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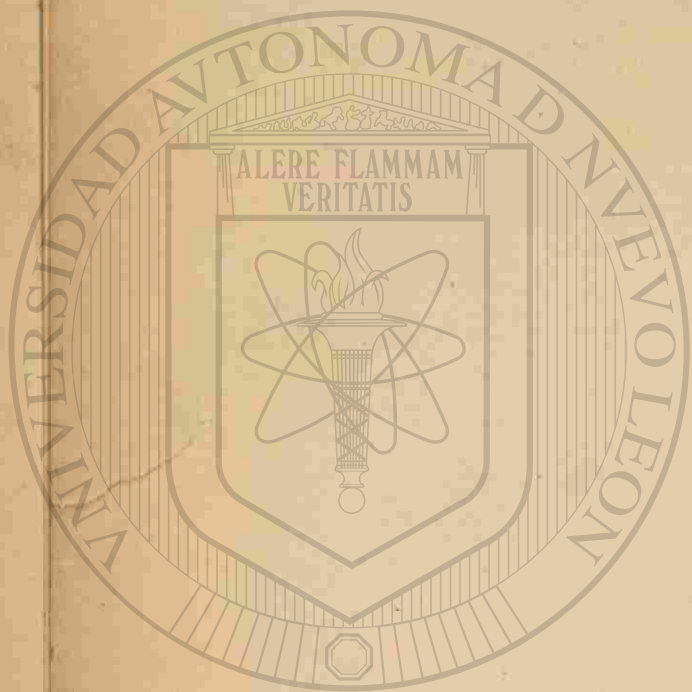


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UNIVERSIDAD AUTÓNOMA DE NUEVO LEÓN

DIRECCIÓN GENERAL DE BIBLIOTECAS





THE

Homœopathic Recorder.

BI-MONTHLY.

U A N L

VOLUME VI.

UNIVERSIDAD AUTÓNOMA DE NUEVO LEÓN

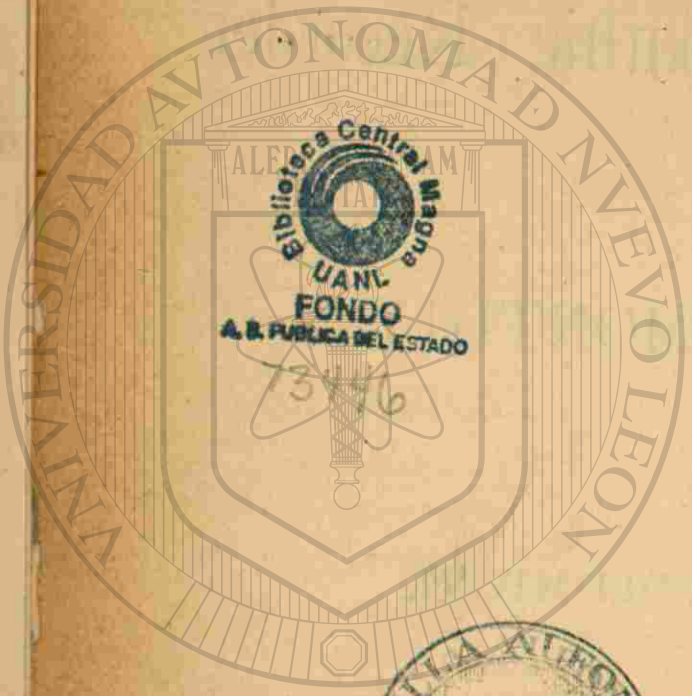
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THE
 HOMŒOPATHIC RECORDER.

VOL. VI. PHILADELPHIA AND LANCASTER, JAN., 1891. No. 1.

AN OFF-HAND STUDY OF THE SALTS OF BARIUM.

BY SAMUEL A. JONES, M. D.

(Concluded from Vol. V, page 254.)

There is no recorded instance wherein any of these salts have been used for the purpose of suicide, and the reported cases of accidental poisoning are few. These, however, are unequivocal and significant. They teach very evidently that toxic doses do not bring out the finer features of the physiological action of the drug, and they demonstrate, with equal clearness, that the resulting symptoms depend upon the size of the dose. The rule, with the salts of Barium, seems to be paralysis of the voluntary muscles from large doses and clonic spasms from small. Boehm says that in cold-blooded animals the paralysis is preceded by a peculiar state of rudimentary, clonic spasms: this order has not been observed in the human being.

There is, however, one poisoning which is an exception to the seeming rule of dose-quantity. A man swallowed, by accident, seventy or eighty drops of a solution of the chloride of Barium. "He had soon after profuse purging without tormina, then vomiting, and half hour after swallowing the salt excessive muscular debility, amounting to absolute paraplegia of the limbs. This state lasted about twenty-four hours, and then went off gradually." [1.]

"A woman, aged 42, for pains in the stomach, took one morning a solution of half an ounce of chloride of Barium by mistake for sulphate of soda. She was soon seized with nausea, retching, convulsive twitches of the face, hands and feet, vomiting of clear mucus, great anxiety compelling her to cower together, restlessness, and loss of voice; and she died under constant efforts to vomit, and violent convulsive movements, but with her faculties entire." [2.]

"A healthy barmaid, aged 22, took a teaspoonful of the chloride of Barium at 12:30 p. m. In half an hour she became

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"A healthy barmaid, aged 22, took a teaspoonful of the chloride of Barium at 12:30 p. m. In half an hour she became

badly sick all over, sharp burning pains in stomach and bowels, vomiting and purging with much straining. Got an emetic. At 2 p. m., was lying on her back, face pale, anxious, eyes deeply sunken, surface of body very cold, heart's action feeble and irregular, pulse hardly perceptible, tongue natural and warm, muscular power of extremities almost gone, sensation unimpaired. All fluids vomited mixed with ropy mucus. Pains in stomach and hypogastrium, lightness of head, singing in ears, twitching of face, and twisting of legs and arms. Was given Epsom salts, heat to extremities, sinapisms to abdomen, &c. At 9 p. m., vomiting and purging gone, color returned to lips, warmth to surface, pulse 60, regular, and pretty strong, still complained of twitching and twisting, and of noise in ears. At 2 a. m., purging returned, all voluntary muscular power annihilated, except that she could speak feebly, and could swallow. Slow and labored respiration with copious effusion into bronchial tubes, loud loose rales all over chest. Perfectly sensible, fell asleep for one hour, breathing all the time becoming slower and more labored, and countenance dusky. Awoke about 3 p. m., muttered something and became convulsed, continued to be agitated by the most frightful paroxysms for two hours, when she died. During fits had several watery movements." [3.]

The next cases show the paralytic form of poisoning. "A man took a strong solution of the acetate of Barium. One hour later he was lying stretched on his back, deprived of all voluntary motion, with pale face, haggard features, drooping eyelids, normal pupils. Skin was covered with profuse clammy sweat, voice faint, and speech unintelligible. Pulse 125-30, very small; heart sounds muffled; respirations incomplete, more frequent than normal; sounds scarcely distinguishable. Tongue was cold, slightly blackened, but still moveable. Complained of nauseating taste. Epigastrium was not sensitive to pressure, nor were colics present; there was, however, belching and inclination to vomit, also involuntary diarrhoea and micturition; urine clear and profuse. The patient died within twelve hours of taking the draught, in full possession of his senses, but with absolute paralysis of all voluntary muscles." [4.]

The physician in the above case, who had made a mistake in the prescription, tested the solution on himself. [A good example!] "In three hours discomfort and general weakness, with lightness of head, set in. In upper extremities and on scalp and skin of face, formication was felt. He was obliged to go to bed, and was immediately attacked with nausea, belchings of wind, and liquid diarrhoea. After three hours more, weakness had

perceptibly increased, and the left arm could no longer be moved, though sensation was intact; temperature and transpiration of skin were normal; pulse about five beats slower than usual. He found it impossible to pull the bell or leave the bed; and eight hours after taking the dose the upper and lower extremities were almost paralyzed. To the previous symptoms was now added copious vomiting, which was repeated several times during the night. Paralysis of muscles still increased, and spread first to abdomen, then to chest and neck, and last to sphincters of bladder and rectum. Coughing, spitting, and even utterance of polysyllables became difficult; respirations were labored, and urine and fæces were evacuated involuntarily. Pulse fell to fifty-six and for a short time became irregular; temperature of skin now seemed lower than usual. A few red spots showed themselves on the thorax, but disappeared after a few days. There was constant thirst, relieved by pieces of ice in the mouth. No pain was felt, but the experimenter, with full consciousness, experienced all the symptoms of impending death." [5.]

"A medical student took three teaspoonfuls of the chloride of Barium, thinking it to be Epsom salts. This at 8:30 a. m. After which he vomited four times and had four stools. At 10 a. m., he was very weak and prostrated, complained of pinching in abdomen, nausea and urging to stool. Pulse soft and regular, tongue clean. In half an hour the upper and lower extremities were icy cold, great weakness, unable to move hands or feet, sensibility intact, incomplete paralysis of left eyelid, speech weak, indistinct, complains of violent cutting and pinching in abdomen, which came on in fits every two minutes, and was attended by loud groaning; abdomen not sensitive to touch. Had vomited three times, stools ceased. He got a lemonade made with sulphuric acid from 11 a. m., onwards. . . . At 5 p. m., the extremities were warm, pulse to 84. 8 p. m., alternate heat and cold of limbs, quicker and slower [sic] pulse, slight sweat, no more vomiting and purging. Night pretty quiet, pains much diminished, no sleep. Morning pretty lively, pains slight, pulse 80, warm, could move arms. No urine passed since yesterday morning, a moderate quantity of clear urine now drawn off with catheter. Next morning he was quite well." [6.]

"A family consisting of parents, daughter, and female friend, partook of some meal which contained 10 per cent. of carbonate of Barium, with a minute quantity of the sulphate; a dog and a canary bird also ate some. The bird died in five minutes! immediately after the dog was taken with violent diarrhoea; and fifteen minutes later the four human beings became sick; one

of anaemia and hyperaemia of the cord, is, that they seem capable of causing such disturbance of the sensory structures as reveals itself in subjective sensations of tingling, pins and needles, and the like, and perhaps also some impairment of motor conduction." Nevertheless, on one or the other of these conditions the paralysis from poisoning by a Barium salt must depend.

We have seen that the Barium salts produce tonic contraction of the arteries and arterioles, thus producing anaemia. We find also that the febrile conditions producible by the Barium salts are occasioned by the smaller doses. Then as the large dose produces contraction of the vessels, and the small dilatation, we infer a profound anaemia of the antero-lateral white columns of the cord as being the pathological condition when motor paralysis is produced by large doses of the Barium salts.

It is difficult to declare positively whether the paralysis produced by the salts of Barium is of the ascending, or of the descending, variety. In case 7, as we have cited them, it is distinctly reported as "extending from below upward," while in case 5 the direction is from above downward. As case 5 is from a poisoning with the acetate, and 7 from the chloride, the difference should be remembered. In the animals poisoned with the chloride the paralysis was invariably of the ascending variety.

So far as the pathology of the spinal cord is known there is no condition analogous to that produced by the salts of Barium, and the therapeutical application of the drug awaits a Columbus to stand the egg on end.

In the second case of poisoning that we have cited the following symptoms occurred: "Convulsive twitches of the face, hands and feet." Dose: half an ounce of chloride of Barium. And in the third case, wherein a teaspoonful of the chloride had been taken, there were observed, "twitching of the face, and twisting of legs and arms."

I have seen similar symptoms follow the taking of exceedingly smaller doses. The chloride of Barium had long been a favorite remedy with me for reducing hypertrophied tonsils, and while giving the third decimal dilution to a girl of 8 for that purpose, the following was the result: the dose being a saturated two-grain tablet every two hours; the drug having been taken three days. While at my supper the father telephoned me to learn what I was giving his girl. On my asking why he made the enquiry, he replied, "it is making her look foolish, and she is acting very strangely." Not expecting anything serious from the 3x, I bade him stop the medicine and bring the girl to my office the next morning.

When the child was brought I found slight twitching of the facial muscles, and decided jerking of the arms and legs; all markedly worse when she was looked at closely. The expression of her face had changed, not that she looked "foolish," but listless.

While at breakfast, the morning of the day that the father telephoned me, the mother had given the child a plate containing some food. This the girl had taken in one hand, when she suddenly flung plate, food and all against the wall. She escaped a whipping by her earnest declarations that she could not help doing as she had done. The mother watched her during the day and found that the "jerkings" got worse. On stopping the drug these untoward symptoms passed off inside of three days. The subject is a marked blonde and very scrofulous; being especially subject to glandular swellings. Her health has been remarkably good since the misadventure with Baryta muriatica.

There is no instance recorded in Homœopathic literature wherein these spasmodic effects of the chloride of Barium have been applied therapeutically, and yet they indicate a remedy for chorea cases that prove intractable to all other remedies, as we hope to show.

It will be well to cite the effects of smaller doses if only to establish the action on the vascular system.

Crawford observed vertigo, prostration, quick pulse, increase of heat, and loss of appetite. A common effect in all his patients was increased urinary exertions. A small quantity in solution taken into the stomach causes a sensation of agreeable heat.

From an over-large dose Hufeland saw nausea, retching, violent vomiting, anxiety, palpitation of the heart, and vertigo. In two cases where there was no vomiting, anxiety that lasted several days. It frequently caused increased urinary exertion, and skin eruptions were often seen. To him it seemed rather to retard the pulse.

Forty drops of a solution of half a drachm of the chloride in one ounce of water caused great heat of body, and from ninety-five drops the patient was in a dry heat all day, pulse much excited, and head greatly affected.

Doses of from one-fifth of a grain to three grains caused a feeling of warmth in the stomach that rose to the chest and head, slight colic, diarrhoea and increase of cutaneous and urinary excretions. On leaving off medication for twenty-four hours there supervened a febrile condition, thirst increased, tongue and mouth dry, swallowing difficult, anorexia, pulse quick and full, heat increased, face red, weakness. This state generally lasts seven

days, and during this time there sometimes occurs catarrh of the eyes, nose and inflammation of the skin. Inflamed and suppurating glands show increased irritation, pus flows more abundantly, their hardness and swelling diminish, wounds become red and cicatrize.

We give Neumann's observations because they have been accepted by Hahnemann and Hering. "I saw scrofulous children whom I treated with this remedy become anthropophobic, cowardly, forgetful, lose their power of attention when reading, and the desire to play; and I have seen it produce this depressed disposition in wildly excited maniacs." Neumann is also the authority for the efficacy of the chloride of Barium "in every form of mania, as soon as the sexual desire is increased."

Kramer has detected the chloride of Barium in the blood and urine, and Orfila found it in the liver, spleen and kidneys.

THERAPEUTICAL APPLICATIONS.

As Hering says, "very few cases have been published." Baehr pronounces it "one of the most distinguished remedies for paralysis following apoplexy, and for paralysis of old people." In the latter case, he says, "a want of steadiness, a feeling of debility of the whole body, giving way of the knees, and pain in the lumbar portion of the spine precede the paralysis."

A striking case is reported by Dr. W. F. Laurie in the *Homœopathic World*, Vol. IV, p. 261. "Being asked a little while ago if I could suggest any remedy for the mother of a lady patient of mine, whom she represented as being nearly ninety years of age, in a very infirm state, and paralyzed in the right side, I found that she was seized with hemiplegia two years ago whereby she lost the use of that side entirely. The lady (whom, by the bye, I have not seen) had suffered for many years previously from palpitation and disease of the heart; deafness also had been coming on gradually for twenty years, and during that time she had become so deaf that she could not be made to hear anything said to her at all; all had to be written.

"I advised that a quarter-grain dose of Baryta Carbonica, 3rd trit., should be given her twice a week. Some time after my lady patient informed me that her mother took the medicine as recommended, twice a day, once a week, for a month; then stopped ten days; then took it the same way again, and again for another month. She began to improve very much after the first month, and has gone on to improve since.

"Under the above treatment, perseveringly employed, she has at length become able to hear one person who sits by her and

talks slowly and distinctly. Her strength has also improved, so that she can walk three parts of a mile and back some days. The attacks of palpitation are also less frequent and severe."

Hartmann was of opinion that paralysis of the tongue was seldom cured without resort to this remedy. Bayes has "often seen this medicine curative" in facial paralysis.

Its field is the *paralysis* of impaired nutrition, and therefore of decay. It will find application in the aged, and it must be remembered that age is not always a synonym for years: there are the old and the prematurely old. Senility, and premature senility are its prime indications; important factors are concomitant defects of sight, or of hearing. In the anamnesis palpitation of the heart, enlarged glands, especially behind the ears, and on the back of the neck, are significant elements.

I refer to its use in *tonsillitis* only to say that I have had but three failures with it in thirty years. In a farmer who had an attack whenever he took cold, and he was extremely susceptible thereto, it completely removed the tendency to both.

In a case that came to me from old school hands in consequence of the farmer's emphatic recommendation and in which both tonsils were involved, suppuration appearing inevitable, it brought about a prompt resolution without discharge: the most unqualified demonstration of the *vis medicatrix* that I have ever witnessed. This remedy, in my opinion, is especially efficacious in red-headed and freckle-faced patients; at least, I have seen the most remarkable results in patients wherein that æsthetic combination obtained. Doubtless a compensatory providence; but I prefer the *tonsillitis*.

In the gastric sphere Baehr says: "Baryta Carbonica presents all the symptoms that characterize ulcer of the stomach," and adds that he had "used it with success, but only in cases where there was no vomiting, or only vomiting of a small quantity of mucus, and where the cardialgic pains did not recur in distinctly separate paroxysms but were rather of a remittent type."

In the second case of poisoning that we have cited "the stomach was found perforated posteriorly, in the lesser curvature near the cardiac orifice." Wildberg, who reported the case, ascribed this to the previous disease and not to the poison. Christison and Taylor are of the same opinion. But Woodman and Tidy, from ten grains of Barium nitrate given to a rabbit, found "the stomach inflamed and rotten," and after five grains given to another rabbit, the stomach was "inflamed and very rotten." In view of these anatomico-pathological facts certain symptoms of the acetate of Barium are significant:

"Painful, writhing sensation in the stomach when the bolus descends into it, as if the bolus had to force its way through sore places."

"The pressive, sore sensation and gnawing in the stomach are most severe when standing and walking, also when sitting bent; when lying on the back, on bending forward, or when pressing on the stomach with the hands, she feels only the painful pressure, not the gnawing."

