over-ridden—have been considered inconsequential in their governing power of the human body, as well as all other expresisons in nature. Disease equally unfathomable, has been considered to be a *Something* which must be chased, fought, overpowered with the mighty implements of warfare, constituted in the vocabulary of the poisons, which nature has provided for all conditions which might arise in the intricate maintenance of every manner of condition in life.

Consider the evolvment from the depths of the hidden treasures of nature, those conditions which contribute to the building up of every form and expression in nature, contributing to the whole formation of that which nature chooses to consider her own undivided acknowledged personal self.

Beginning with elemental principles of life, we see the insurmountable obstacles which obstruct our pathway in our investigation of nature's wonderful hidden truth. The equally unknowable conditions which surround the investigation of disease, and the hidden power which is the only true method by which disease may be successfully overcome. The only method by which we may be able, or hope to be able to overcome these disease conditions is through the law of similars, guided by the expression of each and every manifestation of nature's elements which should be learned through the investigation of those medicinal products given to those who are in perfect health, and noting the manifestations that arise through their administration, and the use of these medicinal products, selected according to their expression; suited to those indications as they parallel with the expresison found in disease.

Verily, in the solution of the whole problem, while we may not be able to discover the action, neither be able to discern the power of disease, we must be content with the knowledge derived from the application of those medicinal products upon the human system, and in the application of this knowledge to the cure of disease where the expression of each, the disease and the medicine are similar.

DISCUSSION.

J. W. Krichbaum: Getting back to nature is not attractive to all; after a man has been out all night he would like to get back to nature but when he is well it does not look so alluring. If we will look back we will find that our best cures have been upon cases whose habit we have corrected to a certain extent and thus took them back towards nature. Medicines act better after faults have been corrected and in the present complex modes of life we do not get the best effects of medicine unless the patient has been sick long enough or is bedridden so that he has almost returned to nature anyhow and is ready to give up anything that you say if only you will promise to cure him. I agree with Dr. Hatfield that getting back to nature is a good thing but looking back over my experience I do not think that we are getting back there very fast.

DISEASES PRESENTING LOCAL SYMPTOMS ONLY.

BY DUDLEY A. WILLIAMS, M. D., PROVIDENCE, R. I.

In selecting this subject for a paper from among those offered by the chairman of this bureau, I was attracted to it not so much because of its newness, for it has been emphasized many times in years gone by by abler men than I can ever hope to be, but because the tendency has been and is now among the rank and file of Homœopathic physicians to take the stand that Doctor Bernstein did in his article in the Journal of the American Institute of Homœopathy of May, 1914. This article, if you remember, had for its title "Topical Applications in Dermatology" and was read in the Bureau of Homœopathy at the last Institute meeting a year ago.

I do not intend to go into a critical dissection of this article, although it is evident from the start, that the doctor has not read his Organon and has only gotten a new word in the place of a much quoted old one. He has failed to quote all that Hahnemann said as is usual with such writers. Had he

read and thoroughly digested paragraphs 197 to 204, he would have seen that while Hahnemann did say "driving off" and not "driving in," in that very same paragraph he condemned treatment with topical applications in no uncertain terms.

Like many specialists, Doctor Bernstein fails to see anything but his particular field, and the possibility of an internal malady being responsible for a skin trouble and the proper management of that malady other than prescribing for the local manifestation, is beyond his ken.

Here is a big field, this treatment of disease expressed by local symptoms only and the present day care of them is looking to their suppression. It seems to me that the insistence of Hahnemann's instructions regarding the care of such cases is not amiss at this time even though I take a chance of repeating truths to a body of men and women to whom my subsequent remarks are like the threshing of old straw.

These partial or one-sided cases as Hahnemann calls them, were not easy for even him to cure evidently, for he devoted a number of paragraphs in the Organon to the subject. Commencing with paragraph 172 and continuing for several paragraphs, he deals with this subject in a thorough and comprehensive manner. It is hard to find the remedy when there is but one expression of the disease and that one a local symptom. The fewness of symptoms often makes their treatment uncertain and difficult, but Hahnemann states that only chronic diseases offer this feature or difficulty. (Par. 172, 173). The changes and sufferings appearing on the external parts of the body, have been so often attributed to local causes only, the general system supposedly not participating in the trouble. (Par. 185) Recent lesions, arising entirely from external injuries are the only ones that appear to deserve this appellation. You all remember what Hahnemann said in Paragraph 186 regarding fractures, etc. These and these only can rightly be called local diseases and even they often require some help from the internal remedy to clear them up. I think I am right then when I say that aside from these

conditions mentioned in Paragraph 186 such a thing as a local disease does not exist. It is only because we lack the acument to ferret out the condition back of the local symptom that any such statement is made. The taking the history of this class of cases is not an easy matter. The history of previous diseases often becomes necessary even the history of the parents of the patient may throw light on the trouble.

It is so easy to look on all these local symptoms as merely local affairs as do the majority of homœopathic physicians but what are we to think of a patient with fistula who tells us that not only he but his two brothers have had it at some time in their lives. Looks like something more than a local trouble or a mighty queer coincidence, which? What of the patient who has warts and his mother and grandfather before him. Something in the theory of heredity you say. Yes, but what if he tells you that he has had them cut off, burned off, etc. and each time he has had chronic headaches occur which only disappeared when a fresh crop of warts made their appearance.

I wonder how Doctor Bernstein would explain the case of an infant with eczema of the face, the application of Resinal clears the face but a bronchitis immediately comes on, being relieved only when the eczema returns and this state of affairs see-sawing back and forth for over a year when the chronic remedy applied by the master hand of W. P. Wesselhoeft cured both eczema and bronchitis. Is this a mere figment of the imagination? Maybe, but no, such things occur in your practice and mine and the mere fact that we cannot demonstrate them scientifically does not make them less true.

They are hard to cure and many times we do fail but because of that don't let us say that they don't exist or that the clearing off of the skin does not many times rouse up latent troubles of the internal organism and utterly spoil the possibility of cure.

Fistula is so many times treated in these days as a local surgical disease that we have hard work to convince patients that it is merely an expression of internal trouble and yet how do you account for the affections of the lung which some-

time follow operation, if this be not an external manifestation of a constitutional trouble. The metastatic condition occurs only too often as you well know.

Recently it has been my good fortune to cure a fistula of thirteen years standing in an apparently healthy man. The curative remedy proved to be *Causticum* which covered a lung condition just previous to the breaking down of the fistula and which history was derived from the patient's mother. Many of the older members, no doubt, remember the wonderful case that Doctor Wesselhoeft reported before this Association many years ago of the young man who after operation for fistula became afflicted with melancholia. *Lachesis*, I think was the drug prescribed for him and on the breaking down of the old fistula, the mental condition disappeared and the fistula was healed later.

I hardly need before this body to touch on the treatment of these so-called local diseases or the method of handling the gradual development of these difficult cases. Hahnemann in paragraphs succeeding 172 has given many particulars. Here and there, from one source or another, I have picked up some points and I hope in the discussion other points will be brought out.

The main trouble is that we many times find a single symptom which is peculiar to no proven drug and we are left at sea as to how to commence the treatment. I have found however, that if a local symptom continues for some time after an acute disease, provided no drug fits it accurately that *Carbo veg.* high will often develop the original expression and thus help to the proper selection of the remedy. *Psorinum* has many times helped to clear away the fog in the absence of clearer indications. *Sulph.*, *Calc. carb.*, and *Lyc.* in this order may develop the symptoms necessary to a correct prescription, always being sure to allow ample time to elapse for each drug to exhaust its action. *Peonie* has once or twice helped to cure fistula for me.

True it is hard and trying, this finding the way to the homœopathic cure in this class of cases but well worth the

satisfaction it brings to both doctor and patient when we do cure them.

DISCUSSION.

P. E. Krichbaum: In that case of fistula, I do not think that it was properly operated upon; I believe, for one, that there is such a thing as local conditions that require local attention. Take an old ulcer of many years standing, no life in it, just about existing. In some way it gets bruised and bleeds and the injury acts as a stimulus and it gets well. That was not a constitutional condition; it was strictly local. Local treatment will cure such a case. Homœopathic remedies would have cured the condition back of it but that condition was gone years before and only this result was left. I believe that we can get results in certain cases from local stimulation. It was an excellent paper but I am getting to be unorthodox. I do not believe that an old, enlarged, hardened tonsil is a general condition. I have one myself; it is bothering me now; it is not secreting; it is not a disease. It is the same way with any organ that has outlived its usefulness.

W. S. Hatfield: I admire the paper but I am surprised at Dr. Krichbaum's idea of local diseases. The suppression of external manifestations of disease will only cause more serious trouble to arise in many cases. In the case of an old ulcer, I believe there was an internal trouble when the ulcer appeared. There is an internal trouble when a patient has an enlarged tonsil; the patient should be treated and not the tonsil.

John Hutchinson: This fine paper illustrates the difference in the two schools in respect to Metastasis. The two viewpoints are totally different. A meddling attitude toward Metastasis may get the physician into a good deal of trouble. Then it is often impossible to extricate himself or his patient.

A child from a family of tuberculous history had suppurative otitis. We all know that any ear specialist, whose care is usually limited to the local manifestation, could and probably would have suppressed the otorrhœa. But how would

that help the patient? Would it not surely do harm? From somewhat extended observation in such cases I can answer, yes. We have every good reason to believe so.

This child had the symptomatology of Silica. On it the ears improved and the child's whole physical habit changed for the better. Her weight became normal, nutrition normal, ears and hearing normal. The otorrhœa was the last symptom to disappear. Curiously, at the exact time of its cessation, a wart appeared on the back of the left hand. It has slowly but steadily grown, and is painful to pressure. Moreover, it has a distinct areola of inflammation. Otherwise, the child has no symptoms. It seems best to let the wart alone for the present to develop as it will.

E. Rushmore: Why would you hesitate to give the indicated remedy?

John Hutchinson: Because I do not know what is indicated. There are no symptoms characteristic of the patient. The wart gives none unless pressure is put on it. The development of the wart may be in the direction of cure.

G. B. Stearns: The great problem and the main one when local symptoms only present themselves is to find an entering wedge for the remedy. I recall a patient with a cough which resisted every effort at prescribing. The characteristic aggravation was worse in winter, better in-doors, spasmodic and usually absolutely dry. Examination showed a large excess of uric acid in the urine, not deposited but in solution. Turning the case over in my mind I considered the remedies most closely approximating the condition of the cough and the uric acid condition also. From a small group I selected Rhus tox. Often in some round-about method you will come to the hint that will help you out.

Richard S. True: Recently I had a case of severe eczema in a child of two years, involving the face and body. The parents were very much worried about it. I told them it was better to have a disease like that out than in but I could not reconcile them to the spoiled looks of the child. Local treatment was tried and from perfect vitality the child began to droop. The condition suggested arrested development.

They came back to me and I prescribed Barium carb. It began to work immediately and very soon accomplished a cure.

H. L. Houghton: We all have seen cases in our experience which have to have something the matter with them if they are to keep well. Who would attempt to remove the tonsils or to dry up an eczema at the price of life? A child with a bad inheritance suffered with eczema, his father, who was an absolutely up to date man, had him treated with the Finsen Rays with the result that the eczema promptly disappeared but the child also began to disappear, began to waste away. The only way to save that child is by bringing back the eczema. There is little satisfaction in making a rapid cure of a disease if the patient dies immediately after the cure. We had better keep some external manifestations going rather than cure them and have the patient disappear as the result of the treatment.

John B. Campbell: It is difficult to overestimate the value of such papers as the one we have just heard. Some years ago I was discussing medicine with an allopath and he related the case of a sister of his who had a large mole on her abdominal skin. He said: realizing that moles sometimes took on a malignant form, he had it cut out and she died in eighteen months of cancer of the uterus. He could not comprehend that there was any connection between the two incidents. It is a singular blindness that keeps men going on in that way year after year suppressing disease and never recognizing the consequences. I recall two cases that illustrate the point. One I saw simply in a friendly way; it was a woman with a small fistula on the right side of the rectum. Four months after she told me of it I saw her again and she told me that she had undergone an operation and that it was cured but she had a bad condition of the lungs. She did not realize that the successful operation was the very thing that was now carrying her down to her grave. In about six months time she was buried.

The other was a case of my own, a young woman who was taking training for a nurse. It seemed that she had

taken a serious cold. As her father had died of tuberculosis at about twenty-five years of age I took her case with exceeding care. But she did not tell me that she had had a very sore ankle. I prescribed on the symptoms as they presented themselves; the cold became much better but she complained that she had severe pains in her ankle. On examination I found the ankle was tuberculous. Soon the ankle began to discharge, but she was much better in every other way. She had a sister who was eager to have it operated on but I succeeded in persuading them to let well enough alone. The ankle slowly healed up and the young woman is now in better health than I ever supposed it possible for her to be.

Volney A. Heard: A man, a miller by occupation, was troubled with foot sweat which was offensive. He treated it by the local application of some suppressive powder. Soon after, while out, he became unconscious, laid on the ground all night, and when found and taken to the hospital, was still unconscious. After a time he became conscious but could not express himself correctly, using the wrong words. In getting the history of the case I heard of the suppressed foot sweat and on looking in the materia medica I found that Silica covered the mental symptoms as well as the foot sweat and was especially indicated in the effects of suppression. He began to improve under that remedy and in a few months was as well as before with the foot sweat returned. I continued the Silica and the foot sweat gradually disappeared. My own daughter when a baby had crustea lactea and the mother put vaseline on it. The next morning we found that her eyes were crossed. Never had the slightest symptom of anything wrong there before. The vaseline was removed and the eyes gradually became straight again.

Harry B. Baker: Some three years ago I had a case of ulcer of the leg in an old lady of fifteen years standing. It had been treated more or less constantly by the allopathic mode during all that time without success until finally the surgeons wanted to amputate the leg. I told her in my opinion that if they had succeeded in curing that ulcer by external means she would not now be alive and that it was

fortunate for her that they had not succeeded in doing so. As long as that ulcer was there she would have a fair share of health. I think that she had vitality enough to stand its cure by homœopathic remedies but I have not as yet found her remedy. She had the best surgical advice in the city. Of course I do not present it as a cure, so far it is a failure.

John B. Campbell: I think that it is a great mistake to call such a case as that a failure. Advice that saves the patient's life is not a failure in any sense of the word.

J. W. Krichbaum: A child eight months old was brought to me because it seemed to have stopped growing, was not developed as much as a baby of that age should be, it stared, whined, and did not do any of the things that an eight months old baby should do. I gave her Selenium and in a short time she developed an eczema that spread pretty well over the body. It was simply wonderful after that to see the child unfold in the intellect. I did not interfere with the eruption at first and it kept getting worse and worse and the child better and better intellectually. Finally I had a consultation and we prescribed Mezereum and that completely cured the whole case.

I had another case very similar with a very different ending in February last. It was a child with an eruption; the father was a medical editor and knew more than I did. I had prescribed Calc-c. and it made the child better and the mother said it was better and the father acknowledged that it was better but the eruption was still there and he wanted some external applications. They took the patient to a Boston hospital where a relative was working and applied some powerful revulsive. In about three weeks the undertaker signed a return certificate for the body to be taken home for burial.

Dudley A. Williams: I was hoping that my paper would bring out some points in the treatment of one symptom cases and we have not had much of that in the discussion. I would be interested in knowing how Dr. Boger and Dr. Case get at the remedy in such cases. The case of fistula mentioned in the paper I questioned forty ways from Sunday and on

bacterial examination could only find evidence of very mild staphylococcus infection and that did not help me a great deal. I saw the mother and asked her how long the fistula had been there. She replied it came shortly after he had had pneumonia; in spite of my persistent questioning that was the first time I had heard that he had ever had pneumonia. She remembered very well that every time he coughed he said that his chest felt as if it would be torn to pieces and also he had a raw feeling right down in his breast bone.

C. M. Boger: In the foot note to paragraph 7 of the Organon Hahnemann condemns the allopathic suppression of single symptoms; in 58 he also warns the physician against paying too much attention to a single symptom, thus not only failing to relieve the totality or cure but actually favoring the ultimate outburst or aggravation of symptoms in one way or another. In 172 and 173 he speaks of cases that have too few symptoms as one of the difficulties of homœopathy or one-sided diseases which he says in 177 are of rare occurrence. In 178 he says the similar remedy for such few symptoms as do appear may remove the whole trouble more especially if such symptoms be of an uncommon or peculiar nature. If however the selected medicine be imperfectly homœopathic the whole picture will be so changed and developed that there will be plain indications for a more homœopathic remedy.

VITAL DYNAMICS.

LIFE A FUNDAMENTAL FORCE.

STUART CLOSE, M. D., BROOKLYN, N. Y.

In medicine Vital Dynamics is defined as "that department of medicine which treats of the effects of remedial agents on the human organism not ascribable to either chemical or mechanical causes."

This precisely defines the sphere of Homœopathy, for its entire materia medica is composed of the records of such

effects, and upon such effects it relies for curative therapeutic purposes.

The meaning of the term *Vital Dynamics* may well be extended to cover all the phenomena or modes of action of *life* considered as the *cause* of vital pneumonia.

Some knowledge of the law of cause and effect lies at the basis of all systematic thinking. When the electric car under the control of its driver, transports us quickly and easily through the streets, or the electric elevator shoots us up to the forty-fifth story of the modern sky scraper, we know that some cause has produced the effect that has served us so readily. Some force has been harnessed, and is at work here, we say. We may know little about the force in question, but we know that it acts in unvarying accordance with certain laws; and that, knowing those laws, we can control it. So, when we turn our attention to our own bodies and consider how, under the control of our intelligence and will, they move, walk, run, lie or sit down; how hands and feet do our bidding; how every organ and tissue performs its marvelous work; we say that all these activities and motions must be caused by the operation of some force residing in the body, because we know that there can be no motion without the application of force. We have agreed to call this force *Vital Force*.

Study of the phenomena of life from the standpoint of vital dynamics leads inevitably to the conclusion that they result from the operation of a fundamental force inherent in all living organisms, precisely as physical phenomena result from the operation of the fundamental force called gravitation.

All motions or actions are caused by the operation of some force, for without force there can be no motion.

Vital phenomena are motions or actions of living organs or organisms. They are found only in living organisms.

Vital force, therefore, is the cause of vital phenomena.

In the endeavor to form some conception of life we may think of it in various ways, according to the point of view assumed. We may think of it, for example, from the dynam-

ical standpoint, as a force, like electricity or magnetism which carries on the functions and performs the actions of all organs from the lowest cell to the highest and most complex organism. This is the conception Hahnemann presents in the *Organon* under the term "Life Force."

The human body may be considered as an electric dynamo. The vital energy generated by it may be measured and expressed in electrical units. Electrical experts have measured and computed the heat and muscular energy expended in carrying on the ordinary vital processes of the average man as equivalent to about two and a half kilowatt hours of electrical energy in a working day. This applies only to the amount expended without voluntary effort. It does not represent the energy expended in voluntary effort or labor. That would represent an enormously increased amount. But it is interesting to note that the amount of energy expended merely in keeping the body at an even temperature and in conducting the organic functions, is sufficient to maintain four twenty-five watt tungsten lamps of twenty candle power each for a period of twenty-four hours. It would run a sewing machine motor for one hundred hours; run a large fan thirty-two hours; warm a chafing dish six hours; heat an electric toaster four hours; or heat an electric heater two hours." (See *Pop. Mech. Mag.*, Oct., 1912.)

Early recourse to the dictionary and a little reflection would often have spared the world much idle talk and controversy. For their short comings in this respect, Homoeopathy has suffered much from both friends and foes.

In setting forth his philosophy of life, health, disease and the cure of disease, Hahnemann makes occasional use of certain somewhat recondite terms which have had an effect upon some minds much like the effect of a red flag upon a bull. The words "dynamics," "dynamization," "dynamic," "potency," "potentiation," "Life," "Force," etc., never fail to "stir up something" in our society meetings.

Too indolent or too thoughtless to ascertain their real meaning, these persons attach some imaginary meaning to these

words and proceed to ridicule all things homœopathic. To them it is "all moonshine and nonsense."

Briefest reference to any good dictionary or encyclopædia would have shown that these terms all refer to the mathematical science of dynamics, a branch of physics which treats particularly of the effects of forces in producing motion, and of the laws of the motion thus produced.

When Hahnemann, in the *Organon* or elsewhere, makes use of these terms he is treating his subject from the standpoint of vital dynamics. Remember that physics was one of the favorite subjects of the young Hahnemann, and that his mind was stored with mathematical and mechanical terms and ideas. Nothing more natural than that he should study vital processes from that standpoint, and employ its terminology.

"Dynamics" is a Greek word meaning power,—that which causes motion. When Hahnemann speaks of disease as a "dynamic derangement," he refers to the derangements of function, action, motion, of the vital force in the body by which disease manifests itself, and of which disease consists.

Remedies prepared for use according to the method devised by Hahnemann were called dynamizations or potencies, because they had been rendered dynamic,—more active or powerful, than they were in their crude state.

It is obvious that the phenomena and manifestations of life, in health or disease, are actions or motions of the organs. There can be no motion or action without the application of force. Life, therefore, is a force, or power, as Hahnemann calls it. Its operations may be considered, and perhaps explained, from the dynamical standpoint, by reference to dynamical laws; for every motion or action whatsoever is subject to the laws of motion, which are perhaps the only really universal laws discovered and formulated by man.

We may divide the universe into three great fundamental departments or worlds: mechanical, chemical, and vital. Each of these departments possesses its own inherent fundamental force, operating according to its own laws.

Gravitation or gravity force rules in the mechanical world,

Chemical affinity or chemical force in the chemical world, and Life Vitality or Vital Force, in the vital world.

Each of these three fundamental forces is inherent, intrinsic, unchangeable; none of them can be destroyed or changed into anything else. Gravitation is never changed into chemical affinity, nor chemical affinity into vital force, although they are all closely related, and very similar. They constitute the great Trinity in Nature, by which all things are produced, and they are all traceable immediately to the great Source of all—the Creator and Sustainer of the Universe.

Heat, light, electricity, magnetism, etc. are not properly forces at all, but merely motions, or “modes of motion.” They are products of force, and contain force, but only incidentally. Herbert Spencer calls them “incident forces.” Being only motions, or modes of motion, they are transmutable into each other, back and forth, and are largely under human control. Although each of the three departments of nature is subject to its own fundamental law, there are still higher laws to which all are subject. This is true, in particular, of the third law of motion, as we shall see later.

Man has never produced gravitation, chemical affinity, nor life. No man can do so by any process of art or science. They are God made, not man made. Neither can any man transmute them one into the other. They remain ever the same, eternal, unchanging. The “incident forces” (electricity, heat, light, magnetism, etc.) may be produced, changed, transmuted by human agency. They are not in the same class, and should never be confused with the three great primary forces, as is constantly done in current agnostic scientific teaching for a very well known purpose and reason.

No one openly disputes the inherent and intrinsic nature of gravitation and chemical affinity, although modern science constructively denies it. *It is against the intrinsic nature of vital force* that agnosticism arrays itself, because the admission of the intrinsic nature of life involves the admission of the existence of the Eternal, Unconditioned, and Unchangeable One and submission to His Will. Against this the pride

of human intellect revolts, and has always revolted since "Lucifer, Son of the morning" was cast down from the high heaven for this same pride of intellect. The ancient myth thus embodies the spiritual fact, recognized long ages ago.

The bitter and unceasing, often malignant, opposition to Homœopathy from its very beginning to the present day, is based fundamentally, upon nothing else; for the Homœopathy of Hahnemann is frankly based upon the conception of the vital force as inherent in the living organism, and derived directly from Him, "in whom we live and move and have our being."

This idea of life as a fundamental force, supreme in its realm, governed by its own law and derived directly from the Infinite Source of all Life, lies at the very foundation of homœopathic philosophy. It was the absolute starting point of all Hahnemann's thought and study as he repeatedly affirms: and it is involved in every fundamental statement and position in the *Organon*.

Allopathic medicine, on the contrary, was based upon physics and chemistry. Medicine was said to be applied physics and chemistry. Its fundamental ideas and conceptions are essentially mechanical and materialistic. Hence, the antagonism.

When Hahnemann definitely based his method of healing upon biology or the theory of the Vital Force, he did for medicine what Sir Isaac Newton had done for astronomy and physics in announcing the law of gravitation. He made possible, for the first time, a science of medication.

Hahnemann devotes nine paragraphs of the *Organon* to showing the necessity for basing the art of healing upon biology. Physics and chemistry he points out, deal with matter and material things. Their laws, therefore, are the laws of inanimate material things. But medicine deals with disease, and disease occurs only in living beings. The phenomena of disease are only a part of the phenomena of life.

Hahnemann's classification of Medicine with Physics and Chemistry as one of the "science of experience," taken together with his teaching that the vital force is the efficient cause of

all vital phenomena, shows that he recognized the three great departments of nature's activities,—physical, chemical and vital.

Physics and Chemistry were already acknowledged as pure sciences because each had its recognized and formulated basic law. Physics is based on the law of gravitation, formulated by Sir Isaac Newton; and Chemistry is based on the law of chemical affinity.

Hahnemann sought to place medicine on a similar solid foundation of acknowledged law. In no other way could medicine be raised to the level of a true science than by the discovery of the law which governed the phenomenon with which it deals.

The first step, obviously, was to determine the nature of these phenomena in order to decide in which of the three great departments of Nature's activities they were to be placed, physical, chemical, or vital. It requires only a little reflection to see that all the phenomena with which medicine has to do occur only in *living beings*. Health and disease are only different phases in the operation of the one self acting vital force.

In establishing a working hypothesis for the study of disease and cure, Hahnemann is intensely matter-of-fact and practical. He casts aside all speculative considerations about the internal nature and essence of disease, and all the fine-spun theories of the pathologists, and settles upon a basis of plain facts and sound reasoning.

For practical purposes, disease is to be considered simply as a deviation from a former state of health, a changed state of health, manifesting itself to our sense by perceptible signs and symptoms.

Disease is not to be regarded as an entity, tangible or otherwise, dwelling in the interior of the organism, but merely as a changed dynamical state. It is not a thing, but a condition of a thing, a changed state of existence, brought about by causes which are sometimes tangible, and sometimes intangible. The causes may or may not be discoverable. Often they are beyond our reach, but the disease is not thereby rendered

incurable. Disease is not an enemy or intruder to be expelled from the economy, but simply a disturbance in the operation of the power which runs the human machine.

Health is normal balanced action in all parts and organs of the human organism; it is orderly efficient action. Power is evenly and efficiently applied.

Disease is disorderly action; unbalanced, erratic performance of the functions of the body or its parts. Force is diverted from its course, dissipated, wasted, with perpetual loss of efficiency, and destruction of working parts.

With this conception of disease as a dynamical disturbance, we are able to form some idea of how cure is effected by the action of the similar remedy.

Following in our thought the example of Hahnemann—"to begin with the things that lie nearest about us,"—let us ask ourselves, "What is the deepest inmost instinct of my nature?" Many, besides philosophers, have asked this question. It is a question which comes home to every man, and it is a question which every man is called upon constantly to face. The question does not always, perhaps does not often, formulate itself in words, but it forces itself upon the attention in a thousand situations in life; and the answer is always the same. *The deepest instinct of my nature is the instinct of self-preservation.* So say we, all of us.

Man and animal alike answer the question the same way when brought face to face with that which endangers life. Every living creature tries instinctively to protect itself, to save its life from destruction. It is the deepest, the most primitive, the most powerful and the most universal of all instincts. It is the fundamental principle or law which governs all vital acts.

We need not speculate about how this instinct was developed or whence it came. If we cannot accept the statement of divine revelation as to its source, let us simply accept the fact of its existence and study its phenomena scientifically. The fact is that the instinct is manifested in the actions and reactions of every living creature, and every living cell. We are justified in affirming therefore that it is inherent in every

living thing; that it is an essential element, a primitive factor in the constitution of all living organisms.

If we ask why living matter acts and reacts to the impression of food, medicine and other stimuli, the answer is, because every particle of living matter is endowed with the *instinct of self-preservation* by virtue of its inherent life force. This primitive instinct of the living organism or cell acting under the general principle of attraction, leads it to seek food and to repel poison.

Watching and studying physiological processes, in both the vegetable and animal kingdoms, we find the *law of development and growth to be like appropriating like*. It is the basic law of attraction or affinity operating in the organic world, under the control of vitality.

The structures of the normal animal organism grow by selecting with unerring accuracy from the blood the materials *akin to their own composition*.

Organisms of the vegetable world select from the earth, the air or the sea, the elements *most similar to their own*. To use Dr. George Wilson's beautiful illustration:—"In any rocky pool when the tide is out, we may find the graceful plants we call seaweeds, sipping from the mingled waters their daily practical dose of iodine; housed sea snails sucking from it carbonate of lime for their shells; restless fishes extracting from it phosphate of lime to strengthen their bones, and lazy-like sponges dipping successfully into it for silica, to distend the mouths of their filters."

In the animal world we see the first development of human life in the embryo as a simple cell. The ovum is set free from the ovary, it passes down the fallopian tube to the uterus, where it finds all conditions, *except one*, favorable for its life. Warmth, moisture, rest, are there, yet it dies and is cast out unless it meets its mate, the similar *correlated spermatazoon*.

The same principle rules all its later development. After fertilization by the spermatazoon, and the formation of the placenta by which its blood supply is established, it receives its nourishment from that complex fluid, the blood, from which it selects, with unerring accuracy, only what is *akin to*

its own structures, rejecting all else. The skin, cellular tissues and glands appropriate and convert to themselves the fibrine and albumen, and the rudimentary skeleton absorbs the earthy salts.

The young child, after birth, is nourished at first by milk, the only food which contains all the elements essential to life and growth, selecting in the same way, always the *similar*. And so on through life.

The marvelous capacity for selection under this law, pervades every organ and tissue of the living body, and has since the beginning. In excretion and elimination we find the same principle holds true. Every organ throws off what is analogous to its own nature. The skin freely perspiring, and the kidneys in their excretion, throw off water in which salts analogous to or identical with their own composition are held in suspension. The liver and lungs excrete carbon, as carbonic acid and bile. The mucus membranes throw off particles of themselves, epithelial scales and mucus mixed with water and saline substances. If one organ fails, another analogous or related organ does additional work by way of compensation, and so goes on the perpetual round, always under the mediating law of Similia.

In pathology it is the same, for pathology is but morbid physiology, as disease is but a changed condition of health, and the underlying laws governing its processes are the same.

In disease nature is always struggling toward recovery. In acute disease, when the organs are sound, and the vital force active, the struggle is short and sharp. In chronic disease, or where one or more organs are unsound, the struggle is weaker and the tendency toward failure more marked. But in both cases the compensating law of similars is evident.

Take as a simple illustration, a severe chill from exposure to cold. In a strong, sound, young organism, the function of the skin being suppressed, the natural force of the organism reacts vigorously, a free perspiration follows, and equilibrium or health is re-established.

It is a simple matter of action and reaction being equal and opposite in this case.

If, however, by reason of some pre-existing morbid condition, the skin is inactive, dry, and unable to react promptly against the new morbid impression, the organ whose function is most nearly akin to that of the skin—the mucous membrane—takes on compensating activity, and a flow of mucus results: or the kidneys, also closely analogous or similar to the skin in their action, become active, and a copious flow of dark urine relieves the organism.

If the kidneys are unable to act to a sufficient degree, or with sufficient promptness, then the organ in the next degree of affinity or similarity in its action to the organ first affected is called into action and a diarrhœa, resulting from the free action of the liver and intestinal mucous membrane, relieves the disease. If the morbid impression is still more profound, or the organic activity still more impaired, the organs of the third degree of affinity or similarity are called upon, and the burden of the conflict falls upon the serous membranes, and we have a pleurisy or a peritonitis, possibly with effusion, if the heart be weak.

And even in a grave case, where the organs have been involved seriatim, from the superficial to the deep, the recovery will proceed along the reverse order from the deeper to the more superficial—from within outward—still governed by the principle of similia.

The effusion of pleurisy will be carried off by a more or less copious diarrhœa, a diuresis, or a perspiration.

Is this not sufficient to illustrate how nature cures, or tries to cure? Do we not see the operation of the law of similars in a crude sort of organic Homœopathy in the processes described?

So Hahnemann thought as he observed nature's processes, and searched the medical literature of the ages, as you will see by reading the introduction to the *Organon*, where he has gathered a great number of cures illustrating the operation of the principle of Similia.

DISCUSSION.

P. E. Krichbaum: I hope that I mistook the doctor when

I understood him to say that the members of this association want to be out of the way when dynamis is talked about. Any member of this association who does not know what dynamis is had better get out of it. It is about the only thing that I do know.

John Hutchinson: I have enjoyed this paper very much. It is profitable for us to have the great facts of our art held out before us often, and so comprehensively as the doctor has just done.

A. P. Bowie: This is all very mystical stuff and not authorized by Hahnemann. Hahnemann was no theorizer and I never liked this idea of calling homœopathy a theory; it is not a theory, it is a fact. It has nothing to do with theoretical fluctuations; nobody knows anything about them, not even Dr. Boger who talks about them as if he did. Let us do away with fine spun theories and deal with facts. If we don't we will drive away all inquiring minds from other schools and offend homœopathic graduates who are seeking a better method. You may rise to the seventh heaven of theories but you have to come to the plain homœopathic earth when you want to cure a sick person.

The psychological moment to prescribe is when you see a sick person and have got their symptoms. Then you do not have to wait on the moon or anything else.

Adjourned to 2.30 P. M. .

"SUPPRESSION."

GEO. E. DIENST, M. D., CHICAGO, ILL.

Suppression, when applied to disease, means hushing, quieting, putting back.

Expression means unfolding, bringing out, elimination.

To hush, quiet, put back a disease is to compel the body to carry an unnecessary burden. It very frequently *increases* the burden.

To unfold, bring out, eliminate means to *free* the body from its burden.

Nature abhors pain, discomfort and want of harmony, and as soon as either occurs in the mental or physical sphere, nature throws out a warning through the avenues of pain, or expresses a dislike to the invasion of disease by certain signs known as symptoms. The call for help is not to imprison the unwelcome intruder within the walls of the physical castle, but to expel him with all his belongings—*express*—not *suppress* him.

It is pertinent at this point to notice some of the effects of suppression of disease without regard to the manner in which diseases may be suppressed.

First. Suppression is not removal. A disease suppressed remains a disease still. A sick individual with his symptoms hushed is a sick individual still. To hush or muffle the voice of disease by suppression leaves the sufferer with the cause of his suffering in full possession. As long, then, as disease possesses the organism there is, in fact, no relief and the danger remains the same.

Secondly. Suppression lessens vital resiliency, and diminishes vital reaction. That element of nature known as life, or vital force; that power within, which is acting towards life and reacting against disease, is enervated by suppression, and the burden, which was already too heavy to carry without remonstrance, may not only have been increased, but the strength to carry that burden has been diminished according to the ratio of suppressive measures used, and life becomes just so much more endangered. The ability, then, to rebound, to return to health, is decreased while the impulse to increase is given to the destroying element, of whatever nature that may be. Indeed, it is quite a misnomer to speak of disease as being suppressed, even though its features may be covered and its voice be hushed; the real suppression is of the *vital forces* which are weakened, retarded, crippled and shorn of the necessary power of reaction.

Third. Suppression not only stills the voice of nature or health when raised against an intruder, it lessens the resiliency

of the vital forces in their action against a common enemy, and in addition to these various changes either complicates disease conditions or destroys life. Changing external lesions to internal, suppressing eruptions and forcing the disease to locate in some vital organ, and similar changes, are among the things done daily by suppression.

Thus, the suppression of a leucorrhœa with an astringent often produces pulmonary afflictions and when such an individual is overtaken with pneumonia the possibilities of recovery are very much lessened. The suppression of a gonorrhœal discharge not only predisposes to arthritis, but is the great basilar element of pulmonary, glandular and osteo-tuberculosis. The suppression of syphilis is one of the most prolific predisposing causes of insanity and malignant growths known to man. The suppression of perspiration of the feet is one of the most frequent causes of gastric catarrhs and gastric ulcers known.

We refrain from multiplying examples, pages of which might be written. Any measure then, be it surgical, mechanical or medicinal which merely hushes disease expression without curing disease conditions, is not only pernicious, mischievous and unprofessional; it is dangerous, *violently dangerous*, for where it does not kill directly it complicates disease and lessens the possibility of recovery, even under the most careful endeavor to solicit an expression and lead into the line of cure.

WHY THE TEACHER OF MATERIA MEDICA SHOULD BE A MAN OF WIDE CLINICAL ATTAINMENTS.

DANIEL E. S. COLEMAN, PH. B., M. D., NEW YORK CITY.

The life of the homœopathic school must be continued through the ability of our graduates to produce results superior to those of the "old school." It is of the greatest necessity that they receive instruction calculated to fit them for this most important work.

We often hear that the student cannot have too much *Materia Medica*, and while at first thought this may seem true upon reflection we are forced to change our opinion. If the student's memory had no limitations, too much matter could not be presented to him, but the human mind, like all finite things, has certain bounds beyond which it cannot go. The dendrites are capable of forming only a limited number of images. How careful, therefore, the teacher of *Materia Medica* should be not to overcrowd the student's already taxed mind. To separate the important from the unimportant is a duty he must not shirk; it is far easier for the lecturer to present many symptoms rather than to pick out those of practical significance.

It is imperative that many clinical demonstrations be made, since it is mostly from such that the student's confidence is developed.

Exaggerated statements based upon some personal belief regarding psychological theories and faulty diagnosis are harmful factors in advancing our school. The homoeopathic law, like all great truths, is simple and direct. Divested of mysticism it is easy of comprehension.

It is necessary that the teacher of *Materia Medica*, at least one who holds a clinic, should be a man of practical experience, capable of making a correct diagnosis and possessing sufficient surgical ability to enable him to separate cases requiring operations from those of a purely medical character. At present I have a patient who was formerly attended by one of our great pioneer prescribers. He related this: The doctor treated him for deafness without any benefit. Repeatedly the patient called his attention to the fact that his ear had never been examined. The doctor would become somewhat irritated at being asked to make an examination and would reply, "Let us search the authorities." This he would do with great care consuming much time and energy. At the end of a year the patient not being improved sought the advice of an aurist. Upon examination the external auditory meatus was found full of cerumen, the removal of which promptly restored his hearing.

Fortunately the gentleman had the education and intelligence not to blame homœopathy.

Many similar experiences could be related about practitioners of any school and no system should be blamed for individual errors. I had a similar case about a year ago. She came from the "old school." I do not write this with the idea of criticising another physician and a truly great man at that, but simply to illustrate the necessity of making physical examinations. We all make mistakes and "let him who is without sin cast the first stone."

We have to be guarded even when dealing with the truth, because the remarkable accomplishments of Homœopathy when related and not practically demonstrated to the student cause him to doubt.

Probably the most difficult task in a homœopathic college is holding the therapeutic clinic, which should be conducted by one especially adapted to the work. Able prescribers often fail in this capacity because of poor teaching ability and vice versa some good teachers are not adapted to holding a public clinic. Some capable of excellent results in private practice find difficulty in prescribing with the rapidity necessary in clinical demonstrations. Here each case cannot be worked out repertorially and the teacher must of necessity have at his command the characteristic symptoms of the remedies.

Another obstacle in the way of clinical demonstration is the lack of suitable material, and a systematic clinic should be established for this purpose.

The professor capable of prescribing before the students must be of wide clinical ability, in active general practice, and the burden of the clinic routine must necessarily fall upon some younger men having the time and inclination for the work. In this way cases could be followed carefully. This would also have the effect of developing men capable of filling the *Materia Medica* ranks depleted by the march of time. One should be compelled to earn his stripes by actual work.

It is requisite that there be an harmonious co-ordination between the *Materia Medica* and other departments. The

value of the homœopathic remedy should be emphasized by all chairs.

The first step in a new undertaking should be in the right direction, and it is essential that the student's primary institution should be of a quality calculated to develop the most practical results. In the first year he should be taught the history and principles of Homœopathy, the development and construction of the *Materia Medica*, and Homœopathic pharmacy. In the second and third years the important remedies should be taught. The teachers could alternate the lists of remedies every second year. This would give each instructor an opportunity to cover the entire number.

I am opposed to the repetition of lectures by different members of the chair. It is much better to give each drug once. Three harmful factors result from repetition:

1st. The student may not give the first lecture due attention knowing that he will receive another later on in the course.

2nd. If he pays attention to the first he pays little attention to the second.

3rd. Time is wasted.

Frequent and constant review by quizzing is imperative, of course. In the fourth year, the less important drugs and the use of the repertory should be taught. The student should not be led to depend too much upon his repertory, however. I agree with the words of Dr. Nash: "In actual practice there are two kinds of cases that come to every physician. One is the case that may be prescribed for with certainty of success on the symptoms that are styled *characteristic* and *peculiar* (*Organon*, 153.) The other is where in all the cases there are no such symptoms appearing; then there is only one way, viz., to hunt for the remedy that, in its pathogenesis, contains what is called the *tout ensemble* of the case. The majority of the cases, however, do have, standing out like beacon lights, some characteristic or key-note symptoms which guide to the study of the remedy that has the whole case in its pathogenesis."

Leading the student to believe that he must work out every case cannot but discourage him with the amount of labor and time required, and he will wonder how he can prescribe for enough patients in a day's work to pay rent, buy clothes, and secure food. Again, too great dependence upon the repertory leads away from constant and systematic study of the *Materia Medica*. That the repertory is a necessity in certain cases, those in which the characteristics do not stand out prominently, or when memory fails, no one can deny. It is simply a guide, and prescribing from it alone cannot be too strongly condemned. The *Materia Medica* was not and cannot be built from the repertory, but the repertory is an outcome of the *Materia Medica*. It seems strange to attempt to construct more extended symptomatology by combinations extracted from repertory pages. The teaching of the proper use of the repertory is necessary, nay imperative. Suitable cases by way of illustration should be worked out, but the fountain head, the *Materia Medica*, must always be consulted before a final choice.

The important work of the last year must be chiefly clinical and the second semester devoted to practical work exclusively.

The therapeutic clinic could be so arranged that members of all classes could attend.

The junior class of last year complained that they did not have enough practical demonstration. I decided to hold a clinic at the end of each lecture when I could prescribe for students requiring treatment. I also told them to bring in cases, preferably those in which the "old school" had failed. I invited all who desired to accompany me on my hospital rounds.

The vast clinical material available at the Flower and Metropolitan Hospitals places the New York Homœopathic Medical College second to none of either school in the United States. The Metropolitan is the largest general hospital in America.

Many years ago even before entering the study of medicine, I became convinced of the impracticability of lectures as compared with textbook instruction. The student when

writing uses so much energy that little brain power is left to comprehend the matter being presented. Again, what he does succeed in recording is usually so confused that it is of doubtful value. I followed with a very few exceptions this idea throughout my college course studying from textbooks rather than notes, and I feel that I am better off today in consequence.

I have endeavored to lecture slowly in order that the student would be required to expend the least amount of energy in taking notes, but after ten years' experience on the Chair of *Materia Medica* I am convinced that he should be relieved from this burden.

A small book containing essential material and interleaved for any additions or elucidations that the instructor desired to make would obviate the necessity of this useless nerve-racking and brain-exhausting note-taking. There are several good small works of this character in existence, and I am guilty I confess of desiring to add another.

Those wishing to lecture would not have their ideas interfered with by the use of a textbook, in fact they could give better lectures. There would be no necessity of holding back while the students write. I am strongly in favor of daily *marked* quizzes.

Just one illustration to show the influence of practical results in advancing the Homœopathic school:

A clerk in one of the finest allopathic drug stores in New York came to me a short time ago for treatment. He is a junior medical student in an "old school" college. Allopathy failed to relieve him but Homœopathy cured promptly. He was so impressed that he will enter our college next fall, and says that he is trying to induce three or four other students to do likewise.

DISCUSSION.

Harry B. Baker: One point that strikes me forcibly here is the small value of lectures. I rarely ever received benefit from a lecture. I think a much better way is to use a small textbook for each subject, give the student a regular lesson to

get up, and quiz him on it to see if he knows it. Of course during the quiz the professor should explain anything that the class does not understand. The quiz impresses the facts on the memory.

THE DYNAMICS OF HOMŒOPATHY: A POSSIBLE EXPLANATION OF THE ACTION OF IN- FINITESIMALS UPON THE HYPOTHESIS OF THE FOURTH DIMENSION.

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

A suggestion offered by the Chairman of this Bureau, under the heading of the "Dynamics of Drugs and of Disease" may perhaps account for the lengthy and cumbersome title I have chosen for this paper on Homœopathic Philosophy. My only apology in presenting it before this Association is that it suggested itself to me some time ago as a theory which might bear investigation, and in consequence, I have sought to present it in as simple a form as possible, that others might, if not already familiar with some of its phases, prove or disprove its validity.

There have been many expositions of the action of the homœopathic remedy. Probably none has been less understood than that set forth by Hahnemann himself, and realizing this, he frankly stated that, whatever theories were advanced, it mattered little as to whether or not any satisfactory explanation was forthcoming, the facts of experience would alone justify the truth of the law of Similars. Probably one of the most elaborately constructed hypotheses was that set forth by Dr. B. Fincke in his monograph on High Potencies, in which, by some very ingenious diagrams, he attempted to prove the Hahnemannian law upon the theory of the parallelogram of forces.

Recently, upon this basis, together with the theory of vibration, Dr. J. D. Buck (in the Homœopathician, Sept., 1912) has endeavored to account for the action of the potentized drug. Many, however, feel that any explanation based upon

physical dynamics alone is insufficient to account for the reaction of the human organism to the attenuated drug. This may wholly or in part be true, yet it is safe to assume that the factors which enter into the problem are not only mechanical but vital as well. Therefore, we must assume that we are at once dealing with both mechanism and vitalism—in fact both factors enter into the complex action spoken of in Homœopathy as “Dynamism.” The term “dynamics” refers to the effects of forces in producing motion and the laws of the motion thus produced.

“Dynamism is the doctrine that besides matter some other material principle—a force in some sense—is required to explain the phenomena of nature.”

The term is applied “to the highly current doctrine that the universe contains nothing not explicable by means of the doctrine of energy.”

When we speak of dynamism in reference to the action of the homœopathic remedy we are to understand that the response of the organism to its action is evidence of the existence of some form of energy or force aside from the physical matter (substance) of which the drug is composed. We might say it has to do entirely with the reacting organism and its substance. In this case we find ourselves concerned, however, with not only the bodily substance, but with a definite factor to which we give the name of life—a mighty energy—governing and correlating the different organs of the body, and before which all organized matter must bow. When we have added this factor we are at once confronted with new problems, involving an entirely new set of energies, a radically different form of dynamics—the dynamics of life, or vital dynamics.

It is safe to say that the problem of the homœopathic action is associated with the dynamics of the physical and the dynamics of the vital, representing respectively physical action and vital reaction. Therefore, we are not justified in stating that the action of the remedy is wholly physical, that is mechanical, but vital as well, hence our use of the term “dynamism,” which implies as its definition suggests, an ac-

tion which may be assumed to transcend the purely physical substance of the drug. That is to say, by this term we mean an action that is not alone physical or chemical, but vital as well. Or, as Dr. R. Allendy puts it in *L'Homœopathie Française*: large doses act according to mass; small doses according to dynamism.

Whatever may be said of the action of the drug substance, its effects upon the organism, or its reaction is virtually dynamic, or as Hahnemann expressed it "almost spiritually dynamic." By this near-spiritual action, we may understand all that is embraced in the homœopathic interpretation of the dynamic action of a drug. Were it not for the reaction of the organism to the drug, there would be no resulting phenomena. Hence, dynamism refers on the one hand to mechanical or physical action and on the other hand to vital reaction. Without the vital reaction of the organism there can be no drug action, for there are no perceptible reactions upon the dead organism. This is not the case with chemical action, for there can be all forms of crude and destructive chemical changes even after death.

Vital reactions can take place only in the living organism. Hence the basis of the dynamic theory is life itself, and the finer reactions that are capable of being produced upon the organism by the infinitesimal dose.

It is plain that if we accept this idea of action and reaction as the basis of the finer effects of medicines, we shall be able to reconcile every effect of a medicine however slight it may seem to be, as the resultant of its physical dynamics, and the vital or dynamic reaction of the organism. If, on the other hand, we accept only the crude action of the drug as representing the totality of effects of that substance, we shall miss a vast array of finer symptom actions and reactions which we might otherwise conceive of as going on in the minuter particles of its substance, visible only perhaps in the final return to health, with no perceptible effects.

If in the beginning of our study of drugs we postulate the existence of an unseen, or potential universe, creative energy or force, it matters not what name we may apply to it, we

shall conceive of all that is manifest in physical form as non-spirit; or to reverse the statement, we shall conceive of a physical or material universe and a non-material universe, and regard all manifest and unmanifest forms of substance as matter and non-matter.

If, then, we go a step farther and conceive of energy of force as separable from matter, with which it seems to be so inseparably associated, we shall at once find ourselves in the realm of non-matter. This realm of non-matter must therefore be the field of force. Hence when we speak of the dynamics of matter, we must conceive of a dynamic realm or field of force, which as we have already seen must be consistent with the doctrine of energy. If we are careful of our terminology, we need not go astray, for we must recall that Hahnemann never said that the action of medicines was spiritually dynamic, but "almost spiritually dynamic."

The field of force then is the field of non-matter, and yet in the realm of non-spirit. We may therefore designate this region of space or sphere of action as the *dynamic plane*. Applying this relationship to the action of medicinal forces, we may say that the action of the drug represents dynamic action, the reaction of the organism represents the true vital reaction, and the ultimate effects then will represent the resultant of combined physical and vital action and reaction.

Everything in the manifest universe represents physical substance; that is material expression, which for present purposes we may speak of as non-spirit. Therefore, however far we may progress in the region of infinitesimals, we shall be limited by the boundaries of the non-spirit. Hence we should have no hesitation in limiting ourselves as did Hahnemann by the thought of this boundary of the non-spirit in our widest excursus into the unknown.

It is alone owing to this unflinching belief that the physical scientist is enabled to pierce the boundaries of the microscopic, and penetrate by the aid of his perfected instruments into the mysteries of the minute and undiscovered secrets of nature. The focus of his scientific vision is as yet not sufficiently acute to enable him to pass the borderland, where the

living and the non-living merge into each other, any more than he can follow the intricate interblending of the spirit and the non-spirit.

One class of reasoners sees nothing but a world of matter; a second sees nought but a world of spirit. Who shall decide which view is the correct one? May it not be that there is an interblending or interpenetration, or better, perhaps, are not so called matter and spirit but the two outermost poles of a single unified world of matter and spirit?

If we hold to this view, many a problem will offer hope of solution. Is not what we call spirit the motive power resident in matter?—a part of a primordial energy which we know only through its manifestation, and call by different names, according to our spiritual, religious and meta-physical natures? As there are all gradations of matter from solid to gas and hypergas, so there are all stages of metaphysical expression, from mind to spirit. Thus we may speak of physical, mental and spiritual dynamics. This *dynamis* or energy must have a plane of expression, and to this realm we may apply the term *dynamic plane*. This then is the plane of dynamic action and reaction.

What then is the Fourth Dimension, concerning which so much is being written at the present time?

It is plain that all manifest matter (substance) is extended in space in the three directions known as length, breadth and thickness. The material universe knows no other form or structure. Various opinions of writers on this subject might be given, all agreeing for the most part that if there is such a thing as the Fourth Dimension, it must allow of movements in space not possible within the mechanics of three dimensions.

The late C. H. Hinton was probably the most noted authority on this subject, and by him the Fourth Dimension is thus defined:

“If movements occur,” he writes, “which are not explicable on the suppositions of our three-dimensional mechanics, we should have an indication of a possible four-dimensional motion, and if, moreover, it could be shown that such movements would be a consequence of a four-dimensional motion in the

minute particles of bodies or of the ether, we should have a strong presumption in favor of the reality of the fourth dimension. By proceeding in the direction of the finer and finer subdivision, we come to forms of matter possessing properties differing from those of the larger masses. It is probable that at some stage in this process we should come to a form of matter of such minute subdivision that its particles possess a freedom of movement in four dimensions. This form of matter I speak of as fourth-dimensional ether, and attribute to it properties approximating to those of a perfect liquid."

He further explains that "on the hypothesis of a fourth dimension, the rotation of the fluid ether would give the phenomenon of an electric current. We must suppose the ether to be full of movement, for the more we examine into the conditions which prevail in the obscurity of the minute, the more we find that an unceasing and perpetual motion reigns. Thus we may say that the conception of the fourth dimension means that there must be a phenomenon which presents the characteristics of electricity. These processes really lie at the basis of all phenomena of matter, escape our observation by their minuteness, but reveal to the intellect an amplitude of motion surpassing any that we can see. This fourth dimension is supposed to run at right angles to any of the three space dimensions, as the third space dimension runs at right angles to the three dimensions of a plane, and thus gives us the opportunity of generating a new kind of volume."

Examples commonly cited as furnishing evidences of movements in this extra-dimensional direction are the turning of a real thing into its mirror image, right and left-hand symmetry, internal rotation, that is rotation about a plane, as evidenced in the change of bodies from those which produce right-handed polarization of light to those which produce left-handed polarization; also the chemical principle known as isomerism, as seen in the two forms of tartaric acid, which appear to be identical except that one turns the plane of polarized light to the right, while the other turns it to the left; or as evidenced by substances (sugars and starches) like dex-

trose and levulose. Again the turning of a right-handed glove into a left-handed one by turning it wrong side out is suggestive of a form of motion such as a fourth dimension might allow. For it is well known that there is no way in which the latter transformation can take place in our world of three dimensions, for we must make a distinction between a simple turning inside out and a turning over in a space of four dimensions, which would mean a "changing of the positions of the different particles of matter which go to make up the glove."

In a book upon this subject, entitled *The Fourth Dimension Simply Explained*, by Prof. H. P. Manning, we are reminded that: "Certain snails, exactly alike in all other characters, have a like difference; some are coiled to the right, others to the left."

How can the mind conceive of such right and left "twists," except as taking place in the field of force, resident in all matter, and shaping to its predestined ends the materials upon which this moving factor sets its hand? Is it not in this field of force that the attenuated remedy acts in regulating the equilibrium of forces in the human organism? Is it not upon this dynamic plane that the physical properties of the drug arouse the latent reactions of the vital force? Is not this vital force a simple substance possessing fourth-dimensional motion?

Unless we accept the idea that matter and spirit as we are wont to speak of them are interblended, we are confronted with a world of matter on the one side, bounded by an impenetrable world of spirit on the other, through which there is no recognizable means of communication or exchange.

If there is a fourth dimension of space, may it not have its locus in some intermediate state or plane, upon which matter and spirit alike can act? Are the phenomena of life separable from those of consciousness? Is there a state of consciousness distinct from life itself? Is there such a thing as a four-dimensional consciousness, or consciousness of a world of four-dimensions, which as conceived of by a recent writer (in *The Forum* for November 1913—*Time Past Master Of*

Illusion, C. L. B. Shuddemagen) mathematically defined "would mean first of all the power of thought to construct in imagination four straight lines meeting in a point, each of which is at right angles to the other three?" Thus enabling us "to see objects of the four-dimensional universe,—the objects of which our familiar three-dimensional objects are mere cross-sections."

It is plain to be seen that the requirements of this definition, as well as that of Hinton's clearly transcend the geometry and mechanics of movement known in a world of three dimensions.

Does the construction of objects known in our three-dimensional world account for the manifestations of right and left in nature, for the direction which must obtain in the production of right and left-handedness, or allow for the variation known as ambidexterity? Does the force that is evolved in the process of attenuation wholly account for the seemingly space-free direction in which the potentiated remedy acts upon the susceptible human organism? Does not this energy, freed in a measure from the material substratum from which it is evolved or set free, gain a freedom of activity that is more or less outside purely physical boundaries, until it becomes estatic in the organism? Is there a hyperspace, as we assume that there is a hyper-gas, in which energy is self existent in a state of perpetual flux? Is this the plane of the *dynamics*, the locus of the fourth dimension?

Potency, potentization and the like are common terms in Homœopathy. We are accustomed to think of the potential as "anything that may be possible;" or as "possessing inherent capacity for development or accomplishment; possible, but not actual."

Or, as: "Having capacity for existence, but not yet existing." Yet in physical science we speak of potential energy or the inherent capacity to develop energy, as having an actual or substantial existence, in fact regarding it and computing its value quite as accurately and logically as if it really existed. Does it not exist? Are the non-existent forces not as truly real as the existent? Is not this unmanifest potential-

ity, or inherent capacity for development a real factor in statics as well as in dynamics?

If we can conceive of anything that is unknown or unmanifest in terms of the known, can we not apply the term fourth dimension to direction of movement in space of three dimensions to all intents and purposes unknown (because possessing only a potential existence), yet not altogether inconceivable to the human mind? Is it to this potential realm that we would relegate all energy or activity not commensurate within the mechanics of three-dimensional motion? Is it not to this potential realm that force or energy recedes when it ceases to manifest itself as *dynamic*?

All such abstruse speculations may seem to have little place in the consideration of Homœopathy, yet we feel that it is only a proper understanding of the dynamics of drugs and the statics of disease that can lead us to the proper appreciation of the standpoint of a dynamical pathology and a dynamical therapy.

The older vitalism of Hahnemann and his predecessors needs the corroboration of whatever neovitalism, or the most advanced vitalistic hypothesis of to-day can bring to its support. In addition to the perfected methods of scientific medicine, in its investigation of demonstrable pathology, we need to see the deeper, dynamical hypotheses of Hahnemannian philosophy.

If it is to the realm of the physically minute or infinitesimal that we are to look for our first pathological findings, so to this dynamic or casual plane of expression must we turn in our analysis of disease and its remedies. It matters little what names we apply to disease processes, provided we search for their true causation in the realm of the unmanifest.

If there is such a realm as we now designate as the *dynamic*, may it not be that it has its subsistence in the field of causation, in this region of the unmanifest? Does not this hypothesis of the fourth dimension aid us somewhat in comprehending the dynamics of drug action?

THE RELATION OF THE I. H. A. TO THE SPHERE
OF THE SIMILAR.

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

Fellow Members of the I. H. A.:

As the greatest advance in therapeutics the world has yet known, and whose findings, in their height and depth, are acknowledged by its most faithful followers to be only at its beginnings, the *Similar* stands alone as proving a natural law of the activities of various forces within the animal kingdom.

As a body of scientists, or students, of natural or inimical forces, whose activities cause variations from the normal in the human system, and are readable, given the proper keys to their motions, it would seem that, as a body, the I. H. A. had a work to perform, in which time and shrewd observation are needed to complete in its entirety.

Acknowledging the need of hygiene and sanitation; of study of environment and its influence upon the human subject; of foods, their purity and uses in individual cases; of the possibilities and need for surgical interference at the proper time and in the proper place; of the laboratory studies of the results of disease there shown, it still seems that the activities, the energies of these forces, their tendencies, their ultimate goal, is the work of this body, and its *raison d'être*.

To the physiologist there are still unknown usages to certain parts of the animal system, and by no means discouraged from his observation of the phenomena exhibited in his subject, he presents, at intervals, either a theory or fact, that is useful in the amelioration of human suffering, or throws some light on a problem which we, as physicians, were trying to solve.

So we, having opportunities never before offered, having under observation phenomena as developed under the law of the *Similar*, may be excused if we come together, voicing our observations, accepting or rejecting such as do not accord with the *central truth*, venturing opinions as to whether these phenomena lead, the point where the *Similar* may best inter-

fere, the results of that interference, and the final appreciation of those results as to the betterment of the race.

Adjustment of the forces, resident within the animal kingdom, is often necessary. In some manner the vital force, or controller of the minor elements, may pause, or interrupt, the selection, or equalization, of the nutriments placed within the sphere of its activities in a natural manner. The resultant jangle of deharmonizing of elements and their activities needs adjustment. This may be described as non-assimilation of some needed element which the system starves for, or a craving, which indulged, increases or unbalances, the normal need. Again, forces, or elements inimical to life, injurious through neutralization, or direct antagonism, enter the system by devious ways and it becomes necessary for the physician to understand them in order to relieve. These eventually will be understood by someone. Who better fitted, through trained observation under the laws of the *Similar*, than this body, who meet annually for comparison of experience and results which enables us to recognize and interpret these activities, and in more and more instances, discover, or trace back, to the hidden cause?

This departure from the modern and laboratory methods which deal only with results, refers at once to the special sphere of the Similar or homœopathic therapeutics and should be especially emphasized.

The time for cure of results such as determined by laboratory methods, and named, cancer, Bright's disease, Tuberc., etc., etc., is during the progressive activities, and, during these activities, through observation and tabulation, we should be able, eventually, to determine, with some degree of certainty, whither these activities are leading, to determine what would be the prognosis were we unable to arrest or reserve.

Old methods of observation were insufficient in data for choice of the curative. There was no indication for prescription in the fact that one *saw* the destructive process of a cancerous growth with its involvment of tissue, the membranous development in diphtheria, the albumen in Bright's disease, and it is no greater indication for treatment to-day, with the

further discoveries of the various "bugs" that indicate the result of disease action, although they are, each, very interesting.

Concerning laboratory work which is primarily a study of the results of disease action in the animal kingdom, the experiments of Madame Henri, with the anthrax bacilli, seems to prove without possibility of defense, that no two persons ever have or ever did have, precisely the same forms of disease. These experiments, quoted and illustrated in the Illustrated London News, state that: "According to conditions and length of exposure (*to the ultra violet ray*) the bacillus undergoes modifications. The forms in question, the cocci form, and the filament form, after exposure for ten minutes, are very different from the normal form. These forms constitute two new types, isolated by Madame Henri, and remain stable for about three months. These produce anthrax *which has characteristics distinct from anthrax* produced from the normal bacillus." (italics mine). If not careful someone will make a discovery!

What better proof of our own contention for individuality. The force and its activities behind the result, the "bug," are facts to be noted, and their action reversed for permanent cure. It may well be that the scourges of ancient Greece and Rome are changed in one day by processes kindred to these observed by Madame Henri, for it is well known that different localities influence the expression of the same disease.

Already we are tracing many disturbances to their miasmatic source. Many have discovered the remarkable fitness of Medorrhimum, to cholera-infantum. There is more than a suspicion that Bright's disease has its source in sycosis, and that paresis, locomotor-ataxia, etc., is due to syphilitic influence. The action and reaction of the vital force under the influence of these miasms, recorded and reported according to our best powers of observation, is necessary to the life of the *Similia* in this generation, although I have no doubt, if the truth, resulting from these observations, should be discarded by us now, it would again rise, be discovered and developed.

The knowledge we now have of miasmatic disease action, was shown us by Hahnemann through the archives of old medicine that recorded conditions, treatment, and the results that followed. Our increased knowledge must grow from these and like facts. What better work than to meet and report the results of that study? It behooves us to remember that the activity of disease is the sphere of action for the *Similar* and not the dead tissue or the dead man. And when asked one's success in the cure of such results of disease action as cancer, etc., prognosis must rest upon the location, rapidity of progress, amount of destruction, etc.

Much has been done through the *Similar* to prevent the resort to surgery, to neutralize the culture-medium for "bugs" in the human system. This is broadly acknowledged by us all. Also much has been done by the *Similar* in adjustment of harmful activities, after surgery has necessarily been employed upon the diseased tissue, but all acknowledge greater possibilities of cure had the *Similar* been given *earlier* opportunity.

Hoping, though somewhat crudely, to have outlined the real work of the men of this organization, and roused a little enthusiasm for the pursuit of that work, and thanking you for the permission.

PACE AND DURATION OF DISEASE.

G. C. BIRDSALL, M. D., WASHINGTON, D. C.

Mr. Chairman, Ladies and Gentlemen:

Perhaps after all the thing which interests the patient most is "how long am I going to be sick?" This is a perfectly natural question and one that is put to every doctor practically every day. Few patients care much what sect of medicine is employed to cure them so long as they get well in the shortest possible time with the least amount of suffering. Those people who are truly Homœopathic to the bone and who would refuse anything but the best Homœopathic treatment are, I am sorry to state, rapidly becoming extinct. Those who know of

Homœopathy employ that school because of the results obtained. I find others employ Homœopathy primarily because they dislike bad-tasting medicines and secondarily they find more rapid improvement than under other methods of treatment. Others employ a Homœopathic physician simply because he is the nearest doctor or because of some personal affiliation.

We all know of the criticisms put forth in explaining some of the remarkable cures made by Homœopathic physicians. The most common is that the *Vis Medicatrix Naturæ* was just beginning to show itself when the remedy was given and therefore the cure was simply a coincidence. But why are these coincidences so common after changing to Homœopathic treatment and so rare when continuing former treatment?

There is some good to be derived from every method of cure and every sect should receive credit for the amount of good it does in relieving suffering humanity. The Homœopathic method of cure undoubtedly surpasses all the others in ability to shorten the course of disease, whether acute or chronic, and to restore diseased tissues to their normal condition. The Homœopathic principle stands today for exactly what it stood one hundred years ago.

We know that all acute disease tend to run a definite course. They have a certain period of invasion, another period of fastigium, when they are at their worst, and a period of defervescence depending upon the variety of infection. If we can influence our patient to such a degree by the remedy prescribed that its course is simply that of two periods, viz.:—invasion and defervescence, we can then say that our prescribing has been a success. Unless we have the patient well before a time when he would naturally recover from an acute disease, our efforts cannot be counted as being worth much to the patient. I think there is no better disease to demonstrate the efficacy of Homœopathy (unless it is pneumonia) than the influenza appearing every winter. I have noticed that cases under Homœopathic care are out and well in about one-half the time cases usually recover under other methods of treatment. This past winter I was called to see a man who

had formerly employed "regular" treatment. He said he had given up having a doctor for grippe as he found he got well quicker by not having any doctor. I demonstrated to him that a Homœopathic doctor was better than no doctor at all.

Chronic diseases run an indefinite course. Some do get well themselves and we often claim the glory of the cure when perhaps it is not due us. The influence of diet, hygiene, climate and nursing have to be carefully considered before judging of the action of a remedy. If a case is living under the same influences as existed previously to the administration of a drug and the case begins to improve immediately after taking that drug, it may then be said that the action is alone due to the medicine. I have found also that psychic influences bear much weight in chronic diseases and the personal magnetism brought into a sick-room by some physicians is marvelous.

In selecting remedies for a case, it is wise to anticipate pathological conditions following those already present. Particularly is this important in acute diseases such as pneumonia, meningitis, pleurisy, etc. I consider this one of the most important factors in successful bed-side prescribing.

For some months at intervals I have been examining the urine of a man for one of the "regular" physicians in this city. The case was one of chronic parenchymatous nephritis and was steadily growing worse in spite of the doctor's efforts. He told me one day that he was in despair regarding what to do next. I asked him if he had ever used small doses of bi-chloride of mercury. He said he had but it made the patient worse. To my mind, the dose he gave was not a very small one. I persuaded the doctor to try some of my bi-chloride so I gave him some of the thirtieth trituration. The patient has been steadily improving since that time.

VALUE OF THE PATHOLOGICAL INDICATION.

ROSALIE S. R. DE LA HAUTIERE, M. D., SAN FRANCISCO, CAL.

This house of clay is a wonderfully constructed organism,

requiring an intelligence: acute, accurate, and above all conscientious, to be able to restore order when a disturbance reigns within its sacred walls. To do this a careful study of the pathological indications are of vital importance.

The pathological indication is a treasure house of rich thought at our disposal, "he who has eyes let him read," thereby becoming a blessing instead of a hindrance.

In this day of hurry and rush, so wearing in the world of commerce, physician and surgeon are alike caught up in the whirl, they, too, think the quickest way is to resort to the knife, removing the only guide, or sensible indication to an intelligent handling of the situation.

After these removals, how can we prescribe, what are we doing? Only working in the dark. Growths, no matter of what nature, or kind, are an outward manifestation of an internal disturbance, when removed by such violent means as surgical interference, the path to the hidden mechanism is effaced. If nature did not intend these outward signs as guide posts, she would have adopted other means for her relief. As they come from within, so must we reconstruct the inner house, rearranging with gentleness until order is restored. When we see the unsightly feature disappearing through the curative action of the indicated remedy, we are morally certain of success.

Who of us has not seen the mischief wrought by Amalgams? We cannot cure our patients so long as these remain in the mouth. They furnish us with abundant *Pathological Indications*. Chagrin and disappointment await us, if we do not recognize our enemy early in the fight we are waging against disease.

The "Value of the Pathological Indication," is well known to all observing physicians, I say *observing*, because all, unfortunately are not as much alive to this fact as they should be. For instance, is it good judgment to administer heart stimulants in case of cerebral hemorrhage, why increase the circulation, thus adding fuel to the fire?

Man, the masterpiece of God's creative genius, presents to us a vast field for study, the complexity of his nature demands

it. He does not appear before us in all his primitive beauty of form and strength; on account of the ravages of disease, and the interference of those who should know better, he presents a picture not very pleasing to the eye. *The superlative method* has left its imprint on every tissue of the body, from the hair of his head to the soles of his feet. So-called Spring Tonics, are another source of annoyance to the physician. As soon as this particular season arrives, the good housewife and mother, immediately announces the fact by ushering onto the family stage *his royal highness Sulphur and molasses*, bidding the family applaud whether they will or no. Years after we are called in to witness the dress rehearsal of long forgotten facts: eruptions of all kinds. Nor are these eruptions confined to the skin, as I had occasion to observe recently in a patient who had a most stubborn cold. I feared pneumonia. She had a number of unsightly furuncles on arms and shoulders. She revealed to me that Sulphur and Zinc ointment had been used on her as a child. Careful study of the symptoms, prescribing of the indicated remedy, failed to get the results expected, until the patient said "if I could only get inside of my chest and give my lungs a good scratching it would be such a relief." Reviewing the aspect of the skin, and recalling the former suppression, I studied Sepia, found it covered the case, she made a nice recovery. The eruption is disappearing also. Many cases could be cited to substantiate the claims of the value of Pathological Indications, but is not necessary before this distinguished body of thoughtful physicians for which the I. H. A. is noted, and justly so.

The more we observe and put into practice the principles of pure Homœopathy, the better prescribers we will become. Our brilliant cures will be the only argument required to convince our neighbors we possess the Law of Cure.

Suffering humanity is legion, we will always have an opportunity to demonstrate that there is great value in the pathological indication. A faithful adherence to this belief and we will see a healthier race grow up around us. Fewer

abnormalities; less tuberculosis; less cancer; less cerebral disturbances; less crime, etc. Appeal to the intelligence of our patients, they will be one with us, once they fully realize what it means to violate nature's laws.

Bureau of Materia Medica

ROYAL E. S. HAYES, CHAIRMAN.

In the absence of Dr. Hayes Dr. E. E. Case conducted the bureau.

VIBURNUM OPULUS.

BY H. L. HOUGHTON, M. D., BOSTON, MASS.

E. K. Sixteen years.

1911, July 20. Severe cramps, vomiting, nosebleed for three or four hours before menstrual flow starts. At times pains so severe that she loses consciousness. Irregular, usually delayed, rarely too early, may be delayed two or three weeks. Is always very nauseated with a good deal of vomiting. Occasionally has a period with no pain whatever. Flow excessive first two days, usually lasts five or six days—rarely clotted. Local symptoms are relieved as soon as flow is really established.

Previous history. Had convulsions during second and third year of age. Has had measles three times. Tonsilitis repeatedly, chicken-pox, whooping-cough, "brain fever" and pneumonia. Has always been "highly nervous." Mother thinks that heart's action is sometimes more violent than normal.

Sleeps well as a rule but jumps in sleep. Occasionally dreams. Good appetite. Never complains of back. Right side of the abdomen high up pained a good deal after eating hurried lunches during the past year. Has no special likes or dislikes. Never eats between meals. Bowels move daily. Stockings usually wet all the year. *Viburnum opulus* 30.

November 15. Complete relief from symptoms until the

last period when there was a very slight return. *Viburnum opulus* 50.

1912, February 28. Complete freedom from trouble.

1913, November 7. "Worse time she ever had." Severe cramps, vomiting followed by sharp shooting, knife like pains. *Viburnum opulus* 1m.

1914, March 28. Very little pain with menses but abdomen gets sore the first day. No nausea, vomiting or cramps. *Viburnum opulus* 10m.

May 5. Normal.

L. B. Twenty-one years.

1914, March 28. Painful menses, nausea, vomiting—twice has been faint but has not lost consciousness. Matured at sixteen years. Rarely has a month without pain. Is in the saddle nearly every day. Becomes irritable and restless if obliged to remain indoors. Pain may begin five days before flow starts and continue until flow stops. After the second day pain intermits—may then have it for about an hour a day. Flow lasts five to six days—moderate amount. Backache, bearing down worse on the left side—rarely a shooting pain. Usually comes on in the morning and compels her to stay in bed until four or five in the afternoon. Vomits the first day of the flow. Some small clots—color apparently normal. Tendency toward hysteria. *Viburnum opulus* 10m.

June 2. Practically normal.

Viburnum opulus has been an ingredient of proprietary preparations for a good many years; and from the reports which have been given me by women who have used such a preparation I should judge that some of the claims made for it in relieving dysmenorrhœa were well founded.

The first systematic proving of this remedy was made under the direction of Dr. H. C. Allen. The indications which I have found most characteristic of this remedy are the following:—

Cramps and pain of extreme violence; bearing down; pain coming on a few hours before the flow; diarrhœa during the flow; tendency toward hysteria; severity of pain causing a condition approaching convulsions.

NOTES ON MEDORRRHINUM.

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

Medorrhinum is one of the most important remedies in our materia medica, and yet one that is often neglected or prescribed carelessly on pathologic grounds alone. It has quite an extensive proving and should be prescribed on its symptoms like any other remedy.

203.1
One of its peculiar symptoms is "Sleeps on knees with face bored into pillow." This symptom has the lowest rating both in Kent's Repertory and Allen's Nosodes. I have verified it a great many times and do not remember a single instance where the remedy failed to not only remove this symptom but to materially benefit the case. Dr. G. P. Waring in discussing a paper on Medorrhinum at the 1907 meeting of the American Institute of Homœopathy states that he has always found it reliable.

On September 30th, 1912, I was called to a child two years old, who had had a chronic diarrhoea for some time and presented a general sickly appearance. I questioned the mother closely but could get only common symptoms. Finally on asking her in what position did he sleep at night she stated "that he got up on his knees with his face stuck down in the pillow." I gave him one dose of Medorrhinum em which promptly cleared up his troubles, and I did not see him again until December 17th when he had a slight return which yielded to a repetition of the remedy. I gave him a dose of Sul. 1m the following January and he has been a very healthy child ever since. I did not know at the time of prescribing and do not know yet whether there was a sycotic history in this case, but I am quite certain that there was. I could mention a number of other instances where this symptom has led me to select Medorrhinum with very gratifying results. I think that it should have a higher rating than it has.

Another symptom that I have just verified is "Intense tenderness of the soles of the feet."

The patient, a young man of twenty-five years of age, hobbled into my office with great difficulty. Navigating with

him was a slow and very painful operation. He gave a history of gonorrhœa a year ago cured by injections. His present trouble had begun about ten days previously when his feet and ankles began to get sore and painful. In addition to the tenderness there was sweating of the feet, some swelling, and a sensation of weight. A dose of Medorrhinum cm brought back his discharge and has improved his walking greatly. It has also enabled him to keep at his work which is very hard on a man with sore feet, as he drives an automobile truck for a household moving company and has to help load and unload it.

"Rheumatic pains in calves of legs," "want of power in legs." Patient, a man twenty-five years of age, had had numerous attacks of gonorrhœa treated by injections. He was barely able to get about with the aid of a cane. A dose of Medorrhinum cm given in the fall of 1906 carried him over until the spring of 1907 when the trouble recurred and a repetition of the remedy relieved it. Patient has since married and has a child five years old. Wife is healthy and child fairly so. Patient himself was in very good health when seen last month.

Babies with fiery red rash about genitals and bottoms often accompanied with profound constipation and hard dry stools.

Asthma: Larynx stopped so that no air could enter, only ameliorated by lying on face and protruding tongue.

Cough which is worse lying down is ameliorated by lying on the stomach.

The aggravations of the remedy are: When thinking of it, heat, covering, stretching out, leaning head forward, thunderstorm, motion, inland, sweets, salt bathing, early morning, entering warm room, sunrise to sunset.

The ameliorations are: At the seashore, lying on face or stomach, damp weather, leaning backward.

This remedy has burning of the hands and feet like Sulphur, but wants them not only uncovered but fanned.

Insatiate craving: for liquor; for salt; for sweets, for beer, ice, acids, green fruits, coffee grounds.

In the mental state there is great depression and fear,

foreboding of evil, inability to think continuously, thinks some one is behind her.

DISCUSSION.

Elizabeth M. Baer: In some cases where men have been threatened with tuberculosis, with intractable cough and where the symptoms seemed obstinate and did not yield to what I considered the proper remedies I have given Medorrhinum with good results.

G. B. Stearns: I would like to ask if anybody has got any good results from Medorrhinum in acute gonorrhœa. I have never had a case of gonorrhœa that responded to Medorrhinum but I have had other cases where there was no history of gonorrhœa where it acted well.

John Hutchinson: I have given Medorrhinum in cases of suppressed gonorrhœa, and its exhibition has been followed by a return of the discharge.

C. M. Boger: I can corroborate what Dr. Stearns says about Medorrhinum being useless in gonorrhœa. The patient rests more comfortably on the abdomen. In a case of pneumonia it acted well when the patient had that symptom.

Stuart Close: I can corroborate from my own experience the statements of Dr. Boger and Dr. Stearns in regard to the use of Medorrhinum in acute gonorrhœa. I do not think that I have ever used it on the purely empirical ground of the existence of gonorrhœa, acute or chronic, but I have had remarkable results when it has been chosen upon the presence of its characteristic symptoms in the patient. A number of these symptoms have been mentioned. The nervous, restless, hurried feeling I have verified a number of times; also the position in bed; also fear in the dark and of some on being behind her. I brought this out in the proving. I emphasize the necessity of choosing not only Medorrhinum, but also all other nosodes, upon well known characteristic symptoms as developed in the proving, and not upon the empirical ideas that they are "good for the disease that produced them." That I do not consider good homœopathy, and yet, unless one

is cautious, he is very apt to fall into this error. When, in a chronic case, the gonorrhœal discharge or blenorrhœa is re-established, you may be sure that you have a complicated and difficult case to deal with. It is sometimes a question whether it is a reappearance of the original disease or a new pathogenic symptom. At any rate when it occurs, temper your delight at the occurrence, as the case is not likely to be cured quickly.

John Hutchinson: One case with a recent history of gonorrhœa had been treated for a prompt suppression of the discharge. The patient remained ill, though attending to business affairs. I told him distinctly what would happen if I treated him. He had confidence in me, took the medicine, and the discharge reappeared. Pulsatilla cured him, but it took weeks, and until we had grown sick of the sight of each other. As far as his general health was concerned, it was admirable after the blenorrhœa was established.

P. E. Krichbaum: The most characteristic symptom which I get out of Medorrhinum, outside of the mental phenomena is the marked intensity of all sensations. The sore and burning feet, burn intensely. The heart symptoms are peculiar, the patient may claim that there is a vacancy in his chest where his heart ought to be.

G. B. Stearns: I have verified the hurried feeling similar to that of Medorrhinum.

T. H. Winans: How many years did it take Dr. Hutchinson to cure the patient he spoke of.

John Hutchinson: It was a matter of twelve weeks.

G. B. Stearns: If you will examine, or have examined, the discharge microscopically, you will be able to make a distinction between the cases that have the gonococci and those that do not. They are different in their resistance to treatment. It is interesting to follow up the results of treatment with the microscope and see the gonococci grow less and disappear.

John Hutchinson: To my mind, we are likely to have a great deal of trouble from negative discharges as well as from the positive ones.

G. B. Stearns: In one case in which there was a slight discharge hanging on obstinately, there was only the staphylococcus.

P. E. Krichbaum: Get the Transactions of our meeting held at the Jamestown exposition in 1907 and read them.

C. M. Boger: Sometimes a discharge may be taken for gonorrhœa when it is really due to concealed chancre of the urethra; after a while you will find a bubo in the groin. One such case ten days later had two beautiful bubos. They developed regularly. Another case had in addition to gonorrhœal infection a whole circle of soft chancres. The discharge disappeared but I have not been able to cure the chancres. Simple gonorrhœa can in most cases be cured in ten days.

P. E. Krichbaum: Most cases cured in ten days! I believe it, but I would like to be shown. I have never seen it. It may be very easy but you can't do it. A patient comes to you with a history of ill health in the past and gonorrhœa in the present; he shows great susceptibility to it and you have a highly syctic condition. It will be months before you get him well, if you ever do you are in good luck. Many cases come to you that you will not cure in ten days or in ten weeks.

C. M. Boger: Those are rare cases.

E. E. Case: Once in a while you come across a patient who has the three great miasms meeting in his body; you have a case then that is very difficult to handle.

Harry B. Baker: I never use Medorrhinum in acute gonorrhœa. I have never tried it in that way. I have tried it in subacute cases and without much result. All of my good results have been upon the symptomatology and not upon the gonorrhœal basis; the nearest I come to that is when a case with a gonorrhœal history lags upon my best prescriptions. In some of these cases I have used Medorrhinum and made the case curable or cured it without another remedy. My experience does not agree with Dr. Boger's; I cannot cure even simple cases in ten days; I have a case right now with the three miasms, there is inherited syphilis, tubercular diathesis and acquired gonorrhœa.

C. M. Boger: Two prescriptions suffice for most cases of gonorrhœa in the acute stage; I give Cannabis, one drop twice a day for three days then once a day for three days and then Sac. lac. for five days. If a mild case one drop at night for five days and then Sac. lac. for five days. This is nearly always indicated and acts splendidly. It is the method of Jahr.

E. Rushmore: In Jahr's work he recommends giving it in water at night and dry in the morning.

C. M. Boger: I give the saturated tablets. Jahr also says that repeated doses will invite failure; it should be given only once or twice a day.

W. S. Hatfield: The cases that cure up so readily in ten days are nothing more than a mild urethritis, they are not gonorrhœa; simple urethral irritation without gonorrhœa. I have never verified that with the microscope but that is my opinion.

SIXTH SESSION.

JUNE 26TH, 8 P. M.

P. E. Krichbaum moved that the election of officers be now taken up. Seconded, carried.

The election was carried out according to the By-Laws and resulted as follows:

E. A. Taylor, President.

Margaret Burgess-Webster, Vice-President.

Frank W. Patch, Secretary.

W. R. Powel, Treasurer.

Harry B. Baker, Corresponding Secretary.

BOARD OF CENSORS.

C. M. Boger, Chairman, G. B. Stearns, Lee Norman, John Hutchinson, M. W. Turner.

One member is to be elected to the Board of Publication in place of the expired term of L. A. L. Day.

R. F. Rabe elected on Board of Publication.

E. Rushmore moved that the place of the next meeting be selected. Seconded, carried.

Place selected by vote: Niagara Falls. The exact location to be left to the Executive Committee.

Supplementary report of the Board of Censors.

J. M. Mowbray elected to Associate Membership.

Dr. Patch read a resolution protesting the flagrant discrimination against Homœopathy in certain schools and colleges.

Whereas, it has come to the knowledge of this Association that it is the custom of the management of the "Westover" school for girls at Middlebury, Conn. to discriminate against Homœopathy by refusing the services of reputable homœopathic practitioners, members of this Association, to pupils after specific request for such service by the parents of said children.

Be it resolved that we—members of the International Hahnemannian Association, now assembled in annual session at Atlantic City, New Jersey, do hereby protest against such discrimination as unjust and out of harmony with the spirit of modern institutions in this country.

Be it further resolved that this resolution be spread upon our records and a copy forwarded to the trustees of the school severally and individually. Seconded, carried.

DIGITALIS.

BY MARGERET BURGESS-WEBSTER, M. D., PHILADELPHIA, PA.

Dr. John H. Clarke in his Dictionary of Materia Medica sums up the chief characteristics of Digitalis in a very few words, "There are three main symptoms in the pathogenesis which should be borne in mind:—

- (1) Slow, weak, irregular and intermittent pulse.
- (2) Enlarged, sore, painful liver.
- (3) White, pasty stools."

Along with these is prostration from slight exertion: anxiety, restlessness with nervous weakness; faintness.

Dr. H. C. Allen gives as key-notes for Digitalis: "Heart

affection with slow pulse while at rest, least movement causes palpitation. Three or four small beats followed by several slow, strong, full ones,—pulse intermitting every third or fourth or seventh beat. Sensation as if heart would stop beating if she moved, similar to Cocaine (Gels. has sensation as though heart would stop beating if she stopped moving.)” Dr. Allen further states that “the prognosis must be guarded in organic heart troubles in which Dig. has been given in large doses. In such cases in later stages Dig. high works wonders, the urine becomes profuse and the dropsy subsides.” I believe we can all testify to the truth of this statement.

Dr. Kent writes: “This drug as used by the old school has done more mischief than any one drug in their *materia medica*. If administered when the heart is going fast it will soon produce a peculiar kind of paralysis, the heart then having lost its balance wheel compensation gives out, the patient sinks and finally dies.” Dr. Kent continues: “They do not know that many patients would have lived through fevers, pneumonia and other acute diseases if it had not been for this medicine, used as they use it in the tincture, in drop doses, until the heart has slowed down. They call it a sedative; yes, it is a sedative. It makes the patient very sedate. You have seen how very sedate a patient looks after he has been in the hands of an undertaker and has on his best garments. That is what Dig. does.”

Palpitation of heart as a result of grief, on going up an ascent, from emotional excitement, from slightest motion even turning head on the pillow; palpitation attended by sinking sensation, face purple, fainting, thinks he is dying, dizziness, ringing in the ears, sharp pain in left shoulder and left arm with tingling in arm and fingers, weakness in wrists and forearms. Angina brought on by any slight careless movement, especially of arms in an upward direction. Cardiac symptoms with pain or heaviness or weakness in left arm. I have verified frequently. *Cactus*, *Kalmia* and *Rhus* have numbness and tingling in left arm with heart disease.

Miss S. has been under my care off and on for several years, she has had a mitral lesion and a dilated heart, ever

since I have known her; her pulse has averaged 110, sometimes running up to 140 with a skipped beat at times. She is a factory worker and must use her arms constantly, therefore, when she kept repeating the same old story, "My arms are so tired, so weak," I did not consider it a symptom of any value in the search for a remedy. She complained of a sensation as though her heart turned over and a "feeling as though the cords of the heart would give way and the heart would fall." Heart aches, heart feels tired, chest feels tight. Before heart attacks she either wants to work as hard as possible or else get out into the open air. Horizontal half sight at times, also red spots before eyes. Weakness and smothering on walking with momentary blindness. Pain in left arm, veins of left hand and left arm prominent. Regular Saturday and Sunday headaches, frontal, temporal, and through eyes, with nausea and full feeling in neck < when stooping. Very sal-low, especially around the mouth. Cold all the time, can't keep warm.

She had improved from time to time under various remedies, but during the last winter she appeared to have reached her limit. Dig. 1200 was given with a surprisingly prompt relief of all symptoms, her pulse is less frequent, the heart muscle has increased in tone and she is working in apparent good health. I could get no history of slow pulse in the beginning of her illness but she said she had taken much Digitalis.

The text reads: "Sudden violent beating of heart with disturbed rhythm, a feeling of impending death; slightest motion increases anxiety and palpitation." "Heart has lost its force,—enfeebled heart without valvular complications." "Face and fingers and lips blue."

Along with cardiac symptoms there may be irregular respiration performed by frequent deep sighs. Constant desire to take a deep breath, but it seemed as though chest could only be half filled.

Mr. MacK., a great smoker, suffered from sudden weak spells with sensation of pressure in cardiac region and aching in pit of stomach and frequent desire to take a long breath.

Heart action irregular, palpitation from emotional excitement, breath catches. Weak spells > by taking a long breath. After receiving Dig. 1200 he gained five pounds in as many weeks and heart symptoms and weakness disappeared.

Passive congestion of the lungs depending on weakened heart, hemorrhage from lungs in consequence of heart disease and tuberculosis.

Mrs. C. has had repeated attacks of rheumatism under old school treatment, her heart has been affected since the last attack some years ago. She is the mother of a large family, is constantly overworked and often, as she expresses it, "gets all in a heap," prostrated, pulse intermits every few beats; hands and arms go to sleep easily, deathly sinking at the pit of the stomach; short of breath, throbbing in the pit of the stomach; tight feeling in chest "as though breathing through cotton"; flushes of heat, dizzy, faint, apprehensive. Dig. has relieved on numerous occasions so that she will go on for several months with freedom from the above symptoms. Within the last year, however, she has had two alarmingly profuse hemorrhages from the lungs, which have been controlled promptly by *Millefolium*. The heart condition has seemed better since these hemorrhages.

Again to return to the text: Great weakness in chest, can't bear to talk. When he goes to sleep the breath seems to fade away, then he awakens with a gasp. Compare Lach., Phos., Carb-veg. in this condition.

Senile pneumonia, moist rales all over the chest yet cough is dry, fatiguing and unsatisfactory; lungs feel constricted and tied up in a bundle, filling up of the lower part of the lungs. The pulse is small and thready, there is sometimes purple expectoration, the face and limbs are blue and cold; prostration is extreme. Asthma < when walking, especially if dependent upon heart disease. Cardiac dropsy and great anasarca, extremities cold and blue, sinking feeling at heart, faintness, prostration. Fingers go to sleep easily and frequently. Frequent startled awaking at night in fright by dreams of falling from a height, or into water.

Digitalis produces great disturbance of the liver, congestion

and enlargement of the liver, soreness and tenderness about the liver, inactivity of the liver, the bowels are sluggish, the stool white, or putty-like, bileless. "Jaundice with slow pulse, with uneasiness in the liver and pale stool."

Sweet taste in mouth with profuse salivation and loss of appetite with clean tongue, stomach empty. Excessive nausea < from smell of food, not > by vomiting. Nausea and vomiting with clean tongue.

Again to quote Dr. Kent: "Another group of symptoms that belongs to the Dig. heart, the Dig. liver, and the Dig. bowels is a gone sinking feeling in the stomach. It seems as if he would die and he does not get better by eating. It is a nervous, deathly sinking that comes with many heart troubles." There is restlessness and great nervous weakness; he feels as if he would fly to pieces; he feels that something is going to happen. Faints on slightest provocation, it begins in the stomach, an awful sensation of weakness in the stomach and bowels." Deathly sinking in the stomach, every shock like bad news strikes her in the stomach. Tearful, wants to be alone, tries to get away if others force themselves upon her. Anxiety as if conscience troubled.

Dr. Kent continues: "In old cases of enlarged prostate gland I do not know what I would do without Dig. where there is constant teasing to pass urine. In many instances where the catheter has been used for months or years because he is unable to pass urine in a natural way Dig. is the remedy. It diminishes the size of the prostate and has many times cured."

Malcolm Macfarlan has cured with it many cases of gonorrhœa and Ballard cured a man of headache and dizziness originating probably in gonorrhœa suppressed several years before. He complained of feeling bad about the head, after drinking cold water the pain would seat itself in the forehead and extend down the nose. The symptom pain extending down the nose being the key-note. I have recently prescribed Dig. with benefit in a case with this symptom.

Among peculiar symptoms we find: "As if heart stood still; as if heart had torn itself loose and was swaying to and

fro by a thin thread; as if the stomach would sink into the abdomen; sensation on stooping as if brain were falling forwards; terrible pain at root of nose after vomiting; one hand hot the other cold. In Moschus we find the peculiar symptom, one hand burning hot and pale, the other cold and red.

Dr. Clarke concludes his analysis as follows: "Dig. is suited to the climacteric period, sudden flushes of heat followed by great debility, least motion causes palpitation. Nervous, lymphatic constitutions. Children with very white complexions, light hair, scrofulous. Most symptoms are < at night, or on waking in the morning. Symptoms are > when the stomach is empty; < after meals; from cold diet, after drinking. Motion < most symptoms and may cause fatal collapse; < from being raised up in bed, < from touch or pressure. Great sensitiveness to cold air, cold weather, changes of weather, cold food, cold drinks, all of which <. Getting heated < the cardiac cough. With fear of suffocation there is desire for open air, < from music, sadness from music."

China is incompatible < the anxiety, and Dr. H. C. Allen states that Ars. is complementary in heart affections.

Before closing I would like to refer briefly to a few little known remedies having a similar action to Digitalis.

Convallaria (the lily of the valley), "when exercising fluttering at heart, lasting about a minute with sensation as if heart stopped beating and would start again very suddenly with faint sick feeling, it has been useful in tobacco heart and bicycle heart. Nash has found *Convallaria* useful in cardiac dropsy with soreness in uterine region. Palpitation of heart with soreness in uterine region."

Iberis, (the bitter candy tuft) has violent sharp cardiac action but softened pulse even during palpitations, the pains about the heart are dull or stitching with palpitation and breathlessness on slightest exertion as laughing or coughing. Pains extend down the left arm with numbness. Trembling weakness, nervous frightened feeling. Choking sensation in the throat is well marked. Clarke says, "Conscious of heart's

action may possibly prove a key-note for its use." As in Dig. the stool may be white.

Lepidium bonariense, a Brazilian cress, belonging to the same family as English (common garden cress) is a little known remedy which brought out in its proving symptoms about the heart with numbness and pain in left arm and sinking feeling in the pit of the stomach. It appears to affect the left side principally as evidenced by the text, lancinations in left side of head, pain in left brain spreading to occiput and nape. Left side of nose swollen and painful, heat in left side of face, lancinating pains in left chest, violent pains in left arm—can hardly raise it, cramping pain in left hand, pain from left hip to knee.

Lycopus has many heart symptoms, chief among which is the tendency to shift, shift from rectum to heart and head; from heart to eyes, from head to heart; from heart to left wrist and right calf and back to wrist and heart. The characteristic heart is a feeble heart with distress and weak pulse. Excessive flatulence.

Myrica cerifera "is closely related to Dig. in several points. There are sharp pains about the heart with increased, audible pulsations, but slow pulse. The heart pains are < lying on left side." Dull pain in region of liver; fullness; drowsiness; debility; mushy clay colored stools; jaundice.

Crataegus (hawthorn) is indicated in worn out hearts, a "hurried, flurried feeling" was produced by Dr. Duncan on himself while proving this remedy. Insomnia from heart disease. It needs a thorough proving.

DISCUSSION.

C. M. Boger: The combination of valvular heart trouble with pulmonary hemorrhage is hard to control; do not forget that *Lycopus* meets it better than any other drug. It is also indicated if the case has nosebleed; it covers the ground very thoroughly and will control the hemorrhage and help the patient.

P. E. Krichbaum: I have been told that the administration of *Digitalis* in the form of infusion in good sized doses

in dropsical conditions is a very necessary thing. I know that some say that it helps only for a short time and then the patient is worse off than ever, but I am forced to admit that this is not true. I have known them to live and be well after that treatment for years, while just before they were practically dying. In one case the dropsical condition is all gone away, the patient is still living as well as she possibly could be under good prescribing. I do not believe that high potencies act in organic heart troubles. By high potencies I mean the 200 and up. I have never seen any good results from high potencies in such cases.

C. M. Boger: I cannot agree with you, doctor.

MATERIA MEDICA—HOMŒOPATHIC AND ALLOPATHIC—A COMPARISON.

T. G. SLOAN, M. D., SOUTH MANCHESTER, CONN.

Diarrhoea.

The routine treatment of diarrhoea in children consists of castor oil, or if vomiting is present calomel, a diet of water; barley water or egg water, and bismuth sub-nitrate or some other astringent. Intestinal antiseptics are sometimes used. The diet is of more importance than the medical treatment. When the diarrhoea is controlled milk or the usual diet is gradually resumed.

The homœopathic treatment gives the indicated remedy and should take the same dietetic precautions. No preliminary cleaning out of the intestinal canal is necessary. When the correct remedy is given, and it can usually be easily found by using Bell's "Diarrhoea," the case should be well in from twenty-four to forty-eight hours. It is a severe case or an incorrect prescription that lasts longer. The rapidity with which these cases recover has surprised me more than any other results I have had, possibly because I began my homœopathic career on diarrhoea.

The results in dysentery compare rather more favorably than simple diarrhœas.

With the diarrhœas I will put simple colic in infants, a very trying and common, but not serious complaint. The usual treatment, castor oil or magnesia, enemata, hot applications to the abdomen and so forth take time and trouble. How much more simple to give a dose or two of potentized Chamomilla, Belladonna, Colocynth or Mag. phos. and have the baby asleep in a few minutes. This of course refers only to simple cases, and not to those where dietetic errors and underlying causes must be corrected.

(1) For several days a small baby has had a watery stool after breakfast and dinner. Tenesmus after stool, ineffectual urging for stool. Cries out frequently at night. Fear of downward motion.

Borax 200, three doses. Not a loose movement after the first dose.

(2) Brown watery stools, preceeded by griping and followed by burning in the rectum < slightest motion. Any motion would cause a stool. Lips and mouth very dry. Great thirst for large quantities of cold water.

Bryonia 200—no movements after one dose.

(3) Dysentery.

A four year old girl has been sick for three and one-half days, having five or six bloody mucous stools a day, cramps before and much straining during the movements. Vomits all food. Thirsty. The family could speak very little English and I understood she had relief after the stool and so gave her Nux. m. Twelve hours later she was no better. I now found she had great tenesmus after stool, not relief, and left Mercurius 200, four doses. In twelve hours she passed a formed yellow stool, and had no more diarrhœa. I now learned there was some protrusion of the rectum or of a hemorrhoid with her movements or when she urinated. Three doses of Muriatic acid 200 cured the case. In spite of the poor prescribing, the case was well in seventy-two hours, and the dysentery proper in twelve hours.

(4). Colic. A six months old baby has been crying hard

and constantly for over an hour and is evidently in great pain. He draws his knees up on his abdomen and gets relief from hard pressure on the abdomen. He was given one dose of Colocynt 200, stopped crying in three or four minutes, and in just seven minutes was asleep and slept all night. He had no more colic. This might seem to be a coincidence, but when it happens time after time, sometimes with Colocynth, or Belladonna or Chamomilla, according to the symptoms present, it must be admitted to be more than a coincidence.

Croup.

Ordinary croup is a terrible thing to the average mother. Ipecac to produce vomiting, a steam atomizer, or a tent over the bed kept filled with steam, and hot applications to the throat for two or three nights wear out the entire family. Every homœopath knows that Aconite, Spongia or Hepar sulph. as indicated, will cure the entire trouble often in a few hours, without any accessory treatment, and the choice of the remedy is very simple. Moreover the croup does not return the following night.

Aconite is usually indicated when the croup comes on suddenly after exposure to cold winds usually appearing in the evening or early night. Spongia has the same hard croupy cough and hoarse voice, coming usually before midnight. Hepar sulph. is indicated when the cough is looser and rattling, usually later in the night and may be needed to finish an Aconite or Spongia case. Ordinarily two or three doses of the 200 or one dose of the 1m is all that is needed.

(1). A six year old girl woke up about 11,30 p. m. with a hard croupy cough and a hoarse croupy voice. Once heard it is never forgotten. The cough was constant and it seemed as if she would suffocate. The throat was negative, there was little fever. She was given Spongia 1m, one dose. In twenty minutes she was talking in her natural voice, the cough was practically gone and had lost entirely its croupy character and in thirty minutes she was asleep. There was no more croup. No other treatment of any kind was used. If indi-

cated Aconite or Hepar sulph. would have acted just as quickly.