If the word "gnawing" correctly expresses the prover's sensation, the symptom is entitled to profound consideration, for "gnawing" is the epithet *par excellence* descriptive of gastric ulcer.

Ulcer of the stomach is of more frequent occurrence in women than in men, and it is more apt to arise at the accession of menstruation and at the climaxis. When existing at the accession, it is commonly in company with scanty menstruation, or with amenorrhœa, and the long interval between the periods in the climaxis is an analogous pathological condition. If the stomach symptoms cited are coexistent with the scanty menstruation of the Barium salts the remedy demands earnest consideration.

[Scanty menstruation is the characteristic Barium effect as deducible from the sexual symptoms; depression of the venereal appetite being its salient feature. In women profuse menstruation and strong passion are coexistent, and vice versa.]

The salts of Barium deserve consideration in Bright's Disease, especially the cirrhotic variety. The following symptoms are certainly suggestive: "The eyes are swollen in the morning. Pale face. Face puffy. Increased urine; she rises twice every night to urine; passes much each time. Palpitation of the heart. General loss of strength."

The increased arterial pressure in cases of granular kidney finds its *similimum* in the salts of Barium as far as a pathological condition can find a *similimum* in a pathogenetic effect. That is, the physical consequences are similar in both; the calibre of the arterial vessels being decreased.

[A prolonged poisoning of some of the lower animals with these salts would be of infinite service. When will Homœopathy discharge its duty?]

The chloride of Barium has also been successfully employed "in old worn-out asthmatic habits in which the disease evinces a tendency to terminate in hydrothorax."

Goullon calls attention to it when "after the disappearance of a scrofulous cutaneous eruption, an obstinate cough, (bronchitis), and even pneumonia, with copious expectoration, result."

The use of this remedy in our school has been as a cardiac irritant rather than a depressant; that is, we have found no use for it as a "tonic" in heart failure: palpitation has been our sole "indicator." It should, however, find a place in the treatment of fatty degeneration of the heart.

Its action on the male sexual organs does not appear to have been availed of, and yet its symptomatology recommends it in impotence. According to symptom 391 of *Baryta carbonica* [*Vide Allen's Encyclopædia*] it "takes the cake" as a somnific!

The great substratum underlying its whole field of action is SCROFULA. Hufeland said it found its chief scope in the treatment of scrofulosis florida as distinguished from scrofulosis torpida; to which *Aurum* corresponds. This form is distinguished by the quasi inflammatory status which obtains. The lymphatics are in an irritated and inflamed condition; the glandular indurations and the scrofulous ulcers that exist evince a tendency towards inflammation, and the enlarged glands are apt to open and discharge.

Goullon quotes a typical case. "A male child of two years suffered from atrophy. The whole neck was covered with indurated glands of the size of an egg; the abdomen was much distended and hard; the seventh and eighth dorsal vertebrae projected posteriorly in a lump. Both ears discharged an offensive pus; tongue coated; stool produced only by enemata; faeces small in quantity, white in color, and hard as a stone; the urine yellowish and very offensive; the feet swollen." *Baryta muriatica* produced a complete cure in three months.

The same author cites the following: "E. K., aged one and a-half years, was covered with ulcers over the whole body; the whole head with thick, offensive crusts; abscesses behind the ears which discharged an offensive pus; fetid discharge from the ears smelling like rotten cheese; both eyelids swollen; the bulbs of the eyes very much inflamed; photophobia, so that the child always lay upon its face; abdomen considerably swollen, thin, watery, offensive stools; both feet very much swollen." *Baryta muriatica* completely restored the health in six months.

The chloride of Barium has won deserved laurels in the treatment of scrofulous ophthalmia. A girl of six years of age, after a year's treatment by an old school physician, was in the following condition: "Total opacity of the cornea; the sclerotica inflamed and loosened in its tissue; entire blindness; both anterior nares inflamed and sore." Under *Baryta mur.* "the child's eyes were entirely clear and her vision perfect."

A paper by the lamented Woodyatt, that is now buried in the

dusty "Transactions" of a State Society, is worthy of resurrection in the pages of THE RECORDER.

"Master Samuel L., aged nine, was brought to me for treatment April 1st, 1874. He looked thin and wasted with a large head, somewhat bloated, hard abdomen, legs attenuated, almost refusing to support the body, shins mottled with copper-colored spots, and painful indurations on the upper surface of right foot near the ankle. The face was much misshapen by glandular enlargements especially of the right submaxillary which protruded fully an inch. The sublingual and cervical glands were also enlarged. His teeth were decidedly characteristic of the syphilitic dyscrasia according to Hutchinson's classification. He suffered from bone pains at night. The child never had been strong, but his eyes had been well until September, 1873, when the left eye was attacked with 'inflammation.' A month later the right eye became similarly affected. From that time till April, 1874, he had received various treatment, but as it was largely local, the true nature of the disease may have been overlooked.

"At his first visit the right cornea was found densely infiltrated and opaque throughout its entire extent. The proliferation process had been most active in the center, at which point the opaque tissue protruded beyond the level and gradually sloped off to the periphery becoming more translucent by the way. Sthaphyloma had virtually commenced, peri-corneal injection was present, but more decided in the inner lower quadrant—lachrymation was slight. The left cornea was mottled all over, but in no spot as dense as the right, peri-corneal injection over three-fourths of the globe, lachrymation free and some photophobia. Vision in the right quantitative. With the left eye could count fingers at two feet. Was troubled at night with ciliary neuralgia. He received Merc. Iod. until May 15th, when the acute symptoms of the case had subsided, and the opacity had cleared slightly in the left eye; no apparent change in the right cornea. Gave Aurum met. for one month which made an impression on the cornea of both eyes, but still the progress was not rapid. This, however, was rather strange considering the nature of the disease and its usual course.

"At the American Institute my attention was called to Baryta iodata by Dr. Liebold's paper, and on my return, having been kindly supplied by the doctor with his original preparation of the drug, I administered it in this case.

"Up to this time the glands had remained as first described, hard and painful to pressure. The right cornea had cleared a

little at the upper margin, so that the iris could be dimly seen when the eye was carried well downward. Fingers could be counted at one foot with this excentric fixation. Vision in left eye had improved so that fingers could be counted at four feet scant.

"Six weeks from this time the deformity on the right side, for such it really was, had entirely disappeared. The sides of the face were now symmetrical. There remained but one enlarged cervical gland about as large as an almond. The mother reported that the boy had not been so well in years. Appetite was good, sleep was sound, spirits revived, and a troublesome enuresis had disappeared. The manner as well as the appearance of the child had changed markedly.

"The eyes were both clearing up rapidly. Very little remained in the left that could be seen by direct examination. Right eye vision, $\frac{1}{10}$; left eye, $\frac{1}{15}$. The boy could not read, so we were unable to test his near vision with any satisfaction. There can be no reasonable doubt of the full recovery of sight under this drug. Considering the state of the cornea and the patient's general condition, the progress must be regarded as very favorable indeed, and attributable almost entirely to the action of Baryta iodata.

"I have used the same drug in several cases of suppurative inflammation of the middle ear since June, and have witnessed gratifying results. The trouble followed scarlet fever, and was accompanied by enlarged glands of the neck in each case. A case of phlyctenular conjunctivitis in a scrofulous ill-fed child is now under treatment and very much improved, but hardly to be reported. The left side of the neck from the ear to the clavicle, for a width of one and a-half inches, was almost one continuous open sore when the remedy was first given. It is improving steadily, and will be heard from again. The remedy is worthy of careful study and trial."

There is one little feature in this report that should not be overlooked, namely, this statement: "The *manner* as well as appearance of the child has changed markedly." Here we have Neumann's observation furnishing a "key-note," and forever silencing those who object to symptoms derived *ab usu in morbis*. Neumann said, "Baryta muriatica seems to have a special effect on the mind. I saw scrofulous children whom I treated with this remedy become anthropophobic, cowardly, forgetful, lose their power of attention when reading; and the wish to play." Hahnemann siezed this psychical symptom with avidity because he knew what it was worth. *He* could find a characteristic

amidst a mountain of chaff; *we* cannot; but we can "criticise" him!

It has been my good fortune to make a new application of the chloride of Barium and Neumann's observation was chiefly my guide thereto.

On the 5th of July, 1890, Mrs. B. consulted me concerning her daughter, who has been affected with chorea for the past four months. She was taken from school early in March, and since then has been in the hands of a Homœopathic physician, but has steadily grown worse.

She was taken from school at first because of the failure of her memory; she could not learn her lessons, though she had formerly been a bright scholar. Soon her mother observed a curious "fidgetiness" in her legs; they were suddenly "poked out" in this way and that. Then the arms became affected, and the doctor was called.

The girl is eleven years of age, rather short in stature, and spare in flesh; having black eyes, dark hair, and sallow complexion, looking like dirty white wax. She had not been a sickly child, and no cause is known for the present attack.

Her arms and legs are in constant jactitation. She cannot feed herself, and can walk only with the assistance of another. Her face is spasmodically twitched, and her speech is unintelligible to all but her mother. All the spasmodic movements cease during sleep.

Her appetite is unimpaired; but her bowels are constipated, and she has frequent urination. It was impossible to take her pulse correctly; but her heart evinced nothing abnormal in frequency, force, rhythm or sounds.

The expression of her face was absolutely idiotic; her jaw dropped, saliva drooled from the corners of her mouth, her eyes lacked lustre, and she had a vacant look, or gave you a silly grin.

The choreic jerking began in her legs, then appeared in her arms; but the legs have always been the worse. Her speech was affected before the twitching began in the face.

None of the other children in the family have ever been similarly affected.

This case reminded me vividly of the pathogenetic effects of the chloride when given for the hypertrophied tonsils, and after brief deliberation I administered Baryta mur. 4th cent., a saturated two-grain tablet every two hours, and asked to see the patient again in two days. I did not so much expect any marked change, but was on my guard against any over action of the drug.

July 7th. Mrs. B. brought the girl and reported that she thought the jerkings had been worse. Continued the remedy and potency, but ordered a tablet every four hours.

July 12th. Called at the house. My note-book says: "Better on the 12th, especially in the feet; quieter there." Continued the remedy, potency and dose.

July 25th. The mother reported satisfactory improvement; "we all can see it." Continue without change.

August 6th. The child could not be recognized as the drivelling thing first seen a month before. Her legs are quiet, speech is distinct; no twitching of the face, and but little of the arms. As I was going away for a month, gave a large bottle of saturated tablets, and ordered four a day.

At this date the child is back in school, and is holding her accustomed place in her classes.

To-day I am wondering why Neumann's observation had not sooner led to the employment of the Barium salts in chorea. That this disease affects the mind of the patient in this peculiar manner has long been known, and I do not know of any drug that produces the *Similimum* so unmistakably as the remedy under consideration.

This is very plain to me now; but I had had the *Materi Medica* in my hands for thirty years before I saw it! And then it is revealed by the only therapeutic law that can make a poisoning fruitful. To Neumann this pathogenetic effect of the chloride of Barium only voiced a *caveat*; to the follower of Hahnemann it reveals the application of the poison as a REMEDY.

Ann Arbor, December 6th, 1890.

ERYTHROXYLON COCA AND SOME OF ITS CLINICAL THERAPEUTIC USES.

CASE I.—A young man of about 20 consulted me in November, 1884. The disease he complained of was palpitation of the heart, with difficulty of breathing which was generally and principally felt in empty stomach, especially while ascending any height. From a study of the history of the case, I was led to the conclusion that this young man was a victim to the *vicious* and *ruinous* practice of "self-abuse" from the age of 14, and which he did not give up yet. On an investigation of his case, I gathered that he had much cerebral excitement; while sitting alone, he had wild fancies; being a student, he had more liking for

mental than physical work; now and then he felt much mental depression, he apprehended evils which were not likely to befall him; his temper had become very irritable; but immediately after he lost his temper, he repented for it, and became morose. He complained of vertigo, headache, with pressive and tensive pain in the temples, and occasionally pressive pain in the occiput, also much pressive pain in the eyes, with photophobia and dilated pupils. Slight noise or sound agitated him and brought about palpitation of the heart, with weakness and acceleration of the pulse. Although he had become lean, thin and weak, yet he worked hard without any feeling of fatigue and did not feel the least necessity for food. He had much flatulence and rumbling in the abdomen. His memory was much impaired with regard to other things, but not with regard to studies, so that he could repeat *by heart* even pages of the books which he had gone through even *once*. His bowels remained generally constipated. He passed very large quantities of urine day and night, with much thirst; but whether there was any sugar in the urine I cannot say, because I did not make a chemical examination of his urine. His penis had become quite relaxed and he had nocturnal seminal emissions, with lascivious dreams almost every night. He did not sleep well even for nights together. Very frequently he had spasms in his calves during sleep or while rising from his seat or stretching his limbs.

On inquiry I learned that he had so-called *nervine-tonics* from his Allopathic physicians, and Nux. Vom. 30. and 200., Phosphorous 6. and 30., Ac. Phosphoric 6. and 30., Anacardium 12. and 30., Lycopodium 12. and 30., China 6. and 30. and Coffea 6. from his Homœopathic medical advisers. This way he swallowed Allopathic and Homœopathic medicines, as it were, by the ounce, for two years or so. He said that whenever he took any given medicine, he felt some relief for a week or ten days, and then he felt unwell again as before. On the 28th of November, 1884, I prescribed Ac. Phosphoric *ix*, in one-drop doses, twice daily for a week. On the 6th of December, he saw me again, and said that he was much better. I stopped the medicine for a week. He saw me again on the 13th of December and said he was better still. That day also I gave him no medicine, but asked him to see me again after a week. He saw me again on the 22d of December, and told me that he was just the same as when he saw me last. He felt no other pain and uneasiness than *palpitation of the heart and difficulty of breathing while ascending any height*. He also felt very weak, but he felt no hunger nor any appetite for any kind of food, and yet any kind

of hard, bodily or mental work was agreeable to him. He had no seminal emissions at night, nor any lascivious dreams, but he was getting leaner and thinner daily. I was in great difficulty for finding out a suitable remedy for this patient. Accidentally, however, I remembered a case of Lencorrhœa, with most of the symptoms above enumerated, which was very successfully treated by Dr. C. T. Charles, late Professor of Midwifery and Diseases of Women and Children in the Calcutta Medical College, in the person of a *Mârwâri lady* at Barabâzâre, some years ago with *Coca-wine*, as also what was said to us about the efficacy of the drug by him while lecturing in the class-room, in removing the exhaustion after tedious labor, and remembering the great power which Coca has of removing the feeling of fatigue in ascending hills when its leaves are chewed by the hill-men for the purpose of overcoming the feeling of hunger, I was tempted to prescribe Coca in this young man's case. I referred to our Materia Medica and found that almost all the so-called pathogenetic symptoms of Coca were present in this young man's case. Accordingly I prescribed Coca *ix*, in one-drop doses, three doses daily for a week. On the eighth day, the patient came to me and said that the complaints he had had all disappeared, but he felt so very weak that he was not at all disposed to stir out a single step from his bed or seat or do any kind of work, either bodily or mental. I stopped the medicine for a week and prescribed generous diet consisting of home-made bread, meat and some fried vegetables in the morning, and bread, some vegetables and milk at night, and asked the patient to see me after a week. Accordingly he saw me on the 16th of January, 1885, when he said he felt stronger, but the former symptoms had reappeared. I prescribed Coca *ix* again for a week as before and all the symptoms disappeared, but the patient again felt weak and quite disinclined to any kind of bodily or mental work. I stopped the medicine, prescribing only the same diet as before. On the 23d of January he saw me again, and said that he was positively worse, and that if this state of things continued for a week, he "would die." I did not now see my way to finding out suitable means for giving relief to this suffering poor young man. On referring to our Materia Medica, I could not hit at a better medicine than *Coca* and yet *Coca* had done the patient little or no good. Considering all sides of the question, I thought of giving up the case as hopeless and asked the patient to consult some other physician. He said he would not change my treatment for more reasons than one "whether he died or lived," especially because he had left no physician of Calcutta of repute

and standing (Allopathic and Homœopathic alike) untried, and that he consulted me at his father's advice who had directed him to stick to my treatment for at least six months. Such being the case, my responsibility in this case doubly increased, and I did not know as to what should be done. After much deliberation, I came to the conclusion that Coca might be the right remedy, but that its dose had to be changed. Accordingly I prescribed Coca 6x, three doses daily, for a week. On the 2d of February he saw me again, and told me that he felt neither better nor worse. I believe that any disease remaining stationary, without being better or worse, indicates a favorable sign. I again prescribed Coca 6x in the same way as before for a week after which the patient saw me again, and said that he was again *positively worse*, and that the symptoms which had been present at the time when he had first consulted me had all reappeared in a more violent form. This statement of my patient put me out of my wits. I prescribed no medicine, but advised him to take the kind of food which I had prescribed for him before. On the 18th of February, I prescribed Coca θ , in one-drop doses, three doses daily. On the second day the patient felt better. On the third day he felt better still. On the seventh day he felt quite well. On the eighth day he saw me. I advised him to take a dose of Coca θ , every night at bed time for a week; after which he saw me again, and said that he felt quite well; he felt appetite; he felt stronger than before; he ate well; he had sound sleep at night; he had no nocturnal seminal emissions, nor any lascivious dreams. The quantity of his urine became normal. I prescribed Coca θ again, a dose every other day for two weeks, after which he saw me again, and told me that he had nothing to complain of. Since then he has been doing well. He has been serving as an assistant in a mercantile firm here, and doing his work regularly till April, 1888, when I left Calcutta for a change. I was away from Calcutta for a year and a half. I did not see him till last week when he saw me. He looked so very healthy that when I saw him this time, I could not persuade myself to believe that this was the same young man whom I had treated about four years ago. He said that the last medicine which I had given him, namely, Coca θ , had *acted like a charm* in his case. R. K. GHOSH, M. D., Calcutta.

[Owing to the great pressure we have been compelled to hold the remainder of Dr. Ghosh's paper over until next number.—
ED. RECORDER.]

PRACTICAL POINTS OF PRACTICE FROM THE TRANSACTIONS OF 1890.

Skipping the first one hundred and sixty pages, of Reports, etc., of the Transactions of the American Institute of Homœopathy, for 1890, (a very handsome volume), a paper is reached, by Sarah N. Smith, M.D., of New York City, on "Experience with *Kali Phos.*," which, with the discussion, contains some good hints.

Kali Phos.