Tonsillitis.

In follicular tonsillitis, a laxative, gargles and sprays, Phenacetine or Asperin to control the pain, and Sodium salicylate or some similar drug, and later a tonic comprise the regular treatment. It usually takes from four days to a week to get the patient back to health.

The large majority of cases treated by the homœopathic remedy, if seen early will be back at work in forty-eight hours. No tonic is needed for no depressing drugs are used. I usually give one dose of the 1m or 10m and no gargle.

In quinsy there is practically no regular treatment. Incision when fluctuation occurs shortens the suffering. Here again the remedy gives relief and shortens by about 50%.

(1) A girl of eleven was seen at 7 A. M. with tonsillitis. The right tonsil was swollen and covered with white spots (follicular tonsillitis). The glands on the right side of the neck were swollen and tender. The left tonsil had a few spots, but evidently the inflammation had begun on the right side and extended to the left. Her temperature was 103° and she seemed very sick. She was given a dose of *Lycopodium* 200 every two hours for four doses.

At 1 P. M. her temperature was 106°. The next morning at 10 A. M. (twenty-seven hours after she was first seen) her temperature was normal, the swelling of the tonsils and the spots were nearly gone and she was well. No gargles were used.

Grippe.

The ordinary so-called grippe is a self limited disease with a tendency to complications involving the respiratory organs. Grippe pneumonia, and grippe in the aged and debilitated is very fatal. The patient will usually get well and can be kept fairly comfortable with the various coal-tar derivatives, cough mixtures, laxatives, and by treating complications as they occur. The ordinary treatment, as above, does not pre-

tend to be curative or to shorten the disease. It is a question whether the prostration following grippe is due more to the disease or to the treatment. It is often severe.

The indicated remedy keeps the patient just as comfortable, shortens the course of the disease, prevents complications, and does not debilitate.

My records in an epidemic two years ago showed that out of over fifty cases only two received more than two calls. Bryonia, Gelsemium, Rhus. tox. and Eupator perf. have been most commonly indicated.

Case 1. A lady of seventy-six is ill with grippe. She has an occipital headache, muscular pain generally and particularly in her back and legs. Her legs are very weak and trembling. Her eyes are lame, her chest is sore and it is hard for her to breathe. She is apathetic and her eye lids are heavy, she can hardly keep them open. Her temperature is about 101.

She was given four doses of Gelsemium 200. The following day her pains and discomfort were gone, her temperature normal. She was not given any more medicine and in two or three days her strength had returned.

Labor and allied conditions.

In labor cases the comparison is between the remedy and forceps. No intelligent physician uses Ergot before the placenta has been expelled. Recently some use has been made of a preparation of the pituitary body for hastening labor, but it is not without danger. Of course a very large child and a contracted or small pelvis will need forceps, but their use is rarely needed if good prescribing is available. No one who has used Pulsatilla to correct a mal-presentation, or Kali carb to put the pains where they will do the most good, or Ipecac or Sabina in hemorrhage doubts the value of the homœopathic remedy.

Case 1. An Italian woman three months pregnant took a bottle of castor oil and passed a stiff catheter into the uterus a week ago. She flowed freely for five days, stopped sud-

denly and has since had a watery, offensive leucorrhœa, much pain, a severe chill and fever. Temperature 101°⁴⁰, pulse 96. Examination negative except for marked tenderness low in the abdomen. Sulphur c. m. one dose.

The flow returned in about twenty-eight hours, very foul. Her temperature was 100°⁴⁰.

The next day her temperature was normal, the pain and tenderness gone, and she was flowing moderately. The next afternoon she had a severe chill lasting two hours, followed by a temperature of 103° and pulse 110, and a very profuse flow large dark and bright clots and bright watery blood. The flow was worse from the slightest motion. She lost so much blood she was very weak and dizzy. She had flowed for nearly two hours when I saw her. She was given Sabina 1m, one dose; the flowing was much less in fifteen minutes. The following day her temperature was normal and remained so; the flowing gradually ceased and she had no more trouble. Later she was given China for her anæmia.

Pneumonia.

It takes nerve for one who has relied on Alcohol, Digitalis, Strychnine and other powerful stimulants, cough mixtures and mustard plasters in treating such a serious disease as pneumonia, to drop all these things and give a small powder now and then. The regulars say you must get under them and keep the heart going properly, or they will die from heart failure.

The curious part of it is that when these cases get homœopathic treatment you don't have to get under them, their hearts don't need stimulating, their bowels often move regularly, and what is still more curious they usually do not have a crisis; they begin to get well very soon and in four or five days, the temperature has gradually come down to normal. Not always, because patients do not always get the similimum, and some patients will die. Some need Sulphur on account of underlying psora. Comparative statistics.

Bradford in his "The Logic of Figures," Boericke and

Tafel, 1900, gives a mass of statistics on pneumonia. Boiled down they come to this: over 3,000 cases treated homœopathically give a mortality of 4.53%, and nearly 4900 cases treated regularly a mortality of 25.89%.

Case 1. A woman of forty, who is seven months pregnant was taken suddenly this afternoon with sharp, stabbing pains in the left side of her chest, < coughing, breathing deeply or motion. Her temperature is normal, there are no physical signs. She was given four doses of Bryonia 200 at hourly intervals.

Five hours later she was screaming with pain and had a temperature of 99°, but no physical signs. Bryonia em, one dose.

The following morning her temperature was 102°, pulse 112, respiration 44, bronchial voice and breathing over the left lung posteriorly, not much pain, and rather stupid, cough. In the afternoon her temperature was 99°, pulse 120, respirations 48. The following morning (thirty-six hours from the onset) her temperature was 98°, pulse 92, respirations 32—has cough, no pain. The physical signs remained a day or two. She had no more fever or pain and made an uneventful recovery without a miscarriage.

DISCUSSION.

F. W. Patch: When we are casting about for good propagandistic literature for disseminating homœopathy, we have something worthy of attention right here. I have heard nothing that impressed me as strongly as this paper of Dr. Sloan's.

E. Rushmore: Why and in what way is the use of the pituitary body dangerous?

Harry B. Baker: An old school man advised me never to use it (rather unnecessary advice in my case) and said that it was dangerous as it produced such forcible contractions of the uterus as to practically amount to a spasm. Speaking of statistics, my old preceptor the late Dr. Geo. A. Tabor told me that he had treated over five hundred cases of scarlet fever

in his life, that he had never lost one, and that he had never had any after effects except in one case where the child was allowed to go out of the room and caught cold causing a little otitis which ultimately cleared up all right. Most of the cases of scarlet fever that we have in Richmond are mild, but Dr. Tabor practiced seven years at the North before moving to Richmond and I know that a number of his cases were severe ones. I consider that a very good record. I have a number of people who have come to me simply on account of the reputation that homœopaths have for curing sore throats quickly.

C. M. Boger: Speaking of miscarriage it has been my habit in miscarriages to give *Viburnum* internally and then to pack the vagina; next morning everything will be in the vagina; this applies to many cases.

P. E. Krichbaum: What is the object of packing? I can't see any, unless it is to keep it from getting away.

John Hutchinson: How do you determine that a case of threatened miscarriage is inevitable to justify such a procedure?

C. M. Boger: If a man knows how to pack, he should be able to pack nearly every case; the packing will stimulate the uterus enough to make it empty itself.

P. E. Krichbaum: How do you make the patient keep quiet during the packing and after?

C. M. Boger: There is some pain for a while, that is inevitable.

A Voice: Is that observation or experience?

Alexander Donald: I take issue with Dr. Boger on the packing; it is an antiquated proceeding and out of date and never was good at any time. The less packing you do the better for the interests of your patient. You are extremely liable to infect the patient; it increases the risk of that ten fold. Many remedies are indicated in miscarriage and you will find that *Viburnum* is not as frequently indicated as some others, unless you give it as a routine as Dr. Boger recommends. I have seen *Trillium* required much oftener than *Viburnum*; I do not think that I have ever had sepsis in a

case of miscarriage or labor. That is in my own practice, I have been called in consultation in such cases frequently. I make it a rule to keep away from packing as much as possible; it is not difficult to stop hemorrhage with your remedies.

C. M. Boger: Stopping hemorrhage is not the main object of the packing. It is to stimulate the uterus to contract and empty itself.

W. S. Hatfield: Packing is a very unnecessary procedure and liable to do harm. I remember it being taught long ago but I did not think that anybody was so behind the times as to do it nowadays. I never use the pack myself, I can get along with remedies.

T. G. Sloan: The danger of the pituitary body as a remedy is that it produces such forcible contractions of the uterus that there is danger of rupture; it may push the head right through the perineum. Rupture of the uterus has also occurred from its employment. If the way is not open you can readily see that a forcible, artificially induced expulsion would do great damage.

SABADILLA.

BY FRANK W. PATCH, M. D., FRAMINGHAM, MASS.

Among the early remedies proven by Hahnemann and a number of his followers was Sabadilla, a bulbous plant indigenous to Mexico and Central America, a drug to be thought of only among the minor remedies of our pharmacopeia, not even mentioned in the latest work on old school *Materia Medica*; yet a drug of most interesting nature with characteristics that are clearly marked and to be depended upon even in severe illness.

Noack and Trinks mention Sab. in connection with intermittent fever, chronic sore throat, taenia and grippe. They also speak of the use of the tincture, externally, in the removal of crab lice.

Other authorities have reported occasional cases where Sab.

has proven curative largely among throat troubles and worm affections.

Clinical confirmations of Sab. are not as common as they should be and our literature gives very few cases where it has proven of value.

After a careful study of the remedy and observation of certain of its clinical features I can but feel that Sab. has never received the attention that should have been awarded it by members of this body.

It is for this reason that I wish to emphasize some of its important features and add one or two clinical cases, in confirmation, that may be helpful in showing something of the scope of the medicine.

Dr. Kent in the second volume of the "Journal of Homœopathics" and again in his more recent "Materia Medica," has given a remarkably clear picture of the drug—one which it would be impossible for me to improve upon and consequently no attempt will be made to do so.

I simply want to cite a few of the prominent features, the fruit largely of the study of his work, as well as that of Jahr in the old "Symptomen-Codex" where we find an excellent account not only of the characteristics of the drug but of its clinical aspects as well.

In drug study it is well to emphasize the peculiar features of a remedy prominently and allow other minor characteristics to cluster about them in order that our minds may be impressed with a picture that may be recognized as we recognize a friend from the features that differentiate him from every other human being.

In Sab. we find that the mental aspects of the drug are not especially prominent but other features stand out with such emphasis that there is no mistaking them.

We may think of Sab. and Lachesis in the same breath, so prominent is the left-sided feature of each remedy.

We do not find other characteristics of the drugs very similar except that both are of value in certain diseases of the throat.

The left-sided feature of Sab. is just as prominent as is

the same characteristic of Lachesis. Indeed it would be difficult to conceive of a Sab. case where this feature was not one of the first things to attract attention.

In throat troubles, for instance, we find tonsillitis, diphtheria and streptococcic inflammations beginning on the left side and spreading to the right, with dryness and constriction of the throat, a continual desire to swallow, with relief from swallowing hot liquids.

Here you will note the similarity to Lachesis ends, for the latter remedy is invariably made worse on any attempt to swallow hot liquids, desiring that only cold substances pass over inflamed tissues.

Likewise, with the exception of the left-sided feature, we find the remedies entirely dissimilar. Sab. being especially adapted to throat conditions that are of less malignant type than those of Lachesis but more inclined to drag along in a tedious, sub-acute form.

This desire for hot things becomes, then, another of the prominent characteristics of Sab. to be placed with the previously mentioned left-sided feature.

In my own opinion, which I feel should be a very humble one, the vermicidal characteristics of Sab. have been somewhat over emphasized. It seems to me that while there is no doubt but what the remedy is capable, in selected instances, where it is thoroughly indicated, of developing this feature to a considerable extent, that it is unfortunate to have it disposed of in the minds of many physicians almost solely as a vermifuge and thought of in connection with Cina and remedies of that type, rather than on account of some of its deeper features which are shown in other ways.

For instance, Kent finds Sabadilla of value in fever with spasmodic sneezing, fluent coryza, obstruction of nostrils and itching and bleeding of nose.

In conditions of this kind, where thirst is present, it is for hot drinks rather than cold, thus maintaining one of its most characteristic features.

Its use in intermittent fever is of importance and while we do not frequently meet Sabadilla cases of intermittent

fever, it is possible to say that they are not at all uncommon. Here again the thirst for warm drinks is noticeable. There is considerable regularity in the return of the chill. Coldness is a prominent feature and the stages of the attacks are not well marked.

The thirst for warm drinks, however, coming on at the approach of heat, is a peculiar symptom; there is little or no thirst during the chill; that, however is common with many remedies. A dry, spasmodic cough is a common accompaniment and then this peculiar thirst.

Only three or four other remedies in the *Materia Medica*, and those rarely indicated, have this peculiar feature. Without it one would hesitate in prescribing *Sabadilla*.

Here then, we have a medicine with a small number of highly characteristic individual symptoms which may be traced, throughout the pathogenesis of the drug clearly and convincingly, and the medicine is of sufficient power to attack and conquer even the most severe disturbance of the human economy when indicated.

Lack of definiteness, in a majority of our prescriptions, probably accounts for more of our failures than anything else.

To be sure it is not always possible to get definite symptoms from a patient but when we can do so there is no excuse for not using correspondingly definite remedies.

In order to confirm what has been said in regard to *Sabadilla* I want to put on record two cases both illustrating the especial features of the drug that have been mentioned.

The first of these was a case of diphtheria occurring in my practice many years ago, in an adult and at a time when I was less familiar with the characteristics of *Sabadilla* than I have since become. Consequently this case went on for three or four weeks before it was conquered; not at any time dangerous to the patient though it proved somewhat dangerous to other members of the household.

In this instance the case began on the left side of the throat, involving the tonsils and fauces, gradually spreading toward the right, although the swelling was not severe and the cervical tissues were not markedly involved; swallowing was exceed-

ingly difficult with a sensation of a lump to be swallowed over and a constant desire to swallow.

The membrane, covering a large portion of the tonsil, was of a dirty white appearance and the parts were not violently inflamed.

The nostrils, however, became infected and the membrane extended up into the post-nasal pharynx. There was thirst but only hot drinks could be swallowed.

It took me a long while at that time, for some reason or other, to fix upon the curative remedy. Many failures preceded it.

Two other members of the family were stricken with the disease meantime, but finally the light dawned and Sabadilla was given with brilliant results and perfect recovery.

In all my experience with diphtheria, in the years following, I never again came in contact with a Sab. case.

A few years ago, however, the remedy did equally valiant service and this time, I am happy to say, it did not take as long to discover its indications as the former experience had been indelibly impressed on my mind.

This patient was a woman, thirty-two years of age, who came to "Woodside" on July 9, 1912, with the following history:—

A healthful childhood, suffering only from minor ills, occasional headaches and frequent colds. One ovary and tube had been removed in 1904, the year after she was married.

Present illness had begun seven weeks before in a left otitis media following an acute coryza. This had opened spontaneously through the drum of the ear and discharged for four and a half weeks. It had then been syringed daily by her attending physician, or through his orders, and finally the drum had healed. Two weeks after the abscess healed the patient began to have severe headaches and what was supposed to be neuralgic pain throughout the side of the head.

On her entrance the following symptoms were present:—Pulse 100, thready in character; sensations of stiffness in the occiput, screwing, bursting pains in the vertex, throbbing in

the neck, sharp, shooting pains about the left eye and in the root of the nose, not relieved by heat or cold externally.

She had been taking Asperine from her physician, for the severe pain which had been designated neuralgic. There was no relief from position though it was absolutely impossible for her to lie on the left or painful side.

The patient was irritable, tearful, irritated by company and even harboring suicidal thoughts when the pain was especially intense; she was restless at night, getting very little sleep after midnight.

At this time there was no marked swelling of any part externally.

The pain continued to grow worse, especially in the occiput, extending down the spine with occasional sharp pains under the left ear. There was aggravation from light and the patient kept her head bound up in her effort to relieve the pain.

Her pulse continued between 80 and 100 and she continued to grow worse in every way until July 15th when the symptoms indicated meningeal irritation and there was paralysis of the external rectus muscles.

At this time Dr. Frank C. Richardson saw the patient in consultation and Belladonna was given with some relief from the severe pain and several hours sleep for a few nights.

In spite of the fact, however, that the pain was slightly relieved the patient did not seem to improve. She complained of a choking sensation in the throat, which was aggravated when lying so that she spent the most of her time sitting up in bed.

Sensitiveness of the left sterno-cleido mastoid muscle. Paralysis continued; dysphagia was added to the distressing symptoms. She developed a great deal of what was expressed as "grinding discomfort" in the head. Neck became sensitive. The cervical tissues were swollen and the hearing was much diminished in the left ear. Difficulty in swallowing increased.

On July 18th she was seen by Dr. George B. Rice, one of the prominent nose and throat men of Boston, who gave her a careful examination. He thought he discovered pus in the

sphenoidal sinus and that it might be necessary to open it a little later.

At this time the symptoms assumed an aspect that gave me hope that something might be done without surgical interference, which was consequently deferred with the understanding that unless improvement took place within forty-eight hours the sinus should be opened.

July 19th only one hour of sleep out of twenty-four.

Here then, at last, was the picture that led to the use of Sabadilla. A left-sided condition with involvement of the nose, throat, ear and evidently the deeper structures of the head and the cellular tissues of the neck; inability to lie down; inability to swallow anything except hot liquids.

Sabadilla 2c was given with the result that the patient had a comfortable night following, with a good deal of sleep; temperature, which had been running over 100, had begun to drop; the patient looked more comfortable, was without intense pain and able to take a small amount of food.

July 22nd the record was "considerable sleep, throat better, pulse 100, some pain." Sabadilla 1M was given.

July 23 Improvement in sleep, improvement in the paralysis of the rectus muscle; no difficulty in swallowing; very little pain, tongue improved and hearing improved; some aggravation remaining in the nose.

The remedy was repeated on the 24th; improvement continued.

July 25th able to leave her room for the first time; nasal discharge diminishing; throat quite comfortable.

July 27th; some obstruction still remaining in the nose the remedy was repeated in the CM potency and from this time on recovery was uninterrupted although it became necessary later to give her one or two doses of Belladonna for acute headaches and finally she received a dose of Baccilinum 2C.

From that time to the present she has remained perfectly well.

Sensation of something dropping down in the throat which prevents sleep; noise in the head; can swallow liquids more

easily than solids and hot things better than cold things; relieved in sitting up; left side very sensitive to pressure.

REPORT OF THE NECROLOGIST.

A MEMORIAL SKETCH.

Dr. Samuel Henry Sparhawk died suddenly Tuesday morning, March 3, 1914, of apoplexy. He had not been in his usual health since last September, but had attended to his practice until a few days before his death. Sunday he suffered greatly but was better Monday and rested well that night. The end came very suddenly at 6.45.

Dr. Sparhawk was the son of the Rev. Samuel and Laura Fitts Sparhawk and was born in Pittsfield seventy-two years ago. His father was a well-known Congregational minister. His son Henry was educated in the public schools and for a short time was engaged in teaching. October 16, 1862, he enlisted in Company C, 15th Regiment Vermont Volunteer Infantry. This company was a part of General Stannard's division and was on duty at the battle of Gettysburg. Honorably discharged in 1863, the young soldier returned to Vermont and took up the study of medicine with his brother, Dr. George E. E. Sparhawk, a noted homœopathic physician, later of Burlington. He continued his studies at the medical school in Philadelphia and was later graduated from the Homœopathic College in Cleveland, Ohio. Dr. Sparhawk practiced his profession in Pittsford, Morrisville, Rochester and Gaysville, before coming to St. Johnsbury in 1880, when he succeeded to the practice of the late Dr. Cushing. Doctor Sparhawk became an associate member of this Association in 1908.

He was twice married. His first wife was Miss Sara L. Smith of Morrisville who, with their daughter Bessie, died of diphtheria two years after coming to St. Johnsbury. His second wife, Miss Katherine H. Taggart of Rochester, survives him, with one son, Carroll E., who is in St. Augus-

tine, Florida. Dr. Sparhawk also leaves one brother, Luther T. Sparhawk of Randolph.

The funeral services were largely attended, representatives of Chamberlin Post, G. A. R., and the Caledonia Medical Society, being among the number.

For nearly half a century Dr. Sparhawk had been a diligent and successful homœopathic practitioner, being one of the pioneers of this honored school of medicine in Vermont. Practicing exclusively in his native state, the name of Dr. Henry Sparhawk, as also that of his older brother, Dr. G. E. E. Sparhawk, is widely known in many communities and will ever be held in grateful remembrance as an able, honorable, and highly gifted doctor of medicine.

Of one of the older New England families, which counts among its members many men and women of remarkable social and mental capacity, Dr. Sparhawk possessed unusual aptitude for his chosen profession. Long continued, arduous and intensive study had made him a specialist in several of the manifold fields of medical practice, the one persistent aim of his life being that he might become an increasingly competent physician of the Hahnemannian school of medicine. Never seeking publicity or public applause, yet there were many who knew him intimately as the friend and physician of the family who knew that he possessed many of the rugged virtues and sterling qualities characteristic of the family of which he was a member. A ready mind and a keen sense of humor made him an ever welcome member of his inner circle of friends and served to bring courage and good cheer and to dispel the gloom of the sick room. His mind was kept bright and alert by many interests. Late in life he found pleasure and recreation in the study of Esperanto. Not content with a shallow knowledge of this interesting language, he attained marked proficiency not only in reading but in speaking and writing this "universal language," taking it up with the zeal and enthusiasm of youth.

He had lived a long, eminently useful and courageous life. Known and honored by his professional colleagues, he had made for himself a place in the hearts of his friends.

P. E. Krichbaum moved that photographs of the two charter members of the Association, Drs. Rushmore and Smith be taken and published in the Transactions. Seconded, carried.

Secretary presented the following resignations: Mary R. Mulliner, Edith Phelps now Boffin, A. P. Stauffner.

P. E. Krichbaum moved that they be accepted. Seconded, carried.

REPORT ON THE PRESIDENT'S ADDRESS.

Our president has sounded the note of timely counsel to this Association in his definite outline of present conditions to be reckoned with. The wisdom of his clearly stated recommendations impresses your Committee as demanding immediate action. To this end your Committee submits the following suggestions:

That your president Dr. Franklin Powel appoint from this Association several Committees to pursue the work designated by their appointment.

To wit: A Committee to provide general ways and means for promoting publicity of the work of our school.

A committee to address a letter to the Colleges of the Homœopathic school in respect to the need of genuine Homœopathy.

A Committee to furnish copy to the public press covering in popular form the truths of Homœopathy.

A Committee to study the questions contemplating the establishment of Post graduate courses in Homœopathy.

Respectfully submitted,

MARGARET BURGESS-WEBSTER,

JOHN HUTCHINSON,

Chairman.

Vice-President: What will you do with this report?

Moved that the report be accepted. Seconded, carried.

Dr. Stuart Close's proposed amendment to the by-laws was

now called, after a short discussion it was withdrawn by the author.

Adjourned to 9.30 A. M., June 27th.

SEVENTH SESSION.

JUNE 27TH, 9.30 A. M.

RADIUM BROMIDE VERIFICATIONS.

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

A proving of Radium Bromide was made by Dr. Dieffenbach of New York in the winter of 1911. He was assisted in this work by Drs. Copeland, Crump, Sayre and myself.

The proving appeared in *The Journal of the American Institute of Homœopathy*, and in the *North-American Journal of Homœopathy*.

A resume of the proving was read before the New York State Homœopathic Society, and published in the December 1911 number of the *Chironian*.

The proving was carefully made, and its physiological and symptomatic effects show it to have many individual characteristics.

A few verifications of its homœopathic use have appeared in the literature of our school since then.

The following cases verify some of its symptoms: The first, a woman of 42, had, three months before coming for treatment, what was diagnosed as grippe. This began one afternoon with a chill followed by heat, and she had been weak and dragged out ever since. For a month she had an ulcerated tooth, and had chilliness and heat every afternoon. A 2 1-2 month's pregnancy terminated in a miscarriage shortly before I was called on the case.

An examination of the chest revealed a heart-murmur, which in the absence of enlargement of the heart area was considered either functional or extra-cardial. The apex and upper part of the right lung gave a high pitched percussion

note, increased tactile fremitus and harsh breathing sounds, but no rales. The blood count showed an increase in the polymorphonuclea leucocytes, and her blood pressure was 100. The urine was not significant. Her temperature showed a variation of 1-2 to a degree and 1-2 between morning and evening, the morning being sub-normal and the evening normal. There was no cough. The physical findings indicated pulmonary infiltration, and the history, temperature and blood findings an infective condition which was smouldering.

Her symptoms were:

Depression, difficult concentration, discouragement, aggravation from heat, never well in the summer, late, scanty and painful menstruation, general aggravation from mid-afternoon to early evening, general relief after hot bath, aggravation at the sea-shore, relief open air, especially from walking or exercising in the open air, wants clothing loose, burning feet at night, soreness and stiffness of the muscles, shifting pains, aching at night so that she can not turn without distress, great weakness and prostration.

Complete rest in bed was prescribed, and during the following months, Lye. Lach. Sul. Puls. and Tuberculin were given with no apparent effect excepting after Sul. when the morning temperature became normal, and the afternoon temperature went to 99-100.

After eight months of unsatisfactory prescribing, the resemblance of the symptoms to Radium struck me, and a comparison showed every symptom to be duplicated in the proving.

Great improvement has followed the use of Radium, which was given first in the 200th, then the 1m, and then the 15m potencies, two doses of each at several weeks intervals.

There has been a marked improvement in her dysmenorrhoea. I can find no evidence of lung involvement, and her blood pressure instead of being 100 is 145.

The second case is a woman of 64, who for a year had had a blood pressure ranging from 165 to 185. In the absence of evidences of kidney involvement, and with an accompanying

enlargement of the cardiac area, I diagnosed the case as arterio-sclerosis.

She complained of great weakness, especially between the shoulders up to the occiput. Exhausted and feels as though would fall, better from walking about. Has to take hold of something to keep from falling. Craves air, and obtained entire relief if walks in the open air. Aggravation in the morning. Wants to stretch the limbs out. Red itching blotches over varicosed veins on legs. Worried and depressed over her condition. The vertigo was almost identical with that described by one of the provers and the general modalities were those of radium.

The 1 m. was given and repeated in three months. There was marked relief from the symptoms, and since then the blood pressure has been averaging about 15 points lower, covering a period of five months.

SOME PULSATILLA SYMPTOMS THAT ARE EASILY ELICITED.

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

Of all the problems presented to the Homœopathic prescriber, the most difficult is taking the case. And the difficulty is often not due so much to the lack of skill on the part of the physician as to the utter inability of the patient to describe symptoms. But if the physician can get some clue to the remedy, either from a guiding symptom which is easily elicited, or from something that he notes for himself, he can often follow up the suggestion thus gained, to a brilliant prescription. Thus we are led to consider Sulphur when we see very red lips and a face flushing easily; or Hepar when we observe a sweating patient pulling several blankets up around him; or Nux vomica when we have evidence of marked irritability; or Arsenic when we note anxiety and great restlessness. Objective symptoms then, or symptoms which are easily obtained are of double value—valuable as symptoms

and valuable as signs pointing the direction of further inquiry. It is these symptoms that we must seek to be familiar with, and to add to as we can from the result of our observation.

I propose to call attention to a few symptoms of this class under Pulsatilla. Some of these are to be found in the *Materia Medica*, but others are not directly expressed in the text.

The position in bed is of moment. The Pulsatilla patient wants the head high, and feels uncomfortable with only one pillow. Dr. Milton Powel called my attention to this, as he did also this one, "the patient frequently moistens the lips." On these two objective symptoms we were led some years ago to prescribe for a grave case of pneumonia with most happy results.

Another lip symptom is "crack in the middle of the lower lip." And here I would like to report a case:

Mr. B., a dark eyed, black haired, rather pleasant faced Russian Jew, age 20, was admitted to the Neurological Ward of the Metropolitan Hospital, service of Dr. Clarence C. Howard, on February 29, 1908. He was suffering with an acute attack of chorea. He had been sick for six weeks, during four of which he had contrived to do some work, but the last two he had spent in Bellevue Hospital, where he became worse and was transferred to our ward.

He was not able to speak English, and our interpreter could get nothing from him, because the patient was unable to speak connectedly, apparently biting off his words unfinished. Later we were able to get his history and some of his symptoms. He imagined everybody's hand was against him; hearing laughter, he thought people were laughing at him; and when he saw cases of *Tabes Dorsalis* walking in the hall, he thought they were imitating his unfortunate gait and making fun of him. His face twitched frequently and he ground his teeth. When observed, he was in constant motion, raising his eyebrows, drawing the corners of his mouth, throwing his hands about, moving his legs. It was impossible for him to stand still, and when put to bed he writhed about, as if in some horrible agony. He was unable to feed himself. Altogether the worst case of chorea I have ever seen.

He was kept under observation for about one week, during which time there was no improvement. I could get no symptoms from him—those described were obtained later.

Objectively we gathered the following.

1. He was worse on the right side—the right arm especially was entirely unmanagable.

2. He was not constipated.

3. He had dark hair and eyes.

4. He had a rather pleasant face.

5. He had a crack in the center of the lower lip. The crack in the lip suggested Pulsatilla. The dark complexion does not contra-indicate it. The other symptoms helped out, for Pulsatilla is predominantly right-sided, and is not constipated.

I had never heard of using this remedy in chorea, but I decided to try it because I could not find anything better.

On March 6th he was given Pulsatilla 6X, four doses. He was put to bed and given a diet of cereal, milk, bread and butter. All visitors were excluded from the room, and his door kept closed. I imagined some slight improvement after this and on March 14th he received Pulsatilla 12X, four doses. Again I imagined some little quieting of the movements. On March 25th he received three doses of Pulsatilla 200, and this time there was no doubt of the gain. Improvement was rapid, and was accompanied by a gradual healing of the cracked lip. When the lip was well, the patient was cured and he was discharged the first part of May. Aside from one dose of Nux vomica given because of constipation, Pulsatilla was the only remedy used.

Dr. Howard has asked me a number of times to report this case, because he thought it a noteworthy cure, effected by an unusual remedy, in a remarkably short time—something less than two months. I report it in this connection because it illustrates rather well the usefulness of objective symptoms and because it emphasizes a few of these symptoms, viz.: one sided complaints, especially right side, pleasant face, crack in middle of the lower lip; not constipated.

The sufferer is frequently unable to describe the character

of the pain, while the location of it is easy enough for him. Dr. H. P. Gillingham some years ago gave me this observation: pain in the lower part of the abdomen is typical of Pulsatilla. I have found it useful and reliable.

I need hardly mention the symptoms objective or readily obtainable which are in every text book, as, the tearful mood, the one sided headaches, the chilliness, the relief from cool open air, the aggravation in the evening, the intolerance of fats, the changable stools, etc.

The blonde type is characteristic yet the remedy is frequently indicated in those who are not blondes. In my neighborhood many of the servants are negroes from Porto Rico, and at one time it seemed to me I must have one of the best "colored" practices in the Bronx. These people give their symptoms with much reluctance, but I almost always hit their ailments with one of two remedies. If constipated, Nux vomica; if not constipated, Pulsatilla.

And this brings me to an observation which I think is of considerable value—the Pulsatilla patient is usually not constipated, but more than this, the Pulsatilla patient often has two or three normal stools every day. I have taken occasion before to point out this peculiarity and it seems of such importance that I mention it again. I have found this symptom—two or more normal stools daily—very constantly present in Pulsatilla patients, so constantly in fact, that I use it as a leader.

It is, you will observe, a symptom easily elicited, for no matter how stupid or how unobservant, even a Porto Rico negro knows when his bowels move? This symptom is so characteristic of the remedy that I wonder if the mild, easy going, rather pleasant temperament of the Pulsatilla patient is not largely dependent upon this regular and satisfactory emptying of the colon. Surely such a person has much less to bear than those who are constantly harassed by uncertainty!

DISCUSSION.

W. S. Hatfield: I had a case of chorea of a peculiar na-

ture, that I cured with *Lac caninum* because of the regular change of the symptoms from one side to the other.

P. E. Krichbaum: That was an excellent paper; it was not dry and it taught me some things about *Pulsatilla* that I did not know before. Some long faced patients of mine are going to get Puck or Judge to make them pucker their lips.

G. B. Stearns: The free bowel movement is so peculiar and uncommon that it may be called a key-note. Another remedy that is frequently called for in the ailments of colored people is sulphur. One of the most important things in the paper was the method by which the peculiar symptoms of the patient were detected. The case was observed and watched for nearly a week before a prescription was made. I have the greatest difficulty in getting the internes to let the patients alone long enough to get their symptoms. Almost without exception every prescription made—as soon as the patient arrives at the hospital is wrong.

Stuart Close: Dr. McAdam has solved the difficult question of how to make a materia medica paper interesting as well as instructive; I congratulate him as well as thank him for what he has shown us this morning about *Pulsatilla*. There is another point I want to call attention to, and to emphasize, in giving him credit for this paper; it is that he has furnished us with a characteristic or key-note of *Pulsatilla* second only to the amelioration in the open air and aggravation in the closed room; and it is original—a piece of his own observation. I refer to the “two or three normal stools a day.” A patient who presents that symptom needs *Pulsatilla*. This is a true observation and an important one. I have verified it. It has served me several times to call attention to *Pulsatilla* when the well known characteristics were not present. He has brought out a feature that we did not know before and I do not want you to forget it. If you look for it you will see it almost as frequently as some of those we know so well.

THO. RAD. X AND THE MARINE PLASMA EXEMPLIFICATIONS OF HOMŒOPATHY.

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

Dr. Stillman Baily of Chicago, Ill. and Dr. Bernard S. Arnulphy of Paris, France, are putting forth two very similar remedies. The one what he calls Tho. Rad. X, and the other a deep sea water that he calls The Marine Plasma. The one has taken X-ray pictures—radiographs—with his preparation, and the other uses the same language as the former in explaining his preparation. One makes Sac. lac. radio-active. The other's deep sea water is radioactive and doubtless could and will be used to make other materials radio-active. Boericke and Tafel send out radiographs made with the 60 X trit. of Radium bromide. Dr. Arnulphy says: "It is because Silica is contained in a state of molecular disintegration in certain springs that they achieve such remarkable cures in old sores, or in diseased conditions of the nervous system." He says: "It is because Evian Water taken at the spring is practically a radio-active homœopathic dilution of Cal. carb. that it has gained such a wide reputation."

With regard to his Marine Plasma he says: "We have found a food instinct with subtle potentialities of precious metallicions." He thinks: "If applied to the little ones during the stage of intra uterine life—then would the little ones be given an absolutely fair chance to have the original sin, in the guise of half a dozen hereditary taints, washed off from their budding organisms." Can we not say the same thing about any indicated homœopathic remedy taken by the mother before the child is born? He calls attention to "This most interesting parallism of action between Nat. mur. in potency, his sea water, and Evian Springs water." He says about Nat. mur.: "One day (Jan., 1907), I was led to give Nat. mur. 6th in case of gouty kidney. Since then Nat. mur. has come to be my stand-by in these conditions of gouty kidney." He uses the Marine Plasma in some cases of the same disease, and speaks of Evian water as another remedy for the same disease.

He says in conclusion: "There is a profound affinity be-

tween the marine therapeutics and homœopathy. I could not help being struck by the fact that the plasma revives medical action in the same way as our own Sulph., Psor., Op."

He says that before he used this Marine Plasma, the rate of mortality in infantile enteritis was 85% (in Paris, I suppose) and that now in Paris dispensaries it has been brought down to 15%. Did ever any homœopathic physician have such a death rate as 85%. Is it not true that no matter where Homœopathy is practiced its death rate is not greater than 15% in infantile enteritis?

In my opinion this marine plasma should be potentized, proved, and prescribed in the same way every other homœopathic remedy should be given, thus avoiding all the trouble that has to be taken as he says: "To establish a well equipped laboratory capable of turning out a good article. It would indeed be a crying pity if owing to bungling methods an impure plasma were delivered to the profession, as the imperfect results and possible accidents consequent therefor might entail disaster to the therapeutic doctrine itself." And it will unless it becomes eventually but another homœopathic remedy to be used according to law as all of our remedies must be used to get results.

Now with regard to Tho. Rad. X, as it is called. I have been using it for a number of years. When I saw a radiograph taken with the 14x trit. I sent for a bottle of it. I pulverized some of the tablets and shook them well in a small bottle of alcohol and have been medicating pellets with that alcohol ever since. It is radio-active and makes the pellets radio-active as is shown by results obtained. I have been trying to collect conditions and symptoms as a guide for its use. I did not believe it any more necessary to feed the tablets to my patients than to give any other remedy in that way. If my tablets are radioactive, and they are, then I have enough to supply the rest of the world for the rest of time. I will be able to take radiographs with it 20 years from now. Why not? The same principle holds true with all of our remedies. I offer the following cases on the subject, all alike in history and symptoms. They have a combination of all of the

miasms, seemingly, in a base that may result in cancer, diabetes, renal colic, ulcers in the mouth, follicular tonsilitis, skin eruptions, goitre, or tumors.

Case 1:—Miss R., age 18 to 20 years. Anæmic, suffers at every M. P. with cramps and vomiting. Subject to rheumatic pains here and there. Pains in region of left ovary, leucorrhœa, otorrhœa. Tired. Feet and legs get numb to the knees. Hands and feet swell some. Knees ache, < at night, > moving. Headache after M. P. Chronic sore throat. Cheesy deposits in tonsils. It looked in 1911 as if she would go into consumption. A course of T. A. V. brought a report from her mother that her bowels and stomach got better than she ever knew them to be, but the girl herself did not get permanently any better until Mar. 10, 1913, when she received her first T. R. X. prescription. It put the color into her cheeks and made her feel and look like a well girl for the first time in years. The results to date seem permanent. It has not cured her dysmenorrhœa. It has been prescribed twice since, not because she had dropped back, but because there is still room for improvement.

Case 2. Mrs. L. Vicarious menstruation per rectum since a girl. Twitching of muscles about the eyes. What is left of chorea when a girl. Her father is an old school physician. June 2, 1913, I receive a letter saying: "This heat wilts me. Other symptoms the same." Sent T. R. X. June 28th she wrote: "I manage to do a great deal of work and am standing it splendidly." Reports like this in other cases after its use led me to call it my tonic.

Case 3:—Rev. S., after a course of it wrote asking the name of it and where he could get it if I were to die. He is a patient often needing to be toned up. Catarrh of nose, throat and ears. Getting deaf. Subject to neuralgia and rheumatism. Popping joints. Skin eruption.

Case 4:—A patient with a uterine tumor and a large goitre, who suffered much with asthma was made to forget her physical troubles for a time under its action.

Case 5:—An old lady was invigorated by it and helped to get out of bed and about again.

Case 6:—J. W., age 77 years, an ex-drunkard, began to have attacks like epilepsy. Unconscious, face blue, jerking muscles. Coming on most frequently in the night till he was having them nearly every night. The spells ceased and he was improved in every way and was soon able to walk up town after beginning the T. R. X. Occasional attacks since, which bring him for more of the medicine.

Case 7:—Mrs. C., middle aged. Tired all the time, chronic sore throat. Voice hoarse towards night. Back gives out in the sacrum and tendons draw in thighs and calves. Urinates twice during the night and often days, with pains in bladder just before urinating. Gave T. R. X. June 3, 1913. Reported eight days later that the drawing in the limbs had ceased, that she is not so exhausted and feels stronger and that the kidneys were acting better. An ulcer developed in the mouth. I had treated this patient off and on for about this line of symptoms for a year or two, with never so good a report as after the T. R. X. prescription.

Case 8:—Mrs. B., came into my office Oct. 4, 1913, and said that she wanted me to send her aunt the same medicine that I had given her some two years ago for a swollen and inflamed knee. "The last prescription," she said,—for nothing else I had prescribed did her any good. I looked it up and found that it was T. R. X. She said that she did not tell me at the time that she had the same trouble in all of her joints slightly, because she wanted my whole attention on that left knee. I thought it a strain and failed, so gave the T. R. X., verifying its use in this kind of rheumatism.

Case 9:—Mrs. W., came Sept. 13, 1913, saying that she had been of no account since her child was born three years ago. Nervous and arms didn't feel right. Exercises them to make them feel normal. Not a clear feeling in her head. Edges of tongue indented by teeth. Back gives out in sacral region. Sound sleep, too sound. Can't make herself get up in the morning because still so sleepy. Was subject to sick headaches before baby was born, but has had none since. Gave eight powders of T. R. X. 3 hours apart and sac. lac. to last a week. Reported Sept. 20th, that her back was better and kid-

neys more free, and not sleepy-headed. Reported Oct. 3rd, that she was feeling better and that she had had a bad spell of sick headache Sept. 28th, with pain over right eye extending to vertex. Here was a return of an old symptom. She said that her sisters had these headaches.

Case 10:—Was called to see Mrs. F. March 14th, 1914, and found her in a hard, shaking chill, and aching all over, and with a terrible headache. Diagnosis,—grippe. Her restlessness led me to give Rhus tox. Next day high fever, and as her mother living with her had been in the last stages of consumption for a year or more, and I feared pneumonia, though I could detect no hepitzation any where, I gave *Bacillinum* 200th. She moaned all the time. Next day no better and Phos. was used. Another case in the same neighborhood was taken in the same way,—a hard chill, followed by high fever, and the doctor, allopath, made the diagnosis pneumonia, though he said he could find no part of lungs affected. In less than three days his patient was dead, and I told my people that I had a right to lose my patient as she seemed about as critical a case as I had had for many years. She seemed to dry up, like an Egyptian mummy. Not the least moisture anywhere on the skin. Couldn't sleep, and moaned the night through. I sat by the bed March 12th, till 1 A. M. and gave a powder of *Tuberculinum bovinum* 200 every hour, six doses. Then she slept. T. B. had, I thought, saved a life, but the prostration that followed the fever seemed so great that when I was called at 4 o'clock one morning and told that she was sinking, I thought we were not yet out of danger. She was better before I could give her medicine, however, but to try to avoid another night like that I gave her T. R. X., six powders, three hours apart. At 4 o'clock the next morning the telephone bell rang again. I went to it quakingly. The message was from this patient. It was that she had slept well that night and had just waked up hungry and wanted them to ask me if she couldn't have some cornbread and milk. She was given what she craved, ate and slept again, and an uninterrupted recovery followed for days and weeks after that.

These cases show that T. R. X. can be used in potency the

same as any other homœopathic remedy. Neither of these remedies can escape the law of cure promulgated by Samuel Hahnemann.

No remedy can escape this law of nature any more than it can escape the law of gravitation. No laboratory can take the place of the human, live body in which to test remedies. Everything that is not brought under this law will sooner or later be discarded. Not much of anything will be saved of anything now being used by the old school. Their remedies as well as ours must stand the test of Homœopathy or perish from the earth. The use of these two remedies may lead many into our ranks. More progress may be made in the next decade than has been made in the old school for a hundred years, but let that be as it may, we as homœopathic physicians, have no need to use these remedies, nor any remedies in any other way than according to Hahnemann's teachings. We do not need thousands of dollars worth of Radium with which to cure people. All that Radium can do in a curative way can be done with a substance that has been made radio-active, and prescribed according to the law of similars. All that can be done with any remedy in a curative way can be done with a substance that has been made radio-active with that remedy.

DISCUSSION.

Dudley A. Williams: I do not believe that Dr. Winans has his patients trained right when they wake him up at four in the morning to answer such questions. Why bother with Tho. Rad. when we have Radium bromide well proven. In regard to the marine plasma it is impossible to get it in the center of the country so far away from the ocean. To get it as it should be it is necessary to take the ocean water at least ten miles from land from a depth of fifteen feet, under strict aseptic conditions and keep in an ice box until used. Then it is good for a week or so. We have been using it in our dispensary in Providence. We have been able to get it through the father of one of the staff who is connected with a tow boat line running out of Providence. We have been using it for

about four months and it is astounding to see the results in nervous cases. It acts like magic upon broken down nervous girls who come for treatment. We give them 5 or 10 cc and immediately after they experience a sensation of warmth that goes the whole length of the spine; a little vertigo and anxiety may follow and it may be necessary to have some people lie down for half an hour. Then they are all right. It is certainly surprising to see them revive and get strength. I have tried potentizing the plasma. It is slightly radio-active even at the end of a week. At the expiration of two weeks it is not. The idea of a potency appealed to me and I had a potency made and tried it. So far I have not been able to get any results; I have tried it on three patients and I have tried to prove it but with no results so far. Whether the making of a potency had destroyed its radio-activity or not I do not know but I suspect that that is the trouble. The men at the dispensary are very enthusiastic about it.

They have gotten the best effects in infantile diarrhœa, and nervous exhaustion cases. The diarrhœa stopped in twenty-four hours. It does not stop it short off but it gets less and less until in twenty-four hours normal stools follow. The men who are using it have not written a great deal about it.

Harry B. Baker: I take issue with Dr. Winans and differ slightly with Dr. Williams. I have made one thousand injections and have studied the effects carefully and I do not regard it as a homœopathic remedy at all. It is valuable adjuvant treatment and seems to be a permanent stimulant if there is such a thing. Different from Dr. Williams experience I find that you can keep it longer than two weeks without losing its virtue, but I can corroborate what he says about nervous and broken down cases. I have used it in just such cases and it puts them on their feet and they stay there. I do not get the results or rather sensations that Dr. Williams speaks of and as I said you can keep it longer than two weeks with ordinary care. I get my supplies from Massachusetts and it will remain active for four weeks or even longer although I try to arrange it that none that I use is over three weeks old. I have found it of great use, but I have not had much experi-

ence in diarrhoeas. I am sure that it has enabled me to cure several cases that I could not have cured without it. Marasmus in babies it helps wonderfully: I think Dr. Winans is mistaken about potentizing it. It has to be given in big doses; I tried small doses at first but soon found that the big doses had a better and more permanent effect. I have had no trouble in all the cases in which I have used it except two. Dr. Taber and I tried it on ourselves first. I gave him one dose and it almost made him faint but it helped him and after three injections he was a different man. It did not have any perceptible effect upon me at that time. I have used it in marasmus, nervous breakdowns and pyelitis and I am sure it would be a valuable help in sepsis but have never had a chance yet to try it. I have used it in cancer cases for its tonic effect with satisfaction. It relieves the pain and strengthens the patient. One patient was confined to bed with cancer, after some injections she got up and could walk around for quite a while before she died.

W. S. Hatfield: It seems to me that this smacks much of experiment.

F. W. Patch: Inasmuch as sea water contains all the elements of life existing on the planet, it would be strange if when injected into the blood it did not cause some effects but it cannot be called homœopathy.

G. B. Stearns: Radio-activity is not an exclusive property of Radium; it belongs in a greater or lesser degree to all substances. I have had one patient only who used it and she received great benefit from it. Sea water is the original womb of all the life now on the earth.

F. W. Patch: In order to make it possible to get through with the whole program I move that discussion be limited to three minutes. Seconded. Carried.

P. E. Krichbaum: I have no doubt that Dr. Winans has made some excellent cures with T. R. I do not think however, that his clinical experiences should be classed as "Ex-emplifications of Homœopathy." The mere fact that a remedy has proved its worth clinically, does not justify the claim that it is homœopathic. It must be proven upon the healthy. I

would like to ask Dr. Winans to change the title of his paper to "Some Clinical Experiences with Tho. Rad. and the Marine Plasma."

T. H. Winans: I am not going to change the title of my paper; I simply brought that name in because the language used in describing marine plasma was the same as was used in describing Tho. Rad. I received the Tho. Rad. X carefully packed in a blue bottle. All I have ever used is just a few tablets out of that bottle. The question I am asking about the marine plasma and trying to prove is, is it not just as effective in potency as in the crude form?

G. B. Stearns: Do you give three or four doses and then stop?

T. H. Winans: I give four or five doses and then stop as long as the effects last, of the Tho. Rad. X. I have never used the marine plasma, but reasoning from analogy it can be potentized and used in the same way.

PRESENT AND FUTURE POSSIBILITIES OF MATERIA MEDICA.

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

The debatable status of *Materia Medica* appears to be ever taken for granted. I wonder if this is not because we are apt to cherish in some measure an objective perception of therapeutics. That is, there are, let us say, three methods of drug employment: allopathic, homœopathic, and eclectic. Question: Do you make an allopathic selection, or homœopathic selection, or eclectic selection? Put in this way, the case seems simple, and it is plain that the three pharmacopœias have nothing in common but words.

The task of prescribing claims much more than the consideration of favorable remedies. It presupposes definite notions of the right way to approach those remedies. And it does not view Homœopathy as a subsidiary element in medicine.

The late William James once quoted a wonderful remark

made by an unlettered workman. It was this: "There is very little difference between one man and another, when you go to the bottom of it. But what little there is, is very important."

The very important difference between one remedy and another is not sufficiently clear in many cases. And we may forget that the great importance consists in the *slight* differences which may exist between certain remedies. And even if we remember, the point cannot be fully comprehended, for we know that the Materia Medica cannot be understood when taken by itself alone. Without the Organon as guide and expounder the treasures are not entirely seen. It is often very hard to find the similar remedy for a trying case, to say nothing of the simillimum.

If Materia Medica were taught in conjunction with the Organon there would at least be no confusion about the former's employment. There would be no chance to lay down the rule that a certain remedy must always be used in the 3x, that Pulsatilla will not work above the 6th, that Bryonia should be given in the 30th, and that high potencies do not act; that Phosphorus must be freshly prepared in every case, not to say that it should smoke, and that Aconite is never indicated unless you reach your patient before he sends for you.