The first case reported by Dr. Smith was a miss, aged 13, with "general weakness, with loss of appetite, frequent epistaxis and her mother adds so nervous and irritable." *Pulsatilla* was given; in a week menses appeared and patient was better in some respects but still presented languor, weakness, heart-beating that tired her out, school and study a burden, low spirited, pale and sallow; *Kali Phos.* cured. The next case was a woman of 50 who complained of inability to be on her feet, depressed in spirits feeling certain that she would never be any better; she could scarcely raise her feet, cramps in calves at night with toes drawing up, and generally uneasy; a part, six inches in width, just above the ankle, was destitute of feeling. *Zincum*, 5m, seemed to improve her but the old depression and discouragement returned and she was sad and worried. *Kali Phos.* 30th, improved her at once in every way and "to-day she is bright and cheerful, able to attend to her family duties, with satisfaction and pleasure. Much of her trouble was doubtless caused by local trouble, as I found the os-uteri resting on the spinal column, causing great irritation."

The next patient was a widow of 40. "I found anteflexion of uterus, with cervix-uteri resting on the spinal column, but nothing serious in the condition to warrant the very peculiar, nervous condition in the patient. She was very solicitous as to her future health, weak, exhausted with slight effort; said she was thoroughly discouraged, and had no heart to doctor. She told me that she was irritable and easily displeased, which was unnatural for her." *Kali phos.* soon changed her to a "bright and jolly" woman. The next case was that of a young man who said "that he was weak and good for nothing; all broken up; nervous." *Silica* seemed to improve him, and *Pepo* brought a thirty-foot tape worm. "I thought this would complete the cure, but not so. His stomach began to improve at once, but he felt that he was far from well. I was disappointed and quite at a loss to

know what to give him." *Kali phos.* soon caused the world to look bright to him once more.

In the discussion following the reading of this paper, Dr. A. L. Monroe, of Louisville, said: "I have had considerable experience with *Kali phos.* for the past year; in fact, such an experience that I buy it by the pound, and a pound does not last very long. About nine or ten months ago I had a case of typhoid fever in a young gentleman who had a very large active brain, had speculated in real estate, and his work had been very active, trying work. After the first week or two he became so hysterical that he would cry like a child, and sob whenever he got nervous." No remedy availed until *Kali phos.* was given, which corresponded to the state and cured, nothing else being given afterwards.

Dr. T. G. Comstock said that he had used *Kali phos.* "frequently in cases of debility, low spirits, melancholia, anæmic conditions and cases of low forms of nervous troubles.

In fact *Kali phos.* seems to correspond to that form of nervous break down which is increasing among the American people, else the advertising medical fakirs would not find it profitable to spend the amount of money they are spending in advertising medicines said to cure cases, which, in general, as they picture them, resemble those outlined above.

A Comparison.

In Dr. Lilienthal's paper on the "Differential Diagnosis of the Phosphates" is found a paragraph summing up the whole subject which is especially interesting in connection with the foregoing. "In a few words the keynote to these four remedies may be given. We meet in *Kali phosphoricum*, adynamia and decay, a cry for better blood and more vitality; while in *Magnesia phosphorica* an exuberance of vitality seems to prevail; it is a purely anti-spasmodic remedy, while all the functions of life are in their normal conditions. *Calarea phosphorica* is one of the representatives of psora, as far as development is concerned, and we meet, therefore, defects of evolution and also threatening signs of involution. In *Natrum phosphoricum* the chyloportic system is deranged and acidity the hint to its use; hence, a too-much neglected remedy in that American dyspepsia, when it will often rival *nux vomica* and other indicated remedies in its beneficent results." *Kali phos.*: *A cry for better blood and more vitality!*

Dr. Hale's Paper.

At the meeting of the Institute in 1889 Dr. Hale selected as his subject the Cactaceæ and sent out a circular letter which was

published in all the Homœopathic journals. In the paper read at this meeting, which is of a general nature not lending itself to condensation, the Doctor says "I regret to say that I have received but a single response to my solicitation." In discussing the paper Dr. H. C. Allen said in reference to this: "Dr. Hale refers to the apathy which met him almost universally in his efforts to engage the attention and interest of the profession. If we only consider that for a moment it would not seem wonderful at all. It is a continual hobby horse with our authors and journals for the last few years, how to get rid of our *Materia Medica*; in other words how to get rid of the symptoms. The complaint is: 'We have too many symptoms; we can't use them; we are piling up symptom after symptom without being able to utilize them.' The younger member read this and it is not to be wondered at that there is apathy in provers. Now, for one, I have never found too many symptoms in our *Materia Medica*; I wish we had more. I do not commit the *Materia Medica* to memory, neither do I intend to so do. I do not desire to memorize Webster's or Worcester's Dictionary: I use them as works of reference."

Among the Children.

Dr. Millie J. Chapman, of Pittsburgh, reported a case of chorea in a six-year-old feeble-minded child. "To feed an acrobat while displaying his skill, would have been easy compared to giving John a meal. The moans, growls and piercing shrieks he uttered at times made him an undesirable inmate of any house." An undesirable in the superlative degree, one would think, when in addition to foregoing the action of his bowels and bladder were "involuntary." Luckily for John, he finally got into the Pittsburgh Homœopathic Hospital, where, other remedies failing, *Bufo ran.* in six months improved him so far that he could feed himself, walk and talk, and was free from convulsions. "He was then removed to another home, where he has had a continuance of health with great awakening and development of mental faculties."

Another case by Dr. Chapman was a five-months-old boy, a victim of artificial food and heroic treatment for marasmus; finally, an Allopathic pillar diagnosed diabetes, and prognosed a fatal termination. Then the parents called in Homœopathy. When rational medicine took charge of the case "The prominent symptoms were emaciation, pale face, eyes sunken, lustreless, difficult breathing, abdomen hard, painful to touch, urine profuse, ammoniacal, dry cold skin; gave evidence of pain and nausea after taking food." *Iodine* was prescribed, and in twenty-

one hour there was improvement, and in twenty-one days a healthy boy.

Gynæcology.

In his paper, the Chairman, Dr. S. P. Hedges, of Chicago, said (among other things): "Allow me at this portion of my paper to ask a practical question. After diagnosis—what? Why, a prescription and treatment, of course! We must not stop with tonics, lotions and local measures of the old school. We can do more; we are expected to do more. Our law of cure must be studied and applied. If we are early in finding what is the trouble, long before local means are called for or tonics needed, our affiliated similar has begun to do its work. Quietly and deeply, in the remote recesses where the morbid process is disturbing nature's harmony, nature's remedy rapidly works. Thus the cure is begun, and nature is aided in recovering her normal health. You see we, as Homœopathic gynæcologists, need more study upon our *Materia Medica*."

Dr. J. W. Sweeter, of Chicago, read a paper, "A Plea for Early Interference in Malignant Uterine Disease." In conclusion, he said, "I am willing to venture my reputation on the statement that the early life of uterine carcinoma is *entirely local*, and that it can be eradicated by local methods."

In the discussion, Dr. George W. Bowen said that he had treated thirty-four cases of cancer, and lost but two of them, and he believed cancer could be cured by the use of *Arsenic*; he gave it in doses sometimes as large as one-quarter of a grain in twenty-four hours; nine-tenths of all the cases of cancer, no matter into what condition they may have gotten, are curable by *Arsenic*."

Dr. Wm. Owens said that "*Acetic Acid* is the only drug that its provings developed the typical cancer cell. That proving was made by an Allopathic physician, and was published in Bennett's *Physiology*." He had never used the knife in cases of cancer, but had always used *Acetic Acid*, and had cured some cases thereby. "By the knife no cases are cured."

Microbes.

The paper by Dr. Wm. Owens, Sr., of Cincinnati, O., on "The Relation of the Microbe to the Morbid Process," summed up thus: "It follows as a final conclusion that the presence of the microbe is no essential to the existence of any form of disease, and that all microbes, bacteria, bacilli, micrococci, etc., are secondary to or, possibly products of, previously existing conditions, and are not in any way the cause of them."

Eyes.

Dr. E. W. Beebe's paper contains a few very cheering paragraphs. "Experimental methods based upon pathology are unable to meet the peculiarities of these cases, hence the failures of our friends of the dominant school; for, unlike many diseases which have a tendency to recover without the aid of medicines, this, in the great majority of cases, steadily progresses with greater or less rapidity until blindness obtains." But when aid is sought in Homœopathy, "Surprising results frequently follow the administration of the indicated remedy in incipient cataract, and the improvement thus obtained is quite as permanent as that experienced in other chronic affections."

In the discussion, Dr. J. A. Campbell, of St. Louis, Mo., made the assertion that nine-tenths of the cases in Dr. Burnett's *Curability of Cataract* "were not cataracts at all," and he questioned very much whether opaque fibres can be restored. [For one bad case cured, the reader is referred to September, 1890, RECORDER, p. 235.]

Stammering.

Dr. H. E. Spaulding, during a discussion on this topic, reported having cured a case of stammering with *Agaricus* 1x, and having treated several cases with good results with medicines only, *Agaricus* being the main remedy. Dr. G. W. Bowen also believed in treating stammering medicinally, and had used *Belladonna*, *Ignatia*, and *Stramonium* with success. Dr. Blake's paper said that a neglected and foul state of the preputium and phymosis with adhesions would be revealed in many stammerers, even of the better classes.

Nervous Derangements.

Dr. W. D. Gentry's paper on "Nervous Derangements Produced by Sexual Irregularities in Boys" is one of very great interest. The numerous cures reported are really surprising, and ought to awaken attention. One was a deformed boy, one leg and arm shorter than the other, who had been treated by the doctors for St. Vitus' dance. Examination showed the prepuce adhering to the gland. This was cut away, and in two years the boy's limbs were of equal length, and his health completely restored. Another boy, seven years epileptic, dwarfish and with an "old man" look; same cause; same treatment cured. Another child, two years and a half old, deaf, dumb and blind; phimosi; same treatment, and in six months it could see, hear and speak. So through ten cases of the same, the halt and the blind; all cured by the same general treatment. "When a phy-

sician" concludes, Dr. Gentry "is called upon to treat a boy or young man suffering with any of the following conditions—stunted growth; unhealthy, 'old man' look; nervous derangement of any kind, such as incontinence of urine, sleeplessness, chorea, spasmodic neuralgia, neurasthenia, or nervous prostration, recurring convulsions, epilepsy, defective articulation, squinting, jactitations, paralysis, locomotor ataxy, inco-ordination, and similar troubles, he should look towards the generative organs as the seat of the trouble, which by reflex action produces the effect. Either phimosis, adhesion of the prepuce to the glans-penis, or irritation of the parts, will result in producing any of the above-mentioned, besides other nervous, physical or mental derangements, because the genitals of either male or female are the centres of the nervous system, and any diseased condition there will nearly always result in some nervous, physical or mental affliction."

Cancer of the Stomach.

Dr. H. P. Holmes, of Sycamore, Ill., reported a case of "Scirrhus Carcinoma of the Stomach." After treating the patient for some time, he concluded he was suffering from cancer. In time the patient went to a Sanitarium where they told him the trouble was "nervous dyspepsia." Later a Chicago physician diagnosed "hepatic sclerosis with atrophy." Again he was told that it was "Cirrhosis of the liver." Another Sanitarium vaguely hinted at "an obstruction of the duodenum. After post-mortem, the mystery was solved by the immediate exposure of a large scirrhus carcinoma of the lower two-thirds of the stomach." Of diet: "The greatest benefit was derived from unfermented grape juice throughout the period of his sickness. * * * The quality of the preparation was found to be an essential feature as much of the so-called 'unfermented grape juice' on the market is an outrage to its name."

Rapid Mention.

A case of Hay fever, by Dr. H. C. Allen. Psoric subject, aged 76, long standing, a Homœopathic physician. *Psorinum* gave great relief; almost well.

Dr. George E. Gorham reported a case of acute gastric ulcer. *Uranium nit.*, 2x trit., cured.

Of consumption, Dr. E. W. Beebe, said: "Were I restricted to one course of treatment for this malady, it should be abundant exercise in the open air, carried to a degree to make rest feel grateful at night-fall; but never to an extent that would exhaust the patient or induce copious perspiration."

Dr. George B. Peck said: "Henry N. Guernsey's text-book is unquestionably the basis of most of our obstetric medication. This is not singular, for to rare acquaintance with *Materia Medica* he added unusual experience as an accoucheur."

DOWN PINE TREE WAY.

The Transactions of the Twenty-fourth Annual Meeting of the Maine Homœopathic Medical Society is to hand. It is a more modest volume than some of its compeers, but in value will hold its own.

Article 1st is the President's address by J. M. Widden, M. D., of Portland. Here is his testimony on a very important point of national interest: "Although the Allopaths are receding from their old method of antagonism by loud words and strong language, yet it is evident that they are none the less antagonistic, and that their fight is going to be made, in this, and in every other State, by means of the single examining and licensing board with a majority representation from the Allopathic school, gaining thereby a monopoly of the right of licensure. This movement, not a very new one, is growing in energy, and is indorsed by nearly, if not quite all, the old-school societies, and has been four times approved by the American Medical Association."

Dr. M. G. Briry, of Bath, treated of "Applied *Materia Medica*." *Nabulus albus*, he finds from experience "will have good effect in cases of chronic diarrhœa, with aggravation in the morning, and immediately after breakfast; stools profuse, and sometimes feeling hot in passing. It will be found useful in those cases in which *sulphur* and *natrum-sulfuricum* seem to be indicated, but fail to cure." *Nuphar Lutea* is another remedy from which he obtained "good results in cases of morning diarrhœa in women."

Dr. C. D. Perkins, of Rockland, read a "Study of *Lac Caninum*," which, he claims, is a polychrest. No clinical experience was adduced.

Dr. W. C. Stilson, of Bucksport, gave an accidental proving of Balm of Gilead buds made by a gentleman, who, although a citizen of Maine, was fond of the wine cup—or of rum. But as the Balm of Gilead of the pharmacopœia is a product of Southern Europe and Asia, the identification is too indefinite for use.

Dr. J. C. Gannett, of Yarmouth, presented "A Critical Study

of Spigelia," based on the new system of Drs. Conrad Wesselhoeft, J. P. Sutherland, and others. From the brief discussion, it does not seem that the Maine doctors are very enthusiastic over new plan.

Dr. C. M. Foss, of Dexter, gave a paper of clinical cases: A man, aged 45, "had catarrh in the nose, and the same in the stomach; has been told that he has cancer of the stomach. Tenderness over the stomach, with sinking, gone feeling, at times reaching a state of painful anguish, sickness at stomach, all symptoms relieved by eating." *Chelidonium* 6x at once removed all symptoms, and for ten years he has been free from them. *Chelidonium* 1x and 2x also cured a case of pain in the stomach with tenderness, constipation, sinking at the stomach and then dull, heavy pain; abdomen bloated and rumbling of gas. The higher attenuation would not answer in this case. Several cases were given in which the 1000 potency gave quick relief, and the doctor pertinently says, "I presume we often change the remedy when we ought to change the potency. I have just as much faith in high as in low potencies. Each fills its place, and any physician who is so prejudiced that he will not use the high potencies, or will not use the low potencies, fails in his duty to his patients." Anent this Dr. Jefferds remarked that his experience showed nervous temperaments needed the high, and the lymphatics the low potencies.

Dr. H. C. Bradford, of Lewiston, reported a case of a lady, aged 70, "who had a tumor of a cancerous nature on the right side of her nose pretty well up between the eyes; it was about three-quarters of an inch long, half an inch wide, and extended out from the nose about half an inch. It discharged a thin somewhat offensive liquid from an abraded surface." *Arsenicum* 3x internally three times a day with the 2x trituration externally, according to Dr. Mitchell's treatment, for three months completely cured; after a twelve month there was no trace visible.

Dr. Nancy T. Williams, of Augusta, reported two cases of hypertrophy of the uterus. Several remedies were given in each case but *calcareo carb.* seemed to be the true remedy. The doctor concludes "I have had many cases of a similar nature and never has *calc. carb.* failed to do good work."

A number of other cases are reported, but are not of such a nature as to be easily summarized.

Ignatia.—Headache increased when smoking tobacco or taking a pinch of snuff, or from being where another is smoking.—RAUE.

REVISION OF THE MATERIA MEDICA.

It is evident that a widespread interest is being taken in the matter of Materia Medica revision. The necessity for such revision is clear to every physician who has his attention drawn to the manner in which the provings which now form our Materia Medica have been conducted.

Every practitioner of medicine must use our present Materia Medica every time he prescribes for a patient; it is to him what a chest of tools is to a carpenter. What kind of work would a carpenter turn out if his tools were dull or if his chisel should break off every time he attempted to use it?

And so with the Materia Medica; as it is constructed now, it is not a reliable tool with which to do the curing of the sick. All physicians comprehend this although some of them dread to acknowledge it, fearing that they may lose their confidence in the Materia Medica. If, however, confidence is placed in that which is unreliable, only disastrous results will follow in the present instance; both to the well-being of the sick and the reputation as well as the peace of mind of the physician.

Much that is in the present Materia Medica of our school is truth; it is only because there is a large admixture of what is false that renders the whole unreliable. So much seems clear.

Of what does the unreliable part consist? Chiefly of symptoms recorded as having been produced by a drug, whereas they were not. Without any proper preparation for drug proving; without taking a previous "health record;" often without experience in proving; many times in a state of ill-health, persons have undertaken to "prove" drugs. Any one who chose was allowed the privilege of selecting any substance—active or inert—making a "proving," having it printed in some journal and then recorded as part of the authentic Materia Medica.

From the adoption of such a plan as this there has been a certain result *i. e.*, the incorporation of many symptoms in our Materia Medica that were not caused by the drugs to which they are credited. And the proportions which these false symptoms bear to the true is the proportion of unreliability of the present Materia Medica.

This is the dark side of the picture, but there is a brighter side—a side on which the sun of progress is now shining. In order to see it, we must observe the efforts now being undertaken in the line of Materia Medica revision, by means of which there is a fair prospect of separating the wheat from the chaff—

retaining the true and putting aside the doubtful for future testing. This is the aim of the present effort, an effort which, in the hands of those who have made themselves familiar with the sources and character of provings, of those who will work conscientiously and critically, will result, it is believed, in the production of a *Materia Medica* on which physicians may rely with a confidence that cannot be shaken.

By general consent the principles on which the proposed revision is based are—

First.—All work must be based on original provings or copies of the day books of provers.

Second.—No proving shall be made use of when the preparation of the drug has been diluted above the 12th decimal.

Third.—Every symptom is retained which occurs in the provings of two or more persons.

Fourth.—Every symptom shall have appended a figure or "exponent" showing in the provings of how many persons this symptom appeared.

O. EDWARD JANNEY, M.D.

Baltimore, Md.

[TO BE CONTINUED.]

CORRESPONDENCE.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

The organization and executive management of the Fourth Quinquennial International Homœopathic Congress has been placed in charge of a committee, consisting of the executive committee, and eight other members, of the American Institute of Homœopathy.

The time appointed for the Congress to meet is June, 1891; and the place selected is Atlantic City, N. J.

In carrying out the duties placed upon them, the committee desire to make such arrangements as will be most acceptable to those who will participate in this Congress, and will best serve the interests of Homœopathy, and contribute to the progress of medical science throughout the world. They hope that every physician will give to it his most active efforts and strongest influence; and that our ablest men will contribute their best thoughts, either in written essays or in personal discussion on

the topics selected. Their time of this session will be necessarily so limited that many important subjects cannot be properly considered; yet the committee desire to select those which will prove to be of greatest service to the profession, and to have them presented by those most competent to the task; to this end they ask suggestions from those interested.

The usual five days session of the American Institute of Homœopathy will give place to this Congress. The Institute will assemble, however, on the day preceding the Congress for the transaction of necessary business. The plan now proposed is that the Institute shall hold its session on Tuesday, June 16th, 1891; the Congress will assemble Wednesday, June 17th and continue one week, namely: Wednesday, Thursday, Friday, Saturday morning, (with rest Saturday afternoon, and Sunday,) Monday and Tuesday; closing on Tuesday, June 23d.

Organization.

The Congress will accept as members all Homœopathic physicians, in good standing in recognized Homœopathic Medical Societies; and from places where such societies do not exist, physicians with suitable credentials. Delegates will be received from any and all Homœopathic Institutions, and will be expected to prepare reports of them. Visitors will be admitted, whether physicians or laymen, who may be interested in the subject of Homœopathy.

The officers of the Congress will include representatives from all the important Homœopathic Medical Societies; and the committee request that the names of the president and recording secretary of such societies be forwarded to them before May 1st, 1891.

Subjects for Consideration.

The Congress will secure statistics of the present status of Homœopathy and its progress in the last five years, as far as possible from all parts of the world. This will include the number of its practitioners, its institutions, national societies, state societies, local societies and clubs, general hospitals, special hospitals, infirmaries and dispensaries, colleges and medical schools, training schools for nurses, and medical journals. Their scope, organization, government, how to be conducted, methods of support, form of reports, and various matters of importance to each kind of institution, will be carefully considered. Essays and discussions will be prepared on the *Materia Medica*, Homœopathic therapeutics in surgery, and in special forms of disease, such as insanity, disease of the nervous system, of women, of

children, of the chest, throat, eye and ear, alimentary tract, kidneys, etc.

In arranging these many subjects to the best advantage, the committee ask your suggestions and assistance. All communications may be sent to the chairman, T. Y. Kinne, M.D., Paterson, N. J., or to the secretary, Pemberton Dudley, M.D., corner of Fifteenth and Master streets, Philadelphia.

By order of the joint committee the chairman and secretary are under instructions to make up and submit to the other members of the committee a list of subjects, and of writers any debaters, to be appointed; at as early a day as possible this duty will be performed, and in due time, thereafter, another circular will be issued, embracing a programme for the Congress.

T. Y. Kinne, M.D., *Chairman*; Pemberton Dudley, M.D., *Secretary*; E. M. Kellogg, M.D., *Treasurer*; R. Ludlum, M.D.; J. H. McClelland, M.D.; T. M. Strong, M.D.; I. T. Talbot, M. D.; J. W. Dowling, M.D.; J. P. Dake, M.D.; B. W. James, M. D.; O. S. Runnels, M.D.; T. G. Comstock, M.D.; F. H. Orme, M.D., *Committee*.

DR. GARDNER'S LAST WORD ON THE "RED LINE."

TO THE HOMŒOPATHIC RECORDER.

By the last issue, 1890, we see that the already famous "Red line" of the "gums" is likely to assume so many hues of color that I am reminded that the discussion may become tedious, not only to me, but to you and your numerous and intelligent readers; hence I will narrow the scope of this article down to my own text, viz., "Mercurial red line of the gums." By this method I will best attain the principal object of my first article, viz., to bring the subject before your readers, and at the same time avoid tedious discussion. My first object has been partly realized as acknowledged by my friends article, Edward R. Snader, M.D., above referred to. I will further allude to the able and learned article by reiterating what I said in my first, lest some careless reader of his effort might infer that I did say, that all red lines along the gums were produced by mercury. What I said was this, as I remember it: That mercury was as sure to produce the red line along the gums as a fatal dose of prussic acid was to produce death when administered to persons. Of course, I meant that the exception accorded to all general rules should be allowed this one. I will here take the liberty of

quoting from some old friends of mine whose lids I have not opened before for over thirty years, or since I adopted the new (Homœopathic) practice. The first one I put my hands on in the library was *Beck's Materia Medica*, and turned to page 165, and read: "The first symptoms of salivation are tenderness and swelling of the gums, * * * and at the parts surrounding the teeth of a deep red." Next in the *National Dispensatory*, by Stiélie and Marsh, page 738, I read: "A red line may be observed along the gingival attachments of the lower incisors, and then of the remaining teeth."

Next in *Woods' Practice of Medicine*, vol. 1, page 533, I read: "Among the first indications of the action of Mercury are * * * a slight redness and swelling of the gums, particularly about the necks of the lower incisors." Here I stopped communing with my old friends; why go farther; the details I read there of the disastrous effects of Calomel and of the Calomel age sickened me. Then I thought of the possibility of a second Calomel age, prevailing on my side of the house again; eh Gad! that nauseated still more and I tried hard to forget the whole subject but it will not "down." Any man of experience will recognize the true mercurial red line along the gums and distinguish it from the pseudo red line caused by tartar and other debris irritants of the gums, if uncomplicated, at a glance: but if in some cases he may have doubts, these questions put to and answered by the patient will settle it. If he is a new doctor and sees the red line and has doubts as to its identity, he would likely ask the patient if she or he had taken Calomel; of course she would not know but would state that Dr. — had given her powders, or tablets, and since taking which her teeth had began to feel too long and sore, and she had a bad taste in her mouth; and her mother said her breath was disagreeable. The next question would or should be, what kind of taste? She will say, Well, I can hardly describe it, but some kind of a metallic taste; well, the case is nearly made out and he asks further if the submaxillary glands are sore, and she begins to feel, and he knowing their exact location, places his finger on them, and she exclaims, why, yes, how they hurt, and I had not noticed it before, and the case is clearly made out. The red line of her gums is a clear case of mercurial action. The other symptoms will occur; one more I will mention, and leave the rest of the horrible tale of mercurial action to those who wish to read it in the books on the pages I have indicated. The other symptom is a white film spreading itself over the red line or gums when wholly red, so light and delicate that

in some instances it may be brushed or rubbed off with the finger, leaving it a bright red again. This is undoubtedly also from mercurial action.

Rumor whispers, occasionally, in loud tones, of the approaching calamity of another calomel age beginning to dawn. Would the number of red lines of the gums noted by the distinguished Dr. Snader, in the absence of proof to the contrary, help establish that rumor? If the mercurial red line of the gums is present, all the other concomitant symptoms are present, also, in the same case. The old school physicians would call the above mercurialisation benign, and in his hands, barring accidents, would conduct it through to a favorable termination, save perhaps, and most likely a mercurial diathesis for the patient to endure for years. Then he has what he calls a malign mercurial action, which would be described as characterizing almost every fatal disease human flesh is heir to. He would have Mercurial Diphtheria, Laryngitis, Mercurial Bronchial Consumption, Mercurial Phthisis Pulmonalis, Mercurial Syphilitic Chancre, Bubo, Nodes, Necrosis, Swelling and Ulceration of the Glands, Mercurial Typhoid Fever, all from some slight accidental cause, such as giving the Calomel when the fever is high, similarity of symptoms for which it is prescribed, a shower wetting the patient, a cold draught of air, a cold drink of water, etc., whilst under the influence of Mercury. Cowperthwaite says: "Mercurius acts profoundly upon the entire organism affecting both the function and substance of every organ and tissue of the body * * * The therapeutic range of Mercury is so great, including as it does to a greater or less degree, almost every diseased condition to which flesh is heir."

This malign mercurial action (so-called by the old school) on the human system as recognized is, when occurring with other diseases with similar symptoms, which is generally the case, most destructive to human life and perplexing to the physician in charge. He would often give his best efforts free of charge if by so doing he could be sure whether he had a mercurial disease or a natural one to contend with. The patient in some cases if he understood his condition would give hundreds of thousands, yea millions, to have his case understood. "All that a man hath will he give for his life," and the stake here is very great. To the Homœopathic physician this mercurial action is malign, the moment it shows its general action by the red line of the gums. This over action aggravating rather than curative in its effects, and if he understands its true condition will begin to antidote, but if he does not understand it, he

would probably give more Mercury, as it will appear to be indicated.

Within the last few years, owing to the popularity of the Homœopathic school, we have had numerous accessions to our ranks of men ambitious for distinction and gain, with little regard for true science and correct principles of practice, without any capacity to endure privation or ridicule for the sake of truth. You can soon recognize this class of men when you once begin to hear them talk. They will tell you that owing to the poverty of the Homœopathic literature, and our imperfect knowledge of the action of drugs, that it becomes not only our privilege, but our bounden duty to resort to empirical practice. Well, the two principal empirical remedies in their estimation, are Calomel and Quinine; that is if they happen to let it leak out which is their choice. Quinine with them covers a large scope, and saves much perplexity studying out the remedies. Calomel is so general in its action too, and so easily covered up or concealed under a little sugar of milk that there is little danger of detection; knowing that if detected they would be unpopular with the persons under their charge. Such men ought to retire from this beautiful temple erected by Hahnemann and his faithful followers in so short a period of time, and go and join their Eclectic brethren; but they probably would not have them without two or three years preparatory course of study. The Allopaths would reject them after their trying in vain to answer a few questions as to the scope of the action of Calomel, and as to how to use it without injury. We ought to drive them out of our company because of the question of who shall retain the honor of inscribing for all time on our escutcheon the name of that head of all medical literature, Samuel Hahnemann. If these fellows are allowed to remain with us and dishonor our beautiful structure, whose foundations are truths enduring, history may yet repeat itself again and again, as it has before, and the escutcheon of the old school will yet read thus: Hippocrates, Galen, Harvey, Jenner and Hahnemann, the last and the greatest of them all. I predict greater changes in medicine in the next fifty years than has occurred in the past fifty. The Pasteur and Koch excitement are turning the attention of the world in the line of our doctrine of Similia Similibus Curanter. I accept Dr. Snader's answer to my criticisms of the red line of the gums, as kind, manly and truthful, and wish him a successful future, and say to him as he has claimed me as a fellow practitioner, that I retired from active practice in 1860 and only acted in consultations after that for awhile; but have even ceased to act in that capacity for a long

time past. "Hold that fast which thou hast, that no man take thy crown."

Respectfully yours,

A. P. GARDNER, M.D.

Elmhurst, Pa.

P. S.—My assertions above could all be backed by quotations of the highest authority of authors, but your patience will, I fear, be already taxed to the extremity of endurance. A. P. G.

VETERINARY DEPARTMENT.

SOME VETERINARY CASES FROM PRACTICE.

Reply to an Inquiry.

What books are the best to gain the knowledge to practice Homœopathy in Veterinary practice successfully? I will recommend to the educated veterinarians at the old school, first, *Manual of Pharmacodynamics*, by Richard Hughes; *Hering's Materia Medica*; also, *Homœopathic Veterinary Practices*, published by Boericke & Tafel. To farmers, foremen of stables, etc., the Homœopathic Veterinary Practice will be all that is necessary.

Leucorrhœa (Whites).

The mare Darbe, owned by Dr. B. Waddington, for the last ten years, had a chronic discharge from the vagina, of a glutinous and inodorous character. She discharged daily two quarts and more, has been treated by several old school veterinarians, and by the doctor himself, but to no avail. She has been served by the stallion several times each year, but never became pregnant, although she came in heat regularly, and took the stallion very willingly.

Dr. B. Waddington called me in to examine the mare and to give my opinion.

Examination revealed the following:

Mare Darbe a good blooded mare, 16 hands high, 15 years old, well built, rough looking hair, ravenous appetite, dull look at the eye, phlegmatic in her actions, (had been a very free and spirited animal formerly). Vulva, vagina and uterus as far as perceptible spotted with vesicular eruptions, also the loins and abdomen effected with same vesicles; the discharge from the vagina, as above stated, was enormous daily; otherwise sound. The owner could give no cause for the disease.

PROGNOSIS—Unfavorable.

TREATMENT—First week. *Calendula* internally and externally lotion of the same with no marked results.

Second week. *Hydrastis*, the same as above, no results, except a few more vesicles on the abdomen; discharge the same. I will right here admit that I was rather down-hearted about this case, and I half made up my mind to tell the Doctor that I was unable to cure the animal, but Homœopathy was at stake, for Dr. Waddington is an Allopath. Just at the time I was considering what to do, the thought came to me, don't try to cure Leucorrhœa, but treat the Symptoms like a Homœopath, and sure enough, I prescribed *Graphites* 6x and left enough medicine for 2 days. On the third day I went to see my patient. My dear friend, Dr. Waddington, received me with a smiling face, and told me that Homœopathy did not do his mare any good, just the reverse, the mare was spotted all over the body with vesicles, some parts entirely raw from rubbing, but the discharge from the vagina was less, also appetite somewhat impaired. I examined the mare again and was perfectly satisfied with the result of *Graphites*. I told the Doctor so, also that I felt quite confident that I could make a perfect cure of her; but that was too much for the Doctor; he could not understand it, he spoke of impossibilities, etc., etc. Still I kept the mare under *Graphites*, only gradually higher potencies, and she is sound and well now, and in the 7th month of pregnancy.

Inversion of the Uterus—(Falling Down of the Calf Bed.)

Mr. T. Hart, a farmer, called on me to attend to one of his cows. On my arrival at the farm I found a three-year-old heifer having had a calf three days previous, without any assistance; cow and calf appeared to be in excellent health till next morning early, the cow became uneasy, and had marked symptoms of labor pain, she kept up straining till the uterus was expelled. Mr. Hart reduced the uterus twice that day, but of no avail; every time as soon as the uterus was reduced the cow strained and protruded the same again. The next day at noon he called me. On my arrival I found the cow laying in the barnyard completely exhausted, the uterus looked dark brown, very much lacerated, enormously swelled up, and felt hard like leather; all in all she looked to be a hopeless case. At this time the uterus had been exposed for 36 hours.

TREATMENT—One bottle of good claret wine boiled with two bottles of water, given gradually within one hour. The uterus I bathed with German chamomile flower. This, till it got softer, cleaning the uterus carefully from all foreign matter; also, parts

from the adhering placenta. I then commenced to return the uterus, which I was able to do after about one hour of manipulating by having my arm inserted. I held it in its place for about another hour, removing the arm very carefully. I put two suture through the labia majora. The stable was now so arranged that she would stand about one foot higher with the hinder extremities. We then assisted the cow to get up, which she did after some effort, guided her to the so arranged stable, and applied the Lunds truss. For twenty-four hours I kept her under the influence of chloral hydrate and cold-water bags across the sacrum. Second day of treatment, removal of cold bags, warm oatmeal drinks. *Pulsatilla*, 10 drops every hour in water; cow improving, and got well.

Azoturia.

A diseased condition quite frequent with horses, especially mares, in the Autumn.

Mr. Bowen, a resident of this city, called on me with the following history of his mare: "This morning I harnessed my mare intending to drive to Woodstown. The mare seemed quite well and playful. I started and drove about two miles when the mare commenced to perspire profusely; she became suddenly lame in the hind extremities, and all at once she was, as it were, struck down." He tried to get her up again, but was unable to do so.

On my arrival I found the mare lying on the road, with a complete loss of motor power of the posterior extremities, tremors and violent spasmodic twitching of the large muscles at the loins and gluteal region; the perspiration was still excessive. Pulse, 85 beats per minute; temperature, 105½. Conjunctivæ highly congested.

I gave orders to remove the mare to the nearest farm, which we accomplished by having her loaded upon a low sleigh. At the farm we fixed up a nice warm, well ventilated box stall with plenty of bedding.

Next I drenched her with *Senna* θ half ounce diluted in one pint of water. Enemas of hot water and fomentations on the loins by means of woolen cloths wrung out from hot water.

Next I extracted the urine by the use of the cathedar to the amount of about two quarts, some of which I took for chemical examination. The urine was of dark brown color with a specific gravity of 1.120 and great excess of uric acid. Evening I visited the mare again, she looked a great deal relieved. Pulse and temperature lowered, perspiration stopped, another drench consisting of two ounces of chloride of sodium in one pint of warm

water. I ordered the mare well covered with woolen blankets and left alone during night.

Next morning early I started to see my patient; at opening the door of the box stall, she pleasantly surprised me by lifting her head, looking around and neighing. Temperature 102. Pulse 46, general good appearance. Extracted the urine, the same looked more natural in color, and contained less of uric acid. My slinging apparatus was fastened, and with the assistance of six men I was able to raise the mare; she helped herself quite a good deal under the circumstances. We placed her in the slings comfortably, a bran mash and some water were given, which she relished; also, some good hay. The clonic spasms of the glutal muscles were not so frequent, but still severe.

The treatment consisted now of *Senna* 1x, 10 drops in water every two hours; the mare recovered very rapidly under this treatment, the only change I made was that I gave *Senna* from day to day in higher potencies at longer intervals. After two weeks' time she was out of danger, and after the third week went to work again.

OTTO VON LANG, V. S.

Salem, N. J.

BOOK NOTICES.

Boenninghausen's Therapeutic Pocket-Book. New and Revised Edition. By T. F. Allen, M.D. Pp. 484. Philadelphia, 1891. Flexible and Full Turkey Morocco. \$4.00.