Chronic features obtain in so many patients for those acute disorders we are called upon to prescribe, that before we have time to realize it, the case assumes large proportions. The problem becomes a philosophical one despite our praiseworthy aims in the line of simplicity. In the situation, hourly forced upon us, what should we do without the counsel of the Organon? For instance, what aid can we command that approaches its equivalent? Whether the case has been mismanaged, whether it presents incurable features, whether it demands immediate relief from some distressing feature, whether for any relief whatever it must depend on a long and painstaking search for the similar or most similar remedy which it should have received long before, whether its psychological phases deserve the most care, what must be contemplated in

any and every prescription,—these and scores of other queries are answered for us in that royal volume, *The Organon*. I know there are many physicians here who are so familiar with its pages that as these single problems are mentioned they are able to refer involuntarily to the exact paragraph or paragraphs containing the needed information. I wish that we all could do it. However, there is no reason for useless regret. We all know the book, and with it at hand we are in full armor.

Perhaps some of us can go back in memory to the time of first seeing the pages of symptomatology in Hahnemann's *Chronic Diseases*. To some of us that first view was astounding. *Chronic Diseases*! And here are only symptoms, subjective and objective! Where are the diseases? Well, the answer to that was made by the late Doctor William P. Wesselhoeft, who, on taking the long case of a new patient was asked by the latter, "Now, Doctor, what is my trouble?" To which the Doctor replied, holding the closely-written pages before the patient's eyes,—"*That is your trouble!*"

Hahnemann's phrase for the diagnosis,—a "*species*" of typhoid fever, a "*species*" of pneumonia, impresses me as the acme of exactness in diagnosis. As is well known by us all, Hahnemann was accustomed to make the most thorough physical examinations of his patients. He knew obviously the general diagnostic appellation for the case. But he went much further than this when he set his individual case apart from the general majority of cases by that word "*SPECIES*." That seems to emphasize the fine difference that should always obtain between the ordinary diagnosis and the diagnosis properly made by the homeopathist.

The species of pneumonia calling for Ipecac is not the same pneumonia as that calling for Antimony. And so we might carry the statement almost through the *Materia Medica*. The point is to attach the importance, not to the broad, but to the narrow classification. That is what diagnosis is for. It is possible that diagnosis as ordinarily understood is responsible for that misapplied slogan "*The Totality of Symptoms*," for so long now degenerated to the numerical totality, and

having confused disastrously for many minds the peculiar symptoms of the patient with the inevitable and commonplace symptoms of the disease.

You will be interested in the following letter written by a member of the homœopathic school of medicine:

"What splendid results have been accomplished in preventive medicine by the use of typhoid bacterins in our army, where they have practically wiped out the disease in the last three years. Then there is Acetozone, that splendid intestinal antiseptic, which does so much to prevent intestinal putrefaction and distension of the abdomen with gases. And surely you must realize the great value of Calomel or Castor oil in the early stages of the disease, as well as of Somnos in typhoid delirium and insomnia. I thank the Lord daily that he has permitted me to see the glorious 20th century with its great advances in preventive medicine. What a privilege to use such agents as Salvarsan for the cure of syphilis, Phylacogens for the treatment of rheumatism, and specific sera for combating meningitis, pneumonia, and septicæmia!"

The man who wrote this graduated from a homœopathic college and passed his examinations well. But even our old school friend knows better than to make such statements. Is it not humiliating that a homœopathic physician should be governed by such convictions in the face of his heritage? It might be interesting to know what thoughts cross his mind as he learns from time to time that the well-studied and scientifically applied remedies of our Materia Medica are being re-discovered and crudely applied by the old school. Say, Apium virus, in good punishing doses for rheumatism; Mistletoe (*Viscum album*) for the heart that goes wrong somehow; *Crotalus* for sciatica that defies surgery; *Bufo* for epilepsy wherever and however seen, *et cetera, ad-nauseam*.

The published errors in diagnosis remind us that we are bound to excel such statistics. In a leading hospital outside our school, with every facility for diagnosis, in only 22.5 per cent. of the autopsies was the diagnosis confirmed. In 14 per cent. it was partly correct, and in 34.1 per cent. it was entirely wrong or not made at all. What shall we say of the

diagnosis in non-fatal cases? It is probably safe to estimate that in 10 per cent. only could the diagnosis be depended upon if taken. (Am. Und.) *American Medicine* says to this "So let's get to work in the matter of finding out what kills so many people prematurely."

The last quoted sentence is astoundingly suggestive. Further, it points a certain moral. Let it be remembered that we are confronted with drug diseases and worse toxaemias wherever we are called. We receive every day cases that have been coolly prognosed hopeless after having received the course of treatment that may have made them so. I see no solution for these problems but in our *Materia Medica* rationally availed of by the wisdom of the *Organon*. That the latter should be neglected in conjunction with the teaching of the use to be made of symptomatology is most regrettable. Because it is neglected we have the state of mind evidenced by the physician who thanks God for Salvarsan and its ilk, for use on other people. *

As to the form and size of our *Materia Medica*, given us by master minds, we cannot spare a line, nor can we improve on Hahnemann's arrangement that has been repeatedly indorsed by our best provers and clinicians. The possibilities of our *Materia Medica* are unlimited, and I would only insist that it is the privilege of every practitioner to add his quota to the already priceless mass of authentic provings.

FERRUM PHOSPHORICUM.

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

Ferrum phosphoricum is one of the organic tissue-salts introduced by Schuessler. It has never been thoroughly proved but has been used a great deal with excellent results. Hering introduced it into his "Guiding Symptoms," giving all that is contained in Schuessler's Third American Edition, and adding a good many symptoms taken from clinical reports and other sources. Among the authorities quoted are Raue,

Hughes, Goodno, Knerr and Farrington. The pure phosphate of iron is triturated for use.

In studying the symptomatology of the remedy we are reminded frequently of the component elements, Phosphorus and Ferrum. The sense of pressure and of weight which is so familiar under Phosphorus occurs in several localities and the congestion of Ferrum is very marked. Indeed the "red strand" running all through the remedy is hyperæmia, due, as Schuessler explains, to the relaxation of the muscular fibres of the blood vessels. Another general characteristic which is a logical result of the hyperæmia, is hemorrhage of bright red blood from any orifice of the body.

At times Ferrum phos. may need to be carefully differentiated from Aconite which has a more bounding pulse and a mental condition full of fear or anxiety. The mental state of Ferrum phos. has been expressed as "mental activity without anxiety." The patient may be very talkative and unnaturally excited, but is not anxious.

The characteristic congestion of the remedy shows itself in the head by vertigo and a feeling that the head is being pushed forward, while the owner of the head fears that he will fall. There are headaches, too, a hammering pain in forehead and temples and also a hard frontal headache followed and relieved by epistaxis. This reminds us of Melilotus which has a throbbing frontal headache and also a sick headache relieved by epistaxis or by the menstrual flow. Another characteristic headache of Ferrum phos. is a dull heavy pain, a sense of great weight on the vertex accompanying early and profuse menstruation. With this the scalp is very sensitive to touch, to cold or to jar. All these headaches are worse for stooping or on motion. The face is flushed with the headache as under Belladonna and Melilotus.

The eyes come in for a share in the hyperæmia, shown by the disagreeable sensations on stooping. The patient feels as if all the blood rushed into the eyes and he cannot see.

In the ears there is much roaring and buzzing with catarrh of the Eustachian tubes, and throbbing with acute congestion.

It is a very useful remedy in the first stage of otis media when the membrana tympani is red and bulging.

We have spoken before of the epistaxis which comes as a concomitant of other complaints, as with the summer diarrhœa or as ameliorating the headache. The remedy also is often helpful in the congestive stage at the very beginning of coryza and the nasal discharge is apt to be blood-streaked.

The face is flushed with the headache, with the dysmenorrhœa and with the toothache, which is better from cold and worse from warm drinks.

In the throat Ferrum phos. needs again to be differentiated from Belladonna. The palate, tonsils and pharynx are all inflamed and are very dry and red. The right tonsil is usually worse and in diphtheria the membrane begins on that side gradually extending to the left. This reminds us of Lycopodium, but the general symptoms here will help to distinguish the two remedies, as well as the fact that the Lycopodium throat is markedly relieved by warm drinks.

The likeness to Ferrum stands out conspicuously in the symptoms of the digestive tract where we have vomiting of food immediately after eating, vomiting of blood, and the vomitus is exceedingly sour. In the summer diarrhœa requiring Ferrum phos., the stools may be of green, chopped mucus, but are more apt to be bloody mucus, bloody water or even pure blood. In children there is straining at stool and retching, with moaning and rolling of the head. The diarrhœa is apt to be worse between midnight and morning. On the other hand the lack of tone in the muscular fibres of the Ferrum phos. patient may show itself in obstinate constipation and this is apt to be complicated by hemorrhoids.

The bladder symptoms show a frequent desire to urinate with pain in the neck of the bladder. This is better when the patient is lying down therefore better at night, and worse in the day time and when standing. The urine is passed involuntarily with the cough and especially during pregnancy.

We have spoken before of too frequent menstrual periods. They often come every three weeks, with bearing down pain in the uterus, constant dull pain in either ovarian region and

profuse flow accompanied by dull heavy pain on the vertex. The face is apt to be red during the pain.

The respiratory tract especially shows the combination of Ferrum and Phosphorus symptoms, the oppression of Phosphorus and the fever of Ferrum. There is violent fever in the beginning of croup like Aconite but with a less bounding pulse and without the anxiety. The cough is short, dry, hacking and painful and may cause involuntary spurting of the urine. Sometimes it is a paroxysmal cough much aggravated, like that of Rumex, on going into the cold air. In a third type of cough and in whooping cough the remedy may be differentiated from Ipecac, since it has retching and vomiting with rattling of mucus in the chest and aggravation of the cough at night. The typical expectoration of Ferrum phos. in pneumonia is blood-streaked mucus or even pure blood, and there may also be epistaxis. A case treated during the past winter illustrated this. The patient came to the office on January 2 saying that he had had for two days a sore throat which began in the palate and was now extending to the larynx. There was a slight cough with mucus expectoration and the throat itself was dark red. *Phytolacca decandra* 200 was prescribed.

Two days later I was summoned to the house to find that the patient had suddenly grown much worse and presented the following symptoms: Face flushed, congestion of the head with hard frontal headache, inflammation of the pharynx and larynx with pain on speaking or coughing, voice almost toneless, thirst and sweat which did not relieve. Temperature 101.8. Expectoration of bright blood. Ferrum phos. was prescribed.

The next morning the temperature was normal, the headache and congestion were relieved and the patient could speak aloud. The sputum had become thick and yellow. Unfortunately no examination of the chest was made before the prescription, because all the windows were open in the room with the temperature below freezing and it did not seem safe to uncover the patient who was sweating profusely. Next morning the examination of the chest was negative except

for a little cog-wheel breathing on the left side. Some day later the sputum was examined and showed many pneumococci as well as staphylococci and streptococci. This cleared up a little later.

Farrington speaks of the use of our remedy in palpitation of the heart due to congestion. He says: "It will not cure thoroughly unless there is a full pulse, but a pulse less bounding than in Aconite and not as flowing as in Gelseminum."

We are again reminded of Ferrum in studying the symptoms relating to the extremities. There is violent pain in the right shoulder and upper arm, a drawing, tearing pain, worse for vigorous exercise of the arm, but relieved by gentle motion. The right shoulder joint may be involved as well as the joints of the lower extremities. They become puffy but not very red, and are extremely sensitive to touch. The pain is severe and steady with occasional darting pains along the limb.

In general, Ferrum phos. seems to affect the right side of the body, rather than the left, especially in the head, the throat and the shoulder.

THE RIGHT-SIDED CONDITIONS OF LACHESIS AND THE LEFT-SIDED INDICATIONS IN LYCOPODIUM.

BY H. A. ROBERTS, M. D., SHELTON, CONN.

Human nature is always prone to get into ruts and habits are constantly becoming more fixed. It is easier to do the routine tasks than to look for new phases of our work in the things we see almost every day. To be a successful prescriber in the field of homœopathic therapeutics one cannot allow himself to sink into routine methods but must ever individualize and know his remedy from all sides. We recognize our friends when looking at them squarely in the face but when a profile is presented we must be better acquainted to be able to recognize it, under all circumstances, and often one profile

is quite different from another. In the light of these observations I want to call your attention to certain right-sided conditions in Lachesis and left-sided conditions of Lycopodium—not that these conditions are new to you specialists in *Materia Medica* but I hope the suggestions will help us to recognize these two great remedies from whatever angle we may view them. In the study of Lachesis I shall confine myself to observations of its action as viewed from the right side of this interesting personality.

In the head we have a right semilateral headache with severe pain extending down the same side of the neck which gradually works over to the left side. This form of headache is often based on some menstrual derangement or is associated with the climacteric period in women.

Another type of right-sided headache is that resulting from heat which causes a cutting pain, many times this headache gives us a peculiar sensation “of having the right side of the head cut off.” I have verified this symptom many times. We may meet with a hard beating headache in the vertex and right side and over the eye proceeding from a cold in the head. The pain is due to the inability of the catarrhal secretions to become established.

In the pre-paralytic state we may find a violent headache of the vertex and right side of the head with prickling of the right hand and foot. There is a tendency for a paralysis of the left side of the brain showing itself through the decussating of the nerve fibers in the spinal cord and paralyzing the right hand and foot.

In neuralgic conditions, severe pain begins in the inner canthus and extends to the right superorbital ridge—this we often meet in the congestive stages of a cold affecting the air chambers of the nose and forehead before the secretions have become established. This neuralgia is aggravated from 9 A. M. until night. The skin over the part is very sensitive to touch.

Under these neuralgic conditions in the right ear, the pains are of the same severe sharp character and are relieved from the application of warmth or even from lying on the right

side with head in the pillow. The throat symptoms of Lachesis, are characterized by extensive glandular involvement and the accompanying subjective symptoms so peculiar to Lachesis, which may be summarized as: excessive sensitiveness even of slightest pressure on the throat; almost an inability to swallow liquids, which often regurgitate through the nose; empty swallowing much more painful than when swallowing more solid food; a sharp stab often extending from the throat to the ear. With these peculiar symptoms we often find the throat worse on the right side but the early history of the case reveals that the trouble begun on the left side; this however is not always the case for the reverse may be true of Lachesis. This medicine is the snake poison and it is well to remember that while this snake usually coils from left to right when he strikes his foe, yet he can coil equally well from right to left. In the action of Lachesis upon the liver, it becomes swollen and is very painful to touch. The pains start in the right hypochondrium and dart to the left side. The excessively sensitive nature of Lachesis is markedly manifest in liver troubles, even the resting of the arm upon the right side is very painful. The bed clothes even are oppressive from their weight. The excessive sensitiveness of the right side of the abdomen makes it an invaluable remedy in such profound diseases as peritonitis and appendicitis. In the abdominal symptoms the pains dart from the right side to the left. It is noticeable of Lachesis that it exerts its most potent effects upon the left side of the body above the diaphragm while the right side of the abdomen and pelvic region is the more common seat of the beginning of trouble whether in the liver, about the appendix or in the right ovary. The peculiar characteristics of the remedy are met in conjunction with right sciatic neuralgia where the nerve is inflamed. In all the conditions where the action of Lachesis is on the right side of the body the peculiar symptoms of the remedy will always be present. In general the aggravations are manifested more strongly in the spring or as warm weather comes on, this peculiarity makes us think of the snake which becomes more vicious as the warm weather increases; the sense of

suffocation and constriction of all clothing is pronounced. The aggravation from sleep and apprehension of sleep: The excessive sensitiveness of the parts affected; the relief after the establishment of the secretions. The emphasis I wish to put upon the right side of Lachesis conditions is, we must be able to recognize the remedy by its own individuality and not from one side only.

Lycopodium.

Lycopodium like Lachesis effects every tissue of the body and while it has a marked tendency to impress its deep seated action more profoundly on those tissues on the right side of the body yet it has many left-sided conditions that should be familiar to all careful materia medica students.

Like Lachesis only opposite in direction it has the peculiar tendency to go from one side to the other and so we are often confronted with a left-sided condition when the history plainly shows the trouble started on the right side—this phase is so common with us I need spend little time discussing it. But we must always bear in mind that possibility of the reverse of the ordinary course. In the eye we meet left-sided hemiopia in about the ratio of two cases to four in the right eye. The same is true in the action of Lycopodium in causing acute inflammation in and about the left eye. In left-sided otorrhœa the discharge is purulent and offensive.

In the action of Lycopodium upon the glands, especially the lymphatic glands do not take the side into consideration for the left side is fully as apt to become involved as is the right. In the submaxillary and cervical glands this is especially true. In the tonsils the usual course is to begin on the right side and go to the left but the left often begins first. In fact Boenninghausen places the ratio as three to four in favor of the right side. With this frequency it is necessary to avoid routine in its use if we are to always be successful when we prescribe.

The left hypochondrium is profoundly disturbed for there we get intense griping, cutting pains extending up against the

diaphragm and interfering with the action of the heart. This distress may be very intense and cause us much anxiety. It is caused by the pent up gas in the transverse colon and as soon as the gas passes on the distress is relieved.

There is the sensation as if something heavy was lying on the left side of the abdomen, which the patient is conscious of all the time. I have verified this symptom many times and lately in the case of an inoperative cancer of the colon removing the annoyance of this disagreeable symptom.

Because of its action upon the lungs *Lycopodium* is an invaluable remedy. It causes a bronchitis with hepatization of the lungs; associated with this pathological condition is oppression of breath; labored respiration with dilation of the alae nasi with every breath; many coarse and fine rales are heard through the lungs. Here we must look especially for left-sided pneumonia for Boenninghausen places the highest value upon *Lycopodium* in its effect upon the left lung.

The joints of the left arm and leg are inflamed and we get the tearing darting pains peculiar to the remedy in these joints. These are some of the more marked left-sided conditions of *Lycopodium*, but the general and peculiar characteristic of the remedy will always be present before we should think of its use.

These peculiar ear marks may be briefly mentioned. The darting stabbing pains going from right to left are very characteristic of *Lycopodium* much more so than is the tendency of the disease to progress from the right side of the body to the same organs on the left side.

There is a marked tendency for the disease to go from above downwards. *Lycopodium* has oppression from warm air and conversely is relieved in open air.

He is made decidedly worse from getting heated.

Motion gives relief to the *Lycopodium* patient therefore he is restless.

The time of day can almost be estimated by the *Lycopodium* patient for in all his troubles he is decidedly worse from 4 to 8 p. m. Inflamed parts are excessively sensitive to the slightest touch.

If I have called your attention to the importance of carefully looking for the individual patient and have so impressed its advantages that we may see the true symptomatology of the remedy and prescribe the remedy because it is indicated by the general condition and not alone by the part affected, I shall have accomplished my object and feel repaid for the effort.

DISCUSSION.

G. B. Stearns: This paper brings to mind an observation of Dr. Miller of Scotland; he said that sometimes you will have a case which presents the symptoms for a remedy, all except one prominent modality which is just the opposite of what the remedy has. I had once to give *Lycopodium* in a left-sided condition and it brought to mind, just as this paper did, that observation of Dr. Miller's.

F. W. Patch: This is a very interesting observation. In the treatment of intermittent fever most of us have had the experience of finding an occasional *Pulsatilla* patient with thirst and other similar instances. I have had a *Hepar-sulphur* case with an important symptom quite contrary to *Hepar-sulphur* as generally understood and yet that remedy was indicated. So too we may find *Apis* indicated in a case of erysipelas in spite of a burning thirst.

THE EVOLUTION OF HOMŒOPATHY.

BY C. M. BOGER, M. D., PARKERSBURG, WEST VA.

Hahnemann's happy observation of the action of bark illuminated, as by a flash the crude idea of *similia* that had tinged ancient and furtively pervaded medieval medicine, as well as opened up a new vista of untold possibilities. This was the real birth of homœopathy, which grew in efficiency as experiment uncovered the pure effects of drugs. The methods and rules thus evolved were formulated in the canons of the *Organon*, and being distinctly revolutionary were a direct

challenge to traditional medicine, which then was and is now clannish and intolerant of apostasy.

The result was that all who were convinced of the truth of Hahnemann's demonstrations and who dared to say so, soon felt the heavy hand of entrenched privilege in an ostracism and persecution only exceeded by the religious fanaticisms of the reformation. But human enlightenment was soon to penetrate even the medical profession, hitherto the most hide-bound and conservative of all association, but the process was most painful, finally giving birth to homœopathy which perforce became militant, even during the lifetime of its expounder.

The collateral sciences later also did much to undermine the rationalistic basis upon which regular medicine professed to find a point of rest. Not the least of these being the cellular pathology of Virchow, which, while it made a profound and lasting impress upon medicine in general, was also most powerfully felt by the professed followers of Hahnemann, the larger portion of whom were drawn aside into an effort to reconcile its principles with the homœopathic healing art, but those who made the *faux pas* of bowing the knee to such a materialistic idol were doomed to the bitterest of disenchantment, for by and by science in general and even pathology has ventured more and more into the sphere of dynamics until to-day we behold its experimenters trying ever higher and higher dilutions of Tuberculin in the hope of getting rid of inherent dangers. So near have they come to actual potentization.

That the application of similia, for the purpose of cure, is the art of adjusting certain correlated human reactions is dawning upon the scientific world, and old medicine having partly accepted the principle of its curative value, is trying very hard to find its own way of applying the facts, but the effort has led it into serology, which is really a chemical isopathy therefore false, as Hahnemann clearly points out in his remarks upon Psorinum; for only potentization can enable the vibration rate of any substance to closely approxi-

mate that of the disturbed vital force and thus make it homœopathically curatively in the highest sense.

Real cures are never made chemically, nor do the effects of serum look very like the parent disease. It is a strange reasoning that tries to provoke an early crisis by loading into the sick body the very things that it must later so laboriously cast out. Reaction, thus induced, doubtless often brings about recovery, but never really cures. The premises are false and the results can not be other than a strained effort to cast out both poisons, a thing that differs as day and night from the prompt, painless and perfect action of the simillimum.

How soon a truly curative reaction may be started is hard to estimate, but the feelings of the patient, his behavior and appearance combine to show that the simillimum acts instantly, although improvement may not become strikingly evident before the fourth day. As every cure is begun by harmonizing disordered vital action and as such processes necessarily begin within the central nervous system, it is easy to comprehend how a cure in the best sense is instantaneous and for all practical purposes shows itself to be such.

Hahnemann advises us to know disease in order that we may better grasp what is in need of being cured. While the latter should be evident enough, it is in reality not so plain because we are in the habit of noting only the coarser aspects of sickness. This is especially true for all who still hold somewhat to the older pathology, as well as is strongly exemplified in acute diseases which are more easily discerned than chronic affections; the latter requiring a more minute scrutiny from every standpoint, a circumstance which has naturally led many men into using high and higher potencies.

Crude drug effects resemble acute sickness most markedly, particularly in their forceful character, but as the potency rises its action dips deeper and deeper into the life processes and brings forth symptoms which increasingly simulate chronic disease. This general rule has led to the belief that the former is best treated with low potencies, frequently repeated, while chronic symptoms are better met with the higher preparations at longer intervals, all of which overlooks the fact

that the extent and force of the induced reaction is the sole guide in such matters. Incidentally it may be remarked that a violent reaction, unless it be of very brief duration, indicates that the remedy has only irritated the life force and is not capable of curing, hence must be replaced by a more fitting similar.

Success in finding the truly curative remedy depends largely upon the ability to see either marked general or particular resemblances. The former are more apparent in acute affections because the life forces, then being in greater immediate danger commonly display more violent distress signals, which bear such a wonderful resemblance to the coarser drug effects. Hahnemann clearly saw this, but did not specifically say so, but does say that his treatment of acute diseases, which by the way was carried out by the aid of symptoms obtained largely from the lower potencies, failed him or gave but indifferent results in chronic affections until the miasms were searched out and coincidentally the higher potencies experimented with and applied to their cure. This experience of the masters has been confirmed over and over again by his followers and seems to imply that the larger part of our progress is dependent upon experiments with the high and highest potencies. We have not yet ventured very far with similia, but the time is near at hand when longer voyages of exploration will be made.

If homœopathy be so great a discovery and boon why does it languish? In its earlier period when adherents were necessarily converts from conviction the new idea spread rapidly enough, but as allopathy realized its subversive nature, opposition and finally intolerance arose, resulting in the founding of exclusively homœopathic teaching institutions mostly manned by able recruits who did much good work, giving the new school a great impetus. Gradually however men of small mental caliber were admitted to the faculties; men who did not and could not grasp homœopathic fundamentals and whose teaching was poor or openly disloyal and to-day we are reaping the harvest, our own graduates being only too often the poorest of homœopaths.

That the law of similia will always find exponents can not be doubted, but that homœopathy as now constituted will endure may well be questioned, for the mixed teaching of her schools too often only excites derision and makes no converts worth while; nevertheless there is more or less silent coming over into real homœopathic practice of old school men who have seen some good work or other done by careful prescribers.

History teaches that reforms have sometimes arisen within, but oftener brought pressure from without before real progress has come. The latter may be a bit iconoclastic, but it has done the best work. So far it does not look as though homœopathy would show itself an exception to this rule unless it can bring itself to teaching the law of similia in its purity from every chair in every faculty from the time the student enters college until he leaves it; then and only then can some real homœopaths be turned out, for it must be admitted that there are a few minds that can never grasp this truth under the prevailing system of general public instruction. Teachers of homœopathy should also never miss an opportunity to point out how homœopathic science dovetails with all the sciences and advances along with them.

The day for making converts by polemic has passed long ago. To-day every one wants to be shown a better way than the one he already knows. It is an unparalleled opportunity for purely homœopathic demonstration but one that many are not fitted to make, hence all who feel their weakness should eagerly seize every chance to learn more and more about the beautiful and beneficent art of homœopathic healing which is so truly nature's way and is grounded so firmly in every science.

Although the vast array of modern data is often very confusing every thing that takes the searcher away from pure observation should be laid aside and all individual experience read by the light of the Organon before final conclusions are drawn. Here Hahnemann shows what a genius for observation he had. His insight into the action of that most subtle and mobile of all fluctuating forces, the vital force, is extra-

ordinarily keen and leaves us no room to doubt the greatness of his intellect.

Medicine never will or can advance along true lines until it learns the lesson with which Hahnemann's philosophy is bound up. At present it is still stumbling almost as of old, but we should not blame it too much for basely materialistic ideas have obsessed and sterilized men's minds for half a century; only of late are there signs that make us suspect that perhaps this man made god of science is after all only a hideous idol with feet of clay.

THE RELATION OF HOMŒOPATHY TO MODERN MEDICINE.

BY STUART CLOSE, M. D., BROOKLYN, N. Y.

I propose in this paper to consider a phase of the subject which has not been as clearly defined as some others, but which I consider to be its most important phase, viz., the educational phase.

But first let me attempt to briefly define Homœopathy in what I consider to be its relation to general medicine.

Homœopathy may be considered and defined as (1) a science, (2) a philosophy, and (3) an art or method.

I. Homœopathics, the science, is the application in medicine of the mathematical principle of proportion or balance, under the third law of motion as formulated by Sir Isaac Newton, viz., "Action and reaction are equal or opposite." Equality is the highest degree of similarity, not to be mistaken for identity.

Under this law, operating in the sphere of vital phenomena, the action of the "equal" or most similar drug upon a healthy organism is found to balance or equal the action of the disease producing agency to which it is properly related, and so bring about equilibrium or health. This operation is conditioned by several factors which need not now be considered.

II. As Homœopathy operates entirely within the realm of

vital phenomena, its philosophy is necessarily vitalistic; that is, it explains all its operations in the terms of vitality or living energy. It recognizes life as the fundamental force or principle governing the entire realm of vital phenomena, as gravitation governs the realm of mechanical phenomena.

It begins with the consideration of the origin, nature and phenomena of life as manifested in living beings, under the two-fold aspects of health and disease. Philosophically its point of view is dynamical or spiritualistic rather than materialistic. This point of view, to some extent, naturally governs or modifies its teaching and practice in regard to etiology, pathology, and therapeutics, which diverge in certain respects from the teaching and practice of the dominant school, whose point of view is frankly materialistic. It does not differ with the dominant school as to the well ascertained facts of scientific research and experimentation, but it does differ from it in its explanation and use of certain of these facts.

III. As an art, the methods of Homœopathy are logically derived from its principles as a science and a philosophy. Symptomatically natural diseases and drug diseases resemble each other. For the purpose of cure by symptom-similarity Homœopathy utilizes the dynamic or specific qualities of drugs in contra-distinction to their chemical or physical properties. By that we mean that every drug, in addition to its chemical and physical properties, possess a distinctive and exclusive dynamic quality or power of action, by virtue of which it exists as a specific entity or individuality. It is solely by means of this dynamic quality that the homœopathic cure is effected.

From the standpoint of art, Homœopathy is a method by which certain physical and biological sciences are brought into relation with each other for the purpose of effecting the cure of disease. In other words, it is a therapeutic method based upon the similarity between the phenomena of disease and the phenomena of drugs, and upon the observed fact or law of nature, as stated by Hahnemann, that, "Of two similar diseases, the weaker will be permanently extinguished by the stronger, if this latter, varying in kind from

the former, resembles the former in expression," that is, in effects or phenomena.

The principal sciences thus brought into relation are biology, anatomy, physiology, psychology, pathology, pharmacology, chemistry, physics and mathematics.

Homœopathy as an art is limited to the realm of vital phenomena. It has nothing to do with physical, mechanical or chemical conditions, except as they alter or modify *vitality dynamically*, that is, in its action or functioning, rendering such action morbid, or abnormal, after the exciting cause has been removed. It operates solely in the sphere of Vital Dynamics.

It deals with disease by means of a scientific method which brings the phenomena of disease into relation with the corresponding phenomena of drugs, so that under certain definite conditions, a state of disease is changed into a state of health.

The relation of Homœopathy to modern medicine is thus seen to be that of a bond or bridge between the sciences of materia medica and pharmacology on the one side, and anatomy, physiology and pathology and their related sciences on the other, connecting and fusing them into the only scientifically efficient and safe system of therapeutics known for the treatment and cure of constitutional diseases by medication.

The common use of such a term as modern medicine indicates the existence of a new situation which we would do well to examine a little more closely than we have done heretofore. Full realization of what it means may tend to modify our course of action in some respects, and lead to the solution of some of the problems that confront us as a profession. We may even discover that the most serious of our problems have arisen simply because we have failed to recognize and properly adjust ourselves to the changes brought about by the evolution and extension of science.

Medicine is defined as "the science of the preservation of health and the treatment of disease for the purpose of cure." "The medical profession" is a term used collectively to designate those who make the practice of medicine their vocation and are called physicians. Formerly the bounds of medicine

were co-extensive with the bounds of the medical profession and the healing art. But this is true no longer. The old definition of medicine as "the healing art" has become almost obsolete, for the field of medicine has become so vast that the healing art has become only a sub-division, which may be regarded as a specialty in itself.

To realize this we have only to turn to the encyclopedias and dictionaries and note that the terms Preventive Medicine, State Medicine and Public Health have been supplanted by the newer term Sanitary Science, now commonly used to designate and delimit the fields formerly covered by the older terms. This indicates that a new science and a new profession have come into existence. It requires only a little observation and reflection to show that this new profession is quite independent of what we are in the habit of regarding as the medical profession, that is, or physicians. Much of the work formerly done by physicians is now done by men whom we have condescended to call laymen, but who dignify themselves by such terms as sanitary engineers and inspectors, health officers, etc. While some of the offices created by modern public health organizations are still filled by men drawn from the ranks of the medical profession, the tendency is more and more toward the complete segregation of this field of activity from the medical profession, and the creation of an entirely new profession, having its own schools, curricula and standards of education. Several such technical schools and courses of instruction have already been organized in various parts of the country. In these schools, bacteriology, chemistry, physiology, pathology and hygiene, formerly regarded as belonging almost exclusively to the medical curriculum, are fundamental studies.

Briefly stated, sanitary science is the term now commonly used to denote collectively a consideration of all the measures and regulations designed to *prevent diseases and promote the public health, including the management of infectious diseases.*

It is clear, then, that we must distinguish between medicine, in the broad sense, and the medical profession, used in

the limited sense as composed of physicians, whose legitimate sphere is thus seen to have become mainly the treatment and cure of disease; for the prevention of disease as a public function, has been taken largely out of their hands by the inexorable logic of events, in spite of their struggle to retain control of it.

It is a matter of common knowledge that the tendency of modern science is toward specialization. Pursuant to this tendency we find that the medical profession itself has been divided into many departments, not only for the treatment of different classes of disease, but in the pursuit, as exclusive specialties, of certain branches of medical science, like bacteriology and pathology, which have nothing to do with the actual treatment of disease, but merely serve as the foundation upon which the theories of prevention and treatment of disease are founded. Here we see the tendency to segregation of these specialties from the main body of the medical profession, and the narrowing of the field of the physician.

Physical therapeutics, as represented by electro-, hydro- and radio-therapeutics, still retain an organic relation with the medical profession; but these subjects are now being taught in other than medical schools, thus showing the beginning of the tendency toward segregation; but osteopathy, mechanico-neural-therapy, chiropractics, massotherapy, physiotherapy, naturo-therapy, viteopathy, and magnetic healing all represent a movement in physical therapeutics away from and independent of the *medical* profession as we know it. The fact that these specialties are regarded somewhat contemptuously by physicians and characterized as fads and fakes, does not make their existence and prosperity any less significant as a sign of the times as affecting the medical profession.

When to these we add the various forms of psycho-therapy, typified by Christian Science, Emmanuel Movement, Faith cure and Suggestive therapeutics, with their special schools, and hundreds of thousands of followers, all of them not only independent of, but more or less antagonistic to the medical profession, the drift of things in the medical world, as bearing upon the physician's education and vocation, begins to be

impressive, for education follows the lines of social development.

Another step in the direction of the stricter delimitation of the physician's sphere is the tendency to the more complete segregation of surgery from medicine. The recent organization of the American College of Surgeons, following the lines of the Royal College of Surgeons in London in the strictness of its educational and entrance requirements, marks the beginning of a further modification of medicine as well as surgical education and practice. The day is already past when any man is justified in announcing himself as a "physician and surgeon." The respective fields of medicine and surgery, although they overlap, are too great to be covered by any one man. The attempt to do so, or to combine their practice to any considerable extent, is sure to result disastrously. The field of surgery itself is so great that it is necessarily divided into several branches or specialties, each of which demands a man's full time and attention if he would be proficient. The demand is now imperative for men who shall specially educate and exclusively devote themselves to surgery, after they have received an elementary education in medicine.

Obstetrics has long been regarded as a field by itself, although, as it deals with an essentially normal process, there are reasons for including it in a regular course of medical education. There are equally good reasons, however, for relegating the conduct of normal cases of parturition to competently trained mid-wives, affiliated with expert obstetricians or surgeons, who may be called in emergency to take charge of abnormal conditions. Such a course of special instruction for mid-wives has recently been established in the Bellevue Hospital, New York.

When we have thus segregated surgery, obstetrics, physical therapeutics, psycho-therapeutics and sanitary science from internal medicine, we have gone a long way toward defining the sphere of solving the two greatest problems of the medical profession, viz., the problem of medical education, and the problem of regaining the fast disappearing prestige and authority of the physician.

So long as our medical colleges continue to pretend or attempt to cover the whole field of medicine and surgery in a single course, including the specialties, we shall continue to witness the degeneration and decay of the medical art.

When we shall have taken our bearings^a anew, with a full and clear recognition of the tremendous extension of scientific knowledge and the impossibility of including the whole field of such knowledge in its bearings on human health in a single course of instruction, we shall be able to see the necessity of dividing the field and re-organizing our educational system upon a rational basis by more clearly defining the limits of its various parts and branches and bringing them within the limitations of human comprehension. To this end we shall not attempt, for example in a college of internal medicine, to teach anatomy to a prospective physician as it should and must be taught to one preparing to be a surgeon, in all its minutiae of detail as a special science; nor bacteriology as to a professional pathologist; nor chemistry as it should be taught to an analytical or manufacturing chemist; nor ophthalmology as to an oculist; but in each and all of these and other fundamental branches of medicine we shall grade and proportion the instruction to the practical needs of the physician and internist, leaving the training of specialists to special colleges with hospital facilities.

Months of time and an incalculable amount of effort are now wasted in attempting to teach students and prospective practitioners of internal medicine all the technical minutiae of anatomy, when all they will ever need is a comprehensive, general, practical knowledge of the subject which could be adequately taught in, at most, one-third of the time now taken, if the subject were properly presented. Taken in connection with a similar wasteful expenditure of time and effort in other elementary subjects, and with the elaborate instruction given in many exclusive specialties like physical therapeutics, ophthalmology, neurology, etc., the student's mind is so crammed and confused that by the time he has been three months out of college he has forgotten nine-tenths of

all that has been thus forced upon him, and there is but little logical coherency in what remains to him.

Under the seeming compulsion of a false conception of the scope of a modern medical education, we have set impossible tasks before our students, and thereby brought about a situation which is not only demoralizing and disgraceful, but absolutely destructive of both science and art.

Glancing thus briefly at the medical signs of the times we see that the field formerly dominated by physicians, and particularly by the "general practitioner" has already been greatly reduced in the natural evolution of society, and that it is likely to be reduced still further until each special department finds its true limits and sphere.

Perhaps it would be more accurate to say that modern medicine has extended far beyond the field occupied and controlled by the medical profession, and that the medical profession is not yet fully aware of that fact. It is dimly aware that its advance has been checked, and that it is losing ground; and it is struggling desperately to retain its power and extend its lines; but its struggle is vain, for society, science and art are greater than any profession.

We must accept the natural evolutionary limitations placed upon us; re-define the boundaries of their fields; reorganize our colleges; revise and simplify their courses of instruction and make them more practical; reduce the number of subjects taught in each and teach those more thoroughly; cut down their pretentious and over-loaded faculties and "fire" the "dead wood"; secure the ablest and best qualified teachers of essential subjects, give them amplest facilities for their work, and *pay them well for doing it well*. So shall "the coast of Israel be restored."

In other words, as we already have colleges of ophthalmology, and otology, of pharmacy, of dentistry, of osteopathy, etc., etc., so we shall have colleges of sanitary science, of physical therapy, of psycho-therapy, of surgery and obstetrics, and of *internal medicine*. In each of these the fundamental subjects of medicine, (anatomy, physiology, chemistry, pathology, bacteriology, etc.) will be adequately taught, but with due regard

and in due proportion to the special needs of those for whom the colleges exist. Need it be added that we shall have *colleges of Homoeopathy*, organized on the same lines, in which every subject shall be subordinated to the principal end for which the colleges exist, viz., *the teaching of Homoeopathy and the making of Homoeopathic physicians who shall be worthy of the name?* Such is the tendency of modern technical education, and the sooner physicians, as a profession, align themselves with this tendency, the sooner shall we attain our ideals.

All that has been said applies to the medical profession as a whole. When we come to consider the position of Homœopathy we find substantially the same state of affairs. The homœopathic profession has never sought to grasp the reins of political power as the regular profession has done, or at least not to the same extent. Its struggle for mere existence as an institution has been too strenuous to permit much aggressive activity. For the most part it has been content to labor for the building up of an institution of more limited scope, and to retain what it has gained in its own field. But in its endeavor to adjust itself to the progressive changes of modern medical science it has made the same mistake that the "regular" profession has made, in that it has attempted to enter and occupy educational fields which not only do not legitimately belong to it, but which are actually antagonistic to it. In consequence, Homœopathy today, as an institution, finds itself going backward and in danger of extinction. Its ranks are being decimated by death and desertion, its students are diminishing in numbers, its colleges are dying, its hospitals are being taken from it and turned over to the allopaths, and its standards of practice are falling. The signs of degeneration are patent to the most superficial observer.

This is not saying that Homœopathy itself is dying or degenerating, nor is there any danger of its doing so. Homœopathy, as a method or system of therapeutics is independent of any institution and will never die, for it is founded in the eternal principles of truth, and has the elements of perpetuity within itself.

But Homœopathy as a method, and Homœopathy as an institution are two different things, governed by different laws. Homœopathy as an institution is doomed if it does not take its true place in relation to modern medicine, and reorganize its educational system in accordance with the demands to scientific evolution; for it is in the educational field where all the errors and dangers lie, and there the remedy is to be found and applied.

To summarize: When we search for the failure of our colleges to turn out physicians adequately instructed and trained in the principles and practice of Homœopathy, we find it to be in the tendency, first, to make the curriculum unwieldy and "ultra-scientific," and, second, to elevate certain elementary branches and specialties to a position of such importance that they over-shadow the main object for which Homœopathic colleges exist, viz., to teach Homœopathy. This leads, third, to the introduction into the courses of subjects in the department of practice which are in some instances unnecessary, because non-homœopathic, and in others distinctly unhomœopathic or antagonistic to Homœopathy, whereby the minds of the students are confused, and their confidence in Homœopathy destroyed. The proper balance and relation between Homœopathy and general medicine is thus destroyed, and students are graduated, not only devoid of any deep conviction of the truth of Homœopathy, but practically ignorant of its real principles and technique.

The remedy lies in the readjustment and reorganization of our entire system of education, making Homœopathy paramount to all other subjects, and giving it a clear field.

Whether this may best be accomplished by means of colleges giving a properly balanced full course in the elementary branches of internal medicine and surgery centered around Homœopathy as its main feature, or by means of post-graduate colleges devoted exclusively to teaching the theory and practice of Homœopathy to graduates in medicine, is a subject the discussion of which is not within the limits of this paper.

But whatever the solution, it contains the promise of better

things; of higher standards, of deeper convictions, of purer practice, of greater efficiency, of better results and a wider acceptance of Homœopathy.

AN INSTITUTE FOR MATERIA MEDICA RESEARCH.

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

When the chairman of the Materia Medica Bureau asked me to write a paper on this subject, I demurred at first in my own mind at least, then when a little later, Dr. Sloan approached me and I had sent him word that I would hold forth on the subject of the Dose and Potency in homœopathic therapeutics, it occurred to me that I could work a combination.

I am convinced that the time is fully ripe for the establishment of an institute for research work guided by Hahnemann's illuminating Law of Cure. I also believe that the vexed potency question in homœopathic prescribing, should therein be scientifically studied and elucidated. The few suggestions which I have to offer therefore, will tie these papers together.

Briefly I want to call your attention to the wonders of the physical universe which the scientists of the day are holding up to us. Recapitulation makes us almost dizzy, so astounding have been the changes wrought in the old concepts of the physical world. Even in a superficial review of modern chemistry, for instance, we can see the arrow pointing to the coming verification of Hahnemann's teachings.

The new atomic theory puts utterly to rout our former critics of the attenuated dose in prescribing for sick people. Dr. Roswell Park said just before his death, in writing of the atom that the present day view makes of it a deliberately balanced structure of greatest complexity while the phenomena of radio-activity suggest that its direct balance is occasionally upset, whereupon it disintegrates with explosive violence. How can such prodigious energy be stored up within an atom? "Referring to the figures of Einstein and

Lewis, he says, that if these be correct an ounce of matter contains enough energy to blow nearly a million tons off the earth. How prodigious energy is stored within the atom is still a mystery. But the phenomena of radio-activity have familiarized us with the astounding reserve of energy contained within the atom, and absolutely unsuspected a few years ago." Again speaking of the atom, he says, that "unless one realizes that the atom is not to be regarded as formerly viewed, but is held to be a small cosmos within whose inconceivably minute boundaries there is constantly going on a perfect whirlwind of motion or activity on the part of the electrons corpuscles, or call them what you will unless I say, one can form some concept of something of this kind, one can have no conception of what it means to have particles given off from a given atom."

There is food here for thought, along the line of pure physics.

If we approach the question of the vaccines and serum therapy, we find ourselves among men who with increasing frequency, are using a terminology quite intelligible to the Homœopath. Dr. Richard C. Cabot of Harvard Medical School, concedes that radio-therapy is a striking example of the homœopathic principle, affirming further that the bacterial vaccines are homœopathic in principle." Are they? In our own research institute, it would be most interesting to more definitely ascertain.

Dr. Cabot also says that the "approach to the single remedy is homœopathic." Prof. Von Behring of anti-toxin fame declares that the word Homœopathy expresses but the ideas of immunity and vaccine treatment. Prof. Gimeno of the medical faculty of the University of Madrid, says "that Hahnemann's law of Similar is scientifically sound."

Samuel Hahnemann's teachings do not need this latter day bolstering up by such men, eminent though they be, but the establishment of truth means unity. This edging together of thinking men heralds the dawn of toleration for truth's sake. If at this juncture, still as a distinct school of medicine, we Homœopaths of conviction, could provide an adequate

institute for the better development of the principles of homœopathy; taking all the wonders which present day science is opening up before us, with the new chemistry at our elbow, with drug-proving conducted on an extensive scale, with psychology reckoned with, and every discoverable fact of man's physical constitution amplified, then might we stand before the world, as never before, proud of our past, and secure of our future. Scientists in the most complete sense of the word. I am not drawing an impossible picture. There are enough men in this society alone to make a beginning. The American Institute has a fund standing idle, I believe, for research work or drug-proving, but committee work, naturally transient, is entirely inadequate for any such permanent program of extensive work, as I would like to see begun.

Consider for a moment, the vast amount of time and money that is now being expended on the development of the vaccines and serums both as curative agents as well as prophylactics? Has the day not dawned when members of our school should seek more definite explanations of the *modus operandi* of our own therapeutics? For long years, many of us have rested content with the knowledge that we could in a most satisfying number of cases, cure our patients; but is it not in this day of such widespread and exhaustive investigation, a laudable ambition to seek to know more of just how we achieve our success, as well as why we at times fail completely.

The attenuated dose, for instance, has been to some a stumbling block, to others it has savored of foolishness, while still other prescribers pass it rather lightly by and concentrate on the discovery of the right remedy for any given case.

I must range myself among the first named. I believe that there has been more disagreement among homœopathic physicians over the dose, than over any other one phase of Hahnemann's teachings. When such men as Dr. B. Finke reports sixteen cases all cured or improved by one prescription while only four of the said cases were correctly prescribed for in remedy and dose, (see I. H. A. Trans. 1889, pp. 328) do you

not feel that the moment has arrived for us to tackle this dose question, and engage in a fair, free and open fight for a better settlement of its various and contradictory aspects? The little light which I may be able to throw upon this subject, is not much truly, but by "pooling" our sundry and diverse discoveries, through experience, pretty good illumination may ultimately follow. The opsonic index, as used by the old school, is the measure of resisting power within the system. According to Sir Almroth E. Wright's method, the opsonic index is determined and calculated by dividing the degree of phagocytosis obtained with the patient's serum, by that obtained with serum from a normal individual. This mode of procedure of course still leaves something to the imagination, because even normality may have varying degrees; also to accept the opsonic index as a therapeutic compass, we find ourselves at once entangled in the "Germ theory of disease," with another maze just beyond, labelled immunity. But from out of the still debatable ground, we may finally draw much needed information regarding what we as yet characterize as the positive and negative states of disease and health. This guide post to the potency question then, is worth erecting and investigating.

How often in acute cases have you given a remedy which did not act though apparently well indicated. You then administered another remedy, returning to your original prescription in forty-eight hours, when it worked like a charm. Was it the intercurrent that changed things, or was it the evolution of the disease force? When we are able to determine by simple tests, this negative and positive phase of disease, we will depart forever from that nonsensical dictum, "when the indicated remedy fails to act, think of so-and-so."

The indicated remedy cannot fail, but a high potency of that remedy can undoubtedly play great pranks if administered at the high tide of disease, a period which calls for a low potency. Why should we be cautioned not to give the indicated remedy just before or during the paroxysm in chills and fever? What caused Dr. Lippe to say that *Lycopodium* works like hell after *Lachesis* or vice versa? These are ques-

tions which we should be able to answer and we will be able if we bestir ourselves. Personally I am of the opinion that not one-half of the marvels of homœopathic therapeutics has yet been told.

I shall quote quite extensively from the writings of Sir Almroth E. Wright and his followers, because I am convinced that many of their deductions and conclusions tend in spots, to really explain our own dose question. We are told for instance, that "Immunizing response may be evoked in the human organism by three agencies—(1) the inoculation of bacterial vaccines, (2) artificially induced auto-inoculation and (3) spontaneous auto-inoculation." This last most concerns us. Similar *similibus curantur* deals exclusively with spontaneous auto-inoculation.

Auto-inoculation means the escape of bacteria or their products from the focus of disease into the adjacent lymph or blood stream. The result of such an escape is usually to increase the opsonins and other bacteriotropic substances in the blood by stimulation of the machinery of immunization. In this way nature endeavors to cure or relieve the infective process."

The author here speaks of *nature* endeavoring to cure. Nature in this sense, is of course associated in our minds with Hahnemann's Vital Force, the ever ruling spirit of the physical organism which is constantly seeking to restore and maintain physical harmony.

Our author now proceeds to explain that, "When a patient fails to recover from a bacterial infection this is due (1) to excessive auto-inoculation, causing a profound "negative phase," with lowered resisting power in the blood, making possible the rapid extension of the disease processes; (2) to an inadequate or tardy immunizing response; or (3) to the fact that the infective bacteria occupy a nidus so sheltered from the bycirculating blood that the antibacterial agencies (opsonins) in the blood do not have free access to them, and thus phagocytosis is interfered with."

In the first part of this statement, we can readily identify a condition which may confront the homœopathic prescriber

when he has administered a potency too high, or too deep acting a remedy; against which action the old caution, governing the prescribing of say Phos. or Sul. in advanced cases of pulmonary tuberculosis, was long ago sounded. We have released too much poison, or induced too great activity. The vital force cannot cope with it. In familiar parlance, "we have hastened what we were trying to prevent."

Again we are told, that "In generalized infections on the other hand nature is producing a succession of auto-inoculations, because bacteria or their products are being set free in the organism from the infected area, and these in turn evoke immunizing responses in the organism, as a result of which the antibacterial elements (opsonins) are increased in the blood. In this type of infection vaccine inoculations may do harm except in the hands of an expert immunizator.