At last this long looked for book is before us, and "Boenninghausen" from a promise becomes a tangible reality, and a very handsome one, too, as books go. The paper is of very fine quality, thin, but tough and opaque, the kind that stands long wear and use. The binding is in full Turkey Morocco, flexible, and is all a book lover can desire for a pocket-book. The printing is from new type throughout, and is done in the highest style of the pressman's art. As for the editorial work, the name of Dr. Allen is a guarantee that it is most conscientious, careful and accurate, just the work needed on a text-book. The Preface to the new edition reads as follows:

"BOENNINGHAUSEN'S POCKET-BOOK has proved so invaluable to all conscientious Homœopaths, that every edition has been exhausted and the need of a new one is pressing. In preparing this, new remedies have been added, to bring the book up to the present time. These additions really represent the advance of Homœopathy since Hahnemann's period. The additions surpass in number the remedies contained in the original. Many, indeed, are not excelled in importance by any of the older ones. In mak-

ing these additions, clinical experience has been consulted freely and our symptomologies have been scrutinized by the light of this experience."

"The lists of drugs, under the various rubrics of the original, have not been altered, except in some cases to elevate the rank of the remedies, a proceeding amply justified by their increased usefulness. For example, under 'Orbits,' *Rhus* has been elevated to the very highest rank."

"The Relationships (Chapter VII,) of a part only of the new remedies have been added, and this work has been underdone rather than overdone, for much remains to be determined, and it must be confessed that most of our new symptomologies have not borne the searching light of clinical experience so well as those left us by Hahnemann. In this chapter we need more help from critical students of symptomatology and Homœopathic therapeutics."

"It is confidently expected that this little book will serve to give an impetus to a closer study of symptomatology, from which alone the most successful results at the bedside are to be obtained."

"It must be borne in mind constantly that this is intended only as a guide to the proper remedy and in no way should be used to supersede the *Materia Medica*."

"In this edition, the drugs are divided, as in Boenninghausen's Original, into five ranks; as follows:

CAPITALS.

Antique.

Italic.

Roman.

Roman in parentheses (rarely used)."

With this book in hand the physician who seeks for the remedy covering the "totality of the symptoms" finds his search most powerfully aided, for therein is the entire *Materia Medica* in a nutshell; every symptom great and small, or obscure, is noted.

At first glance it may appear as though the price was rather high, but when several things are taken into consideration, it will be found to be really low. Some of these we have noted already in the fine material and work; but a very important one in this matter remains to be spoken of, namely, the type. Five kinds of type are used throughout the book, and any one who knows anything about type-setting needs not be told that this kind of matter is about the most expensive kind of composition employed.

The Poultry Doctor. Including the care, and Homœopathic treatment of chickens, turkeys, geese, ducks, etc. Boericke & Tafel. Philadelphia, 1891. 85 pages. Cloth, 50 cents.

This book is entirely new and without doubt the best work on the ailments of fowls and their treatment ever issued, and ought to have a large sale. Mr. P. H. Jacobs, editor of the *Poultry Keeper*, the leading authority on the subject of fowls, carefully went over the part describing the various diseases and pronounced it very accurate indeed; he made some slight alterations and many additions in the way of making the descriptions fuller. The appearance of this work is timely, for Homœopathy is attracting great attention at present among poultry men.

The Rubrical and Regional Text-book of the Homœopathic Materia Medica. Section on Urine and Urinary Organs. By Wm. D. Gentry, M.D. Hahnemann Publishing House. Philadelphia, 1890. Cloth. 239 pages. \$2.00.

If the plan of this work, and the execution, meet with favor, other sections will be published in rapid succession. The author's own words will best describe what the plan is: "This *Materia Medica* differs entirely in arrangement from any work heretofore published. It is *rubrical*, because it gives *only* symptoms which may be underlined with red ink as perfectly reliable. It is *regional*, because it is in sections, and each section is devoted to a region or organ. It is truly a *text-book*, because it has wide spaces between the symptoms to provide a receptacle for future provings, clinical symptoms, notes or observations, and for gleanings from other works and periodicals. Therefore, it is called the Rubrical and Regional Text-book of the Homœopathic *Materia Medica*." The symptoms of 372 remedies make up the book; these are indexed as follows: first comes the number of the remedy, then its text-book name, followed by common name, abbreviation, and finally page, thus: "76 Bovista. The puff-ball. Bov. 62." The design of numbering the remedies is that the number may be used in writing prescriptions, or on the label or cork of vial given to patient; also, in order that the numbers may be used in correspondence or in articles for publication; "and if all the sections are published, each section will receive a number, so that a section, a remedy and a symptom may be referred to as commercial men refer to the year, month and day." It is evident that much care and study must have been bestowed to produce a work like this. Being something new in the way of arrangement, experience alone can determine whether it will supersede other arrangements. The book is well printed, and on the usual generous Hahnemann House paper.

A Manual of Auscultation and Percussion. Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, M.D., LL.D. Fifth Edition, Thoroughly Revised by J. C. Wilson, M.D. Lea Brothers & Co., 1890. 268 pages. Cloth, \$1.75.

The value of this manual, the editor, Dr. Wilson, thinks lies in the appropriateness of its style, the accuracy of its statements, its scientific method, and the practical treatment of subjects at once difficult and essential to the student of medicine. In respect to these qualities it stands, and will long stand alone among the books devoted to auscultation and percussion. Five editions speak well for any work especially for one not sensa-

tional. The book is divided into twelve chapters—Introduction, Percussion in Health, Percussion in Disease, Auscultation in Health, Auscultation in Disease, Physical Diagnosis of Diseases of the Respiratory Organs, Physical Conditions of the Heart in Health and Disease, Heart Sound and Cardiac Murmurs and, lastly, Physical Diagnosis of Disease of the Heart and of Thoracic Aneurism, the whole, needless perhaps to add when the publishers are known, well printed on good paper.

Intestinal Surgery. By N. Senn, M.D., Ph.D., attending Surgeon Milwaukee Hospital; Professor, Principles of Surgery and Surgical Pathology, Rush Medical College, Chicago, Ill. Chicago. W. P. Keener, Cloth, 269 pages. \$2.50.

The first part of this work contains a résumé of the best literature on the surgical treatment of intestinal obstructions and the advice given to the surgeon who is confronted by certain anatomico-pathological conditions is based, the author claims, on clinical experience and the results of experimental investigation. The second part represents the author's original work especial attention being given to the surgical treatment of intestinal obstruction and the diagnosis of perforation of the gastro-intestinal canal. An excellent table of contents and a complete index add to the value of the work. One case of gun shot wound of the abdomen, with eleven perforations of the intestines is reported. It occurred on September 9, and on November 4 the patient was discharged cured.

A Mystery of New Orleans. Solved by New Methods. By Wm. H. Holcombe, M. D. J. B. Lippincott Company. Philadelphia, Pa., 1890. 332 pages.

The mere announcement of a new work by a physician and writer so widely known and respected as Dr. Holcombe will be received, we feel assured, with interest. The present work is "a novel, written not without a purpose. To illustrate the new discoveries in physio-psychology, with certain notes of warning." Briefly put, the *Mystery of New Orleans* is a detective story in which the detectives are "sensitives," who unravel a murder case, twenty years old. The reader is given a glimpse of the magical world, that exists and has always existed notwithstanding the denials of hard-headed men, and which is now invading the world of science, or which science is exploring, as you please. The argument is that hypnotism is a terribly dangerous power in the hands of an evil man, but a beneficent one when exercised by the good. Our opinion (perhaps out of place in a book notice) is, that the power must be an evil one at

all times—the utter loss of free-will and rationality and the substitution of another's will is, while it lasts, far worse than bodily slavery. To those who are acquainted with Dr. Holcombe's works it is needless to add that the style is entertaining and excellent. As a novel, in short, *The Mystery of New Orleans* is a success.

Rectal and Anal Surgery, with Description of the Secret Methods of the Itinerant Specialists. By Edmund Andrews, M.D., and Edward Wyllys Andrews, M.D. Second Edition. Revised and Enlarged. W. T. Keener, Chicago. Cloth. 140 pages. \$1.50.

The first edition of this work appeared during the latter part of 1887, so as the average medical work goes, it has met with fair sale. It is written to answer two questions, *i. e.* "What are the best modern methods of diagnosis and treatment known to the regular profession?" and, "What are the secret methods of the 'specialists,' and what their value?" For those who want to practice "rectal surgery," this is, perhaps, about as complete a book on the subject as they can find. The authors, who are connected with the Chicago Medical College, and are Surgeons to the Mercy Hospital of that city, frankly say in their preface: "The Modern Western 'Rectal Specialist' is a lineal descendant of the original pile doctor," who, although a "quack," yet "Regular physicians were for a number of years wholly at a loss to account for the success which these itinerants obtained." The "secret," in brief, was the hypodermic syringe.

History of the Homœopathic Medical Society of Eastern Ohio. Paper. 50 pages.

Dr. T. T. Church, of Salem, O., Secretary of the Society, favors us with this little bit of local history. It gives a résumé of the doings of the Society since its organization in 1866. The members seem fond of dropping into poetry, there being three attempts in the little work; after scanning a few lines the conviction grows that the writers are better prescribers than poets; the Heavenly Muse hitched to the subject, "Constipation" seems sort o' revolutionary, even anarchistic.

A Text-Book of Materia Medica, Pharmacology and Special Therapeutics, with many new Remedies of late introduced. By I. J. M. Goss, A.M., M.D. Second Edition. Chicago. W. T. Keener. Cloth. 586 pages. \$5.00.

The Practice of Medicine or the Specific Art of Healing. By I. J. M. Goss, A.M., M.D. Chicago. W. T. Keener. Cloth. 569 pages. \$5.00.

These two Eclectic text-books are from the pen of Dr. Goss, of

Marietta, Ga., formerly Professor of Materia Medica, and at present Professor of the Practice of Medicine, in the Eclectic College at Atlanta, Ga. The *Materia Medica* is dedicated to the scientific, liberal-minded physicians of the United States, and within its covers one may find the greater part of Eclectic *Materia Medica*, while the other, as its title indicates, is devoted to Eclectic practice, something which, in the wide embracing Eclectic school, it would seem would be rather difficult to bring within one volume. The *Materia Medica* contains some very good and quite interesting matter, especially that which treats of our southern medicinal plants. It appears that the medical profession is indebted to the author for *Chionanthus Virginica*. When a student he had the jaundice, and his preceptors salivated him with mercury until death was near; then he took *Chionanthus*, an "old woman's remedy," and made a remarkable recovery; later he reported it to Dr. Scudder's journal. One very noticeable thing to Homœopaths, is that later on in the work, the author says of the remedy, *Chionanthus*, "*In very large doses it has produced ptyalism;*" he does not italicise the fact, but we do, because it proves the cure was made on Homœopathic principles. Both works are very well printed, and on a good paper.

Chemical Lecture Notes. Taken from Prof. C. O. Curtman's Lectures at the St. Louis College of Pharmacy. By H. M. Whelpley, M. D., Professor of Microscopy and Quiz Master of Pharmacognosy and Botany in the St. Louis College of Pharmacy. Third Edition. St. Louis, 1890. Published by the Author. 211 pages. Cloth.

This handy little volume is designed for the students of pharmaceutical and medical colleges, and may be of use to all who desire to look into chemistry or refresh their memories. Although a book on chemistry at first glance seems about as intelligible to the average man as a Chinese tea-chest card, yet it is not so difficult as might be supposed when once the sign language is comprehended, and that is not insurmountable.

Pocket Medical Lexicon. Being a Dictionary of Words and Terms used in Medicine and Surgery. Collated from the highest authorities and brought up to present date. By John M. Keating, M. D. and Henry Hamilton. Philadelphia, 1890. W. B. Saunders. 280 pages. Cloth, 75 cents. Leather tucks, \$1.00.

This compact little book strikes us as possessing unusual excellence; not only does it embrace a very full scope of medical terms, but its definitions are happy—are English. Here are a

few to give the reader an idea: "NEURALGIA. Nerve-ache," etc. "CEPHALODYNIA. Pain in the head, headache." "ATRAMENTAL. Ink-black." "APHONIA. Voicelessness." "ACUTENACULUM. Needle-holder." All the words are by no means defined in this terse manner, but the definition goes right to the point. "Homœopathy" is defined in a much fairer manner than by Dunglison; it is: "Hahnemann's system of medicine, assuming that such agents cure disease as in state of health produce similar symptoms." Dunglison opens his definition by asserting it to be "a fanciful doctrine," etc. If any of our readers want a small medical dictionary we think they will find Dr. Keating's the most satisfactory.

Essentials of Practice of Pharmacy. Arranged in the form of Questions and Answers. Prepared especially for Pharmaceutical Students by Lucius E. Sayre, Ph. G., Professor of Pharmacy and *Materia Medica*, of the School of Pharmacy of the University of Kansas. W. B. Saunders. Philadelphia, 1890. Cloth. 179 pages. \$1.00.

An excellent little book for students of old school pharmacy. The questions are arranged in sequence, and follow each other in their logical order; the answers are clear and easily understood.

Essentials of Minor Surgery, and Bandaging, with an Appendix on Venereal Diseases. Arranged in the form of Questions and Answers. Prepared especially for Students of Medicine, by Edward Martin, M.D., of the University of Pennsylvania. W. B. Saunders. Philadelphia, 1890. 166 pages. \$1.00.

The aim of this work is well indicated in the title, and it has been well carried out. To a Homœopath the treatment given for secondary syphilis is as rank as the disease: A quarter of a grain of the protiodide of mercury three times a day, increasing the dose each day by a quarter of a grain until the constitutional effects of mercury are produced, and then the amount is to be reduced to one-half, and kept up for eighteen months. After eighteen months mercury is still continued, and five to ten grains of iodide of potassium three times a day is to be added and continued for six months or a year. Whew! If patients only knew the contrast between such treatment and the Homœopathic, the Homœopathic doctors would wax fat.

Insomnia, and Other Disorders of Sleep. By Henry Lyman, A.M., M.D. Chicago, 1885. W. T. Keener. Cloth. 239 pages. \$1.50.

This it will be observed is not a new book, bearing the imprint, 1885, yet probably little new has been discovered since

then on the rather occult subject of sleep. It contains seven chapters, treating of the cause of sleep, insomnia, remedies, treatment, dreams, somnambulism and hypnotism; or, as it is put, "artificial somnambulism."

The Fourth Annual Report of "Helmuth House," 41 East 12th street, New York, is to hand, in an elegant 24 page pamphlet. There were 321 patients treated, 176 operations performed, while the deaths were but 4. Surely this is a most excellent showing.

We acknowledge receipts of two pamphlets, reprints, by A. B. Norton, M. D. "Can headaches and asthenopia resulting from Hyperopia, be relieved without Glasses?" and "Acute Glaucoma."

Dr. Senn's "Diagnosis and operative treatment of gunshot wounds of the stomach and intestines" read at the Tenth International Medical Congress; and reprinted from the journal of the American Medical Association, is a very handsome pamphlet of 83 pages. A work on surgery by Dr. Senn is noticed in this number of THE RECORDER.

Eczema Squamosum Cured with Arsenicum Jodat.—A man, æt. 38, came to the Hom. hospital, in Leipzig, on March 11, seeking relief from an attack of Eczema Squam., with which he was afflicted since about six weeks. It commenced as a small knot beneath the corner of the right eye and spread from there in a short time over the body, covering everything except the feet and the under side of the upper and lower thighs, the seat, the back, the upper arms and the hairy part of the head. The parts were covered with a dry, scaly eruption, accompanied by a violent itching; it was interspersed with a few reddish and moist spots. Patient often feels chilly, sleeps restless, is constipated. Received Arsenicum Jod. 4x, 2 grains three times a day dry on the tongue. Within two days a marked change for the better was observed, the skin was less dispaned, the sleep was quieter, the stool became regular, an evacuation occurring once or twice a day, and on March 24th the patient was dismissed cured.—*Dr. Stippt. Physician to the Hom. Hospital at Leipzig.*

ACCORDING to the Paris correspondent of *The Lancet*, Dr. Pecholier has been having favorable results with the "grape cure," or really with grape juice, as his patients used only the juice, rejecting the other parts of the fruit. Two cases are mentioned one with "cardiac disease and the other the subject of hepatic cirrhosis with ascites" and the treatment gave "the best results."

COLLINSONIA CANADENSIS.

Dr. Joel F. Hammond, of Atlanta, Ga., contributes a very interesting paper on this remedy to the September number of the *Dixie Doctor*. "Collinsonia," he says, "possesses one very marked peculiarity: the active principle is strangely volatile. Only a few hours' exposure is sufficient to greatly impair its virtues, while a few days' neglect renders it wholly inert." He recommends the Alcoholic tincture made from the fresh plant.

"As a therapeutic agent, stone root [Collinsonia Can.] is a most positive and valuable remedy. I have prescribed it daily for more than twenty years, and feel that I may speak positively of its virtues. We are told by the old authors that stone root is a stimulant and irritant. I know it to be a most excellent stimulant, but cannot agree with the bookmakers that it is an irritant. To the contrary, it is a most soothing and agreeable remedy, exerting a specific influence upon unhealthy mucous tissues, and quieting in the most pleasing and satisfactory manner irritated nerve centres. We find it a most positive and satisfactory remedy in the treatment of chronic catarrhal conditions, especially catarrh of the stomach, bowels and bladder. It is also a most valuable tonic, a positive diuretic, diaphoretic and mild laxative. I have found it of the greatest value in the treatment of catarrhal conditions of the nasal cavities, and especially of the pharynx and larynx, while it exerts the most positive influence upon the organs of respiration. For instance in the treatment of tubular and capillary bronchitis; but it is in the treatment of the latter, so fatal to the extremes of life—infancy and old age—that we find collinsonia of the greatest therapeutic utility. For instance, the practitioner is called to attend a child from eight to ten years, and the first glimpse tells him the function of respiration is so embarrassed that the blood is not being sufficiently oxidized to maintain life. The old plan—ammonia carb. and alcoholic stimulants—will not restore the suspended or greatly impaired function. We know by actual experience that, while those remedies are valuable, they often fail; but there is a remedy, both directly and adjunctively—*collinsonia canadensis*. If there are indications of marked catarrhal complications, I have found stillingia of the greatest adjunctive value."

"One of the most positive powers possessed by the *Collinsonia* is its influence over the inhibitory centres. Females, while suffering from the menopause, dread no other complication as they do palpitation, or cardiac palpitation. If the patient should be corpulent we give it alone.

MORE ABOUT ARBORIS PERSICAE CORTEX.