Spontaneous and artificially induced auto-inoculations are destined to prove important factors in the treatment of many diseased conditions, in which vaccine inoculations are refused or are contra-indicated, and an interesting field for experimental therapy along these lines is thus opened to the intelligent and observant physician. Moreover, it is important in treating all infectious diseases to find out if possible, before resorting to bacterial inoculations to produce activity, what the body itself is doing and to what extent extraneous circumstances such as exercise, massage, motion, Bier's apparatus, may influence these attempts on the part of the body. In most active infectious disease processes, such as febrile phthisis pulmonalis, spontaneous auto-inoculations are almost continually taking place, even though the patient may be at rest. Such patients are, according to Wright, living in a succession of negative and positive phases. The degree of auto-inoculation is in proportion to the activity of the disease. There are other cases in which auto-inoculations cease when the patient is at rest, but reappear after any movement sufficient to stir up the disease foci (such as exercise, coughing, talking), and to let loose into the general circulation either the products of the microbe or the microbe itself. This fact explains the high or variable opsonic index often found

in acute phthisis, a phenomenon also observed in other diseases after local stimulation.

This variation in the opsonic index may be made use of for diagnosis and in skilled hands is a valuable sign."

In all of this we perceive that the two schools of medicine though still traveling on different highways, in their progress towards the conquest of disease, have really reached a stage of the trip, when occasional by-paths connect. Such expressions (quoting again from the same author) as "in a severe pneumonia with hyperpyrexia, fomentations to the chest may induce excessive auto-inoculation and retard recovery by causing a prolonged negative phase," comes very close to our long waged war against topical applications. We have always sought to engage the enemy within at the centre of his activities. Guerilla warfare at the outposts has never found favor with the Hahnemannian homœopath.

Summing up for the potency question, I will give a few arbitrary directions for what they are worth.

In all chronic degenerative processes, use low potency.

In all organ diseases, use low potency.

In cases where the deeper structures or the higher grade of tissue is involved, use the lower potency.

In the aged, as a rule use the low, except in acute febrile states.

In all congestive conditions without change of tissue, use high, otherwise low.

In all acute conditions use high, unless you have a history of a depleted system. I have never wrought any benefit in acute heart lesions when accompanied by or dependent upon some organic trouble with a high potency, whether in young or old patients. In fact experience has taught me to use low potencies in all heart diseases. The two cases incorporated in this paper, illustrate my contention.

Case 1. N. T., aged 11; diagnosis general septic infection following a neglected case of otitis media of right ear. When I was called, I found the jaw swollen up to and around the ear, eye red and also swollen. All parts sensitive to touch; generally relieved by heat. I prescribed Hep. sul.

The next day the fever and most of the symptoms were gone; I discontinued my visits. In one week I was hastily summoned as the child had great pain in the abdomen. Mother thinks patient is about to menstruate. Abdomen very sensitive, child lies on her back without pillow, cannot be turned on either side it causes such pain in her back. Even raising the closed eyelid caused the child to moan. Hep. sul. now failed to do the least good. Later I observed the symptom of fan-like motion of the alæ-nasi. Mitral stenosis now developed, heart sounds could be heard three feet away. The child would awaken from short naps startled and frightened. Suffocating spells, relieved after mid-night. Generally relieved by heat and lying on the back with knees drawn up. Pulse 160, respiration 70, temperature 103 to 104. Face pale, flushed easily, excitement caused engorgement. Could not bear least noise or jar of bed, extremely irritable. Grunting respiration, offensive breath, constipation, scanty bloody urine, only eight ounces in twenty-four hours.

The final study of this case pointed to Spongia. Spongia in the 9m and cm potencies failed. The 2c brought rest and sleep and became the curative agent.

Case II. Dentist, age 65 years. Diagnosis chronic interstitial nephritis. History of arrested T. B., right lung gone. Anal fissure operated on after T. B. was checked. Sallow, anæmic. Never could urinate in the presence of others. Sure he is going to die. "It's no use." Cannot rise from a sitting position without shortness of breath. Heart weak, pulse thready, rapid, three beats to one radical pulsation. Urine dark and scanty, sediment like snuff, degenerated odor. Excessive weakness, head feels dull, aches continually. Difficult breathing, aggravated by least motion. Drowsy after eating. Sensation of oppression, he cannot breath and Cactus high failed but the 2c worked. After giving the 2c repeated about every four days, I again tried the high potency, and it was inert. Cactus 2c gave this patient weeks of comparative comfort till death.

Personally I believe that we Homœopaths are to-day standing just in view of the "promised land." The whole trend of

the old school is propitious. They have already discovered infinitesimals. The new chemistry is flirting with dynamics. The time is ripe for homœopathy to forge ahead, and be recognized as never before, as the one system of drug therapeutics, by which sick people may be cured, through the operation of natural law.

DISCUSSION.

H. L. Houghton: This is not exactly what I expected to hear; the title of the paper attracted me but I fail to see what the tenor of Dr. Krichbaum's paper has to do with it. I like the idea that the title suggested. Personally I would rather get a clear definition of homœopathy and work on that basis than to try to pull in all the fads and theories like serums and vaccines as parts of it. Personally I do not think that the present use of serums and vaccines has anything to do with homœopathy except as they are proved. We get our indications from a proving, then we can use them as homœopaths. On the other hand I fail to see where we have a crying need for these serums. The old school is always crying for something new; the thing over which they are most enthusiastic is the thing they heard of the last. We need display no interest in the serums until they have been proved and then if they are of any value we can use them. That is where such an institution as Dr. Krichbaum has told us about would have a field for useful work. If a new thing comes up, prove it; if of value use it. It is a homœopathic remedy, after it has been proved, not before.

G. B. Stearns: The experiments with serums explain the mechanism of homœopathy rather than offer any explanation of homœopathy itself. The reaction of the body against a stimulus, what it does to resist an intruder and thus produce symptoms, is the reaction that we use in homœopathy. That sort of experimentation is useful for us to know because it explains what happens in the body in disease and how it is resisted. Dr. King in his paper showed us some of the things that happen in the body when reaction against a poison is

awakened. Hence, while it has nothing to do directly with homœopathy, it is a subject worthy of study by all homœopaths.

A. P. Bowie: I am surprised that homœopathic physicians at this late day should advocate the formation of an institute for medical research; Hahnemann started that business years and years ago and he started it in the only way that it can be started—no display of test tubes and guinea pigs and cultures. He started it by proving drugs on healthy individuals and then using them according to the results obtained by such provings. We do not need research laboratories with droves of pigs and all kinds of messes of excretions and vain display of erudition that amounts to no use. Why should we ape the old school? We have something better. Much has been done already, we can add to the homœopathic contribution for future ages if we will get together and work upon the lines laid down by Hahnemann; that is the only kind of institute we need. Let us hew to the line and let the chips fall where they will.

H. L. Houghton: Hahnemann always announces the fact distinctly when he is speculating; he labels it as speculation and separates such work distinctly from his pure observations which were facts and not to be disputed. The point that Dr. Stearns refers to is a matter of pure speculation as to how a remedy acts; it does not in the slightest degree aid us in knowing that particular remedy will effect a cure. This complicated matter that Dr. King has been explaining is again pure speculations, it does not aid us in curing the sick. A prominent old school man was in my house and he looked out of the window where a magnificent educational building was in course of erection and said "they are teaching young men everywhere about sickness but not how to cure sick people."

P. E. Krichbaum: I am well pleased with the discussion of my paper. I do not care for any one to go into my house and say "this is your house and your library". I know that already. The old school is burrowing into homœopathic principles and the first thing you know they will discover them and claim them while we are sitting by and doing nothing.

I want to forestall such work as that by an institution for medical research. I once advertised that I would be one of one hundred men to subscribe one thousand dollars to start such an institute and was laughed at and told that my money was as safe as if it was buried and so on. I want it done in some way. I feel that we have a law that is true and I would like it proved true beyond cavil so that no one could doubt it. That would establish our position of the last hundred years and entrench us in it. You cannot improve a natural law, I know that; but you can improve upon its practical use and you can give it the foundation of scientific proof.

BENZOIC ACID.

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

This remedy was proved in 1838, and used to some extent by the early homœopaths, but has not received the consideration which it deserves. One of the causes of this undeserved neglect is to be found in careless case-taking, whereby the best known indication for this remedy, which is an objective symptom, is frequently overlooked. Another is to be found in the lack of careful and comprehensive clinical observation, whereby the sphere and purpose of the remedy are amplified and emphasized. An old school doctor, with his routine methods of procedure, feeling the pulse, looking at the tongue, examining the urine and inquiring about the condition of the bowels, would find many indications for this remedy, but unfortunately they would be to him only so many marks of morbid manifestation suggesting no particular plan of successfully combatting the same. The slow pulse, the flabby tongue with a slight bluish color and deep cracks, the color and odor of the urine and the characteristic features of the bowel symptoms to be described are all valuable indications for the use of this remedy. And these the allopath would observe and not use, while too often the homœopath cannot use them because he does not observe them.

The proper appreciation of subjective symptoms should not lead to depreciation or neglect of objective symptoms, but the distinctive derangement as expressed by the totality of the symptoms should ever be the guide. The morbid perspective portrays both objective and subjective symptoms, and each must be duly appreciated and utilized if the best results are to be obtained.

The chief indications for the use of benzoic acid are found associated with the lower orifices of the body and their excretions. The urine has a deep red color and a strong odor. Many remedies that have a strong odor lack the deep red color of this remedy, hence the association of these two factors serves to differentiate this remedy from others having one factor but not the other. The most notable expression of the remedy is found in the odor of the urine, which is greatly intensified. It is as if you could see the odor through a microscope. This prodigiously penetrating odor of the urine is present in nearly or quite all of the cases where this remedy is indicated, hence this constant and concurrent factor has come to be recognized as a *sine qua non* in the selection of this remedy. Many remedies have offensive odor and any urine may become offensive as the result of decomposition after it is passed, but the characteristic features of the urine of benzoic acid is the intensified urinous odor, the magnified normal odor which is present as soon as passed. It is not the odor of decomposition, though this may follow as a logical sequence. So widespread is the influence of this correlated constituent that it has been found to be the keystone of the crumbling arch that leads to the downfall of many functions. Asthma and rheumatism, prolapsus uteri, nocturnal enuresis, gout and gonorrhea, hives and hemorrhoids, have all yielded to its benign influence when the peculiar properties of the urine pointed to this remedy as the correct prescription.

Second only in importance to the urinary characteristic, if not co-equal with it, is the sense of constriction found in the mouth, the throat, and the lower part of the rectum. The mucous membrane of the mouth, especially the part covering the lips where they are in contact with the teeth and gums,

feels drawn and constricted, as if some powerful astringent had been applied to the part. One patient said his mouth "felt like he had been eating choke-cherries," and another expressed the sensation experienced by saying his mouth felt "as puckered as a persimmon." This disagreeable, drawn, constricted or puckered feeling is often associated with a slight bluish appearance of the tongue. It is in the lower part of the rectum, however, that this sense of constriction becomes most pronounced and always in conjunction with constipation, and it is here that the remedy usually produces its greatest pain and distress. The patient is obstinately constipated, goes for days without a movement, and finally with much straining and great effort he succeeds in passing first a great deal of flatus, and then a stool of light color. The patient says the bowel movement is "mostly wind," and this "much gas before the stool" I regard as a strong indication for the remedy. The straining at stool results in prolapsus ani and protruding hemorrhoids, which frequently bleed quite freely during stool, the blood being bright red. Soon after this the patient experiences a sense of drawing and tightness in the lower part of the rectum, and this steadily increases for hours after stools. Tighter and tighter grows this sense of constriction, and with it there is an awful burning in the rectum, a burning like fire, which lasts for hours. The patient says it feels like there was a coal of fire in the rectum, with a rope around it and a team of horses at each end drawing it tighter and tighter. Such is the force and fervor of this remedy in rectal diseases. The only relief is by lying down, with the feet elevated as high as possible—the higher the better. Now, give to such a patient a dose of Benzoic acid, thirtieth, and the following evening between five and seven o'clock he will hurry to the closet as he has never hurried before, and well he may, for the demand will be as imperative and the result as pronounced as if he had taken a vigorous cathartic. Only by means of the utmost haste will he be able to adjust himself to the situation, and then with a gush will come a very dark, watery stool, the odor of which penetrates to the purlieus of the premises and smells like the smoke of a battlefield or a

Fourth of July celebration, for it is the odor of burnt powder, pungent, penetrating and pronounced. I call it the "Fourth of July stool" because the odor is precisely like that of burnt powder. If now you examine the stool in the closet you will see in the bowl a dark flocculent substance, part of which looks like coarse sawdust, but the greater portion is composed of what looks like small pieces of sponge-porous, sponge-like pieces of fecal matter in the water. This is the characteristic diarrhoeic stool of Benzoic acid, a stool that looks like small pieces of sponge. As the patient improves and the morbid condition diminishes, the color of the stool changes from the very dark appearance to one of light brown, the shade, shape and appearance of small pieces of sponge. This diarrhoea comes between five and seven P. M., usually after eating the evening meal, but not after other meals. It is preceded by a griping pain in the region of the bladder, is very imperative, looks like small pieces of sponge, and smells like burnt powder. It is followed by complete relief. Many complaints occur only on the right side, and I have come to look upon it as being as much a right-sided remedy as *Lycopodium*. The chancroids and hemorrhoids are located on the right side of the median line. The gouty and rheumatic complaints are limited to or are worse on the right side, while the tendency to nearly all its complaint is first noticed on the right side.

Offensiveness is very pronounced in this remedy. The stool is offensive; the urine is offensive; the breath is offensive, and even the perspiration is offensive. There is oozing a moisture from the rectum that is offensive and which renders the skin raw and excoriated for some distance from the anus. This is a curative effect and follows the loose stool.

By a study of this remedy some of the feeble fallacies which infest our schools are at once disclosed and dissipated. How often *Nux vomica* is given simply because there is a history of old school drugging, as if *Nux vomica* could antidote a drug store! In many of the cases requiring Benzoic acid the chief etiologic factor as shown by the anamnesis is the abuse of *Copaiba* in the treatment of venereal diseases, especially gonorrhoea. Hence, *Nux* is not applicable to all cases induced by

drugging, nor will Benzoic acid cure all patients that have taken Copaiba, but only those having the *symptoms* of Benzoic acid, just as Nux vomica should be given only to those who have *symptoms* of that remedy. It is not what goes into the body as drugs, but what comes out as symptoms; not what is taken, but the response to what is taken, that must ever guide to the remedy. Homœopathy treats individuals, not drugs.

Again, it is perfectly clear that according to the present state of our nomenclature Benzoic acid should be classified as an antisycotic, but the futurity of such classification for therapeutic purposes must be obvious to anyone having an adequate conception of the philosophy of Homœopathy.

Under the symptoms of the head, Hering gives the following: "Pain and heat in the region of the so-called organs of reverence and firmness;" while the scrutinizing and unequalled Lippe omits this symptom entirely from his *materia medica*. Thus did these matchless masters of the healing art by implication and design discredit all attempts at phrenological prescribing and kindred follies. Much more could be said of this valuable remedy, but it is not our purpose to enter into an exhaustive consideration of its symptomatology, but only to present in orderly sequence some of its salient features and most characteristic indications, having the seal and sanction of clinical observation and curative confirmation. Candor compels us to say that we have had the most satisfactory results from potencies not higher than the thirtieth, and the reports we have seen are in accord with our experience. Why this is so we do not know. We simply state the fact without offering any explanation.

CONSTRUCTIVE HOMŒOPATHY.

BY W. H. FREEMAN, M. D., BROOKLYN, N. Y.

The large number of imperfectly proved and unproved drugs which experience is constantly demonstrating to be frequently needed for the cure of disease and the absence of a

systematic and organized effort for the proper proving of such, is a reproach to the homœopathic profession and especially to that branch which claims to walk closely in the footsteps of Hahnemann.

The same criticism applies also to the lack of organized effort for the improvement and completion of our repertories.

Although the proper proving of drugs and the compilation of repertories are tasks involving the expenditure of much time, energy and money, such tasks have been successfully completed in the past by a few unselfish and hardworking men and chiefly by individual effort alone.

If it has been possible for a few men to accomplish such work by individual effort, there seems to be no excuse other than slothfulness for our failure to continue the work, especially, when by combined effort and a division of labor, maximum results could be obtained with a small amount of individual effort and expense on our part.

A few of the important drugs of which we have insufficient knowledge are the Arsenites, Bromides, Chlorides, Fluorides, Iodides, Phosphates and Sulphides of Calcareo, Cuprum, Ferrum, Magnesium, Potassium and Natrum. With the exception of those provings made by Hahnemann and the biochemical observations of Schuessler, we know little of the real symptomatology of most of these salts, although clinical experience proves them to be therapeutic agents of the highest rank.

Many other inorganic salts and elements which have given evidence of therapeutic value remains unproved also.

The same applies to most of the venoms of which, excepting Apis and Lachesis, we know comparatively little and that chiefly derived from clinical experience or fragmentary or accidental provings.

There are also hundreds of important vegetable drugs of which there are no provings or the symptomatologies of which are very incomplete and often well nigh useless.

In a heart condition, the general and particular symptoms of which are not covered by any one of our well-known drugs or which fails to respond to one which is apparently indicated

—how much knowledge, upon which to base a careful prescription, have we of such drugs as Adonis, Cratægus, Convallaria, Phaseolus, Scopolus, Strophanthus, etc., and how much of that which is known can be found in the repertories?

Even when the drug needed has been fairly well proved but not repertoried, how is the busy and hard-working physician to find it when comparatively unknown, unrepertoried and especially when buried in some such hay stack of symptomatology as Clark's Dictionary?

Gratifying cures which often follow the tardy use of some comparatively unknown drug, hint to us constantly of therapeutic agents of great value which are hidden from view in the absence of adequate provings or the absence of repertorial indexing.

The failure of apparently indicated drugs after careful repertorizing and materia medica comparison, is not always due to imperfect case taking or improper use of the repertory, as is often proved by the rapid cure of such a case when some imperfectly proved remedy not mentioned in the repertory is finally given as a last resort.

Clark's Dictionary contains countless thousands of symptoms, a large portion of which are not repertoried and therefore more or less inaccessible. Even though many of these symptoms may be of doubtful value all should be repertoried and so rendered capable of being put to the clinical test.

Hundreds of provings are needed in order to round out and complete our knowledge of many important drugs and until this is done and the provings repertoried we shall continue to be more or less handicapped in our fight with disease.

There is no body of men and women better fitted for such provings, and for repertory work than the members of this society and all such should be willing not only to contribute a portion of their time and energy to such work but should consider the opportunity to participate in the light of a sacred privilege.

A systematic course of proving under the supervision of a competent committee on the part of at least one hundred members of this society, who would agree to thoroughly prove

at least one drug during the course of the year, should result in the thorough proving of at least twenty drugs.

If such a program were continued for five years, think what this would mean for the homœopathic cause and for humanity in general?

When we consider that in the proving of a drug it is unnecessary to in any way injure one's self or to be severely ill or to suffer any more than a moderate inconvenience such as some of us have often felt after too many cigars, too many drinks, too much candy or mince pie, cake, tea or coffee or the keeping of late hours or a cold in the head, etc., etc., it would seem like a positive shirking of our duty as educated homœopaths to refuse to undergo a similar slight indisposition when such would be the means of increasing therapeutic knowledge and aid in the reduction of sickness and in the saving of human life.

Hahnemann and a few faithful disciples set us the example, without which Homœopathy would not be in existence, by the constant and continuous proving of drugs for a period covering many years. The greater part of the work has already been done. As avowed followers of such a man it would seem that we were bound to continue and finish the work which he started. Surely it is not too much to expect of us, his disciples, that each and every one should follow his example in this respect if only to the extent of proving one or two drugs where he proved a hundred.

Every homœopathic physician is constantly acquiring much valuable knowledge of materia medica and especially that relating to the less well known and obscure drugs from which the balance of the profession derives no benefit. To correct this waste of acquired information every prescriber should keep a very careful record of all cases falling into this class and regularly report such in detail to a central committee.

This committee should carefully edit, arrange such information and report same in tabulated form for publication in our transactions—symptoms relieved being indicated as clinical symptoms, verified symptoms or symptoms verified more than once by different prescribers. If this were done our knowl-

edge of *Materia Medica* would be enhanced greatly and low rank drugs in many rubrics would be advanced to second and third rank as a result and our attention directed to them more frequently.

A few hours work each week for a month or two, by one hundred members of this society, under the supervision of a central committee, would make possible the tabulation in rubrical form of nearly all of the scattered and clinically inaccessible (unrepertoried) *materia medica* knowledge of hundreds of drugs.

If the work of the one hundred were compiled in one rubrical bulletin and properly arranged to correspond with the rubrics with page numbers in Kent and Boenninghausen, and published in our transactions every member could quickly transfer all this information into his Kent and Boenninghausen with no more work than it now takes to repertorize one or two drugs by individual effort—in adding to his repertories important information which could not be acquired otherwise except by years of heart breaking labor.

To facilitate such work and render it more interesting and less tedious, certain members could be assigned to repertorize mental symptoms: others head symptoms; eye, ear, nose and throat symptoms; modalities, etc., etc. By some such plan one hundred workers could accomplish with but slight effort, more work in a few weeks than one man could accomplish alone in a decade of heart breaking toil.

The world is progressing and great and wonderful strides are being made daily in all branches of knowledge and in nearly all branches of medicine. Only in homœopathic science is there manifested a tendency to rest content with the knowledge and tools of the past—a sort of dry rot which is decidedly detrimental to the advancement of homœopathic interests.

In order to be worthy of our heritage we should constantly work, study and scheme to improve and develop it by every method in our power. To do otherwise is to deteriorate. We cannot stand still—we must advance or retreat and careful

study of the homœopathic situation shows that it is not advancing as it once did.

A SHORT PROVING OF BELLIS PERENNIS.

BY WM. B. GILLESPIE, M. D., ROCKVILLE, CONN.

Of six provers only one reported. None of the provers knew what they took. The mother Tr. was used with just enough alcohol to prevent its dissolving the sugar discs.

Coryza 5th to 7th day after taking pills, and kept up a few days after the pills were stopped.

Sneezing.

Discharge yellow. Dropping into throat, and from anterior nares. Had a light sensation all time pills were taken.

Vertigo, tendency to walk to right of sidewalk.

Abdomen was bloated.

Rumbling in bowels. Very loud could be heard across room.

Gurgling noise would begin at rectum and extend to splenic flexure. Sudden urging to stool. (Student says like Aloe).

Eight stools a day.

Stool was smooth, formed not diarrhœic, light brown, thick paste but kept form after delivery.

Heart beat quicker but not so deeply.

Sleepy.

No pains anywhere, appetite kept as good as usual.

Tablets were stopped a few days and resumed again. The rumbling came back immediately with the other abdominal symptoms.

INDIVIDUALIZING IN MATERIA MEDICA STUDY.

BY BENJ. C. WOODBURY, JR., M. D., PORTSMOUTH, N. H.

This subject deserves more than passing notice. There are many ways of acquiring a working knowledge of the Homœ-

opathic *Materia Medica*, but there are certain essentials to be considered. It is useless to say that there shall be but one way of accomplishing it. There are many ways. In fact, probably every student and teacher pursues his or her own individual method. In a general way its essentials are as follows:

First, the student should be taught to realize that each medicine is a distinct and tangible thing having its own essence or spirit-substance, individual and characteristic, thus distinguishing it from every other entity; and capable of acting on the human organism in its individual and characteristic manner.

Second, the student should know something of the physical and chemical nature of each medicine. If he is familiar with the grosser form and action he can better appreciate the more subtle actions which are embodied within.

Third, he should consider the so-called physiological or pathogenic action.

Fourth, he should proceed to the finer symptomatology, which is the foundation upon which rests its dynamic or virtual action.

It is interesting to note the symmetry that exists throughout nature. For instance the ancients conceived of the whole material world as the resultant of four cardinal elements, earth, air, fire and water. From this elemental source were evolved the triple kingdoms of nature, mineral, animal and vegetable. This three-fold correspondence seems to exist throughout the natural kingdoms. In procreation or generation, we find the two parents and the resulting offspring. Bacon calls attention in one of his essays to the fact that the Ancients conceived of the idea of the Trinity from the resemblance of the gestating organ or womb to the earth, the womb being an organ within an organism, from which the new individual was to evolve.

Again in the development of the human embryo, there are three primitive layers, representing an outer, inner and a supporting structure.

So in the nature of drugs. They are derived from the

triple kingdoms of nature, and consequently must be studied from the standpoint of their mineral, vegetable and animal origin. They are derived from the three kingdoms of nature, and are capable of acting for the most part, each one of them upon all three of these structures as they exist in the body of man. In accordance with a natural correspondence between the drug and those parts of the organism upon which its pathogenesis is developed, its clinical symptoms may likewise be verified. There is furthermore a similar correspondence existing between the parts affected and the parts upon which its curative action may be demonstrated. This is particularly noticeable in connection with the action of drugs upon the body, mind and soul. For it was early noted in the proving of drugs that some medicines affected only the physical body; others acted upon the body and mind; while others acted upon the moral and spiritual natures. Thus we may come to realize the three-fold constitution of drugs as affecting the three-fold constitution of man.

Let us consider the methods of prescribing drugs. Homœopathic usage has developed definite methods of prescribing. Formerly when the number of drugs was comparatively small, the remedy user was his own prover; therefore his use of the drug was founded upon individual experimental knowledge. Now that our Materia Medica is larger, and for the most part well proven, it is not necessary to prove the well-known drugs. Consequently, most physicians learn their materia medica deductively, instead of inductively as did the older provers; and several distinctive methods of study have arisen. Whatever may be the best method of study, there can be no doubt that *it must be learned* if it is to be used successfully.

Therefore there should be less contention as to whether we shall prescribe according to the temperament of the patient, the *tout ensemble* of the case, the key-note system or other method, if the first essential be complied with. After all what difference does it make, if any one or all of these methods of study lead to the same end—the correct remedy? This age seems to be the age of the Repertory; but the student can not adequately learn the symptomatology of medicine from

the repertory first hand. The use of the repertory except as a reminder, is more or less mechanical and analytical, rather than truly synthetical.

I contend that repertory analysis should precede and be followed by materia medica synthesis, both in teaching and in prescribing. To be successful key-note prescribers, we must know the relative value of symptoms in each case, and none knew the importance of this better than those early prescribers, who advocated and practiced this method. There are, however, dangers in this method, unless used with rigorous care.

Take as an example the rubric—"One cheek red the other pale." The key-note prescriber, at once thinks of Chamomilla, but has he carefully studied the related remedies? This symptom may be the keynote to a remedy, but it may not be the key-note for all patients who have that symptom. The method of comparison must be used to the fullest extent. A safer method of study would be, knowing this key-note or characteristic to consult the repertory for the complete list of remedies manifesting this symptom. The completed list in Kent's Repertory includes, (under "One-sided red discoloration of face"): Aet-ac., Acon., Caps., CHAM., Cina., Ip., Lach., Nux-v., Puls., Rheum, Sulph.

Here then are twelve remedies, not too long a list for the careful student to refer to or to memorize. The best place for repertorial comparisons is one's own head. Of course long lists of common or even general symptoms cannot possibly be committed, but rubrics of characteristic, rare and peculiar symptoms are not too long to be remembered. Would not the student's time be better used in this kind of work, than in writing down long lists of remedies from which to eliminate all except the correct one?

This is not intended as a criticism of the use of the checking system by one who thoroughly understands it, but is merely a suggestion for the inexperienced, by the use of which a good working knowledge may be had of the art of using the repertory.

There is no better way for the young student of materia

medica than to write down the lists of remedies presenting these characteristics and then completing the study with the materia medica. Such records arranged in convenient form for ready reference should prove invaluable.

Given a case with the characteristic: "nausea at the smell of cooking food," our first thought is *Colchicum*, but it must be remembered that this symptom is to be carefully distinguished from "odors of cooking food under 'Faintness', which also has *Ip.*, and "Nausea from smell of food," which has: *Ars.*, *Cocc.*, *COLCH.*, *Dig.*, *Eup-per.*, *Ip.*, *Sep.*, *Stann.* and *Thu.* Also from "Nausea, on looking at food," and from the "thought of food," which have longer lists; and finally also from Nausea from odors.

As an example of this I have had under my care for some time a patient with a spinal disorder which seems in every way to be a *Sepia* case in general make-up and especially with regard to her pelvic symptoms, yet during the acute attacks of spinal trouble, manifesting the characteristic nausea at the smell of cooking food, neither *Colch.*, *Ipecac.* or *Sepia* has ever given relief, whereas *Cocculus*, and in a potency as low as the third decimal has always proved its usefulness in relieving the train of symptoms which accompany the attacks.

Because of their rarity and peculiarity, such symptoms are generally safe lists with which to begin study. The type of the patient and his general symptoms would of course decide, but here a thorough knowledge of the materia medica alone will give us the required information. Most students can differentiate *Colchicum* from *Ipecac*; *Cocculus* from *Digitalis*, and so on. All they need is to understand the relative value in the particular case in hand. I recall a gouty case prescribed for, with marked gastric symptoms, for which *Colchicum* should have been administered, but I was constrained from giving it by the patient's admission that she possessed a peculiar susceptibility to this medicine, and that a previous physician had not dared to prescribe it. The result was that her recovery was slow and protracted. Such constraint is wrong; she should have had *Colchicum* or whatever remedy was indicated, in a proper potency, then the idiosyncrasy itself

would probably have been removed. The associated symptoms and in many cases simply the knowledge of the *part affected* will help decide. For instance, stomach conditions would often call for either Colch. or Ipec.; heart conditions for Dig., or Colch.; uterine conditions for Sepia, spinal conditions for Cocculus, nephritic disorders for Colchicum, and so on. In this way we can estimate the relative value of rare and peculiar symptoms in their proper places, as generals or particulars. Another point of almost equal importance is that of allowing our search for the "generals" of the case to so obscure the rare and peculiar symptoms, that the true indices of the case escape our notice. Over-solicitation in the use of the repertory must not be allowed to blind our eyes to the selection of the remedy, which one less experienced in the use of the repertory or close materia medica study would diagnose at once. In this case it is not our little knowledge that is a dangerous thing, but our surfeit of knowledge that proves dangerous. Therefore we must not scorn a general knowledge of remedies, for often the little knowledge possessed by a beginner properly applied may overvalue the too exhaustive study of the more experienced prescriber. Our study of some cases should not be too introspective.

Thus the study of inclusive remedy lists may often be pursued to greater advantage than that of exclusion or elimination. By completing the rubrics, we can make use of a combined Repertory-Materia study, which will prove both interesting and profitable.

Chamomilla would only reach conditions manifesting the above characteristic when associated with symptoms which make it a complete Chamomilla case. For instance, general sensitiveness to pain, numbness, irritability, and the localization of these symptoms in some part of the organism corresponding to the Chamomilla pathogenesis.

The correct way is to start with a given rubric and follow it through comparing carefully the symptoms of the associated remedies. When that kind of study has been completed, we shall have acquired a far more comprehensive knowledge of the materia medica, than could be gained by hap-hazard study.

The key-note system cannot give us concern if followed in this way, and continued through to the end. When this method was in vogue among homœopathists, it made good prescribers. It can do so still if followed accurately.

We should follow this method of individualizing in drug study and in prescribing. If we were always more careful to note general indications, instead of following a multitude of lesser remedies through a complex maze of rubrics, we should make fewer mistakes in finding the remedy. Many a prescriber is successful in curing his patient, yet he may not be capable of telling another exactly how he was able to do it.

We might have had less difficulty in using the repertory and the materia medica, had the text not been so dissected and eviscerated in the making of it. The removal of any part from the context permits an entirely different interpretation. Therefore the advantage of the direct method of drug study, namely that of individual proving, has been more or less lost. The result is that the physician is ordinarily obliged to prescribe by the indirect method. Let us return to original materia medica study, from the original texts if necessary. If not directly, at all events, indirectly by the repertory method. Let us get hold of it somehow. It is after all the patient for whom we prescribe; symptoms by which we prescribe; and groups of rare and peculiar symptoms, characteristic alike of patient and remedy that must furnish correct indications. "The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

Take the notable discussion as to the validity of that oft-verified symptom of *Lycopodium*—fan-like motion of the *alae-nasi*. It is true that this is a key-note or characteristic symptom, but it does not make so much difference whether the symptoms of the patient represent pneumonia or typhoid, as whether the general symptoms of the patient call for *Lycopodium*, or for *Phosphorus*, *Ant-t.*, *Am-c.*, or some other remedy. Kent's Repertory here gives: *in general*, twelve remedies; *in particular*, in pneumonia, six, and so on. No repertory study is complete until the whole materia medica of which its rubrics are the digest is studied. That is to say the whole twelve

or six remedies should be carefully compared, just as when confronted by his first case of pneumonia or typhoid, the young physician does not rest until he has exhausted all the literature at his command, dealing with these subjects. Such use of the key-note system cannot prove other than valuable. Such a method should first of all apply to the symptoms of the patient; secondly to the language of the repertory; and finally to the text of the *materia medica*.

We must first study the *materia medica*, next consult the repertory for reference, and finally turn to the *materia medica* for corroboration.

It matters not so much how we study, but study it we must conscientiously and faithfully. One thing is certain, and that is that none but thorough students of the *materia medica* can understand the repertory, and know how and when to use it; they only, know how to thoroughly appreciate it. Careful study, (synthesis) of the *materia medica* will pave the way for an intuitive analysis of it; then with this mental schema, it will be much easier to consult the repertory, with good assurance of finding what is needed. There is but one way, aside from the merest accident, of finding much illumination in any repertory, and that is by thoroughly searching its pages. With this idea in the mind, the repertory can be consulted, much as the dictionary is used, for the purpose of obtaining a single definition or digest of a subject; whereas for full information, the sources from which such lists are compiled must be consulted. This does not, however, preclude our referring to the repertory for hints as to the varied interpretation and association of many symptoms that are scarcely seen in the therapeutic text-book, some of which may or may not be generic to the language of the sick man. If the symptoms of the patient are not thus readily translated into the exact rendering of the *materia medica*, the repertory may give us the clue to their interpretation.

Hence after all, the main thing to be emphasized is the study of the *materia medica*. At best the repertory can merely serve as an index. The patient must be prescribed for

either from the materia medica directly, or indirectly by means of the repertory.

QUICK-ACTING REMEDIES.

BY ELOISE O. RICHBERG, M. D., SPRINGFIELD, ILL.

It sometimes sounds plausible and perhaps near-wise to speak of a remedy as of slow or quick—deep or superficial action. These thoughts are presented with the hope of learning, through the varied experiences of physicians present, how much if any truth may lie in such claims and whether the difference indicated depends upon the remedy itself, its potency or upon the condition of the patient. A few cases in point—I review—from my own records.

Mrs. L., had been treated by several physicians of the dominant school four or five years before I encountered her,—not regularly, be it said, but in a desultory sort of way,—treated occasionally with high-colored, nauseating liquids and with laxative pellets and powders,—but, being poor and busy, more frequently with sneers, sniffs and ridicule,—because her most distressful symptom was that indefinable, haunting *fear*, which means so much to us and so little to practitioners of the other school.

“Pish—Tush—Get a grip on yourself—Nothing the matter with you but imagination and nerves”—was a summing up of the diagnosis, with which she had become uncomfortably familiar and from a repetition of which she so shrank that to me she mentioned her many minor complaints several days before touching that point. She spoke of dreadful headaches, indigestion, pain in the precordial region—with a clutching sensation—around the heart, cold feet, vertigo, etc.

Later, she returned to say shamefacedly, “Doctor, there’s one other trouble—I know I ought to get over it—but I just can’t, I’m so afraid all the time.”

“Afraid of what?” “I don’t know—of everything,—Dr. M. says it’s change of life—I’m regular and only thirty-four,

—Dr. V says as long as I allow myself to get scared at nothing medicine won't cure me."

She explained that she always insisted upon having her young daughters within call, they accompanied her to and from her work daily, sat with her on the porch, worked with her in the yard, slept with her and ate with her, she feared she might get such a shock some day as to drive her to commit suicide,—she feared death in every form and this condition had foiled the skill of so-called doctors of medicine for over four years! Think of it. Such ignorance ought to be recognized as criminal.

I do not need to name the remedy she received: Fifteen minutes after her one dose of Aconite Napellus—one thousand—she hurried to my door to say,—“I am in a new world, Doctor. That medicine has cured me—do I need some more?” Her other aches and ailments gradually subsided, and, though overwork and burdens, the weight of which I could not lighten, recalled the fear—it was quickly reported and a dose of Aconite about once a week carried her thru the summer a happy woman and the marvel of her relatives and friends.

She really inconvenienced herself to inform several of the doctors who had treated her to sneers and reproof. You all know how they hastened to my office to learn by what mysterious means the impossible had been accomplished—as all prosperous physicians of the dominant school always do not!

As the duration of its effect lessened, a higher potency of Aconite was used, effectively, but in vain did I seek for a satisfactory complement to remove the latent tendency.

I still receive occasional letters from her, since I left her home-town, but, because of the desultory character of the communications, I have been unable to study as thoroughly as I wish the possibilities of the case. When she writes, “It's the old trouble again, Doctor, I'm real well only for the fear.” I send a dose of Aconite nap. cm. and receive a grateful response expressing much more satisfaction than I feel. Sulfur, faithfully tried failed to produce favorable results.

Another hard-working woman thrived under Rrsenicum album—which invariably promptly relieved the burning pains

by which she was previously incapacitated for weeks together. Sometimes they were in the head—oftener around the heart or the digestive tract. Her feet and hands swelled badly at times—so badly that working, walking, even standing became torture. She feared death would deprive her children of their only protector before they were self-protecting. Her menses were as they had always been, regular and painless, though she was 40 to 45 during treatment; she ate most sparingly, by preference and because of the tendency to resultant distress. A few dry bread crusts with tea—black and strong, twenty to thirty cups daily, with or without milk, was her long established diet. Any effort to change this habit was met with, "I've always lived and worked hard on tea,—I'd die if I couldn't drink it." Other remedies were at times tried with no favorable results, but Arsen alb. finally lost its power to drive out the enemy and relieved neither the pains nor the œdema. She was at last convinced that she was more than likely to die instead of to live *because of the tea*, and realized the nearness of the calamity she had feared.

"My father died of apoplexy, and I know I am growing to be more like he was every day," she admitted. "*I'll stop tea.*"

She was true to her word and felt overjoyed that Arsen alb. within twenty-four hours again reduced the swelling, almost as though by magic, and also the headache. The second day her extremities were almost normal in size,—she continued to improve in all respects. Is Arsen. alb. always quick-acting?

For nearly a week, my patient was exultant over the results of her self-conquest, then a severe congestive headache manifested suddenly, she could not articulate, was delirious, reeled when attempting to rise to her feet; graphically she announced herself as "all in."

Accident, chance, inspiration, memory, something led me to the line under nitro glycerine, "*For headache relieved by tea.*"

Ten minutes after a single dose of Glonoium 10m, she touched "*Safety Island*" again, and in a few hours was at her laundry tubs. Occasionally since then, six months ago, twice probably, Glonoium has relieved promptly a severe dizzy headache, but, though she works six days of the week like a steam

engine and her menses are showing considerable irregularity, she now declares herself in better health than ever before.

I like to mention, also four recent and widely differing cases of toothache, each calling loudly for dentistry repairs, which have promptly yielded to *Nux vomica*, a fifth just as promptly to *Sepia* and a sixth to *Pulsatilla*.

The annual quinsy habit has been recently not only permanently removed (at least, so it appears), but the initial inflammatory conditions promptly dissipated in four recorded cases by *Mercurius proto iodide* (right-sided aggravation), *Sabadilla* (left-sided), *Belladonna* and *Psorinum*, respectively, while a case of dysmenorrhoea—the cause of which had years before been twice pronounced a mechanical obstruction, to be relieved only by operation, *was* relieved the first month by *Belladonna* 1m, a single dose, and has not reappeared. The remedy in the last instance was first suggested by a burning hot skin to the touch, associated by chilliness that demanded exceptionally heavy covering, night and day.

CLINICAL CASE.

BY A. O. ELLISON, M. D., CHICAGO.

Girl, age three and one-half years, was taken down with scarlet fever May 9th. Temperature 105°, pulse 150.

Face dusky red, tongue dry, tonsils dark red and much swollen,

Thirst for one sip of water often after which she would vomit if moved, very irritable. Gave *Bry* 1m, also *Bell.* 1m the next day without improvement. Urine became scanty, thirst absent, < from 3 P. M. until midnight. Irritable. Lips began to puff and peel, gave *Apis* CM with slight reduction of fever and general improvement for a short time only. Then the lips became intensely swollen, dry, cracked and bleeding. The child continually picked them; white membrane over both tonsils, when taking a culture they bled freely from merely touching them. Complete absence of thirst;

total suppression of urine for 24 hours. Great swelling of cervical gland < right side, very restless, pupils dilated. Gave Arum tri. 1m. In a couple hours urine started up, child fell asleep and that afternoon and night rested well. In two days most of swelling gone in cervical glands, temperature about 99.6 and child asking to get out of bed.

This was one of the clearest cases of Arum tri. you could see and the quick action of the remedy was marvelous. Of what use are strong throat sprays and Icthyol, etc., to the glands when a simple powder of a single drug in a high potency will effect such a prompt change?

CLINICIAN VS. PATHOLOGIST.

F. B. PIERSON, M. D., BROOKLYN, N. Y.

No one who has tested clinically the Homœopathic Materia Medica needs any further proof of its efficiency, and yet there is one line of proof which arrests the attention and is difficult to controvert, to which we have perhaps given too small a place. I refer to the field of pathology, or more broadly of the *objective*. Every new experience in this line confirmation of the power of remedies does more to command my own admiration of the Materia Medica and to arouse enthusiasm in its behalf than many clinical experiences because it gives concrete and almost unanswerable arguments, which are more than ever necessary in the face of modern laboratory methods, and the demand for precision in our examinations and our pathology.

In the nature of the case the Homœopathic physician is peculiarly tempted to neglect this side. The successful application of the Materia Medica does not necessarily demand accurate pathological work and when one is confronted by the extensive symptomatology on the one hand, and technical laboratory methods and special examinations on the other, it is inevitable that he should concentrate attention on the side on which practical success depends to the neglect of details that are valuable rather for diagnosis than for cure.

The subjective nature of the symptomatology of the *Materia Medica* leads to a marked difference between the physician's attitude as a clinician toward the patient in general, and as a pathologist toward his disordered tissues in particular, and I believe it is just this fact that offers one of the chief obstacles to the serious consideration of Homœopathy by a trained Allopath.

For this reason alone every observation we make which is supported by objective findings is specially valuable. For example I believe I have observed *Digitalis* 200 reduce the blood pressure from 210 to 140 in a few days, in the case of a patient with a slow pulse, and if I can repeat and verify this observation it is not only valuable in itself but appeals strongly to the allopathic mind. In the course of repeated examinations I have seen tubercle bacilli disappear from the sputum under the action of *Lycopodium* without other change of regime, and this is doubly valuable because I know that beside having his symptoms relieved the patient has ceased to be a menace to others.

Recognizing therefore the difference between the clinical and the pathological attitude, I have tried to formulate a few principles to guide one in dealing with pathological questions without forgetting the patient himself.

We may admit that the ablest purely clinical diagnosis often fails to agree with the pathological findings whether ante- or post-mortem, as for example in two recent cases of breast tumor. The first was seen after removal by Dr. James Ewing of Cornell, and on gross examination was pronounced probably carcinoma, but a section revealed a simple chronic mastitis. Here was a case clinically indistinguishable from cancer, where the surgeon was thoroughly justified in operating, and yet no serious changes had occurred. The second was seen by Dr. Ewing before operation and pronounced probably mastitis, but suspicious enough to warrant removal, and yet a section showed marked malignant changes. These cases emphasize the need of great caution in claiming the cure of "suspicious tumors of the breast" by remedies, as cures of cancer. In all such cases I think the least we can do is to remove a

small portion under local anesthesia and submit it to the microscope. The first point then is that accurate pathology is essential to correct diagnosis.

The second is that though treatment resting on insecure pathological grounds may be practically successful, this is no reason for neglecting any measure necessary to obtain a sound foundation, and failures in treatment are too often due to inaccuracy in this respect. In other words a poor diagnostician may be a good prescriber but he will not always "get away with it."

The third point is that we may easily divorce the patient in our minds from a conception of his true pathological condition, for it is just as possible to ignore an important local condition while we are treating the patient's symptoms, as it is to be too much occupied with the merely local while we forget the constitution. We see the folly of permitting a man like Mr. Bremner to die of the cure of his cancer, but it is also a mistake to try to restore a patient to apparent health and leave untouched any *removable* focus of danger which may extend without warning such as previous symptoms were giving.

There is also a social aspect to this subject, and I believe it is a serious question if we would not do more harm to cause a specific urethral discharge to disappear without being sure that the gonococci were permanently absent, than would be caused by local injections and other bactericidal measures. which might it is true injure the patient, but which recognize an infectious discharge as a social menace. We are derelict in our duty if we do not make sure by examination of the discharges from the deeper portions of the urethra that the gonococcus has been gotten rid of by our remedies. So in the case of syphilis a negative Wasserman would be a very convincing proof of the ability of a potency of Mercury to eradicate the disease.

The tendency in the old school is for the pathologist both to dictate the treatment by his findings, and to judge of its success in the same way. We need not follow them in this, and yet certainly *failure* in treatment ought always to be a signal not only for more careful analysis of the symptoms and remedies, but for more thorough pathological investigation as well.

On the other hand I believe the greater strength of Homœopathy is in its refusal to consider the pathology of the tissues as the last word in diagnosis or as the sole or main factor in determining treatment. Our horizon is limited just so far as we fail to recognize that there is a more vital pathology than that which is revealed by the knife or the microscope, and our treatment will be palliative in proportion as we fail to reckon with the forces behind the tissue changes. I take it that we believe in Homœopathy mainly because of the fact that it alone can effectively deal with these forces on their own plane. But because of the fascination of dealing with them, I believe we must emphasize the danger of neglecting the resultant tissue changes.

In a given case there are certain questions that need to be carefully considered in deciding for or against local or surgical treatment, such as, Does the local condition present removable features which in themselves are harmful? An abscess, for example, may be so located that it is in danger of rupturing so as to leave a fistula or an unnecessary scar, or of extending into a dangerous region like the deep cervical tissues; a tumor, benign in itself, may be a source of danger by causing obstruction or pressure; or local conditions may cause trouble in other ways as by extension, septic absorptions, hemorrhage, cachexia, etc. The patient's chances of ultimate and complete recovery may be greatly lessened if delay in the removal of breast tumors gives time for extension to the axillary glands or the pectoral muscles, or if septic absorption weakens the resistance too far before pus is released by incision, or if a metrorrhagia continue so long as to cause a secondary anæmia before mechanical measures are employed.

We laugh at the idea of the "successful operation, but the patient died," but is it any better to have a patient die of a local condition while we are curing *him*? While I confess that I feel the temptation of trying to do unusual things with remedies and to prove that they can be done by Homœopathy, I want to avoid this if it can possibly prove dangerous to the patient, and I think we ought to have a sufficiently healthy

respect for the pathologist so that he may never have to review our work and find our promises faulty or our results incomplete.

IODOFORM AND IODINE IN CERVICAL ADENITIS.

DANIEL E. S. COLEMAN, PH. B., M. D., NEW YORK CITY.

This paper is written to suggest the more frequent use of Iodine or Iodoform in cases of cervical adenitis and to impress the necessity for the employment of some drugs in less attenuated doses when used in certain morbid conditions. I personally believe in the efficiency of high, medium and low potencies and feel that we lose much by adhering tenaciously to the preconceived notion that we must always prescribe given dilutions.

The similar and single remedy in a dose sufficiently diluted to cause no aggravation is all that is required for a homœopathic cure. I have known physicians to alternate remedies in the 200th potency and still imagine that they were prescribing according to our law of cure. This is no Homœopathy. When the single remedy in the smallest dose that will cause a reaction, whatever that may be, is administered, that is Homœopathy.

In conversations with my exclusive high potency colleagues I find that their experiences with Iodine or Iodoform in adenitis have not been gratifying and I have concluded after my own results that it is necessary to prescribe these remedies very low in this condition. On the other hand, my exclusive low potency colleagues can say nothing favorable of *Natrum mur.* in intermittent fever, but I *know* the brilliant results this remedy has accomplished for me in the high attenuations. It behooves us therefore to have an open mind "proving all things and holding fast that which is good."

Case I. Female, aged 9. Disposition mild and yielding, light hair and blue eyes. Greatly enlarged node on left side of neck. This condition had existed for several years. *Pulsatilla* 30th, *Silica* 30th and other remedies were prescribed

without result. I then gave Iodoform 3x trituration, one tablet four times daily. Evidence of its action was manifest in two days, the node became red, softened rapidly, broke and discharged its contents. It was completely healed in about two weeks. The patient is extremely robust today, thirteen years after.

Case II. Female, age 18. Enlarged node about two inches in diameter. Had received X-ray and vibratory treatment before coming to me. The physician was able to reduce other nodes, but this one however defied his best endeavors. He then referred her to a surgeon who advised an immediate operation. Both these doctors were of the "old school." I disagreed about operating, claiming I could cure the trouble with medicine. She then visited three other homœopaths, two advised an operation, one agreed with me. In the absence of any constitutional symptoms indicating another remedy, I prescribed Iodoform 3x. The node began to soften and its contents were evacuated of an ounce of pus in four weeks' time. In two weeks more it had entirely healed. She is well and strong at present, over three years later. These nodes were diagnosed as tubercular and confirmed by the von Pirquet reaction.

This young lady was wise in not submitting to an operation which simply removes the *results* of a morbid dyscrasia, leaving the disturbing element behind to manifest itself in other portions of the body.

Case III. Female, 27. Large chain of nodes on the right side of neck of undoubted tubercular character. Operation advised by "old school" physician. The "terrible results" that would follow if she did not submit to his advice were impressed upon her mind. I differed. Iodoform 3x has caused all but one of these enlarged nodes to disappear. Only one discharged. She has had only occasional treatment extending over about two years.

Case IV. Male, 49. Sent by above patient. Large, hard swelling on left side of neck about four inches in diameter. Diagnosis of tubercular adenitis made by "old school" physician. No result from five months' treatment. February 17,

1914. Patient weak, easily tired, face pale. \mathcal{R} Iodoform 3x two tablets q. 2 h. February 24th. A little softer and smaller. An interior and a posterior portion can be distinguished. \mathcal{R} Iodoform 2x three tablets q. 2 h. March 12. Anterior node much softer; posterior, smaller. \mathcal{R} Iodoform 2x continued. March 2nd. Much improved. Remedy continued. March 31st. Swelling about half original size. Remedy continued. May 4, 1914. The originally enlarged nodes continue to improve, but another has appeared just above clavical. \mathcal{R} Iodine O gtt X in half glass of water \mathfrak{JII} q. 2. h. June 1st. Much improved. Enlargement above clavicle almost well. The anterior node of the original swelling very soft, posterior node smaller. \mathcal{R} Iodine O gtt. XX in half a glass of water \mathfrak{JII} q. 2 h. June 22nd. Anterior node practically well after discharging profusely. Other node very much smaller and softer. The entire swelling is about one-fourth its original size. The patient's general health is vastly improved also. \mathcal{R} Iodine continued.

It is worthy to note that these enlarged nodes are just as apt to disappear without discharging as with it.

One more case may be of value to show the peculiarity of different strengths of a remedy even within a narrow range. Female, 59. Lump in breast discharged and grew smaller from Iodine gtt. VII in half a glass of water \mathfrak{JII} four times a day. Gained ten pounds. Her husband, thinking if a little were good more would be better, doubled the number of drops. She stopped improving until this was corrected. In her particular case the latter was not the minimum dose.

What is the *modus operandi* of Iodoform and Iodine in adenitis? It cannot be due to any direct antiseptic action in the quantity given. Two tablets of the 3x trituration of Iodoform contain about $1/520$ of a grain of Iodine. Iodine does not circulate free in the blood but in combination as an iodide. The amount of blood in the body is $1/13$ of its weight. A person weighing 130 pounds would have ten pounds or 76,800 grains of blood. If the Iodine did circulate free in the blood, *and it is not free but in combination*, it

would be diluted $\frac{1}{3993600}$. Two tablets of the 2x would have a dilution of $\frac{1}{3993600}$.

The largest amount of Iodine given in any of these cases was gtt. XX dissolved in a half glass of water, 5II at a dose. This amount of Iodine if circulating in the blood would have dilution of $\frac{1}{4608000000}$. Any antiseptic action is thus out of question.

The action cannot be antipathic because the patients grew better constitutionally and no pathological symptoms were produced. Again, only the diseased tissues were affected.

Iodine is capable of affecting the nodes in a manner resembling the morbid condition cured,—*the action is therefore homoeopathic*.

Iodine and its compounds have served me well when indicated in exophthalmic goitre, simple goitre, rheumatism and other diseases.

One word more, triturations of Iodoform lose strength with age, be sure that this is not the case when you dispense it.

DISCUSSION.

G. B. Stearns: I would like to ask how the scars are, under the action of Iodine, as compared with the scars remaining after operation, where the gland has been removed.

Harry B. Baker: My experience is that the scars left by the action of a remedy are much less than those left after an operation. An operation in this region has to be extensive because you have to follow the ramifications of the diseased tissue or you do no good.

D. E. S. Coleman: Yes, the scars remaining were very much less than those usually left by an operation.

J. L. Mowbray: What were the indications for the Iodine and the Iodoform and how are they to be distinguished the one from the other?

D. E. S. Coleman: In these cases there were very few subjective symptoms. Fortunately two sets or classes of symptoms make up our pathogeneses, objective and subjective. Prescribing for one is just as much homoeopathic as prescribing

ing for the other. In these cases you have to depend largely on objective symptoms.

"THE SPIRIT OF CALCAREAS."

G. E. DIENST, M. D., CHICAGO, ILL.

Matter is temporal, spirit is eternal. Matter is visible, tangible; spirit is invisible, intangible.

Man is not so much skin, bone, organs and tissues only, these are the habitat of man.

Man is weak or strong, in the true sense, as his thoughts, his desires, his volitions are weak or strong.

It was not the body of Moses which made him the deliverer of his people from the bondage in Egypt; it was the spirit that dwelt in him.

It was not the physical composition of Hahnemann which made him the great author of the Law of Similars and the dynamic use of remedies, but the spirit which dwelt in him.

Organic and inorganic elements are not so much matter only, but in them dwells a spirit which gives them a certain personality.

The unseen is, in most instances, the peculiar, the strange, the forceful element which gives individuality. Spirit was—is—first, matter second. God is eternal, the universe temporal.

In the study of a remedy or a group of remedies, it is the innate the unseen, the spirit of the remedy which is of value, therapeutically, rather than the body which the spirit occupies; and the remedy is of no special value until by some process of trituration, dilution, digestion or absorption the spirit is liberated and given freedom to act in its own particular and individual manner.

Remedies and groups of remedies are known, therapeutically, not by their color, shape, odor or taste, but by their spirit of action. What they think, propose, desire, love and hate, feel and do is that which gives them individuality, position, and power; and it is the spirit within, placed there by

an omniscient Creator, which thinks, proposes, desires, hates, loves, feels and acts.

In the study of the Calcareas we find in each a vein of mental dullness and physical weakness. To force the mind into active thought is painful for each. Because of this, the Calcareas prefers the passive state, to "float with the tide" and we have, therefore, in addition to dullness, marked mental indifference to weighty problems, loss of memory, and more or less peevishness and imbecility.

It is proposed by some that this spirit of dullness, this refusal to think on difficult problems, and loss of memory is due to a disturbance of trophic centers. There is possibly a grain of truth in this reasoning. Others hold that it is due to tissue and organic changes, all of which are found in well developed members of the Calcarea family.

But is it not true that we find, on painstaking examination and analysis, a derangement of the spirit long before we discover tissue and organic changes, and when the spirit—the Ego—is corrected, that tissue and organic changes do not occur?

Is it not true that when the depressed spirit is restored to normal activity the trophic centers assume their normal function and the process of nutrition continues unimpaired?

The answer to these questions will not be given at this time for the reason that they are polemic rather than dogmatic. This we desire to say, however, that disease conditions begin with the Ego, the spirit, and ultimate in tissue and organic changes.

On examining the several members of this family, let us begin with the parent of all: I say "parent," because it was first known and proven. I refer to Calcarea carb. One of the first things we find, before tissue changes occur, in this great and useful parent is—"thinking is difficult." Then, when forced to exert the faculty of reason, or volition, we find it forcing the vascular system to extra exertion and we have a hyperæmic condition of the brain, and this results in pain in the head. In further consequence of this vascular disturbance we may have choreic attacks, and seasons of

tremor on or after mental or physical exertion. The brain having been charged with an excess of blood, we soon find a spirit of excitement, anxiety, and this is often carried to such an extent that we have palpitation of the heart, profuse perspiration and not infrequently, marked nausea. In the female this spirit of excitement will often precipitate a hemorrhage from the uterus, associated with very severe pain during the flux. It is the spirit of this remedy to enfeeble the memory; to cause thoughts to vanish so that conversations are often made embarrassing; it misplaces words when writing, or forces the victim to express himself wrongly; it seems passive by day, but when the shades of night fall it sends a flow of disconnected thought through the soul with such rapidity that sleep is out of the question. When fevers overtake the individual, there flashes through the brain visions of faces and people which drive the sufferer into fits of extreme anxiety. These are so severe at times that he has morbid imaginings of suicide or the eternal loss of his soul.

It is the spirit of this remedy to pervert the normal course of reasoning and often forces the thought that, others think he is going insane. And, fearing the opinions of others, it is natural, in sub-acute and chronic conditions that, the process of morbidity should produce feverishness, irritability, fretfulness, obstinacy, vindictiveness, anger and violence. With this perverted power of reasoning there are fears when there is no basis for fear; apprehension when there is no occasion to be apprehensive; anxiety when there is no cause for anxiety, and so persistent is it in its downward tendencies that, it ultimately destroys the noblest faculty of the soul and the vital organs of the body.

Let this epitome suffice. The other members of the family need a word or two.

The *Arseniate* is *greatly depressed*. This depression is characterized by a sense of extreme mental weakness. The strength necessary to lift one's self out of the "slough of despondency"—though the desire to do so may be present—is wanting. When this or that in the physical organism seems to be out of harmony it is the spirit of the *Arseniate*

to magnify this disharmony and express the fear—that *awful* fear—that something worse is impending. When in apparent health the mind is dull, it refuses to act, and seems incapable of digesting any subject which requires prolonged mental activity. This mental dullness is often accompanied with what is termed a “dull headache,” that is, a passive hyperæmia of the brain which, not only prevents active and free flow of thoughts but causes in addition sensory discomforts. Though not given to any very great emotion yet we find the slightest emotion causing palpitation of the heart.

In Calcareo Causticum we find much mental confusion. Here, again, we have a spirit, not of thoughtlessness, but of difficulty in concentrating thought. The child will listen to the instructions of his teacher with apparent attention, but will immediately forget or be unable to comprehend or repeat what was said. There is, in the adult, a spirit of confusion, comparable to a state of intoxication, and this is predominantly aggravated in the morning on waking. It requires much effort (on waking) to think over the duties of the coming day or assume any of its responsibilities.

In the Fluor Calcium we find a decided spirit of indecision. The man who was once forceful and aggressive finds himself bereft of decision, and what was once a slight or easy proposition is now fraught with many difficulties and he hesitates, becomes bewildered, refuses to advance, and the first thing he knows he is “running astern” in his business or profession. This spirit of indecision so perverts the powers of volition that, when the mind assumes a boldness sufficient to plunge forward it is very prone to take the wrong rather than the right road. This, very naturally causes many fears—fear of want—fear of failure—fear of insanity. This member of the family is parsimonious and much of his spirit of indecision hinges on the obtaining, or retaining of the lucre which is sometimes called filthy.

In the Hypophosphite—a comparative stranger to many—the spirit of depression prevails, and, like his relatives he is indolent and languid. He is not the individual for whom we would be pleased to cast a vote for statesman.

In the Iodide we have the empty-headed member of the family, for we take him at his word when he says, "head feels as if it wasn't, yet was." The same element of indolence and indifference is found in this slender fellow as is found in his more phlegmatic relatives. We know but little about him, as yet, and it may be when he is better known that we will find him as angry, impertinent and vindictive as any of his relatives.

The spirit of the Phosphate is one of restlessness, especially in the female when she becomes a prospective mother. We find her so displeased that when she is away from home her one great thought is to be *at* home, and when she is *at* home she is so displeased that she wants to be out of doors and go from place to place. Like the other Calcareas there is embarrassing forgetfulness; forgets what he has done a few moments before; writes wrong words or repeats words in talking and writing; there is a spirit of indefiniteness, due to an inability to concentrate his thoughts long enough on one point to make a decision; there is also a spirit of dullness associated with a frontal headache, and no matter what the discomforts may be they are aggravated by mental and physical exertion. Mental labor is one of the most annoying things this remedy has to do, and, because of this, any effort to do any thinking invites peevishness, irritability and obstinacy. It is well to say nothing to this individual about his ills, for the more he thinks and talks about himself the worse he feels. His want of fortitude and philosophy brings him sorrows in abundance at the loss of a relative or when disappointed by the object of his heart's devotion. The spirit of sensitiveness and indecision makes him a procrastinator, for he rarely does what he should do and he can certainly, conscientiously repeat that part of the general confession "left undone those things which we ought to have done; and have done those things which we ought not to have done" and the remainder of the sentence is equally true of him when he says, "there is no health in us."

In the Sulphate we observe the same general spirit of indifference and loss of memory which are found in the other

members of the family. There is in this an additional but strange spirit not found so clearly in the others, viz., a *desire* to do something, some mental or physical work, and as soon as the task is undertaken the *desire* is gone. Lazy? Yes, the whole family is lazy, for the business is permitted to run down for want of intelligent attention, buildings, fields and live stock show the great need of care which it does not receive, and the evidence of the sluggard is written on every side.

We have said nothing about sensations, tissues and organic changes for the reason that it takes more time than is ours to give at this season. Once we know the spirit of our remedy it is quite easy to trace the tissue and other changes with accuracy.

HOMŒOPATHY AND ITS FUTURE.

BY GUSTAVE A. ALMFELT, M. D., KENOSHA, WIS.

Homœopathy is a science of medicine based on the idiom "Similia Similibus Curantur." This phrase conveys very little to the ordinary lay mind, and has mostly caused misunderstanding and much belittling of Homœopathy amongst medical men of all schools. The founder of this system of medicine used it principally to designate in a short phrase the *modus operandi* of potentized medicine upon the sick, when given according to the laws of this system. It is correct as far as it goes, but it does not cover the entire ground, nor does it include all there is to this system of medicine. Homœopathy is much more than merely "like cures like." Its teaching reaches further and the action of its medicines goes deeper into human life than any other system of healing or school of medicine. It will remove and cure old chronic diseases, and liberates the life force from miasmatic bonds that may have held it in bondage for generations past. Its fundamental principles are based on a law in nature, and are clear and immutable. Its philosophy is rational and implies a comprehensive knowledge of man in health and dis-

ease. Its *modus operandi* is strictly scientific and dependable. But its application to the sick is difficult and requires great skill and exactness. In fact, Homœopathy is so unlimited in scope, so rich in possibilities, and so great in action, but so precise in details, so exact in application, and so susceptible to failure, that very few of its students become real masters of the science and art of this, the most wonderful, system of medicine.

Much close and conscientious study is required to understand and master Homœopathy. Its successful application in sickness is a fine and delicate art. An especially gifted and adapted mind is needed to fully grasp and to realize its great possibilities and usefulness. No insincere or shallow mind will ever accomplish this. No materialist will ever understand real Homœopathy, nor become a conscientious and successful homœopathic physician. A bright, honest and studious mind that is willing and capable to study and comprehend the finer things in science is required for the mastery of Homœopathy. One who has the conviction and courage to go where neither instruments, nor laboratory tests can follow. One who dares to look back of the physical into the potential and unseen.

Results of well chosen medicines on the human organism are not difficult to observe. These will often be plain and prominent, and require no great skill or intuition. But the *modus operandi* of these medicines, the law governing the action of potentized remedies on the sick, and the relation between these infinitesimal doses and the patient and the disease *per se*, is not so apparent, nor so readily understood. The curative action of these medicines on the life force, and the nature of life are problems not so easily solved. For these reasons Homœopathy will never become a popular study amongst medical men who can not understand life force, nor potential energy in matter. Nor amongst the class of men who are looking for the "short cuts" and "tricks" in medicine, who make use of all kinds of "dope" merely to satisfy and keep their patients, and who study and practice medicine for its commercial value only. No, Homœopathy as a school of

medicine will only appeal to the class of physicians who look for the best in life, who put the truth higher than money, and who are inclined to this particular kind of study and reasoning. The studious, the refined, the gentle, and the clean class of men and women.

To understand Homœopathy correctly one must know man in his various phases of expressions. Such a knowledge is difficult and rare. It implies much more than a mere knowledge of the body and its allied sciences. Anatomy, physiology, pathology, chemistry, and physics, are all helpful and necessary in the study of man, but do not cover the entire ground. The Ego, the real man is still left out, and they deal only with the outside, or the house he lives in. Man is essentially a spiritual being, and not susceptible to ordinary laboratory studies or tests. This fact must be taken into account in the study and the application of a system of healing, or a school of medicine. A system of healing or a physician who does not know or recognize these facts will never be able to cure his patients. He may be able to palliate or relieve them temporarily from pain and suffering, but will never really cure them. A cure must take place in the inner man first, then it becomes manifest in the body. Crude drugs and external measures do not vibrate on the same plane as that of the life force, and thus can not enter into a harmonizing relation with the life. Agents so refined or "spirit-like" that they move on the plane of life are needed for this purpose. We must recognize that all life is spiritual, and that man is essentially a spiritual being. The body, though very essential to man, and intimately connected with and expressing the state of his inner being, is nevertheless only the shell or the house he lives in. All the great forces and energies in nature are potential and unseen.

The real man, the Ego, the I, is not subject to the infection of disease in the ordinary sense of the word. Spirit can not be diseased. Disease is the expression of a morbid activity on the plane of life force, but does not touch the real man. He is intrinsically perfect, but susceptible to impressions and suggestions from all directions, and all the impressions com-

ing to the Ego are not of a good and wholesome character. Some are destructive in quality and these cause a disharmonious and disturbed state in the consciousness of life. This disturbed state of the Ego will in turn be transmitted to the body through the life force, and will be carried over the sympathetic nerves to every cell and organ of the body. The normal influx of orderly life will thus be disturbed, causing a perverted or irritated functional activity on the part of certain groups of cells and organs of the body. If this perverted activity remains there will ultimately be organic changes in the cells and organs of the body, and life may finally be destroyed. Thus it is true that imagination may cause disease, but it is also true that it may be cured by the same force when turned in the opposite direction. All suggestive therapeutics, all faith cures, and all forms of mental and spiritual healing, are based on these facts. As long as the Ego remains ignorant or inexperienced it will take up and listen to all kinds of perverted impressions and messages of fear and hatred, and disease and perversion will follow; but when it comes to know that "I and the Father are one" then it will realize that there is nothing to fear and in reality no disease or enemies, and then all disharmonious messages and impressions that may reach the Ego will be turned back and shed without leaving any impression behind, and diseases from this source will be no more.

But there are other diseases and disturbances of life that we have to deal with at the present state of civilization. External morbid forces or agents that enter the life from without will cause disturbances in the life force and disease in the body. We are all familiar with the ordinary contagious and infectious diseases that pass so readily from one to the other. Our present knowledge of these morbid forces is very uncertain and contradictory. One school of medicine holds that germs or bacteria cause these diseases. Great studies and investigations of this lower order of life have been made during the past years, and there is an apparent causative relation between bacteria and disease, this is undeniable, but whether bacteria is the cause or a result of disease is still undecided. Personally I believe that the presence of bacteria

in pathological changes in the body has a different meaning altogether. It is their office or function to "eat up" or destroy dead animal cells, so that these dead cells may be taken up by the various eliminating organs and carried off from the body. The real infection or cause of these diseases is far finer than even bacteria, and beyond the reach of the microscope. They are so fine and "spirit like" in nature that they operate on the same plane with that of the life force. No agent or force can enter the domain of life unless it is of the same quality of vibrations. It may be of a destructive quality, but it must be fine enough to act on the same plane. And we know that these infections disturb life in its normal activity, and cause morbid and pathological changes in the body. Whether I can prove this assertion or not, one thing is beyond dispute, that when the life flows undisturbed there is health and order in the cell activity and functions of the body. No germs or cell life of a lower order can under these conditions invade the domain of a higher cellular activity. But a morbid agent that is so fine or spirit-like in nature that it vibrates on the same plane with that of the life force may readily poison or disturb the normal influx of life, and cause all kinds of pathological changes in the body, and even destroy life.

The ordinary medical man knows little or nothing of this aspect of infection and disease, but Homœopathic physicians generally are familiar with these views. We also recognize certain chronic miasms or infections that may hold the life force in bondage for generations, and that life cannot express itself normally until these miasmatic bonds are broken with the suitable remedy. The most destructive of these miasms, and the most difficult to eradicate from the human life are those of "psora, syphilis, sycosis, and tuberculosis." To these may be added alcohol and cancer. All these will infect life even to the third and fourth generation.

In this field of disease and miasmatic infection Homœopathy as a curative agent is particularly active and applicable. Here it has gained its greatest laurels, and restored to health and happiness many a life that otherwise would have

been doomed to suffering and destruction. Potentized medicines are the liberated energies of poisons or morbid matters, and when becoming active on the same plane with that of the life force have a peculiar harmonizing and restoring action upon the disturbed life activity, when administered according to the laws of Homœopathy. They also neutralize or destroy the activity of the infection or morbid agents causing the disease, with which they must be similar in quality and vibration. This is curing the patient, and not a suppression of the symptoms of the disease or the perverted life activity in the body, as crude drugs generally do. Each and every patient must have a remedy suited to his or her peculiar symptoms of the disease *per se*. Here it is that the law of *similia* comes in, and unless this law is complied with there will be no action of the remedy on the patient. At this point so many Homœopathic physicians fail, unless they have a thorough knowledge of the application of remedies. The ignorant will say, that potentized medicine is only "moonshine, sugar pills," etc. And when the curative action is too apparent for even the most bigoted to deny, it will be called, imagination, faith cure and the like. And although it is true that real Homœopathy and potentized medicine work on a plane beyond that of crude matter, and is closely allied to the spiritual and unseen, yet it is neither imagination, nor faith cure, nor any other form of mental healing, but it is strictly medicinal therapeutics, only of a higher and more refined nature.

I shall not go any further into details in this paper. Homœopathy and its true *modus operandi* is well known to all members of this society, but I shall take pleasure in calling your attention to a few observations in the study of man and in the application of Homœopathy to the sick that may prove interesting and helpful to the earnest seeker of the truth.

1. It is practically impossible to understand and fully appreciate Homœopathy as a system of healing without a comprehensive knowledge of man, including a recognition of his spiritual nature.

2. All life is spiritual and one in kind and nature. Bodies

and beings as we meet them are only expressions of the activity of the spirit within.

3. The object of life is to establish individual personalities or beings. For this purpose bodies or instruments for the expression in a world of matter become a necessity.

4. The body is created by the mind or the Ego, and is subject to the government of the "man within," and as such susceptible to orders and impressions from this source.

5. The life of the body, or the force that animates it, is not the Ego, but the product of the Ego, and is known as the life force.

6. This life force is the connecting link between the Ego and the body. It is the invisible wire over which life and energy flow between the Ego and the body. It animates and vitalizes every cell, every tissue, and every organ, and when this wire is severed the body is dead.

7. When this life wire is out of order, or when disturbing messages pass over it, there will be disharmony and disorder in the life activity of the body and a state of disease will result.

8. In every body or substance of matter there resides a "spirit-like" or latent force or energy, which becomes liberated on the destruction or disorganization of the body or the substance. This energy or force may by the use of mechanical force become potentially stronger the further it is removed from the crude substance, and yet retaining its original character or individual qualities.

9. Thus potentized medicines are simply liberated energies retaining the individual character of the substance liberated from, losing their poisonous or toxic qualities in the process of potentiation, but becoming potentially stronger the higher the potency.

10. These potencies or liberated energies have the power of disturbing the normal flow of life in human beings, and become also powerful agents in restoring a disturbed life to normal conditions when administered according to the law discovered by Samuel Hahnemann.

As to the future of Homœopathy there need not be any fear. A truth will always survive all opposition and seeming

defeats. Homœopathy is based on so firm a base in nature that even if we should lose sight of it for a time it would be rediscovered in another generation or two. It is so essential to man's welfare, and will become so potent an agent in redeeming him from the effects of the sins of his fathers, and from his present perverted state of life, that he simply can not get along without it.

Man is slowly evolving from a crude to a finer state of being. A higher conception of self and life is gradually becoming more widespread. He is beginning to look deeper into science and finds that the further he goes the more is there to learn. The study of physics and chemistry have already been carried beyond the strongest microscope. An electron is so small that even the strongest imagination could not discover any matter in one. And in this process of evolution the crude and dangerous in medicines will slowly be eliminated from all schools and systems of healing, and true Homœopathy will come into its own.

And if we, the present guardians and advocates of this the most advanced and scientific system of medicine, will be true to our colors and carry the principles of true Homœopathy into our daily practice, this day of final triumph will be hastened.

FITTING THE REMEDY TO THE CASE VERSUS FITTING THE CASE TO THE REMEDY.

G. C. BIRDSALL, M. D., WASHINGTON, D. C.

Mr. Chairman, Ladies and Gentlemen:—

When your Chairman asked me for a paper for this Bureau, I was in doubt regarding what class of cases would be most interesting to report. I have chosen as a subject the anæmias of childhood.

Because of the special line of work which I pursue, I have the opportunity of seeing a large number of anæmias during the year. These are due perhaps to a dozen different causes. The fact that has impressed me most is that Ferrum seems

indicated so seldom and yet iron is the main remedy depended upon by the dominant school in this class of cases.

I am a firm believer in making a correct diagnosis before beginning treatment. We owe it to ourselves and we owe it to our patients. In anæmia particularly it is important to determine the cause both for diagnostic and prognostic purposes. It has often been stated to me that in homœopathic practice, a diagnosis is not necessary. I hope this will be stated less often each year. The Homœopaths are excellent diagnosticians. Their familiarity with the finer symptoms produced by disease increases their ability to recognize disease. I consult for diagnostic purposes with members of the regular, eclectic, and homœopathic schools and occasionally with an osteopath and taken as a body, I find the Homœopaths make the most accurate diagnoses.

Anæmias are primary and secondary. The primary anæmias are probably more amenable to homœopathic treatment than are some of the secondary types. Under the head of primary anæmia I include chlorosis and pernicious anæmia. For the anæmia accompanying a large cancer or that developing with chronic nephritis; for the anæmia often seen in patients suffering a large fibroid or for that anæmia always accompanying hook-worm disease, what results can be expected from the Homœopathic or any other treatment until the cause or predisposing factor has been removed?

I was recently consulted regarding a case of progressive anæmia which did not respond to indicated treatment. Examination of the blood showed forty per cent of hæmoglobin, 2,000,000 red cells and 80,000 white cells of which ninety per cent were lymphocytes. The diagnosis was quite plain. It was a case of lymphatic leukæmia which fact explained why the indicated remedy was failing to act. Another case which comes to mind was one of recurrent nose-bleeds. The patient had been subject to frequent attacks of nose-bleed extending over a period of several months and in spite of good treatment, they were becoming more frequent. Except for the fact that the patient appeared anæmic, the physician had found no apparent cause for the condition. A blood exam-

ination proved the case to be one of myelogenous leukaemia. The patient died two months later with general bleeding from mucous surfaces. I cite these two cases to emphasize the fact that some of the symptoms may be modified by the indicated remedy but the prognosis is always the same.

A little boy came under my care last fall. He had been treated for anæmia by a regular physician and had become so much worse under the treatment that the mother decided to give Homœopathy a trial. The child was two years old. He had been fed on breast-milk for the first six months and then a proprietary malt food until he was eighteen months. He was then weaned from the bottle and regular feeding instituted. The child was fat and fair haired. His color was waxen. He had been very backward in dentition and bone development and the mother told me his pillow was wet through every night with perspiration. An examination of his blood showed a hæmoglobin of twenty-five per cent, white cells were 10,000 and red cells about 3,000,000. The urine was normal. The temperature was normal or sub-normal. Examination of heart, lungs and abdomen were negative. While the child was eating sufficient food, he did not gain in weight and his anæmia steadily increased. He apparently absorbed no iron. The symptoms so distinctly indicated *Calcarea carb.* that it was promptly administered and all the Blaud's pills and Fowler's solution was emptied down the sewer with the result that in two weeks the hæmoglobin had doubled and in six weeks the child was perfectly well and has remained so.

Another case was a little girl two and one-half years old who began to grow pale and lose her appetite for no apparent reason. The Homœopathic physician called to see her gave her a compound tablet put up by one of our prominent homœopathic pharmacies and labeled "for anæmia and loss of appetite." This apparently did no good so Fowler's solution was resorted to with the same result, and at this point, I entered into the history of the case. I found an apparently normal child with the exception of a mild anæmia. The hæmoglobin was about sixty per cent. The child had a large amount of

gas in the intestines, was constipated, uric acid crystals were present in the urine and while the child seemed hungry, when she went to the table she became entirely satisfied after taking a few mouthfuls of food. I gave *Lycopodium* (of course, with the result that in two days the child began to eat and in a week it was hardly possible to supply her with enough food. The anæmia rapidly disappeared. I remember well what Dr. E. B. Nash said once when lecturing on *Lycopodium*, "baby powder is great stuff when used in the right place."

I have in mind numerous cases of anæmia in children which have promptly responded to homœopathic treatment. For many years I have been associated with the stalwart Hahnemannian, Dr. J. B. G. Custis. His motto has always been "treat the patient and not the disease and you will cure most curable diseases."

DIFFERENTIATION OF PSOR., SYPH. AND MED.— SUGGESTING THEIR POSSIBLE HELPFULNESS IN THE "END PRODUCT OF DISEASES."

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

Dr. Ensign has well defined their conditions when he says: "When nature has made repeated efforts to rid the body of poisonous waste, and has been defeated through treatment of local instead of general conditions, the result will be the 'end product of diseases.'" Such as cancer, tuberculosis, Bright's disease, diabetes, etc., etc. So, also may conditions uninterrupted progress.

Practically *all homœopathic* physicians know these facts. Still when presented with a new case, and there are symptoms, or signs, that the heart, the liver, the stomach, or the genito-urinary system is involved, we immediately select from medicines recorded as having influence in that particular sphere, without thought of the further tendencies, and are, frequently, only saved from suppression by the fact that the potentized medicines have a wider and deeper sphere than suggested by

the more superficial indications upon which we have prescribed.

Could we be made to appreciate that these vital disturbances, relieved by any means outside the remedy homœopathic to the general conditions, lead *somewhere*, and that *somewhere* is an "end product" of disease, we should exhibit a truth that would lead the world in therapeutics.

Of course, disturbances of health due to circumstances, environment, infections, exposures, are not all due to such tendencies, but how often must we be told, to be able to believe, that perfect health means immunity, and physical and moral fitness are pretty good assurance of immunity.

The homœopathic preparations of Syphilinum, Psorinum, and Medorrhinum are made from the "end product of disease,—the primal end,—the beginning, of that retrogression which extends deeper and deeper into the system, until reaching the vital organism, from whose disintegration we cannot live. Although reversal of that process in initial lesions, is possible, the heritages, the communications from secondary conditions, may only be reversed toward health, not to initial lesions.

To recognize these, to separate their indications the one from the other, to apply them with a knowledge of their helpfulness in many instances, seems a worthy effort on our part, and this paper will try to point out a step or two of the way, which shall show, without question, that we are dealing with one or the other of these clearly defined miasms, or miasmatic influences, in the various sicknesses presented.

In no sense do we need to prescribe either of these products because we realize the cause, but in order that we may know when it will help, as well as a possible prognosis of the "end product" we expect to avoid, I will try to compare some of the leading characteristics.

Concerning the following comparisons I would say: the symptoms are placed under the headings, as in Hering, because it is more easy to refer to them in the *Materia Medica*, if needed, not because the headings are always suited. I have

also tried to select the differential rather than the entire, or those which are often repeated under each section.

Psora. Development slow in heritage taking many years, or the allotted span of life; rapid in suppression.

Syphilis. Development more rapid, more actively destructive, taking life in comparatively few years when unchecked.

Sycosis. Development less destructive, lingering suffering, failure of virility, impotency, hopelessness or futile haste.

Psorinum. A cold patient, always shivering, afraid of drafts, "fur cap in the summer time."

Syphillium. A patient whose inner organs or sensation are < by cold, but whose externals are < by heat.

Medorrhinum. A patient who is generally more < by heat, except in rheumatism, when it is < by cold and damp.

TISSUES.

Psorinum. Granular enlargements with eruptions on the head; carrion like odor to the excretions of all organs; deep, penetrating, ichorous ulcers; caries; rachitis; dropsy, rheumatic arthritis; eruptions; *weakness* and paralysis with trembling; great emaciation.

Syph. Shifting pains of rheumatic character, obliging change of position; bone pains; < pains from night to morning; > of pains in morning; pains gradually increase and decrease; affections of the bones and periostenum; ulcerations; paralysis and *rigidity* of muscles of back and joints of extremities; paronychia; caries; peculiar disagreeable odor to body.

Med. Pains tensive, tightening and letting go; sensations of heat imperceptible to the touch; sensations of dislocation; < from morning to evening; carbuncles; boils, etc., fish-brine odor to discharges; catarrh; condylomata; fig-warts; enlargement of glands of entire body.

MIND.

Psor. Memory weak, loss of location; irritable, vacillating,

anxious, full of fears, melancholly forboding; is sure is going to the poor house; discouraged, joyless; despair over his afflictions; severe ailments from emotions which cause trembling.

Syph. Memory sluggish for all occurrences since infection; excellent for such occurrences as took place before infection; aphasia.

Med. Memory forgetful; hurried, loses train of thought; hallucinations; premonitions of death; of occurrences; easily startled; wakes frightened; fears the dark.

HEAD.

Psor. Ache preceded by flickering before the eyes; objects before the eyes; congestion, > by nose-bleed; hair dry; lusterless and tangled; sweat; eruptions.

Syph. Linear headache.

Med. Sense of tightness or contractions.

EYES.

Psor. Recurrent pustular inflammation of the cornea and conjunctiva; pterygium; ciliary blepharitis; ophthalmia.

Syph. Ptosis; strabismus; recurrent phlyctenular inflammation of the cornea; iritis.

Med. Sense of staring; ptosis of external upper lids; swelling and puffiness beneath the eyes.

EAR.

Psor. Catarrhal ulceration and eruption, especially external.

Syph. Pains, deafness, especially nerve deafness; calcareous deposit upon tympanum.

Med. Deafness without accompanying noises; deaf as if a tube extended through the head; double sounds when whistling; pains extend up the eustachian tube.

NOSE.

Psor. Loss of smell; odor of blood; eruptive condition of septum; dry catarrh with tough plugs, chronic with catarrh of respiratory organs; rosacæ.

Syph. Ezena, offensive, with eruptive accompaniment.

Med. Itching near the tip; burning in nostrils when breathing through them; acrid, post-nasal catarrh; crawling sensations.

FACE.

Psor. Itching, sweating, moist eruptions; extensive and offensive.

Syph. Facial paralysis; spasmodic twitching; cancer; eruptions without the characteristic itching, burning sensations.

Med. Greenish yellow pallor; neuralgia; sweating, blotches; tendency to stiffness of jaws.

TEETH.

Psor. Pains stitching from side to side, or radiating to head; gums ulcerate.

Syph. Serrated incisors; dwarfed and convergent; decay at edge of gums; pains flutter as if something alive within; sense of being displaced.

Med. Serrated or chalky; sore, feel sore and soft; yellow; gums pallid.

TASTE.

Psor. Blisters inner lips; loss of, or bitter taste.

Med. Blisters at inner lips, like *Psor.*

TONGUE.

Psor. Dry or sensation as if burnt. Tough mucus post-pharyngeal, necessitating hawking, < from warm food, with burning sensation.

Syph. Cracks, the length of, each side median line; protrudes crookedly; paralysis; indented.

Med. Stiffness of; coppery taste; cankers at edge of; saliva profuse, runs from mouth in sleep; foul odor.

THROAT.

Psor. Sense of dryness, scraping, or swelling; sense of plug or lump in.

Syph. Fetid odor from mouth; chancreous ulcers of palate; chronic hypertrophy of tonsils; great destruction of tissue.

Med. Dry, or constantly filled with mucus from the post-nasal cavities.

STOMACH.

Psor. Great hunger even after a hearty meal; rancid eructations; odor of Sulph-hydr; weakness; craves acid; loathes pork; ceases complaint while eating.

Syph. Appetite none or capricious; heart-burn with pain and rawness from stomach to throat-pit; cravings for alcohol; erosions with vomiting for months.

Med. Ravenous hunger, immediately after eating; enormous thirst, even dreams of drinking; craving for liquor before hated; sensation as if a paper of pins would force through the flesh; burning, at times throbbing, or again sinking, at pit of; eructations of Sulph-hydr.

HYPOCHONDRIUM.

Psor. Chronic hepatitis with < from external pressure, lying on, or jar; pains hinder laughing, sneezing, yawning, or coughing; chronic induration of spleen.

Syph. No record.

Med. Congestion and terrible pains; billious colic, nausea, vomiting, and diarrhoea; burning heat around to back, like coal of fire; severe pains in abscess of liver extending to right shoulder and elbow.

ABDOMEN.

Psor. Empty, loose feeling as if intestines were hanging down; flatulence bloating; pains after eating > by passing flatus; pains when riding; chronic abdominal affections; inguinal hernia.

Syph. Deep pains, sensations of heat, swollen glands < in right groin; bubo.

Med. Pains in right; from right ovary to liver; in right lower abdomen extends to right spermatic cord; right testes very tender; ascites; pulsations.

STOOL AND RECTUM.

Psor. Riding causes griping and desire for stool; fetid flatus; odor of Sulph-hydr; stool dark, foul odor; insufferable odor and nearly painless; lenteric; soft, passed with difficulty when constipated. Rectum: burning; hemorrhage; burning hemorrhoidal tumors.

Syph. Obstinate constipation, stools either dark and offensive, or light. Diarrhœa drives out of bed at 5 A. M.; acrid. Rectum: like a ruffle; fissures, indurated ulcers.

Med. Bilious diarrhœa verging dysenteria; intense pain in upper abdomen during stool, which is hot, thin, not copious. Black, white or bloody; tenacious clay-like, ball-like; sluggish. Cholera infantum green, slimy, watery stool, patient very low, oposthotonous; discharges of blood and pus; oozing from the anus of moisture with an odor of fish-brine.

URINE.

Psor. Vesical paresis; enuresis; nights; < full of the moon; uric-acid; discharges of prostatic fluid before urinating.

Syph. Itching at orifice of urethra; sense of obstruction an inch from the orifice; scalding urine; slow painless; want of power; must strain.

Med. Intense renal colic; sense of pains in the ureters; sense of the passing of calculus; pain in the region of the

kidneys, > by the passing of urine, (Lyc.) bubbling (Berb.) sensation, right kidney, causing faintness; prostration, coldness, syncope after urinating; tenesmus of bladder and bowels during urination; enuresis; diabetes; chilly when bladder too full.

MALE SEXUAL ORGANS.

Psor. Excessive, uncontrollable sexual instinct; aversion to coition; impotence; no emissions during coition; drawing pains in testicles and spermatic cords; inflamed ulcer on glands, with swelling and heaviness of testicles; suppressed gonorrhœa, rheumatism, lameness affecting eyes and head; painless discharge urethra, leaving yellow stains; gleet; large, moist, itching condylomata on prepuce; right-sided inguinal hernia; hydrocele.

Syph. Chancres with raised edges and lardaceous base; buboes; aching of sexual organs unable to sit still; suppression of chancre to scrotum and testes. From colds, pains in kidneys seems to follow the ureters, thence to the spermatic cord, groins and testes, especially the right; chancreoids spread rapidly; inflammation and induration of the spermatic cord.

Med. Nocturnal emissions followed by prostration, misery, through the day; impotence; intense and frequent erection, day and night; gonorrhœal flow thin, transparent, acrid, abundant, staining yellow, or dirty brown; soreness, swelling and dragging of the testes.

FEMALE SEXUAL ORGANS.

Psor. Induration of ovary from a blow; sensitive lump above the left groin; amenorrhœa; metrorrhagia; menses scant and delayed; psoric subjects with tetter in thick scurfs; dysmenorrhœa at climaxis, disorders of function at climax; leucorrhœa in large lumps of unbearable odor; ulcers of labia.

Syph. Softness, flabbiness of the parts; profuse, yellow leucorrhœa, so profuse it soaks the napkin and runs to heels; at night, in sickly nervous children; soreness of genitals in children; acrid discharge with inflammation, itching; menses

free, stains wash easily; sensitive uterus; abortions easily induced; mammae sensitive to touch.

Med. Great sexual excitement, with dreams and orgasms, after the menses; bursting, dragging, swollen sensation in left ovary, with burning heat; tense pains in right ovary, with bubbling; (Berb.) cutting, excruciating pains from ovarian region to uterus; pains in sacral and pubic regions, as if menses would appear; flow dark, difficult to wash out; menstrual colic like labor pains; breasts cold to touch; both breasts and nipples sensitive to touch, < at menses.

VOICE AND LARYNX.

Psor. Hoarseness with feebleness, trembling voice.

Syph. Hoarseness with almost complete aphonia.

Med. Hoarseness with intermittent loss of voice; choking from spasm of larynx, > lying on face, < at night; elongation of palate and sense of lump in larynx.

RESPIRATION.

Psor. Convalescents instead of being invigorated by walks in open air, become short of breath, hasten home to lie down; difficult expansion of chest; dyspnoea; with palpitation and pain in cardiac region; > lying; < placing the arms far from body.

Syph. Chronic asthma < in warm, damp, summer weather; < at evening, > at daybreak; spasmodic bronchial asthma only at night, or during a thunder storm; wheezing, < from 1 to 4 A. M.

Med. Desire to breath deeply, wakes gasping; difficult with momentary faintness; < 5 P. M. suffocation sitting up in bed, as if thorax was filled; spasm of glottis; with clucking sound; < expiration. Breath *hot*, even when expelled through nose.

COUGH.

Psor. With pains in chest, > when quiet; pains of chest

and liver extend to shoulder; periodic, and spasmodic pains with tearing from chest to throat; with asthma thinks he will die; < from drinking; bruised pain extending to right shoulder, < after frequent cough, or after cold drink.

Syph. >night; with inspiratory whoop and choking sensations from fauces to bifurcation of bronchia; < lying on right side; with dyspnœa coming on after mid-day meal, lasting all night, > at day-break, expectoration; clear white, sense of round ball rushing into mouth without cough.

Med. Wakes, just as is falling asleep; < from sweets; as if larynx was torn; hollow, like coughing in a barrel, rattling as if membrane was loose.

CHEST.

Psor. Pains as if raw; stitches from behind forward when breathing; pains in right side of chest; tedious recovery from pneumonia; all symptoms > lying and at rest.

Syph. Pain and pressure behind sternum.

Med. Burning heat; cold > for a little then < the heat; as if blistered sore in lung; as if empty cavity, from side to side, filled with hot air; left lung becomes hot walking in sun, and right becomes cold; great pains from cough.

HEART.

Psor. Stitches so sharp, thinks they will kill him if continued; gurgling in region of heart; palpitation with dyspnœa; stenosis; rheumatic-pericarditis.

Syph. Lancinating pains from base to apex.

Med. Lancinating pains from apex to head; pains radiate to different parts of left chest; from left scapula to heart; dull pains with sense of swelling of left hand.

NECK AND BACK.

Psor. Stiffness, soreness and tearing in cervical region, < bending head back; eczema, herpes; swelling of glands of

neck; stitches from back to chest; bruised pains of back < motion; backache after suppressed eruptions.

Syph. Suffusion and full feeling in face, throat, and head, with innumerable enlarged cervical glands; caries of cervical and dorsal spine; rigidity of muscles; pain region of kidneys < after urinating; heavy stiffness and aching in muscles and cords of neck, extending to brain; enlargement of glands, particularly about neck.

Med. Drawing cords with desire to throw head back; swelling of cords of neck, spasm of neck muscles, drawing them firmly down to chest; intense burning heat extending from nape down the spine, with contracting stiffness; pains straight through from shoulder to shoulder; < to touch entire length of spine; violent pains in region of kidneys, when arising from stooping; pains back of hips, running around and down the limbs.

LIMBS, GENERAL.

Psor. Weakness in all points as if would not hold together;; trembling of hands and feet; hands and feet as if broken; herpes in bends; chronic rheumatism with dry eruption on wrists; arthritis; heat, hands and feet; hands and feet, cold, moist; caries; rachitis.

Syph. Aching like "growing pains"; gradual rigidity of joints after eruption; flexors seem contracted; rheumatic swellings > by heat of stove; < from sundown to sunrise; numbness palms and soles; rheumatism of muscles with caked, hard knots or lumps.

Med. Almost entire loss of force in legs and arms; exhausted by slightest effort; pains like rheumatism upper and lower left, < damp; stiffness throughout body and joints; deformity of joints; < inland, > near shore; numbness extremities of left side; eruptions.

CIRCUMSTANCES.

Psor. > when lying; many < when riding in carriage; lies in same position in morning, as when he went to sleep;

< dyspnœa by bringing arms near the body; exertion < urticuria and eczema; shortness of breath < walking in open air; walking difficult: as if left foot were pulled inward.

Syph. No position suits; stand < pains in thigh and soles; < coccyx by sitting; < loss of control of knee and hip joint by squatting; recumbent, impossible in asthma; motion < various pains, except the tearing pains through body, which is >; pain in nape > by drawing head back.

Med. Lying on knees, face forced in pillow; > the suffocation in larynx; head drawn back; leaning body back at stool; drawing up knees < menstrual colic; pain in hands when closing; motion of arms < pain in chest; < first stepping on soles; heaviness of legs difficulty up and down stairs.

NERVES.

Psor. Restless, easily started; sub-sultus; constantly tired and sleepy; little labor exhausts; trembling and chilliness with attacks of pain in chest; < in stormy weather; thinks is very ill when is not; increasing debility with abdominal diseases; < thunder-storm.

Syph. Utter prostration, mornings; epilepsy; disease of nerve tissue; restless, unable to keep long in one position.

Med. Intense nervous irritability from slight touch; starts easily; hurried; restless; trembling; faintness; even tongue trembles; sense of creeping things throughout the body; quivering sensation with tingling and numbness; spasms; collapse, wants to be fanned.

SLEEP.

Psor. Sleepy days, sleepless nights; children apparently well, fret all night and are lively next day; unable to rid self of persistent idea when waking.

Syph. Absolute sleeplessness; vies with Sulphur in producing quiet refreshing sleep; all symptoms at night.

Med. Sleepy, yawning, and chilly; spasmodic yawning, followed by spasm of glottis; hears and answers question dur-

ing sleep; on back, hands over head, or on face buried in pillow; during perspiration of face and neck; dreams of walking, drinking; visions on waking; all symptoms > at night.

SKIN.

Psor. Abnormal tendency to skin infection; inactive, want of perspiration; itching, < warmth; itching, stinging, intolerable, many parts of body, at same time; scratches until it bleeds; eruptions in bends of joints; dirty looking skin; greasy looking skin; psoriasis; skin has crusty eruptions; retrocession or suppression of eruptions.

Syph. Pustular eruptions; eruptions in patches, where bones are nearest to surface; slow healing and ichorous discharges; maculae on covered parts of body; eruptions that are without itching; coppery colored eruptions; fiery looking and lumpy, rash; bluish skin.

Med. Great yellowness of skin; usually complexion is described as greenish; intense and fugitive itching < from thinking of it; itching without visible eruption; small pedunculated warts; fig warts; condylomata.

Psor. Compatible: Carb-veg., Cinch., Sul., which seems rather unreasonable, when recalling the fact that Psor. is a cold remedy desiring heat, and both Carb-v. and Sul., are its opposite.

Syph. Compare: Aur., Merc., Kali-iod., and other anti-syphilitics.

Med. Compare: Sulphur in early morning diarrhoea.

Compatible: With Pic-ac., inability to walk right; Camph., Secale, sudden collapse with cold sweat; Syph. in reverse <; Thuj. in condylomata, warts, etc.

Hoping this compilation of some leading symptoms of the provings and verifications of these nosodes, by placing them in juxtaposition for ready reference, will help us to appreciate the influence of the basic miasm in both diagnosis and prognosis, and out of that appreciation will develop a true knowledge of wither these indications lead, I will leave the bulk of

evidence for your consideration, before the many cases presented to you.

President: I will announce the committees recommended to be appointed by the committee on the President's address.

Committee on Colleges.

John Hutchinson, Frank W. Patch.

Committee on Public Press.

J. B. S King, L. A. L. Day.

Committee on Post Graduate Schools.

Stuart Close, J. B. Campbell.

Supplementary Report of the Board of Censors.

H. L. Aldrich, elected active member.

Bina Seymour, associate member.

Bureau of Surgery

J. W. KRICHBAUM, M. D., CHAIRMAN.

THE ABUSE OF A NECESSITY.

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

On the borderland of doubt, we are led into the belief that because of certain facts and conditions, nature has made a mistake. But in fact, it is man's enthusiasm and mistaken ambition which causes him to place upon the meat block, for his investigation, his fellow man, when in truth, the method should be the following of the law of medication which nature has provided for the cure of man of his ills.

The perversity of man's judgment and his ambition to override nature, cause him to follow an outline of thought, which, in the end, means the impairment of the human body.

There are conditions occasionally, when the use of the knife may seem imperative. There are conditions brought about by the foolishness of the medical fraternity in its experimentation upon the human body. Conditions arise which result in the impairment of the vitality, and more than all others whenever the knife is insinuated beneath the skin. However trifling the incision may be, there is an impairment of the nerve supply, of the blood supply, and in that economy of nature which pertains to the upbuilding of a perfect, unimpaired human body.

It is admitted that occasionally a condition may arise wherein the use of the knife cannot well be avoided.

Nature in her provision, her wise provision, has prepared, seemingly, for the conditions which arise in every form. She has provided for all those conditions, and in every single instance has provided an antidote for every poison; she has provided a cure for every ill; she has stored up, in her beneficence, an aid in every time of need, and it behooves man to search out and find in all the resources of nature, the parallel which is the cure for every ill.

Not that the decision in the selection of that aid should depend upon the name of the ill, but in his selection and decision, he should be guided by the laws which have been revealed to those who have been taught that the curse of the medical world is experimentation upon the sick.

It has been revealed to man that there is but one true, rational method by which these aids in sickness might be known. That is the proving upon the healthy human body, each individual medicinal product, thereby acquainting the world with the knowledge which is obtained through this method of experimentation, to eliminate the ills which come to man.

The ordinary surgeon, were he to have his way, would operate in almost every case of illness. He would seek to relieve the patient by opening up, and getting rid of the supposed disease product. He does not know that by so doing he impairs the stability and the vitality of the human system.

Always granting the occasional need of the knife, we should decry its unnecessary use. We should declare against the needless impairment and the universal destruction, aye, the tendency to destroy the perfect body, which nature has perfected in the ages that have passed.