I must say I feel a little plagued after reading what Dr. Edson says about amygdalis; he has taken the wind out of my sails, but I must give my experience. Quite a number of years since a good friend in the profession called on me, and, asked me to visit one of his patients, honestly stating that he thought she would die. I went a few miles in the country to see her. She had been vomiting blood for two or three days, and, notwithstanding she had had oxalate of cerium, bismuth, pepsin, ingluvin and other good remedies, everything she swallowed would come up, so that she looked more like a corpse than a living being. I ordered them to go out and get me some of the young switches of the last year's growth from the peach tree; I had them pound them, to loosen the bark; I then nearly filled a tumbler with this bark, then covered it with water. I ordered her a teaspoonful to be taken after each time she vomited, one dose being given then, and one every hour after the vomiting stopped. The result was, she vomited no more and made a good recovery.

After this I always prepared a tincture from the bark of the young shoots. The dose is about the same as Dr. Edson gives, from 5 to 10 drops. I have on some occasions advised the patient to precede the treatment by taking a large drink of warm water to wash out the stomach. In recent cases I have very rarely had to give the second prescription to relieve morning sickness. I was visiting a doctor in Quincy; while there he told me he was afraid he would have either to make a lady abort or let her die, from the fact that he had failed to stop her vomiting. I happened to have a sample of the medicine with me; I gave it to him, he took it to the lady and in a few days he reported her well. I may say like Dr. Edson, it is a standard remedy with me. I have found it very useful in hemorrhage from the bladder. Some of my lady patients find it very good in nervous headache. I have used the tincture prepared from the leaves, but it is far inferior to that prepared from the bark of the young shoots. A medical friend was going to see a lady who had morning sickness; he told me he had thought of advising her to use popcorn; I handed him a small bottle of my amygdalis and told him to take a couple of ears of corn in his pocket and try both. The next time I met him he said my medicine had done the work.—Dr. Kirkpatrick in *Chicago Medical Times*. See RECORDER, July, 1890.

Homœopathic Recorder.

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“At the meeting of the French Academy of medicine, Feb. 18, 1890, Dr. Dujardin-Beaumetz led their attention to a work of Dr. Valude, where he praises the antipaludal action of this plant in cases where Quinine and Arsenic had failed. The botany of this shrub was studied by Prof. Yaillon, who classified it as *Calliandra Houstoni* and the chemical studies of its root by Prof. Villejean, who found among the coarse material an essential oil, a resinoid soluble in alcohol, a large proportion of a particular tannin similar to that of *Ratanhia* and an uncrystallizable matter but no alkaloid. Chapoteaut detected the presence of another tannin, the first precipitating greenish by the salts of iron, the second one bluish. A watery decoction of the root of this shrub and a tincture made with 60% alcohol has been tried with great success.

Dr. Froain reports: the bottle of *Pambotano* which you sent me, acted splendidly. A laborer of 52 years, suffering from intermittens, took for several months Quinine and Arsenic without the least benefit. He received the tincture of *Pambotano* and after taking it for two days he was able to return to his work. Two months have passed without a relapse, he feels strong and well. A military surgeon at Versailles reports: B., soldier in the foreign legion caught the paludal fever at Tonkin and suffered from it for over two years and is therefore sent home. He looks yellow, emaciated, without strength when he entered the military hospital and received a decoction of seventy grammes of the root of *Pambotano* in four doses, every four hours a dose, each an hour before meal or three hours after the meals. A week afterwards his appetite had returned, the distressing hue of his face changed to a natural color, he felt his strength returning and could soon be allowed to be about again. Dr. Poirson reports similar favorable results and considers it more precious than Quinine as being more reliable in its results.” *Bulletin Med.*, 60, '90.

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Dr. Froain reports: the bottle of *Pambotano* which you sent me, acted splendidly. A laborer of 52 years, suffering from intermittens, took for several months Quinine and Arsenic without the least benefit. He received the tincture of *Pambotano* and after taking it for two days he was able to return to his work. Two months have passed without a relapse, he feels strong and well. A military surgeon at Versailles reports: B., soldier in the foreign legion caught the paludal fever at Tonkin and suffered from it for over two years and is therefore sent home. He looks yellow, emaciated, without strength when he entered the military hospital and received a decoction of seventy grammes of the root of *Pambotano* in four doses, every four hours a dose, each an hour before meal or three hours after the meals. A week afterwards his appetite had returned, the distressing hue of his face changed to a natural color, he felt his strength returning and could soon be allowed to be about again. Dr. Poirson reports similar favorable results and considers it more precious than Quinine as being more reliable in its results.” *Bulletin Med.*, 60, '90.

The foregoing translation was made by Dr. S. Lilienthal, and sent to Mr. A. J. Tafel, with the suggestion that some of the remedy be imported, as it might be useful to have a proving made of it. Messrs. Boericke & Tafel have received a supply of the remedy.*

The remedy is much used by the people of Mexico and countries south of it. French authorities say: *Son action est surtout éclatante dans les cas invétérés où les sels de quinine sont restés sans effet.*

Among clinical cases cited are the following: An old man of 73, debilitated by the fever, and stomach ruined by quinine was cured by this remedy.

A man aged 28 returned from Panama to Paris, profoundly debilitated by the fever of that unhealthy place, which no treatment or change of air affected, was cured with one dose of *Pambotano*.

A resident of Cayenne, suffering for six years with fever, which no medicine, change of air or even "saison de Vichy" could alleviate, found a cure in this remedy.

The foregoing cases are given for what they are worth, but as the remedy is a "popular" one in tropical countries there must be something of value in it. The pamphlet from which we take the foregoing, also, says that the remedy is useful in all complaints, originating in marshy countries—"les pays palustres."

In the November, 1890, RECORDER a paper was published on the application of medicinal peroxide of hydrogen, and credited to "the chemist Bene." Mr. Charles Marchand, manufacturer of Marchand's Peroxide of Hydrogen, writes us that while we quoted Bene correctly, nevertheless the matter in Bene's paper is simply a re-wording, and often not that, of matter of which Mr. Marchand is the author. THE RECORDER wishes always to give each writer proper credit, hence this note. As will be seen in Mr. Marchand's card on the inside of the last cover page of THE RECORDER he offers a book on the uses of this medicinal agent free to any physician writing for it.

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* The price is \$1.00 an ounce for the tincture.

THE HOMŒOPATHIC RECORDER.

VOL. VI. PHILADELPHIA AND LANCASTER, MARCH, 1891. No. 2.

ERYTHROXYLON COCA AND SOME OF ITS CLINICAL THERAPEUTIC USES.

CASE II.—In August, 1885, a milkman consulted me about the ailments of his wife aged about 25. When I saw the patient, the husband gave the following history of his wife's case. On the 3d of July, 1885, she had given birth to a son. The labor had been rather a tedious one, lasting over a period of 72 hours. On the 30th of July, that is on the 28th day of the child-birth, she felt a kind of tickling sensation about the vagina, which excited sexual desire day and night to the great annoyance of the patient. The lochial discharges during these days were usual, both with regard to quantity and quality. An Allopathic physician had been consulted, who, suspecting the presence of small thread worms in the rectum, had prescribed a purgative, and santonine and turpentine. This did not lessen the troubles of the patient. On the contrary, they increased to such a degree as to drive the patient to madness. On the 35th day of the child-birth, I was called to see the patient. When taking a history of the case, I was informed that from the 28th day the sexual desire was so much excited that she did not like that her husband should leave her bed even for a minute, on account of which the husband was quite frightened. The superstitious women in the neighborhood all believed that it was a case of *spiritual affection* by which they meant that some *ghost* must have come on the shoulders of the patient and induced the disease. The patient looked very lean and thin when I saw her, although she was as I was told, very stout and strong before child-birth. Although so lean and thin, she had strong inclination to hard bodily work and she did it without fatigue or exhaustion and at the same time she felt no desire for any food. She felt all well when engaged in some work; but when not so engaged, she felt a strong sexual desire and wanted the company of her husband, and if the husband was not present at the moment, she struck

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her head with anything that came in her way and talked like a mad-woman, and as soon as she got her husband's company, all this madness went off. From the 28th to the 35th day of child-birth, she enjoyed the company of her husband almost every two hours, without feeling any kind of pain, uneasiness or disgust, though her husband felt quite disgusted and became so weak and emaciated, that he looked like an anæmic malaria stricken patient although before this he was a very stout and strong man. All these circumstances led me to the conclusion that the woman's case was one of *Nymphomania*. With sexual excitement, there were much burning and scalding during micturition, with membranes like sediments in the urine, with emission of hot burning urine *by drops*. This burning and scalding went off or were much relieved as soon as the sexual desire was gratified. The urinary difficulties she never had before. I prescribed *Cantharis 3x*, three doses, every two hours. After the administration of the third dose, all the urinary difficulties disappeared, but the medicine made no impression upon the *Nymphomania*. A midwife was called and an internal examination was made through the vagina upon which a very hard clot of blood was discovered blocking up the passage of the os-uteri. The clot was syringed out by means of tepid water. After the expulsion of the clot there was no sexual desire for six hours, after which the desire for sexual intercourse commenced again with greater force. I was called to see the patient. She looked like a mad-woman, with staring and glaring red eyes, licking her lips as if she had great thirst and dryness of mouth and lips. Now she complained of a pain in the right ovarian region, and hæmorrhage commenced, and with the hæmorrhage desire for sexual intercourse became so strong that notwithstanding my remonstrances against joining her husband's company, she did so, and, as soon as her sexual desire was gratified, hæmorrhage stopped to my great surprise and that of the husband. Two hours after this I was informed that the patient was ashamed of what she did and asked for a medicine to remove that "beastly" sensation and desire which caused so much annoyance to herself and to her husband. I prescribed again *Cantharis 3x*, three doses daily. After three doses had been taken, *Nymphomania* and symptoms of urinary difficulties were materially relieved. *Cantharis 3x* was taken for three days and the patient remained well for four days. On the fifth day at 2 A.M. she dreamt as if she was enjoying the pleasure of her husband's company which roused her from sleep and profuse hæmorrhage commenced, and with the hæmorrhage *Nymphomania* and urinary difficulties reappeared. I was called

to see her. When I saw her at 3 A.M. I found as if she had lost all control over herself and embraced her husband in such a way that I felt great delicacy in entering the room in which she was. But "duty was duty," and, on this consideration, I entered the room. The poor woman did not give up the embrace of her husband although she saw that I entered her room, but remained firm, as if no other person than she and her husband was present in the room. After her sexual desire was gratified, she saw that I was in the room, and she gave up the embrace of her husband and commenced crying aloud and said that she was "worse than a beast." When I asked her about her complaints, she commenced answering my questions with an introduction that she considered a physician a father and that I should pardon her if she had done anything during fits of temporary insanity which went against the modesty of womankind. She commenced the history of her disease by saying that she was married at the age of 12. Three days after her marriage her husband had sexual intercourse with her *against her will* which was followed by profuse hæmorrhage from uterus. The hæmorrhage was checked by a *quack medicine* in an hour or so. Since then her husband had sexual intercourse with her every day *more than once*. She menstruated regularly every month since then. In the 14th year of her age she first conceived and gave birth to a son at the ninth month. Two months after child-birth she conceived and miscarried on the fourth month. Three months after abortion she again conceived. On the fourth month she miscarried again. Two months after abortion she again conceived and again miscarried on the fourth month, after which for two years she did not conceive, but her menstruation was very regular. At her 18th year she conceived again and gave birth to another son at the tenth month. About eighteen months after this child's birth, she did not menstruate, after which she menstruated and conceived after the first menstruation. This time also she gave birth to a son at the tenth month. For two years she did not menstruate, nor conceive, but her general health was very good. She again conceived and gave birth to another son (the present one). She also said that after every child-birth and abortion her sexual desire was very much excited and she adduced *Nymphomania* as the cause of her conceptions and abortions so often. The last but one labor had been rather a *tedious one* and had been attended with rupture of the perineum and followed by puerperal mania which had been cured by a *quack medicine*. During the mania the patient had always expressed her desire for widowhood and wanted to kill her husband and the newly-born

child. This mania had lasted for two months or so after which she had again Nymphomania and urinary difficulties, as before. As has already been said, the last labor was also a tedious one.

I again prescribed Cantharis 3x, a dose every three hours. After three doses were taken, the urinary difficulties disappeared, but the Nymphomania remained *intact*. I prescribed Phosphorus 6, three doses daily. Nine doses of Phosphorus 6 did no good. I prescribed Phosphorus 12, three doses daily, for three days. Nine doses of Phosphorus 12 also did no good. I prescribed Phosphorus 30, three doses daily, for three days. This also did no good. I then prescribed Phosphorus 200, a dose every other day for a week. This also did the patient no good. I gave up Phosphorus in disgust, and gave no medicine for three days, and the patient felt somewhat better, but the Nymphomania did not leave her entirely. This state of things continued for a week more. I was really in difficulty for finding out a suitable remedy for this condition of the patient's health. Now remembering the very remote symptoms which Coca had the power of inducing in the female sexual sphere, and remembering the marked power of sexual endurance even after child-birth, and repeated abortions which the woman had displayed, as also the very striking cure of the young man's case as shown in Case I, I was tempted to prescribe Coca in this woman's case. Then I prescribed Coca θ in one-drop doses, three such doses being given daily. After the administration of three doses, the Nymphomania almost disappeared. I saw the patient the next day again, when I noticed that her eyes were not so wild looking as before. She was rather ashamed of looking at my face. On my asking her as to what complaints she had, she felt quite ashamed to answer me directly. It ought to be mentioned here that before this she told me directly everything which, consistently with modesty, no woman could express to an outsider, especially a man. Now she answered every question of mine in a whispering tone of voice through her husband, and said that she had not much desire for her husband's company, but she felt *occasionally* an itching in the vagina, which gave her trouble and excited sexual desire; but the desire she felt now was, by no means, as strong as before. I again prescribed Coca θ as before for a week. On the 8th day the husband of the patient came and reported to me that his wife was *all right*. She felt no itching in the vagina, nor any excitement of her sexual desire. She felt hungry, and her appetite was good, but she felt very weak. I stopped the medicine and prescribed cod-liver oil, 5 drops at noon, and 5 drops at night, after

meals. After two weeks the husband came and told me that his wife was all right, but she was still very weak. I ordered the continuance of the cod-liver oil at least for six months. Since then she had no Nymphomania although she had two more children and two more abortions after the cure of her Nymphomania with Coca. Last week her husband consulted me in connection with the illness of one of his sons when he said that his wife had been doing well since I treated her last. Yesterday I went to see the sick child of the patient, and I could not persuade myself to believe that the mother of the child was the same woman who forms the subject matter of this article when I saw her this time.

Now, seeing the very good results which I got in these two cases from the use of Coca, I tried it with decided success in four cases of Nymphomania, in one after child-birth, in two during the menses, with symptoms of urinary difficulties such as we notice in cases of Cystitis, and in a case of Nymphomania which would come as soon as there was itching in a patch of dry variety of Chronic Eczema affecting the left Labia Majora of a barren woman of 35, of very stout constitution. In this case the patch of Eczema also disappeared along with the Nymphomania. In no case I was required to administer more than 21 one drop-doses of the mother tincture. I also tried it in about 8 cases of "wetting the bed" of children who looked very sprightly and always active about their play, without rest, and at the same time without feeling any fatigue, and in no case was I required to prescribe more than 3 $\frac{1}{2}$ -drop doses of the mother tincture. I tried it in three cases of Diabetes Mellitus in all of which the quantity of urine and the quantity of sugar contained therein were appreciably diminished in two weeks' time, though I do not think that the disease was cured. I also treated about 10 cases of affections of young men, victims of various kinds of ailments resulting from the *vicious and ruinous practice* of "self-abuse," and I may say with decided success. I treated these cases in the course of the last one year. I have still under my treatment a few cases of ailments resulting from self-abuse and sexual excesses of some young men in which I have been giving Coca a patient and persevering trial, and I hope to communicate the results if they appear to me to be satisfactory.

From a study of these cases I have naturally been led to the following conclusions: (1) that palpitation of the heart, with difficulty of breathing while ascending any height, from *nervous causes*, especially from self-abuse, is very much amenable to Coca, although we find in the so-called pathogenesis of the drug "great lightness while climbing up a mountain without any

respiratory trouble;" (2) that complaints from self-abuse and sexual excesses are very much benefited by Coca; (3) that it diminishes the abnormal quantity of urine containing sugar, though like other medicines it does not cure, but keeps the disease *at bay*; (4) that it is very useful in cases of "wetting the bed" of children from nervous causes; (5) that it is a very useful medicine for *Nymphomania* after child-birth, during the menses, and from the irritation of Eczema or other affections affecting the Pudenda of women and *Satyriasis* of men from *self-abuse* or sexual excesses; (6) that Coca acts better in *material doses*, that is in the mother tincture, than in the potentised ones. I think Coca may help us in the treatment of the incipient stage of Phthisis also.

R. K. GHOSH.

70 | 1 Mániktalá Street, Calcutta, October 29th, 1890.

HAHNEMANN vs. COMMITTEEMAN.

A paper, under the title, "Some of the Effects of Trituration," was published in the November number of *The Medical Current*, the writer being a pharmacist and patentee of the machine used in the experiments. The paper would call for no comment but for the fact that the writer is also a member of the Committee of International Pharmacopœia, and that it is apparently designed as a basis for that work in the matter of triturating. If this surmise be correct it will be well for the committee to consider the matter very carefully, for the paper seems to contain some conclusions that chemists might regard with a smile. *Zincum metallicum*, under prolonged trituration, is said first to become darker, then lighter, and finally white. This is "due to oxidation." *Argentum*, on the other hand, is said to become "so dark that the 1x trituration is nearly black," and "this change of shade is not due to oxidation," for the metallic particles, "freed from milk-sugar by the solution of the latter in distilled water, may be illuminated by condensing a beam of sunlight, by means of a lens, on the liquid in which they are suspended, so that they appear as individual particles, glistening like stars. By this means it is possible to see, without amplification, particles one-forty-thousandth of an inch in diameter, and no one knows how much smaller."

While this test may be very satisfactory to minds so constituted as to regard it in that manner, it is not of such a nature as to have any weight or place in a pharmacopœia. The assertion that a black 1x trituration of *argentum* is "not caused by oxidation," but by grinding alone is, we think, rather too fanciful for

serious chemical science. Milk-sugar triturated 1,000 hours remains perfectly white, as the same authority informs us; the particles of *argentum*, or silver, triturated 200 hours are not oxidized, but glisten "like stars;" now, the question is: "How can a pure white substance mixed with a silver bright one be "nearly black?"