Drink from the fountain of thought. Do not be led like a flock of sheep led by the bell wether. Stand by the colors! Fight for the right! Give just due to him, who, in his earnestness, and in his honesty, is fearless of criticism, because he, in his sincerity, makes bold to decry against this modern tendency. Line up the victims of useless ovariectomy! Bring together those who have uselessly sacrificed an arm, a leg, or even a less important extremity. That gathering

would be appalling. Hurl this back upon those who advocate unlimited surgery, and appeal to them to go back to school, and gain the knowledge which will aid them to repair the damage and avoid further damage by bringing about a cure for conditions by means of nature's own remedies.

The efforts of nature are being thwarted. The perfection of nature's attainment is being destroyed. Mark the time which is sure to come when the common martyr will rise up and demand some other method of relief, besides the loss or impairment of function in any portion of nature's economy.

Brave the tide, even though the pioneer objector be engulfed in the popular flow of blood. Do not be dismayed. The younger generation in the medical world will see the stemming of the tide.

In the beginning, life was a simple protoplasm, and as the ages advanced, this simple protoplasm developed into the different degrees of perfection of life, until the crowning glory of nature has been the perfection of the human body in its entirety, making the extreme point of elevation which nature has acquired at the present time. Advancement never ceases, and the perfection of man in the future ages, will be of a higher standard than that of today. Be of good cheer. As time advances, so also will the mind of man be broadened, and the attunement of the vital force will be enhanced to the degree of perfection which seems improbable at the present time.

In the enlightenment which is bound to come in the future, the sacredness and the purity of nature's most precious and valued production, the human body, will be held sacred, and the medical world will realize that no infringement whatever will be tolerated beneath the integument which covers that which nature has perfected, nor in any manner be disturbed in its wonderful mechanism of perfection.

The most tiny nerve has its portion of work to do. It has its own portion of the body to protect, to sensitize and nourish, and because of that, there should be naught to disturb, the full action of every nerve trunk, aye, every nerve filament, because in the end, there is an impairment of function, of nutrition and of sensitiveness.

We realize that the loss of a certain amount of blood is detrimental to the well-being of the human body. We have yet to learn the importance of the nerve supply, seemingly, because without hesitation, the surgeon intrudes upon the most sacred precinct of nature's provisions, and in that manner, cripples the functional conditions which nature has perfected.

CHRONIC APPENDICITIS AND CHRONIC CARBUNCLE CURED WITH A NOSODE.

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

This short paper is best begun with a quotation from Hering:

"To call a carbuncle a surgical case is the greatest absurdity. An incision is always injurious and often the cause of death. Never a case has been lost under the right kind of treatment, and carbuncle should always be treated by internal medicine only."

Though not always this is also many times true of appendicitis.

This paper would seem to be an anomaly in the Bureau of Surgery. Be that as it may the case had been looked upon as a surgical one and operation urged for both skin and abdominal conditions; it is as follows:

A young college man, from the south, seventeen or eighteen years old, presented himself on February 8th, 1914, and told of a series of attacks of "cramps" in the abdomen.

They first occurred in the previous August after a dip in the ocean, was accompanied by vomiting, and bending double, lasted about two hours, when he went to sleep and waked free from pain. The second attack, in October, came in the evening, lasted all night, with vomiting without relief. The third, less severe, though of longer duration, came just before last Christmas. He had one just before coming to me, the worst of them all, and had only partially recovered from it.

His history included measles, pertussis, scarlet fever,

mumps with metastasis, all before his fifth year, and then malaria from his sixth to tenth year. The malarial paroxysms were severe with high fever and aggravation in damp weather, and a "cure" with quinine.

About a year ago he had a carbuncle with bowel disturbance. There have been a number of carbuncles since, the last, on the right cheek, two weeks ago, even now not quite healed. All his symptoms were on the right side, and there was rigidity of the right rectus muscle and sensitiveness over McBurney's point.

There was a family history of cancer on his father's side, and his malarial grandfather had "cramp" attacks, similar to his, and finally died in one of them.

During the last attack, from which he had not fully recovered on February 8th, he was better lying on the back with legs out straight, and feet crossed; sweat general, except on face, with desire to uncover; very sensitive to cold. There was besides great thirst, though water did not aggravate the nausea; sour vomits, but vomiting did not relieve the nausea. Nausea worse on rising up. Light pressure on abdomen aggravated, hard not as much. Also there was soreness of the right tendo achillis from walking, worse in damp weather.

For this acute condition he was given a dose of Belladonna 1M.

February 12th, reported much improvement and he then returned to college.

March 10th, he wrote that a carbuncle was starting on his right thigh and the abdominal soreness returning with some pain. I then sent him Anthraxicum 1m. two doses.

May 15th, he reported, in person, that the medicine relieved at once, the abdominal pains and soreness disappeared and the carbuncle aborted.

April 8th. Some suspicious spots have appeared on the right cheek, each with the characteristic induration, and Anthraxicum 1m, two doses, was repeated.

May 29th, has had three very slight attacks of pain in the region of the appendix since February 8th each one slighter

than the one preceding. No carbuncles present, and he has gained in weight and strength.

The symptoms which suggested Anthraxicum were not so much the occurrence of carbuncles with each attack of abdominal pain, or the reverse if we prefer, as the fact that the symptoms appeared exclusively on the right side—the pains, soreness, and particularly the carbuncles, were always on the right side; also the vomiting was followed by a painless, often bloody diarrhœa. The carbuncles were typical, at least the one I saw was, with several openings, and were accurately described by the patient.

While the patient may need more of the same remedy the improvement he has made already leaves hardly anything to be desired.

Among the questions which this case suggests there is one particularly which would be interesting to have answered, if answer were possible, and that is: What relation is there between the abdominal pain—it seemed a typical appendicitis—and the carbuncles?

Are we justified in deciding that it was due to “inner anthrax”?

THE DIAGNOSTIC VALUE OF BLOOD EXAMINATIONS IN SURGICAL DISEASES.

G. C. BIRDSALL, M. D., WASHINGTON, D. C.

Examination of the blood is now as much of a necessity in diagnosing surgical conditions as it has been found useful in the practice of medicine. When one considers how little was known three decades ago of the various changes the blood undergoes in different diseases, we can't help but wonder at the marvelous advances made in this branch of diagnosis.

There are only a few conditions in which the diagnosis by blood examination can be made positively and without other help. Among these would be included the various forms of malaria, relapsing fever, trichinosis, filariasis, the leukæmias

and various anæmias. There are many diseases in which the blood examination is of inestimable value and often is the link in the chain of evidence which makes the decision. Very often the simple fact that the blood is found normal may be of the greatest value in making a diagnosis. The blood examination bears about the same relation to diagnosis as does the examination of the urine. It can always be considered of some definite value.

The number of leucocytes present in the blood is of especial interest to the surgeon. How often does he base the necessity for operation upon the report of the pathologist. We know that inflammation in any part of the body will invariably produce a leucocytosis, the number of leucocytes being increased proportionately with the amount of inflammation present. Unfortunately, the blood does not distinguish between an inflammation within the lung, as pneumonia, or within the abdominal cavity, as peritonitis, appendicitis, etc. By leucocytosis, is meant an increase in the number of white cells in the blood the chief increase being in the polymorphonuclear variety. Leukæmia and leucocytosis should not be confused as both show an increase in the white cells, but the variety of the cells increased constitutes the difference upon which the diagnosis is based. I want to emphasize one point. Too much dependence should not be placed upon the leucocyte count alone or the surgeon will be misled many times. The blood analysis should be considered as an integral part of the clinical symptoms presented and the diagnosis based upon the totality of symptoms just as the drug is selected from the totality of symptoms which the patient presents.

Normally the leucocyte count in the adult ranges from five to ten thousand per cubic millimeter. Inflammatory conditions of only mild degree will often cause an increase of fifteen or seventeen thousand while more extensive inflammation will produce an increase to twenty or thirty thousand. While the number of white cells is very important, I consider the differential count of far greater value. A high percentage of the polymorphonuclear variety is always to be considered seriously by the surgeon even though the number of cells may not be

materially increased. I have often seen cases with gangrenous appendix whose leucocyte count was perhaps not over fifteen thousand but the differential count gave ninety per cent or more polymorphonuclear cells. I have often heard surgeons state that operation was not imperative if the leucocytes were fifteen thousand or less. I recently saw a case of appendicitis who proved the fallacy of this rule. The patient was a girl nine years old. She was taken at four A. M. with characteristic abdominal pain, temperature 99. Leucocyte count made at ten A. M. showed eighteen thousand cells per cubic millimeter, seventy-eight per cent of which were polymorphonuclear. At four P. M. there were twenty thousand leucocytes with eighty-five per cent polymorphonuclear. Temperature 100.5. Ten P. M. there were sixteen thousand leucocytes but still eighty-five per cent polymorphonuclear. Temperature was 101. Surgeon decided to wait until morning as the patient seemed to be in less pain. Eight A. M. there were fourteen thousand leucocytes, ninety-six per cent of which were polymorphonuclear cells. Temperature was 99.4 and there was very little pain. While the patient apparently was better and the leucocytes were less, I advised operation at once because of the large increase in the polymorphonuclear cells. The diagnosis was gangrene of the appendix which the operation proved to be the case.

I have seen a few cases of severe inflammations where leucocytosis was not developed. These are rare and generally fatal and any inflammatory process which does not produce some degree of leucocytosis, may be considered serious. This calls to mind a case of general peritonitis due to colon infection where the leucocytes never exceeded ten thousand. The patient lived only a short time. The same rule applies to pneumonia. I do not remember a case of lobar pneumonia giving a low leucocyte count which recovered. We need our leucocytes to fight our battles for us.

A fever is not always accompanied by leucocytosis. In typhoid fever for instance the leucocyte count is generally normal and the same holds true with malarial fevers unless quinine has been administered when there will be a mild

leucocytosis. All cases of continued fever which are not known to be typhoid or malarial should have their blood examined for an increased leucocyte count. I remember a case which was treated for everything under the sun who had a continuous fever for nearly two years and an occasional chill. Just before he died, I was called to make a blood examination and found about twenty thousand leucocytes and made cultures of streptococci from the blood. The autopsy showed a large splenic abscess with several smaller ones in the liver and lung.

Walled-off abscesses such as pus-tubes, etc. may give a low or even normal leucocyte count, but they generally show an increased polymorphonuclear count. The blood will generally distinguish between cholelithiasis and cholecystitis. Gallstones seldom produce a leucocytosis of marked degree while inflammatory processes in the gall-bladder and gall-ducts are always accompanied by an increase in the leucocytes. The same thing is seen in the kidneys. Gravel and calculi give no increase in the number of white cells while a marked increase is noted when pyelitis or pyonephrosis is present.

I am very skeptical regarding the ability of anyone to make a diagnosis of malignancy by means of blood examination alone. Yet pathologists are called upon daily by surgeons to do this very thing. I have seen so many blunders made in this way that the habit should be discontinued.

Summary:—

1. Blood examinations are essential in conservative surgery.
2. The number of leucocytes is important but the percentage of polymorphonuclear neutrophiles is more so.
3. Before performing exploratory operations for obscure causes of fever, eliminate the possibility of malaria and typhoid.
4. Expect a reasonable amount of assistance from blood analyses but do not depend entirely upon the report and exclude clinical evidence.
5. When a leucocytosis is present, find the cause. There is always a reason for it.

A CASE OF APPENDICITIS.

C. E. ALLIAUME, M. D., UTICA, N. Y.

On a Saturday I was called to see Peter Stegman, aged fifty-five, a German. He had been taken ill suddenly on Wednesday after lifting a heavy weight. His pains in the caecal region had increased until very severe; he had vomited and a fever developed. When I saw him at five p. m. Saturday, his abdomen was enormously distended, sensitive to pressure, temperature 102° , pulse 120, tongue thickly coated and he was getting up and going to the bathroom in a vain endeavor to evacuate his bowels. Nothing, not even gas, had passed him since Wednesday and he had a constant desire to stool.

The allopathic M. D. had called each day and on Saturday calmly had said he would call the next day. This regular, more properly irregular and incompetent physician, had made no diagnosis, had not ordered a nurse nor treatment of any kind, but had simply given some sort of cathartic pills and opiates, and was allowing the patient to drift rapidly to his grave.

I told the family he should go to the hospital at once, for he was dying of a septic peritonitis, due to a perityphlitis and appendicitis; that he was so far gone I could not promise anything favorable, and that an immediate operation was his only chance.

I put the man in my auto and took him to the Homœopathic Hospital. My special nurse gave several high enemas with some results. At nine o'clock I opened his abdomen in the caecal region and also just above the bladder in the median line. His abdomen was full of overdistended, paralyzed intestines, floating in a large amount of foul-smelling pus and the entire peritoneum as red as raw beef. The appendix was removed, the pus sponged out and a large drain put into each of the incisions. The cæcum was punctured and a large quantity of water and gas was evacuated and then it was closed.

Lachesis was given him every hour. The patient was placed

in the exaggerated Fowler position and carefully watched. About the third day fecal matter came from the incision over the appendix and this continued for about three weeks when both of the incisions had entirely closed.

The man was cured of the worst case of appendicitis and septic peritonitis I had ever seen.

About four months later I found it necessary to open both of his incisions and dissect out the various layers of the abdominal wall, and properly appose them, to cure the hernias which resulted from the intra-abdominal pressure and slow granulation of the incised structures.

Mr. Stegman is perfectly well now.

The points of interest about the case are these: The proper diagnosis and early treatment. These were not forthcoming from the allopathic physician who belongs to the school that is constantly saying the Homœopaths are not good diagnosticians nor pathologists, etc.

Second,—The absolute necessity of evacuating the pus from the abdomen and continually draining it, relieving the overdistension of the intestines and avoiding an early gangrene.

Third,—Maintaining the Fowler position and keeping the pus away from the diaphragm and upper abdomen.

Fourth,—The prescribing of the proper remedy, without which the man would have died.

Both the prescribing and the surgery were absolutely essential to save this man's life.

I have had several cases almost as severe as this, and they have all recovered. I have known of many cases even less severe where the surgery was perfect but the patients died because they received no homœopathic remedies to sustain them. These were operated upon by allopathic surgeons.

Now, there is one great point about my reporting this case, and it is this:—

It does not in any way detract from a man's ability to prescribe, nor from the quality of his Homœopathy because he becomes a surgeon. Most surgeons know but little about prescribing but that is their own fault.

You all must recognize that there are surgical conditions

which someone must care for, and when these cases are reported to the I. H. A., it will only result in harm is some over-enthusiastic Homœopath gets up and says, "That is not Homœopathy, he could have been cured by one dose of a high potency." I belong to our state society and there I hear many things that are unpleasant and derogatory to the interests of Homœopathy. If anyone relates some unusual case that has been cured by good, strict homœopathic methods he is quite sure to be criticized, while in the I. H. A. if someone relates a case that has been cured by some surgical method or by some method other than strictly Hahnemannian, he is at once criticized and told he is not practicing Homœopathy. Both of these procedures are mistakes and harm the cause of Homœopathy. Strict homœopathic prescribing is the best on earth, but it is not possible to cure everything with it. It cannot be applied to some conditions at all, and in others it can only do a part of the work.

For the good of our society and Homœopathy, bear these things in mind and strive to bring recruits to our ranks instead of driving away by thoughtless criticism or by antagonizing others just because they did not do just as you would have done it.

HOMŒOPATHIC VERSUS ALLOPATHIC MEDICAL AND SURGICAL TREATMENT OF CHRONIC APPENDICITIS.

JOSEPHINE HOWLAND, M. D. H. M., UNION SPRINGS, N. Y.

My chum in college, Miss V., forty-one years of age, had been at the head of a Southern hospital, and worked up a reputation not only for herself, but the hospital as well. Her friends thought it would give her a better standing if she were a doctor, so advised her to enter college, which she did, in Philadelphia. And this is where I first met her. After a three years' course she received her diploma and started back South to join a lady friend doctor in another hospital which they proposed to open. On her way down she was very sea-

sick, and in a violent retching spell felt something give way in the right inguinal region, after which she had more or less pain which caused her to give up her project and return to Philadelphia and place herself under the doctor's care there from whom, in part, she had received her instruction. During this time she entered a hospital for a short time as interne, but was soon obliged to leave all work and enter a hospital as a patient.

The doctors were unable to diagnose her case, likewise to do her any good. They experimented upon her both medically and surgically, for they performed two operations upon her. When she grew rapidly worse, she said to her sister: "I think they have experimented upon me long enough." She sent for me to come and see her. I found her very sick. I was then taking my first year in the homœopathic school. I knew it would do no good to say much about this treatment as she was in the clutches of the allopaths. The little I did say, she remarked: "It is too late now." Shortly after she died. Just before her death, when it was difficult for her to speak, she said to her sister, "Postpartum" (meaning postmortem). The postmortem operation was performed which brought to light the fact that she had had appendicitis.

A valuable life had been cut off because the doctors did not understand how to diagnose or treat the case.

Some time later, when I had opened an office in Philadelphia for the practice of Hahnemann's homœopathy, a woman was brought to me by her sister—whom I was treating—who complained of a pain in the right inguinal region which she said she had had for two years, ever since she lifted a shovel of snow when she felt something give way in that region. I at once recognized a case of chronic appendicitis from a strain, and gave her *Rhus tox* 50m. When she returned the next week, the pain was better and so was the patient. I treated the case for about one year, giving her different potencies of *Rhus tox*. The last prescriptions being by mail, as I had then returned to New York state to practice. In her last letter to me she said, she didn't think she needed any more medicine as she had only an occasional pain in her toes (she

had complained more or less of pain in her feet during the time of the treatment). The cure is from above downward.

Had the first case had Rhus tox, she too might have been cured which would have enabled her to have worked out her ambitions and led a useful life.

Many lives are daily sacrificed. What can we do about it? Education is the only means, and what is the best way to bring it about I leave this question for your consideration.

CLINICAL CASES.

JOHN C. CALHOUN, M. D., PITTSBURG, PA.

Ladies and Gentlemen:—

A few days ago I received a letter from Dr. Powel. No doubt the rest of you received a similar one. Strange it is that the Chairman of the Bureau of Surgery should get regrets instead of papers. I hope that in this society there is no one who does not recognize the need of surgical procedure to gain health and life for his or her patients.

Surgical interference in pathological conditions has just as marked indications, as has the homœopathic remedy. Too often does the physician try to relieve or cure a surgical case by remedies, and after he has failed call in a surgeon, then expect him to perform miracles. That day is past. Today the physician abreast of the times recognizes conditions as surgical or non-surgical, and advises his patients accordingly. I have heard men state after a long experience in the practice of medicine that conditions which they could not cure by medicine no surgeon could aid. They have robbed the patient of a chance by overestimating their ability to relieve by medicine.

The following cases illustrate the chances taken by a man who fails to recognize surgical conditions.

Case I. This case came to my service recently. Mr. S., suffering from appendicitis, was treated for two weeks before being sent into the hospital. On admittance, examination

showed a well defined mass in region of appendix, sensitive-ness marked, temperature 102, pulse 100, which was higher than the day before according to the physician.

Operation showed an appendix larger than a man's thumb, ruptured, pus cavity walled off, and a second pus cavity under the liver. Appendix removed and pus cavities drained. Recovery.

Case II. A former patient was taken ill suddenly and called in another physician. His history was as follows: On lifting a box was seized with a severe pain in lumbar region, vomiting, rapid pulse, slight temperature. Three days later I was called in, found him with a temperature 103, pulse 118, respiration 38, abdomen distended, sensitive. The young man was in a condition bordering on collapse. Ordered him into the hospital and operated at once. Found appendix ruptured. Abdomen filled with pus. Death from septic peritonitis following poorly treated case of appendicitis.

Surgery and Homœopathy are not incompatible. I believe that the surgeon who can prescribe homœopathically for his cases after operation has an advantage over his colleague who has no knowledge of the laws of Similia.

CASES ACCOMPANYING APPLICATION FOR ACTIVE MEMBERSHIP.

BY ELOISE O. RICHBERG, M. D., SPRINGFIELD, ILL.

1. December 19th, 1913. Miss B., thirty years of age: Suffers intensely during menstruation from spasmodic abdominal pains, cramping, griping, also with headache at same and other times, *burning* seems to predominate and vertigo unfits her for locomotion.

Cold feet aggravated by snowy paths—to *numbness*—followed by severe burning pain, thinks they were frosted several years ago. Heat <. Ague-like *shivering* especially in bed, nights, with very frequent and urgent urination the *first two*

hours after retiring. Obstipation returns "whenever anything else is the matter."

One dose of Sepia 10m relieved promptly *all* above troubles, and there was no return until after aggravating causes in March, 1914, when another dose of Sepia 10m as promptly relieved her.

Several years ago she was cured of a tendency to attacks of quinsy, which she had learned to expect *every year or two*. At that time I gave Sulfur Cm. She has had no quinsy or other serious throat trouble since.

2. October 29th, 1913. Mr. H. M., photographer, thirty-five years. Thin, blond and inclined to indolence, philosophy and anxiety.

Violent indigestion from irregular and indiscreet eating and financial entanglements. Doubles up in a heap and groans aloud. Wherever attacked, he hurries to the nearest place and is *immediately* relieved by a hearty meal. Trouble returns in two or three hours unless he takes an unusual amount of rest and sleep.

One dose of Kali phos. cm. relieved and there was no return till in January, 1914, after loss of wife and return of worries. Same relieved.

3. 1911, 1912, 1913. Mrs Margaret C., forty-one years in 1911. Strong, heavy, hard-working woman with family to support. Menses regular and always without distress or trouble. Has lived chiefly on strong black tea and bits of dry bread for years, fifteen to twenty-five cups of tea daily. Any change of diet usually causing violent burning distress all "through her insides" from her mouth to her rectum—which *Arsenicum* (high) relieved. Her distressed times gradually increased in frequency, and from less apparent cause, but "she'd die before she'd quit tea"! With appearance of severe dizzy headaches, red face and more obstinate constipation, Calcarea ars. cm. was used, and she was kept at work by an *occasional* dose of this, for many months. Extremities then swelled whenever she was ill, and to such an extent as to tie her to the house, her joints, of arms, hands, feet and ankles too stiff

and painful to move, with this, the "terrible headache" became more unbearable and delirium at times accompanied.

Being convinced finally that she "*would die before she'd quit tea*" (and recalling the similarity of her father's condition who died of apoplexy), on December 13, 1913, she stopped her tea abruptly and once more voiced her "gratitude to almighty God and Doctor Richberg," as she watched the reduction of the fateful swelling under *Calc. ars.* with a head that "could think" again. She has had no return of the swelling since *that dose of Calc. ars. cm.*; but two days later she staggered into the office with a "Crazy feeling and a (frontal) headache" that she described as making her head so "Heavy and big as though I would tumble over when I try to stir about,"—with this she complained of flashes of light and her head, neck and face was the deep red one does not like to see.

Glonoin 1m promptly relieved and *she did a heavy washing that afternoon*. Since then she has occasional "dizzy headaches" after exposure and over-work, which Glonoin 1m relieves *within ten minutes*. Her menses appear now only every alternate month. She calls herself "perfectly well."

CASES ACCOMPANYING APPLICATION FOR ACTIVE MEMBERSHIP.

BY PLUMB BROWN, M. D., SPRINGFIELD, MASS.

Master E., five years old, good family history, had broncho pneumonia one year previous. "Went to bed in usual health save for very slight cold in head." Cried out to parents at 12.30 A. M., "I can't breathe." Examination revealed, pulse 155, respiration 65, temperature 103.8. Bronchial rales over posterior portion of both lungs.

Ant tart cc, one dose, given, child was asleep in about one-half hour. Awakened at 3.30, skin moist, temperature 100.3, respiration 24, pulse 118. Given water to drink and went to sleep. Got up the next morning and went to school; no further medicine given and no more trouble.

Case 2. Miss M., teacher, forty years old. Has been feeling well, only tired. Complains of severe headache, "pain in back of head and over eyes." "Eyes feel as if they were full of dirt." "Everything turns black when turning head to one side." "Head feels confused." "Great dyspnœa, gasping for breath, feels lame all over."

Staph 1m, one dose. Following day patient reported complete relief. No more medicine, no return of headache.

Miss E., nurse, thirty-nine years old. Came to me for so-called "neuritis" of right knee of six years standing. "For four years has been under the care of several good house-physicians with absolutely no relief." "Has used locally, Fly blister, Tr. iodine, Chloroform, Antiphlogistine, steaming, baking, alternate hot and cold stupes, hot vinegar, Croton oil, camphor, hot and cold alcohol stupes, massage and rest, all of no avail." Pain just to the right of patella, sharp, darting, cutting pains." Obligated to keep limb straight most of the time. In riding is unable to sit with knee bent for any length of time. Bowels constipated, appetite variable, some distress in stomach, at times a cold feeling in stomach.

Carbo veg cc, one dose, was given. Pain entirely relieved in thirty-six hours, no more medicine and no return to date now over three years.

Case 4. Mrs C., married, two children, consulted me about her eyes. Could not see to find numbers in telephone book, all objects very dim. Oculist's report negative. Urinalysis report negative. A very little catarrhal leucorrhœa, pelvic examination, uterus normal, very slight unilateral laceration of cervix a little sensitive over right ovary. Liver normal size, but slightly sensitive over gall bladder. Frontal headache, yellow spots on face; very nervous, constipated, sensitive to cold air; itching and burning of vulva.

Sepia 1m dose. In ten days eyes nearly well, better in every way. At present time is away on vacation quite well and happy.

Case 5. Mrs. B. Called to see her two days ago for pain in right side of back. History of attack of cystitis two weeks ago. Since under home physician care, was taking two reme-

dies alternately, Cystogen lithia four times a day. Lavender colored tonic pills four times a day, and some morphine tablets to be taken if unable to sleep. Family physician out of town so I was called. Severe pain over right kidney extending around side down right groin to bladder; burning in urinating, severe headache, no appetite.

Berberis cc, one dose. Following day pain in back gone, simply sore. Urinating since freely. Today, feeling very nicely in every way.

Case 6. Harriet E., three years old. Called in consultation with old school doctor. Laryngeal diphtheria. Doctor reported having already given 36,000 cc of diphtheria anti-toxin. Throat literally filled with membrane which they could not loosen up; patient growing rapidly worse; attending physician gave hopeless prognosis. Temperature 104.2, pulse irregular 160, respiration labored and irregular, gasping for breath, unable to breath unless bending forward; lips, face, hands and feet cyanosed.

Lach. 30x, three two grain powders at two-hour intervals. Remained with patient from 4 P. M. to 7 A. M. At 7 A. M. all symptoms a little better, membrane beginning to curl up. That night threw off some membrane; improvement gradual and continuous; no unpleasant sequel.

Bureau closed. Adjourned to 2 P. M.

EIGHTH SESSION.

JUNE 27TH, 2 P. M.

President appointed E. Rushmore necrologist for the following year.

Secretary: I have a written notice of a proposed change in the By-Laws to come up next year for vote, looking to the abolishing of the Bureaus of Obstetrics and Surgery.

Bureau of Obstetrics

VOLNEY A. HOARD, M. D., CHAIRMAN.

VOMITING IN PREGNANCY.

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

Arrangements had been made to commit abortion. The father was to be called at three o'clock in the morning to take the early train for St. Louis to bring back an allopathic expert in that business.

A most prominent symptom in the case was that if you but approached her with food or water she would vomit before you could get to her. Her mother succeeded in giving her one drink of water by having ice in the glass and shaking it all the way to her, so that the noise of the ice in the glass would keep her thoughts from it. She lay with face averted, not daring to look towards it. She took it suddenly when near enough and drank rapidly and retained that drink. I stayed by the bedside all night.

When her sister said about three o'clock: "It is time to call father," I was able to say, "You need not call him, I shall cure this case."

The remedy that did the work that night was China 200th. On later indications Ingatia was used, and still later Cyclamen. The reason China was the first remedy to help her was because she had vomitted till she was like one who had become anæmic from repeated hemorrhages. This, with the

symptom "loathing of food" and "aversion to all food, even when thinking of it," led to its administration.

The husband had lost his first wife in this way. Another man his first wife and his second wife. Is there anything in the man as well as in the woman that causes this vomiting in pregnancy?

This man that lost two wives in this way lived in a far away state and his wife was visiting in Mexico. Two years previous to this I had treated her for the same trouble, getting no credit in the case although she reported improvement after my prescription of *Sepia* and also after a later one of *Sulphur*. Then she returned to her own state where, after being sick with this vomiting for nine months, her baby was born.

This second time she came to me with the following symptoms: She craved cold water and vomited it as soon as warm in the stomach; a fluttering sensation in the stomach would end in vomiting; no appetite; drowsy; sleeps much. Not sick in the morning till after she eats. Increased flow of saliva in the mouth. I prescribed *Kreosote* on this last symptom, and she reported next day that she was better. She had retained her dinner better than any meal for a week. Nausea night and day. Mouth dry, worse at night, and worse when nausea was worse. The following day she went to her distant home again. Near the end of the nine months they brought her body back for burial. Had she remained here, *Phos.* I believe would have saved her.

I say *Phos.* because at that time I was treating three other cases, one of whom had come to me after five months of vomiting, with symptoms as follows: Vomiting of bile in the morning; nosebleed; burning in the stomach; blood at times in the urine; weak spells in the p. m. with a tired aching between the scapulæ; emaciated; not much appetite. I missed this case four times, prescribing by mail except the first prescription, before I could see *Phos.* in it. I prescribed *Nux. v.*, *Sepia*, and *Ars.* in the order named, *Sepia* giving some relief. *Phos.* helped nicely and carried her along till the baby was born. Both mother and baby did well. She had vomited the whole nine months, but I think *Phos.* here saved two

lives, and as I compare the symptoms of this patient with those of the preceding patient, and both with the symptoms of Phos. I am convinced that it would have saved the other two lives also. Sometime before it was too late, I would have seen Phos. in the other case had she been left in Mexico.

Another Phos. case had been married a number of years and wanted children, but for some reason remained barren. She suffered much at her menstrual period, and it was for this that I had been treating her for about a year when she became pregnant, a not unusual thing to happen under homœopathic treatment. She presented the following symptoms: "No appetite except if can get a few mouthfuls down." Here was the key to the remedy. Translated into the language of the *materia medica* it reads, "Food scarcely swallowed comes up again." Other symptoms were: So nervous can't control trembling; nausea near meals from odor or thought of food; belching; vertigo; sudden spells of weakness or goneness in stomach and back; vomiting mornings of a greenish bitter substance; constipated—a stool only every two or three days. Phos. cured.

Nux vom. relieved another case for a short time. Later Colch. relieved, prescribed because nausea from smell of food cooking. Later she said, "The spitting never has ceased." Five powders of Kreosote 200th four hours apart were given. Three days later three more were given and for ten days there was no more spitting. Then saliva, nausea, and headache began again. Repeated the Kreos. No relief. Gave four powders of Kreos. 1200th. This cured and patient went to full time and was delivered of a healthy baby. Eighteen months before this she suffered in the same way under allopathic treatment and aborted about the seventh month.

One patient who was sick the whole nine months with each of her first two children declared that she would take nothing this time, as all the doctors and all the remedies had failed with the other two. Her sister, a trained nurse, had seen re-

sults under homœopathic treatment and finally persuaded her to try Homœopathy. Her remedy was easily found, and three times after that she was cured by mail with the same remedy—Iris vers.

A case had vomiting in after part of night and mornings and when coughing, relieved by eating. She desired sour things and drank ice water often; restless; dry mouth; a yellow, offensive leucorrhœa; constipated; treating her by mail after her first visit to me, I made my fourth prescription, which was Sepia, before she was relieved. Months after that I received a letter saying, "We have a fine, big boy baby two months old. He weighed fourteen pounds today. My wife got along fine after she took your medicine." I did not have at first all the symptoms, or could, or at least should have selected a better remedy sooner.

Syphilinum cured two cases for me. The first one after failure of her allopathic physician. She made a good recovery and was delivered at full time of a healthy baby. Two or three times since that abortion has been practiced, the last time the mother scarcely living through the ordeal. Divorce followed, so I think Homœopathy was not used again because they did not want children.

The other Syphilinum case was relieved in Mexico and then went to a city in the east, where she was worse again and employed a homœopathic physician without avail. I was written to and sent more Syphilinum and cured that case.

Psorinum cured one case for me where the vomiting came in the afternoon and where there was a Psoric base. The base is always to be considered as well as the symptoms. In my three Phos. cases and in the first death I mention the underlying dyscrasia was tubercular or cancerous.

In one case Apis mel. stopped the vomiting and got the patient out of bed and on a visit to her parents four miles in the country, where she began vomiting again. She asked whether to send for me or for medicine. Then the parents began their ridicule of Homœopathy and told her they would send for their family physician, who had recently lost four cases of pneumonia in that neighborhood. A common oc-

currence like that no one charged up to the system of medicine practiced. The family doctor was called. The patient grew worse. Consultation was held, abortion practiced, and two more carried out into the cemetery. Apis would have cured that case.

Another case proved a difficult one. A number of prescriptions had been made with but slight improvement. She became angry because I was not helping her more and when I told her that she was doing very well, she swept out of my office saying, "I wish you had to vomit all night." Her mother came some days later for medicine. It was put upon the shelf and not taken, as she had another physician in charge. She did not dare have abortion committed, as her sister-in-law had departed this world but a few years before by that route. My medicine was on that shelf till the patient was about gone. When the doctor could see no more that could be done, her mother asked him if he objected to her giving my medicine, showing it to him. He said he did not object as there wasn't anything in it anyway. So it was given and the patient began to improve. The mother came for more medicine and told me this. It was Iris vers. that had relieved, and under its continued careful administration she made a complete recovery and was dismissed and the vomiting never returned, but some time after that I verily believe that that doctor of hers committed abortion. Twin girls were lost and the mother's health wrecked, and in a few years she was put beside her babies in the cemetery, another result of that criminal business because, as I think, they did not want children. Her husband had preceded her, his days shortened, some said, by her crossness and poor health.

I charge all these deaths to the ignorance of the old school that still refuses to investigate Homœopathy as Hahnemann told them to do—"To put his principles to the test and publish its failures to the world." "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it, becomes a crime."

CLINICAL CASES.

T. G. SLOAN, M. D., SO. MANCHESTER, CONN.

The five cases cited below illustrate the value of homœopathic prescribing in various conditions pertaining to child bearing.

1. A woman of thirty who has had two children, and a number of abortions, followed by curettage on at least two occasions, has missed two menstrual periods. She began to flow very freely about 4.30 P. M. and when her husband came home about six, he found her unconscious on the floor in a pool of blood. I saw her soon afterwards, found her very weak, faint and anæmic, her mucous membranes being blanched, constant nausea, ringing in the ears, and the hemorrhage, which was of bright blood still continuing. Her pulse was 108 and very weak.

She was given Ipecac 200, every fifteen minutes. I saw her an hour later and found her still nauseated, and still flowing a little. She was given Ipecac c. m., one dose, and had no more flowing or nausea. She slept well, had a natural stool the next day and recovered without a curettage.

2. I confined this woman three years ago when she had a normal delivery. She has been having pains for several hours without seeming to accomplish much. Examination shows moderate dilation with a breech presentation, the membranes being unbroken. She was given Pulsatilla c. m., one dose. Three hours later on my return I found a vertex presentation and she was so delivered. She told me there was a tremendous commotion in her abdomen shortly after she took the Pulsatilla.

3. A woman is in confinement for the fourth time. She has been in labor twenty-four hours, is not making much progress, is getting tired, her back aches as if it would break, her pains are weak and run over the hips instead of going where they would accomplish something. She was given one dose of Kali carb. c. m. The pains again became strong, labor progressed satisfactorily and the baby was born in three hours.

4. This woman has had a normal delivery, but a retained placenta. I have tried to express the placenta by the Credè method for half an hour, but unsuccessfully. The uterus fills up with blood, I express it out but the placenta remains. She has lost considerable blood. I gave her Pulsatilla 40m, one dose, and in just ten minutes the uterus expressed that placenta and membranes complete.

5. A young woman has had a three and a half months abortion which I thought might have been intentional. When I was called, she had been bleeding for twenty hours, had had much pain for several hours and the placenta and membranes were in the vulva.

Thirty-six hours later she had a temperature of 101° which went to 102 in twelve hours more when I gave her Sulphur c. m., one dose.

The next morning her temperature was 103° , she was chilly more or less constantly, much heat, very tender over the left side of the abdomen, considerable pain and an offensive discharge. She was a very sick girl. I gave her Lycopodium 40m, one dose. In six hours her temperature and pulse were normal and she made an uninterrupted recovery.

DISCUSSION.

Bina Seymour: A doctor well known to me, told me that in his early practice he had an undoubted breach presentation. After a careful examination he went away to make preparations to come back and help the delivery when he found that the child had turned and that there was now a vertex presentation, without any remedy having been given or anything done except the unaided efforts of nature.

President: The late Dr. Butler reported the turning of a child under Pulsatilla; it was some years ago; I have had a similar experience.

G. B. Stearns: The first case interested me because I have never seen the child turn in utero under the influence of any remedy. I had a case with Pulsatilla symptoms in which the child was in a bad position for months, but Pulsatilla did

not turn it as I had hoped, though all other conditions improved.

T. G. Sloan: I never saw a breach presentation turn spontaneously. The only one I ever saw turn was under the influence of Pulsatilla. Dr. Case had one that turned with the same remedy.

CURETTAGE OF THE UTERUS AFTER ABORTION, MISCARRIAGE, ETC.

CHAS. E. ALLIAUME, M. D., UTICA, N. Y.

The question of whether or not the uterus should be curetted is one not yet settled, although at present it is being generally discussed.

Like many another procedure, the practice of curetting has been overdone, curettage being resorted to upon the slightest pretext and very often done when absolutely unnecessary.

Now the pendulum of opinion has swung to the other extreme and many surgeons are advising against it, because they say that infection is carried into the uterus and also, if infection is already there, it enters the abraded surfaces and causes unnecessary trouble.

My personal experience has proven to me that curettage is a most excellent and necessary procedure at times. After a miscarriage or an abortion it is my rule to always curet the uterus. After cleansing the vagina and vulva properly, the upper lip of the cervix is seized by a single pronged volcella and the cervical canal dilated, first with uterine sounds and then with a uterine dilator. The cavity of the uterus is then carefully cleansed of all membranes, placenta, etc., and then wiped out carefully with sterile or iodoform tape, then the cervix is released from the volcella and the uterus placed in its normal position. No tampons nor packing should be used and after twelve hours vaginal douches of saline solution or sterile water, temperature of 110 degrees, should be given

daily. A large quantity of water and slow flow producing the best results.

I have never seen any thing but good results after this operation, but I have seen some very sad ones where this operation had been omitted or too long postponed.

I have seen very prompt cures of metrorrhagia result from proper curettage where the most careful prescribing had failed. The reason for this was that the condition was one in which surgery and prescribing were *both* indicated.

I never fail to prescribe for every patient who receives surgical aid at my hands. The two are quite inseparable. I believe there are but few, if any surgical conditions where medicine is not a very important adjunct in curing your patient, but there are many medical conditions which are to be met without the aid of surgery. The surgery of obstetrics is very important and should be thoroughly understood by every person who undertakes to do any of this practice. Curettage is often indicated, and when it is, it should be done promptly and properly.

THE DIAGNOSIS AND TREATMENT OF ALBUMINURIA IN PREGNANCY.

G. B. BIRDSALL, M. D., WASHINGTON, D. C.

It gives me great pleasure to participate in the discussions of this Bureau and to take an active part in the International Hahnemannian Association.

The subject of this paper was selected because I have been particularly interested in watching the various changes in the urines of parturients and also because I feel that I am going to learn much from the discussion of my paper. I shall not attempt to inflict upon you any new ideas along these lines but simply emphasize a few points which have appealed to me.

There are two types of albuminuria appearing during the parturient period; one is that form produced by a toxæmia

and commonly known as eclampsia and the other form is that of a true nephritis. The nephritis types often show large quantities of albumin all through the pregnancy without serious symptoms arising. Women having nephritis should as a rule be advised against becoming pregnant. A woman with an acute parenchymatous nephritis should never be allowed to continue a pregnancy and I believe the same holds true with the chronic parenchymatous form, although I recently saw a case of a woman having the chronic form who successfully gave birth to a child and at present the urine has about returned to the condition in which it was previous to the pregnancy. I think that pregnancy often benefits women suffering from chronic interstitial nephritis because of the effect pregnancy has upon the circulation and really chronic interstitial nephritis should be classed as a circulatory disease.

Too much dependence should not be placed in the urinary examination in cases of eclampsia. I have seen women have convulsions whose urines showed only a faint trace of albumin and a high percentage of urea. Syphgmomanometer readings are of great importance in this disease and a continuously high blood-pressure is far more indicative of impending trouble than albumin in the urine. The amount of urine voided in twenty-four hours, the amount of solids contained, the amount of albumin present and the number and variety of casts constitute to my mind the important factors the urine may present. I cannot too strongly condemn the common custom of simply testing for albumin. This is not only of very little value but often misleading for the usual method employed is Heller's test which consists of running the urine over nitric acid. Small traces of albumin will invariably be overlooked with this test because of the uric acid and pigment rings formed near the point of contact obscuring the albumin ring, and if the urine is not perfectly clear, an albumin ring at the point of contact is almost always lost to view. Boiling the urine and adding a little Acetic acid is a reliable test and one easily applied. The boiled urine can then be compared with a tube of the unboiled urine which gives a marked contrast if albumin is present. Don't forget to add the Acetic

acid however, as boiling often precipitates amorphous phosphates and these disappear upon the addition of the acid. I prefer as contact tests either Uhlman's solution or a twenty per cent solution of Sulphosalicylic acid. Neither produces any ring except the albumin ring and both are much more sensitive than the Nitric acid test. Uhlman's solution consists of a saturated solution of Sodium chloride to which glacial Acetic acid is added to two per cent. A little of this is boiled in a test-tube and the urine floated over it.

Now that we have made the diagnosis, what are we going to do about it? Absolute rest in bed, a skimmed milk diet with graham crackers, high saline enemata, some to be retained, a large amount of water to drink and the indicated remedy will often be the means of bringing about a normal termination of the pregnancy.

Hahnemann has taught us that there are no homœopathic specifics. If there were, I am sure that Mercurius corrosivus in its relations to the albuminurias of pregnancy would be considered one. It is probably indicated and used more often in this disease than any ten other remedies. I have seen cases improve under the use of Mercurius corr. after other well chosen remedies had failed entirely. Phosphorus is another remedy whose symptoms often correspond with those produced in this disease. The presence of fatty casts or a large number of granular casts helps in the selection of this drug. Apis is one of the remedies which has failed me most often in renal affections accompanying pregnancy. Under other circumstances, I have had grand success with Apis, but for some reason it often fails to respond when well indicated. Arsenicum is a remedy which is too often overlooked and set aside in favor of Phosphorus. Cantharis and Mercurius are often confused in this class of diseases. Cuprum arsenicum holds a high place in homœopathic literature but I have never succeeded with it at all and perhaps some of you can inform me regarding the correct indications for this drug and how they can be differentiated from other drugs. As almost any remedy in the materia medica might be indicated in this disease, I have only suggested a very few of those most often

indicated and most often used because their provings produced symptoms similar to those we find under these circumstances. I have purposely refrained from differentiating too closely these remedies as I prefer to have that come out in the discussion.

THE PRE-NATAL IMPRESS OF THE HOMŒOPATHIC REMEDY.

CAROLYN E. PUTNAM, M. D., KANSAS CITY, MO.

The wonderful and important results which may be accomplished in eradicating chronic miasms and hereditary tendencies with the well chosen homœopathic remedy, should be good reason why every earnest homœopath should insist on confining his attention to cases which will consent to being prescribed for during the *pre-natal* state as well as during the lying-in period of child-bearing.

It is a well known fact to an observant Homœopath that women are more susceptible to remedies at this time than at any other, and the benefit to the unborn child has invariably been revealed to every close observer, who has given attention to accurate homœopathic prescribing; *i. e.*, prescribing which is individual rather than empirical.

The idea has been advanced that pregnancy is a physiological process, and that proper diet and favorable environment are the main requisites for normal labor.

But those of us who have observed cases thus managed, have *known* of abnormal labor and *children showing much faulty pre-natal development*, in so much that he who knows of the possibilities of *careful* homœopathic prescribing ever yearns for its revelation to the "*whole world*" rather than to the chosen few.

In my experience patients requiring much attention during pregnancy have unexceptionally given birth to *not only* the most normal, *but to the most unusual and finely developed* children, often very much to my surprise, thereby demonstrat-

ing in a most marked way, the "pre-natal" impress of the carefully selected homœopathic remedy.

And observation leads me to conclude also that even the *extent of physical development* is regulated by maintaining the normal equilibrium which the well indicated homœopathic remedy will at all times accomplish, so that the growing foetus adapts itself to the pelvic proportions, and in my experience, it has never, under such circumstances attained such size as to prevent normal labor.

I recall one case that had filled me with dread which I will relate, as a case demonstrating the foregoing. I had treated a young lady homœopathically from the period of the fifteenth to the seventeenth year, for chronic inertia of the bowels, which had been of life-long extent, and for unhealthy skin, the latter consisting mainly of a cluster of blackheads, which formed periodically in the center of each cheek, showing quite deep pits, as a result of their frequent mechanical removal.

At the end of the above period of treatment, which was conducted according to the Organon, she had developed into a robust and beautiful young woman, with skin as fair as any, the pits in the skin, as well as a marked menstrual disorder having disappeared, under the course of prescribing.

About this time she was taken to Colorado Springs, mainly to break up a love affair which was uncongenial to her mother. This, together with indiscreet mountain climbing, developed a serious valvular lesion of the heart. Her prostration was so great that it became necessary to place her at complete rest and under the constant care of a physician who was a *heart specialist*, thus prolonging her stay in the mountains.

After several months, abandoning his care, she returned to her family physician, quite a wreck indeed, with many drug symptoms added to her former serious condition.

Her prescribed diet had been milk and raw eggs and she was not allowed to take any exercise whatever with a pulse thrumming with the stimulus of too much Strychnine and with so much jerking and dreaming by night that she scarcely slept at all.

She now came under homœopathic treatment again for recovery of health and complete restoration if possible.

Recovery was prompt, and in a few days she was able to come to my office, and was sleeping, eating, etc. quite normally, but restoration was never complete, and although at the end of two years she was apparently well, the valvular insufficiency was never corrected, although it gave her no manifest inconvenience.

About this time her postponed marriage came up for consideration, and although I confess it was with much misgiving, I was called upon to decree that matrimony would be the less of the two evils, in such a case of heart-lesion, *the perils of child-birth* being a more favorable state than disappointed love.

She married, was soon pregnant, and came again under homeopathic care with hope of inducing the most normal labor possible, and the great anxiety of the family for her safety during parturition, gave all opportunity necessary for the closest observation during the pregnant state, with the result that she underwent the most normal case of labor I have ever observed.

The entire labor lasted but six hours. The first stage was of four hours duration and was just about painless.

She declared that she felt a little peculiar, but that she didn't mind it at all, insisting on going about her affairs as usual.

The second stage came on in rhythmic order and was completed in two hours, without laceration.

The third stage followed in fifteen minutes.

After the finish of her hardest expulsive pains, she went into that state of hysterical ecstasy so graphically described by the great Guernsey, as often occurring in a *healthy woman*.

The child weighed but eight pounds, was unusually bright and well developed and nursed its mother.

The mother enjoyed the most robust health during pregnancy with heart lesion improved, and this improvement continued after labor.

Her only restraints during the pregnant state were those of avoiding immoderate eating and over-strenuous exercise.

On account of the remarkably good physical condition of

the mother, fears had been entertained of an over-developed child with its consequent difficult labor. But orderly nature takes care of that I find. Although the mother was above the average in size, with broad hips and roomy pelvis, the child, a girl, weighed but eight pounds, was splendidly developed and unusually strong, although the father was in very poor health.

I have many times verified this experience, not only as to the best possible condition of mother and child after watchful homœopathic prescribing, but as to the adaptability of the *size* of the child to that of the pelvis, with always a tendency to the minimum size of the child, which is consistent with perfect development.

I will note one other case.

Mrs. B., three months pregnant, third pregnancy, suffered an intracapsular fracture of the neck of the femur, as the result of a street car accident.

Always of marked psoric type, she had formerly failed to carry her offspring to full term, until after she had been benefitted by homœopathic prescribing.

Although given to hysteria and much melancholy on account of her unfortunate accident, it afforded excellent opportunity for careful observation throughout the pregnant state and although her activity was so seriously interfered with, and although she was so exceedingly melancholy during her entire pregnancy that I often found myself wondering how much of this unhappy mental impress might be transmitted to her child, *that baby* was the most bouyant, active, healthy child she had ever borne. He was one of those laughing babies, and as he grew into childhood he was roguish, mischievous and bright almost to the extent of being precocious.

He weighed only eight pounds, and although the labor was necessarily instrumental because of adhesions in the hip, preventing the full extent of bearing down, it was the most normal birth she had ever experienced in all other particulars, and the limping caused by the fracture was completely corrected by the labor.

My experience has verified the teachings of Hahnemann; and without exception in a single case, when opportunity has afforded close observation, and in consequence thereof, close prescribing, the "pre-natal impress" has been marked in a *high* degree.

CARE OF DELICATE INFANTS.

ELOISE O. RICHBERG, M. D., CHICAGO, ILL.

Realizing that the discussion will constitute the only part of this paper, of value to those present, I have ventured to offer as briefly as may be, the following queries:

The *modus operandi* of baby's first bath? Chief features of those to follow?

Baby's first meal? When and what? As to second and third days?

Baby's clothing? Material, quantity, style?

Treatment of baby's eyes? Of navel?

Baby's bed? With parents, grandparents or great-grand-parents?