But the most important point in the paper, and one which, if accepted by the committee and the medical profession, means revolution, is suggested throughout the paper and stated in the following, which as a formula halts a little at the end: "The Hahnemannian period of trituration is vastly insufficient for thorough drug-subdivision, at least in the 1x and 2x." True it is. True also that "200H" (as the "new sign" has it,) is "vastly insufficient," even with "33 pestles" working high pressure on a quantity of material "sufficient to 'feed' the pestles, but not so great as to be thrown out by the movements of the apparatus;" (what a change from the time when it was a "degradation" of pharmacy to triturate more than 100 grains at a time) even "200H" is "vastly insufficient for thorough drug-subdivision." Where does subdivision end? A wise writer of another day has said, "matter is divisible to infinity." Does this gentleman of the present day suppose that Hahnemann regarded his triturations, *with which his provings were made and on which the whole of applied Homœopathy rests*, as incapable of further subdivision? From an old, time-stained pamphlet, written in 1833, when the word "Homœopathy" was almost unknown in this country, the following is quoted: "With still greater clearness was this established by the important fact observed by Hahnemann, viz., that when the process of Trituration or Agitation was too long continued, the energy of the medicine became too intensely raised, and he, therefore, exactly prescribes how long the trituration with sugar of milk is to be continued." The pamphlet was written by Constantin Hering. On Hahnemannian triturations were Homœopathy's greatest laurels won.

"200H" or, for that matter, "2,000H" triturations could be supplied by any well equipped house, but such triturations *are not Hahnemannian* and *are not* the triturations which produced the symptoms guiding the physician at the bedside; they are only unproved substances; indeed, it may be said they are *unknown* substances, for who knows what may be the effect on certain drugs of weeks of grinding and exposure to the air? 200 H means an exposure of fully three weeks, unless the machine works day and night and Sundays.

It is for the gentlemen who are called upon to administer the medicines to decide.

ELEPHANTIASIS ARABUM.

On November 21, 1890, I was called to see an elderly lady, about sixty-five years of age, and short in stature, five feet. She was blessed with a cheerful and hopeful disposition, bearing up bravely, and making the best of all her troubles, while she was compelled to drag around this very large limb. She has been afflicted by it now for nearly four years.

The first sight of it was to me a very remarkable one, the great size was eclipsed by its shining appearance. The crevices or folds caused by the great weight of the upper upon the lower parts were of a burnish silvery whiteness throughout the whole length of the limb. When rubbed it was hard and dry, and large scales, as like fish scales as possible in shape or more like pieces of pearl shell, for some were thicker than fish scales, would fall off. On the under or back of the limb were hard rough nodules or elevations, as large as little neck clams, rough and hard.

The size of the limb at the first measurement was: Around the ankle, seventeen inches and a half; the calf nineteen inches and a half; the knee, twenty-two inches. Three inches above the knee, twenty-two and one-half inches, and the upper part of thigh, twenty-four inches.

The lady comes from a long-lived race of ancestry, some of whom lived beyond their hundred years; her mother to over ninety.

History.—The probable cause of the trouble is as follows: About five or six years ago she was a Sunday-school teacher in a mission school. There being a fear of small-pox in the school, she consented for the sake of the family she lived with to be vaccinated by their family physician. He remarked, immediately after, that the vaccine should take as it was good, having just been taken from a little negro baby. This information gave her somewhat of a shock. She had a fearfully swollen ulcerated wound with erysipelas condition, and it was a very long time before she recovered, or rather, appeared to do so. About one year after this she fell on an icy pavement, and hurt her knee very much. Shortly after this she noticed a swelling of the knee and lower limb, which kept on increasing in size and hardness, notwithstanding the efforts of several physicians to arrest the growth and cure the difficulty.

The great size and weight of the limb had almost made her a house prisoner. She attempted to wash, but found she could not lift the limb from the floor. The leg affected is the right

one. When I first saw her, the left leg was also very much swollen, ankle measurement being thirteen and the calf fifteen inches in circumference. But this edematous swelling was watery or doughy. By pressure, you could almost bury your fingers, and leaving their imprint for some time afterwards.

The marks of contrast were great. The right leg was as hard as wood. You could make no impression on it whatever, and there was very little feeling caused by a very hard pinch. It had a shining white silvery appearance. The left leg was soft, compressible and tender. There was also an itching sensation, and it was of a pinkish hue. The two limbs made a good diagnostic contrast, and prevented any mistake in the above diagnosis.

There was also a very constipated condition, there being only about three movements per month. If weekly, she would think she was doing well. There was also some giddiness of the head, causing a tendency to fall backward. These two symptoms suggested *Graphites* as a remedy, which I gave. Five grains in half a glass of water, of which she was to take a teaspoonful every two hours for two days. On the 24th of November I found all the symptoms better, and there was a decrease in size of nearly two inches in the limb. It was at this visit that I took the measurement of the other, or left leg, below the knee. This improvement was more than I expected so soon. Keeping in mind the (school) advice not to change a well-doing prescription, I continued *Graphites*, giving about the fourth of a dram of the Dec. Trit. in a tumbler of water, to be taken every [two hours, as at the first prescription. On November 26th there was a general improvement, and bowels moving easily every third day. Legs decreasing in size, and becoming soft and smooth, the scales disappearing.

The limb continued gradually to decrease up to December 17th, 1890, when I bound it with a broad rubber bandage, from the foot up to the body. She then remained in bed with the most gratifying result. I continued *Graph. 1st.* On December 20th, 1890, the measurements were: Ankle, nine and one-half inches; calf, sixteen inches; knee, fourteen and one-half inches; above the knee, fifteen and one-half inches; and thigh, seventeen inches. The left leg, the dropsy leg, had entirely recovered, except some thick skin on the back of the limb, which made me think that this leg would, in all probability, have soon become as bad as the right one.

This made a reduction in a month of seven inches at the ankle and upper part of thigh, and of five and six inches at the two other measurements. At this time Dr. T. Helmuth very kindly

informed me of his remedy, *Hydrocotyle*, and I gave a one-drop dose every three hours for one week. Under this medicine I lost ground, there being an increase in the limb of one and a half inches in each measurement. Having found this Asiatic medicine to be unsuccessful I then tried the highly recommended medicine *Thuja* for a week, with no better results. I then gave *Sulph.* for three days, to tone up the system, and returned to *Graphites* 1, D. Trit., and am very happy to say at this writing that my patient is in every way better, both in looks and in her ability to get about and do some light work in her room. Ankle measurement, in both limbs, is now eight inches; calf, thirteen inches; knee, fourteen inches; and thigh, sixteen and seventeen inches. Skin smooth, but dry and wrinkled. When she is standing upright the skin and tissues hang in folds like an empty bag, and I fear would soon fill up again if not kept tight to the bone by bandages. I shall endeavor to have this superfluous skin or flesh contracted or absorbed in some way. I am now trying to get a good perspiration or moisture on the limb surface by Borax baths, and am also trying *Rhus. T.*, at the kind suggestion of Dr. Helmuth.

I described this case to our skillful Professor of Dermatology, Dr. Archelarius, who gave it the name I have already done, thus confirming my diagnosis.

This is the third case of this kind that I have ever seen. One, an old man of eighty years, with large lumps on various parts of his body and limbs, rough and hard. He died at the age of eighty-two without any change. He went to sleep under Morphine treatment, but not in my hands. The second case was that of a young woman, who came from Rhode Island, before Dr. Helmuth's clinic last year, with one or both legs of an enormous size, and to whom the learned Professor prescribed *Hydrocotyle*.

There is a case photographed in Dr. Fox's book on Skin Diseases. A case reported by Dr. Charles Jewett, of Brooklyn, notes furnished by Dr. P. L. Schenck, of the Kings County Hospital. This was in many respects similar to the one that came before Dr. Helmuth's clinic, being young, only nineteen years of age. My case differs from the general description, being white and shining, instead, as is usual, of being dark and discolored, brownish or tanned.

ROBERT BOOCOCK, M. D.

Flatbush, N. Y.

POTHOS FŒTIDA.

November 6, 1889, was called in haste to see Miss N——, aged 19 years. Found her lying upon the floor, exhibiting all the phenomena of epilepsy, clenched hands, frothing at the mouth, clonic spasm, etc.

On questioning the family, I learned that she had been subject to such seizures for about two years, and that they were increasing in frequency. She had been dismissed from the various cotton mills in which she had been employed because of them. The father had been informed that she had epilepsy, and she had been treated accordingly by three Old School physicians.

The sister informed me that although she had frequently fallen near the stove she had never struck it. Further questioning elicited the fact of her never having injured herself more seriously than to bite her tongue. It was then I became suspicious, and later felt convinced that it was hysteria and not epilepsy with which I had to deal.

I remembered having read in THE RECORDER an article by Dr. S. A. Jones, of Ann Arbor, on *Pothos Fœtida* with the record of a case in some respects similar to mine. After again reading it up, I made a tincture of the roots and tendrils gathered at the time, of which I gave her a two drachm phial directing her to take ten drops three times per day.

On the second day she had a slight seizure while at dinner. After two months she again resumed her place in the mill where she has since been steadily employed, and is strong and well in every way.

Have used *Pothos* in epilepsy, also in dropsy with negative results.

W. M. CAMPBELL, M. D.

Cohoes, N. Y.

THE DIFFERENCE OF ACTION IN DIFFERENT POTENCIES.

In Homœopathy the question of potency is a very important subject. Both high and low potencies are equally recommended. Everyone ploughs his field according to his own observation. The difficulty is much felt by the novices. To remove this difficulty Dr. C. S. Kali, of Palena, is trying his best to collect the observations of the eminent Homœopathic physicians of the world in respect to the different attenuations of the medicines used by

them. Drs. S. Lilienthal, J. R. Kippax, T. S. Hoyne and others favored him with their experiences. Every physician to whom he sent his appeal should co-operate with him in solving this difficult problem of Homœopathy.

Every one of our school acknowledges the difference of power between high and low potencies. But it is not less astonishing to see the difference of action even between first and third potencies. I send herewith a few cases from my practice to show this difference.

Case 1. Babu Girindraneth Saha was attacked with colic and vomiting. I was called in the morning. The umbilical region I found very hard to touch, pain very intense, driving the patient almost mad, and frequent vomiting of green masses. The majority of symptoms led me to select Aconite, and I prescribed it in the 3x potency at every half an hour. But there seemed to be no improvement at all; after full three hours' trial I changed it for other similar remedies. But there was still no improvement. Dr. C. S. Kali, of Palena, was then consulted. He, after examining the case, selected Aconite, and urged to try it once more in the 1x potency. Accordingly, Aconite 1x was given. To my great astonishment within half an hour the patient was much relieved; another dose completed the cure.

Case 2. A boy of five years of age is attacked with hæmaturia. I prescribed Aconite 3x and Hamamelis 3x alternately. Next day I saw the patient, who, instead of getting better seemed to be much worse. The desire to micturate was very frequent, amounting to thirty times a day. But with a few drops of urine nearly quarter of an ounce of blood was passed every time. The patient was much prostrated and passed sleepless night. I changed the attenuation and prescribed Aconite and Hamamelis 1x dil. in alternation. Next day I saw the patient much better; much less blood in urine, and within 48 hours, the patient was fully recovered.

Case 3. Babu — Saha got fever in the month of September last. In the morning he felt much pain in his limbs, which was followed by chills and violent fever. Thirst was extreme, followed by vomiting of bile. I examined the case and prescribed Eupatorium perf. 1x in every two hours. Next day I saw the patient; though the fever was then little less, yet there was no amelioration of other symptoms. At 11 o'clock chill commenced again, followed by increase of fever. Thirst was very frequent, and every time drinking caused nausea and vomiting of bile. I prescribed again Eupatorium perf., in 3x potency. To my great satisfaction two or three doses relieved the patient much. Thirst

and vomiting gradually diminished. Next day I saw the patient all right; no fever, no uneasiness, except weakness and a little pain in the throat, which was caused by the incessant vomiting. There was no relapse again.

KUNJA LAL SAHA.

Hom. practitioner, Dogachi Palena, Bengal.

REVISION OF THE MATERIA MEDICA.

BY O. EDWARD JANNEY, M. D., OF BALTIMORE.

(Concluded from Vol. VI, page 28.)

PRINCIPLE I. *All work must be based on original provings or copies of the day books of provers.*

The scientific work of the present is done with original material. Students do not now take commentaries or the arrangement of a second party, as authority, but make it a rule to obtain originals to work with, as far as it is possible to obtain them. And this is true in every field of scientific research. The student of biology watches for himself the development of the foetal chick from day to day, and the student of history searches the musty records for originals on which to found deductions or reviews. What men want now is *to know the truth*, and they care less now than ever before, that truth interferes with preconceived ideas. Men want the truth, no matter what the result may be. And, therefore, it becomes essential that all work to be valuable and lasting must have truth for a foundation, and hence has arisen the demand for original material in all scientific work.

And if this is true of such work in general, it is eminently so of medical research, and especially in the field of *Materia Medica*, which is our armamentaria for curing the sick.

In an effort, then, to revise our *Materia Medica*, with an aim to reach scientific accuracy, it becomes necessary to have access to the day books of provers or certified copies of them.

When symptoms are torn from their proper relations, and cast into a "schema," much is lost that should be known.

Many of those delicate shades of difference which distinguish one remedy from another are lost, because the relationship is broken up and symptoms that serve to explain each other are fixed in widely separated parts of the schema. As an illustration of this point take the following symptom occurring in the course of a proving of *Cuprum Aceticum*, as recorded in the day book: "Brought into the hospital he was delirious, had weakness and convulsions, limbs and body stiff, jaws closed." This group of

symptoms, placed in their proper relations, gives a fair idea of the prover's condition but when the symptoms are placed in a schema, they could be found only by searching under no less than four of its divisions, *i. e.*, Generalities, Mind, Limbs and Face, and there would be no means of knowing that these symptoms occurred simultaneously, or bore any relation to one another. Therefore, while it is convenient for many reasons to have the *Materia Medica* arranged in schema form, yet it is not the ideal way, and in order that a correct knowledge of the true action of a drug may be obtained—especially the general sphere of action, and the sequence of symptoms, so far as the latter is practicable—the daily record of each prover must be studied.

Again, not only is it necessary to work with the prover's record for the above reasons; but, also, that something may be known about the prover himself, his physical condition previous to the proving and during its continuance, whether he faithfully carried out his work, whether he used alcohol or narcotics, any variations in the doses taken, and the preparations of the drug used. All of these are points necessary to be known to those who would revise our *Materia Medica*. Such, then, is the value of the original provings, and such their necessity in this work. Where are they to be obtained?

Carefully printed copies of the provings of many substances may be found scattered throughout the literature of our school, but, fortunately for the student of *Materia Medica*, the work of collecting these into compact form has been performed by Drs. Dake and Hughes, and in the *Cyclopædia of Drug Pathogenesis* we possess a great mass of material in excellent form for this work of revision, and to this everyone may have access.

"The *Cyclopædia of Drug Pathogenesis*, without doubt the first and prime essential of a complete *materia medica*, is the mine out of which must be dug the materials of all future *materia medica*s; and, unless this has been taken as the foundation, no treatise on *Materia Medica* should in future be considered worthy of acceptance."—(Dr. Hayward, "The *Materia Medica* of the Future," *N. A. Journal of Homœopathy*, September, 1889.)

As an illustration of the value of the original record in the revision of the *materia medica*, turn to the article on Chromium in the *Cyclopædia of Drug Pathogenesis*. Here are given in full the effects of the drug upon twelve workers in bichromate of potash, while in other works of reference the effects upon all these persons are commingled and given under one head, inseparable. When it is considered that the number of persons who prove a drug is a very important element in revision work, the significance of having complete records is clearly seen.

PRINCIPLE II. *No proving shall be made use of when the preparation of the drug has been diluted above the 12th decimal.*

In adopting this rule it is not intended to assert that higher dilutions do not produce symptoms—the question of potency is not entered upon, but left to the test of experience and scientific research. It is evident, however, that there must be a fixed point of drug dilution beyond which no provings will be made use of, if only for practical reasons, leaving theoretical matters out of the question. It is an impossible task, if it were a wise one, to revise the *Materia Medica* on the present lines, if all provings be accepted. It has been deemed necessary, then, to fix such a point at the 12th decimal dilution, and, while this action may be deemed arbitrary, it is yet reasonable, for, while it takes in all the lower preparations, it also reaches well up towards the higher.*

Remember that the limit was decided upon by a vote of the American Institute of Homœopathy, in the discussion preceding the publication of the *Cyclopædia*, and has been carried out by the editors. Those, therefore, who are now working in the line of *Materia Medica* revision in accordance with the above principle are only carrying out the rule adopted by the representatives of a majority of the physicians of our school.

"Well," says Dr. Richard Hughes, "I do not disclaim any proving above the 12th (dec.), but my feeling is that a line of separation here would be best received by the profession in England, and I was assured that it is the same in this country. Those who believe in the efficacy of high potencies can still receive and study the effects of drugs in more tangible form, which are acceptable to the vast majority of our school, and I think that more harm would be done by offending these than by disappointing those."†

The present method of revision claims to be a scientific one; as said above, scientific work must have that which is certain for a foundation; all are agreed that positive symptoms may be obtained from preparations of a drug as far as the 12th decimal; many claim that above this point drugs cannot be relied upon to produce symptoms in the healthy; therefore it follows, logically, that a proving made with an attenuation above the 12th decimal, not being acknowledged truth, cannot properly be used as a basis for a scientific revision of the *Materia Medica*.

It has been claimed by some, that inasmuch as no symptom is

*The adoption of the rule was absolutely necessary for the preparation of such a work as the *Cyclopædia of Drug Pathogenesis*.

†Transactions American Institute of Homœopathy, 1884.

retained in the completed work unless a certain proportion of the provers experienced it, therefore any false symptom, not having been noted by the proportion of provers agreed upon, would be dropped.

This claim, while specious, is misleading, for the reason that every drug prover records a variable number of symptoms not due to the drug, which, in the absence of a preliminary health record, cannot be separated from those caused by the drug, and will often reach the proportion necessary to be placed in the final synthesis. While there are a few persons with such delicate organism as to be affected by the higher attenuations (above the 12th dec.), yet it is very probable that provings made with these preparations, without regard to such susceptibilities, will consist chiefly of false symptoms.