If constipated? Castor oil? Calomel? Cascarets?

Preferred foods for baby during teething period?

THE INDICATED REMEDY IN OBSTETRICS.

HENRY L. STAMBACH, M. D., SANTA BARBARA, CALIFORNIA.

Apart from all *proper* mechanical and *necessary* operative requirements, the similimum undoubtedly possesses a sphere of usefulness peculiarly its own, in directing the sometimes aberrant vital force into orderly action, improving the individual resistance, controlling reflex conditions or complications so serious as to try our souls—but wherein as homœopathic obstetrics, we appreciate the great advantage afforded by our wide range of remedies applicable by their individual,

peculiar and often characteristic indications to the many complexities of gestation, labor and the puerperium.

Two simple cases may suffice to exemplify that confidence in our remedies without which one would approach the patient with apprehension.

Mrs. H. H., multipara; full term; found at 4 A.M. Sufficient dilatation to require remaining on guard, though with insufficient contractions thirty minutes apart. At 8 A. M. being struck with the peculiar *cheerfulness* and evident desire to make the best of the situation, even though with little progress. Pulsatilla 51m was given—when a pain ensued in three minutes and *every* three minutes for a half hour when the baby was born without further incident.

Mrs. G., primipara, thought she required her physician, although a full month ahead of expectation, because of severe irregular ineffectual pains but with entire absence of expulsion power or dilatation. Caulophyllum 30 was exhibited with prompt and perfect control of the premature action and a complete respite of thirty days occurred, when labor came on efficiently and promptly with excellent result.

Familiarization with the wealth of our materia medica with its intelligent use, affords an ample satisfaction in times of trial.

Brooklyn, N. Y., May 10, 1914.

Volney A. Hoard, M. D.,
691 Main St., East, Rochester, N. Y.

Dear Doctor Hoard:

Answering your favor of April 16, must say: That being seventy-six years of age, I have not attended any obstetrical cases for eight years. Besides this my vision has been for this period of time very poor, even entirely lost for over a year and a half (of six months at each such period) and has been in the interval and is at present very dim, foggy, hindering me very much in doing anything in that line, which I regret very much.

The only points that I remember, that might be of interest to our Association are: That Ipecac caused delivery of the mother in half an hour after the first dose was given, only two had been taken in all, when at an examination just previous to this the head had not entered the rim of the pelvis; it was given chiefly as I now remember on the symptom. Nausea with every pain. Kali carb. rendered the same service given on the symptom: Pains in the sacrum with each labor pain.

Regretting that I can not serve you better, I am,

Fraternally yours,

F. H. LUTZE, M. D.

OBSTETRICAL EXPERIENCES.

ADALINE KEENEY, M. D., THE DALLES, OREGON.

Dear Doctor:

I write you, not because I believe that I can add anything to your knowledge of obstetrics or that of the society, but as you desired me to do something I am just sending a few items of my method of treating a case of that kind.

I always have hot water used in the early stage of labor, a convenient way that I advise and have found a comfort to the patients is to elevate a tub near the wall by placing a stick of wood under the side toward the wall, the tub in this position fits the body and one can sit in it for a long period with comfort; let the tub be partially filled with warm water at a comfortable temperature at first and gradually pouring in hot water it can be raised until almost too hot to hold the hands in with ease; half hour to a sitting gives no discomfort usually (in pouring in the hot water while the patient is sitting in the water, care should be used to have the nurse or whoever is pouring the water, hold the hand that is not engaged between the patient and the stream of hot water at the same time stirring the water so as to mix it ere it reaches the body of the patient).

After intervals of rest I have this method continued until

so near the last stage that they have to go to bed, then I use a Kelly pad beneath the patient and continue the hot applications by wringing cloths out of boiling water (by use of a cold wringing towel). If a little hot I hold near the buttocks until some of the steam escapes and then press close to the vagina and rectum. I also have one cloth to pack over the pubic bones, keeping three cloths going all the time, one for the genitals, one for the pubic bones and one to change with.

I always warn my patients as soon as the pains are threatening to appear, to heat either a boiler of water or plenty of large kettles. The buttocks of my patients usually show that extremely hot water has been used by the red spots that persist for a day or so. These applications I keep up until the presenting part appears at the vaginal opening. Every one of the patients that I have had have remarked upon the help and comfort this method was to them, and I have never seen one who had ever had the hot water used before. Also every one of my patients who has been previously confined, has said that the one where I attended was the easiest of any. Much of this I attribute to the hot water. Of course I always try to study out the indicated homœopathic remedy. The fact is I always want to give the remedy some time before, if I can discover it. I have found some strange remedies indicated in these cases.

One case: Pains grew less expulsive, remained in the back too much, patient seemed too weak to use effort, shivering, trembling, womb so high could just be felt by the examining finger. Gave one dose of Gels. 10m, in three minutes the child was born, before could place the rubber to receive it. One hard expulsive pain did the work, though an effort was made to delay the seeming sudden birth for fear of tearing; however there was not the sign of a tear and all of the woman's weakness seemed to have disappeared. The child was very large and the bowel bulged out of the rectum, it was carefully replaced and all seemed well. Next day was called at 5 P. M., woman was suffering frightfully with the rectal pain. Bowel bulged all around rectum, purple, and as large as walnut. Very great pain, crying, pulse rapid, relief from hot water, allowed

to flow over the part (too sensitive for application). There were two pedunculated warts on the buttocks; one dose of Thuja 10m (Thuja 0.10m) relieved the pain completely in twenty minutes and no more pain until 3 A. M. and another dose of the same relieved. No more was required until six days later when there was some trouble after stool and one more dose completed the cure.

OBSTETRIC TRADITIONS: ANCIENT AND MODERN.

BY BENJAMIN C. WOODBURY, JR., PORTSMOUTH, N. H.

In that ponderous and awe-inspiring volume known as "A System of Anatomy," published by Samuel Collins in 1685 (Chapter 1, sealing with "Divers Hypotheses Relating to Natural and Experimental Philosophy"), we find the following:

"Cities have their Suburbs, Houfes their Porticos, Veffments, their Fringes, Mufic its Preludes, Plays their Prologues, Books their Prefaces, Difcourfes their Prologomena, which are duly premifed, as fit Preambles to uffer them in with greater advantage of Order and Decorum."

In that illustrious age of preambles, Collins thus wrote of woman: "The All-wife Being, out of his Infinite Love to preferve Mankind as well the work of His hands, as the Mafter-piece of the Creation below, hath made a Woman, fit Comfort for Man, in reference to Converfe and procurement of due Ailment to fupport his Perfon, and above all, to Propagate his human Nature." (page 559); and of man:

(Page 629) "Man is born naked and unarmed, by reafon Nature hath defigned him a fociable, political, and peaceful Creature as led by reafon, and not drawn by force, and therefore hath endowed him with Hands and Ingenuity, that he might provide neceffaries and Cloth and defend himfelf, by reafon to thofe Animals Nature hath given ftrength, fhe hath appointed Arms agreeable to it; but to thofe he hath

granted Arms, he hath given Ingenuity, or Craftinefs, and an admirable dexterity of guarding themselves againft outward affaults."

Thus we are impressed with the idea that, while man is essential to woman for providing by his superior strength and wisdom; woman is essential to man for the procreating and care of the future race. Again in our study of the older writers we are impressed with the dignity, difference and even worship bestowed upon woman as cradling the races of men.

On the other hand, man occupies the position of protector and counsellor, and if not in the strictest biological sense, at any rate in a purely genetic sense, man himself, plays but a comparatively small part in procreation and propagation of the sex.

Taking this double standard of equality in man and woman, let us see what obstetric writers have to say upon this subject.

In the introduction to "Midwifery Illustrated," by J. P. Maygrier, M. D., translated from the French by A. Sidney Doane, A. M. M. D., New York, 1834, we find the following classical references:

"The male and female are formed apparently upon the same model, and differ in the eyes of the multitude, only in their height and muscular power. . . . Man must doubtless be stronger and taller than woman; he, in fact, must watch over the safety and preservation of his family; he must provide for the wants of his wife and children. . . . Man, then, possessing all the energy of his physical powers, and the full vigour of an enlightened reason, is the central point, and as it were the base on which the strength and fate of the social edifice depend. . . . Man, then is not truly worthy of the name, until he has arrived at maturity, and can command others as he commands himself. . . . In the precepts of the Holy Evangelists, in the books of the Sacred Scriptures, he finds a rule of conduct, and an enlightened guide for his actions."

Contrast woman: her differences in skeleton, musculature, glandular, arterial and nervous organization. "Observe her from her infancy; as soon as she can lisp a few words, and

conceive a few ideas, her manners are all feminine; follow her among male children of her age; observe her timidity, her reserve and embarrassment, when on the contrary, the little boys around her are bold and loud in their plays; at a later period, when the forms of both sexes are more developed, every one can distinguish by her gait, features, and even her voice, a young girl ten or twelve years old from a boy of the same age. If you consult their reciprocal tastes, how many shades and modifications are apparent. Look at the cunning of Ulysses; when he wished to discover Achilles, who was concealed among the daughters of Lycomedes, he placed arms among the jewels which were shown to flatter their tastes, or to satisfy their curiosity!"

Let the student of modern feminism consider the following tribute to "maternal love":

"Maternal love then is the invisible link which binds all living beings to their natal soil; a sentiment which nothing can destroy, and which constantly provides for the preservation of the species. Without this, what would become of those nations whom so many causes sometimes concur to destroy and exterminate.

Civil and foreign wars, and pestilences often threaten to involve a nation in total ruin, and would destroy the last individual, if maternal love, stronger even than the causes which can extinguish it, had not surmounted every obstacle, had not braved every danger, to preserve tender and timid infancy from a death which is often inevitable. . . . Health, youth, beauty, happiness, the enjoyment of life, woman gives up all for her offspring."

Is the modern feminist ready to follow to its complete fulfillment this law of sacrifice through service?

If we consult the Midwifery of Moreau (1844), we shall find there the following definition of the obstetric art:

"The art of Midwifery is that part of Medicine which treats of all that concerns the birth of men, and embraces the knowledge relating to it, in all its various circumstances."

The references to maternity we have thus quoted are significant not alone from their classical interpretation, but also

because of the breadth of knowledge and scope of vision with which woman in her capacity as the child-bearer was viewed. It is doubtful if the more strictly modern vein in which child-bearing is treated, clarified as it is by the searching eye of science could be more inspiring or illuminating.

Obstetrics still remains the same self-trodden gateway to life! The past few decades have brought much to light that was hidden, and modified the general aspect of obstetric art, yet as Edgar, one of the most eminent of modern authorities on midwifery has said (Second edition, *The Practice of Obstetrics*):

"It is a far cry in obstetrics from the theoretical deductions of the library and the laboratory to the clinical conditions we find at the bedside."

So strikingly significant is this latter statement that it is doubtful if the attitude in which obstetrics has so long been held by the followers of Hahnemann could elsewhere have found more satisfactory corroboration.

Hence, even at the present time, in an age when it is the boast of men that they are content to seek the truth in the well-tried methods of experience, it is gratifying and refreshing to recall the sentiments enunciated by Dr. Guernsey in the preface to the second edition of his well known work on *Obstetrics*:

"It is proper that the author should here place on record an expression of his increased confidence in the methods of practice strictly medical which were laid down in the first edition of the work, and which were regarded by certain critics as chimerical.

Increased experience has only served to add to the author's faith in the efficacy of homœopathic medication in the greatest exigencies of life, and this faith has been additionally strengthened by the related experiences of many of the most eminent and skillful practitioners of the homœopathic school."

The force of these testimonies can only become apparent as we more closely study the viewpoint of the Hahnemannian in his practice of the obstetric art.

It would be idle were we to attempt in the time at our

disposal to ennumerate all of the obstetric traditions of the past. The majority of them are now darkly obscured in the unwritten histories of tribes and nations, many of which have long since vanished from the earth.

Many, however, are even at the present day vaguely discernible in the strange habits and customs of partially civilized races of men; others have been superseded and whatever remnants of them that have persisted are now ill-defined in other customs and practices still extant.

In that most curiously interesting and instructive of all obstetric works. "Labor Among Primitive Peoples," are recorded the various remaining customs, from which the present day obstetric science has been evolved. It deals with the natural and instinctive customs of all races of people, from the most savage tribe to the most highly civilized people of the present day. It was written by Dr. Geo. J. Engelmann in 1884.

The author's use of the term "anthropological aspect of midwifery" in his preface, is well grounded as a careful consideration of the detail into which he enters in the discussion of the subject will readily testify. The fact that, as he states his subject is treated from the *ethnological* rather than from the *medical* standpoint only gives it a deeper interest. Let us consider some of these traditions.

Pregnancy is looked upon with pride among some races, like the Andamanese in Africa for instance, and sterility was considered a disgrace among the ancient Hebrews.

Abortions, while more or less common among all races, have been resorted to for some special reasons, as for instance, for the purpose of testing the virility of the conception, as in Calabar. Among some tribes, it has been resorted to for the purpose of avoiding the dangers of child-birth after intercourse with whites, as the case among the American Indians. In the former case medicines are given, and if the pregnancy is not interrupted, it is proof that the offspring will be vital and probably go to term.

Again it is sometimes performed when the mother becomes pregnant while still nursing. The method of inducing abor-

tion was usually by artificial rupture of the membranes, or by external violence, such as blows and kicks upon the abdomen.

Superstitions. The Finns have a superstition that the shoes of the parturient must be changed weekly to keep the devil off the track, as the evil one "is supposed to follow them constantly that he may pounce upon the new-born at the earliest moment."

In old Calabar, the patient is sent away after the seventh month that she may be safe from witch-craft. Among most races male children are sought as the race is dependent upon them for growth and defense in times of war, and many races have ceremonies by the observance of which they hope to produce the desired results. Singularly enough, however much the present civilized races may desire male or female children, there have as yet been evolved no definite data in regard to this choice, nor any more certainty of success in the prediction of expected births.

In this same country (Old Calabar) the cessation of the menses is considered a safe sign, and the pregnancy is reckoned thence in terms of nine luna months. The appearance of freckles is considered a presumptive sign. (A recent case seen by the writer exhibited this characteristic appearance, which the patient said she had never before noted).

As the greatest danger that can befall a pregnant woman in uncivilized races is malposition, especially the transverse presentation, which is almost without exception fatal, kneading and other manipulation of the abdomen are practiced during labor; and among some races, particularly the Japanese, these treatments are begun after the seventh month. Among hardy races work is considered the best assurance of an easy labor, and the native woman keeps about her daily duties up to the immediate inception of labor.

Again the binding of the abdomen which is practiced among the Bermese and Japanese is for a similar reason, and also to prevent the child from growing to too great a size and thus rendering labor more difficult and dangerous.

Bathing is practiced among some races for the purpose of

purification of body and soul, especially among women of high caste in India.

Dilatation of the *os uteri* by the use of rolls of leaves of a certain plant is practiced in the isle of Jap, in West Mikronesia.

Fasting of the mother is practiced among the Pahutes to starve out the child, upon the supposition that labor is a voluntary effort of the child to terminate its confinement in the mother's womb, and by this method they seek to make its advent into the world as easy as possible.

Similar ideas are prevalent in China, as the Chinese say that pregnancy unless encouraged in its termination may last for five years.

Another common superstition among Indian tribes is that the devil and bad spirits must be frightened away. Consequently it is their custom to make a great noise about the tents of the lying-in-woman to deaden the din of her cries; and also there is a great firing of guns by the warriors to help frighten and startle the mother, thereby hastening delivery.

As to the *duration of labor*. It is usually easy and short among primitive people. The Modoc squaw is sick about an hour; Sioux and other tribes of North American Indians about two hours; African natives the same; Mexican Indians partly civilized three to four hours.

Among many peoples the woman is violently shaken in order to settle the child into the long diameter of the pelvis, in which it is held more firmly making labor easy.

Intermarriage causes disproportion of head of child to the pelvis. Transverse labor is usually fatal, and it is here that rational obstetric art proves its value; in these cases where primitive methods must invariably prove ineffective, the woman is then left to her fate! The remedy for most of these cases would consist in the avoidance of intermarrying; with the correspondingly proper selection of a marriage partner.

Among primitive peoples, nature has adjusted this problem through the avoidance of extra-tribal marriages; second by giving them strong, healthy bodies, and third owing to their active life, which produces head or breech presentations. On

the other hand, among the causes of dystocia among civilized races may be mentioned, disproportionate relation between head and pelvis, intermarriage, pelvic deformities, relaxation of bodily tissues through lack of exercise, improper living, sexual abuses, etc. Whereas the arduous tasks of the primitive woman tend to induce easy labor, the overdevelopment of the muscular system of her civilized sister through the pursuit of athletics is said to cause a corresponding slowing of labor, owing to the rigidity and unyielding condition of the parturient canal.

By way of contrast may be mentioned the various obstetric operations such as version, breech extraction, the use of forceps, the treatment of placenta prævia, etc., by which the suffering woman of to-day is protected, whereas among uncivilized peoples where scientific obstetrics is unknown, after the natural and artificially applied methods known to them are exhausted, there is no means for meeting the various emergencies, except through the prayers and incantations of the medicine-men, and death is the too frequent consequent.

As to some of the resources of these people, we may speak of the dilatation of the perinæum by the introduction of the two hands with palms in apposition, which is practiced among the Dakotas. It is very doubtful if any of these methods accomplish much, as they are entirely unfamiliar with the anatomy of the cervical canal, hence the cervix itself is not dilated, and no real benefit, with possible harm results. Again, the very rough manipulations such as pressing, forcing and kneading, even treading upon the abdomen such as is frequently resorted to, result in frequent rupture of the perinæum, prolapsus of the rectum, and inversion and prolapse of the uterus. This latter accident is often the result of the rapid and rough dragging forth of the afterbirth. The Slan-onians, endeavor to shake the child out of the womb in prolonged labor, and these results too often follow.

Hemorrhage is treated by sousing the patient into the nearest stream, or by blowing water from the mouth over the abdomen, until the bleeding ceases. As the menstruating woman is banished from the village, so the parturient is in a

separate hut or room in her own house. During both these periods the woman is considered unclean, and it is undoubtedly due to this fact that there is so much false modesty among civilized races regarding both these periods.

On the Sandwich Islands the confinement is much more public, and is witnessed by all who happen to be about. A similar lack of privacy is customary among the Mohammedans of India.

As to places of confinement: Proximity to a stream of running water is a favorite place, which is convenient for the bathing of the mother and child after delivery. The contact with the cold water proves a good cleanser and checks any hemorrhage. In winter a temporary shelter is erected.

As to conduct of labor: The lariat or leather strap is suspended from the tent or from a pole properly placed for the purpose, and this is seized during the pains. This method of pulling many women find helpful even in obstetric practice of to-day.

Among many races no men are admitted to the parturient chamber, and even the medicine-men are excluded, except in grave emergencies, when the services of the mid-wives are no longer adequate. Among some tribes, the husband is not allowed to see his wife and child for a certain period after delivery. If the delivery takes place in a hut a room is selected that is destitute of flooring, in order that holes may be dug in the ground for the reception of the child and the discharges of the mother.

A favorite place for confinement among the Laps and other polar tribes is the bath-room. Even to-day in dispensary practice, this is not infrequent.

Women of ancient Greece were delivered upon stools or couches; in Syria a *rocking* obstetric chair has long been used, and it is an interesting observation of the author that in countries where the rocking-chair is used for this purpose, it is rare to find such chairs in common household use, for it is considered improper to use a chair of this sort for comfort or household convenience that is associated with so much pain and suffering.

Among the Sandwich Islanders, The Finns, and Mongals, and many of the Caucasian races the lap of the husband is looked upon as a favorite place for confinement.

Among the Indian races, for the most part the bare ground or a buffalo robe spread upon a smooth layer of fresh earth is the traditional child-bed. The Japanese make use of various shaped couches composed of mats.

For many years the established custom has been to consider as qualifications for the successful midwife, the following:

Age, number of children they have borne, together with the reputed authority of their instructors (older midwives) and their well trimmed finger nails.

Among some tribes the woman has no help whatsoever, childbirth being considered to be a natural process, just as occurs in the cow or the horse, hence natural methods failing, the woman is considered doomed to die, and no further notice is taken of her.

The midwife: reviewers differ as to the precise time when the midwife as the distinctively feminine assistant at childbirth made her appearance. Some contend that the custom dates back historically to biblical times; in fact mention of them was made in the Old Testament thirty-five centuries ago. As already stated, the services of the husband or medicine-man are seldom called except in the failure of the resources of the midwife. What human personality shall be summoned, when the tum-tum and its brazen rattle, or the village crone with her second sight and meddlesome manipulations are of no avail? It is questionable as to which should be considered most potent, the tum-tum of the medicine-man, the potions of the herb-knowing hag, or the habitual old woman. Different races have these familiar figures, which officiate at childbirth with different and equally varying usefulness. One race has its "devil-seer," who discovers the presence of the evil spirit and drives him away if rewarded by the present of a sum of money or a fat sheep. "Among others a priest is called who hastily mumbles a few verses of the Koran, spits into the patient's face, and leaves the rest to nature."

Few of our present day generation would care to undergo

such humiliating and disgusting treatment, and surely if to no better end than to leave the rest "to nature."

Manipulations during labor. Most all of the manipulations known to primitive peoples are external; very few within the vagina; the introduction of the hand within the vaginal canal for the purpose of diagnosis and for manipulative treatment is almost unknown. Hence the real assistance given to the patient by primitive people consists in external manipulations. Among all such measures, undoubtedly that of steady downward pressure upon the fundus of the uterus is the most satisfactory and most serviceable.

There is a variety of ways in which this pressure is applied among which may be mentioned; pressure by the encircling arms of the husband, or a female assistant; binders or towels encircling the abdomen, such as the squaw-belt; thumbing and kneading with the knuckles or feet of an attendant. Among other supposed aids are the sudden report of guns, some sudden nervous shock, like for instance the confession of the husband of extra-marital relations, and various superstitions. Drugs are used, among which may be mentioned *Uva ursi*. The women of many of these races are very reticent and stoical, willing to endure an endless amount of pain, owing to their belief that it is the child that is active in producing the pains, instead of the latter's being, as we understand it, the passive factor in the production of birth pangs. Therefore these women endure their travail in patience, uttering only a sort of wail or plaintive cry. In many cases there is likewise almost as much pain suffered by the attendants owing to the cramped and tiresome positions assumed in endeavoring to render aid. Among most white women it more distinctly resembles a grunt. Some tribes consider that it is the husband that is most in need of consolation, and he is surrounded and besieged with all sorts of congratulatory, and sympathetic assurances and comfortings.

After delivery of the child, and in many cases before the cutting of the cord the woman is kept on her feet to ensure the delivery of the placenta. Among many tribes heat is immediately applied to the abdomen by means of steaming or

streams of hot water, or the patient is wrapped in warm blankets and placed by a warm stove to avoid taking fever. The Klamaths steam themselves, which custom they continue for several days after delivery. The Siamese expose themselves to the cleansing of fire for thirty days; a very hot fire which is kept burning at a distance of two feet away from the abdomen. Both mother and father, among the Pahutes indulge in frequent washings "in imitation of some original parents, whom tradition informs them were very cleanly."

The use of the binder: The use of the binder is passing away among civilized peoples. Among the various kinds of parturient binders may be mentioned the squaw-belt, twisted handkerchiefs, or reeds which were used as cinctures.

The length of the puerperium varies greatly; some allow from three to thirty days; among other races no appreciable time whatsoever is allowed. In such instances the uncomplaining mother goes about the accustomed duties of the camp or village, almost as soon as delivery has been accomplished, not even caring for her own child, it being entrusted to the care of some one especially charged with this duty. The woman is for the most part among many races considered unclean during the period of the *lochia rubra*, just as during menstruation. The time of confinement in bed among such races as allow this period of rest and cessation from duties varies from thirty to sixty-six days. The native Mexican remains abed for the period of three days.

Diet during pregnancy: Broth of meat and chicken is given by some, while others give scarcely anything to eat and drink.

Among many races medicines are given to increase the flow of milk; hot water is drunk for the same purpose and also to insure against checking of lochia. In some countries hot urine of the patient is applied to the breasts, and breasts are kneaded to prevent caking. Father is dieted on rice and salt in Borneo, and treated badly, and for a few days he is forbidden to show his face out of doors. Among the Indian tribes the woman is kept walking about; allowed to stop occasionally to rest, but the idea is to facilitate the flow of lochia:

"they think that should the woman lie in bed the blood would accumulate in the abdominal cavity and she must die."

For a similar reason, other tribes keep the woman over a warm fire. Whatever virtues these precautions may have is open to question, yet puerpural fever and eclampsia, as well as mammary trouble are comparatively infrequent. In the case of the breasts, the exposure to which these native women accustom themselves, hardens the mammary glands, so that they suffer but slight inconvenience in nursing. No artificial supports are used, the breast assuming a natural shape, yet among some African tribes the long breast and nipple are considered marks of beauty. Fissure of the nipple is common among the Arabs, owing to the irritation produced by scorching sands of the desert.

Among most savage tribes, men are excluded, because woman is considered of so low an estate that she must not call upon him to attend her or to be present. She is considered only as fit for rearing children. This obtains even to the present day among some races, yet there have been races upon the earth in which matriarchy has been for long the ruling custom.

Among the Caribbeans and Corsicans the husband is put to bed and receives the visits and condolence of friends; also among some African tribes the same or a similar custom prevails. In China the woman is not allowed to sleep for a definite period after delivery, as that might weaken the flow of blood; she is allowed to drink a concoction of child's urine and whiskey.

The Siam woman is placed before the fire after delivery and steamed; if missed from the village, and enquiry is made for her, she is said to be: "before the fire."

Management of the child: In some countries it is dipped into cold water. In some countries it is fastened to a board until its bones begin to harden, then it is allowed to crawl about. In Russia, the child is carried in a fur sack, suspended from the mother's back. Cold water or salt bath is used by the Kalmucks, then the child is wrapped in furs.

Some tribes bathe the child at once, others not for two

hours, some use water, cold or tepid; others grease of some kind. Often astringents are used.

The Cheyenes and Arapahoes wrap the babe in horse manure and do not wash it for several days. Some strap the body, others compress the head. Kneading and stretching of the child is practiced by many races.

Time of applying child to the breast. In Alaska, the child is suckled as soon as it has vomited, for the first time. It would doubtless prove mystifying should the child be the victim of pyloric stenosis, as is now so much more widely recognized than formerly. Sometimes it is applied to the breast at once. The Kalmuck babe is given a piece of raw mutton to suck, and not nursed for several days. Among some, a strong woman, who is nursing her babe nurses the new arrival for two or three days.

Period of lactation varies. Among the Indians the child is nursed as long as the flow of milk lasts, or until another pregnancy—may be as long as two years. (The writer once saw the statement that in these people it was a recognized fact that the children developed wonderfully strong teeth, and enquiries made among some negroes, who as is well known are renowned for their beautiful teeth, elicited the fact that formerly it was the custom among them to nurse their children for a period of at least eighteen months). It is known that the Cheyenes nurse their papooses for a year and a half. In Eastern Africa the first child is sometimes nursed during the second pregnancy. Such a suckling is called an external twin. (In this connection it is interesting to note that a full grown kitten is often never weaned from its mother until long after a second litter is born; in fact the mother may be found nursing both tiny and full grown kittens at the same time).

Weaning is brought about through the external application of asafoetida, myrrh, or some other bitter or nauseating substance. Mud poultices are used if the breasts inflame after cessation of the child's nursing. All sorts of indigestible articles are fed to children, among these various tribes, including mush, broths, chewed course bread, bananas, wine, boiled honey, castor oil, garlick and onions.

Among the Kanikars rice water is begun at the third month, and the child nursed for from three to five years. It is allowed to eat with the rest of the family at the seventh year. Simple measures of treatment prevail among some peoples, for instance the treatment of colic among the Arabs by the use of oil, or the breast of some stronger woman is given the child to nurse.

According to the aesthetic views held by various peoples, moulding of the head into different shapes, stretching of the upper lip, piercing of the ears for shells and ear-rings are practiced. For instance, there are the flat and conical heads of the Peruvians, and the long flat or narrow head, of the Polynesian islands. The head among Oriental races is rounded to better fit the turban. Among the Arabs the globular head is found. Again, among the Chinese the custom of binding the feet has for long obtained, yet with the recent enlightenment this is passing out even among the higher classes. We are all more or less familiar with the atrophy and deformity which such practices induces. Among the Slavonian women general stretching is resorted to for the purpose of rectifying the position of all the organs of the child.

We have already mentioned the deformities of the ears and lips; among other rites are circumcision, excision of the clitoris and nymphæ, removal of the testicle, etc., all of which are practiced for religious and asthetic reasons. Other operative measures are carried out among certain tribes of Australia for the purpose of limiting the number of productive males, and of course we have long been familiar with the emasculation practiced upon the eunuchs of old, by races who held them as captives. As to the value of long nursing, if carried beyond a certain period, the child becomes anæmic and marasmus causes a high mortality. Among other causes of infant deaths, may be mentioned hemorrhage of the cord, and it may be well to speak of Dr. Guernsey's theory of the non-tying of the funis, which he so ably defended. This method of treatment, under careful observation may have been a safe procedure, but while safe and satisfactory in many instances, would we believe be hardly safe to practice in all. A recent

experience of the writer would go to show that unless the cord is properly tied excessive hemorrhage may occur. Of course in tumor of the cord (near the umbilicus) (hematoma) it must be tied sufficiently long to avoid hemorrhage. This was also noted in a recent case.

Variola is often fatal among children in many countries. In Africa and India disease inoculation is practiced in preference to vaccination, many people preferring this method because it indicates by the larger size of the pox, that the operation has been successful.

We now come to the *Posture During Labor*.

The writer of the book from which the majority of this information is derived informs us, basing his conclusions upon an ancient funeral urn unearthed among the ruins of ancient Peru, that among these ancient people, the woman was delivered while lying in the lap of the husband or a supporting feminine attendant. It is interesting to note that among some of the descendants of the Incas, this method is still preserved as probably the direct survival of the former traditional custom. In more modern times, it is safe to say that most contention has centered around the European custom of delivery in the dorsal decubitus, and the left lateral position that prevails in England, and to a certain extent in this country. The translator of Maygrier tells us that, even at that time (1834) "the chief difference between the French and American practice is the position of the female in natural labour. In France, the female lies on her back; in this country, the books say, Lie on the left side; but the positions vary. In all cases of difficult labour, where a manoeuvre, or instruments are required, the French practice is that which is followed."

Among the various positions assumed among different races, or among women of the same race during labor, may be mentioned: standing, kneeling and squatting, the semi-recumbent, the left lateral and the dorsal decubitus. There is evidently great variety in this custom. After a very exhaustive treatment of the subject the author arrives at the conclusions that the semi-recumbent, was by far the most frequent among the ancients. As bearing out this observation, he states that pa-

tients have been known to have pains which would entirely cease on lying down, to return on being placed in the sitting posture, that is sitting semi-recumbent. Traditional among obstetric customs has been the use of the obstetric chair.

The obstetric chair in its many classic shapes resembles a couch, or divan, which is always open in the front, with supporting sides and back. This was evidently evolved from the three-legged stool described by Joannis Michaelis of Savon-rola, which might well be described as a cross between a huge wish-bone and an antiquated bootjack. In its capacity as obstetric chair it serves as a seat for the assistant in whose lap the patient reclines.

"This method of delivery which is spoken of 'as being of great antiquity' is simulated by the attitude assumed in the old Peruvian funeral urn, the patient seated in the lap of an assistant probably the husband, whose arms encircle her waist, the hands pressing firmly upon the fundus of the uterus." "The midwife is seated upon a low stool between the separated legs of the patient, and is just in the act of receiving the head of the new-born infant."

This method is still found to persist among the descendants of the Incas of Peru. In the case of the ancient three-legged stool, "The assistant stands behind, on a rounded knob, supporting the patient, who is seated in front, upon the forked portion of the stool."

At a comparatively recent period a similar method of delivery was adopted among the modern Greeks; "the woman being seated upon a kind of tripod, behind her upon a somewhat higher stool sits an assistant whose arms are clasped over the fundus of the womb, whilst the midwife is seated in front."

It is undoubtedly from this posture that the obstetric chair took its origin. While it may seem a far cry from the hands of the midwife introduced "as a wedge-shaped dilator into the vagina to distend the soft parts—and often injurious interference to which her sisters of to-day are still given," to the mechanical dilatation by divulsion, employed by the obstetric

surgeon, yet it only shows that the idea of assisting nature by manual art was latent in the minds of primitive peoples.

Not many mothers of the present day would like the idea of their children's being received into a hole in the ground especially dug for the purpose, or of having them delivered as is the custom among the Bedoins, by being caught in a seive. Such a method of delivery would almost remind one of landing a fish in a net. Again, the modern parturient has no longer much use for the *tenedora* or the *partera* of the Indians and the lower class of Mexicans, or of the encircling arms of the husband; and seldom is the woman delivered "upon the knees of a vigorous young man, who according to tradition, "also exercises considerable pressure upon the abdomen by the hands which encircle the woman's waist."

In fact the position of the husband is now almost wholly that of strengthener and consoler, and vigorous young men are no longer even admitted to the parturient bed-chamber. Among the Brulé-Sioux a young warrior serves as a support for the parturient squaw, who suspends herself from his neck; only the Japanese see that the physician is an aged male, in case that these positions are assumed for obstetric purposes."

The obstetric chair was designed so as to correspond to the position of the patient on the lap of a fellow being. Yet few moderns care much for this antiquated method of delivery.

Few of those in waiting upon the obstetric case at the present time, would be content to rest upon the ideas of asepsis manifested by the ancient midwife, whose traditional custom was to "anoint her own hands and the womb of the laboring woman, with the oils of lillies, of sweet almonds, and grease of an hen, mingled and tempered together," yet we are told in that excellent mediæval "Treatise of the Generation and Birth of Man," or "The Expert Midwife" (1637), that "to do this doth profit and help them very much which are gross, and fat, and them whose secret parts are strict and narrow, and likewise them which have the mouth of the matrix dry, and such women as are in labour of their first child!"

Reference has been made of the first use of the obstetric chair in the second century, and also in biblical passages; the

authority of some of the translations is however, questioned. However that may be, its use has been persisted in even among some civilized countries, such as Turkey, China and Japan, Greece, Assyria and in Egypt. The author of *Labor Among Primitive Peoples* calls attention to the fact that, as before stated, among countries where the chair is used for obstetrical purposes it is seldom seen in ordinary use. Among the Canadians the inclined plane is favored, as for instance the back of a chair placed against the wall; the women of Japan recline on the obstetric couch at an angle of forty to forty-five degrees. Many peoples make use of the rope, the lariat, or cord of some sort by which the patient can assume the semi-recumbent position at will, and we are all of us familiar with the use of the folded sheet fastened to the bed posts, from which the mother may pull during pains.

One thing is certain and that is that the pampered aristocrat would hardly care to be suspended upon a blanket or tossed up and down, as is practiced in some countries.

Premature or artificial rupture of the membranes is a favorite procedure among midwives for hastening labor. It is for this purpose that they characteristically wear such long and razor-edged finger nails.

The Obstetric Positions in use at the present time among civilized races may be classified as follows:

1. The dorsal decubitus, on the Continent and in America.
2. Position on the side, as customary in England.
3. Horizontal, prone on the chest and stomach.

It is doubtful if the traditional midwife whose nails are well trimmed would be preferred among the better classes to the practiced obstetrician, for even in the matter of membrane rupturing, his careful directions for maintaining the integrity of the amniotic sac will often prove of incalculable value to the safety of the dilating parts. Nor does the previously mentioned method of sewing up the child in a sack with its window cut at the back for the convenience of nature, seem either humane or sanitary to the inhabitant of civilized countries. It is here that the psychology of obstetric traditions becomes most interesting; in this study of the origin of

beliefs and customs among primitive peoples, and their bearing upon the future of their descendants. It is even at the present day the custom for the midwife to carry her obstetric chair with her or send it along in advance. It is encouraging to note, however, that trampling of the abdomen with the feet is now no longer tolerated. Regarding the position on the side it is now coming to be looked upon as the product of prudery rather than of science, yet this method has many scientific defenders.

The dorsal position, that is the dorsal horizontal necessitates the forcing of the child upward through the parturient canal against gravity. Careful observation has shown that in the agony of expulsive pains the patient assumes of her own accord the semi-recumbent posture. In fact, "Instinct and experience teach the savage that by change of position, labor may be hastened or retarded." The author concludes in a general way that the patient should be given greater liberty in the matter of posture; especially in the earlier stages she must be guided by her instinct and personal comfort, and finally the care with which the uncivilized woman takes to avoid the dorsal decubitus should teach us that it is the most undesirable position for ordinary cases of confinement. In ordinary cases the child should be most advantageously delivered in the semi-recumbent position; and lastly this latter position is the most serviceable and should be adopted in all cases of labor, in preference to kneeling and squatting.

The Management of the Third Stage of Labor. But few tribes are acquainted with the method of manual extraction of the placenta. The American Indian makes use of the squaw-belt so-called. In most races if manual expression by external measures does not suffice resort is had to emetics or laxatives. Traction on the cord is practiced to the degree of violent pulling with complete rupture, or only gentle traction combined with external abdominal pressure, which is not unlike the methods of to-day. Some make this traction owing to their idea that if the placenta be not immediately expressed, it goes "back further into the body." Among many tribes nature is allowed to expell the placenta unassisted,

which seems not at all unnatural, except in cases where the uterine muscle is greatly fatigued. Some are accustomed to anoint the abdomen with decoctions of herbs, and greasy unguents. Among some peoples labor is allowed to progress uninterruptedly until after the child is born, then the case is at once handed over to the midwife for the completion of the third stage.

Intra-abdominal pressure is employed such as holding the breath, screaming, vomiting. The Somalis of Africa give the women warm mutton suet which is laxative. Next in importance is traction on the cord, which we have already spoken of, then the use of external force by means of the "squaw-belt," which is designed to make firm pressure above the placenta through the abdominal wall and express the after-birth.

Change in posture of the mother, and to this end she is urged to get up and walk about thus stimulating the uterine contractions.

Would the cumulative terrors of childbirth among civilized races of people be at all lessened, if it were the custom to allow, as in the Sandwich Islands the promiscuous inhabitants of the household to witness childbirth? Among such untutored races eugenics would scarcely need to be taught; as childbirth would seem as natural as any occurrence of daily life.

Rather vigorous would we consider the method of extraction of the placenta, as seen among the Mexicans, that of giving the patient "a quantity of raw beans, between a pint and a quart," which by their swelling were intended to force out the placenta. Squeezing, choking and other violent measures are now less often resorted to, the attention being directed to kneading, squeezing and "looming" of the abdomen until the placenta is expelled. Drinking soapsuds to induce vomiting is practiced among some; also snuff is taken to induce sneezing, berry of ground cedar, castorium, or the button of a rattlesnake's tail are employed medicinally.

Traction is sometimes made upon the cord by a buckskin thong attached to the end of the funis, the other extremity

being attached to the great toe. When the patient stretches the limb in bed the placenta is thus extracted. This method is customary among the Papogoes, also used among the Japanese. The erect posture like for instance walking about, while not so practicable for civilized people serves its purpose well among primitive, hardy races. The steam-bath over a fir tree is also practiced, in cases of retained placenta, as among the Crows and Creeks. Some believe that if the woman herself does not grasp the end of the cord it may recede within the abdomen.

Methods of tying the cord. Many variations obtain; some leave the cord long, some cut it short, some tie it once, others several times. Some rub it between the hands, rapidly drying it, and then pinch it off with the finger to prevent bleeding. Different substances are used for the purpose of ligation, such as thread, tape or tendril. Some cut with a dull knife, sharp edge of a palm leaf, or shell; some use a sharp knife, others chew off the cord or pinch it with the fingers. The Chinese attach the cord with a string to prevent its returning within the womb. Forcible removal is often fatal, owing to violent hemorrhage. Among other ill effects from such violence are inversion or prolapsus of the uterus, infection, etc. The method of coughing or blowing into the hand is used by the Germans.

"In Bavarian Palatine, the patient is urged to stand up in case of tardy expulsion of the placenta, take in hand her husband's walking stick, put his hat upon her head, and then she is again put to bed, almost like the walking about of the Indian women to expel the placenta, but not quite so effective."

In Greece the patient is urged to blow into a bottle. (This custom is still to be observed in dispensary practice—W.) Rough measures produce uterine disease, rupture, inversion, etc. though less commonly than are these same diseases found among civilized women.

Disposal of the afterbirth. The placenta is generally buried among the Caucasians, and Japanese, but among the natives of Brazil it is secretly eaten, but if the natives are observed,

they burn it. Among the Loango, no male is admitted to the presence of the child as long as the cord is still on.

The author concludes that the placenta should be expelled by *vis a tergo*, not by *vis a fronte*. Method of Credé most effective if safely used.

Massage for expression. The most important advance in modern obstetrics are massage and compression of the uterine globe for the purpose of expressing the placenta, exciting uterine contractions, and immediately forcing the uterine contents from its cavity, for the checking of hemorrhage from the relaxed womb, manual expression of the placenta (*à la Credé*), in cases of malposition, as Wright's or Braxton Hicks', combined version), and in malposition.

Similar methods of external manipulation long practiced among primitive tribes are now being rediscovered by civilized races. While no one in civilized times such as the present can but depreciate rough measures such as compression by heated bricks, butting or kicking the abdomen or even treading upon it, all are beginning to appreciate the value of massage and compression. Massage used to stimulate contractions of the uterine muscles, to correct the position of the child, to produce abortions, and for expression of the after-birth and prevention of hemorrhage; such are the uses of massage. Among some of the more barbarous measures practiced was the shaking up of the patient; also rolling her upon blankets held by assistants.

Permanent pressure by bandages or cloth have long been used. In Japan the binder is used from the seventh month, and among people of Burmah, India, and among many Indian tribes. Here the squaw-belt is used during placental expression and for about twelve hours after labor.

The abdominal massage or *Ambouk* of the Japanese is practiced mostly among the wealthy and handsome. Among the American Indians massage is used for the purpose of inducing abortion after intercourse among whites; or in Africa while nursing. Malposition is thus sometimes so roughly treated that death may result. There seems to be more or less superstition regarding the disposal of the umbilical cord; for instance,

among the Japanese the cord is pressed and dried, and carefully preserved in the family archives, so that if the child dies in infancy it can be buried with it, or even kept till death of an adult. Among the Kalmucks it is preserved as a charm; the wealthy keep a wet nurse, the poor nurse their own children.

Among some negro tribes the child is carried on the back and is often seen nursing the elongated breasts of the mother thrown over her shoulder. Among the Commaches it is the custom never to fail to pay the doctor in full for his services, lest he should become angry, and, by the power of his arts, bring some calamity upon the patient in future." In this case he is paid by being given his choice of the finest pony in the herd, though he must leave it grazing with the rest, which virtually amounts to nothing, as there the animal generally remains.

We have discussed to a considerable extent tradition obstetric customs of the past; it remains for future historians to record as traditional some of the much vaunted methods of the present time. Suffice it to say, however, that great advance has been made in the art of midwifery, and it is hoped that the future may see the decay of some false conceptions that still remain. By way of a few suggestions along this line, let us say that there should first of all be more freedom given the pregnant woman during her labor.

In fact, the utmost freedom should be allowed her, and the comforts of the lying-in chamber should be made to conform to her instincts and natural tastes, in regard to exercise, posture, nourishment, and above all should she be kept free from the many traditional fears that have descended from generation to generation.

With careful living the use of anæsthetics can more and more be dispensed with, in order that the pregnant woman may arrive at the fullest conception of the wonderful lesson of child-birth.

Fewer vaginal examinations should be made, yet the physician should not be prohibited from utilizing this method when necessary for diagnostic purposes. If anæsthetics are

to be used in labor, let it be only as a last resort, and then particularly in operative cases.

The recently vaunted "Twilight Sleep," being advocated and practiced by Krönig and Gauss, in their clinic at the University of Baden, at Freiburg, by the production of oblivion to pain, under the use of injections of Scopolamin and Morphine, will make but a feeble appeal to the advocates of a "painless child-birth" brought about through correct diet, hygiene, mental and physical environment during pregnancy. Valuable as such a method is claimed to be it cannot be hoped that it will transcend the joy of a painless birth which results from natural means. The proper dietetic and hygienic management of pregnancy together with the beneficial and corrective effects of properly selected homœopathic remedies cannot be over-estimated.

Instrumental deliveries are altogether too common, and who has failed to note the gratitude of the expectant mother, when she finds that she has safely and unaided by sedatives and anæsthetics completed her pregnancy in a wholesome and natural manner. Her praise and gratitude far outweigh any temporary effects of drugs or instruments.

There is need of reform in the diet of pregnancy, and of the puerperium, and in the management of the new-born. Not all physicians are agreed upon the proper time and intervals for feeding, the methods most hygienic in bathing, or as to the value or advisability of circumcision as a universal practice.

Pregnancy should be the great clearing-house for previous hereditary and acquired psoric taints, and the proper homœopathic remedies administered during this important epoch in the woman's life can elsewhere find no equal.

Traditional has been the use of the spurred rye in labor, for the purpose of preventing and checking post-partem hemorrhage. Of late years, however, many physicians have been wise enough to see that Ergot has had its ill-effects as well as good; consequently many at the present time, either give some one of its several alkaloids, or scarce administer it at all.

A minority of obstetricians guided by a law of cure have

demonstrated beyond peradventure of a doubt, the wonderfully beneficial effects of the potentized *Secale* in cases specifically adapted to its curative powers.

Furthermore, the universality of this same law has been demonstrated in the sustaining action of *Aconite*, *Bell.*, *Cimic.*, *Coffea*, *Mag-Phos.*, et cetera, in painful labor; the value of *Ipec.*, *Nux vom.*, *Puls.*, *Verat alb.*, *Sepia*, *Symphoricarpus*, and other remedies in the nausea and vomiting of pregnancy; the virtues of *Verat. vir.*, *Glon.*, *Hyos.*, *Stram.*, etc. in eclampsia; and finally the comfort and relief afforded by infinitesimal doses of *Arnica*, *Cimic.*, *Cauloph.*, etc. in agonizing after-pains. It only remains for the regular profession to utilize the well-tried virtues of specific, or homœopathic remedies in pregnancy.

The devotee of constitutional therapeutics needs but to know of the many-sided phases of the obstetric problem, to immediately recall the wonderfully curative action of such antipsorics as *Psorinum*, *Calcarea carb.*, *Platina*, *Conium*, *Sepia*, *Sulphur*, *Lycopodium*, *Alumina*, and many other remedies.

Psora, flaring forth during pregnancy in its many colored settings needs the most careful and painstaking treatment. We are hearing a good deal today about the ante-natal treatment and care of both mother and child. Such foresight naturally includes diet, hygiene, carefully selected mental environment; it should more than all else include the masterly impress of the carefully selected dynamic remedy.

Eugenics and the proper consideration given to the results of the social evils will perhaps better acquaint the young with the conditions incident upon the transgression of nature's laws; such methods of study are too often negative rather than positive in acquainting them with the facts and conditions of sane and healthful living.

The future obstetrician can therefore render no greater service to posterity than in emphasizing the nefariousness of the multitudinous methods for the artificial prevention of conception; the importance of purifying the marriage relations;

and finally, in instilling into the minds of men and women the sanctity of sexual continence during pregnancy.

Such are some of the problems of the physician and the obstetrician.

A CASE IN OBSTETRICS.

H. ELLEN WALKER, M. D., SHARON, PA.

A case in obstetrics, Mrs. B., age 38, married fourteen years, never pregnant, came to be examined to find the cause of sterility. I found her normal in every way except a very small cervix, found it difficult to introduce uterin sound. Used Cocaine for the first treatment and dilated the cervix with graduated dilators. She had three or four treatments in all. Did not hear from her again for something like a year when she called me to say she would need my services within three months. She made an appointment and came bringing a specimen of urine March 19, 1913. She complained of rheumatic pains in hands and arms, restless, insomnia. The urine contained some albumen, hyaline casts, uric acid crystals and epithelial debris. Prescribed Helonias 2x, ten drops t. i. d. The next urinary specimen examined was April 17, when all symptoms had improved except the albumen. Hel. 2x was continued. Examined April 24, May 5, 9, 1913. In all analyses a trace of albumen was found. May 21st she called me in the night complaining of pain in hands and arms. Was promptly relieved with Caulophyllum 200x after which she returned to Hel. 6x t.i.d.

On June 2nd her labor began; normal presentation, normal labor, head engaged. After repeated efforts with good, strong uterine contractions, the head did not descend below a certain point. I used the instruments, and found the cord three times around the child's neck. I used artery forceps and severed the cord at once but the baby was strangulated.

There were two slight tears in the mucous lining of the anterior vaginal wall which I closed at once using No. 1 cat-gut.

The patient grieved for the baby, but everything went well until the twelfth day when I was called I found her complaining of pain in the left leg below the knee, temperature 101°, leg somewhat swollen, stiff and a feeling of weight, slight distention of abdomen. R Kali. carb. 6x trit. every two hours. Used a high enema of olive oil and water.

The urinary analysis at this time revealed no albumen, no epithelial, or granular, or fatty casts, and I was happy thinking the kidney of pregnancy undergoes resolution after delivery and only apt to recur in subsequent pregnancies. The milk supply was good and kept up until she felt well, when she gradually let it cease. On July 11th she called me to say she felt finely.

On August 13th I left on my vacation. Was gone two weeks. During that time Mrs. B. had passed away. Had died of acute Bright's, developed from some chronic condition of the kidney, as her physician said. Was it Bright's or was it renal thrombosis? Did my Helonias prevent the storm or hold it in check when the kidneys had the greatest task of their existence?

T. Franklin Smith: I have been asked to look after those photographs; what shall I do with them when I get them?

President: Send them to the secretary. Bureau closed.

ADJOURNED SINE DIE.

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