The result of using such provings, then, will be the retention of a vast mass of false symptoms in the completed Materia Medica. By adhering to the limit set, however, while some valuable symptoms may possibly be omitted for the present, or rather await verification, yet what is retained is true and reliable.

This is the important point in Materia Medica revision; that every symptom finally recorded shall have been put to such tests that no reasonable doubt shall exist as to its value and genuineness. It therefore seems wise that revision work shall be governed by the rule adopted by the American Institute, and followed by Drs. Dake and Hughes in their *Cyclopædia*, fixing the limit at the twelfth decimal preparation.

PRINCIPLE III. *Every symptom is retained which occurs in the provings of two or more persons.*

PRINCIPLE IV. *Every symptom shall have appended a figure or "exponent," showing in the provings of how many persons this symptom appeared.*

The principle reveals the central thought of Materia Medica reform, *i. e.*, comparison of provings and the retention of those symptoms only wherein the provers agree.

It is hoped and believed that, by the adoption of this plan, a large number of unreliable symptoms will be dropped, and the genuine retained, since the true drug symptoms, or at least some of them, will appear in every good proving. The idea is to compare all the provings of a drug, and note how many of them contain the same symptoms. Thus by a simple but scientific method a symptomatology of a drug is built up, not containing a vast array of symptoms, but those actually produced by the drug selected.

It is an important question which at this point arises for

decision—what proportion of the provers of a drug must have produced a given symptom, that such symptom may be retained in the Materia Medica?

In answer to this, various suggestions have been offered. Twenty-five per cent. of all the provers, twenty-five per cent. of the observer's recording effects on the anatomical groups, and eight per cent. have advocates; but it is difficult for various workers to settle upon any one proportion, when the rule is not only an arbitrary one, but not found to work well in practice.

It would astonish one who has not studied this subject, to know how many symptoms now recorded in our various works on Materia Medica occur in the records of but one prover. Were these to be thrown out, the volume of the present Materia Medica would be reduced more than one-half, and if all symptoms which were experienced by only two provers be rejected, nothing will be left of the symptomatology of most substances except the barest skeleton. Take, for instance, *Argentum Nitricum* (see *Hahnemann Monthly*, December, 1889). As this pathogenesis stands, there are one hundred and forty-six symptoms recorded. Now if all those experienced by two provers only be omitted, there remain but eighty, and this drug had sixteen provers. If twenty-five per cent. of the provers—in this case four—must experience a symptom in order that it be retained, only twenty-six symptoms would remain, and those not the most characteristic.

It is evident, then, that to fix upon any particular percentage is very difficult, and therefore, it seems best to admit all symptoms experienced by two or more provers.

By this plan, many valuable symptoms are retained that would otherwise be put aside among those awaiting verification, *i. e.*, those experienced by but one prover.

The method does away also, with the necessity of deciding upon a percentage, since the figure affixed to each symptom (the exponent) enables the student—the number of provers being given—to perceive the percentage for himself. He is then at liberty to cast aside all symptoms that do not occur in a sufficient number of provings to reach his standard.

The figure attached to each symptom gives it an added value, gives it a character of its own, as compared with the usual custom, enabling one to see at a glance the chief effects of the remedy, and which of its symptoms are those most characteristic.

It is not supposed that no objection will be found to this plan of revision, but it seems clear that a Materia Medica built on this foundation will be of great value as far as it goes, forming

a basis for future work. Even at present it will be welcomed by earnest students of all schools of medicine, as showing the real effects of medicinal substances on the human body.

PARTHENIUM HYSTEROPHORUS.

A proving of *Parthenium Hysterophorus* by Dr. B. H. B. Sleight, of Newark, N. J., was published in the May number of THE RECORDER of the year 1886. It excited but little attention at the time, and to-day, probably, nine out of ten physicians know nothing of the remedy, for it is not mentioned in any of the text-books. It has one very marked symptom that should commend it to every practitioner and rescue it from oblivion, for the simple reason that no other remedy has the same symptoms so prominent, if at all. The marked symptom is "teeth on edge." We cannot reprint the entire proving, but the following is a sketch of it: Five drops of the tincture produced at once a full feeling in the head, pressing from within. Ringing in the ears followed; then, "upper teeth feel 'on edge.'" "Upper incisors tender at socket when biting." "Sudden pain in upper teeth." "Pain in frontal eminence has returned and continued. Teeth 'on edge' and tenderness in sockets. Upper incisors ache as after filling. Teeth feel too long." On the following day; "Same tenderness at sockets of upper incisors when biting." "Upper teeth all ache and feel too long." "Aching in lower left molars." "Teeth 'on edge.'" Again, after three days, on taking two and half drachms: "Upper incisors commence to ache. Aching and bursting pain in nose remains; nose feels swollen." "Teeth 'on edge.'" There were, of course, other symptoms, but the one noted stands out with peculiar prominence. *Parthenium Hysterophorus* is a Cuban plant.

AVENA SATIVA.

A New York physician who used *Avena Sativa* in large quantities was asked to write up his experience for the RECORDER, but "hadn't time." He gave, however, a verbal report of his experience with the remedy, and here it is.

The tincture of oats, *Avena Sativa*, has as its characteristic action a decided tonic effect upon the entire nervous system,

possessing likewise the properties of an opiate without any disastrous effects. It has been found to be most beneficial in cases of nervous prostration, general debility and nocturnal emissions. Given in doses of from 10 to 20 drops of the mother tincture, three or four times daily, it rarely fails to give immediate relief and frequently makes a complete cure if persevered in. In cases of prostration, resulting from sexual excess, causing weakness and sleeplessness, its use is especially recommended. In the case of a patient, who had become addicted to the excessive use of morphine, the tincture of *Avena* was given in small doses, which were gradually increased as the quantity of morphine consumed was correspondingly diminished, until the use of the morphine was entirely discarded and the patient kept on *Avena* for some weeks without experiencing any of the bad results the abrupt discontinuation of the drug would have caused. *Avena* was then stopped and the patient discharged cured. The use of *Avena* tincture can at any time be abruptly suspended without any evil consequences, even though the patient consumes as much as 120 drops a day; at the same time it possesses the quieting properties of morphine and similar drugs without the danger of contracting a "habit," necessitating its continued use.

The only aggravating symptom resulting from an overdose, that has been noted, is a dull, heavy pain in the back of the head, which disappears upon reducing or discontinuing the medicine. This symptom, however, is very rare.

Avena must be given in appreciable doses, rarely less than five drops of the mother tincture, the average dose being from 10 to 20 drops, which should be given in a little water. Hot water is to be preferred, as it seems to increase the activity of the remedy.

SOLANUM CAROLINENSE. [®]

THE RECORDER for July, 1890 (p. 181), contained an interesting account of the popular use of the *Solanum Carolinense*, popularly known as the "horse-nettle," in the treatment of chronic epilepsy, and also of its use in practice by Dr. Napier, of Blenheim, S. C. He gave the tincture to a woman who had been epileptic all her life, especially during the menstrual flow, and no further trouble was experienced, save a threatened convulsion on the third day. Another case, that of a dwarfed, ill-formed child who had been epileptic all its life, and after an

attack of typhoid fever went into a decline, the epileptic convulsions becoming harder and frequenter, was put on the tincture of horse-nettle berries, after which there were no further convulsions. Nothing further was heard of the newcomer until Dr. W. Grebe, of Richmond, Va., wrote an account of a case treated by him to *Notes on New Remedies* (January, 1891). He writes:

"Two years ago last Christmas the first attacks appeared in patient [a boy of fourteen], at which time he was under my treatment for about six weeks; then the father was advised to engage a Homœopathic physician, who promised a cure in a short time, but gave up the case after eleven months; an Allopathic physician was then engaged, who treated the case several months and also unsuccessfully. The father brought the boy to me again, just at the time I read about the horse-nettle berries, and after getting a supply I commenced using them. Of the tincture the boy took 40 drops three times daily, and he has not only had no attacks in over nine weeks, but he is also generally improved in health; I have the greatest hope that he will be entirely cured of this terrible disease."

When it is remembered that remedies like *Hydrastis* and *Hamamelis* were long in popular use before being taken up by the medical profession it will be an argument for a proving and investigation of the popular negro remedy, *Solanum Carolinense*.

ALOES.

Dr. Jekyll, in our esteemed contemporary the *Journal of Homœopathics*, finds in *Aloes* a remedy of great use and scope: "For a long time I have considered that *Aloes* is the most valuable remedy in the whole *Materia Medica* with which to begin the treatment of most of the chronic diseases that come into our hands, and especially those that come from the hands of the 'regulars,' where a wholesale drugging has taken place and the symptoms are so obscured that it is impossible to separate the disease symptoms from those of the drugs that have been administered; or in those cases where the disease has been suppressed by improper doses, or by the profuse use of external applications." He illustrates the use of the remedy with three clinical cases. One was a very ill young man, who at the age of six had been "cured" of the itch by sulphur and sulphur ointment; (how about Hahnemann's "mistake" concerning the itch?) seven doses of *Aloes* brought out a fine case of itch, from head

to foot, which was then cured by *Sulphur* in high potency. The second case was one of suppressed measles, *Aloes* brought out an eruption and *Pulsatilla* cured. The third case was one of Allopathically cured chancroid; *Aloes* brought it out again, and *Nitric Acid* permanently cured. The Doctor concludes: "I think that these cases are sufficient to establish the value of *Aloes*; if not, I can give any number of a like character." The potency administered was the one-thousandth in each instance—seven doses in seven days, then sac-lac until the eruption appeared, which was generally within a week.

A DISCOVERY.

It was a beautiful spring day. Overhead spread a blue sky adorned with fleecy white clouds, the air was vernal, the trees and flowers full of youth's vigor, and the sunshine seemed to be the golden life of everything, bountifully flung down to all creatures alike, and all were happy, even the moss-grown rocks appeared so; all but the farmer, the observant crow thought. The farmer was dropping corn into the ground and covering it up, and the crow with an honest belief that all things of the earth were for the benefit of earth's creatures, had been helping himself freely. The crow's philosophy put into practice angered the farmer exceedingly, and he threw stones, and shouted at the crow. The latter did not mind this much, but when the farmer got out a gun he departed, the more willingly as his crop was full, and that was all he asked. He was a shrewd bird with keen eyes and a faculty of close observation. Sailing luxuriously through the air of blue and gold, observing the world beneath him, he detected a horse lying in a neglected spot. Wishing to observe a little closer, he circled around lower and lower, and finally alighted. A closer view showed him that the horse was dead. So he hopped up on the carcass and studied it. Then he made a famous discovery, and his heart swelled with pride. While in this condition a sparrow, which was taking a summer outing and bullying everything high and low, happened along, and said, "Hullo! what are you doing there, you black crow, you?"

The crow observed who spoke, and, full of the exaltation of a discoverer, replied, "I think I have made a most important discovery."

"Have you?" replied the sparrow, forgetting his bad manners in his curiosity, "What is it?"

"Do you observe those white objects crawling about on the carcass of this horse? See, there are myriads of them." Thus spake the crow when the sparrow joined him.

"Of course; them's nothing but maggots."

"Nay, my friend, they are microbes."

"Rats!" shouted the feathered hoodlum; having thus asserted his independence, he asked, "What's microbes?"

"Microbes, my dear sir, are the origin or the cause of sickness, and consequently of death. At first glance it may appear as though these microbes were the result of decay or death, but this is an unscientific error, and, in the light of my researches, unworthy of credence."

"Is that so?" replied the now thoroughly subdued sparrow.

"There can, scientifically speaking, be no doubt of it," replied the crow. I have frequently noticed, and so have other observers, on the shoulders of horses 'sore spots,' as they are vulgarly called, and in these spots the same microbes, though fewer in numbers, that we observe here. Now, the deduction is obvious and conclusive. These microbe infected spots on the still living animal were to all intents the same as we see the entire animal to be at present. Now, the whole gist of the matter is this: These microbes are the cause of the disease, and if we can discover a means of destroying them we have conquered disease."

"Well, I'm blowed!" exclaimed the sparrow, lapsing into the language of his English progenitors. Then he hastened back to town and spread the discovery from the rising of the sun to the going down of the same. * * *

RHUS TOXICODENDRON.

This remedy is not a "new discovery" after all, for here is Dr. John A. Henning, in the *Medical Summary*, who has known and prescribed it for fifteen years! His indication for it is as follows: "The first leading and important indication is when the tongue is tremulous or quivering, with rose-colored bubbles of the papillæ at the tip and edges, and is nearly always elongated, with a dirty-white fur in the centre. This tongue is seen in many forms of acute diseases, either in fevers or inflammations. It is also observed in some chronic diseases." Among the ailments for which he prescribes it are the following:

"My observation leads me to conclude that Rhus is the best

brain and nerve stimulant and tonic in the *Materia Medica*. I have made some brilliant cures in congestion of the brain with this remedy when others failed. Mr. W., aged 50 years, was down with active congestion of the brain. The attending physician gave him up to die. I saw him in consultation. The tongue was tremulous, with prominent papillæ on the tip and edges. Rhus was the leading remedy. He completely recovered in a reasonable time.

"Then it is also a splendid remedy in paralysis when indicated, being a nerve stimulant. Why should it not be? It matters not what form of paralysis we have, just so it is indicated. About a year ago Mr. B., aged 40, had paraplegia, both lower limbs being useless. Rhus was indicated as the leading remedy. It effected a cure. W., aged 46, last June was suddenly paralyzed on the left side, caused by active congestion of the upper lobe of right brain, which came from being overheated. Rhus was indicated and was the leading remedy.

"Business men, brain workers, come into my office and say, 'I am played out, brain-fagged.' Here the rhus and nux will soon restore him. Ladies tell me 'I am so weak the least exertion I give out.' Insomnia, tongue tremulous, look pale, despondent. Rhus and cactus will give immediate relief. Children when teething are nervous, irritable stomach, pointed tongue, restless at night. Rhus is the remedy. It is a grand remedy. Remember, give small doses frequently repeated, and continue it until it brings the desired results. It will never disappoint you. This is my experience at the bedside."

Our Allopathic friends are to be congratulated on the progress they are making. But there are vast Homœopathic preserves as yet untouched by their gunners.

CORRESPONDENCE.

A DEFENCE OF HYPNOTISM.

EDITOR OF THE HOMŒOPATHIC RECORDER.

Your January number is just to hand—bright and fresh as ever. You give all sides fair play, from those who would improve our *Materia Medica* to the bulk of a pocket receipt book to those who wish it to be still further enlarged. But there is one passage in the review of Dr. Holcombe's novel,

which does not seem to be in keeping with a progressive scientific periodical at the present day. I refer to the sentence in which I think your reviewer must have written without due consideration—speaking of hypnotism. "Our opinion (perhaps out of place in a book notice), is, that the power must be an evil one at all times—the utter loss of free-will and rationality, and the substitution of another's will is, while it lasts, far worse than bodily slavery." If the writer had given any thought to the matter he would have seen that the mental slavery, which seems to make him shudder, is just what exists at the present time to a great degree, and always has existed. Under an autocratic government is not an entire nation swayed by the will of one man? Is not an army controlled by the will of the commander? It is only a small proportion of mankind that has the privilege of thinking for themselves, and to a limited degree, exercising their own will. Most of us are very considerably controlled by the force of "Public opinion." Our education is based on the effect of hypnotic "suggestion" or assertion by our teachers. As school children, or students, we believe, the assertions of our instructors, and continue to believe them until, in many cases, experience or further scientific discovery convinces us that we have been believing, all these years, that which is not true. In religion it is the same; from infancy up we are taught to implicitly believe the original snake and fish stories, and to attribute to a merciful and loving Creator such horrible doctrines as Divine *wrath*, *everlasting* punishment and *infant* damnation. Many pass through life without gaining freedom in this respect. What freedom has a devout Roman Catholic in religious matters?

Again, who are the successful men, in a commercial sense? Men of strong will, who can control others to their own advantage; frequently men of very limited education and possessing few ideas; but all their faculties and will power are concentrated on one object—making money, and they generally succeed.

Then, as to hypnotism being "evil," because it may be put to a bad use; is not this too weak? Ether, chloroform, alcohol and all the poisons might be dubbed evil for the same reason, for they are frequently used for evil purposes; but they are all blessings when properly used, and where would Homœopathy be if there were no poisons? If hypnotism is a psychological fact, as is now generally admitted, it must be a gift of the Great Architect of the Universe, and must, therefore, be a blessing, and not a curse. The true way to prevent its possible abuse is to properly educate the people; to teach them to *think* for them-

selves, and not to merely imperfectly repeat, like so many parrots, the thoughts of others. Then they would be able to maintain such a positive state of mind as would enable them to withstand the assaults of any hypnotist who might happen to be worse than themselves. Hypnotism, as a perfect anæsthetic and reliever of suffering, has a glorious future before it. Trusting to your known sense of fairness, I hope you will publish these few lines in defence of a struggling and much-abused truth, I beg to subscribe myself.

R. BEWLEY, M. D.

Philadelphia, January 28, 1891.

THE AMERICAN INSTITUTE OF HOMŒOPATHY AND THE INTERNATIONAL HOMŒO- PATHIC CONGRESS.

Secretary's Notice.

EDITOR OF THE HOMŒOPATHIC RECORDER:

The American Institute of Homœopathy will hold its forty-fourth annual session and celebrates its forty-eighth anniversary, in conjunction with the fourth quinquennial International Homœopathic Congress, at Atlantic City, New Jersey, beginning on Tuesday morning, June 16th, 1891. In accordance with action taken at its last session, the Institute will transact, as far as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday, June 23d. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all *scientific* reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress.

All members of Homœopathic medical societies will have equal rights as members of the Congress and equal privileges in the transaction of its business and in its discussions, under such rules as may be adopted for the government thereof. The transactions will be published by the American Institute of Homœopathy, and furnished to physicians on such terms as may be decided by the Executive Committee.

It is expected that the proceedings of the Congress will be of the most interesting and important character. While General Medicine, Surgery, Obstetrics and the Specialties will have their place in the discussions, the interests of Homœopathy will fur-

nish the main topics for consideration. It is proposed that one entire day—"Materia Medica Day"—shall be devoted to the subject of the Homœopathic Materia Medica, and the consideration of the questions pertaining to its present status and its further improvement. Homœopathic Therapeutics will also claim a large share of attention, while some of the subjects upon which the Homœopathic school is known to hold a distinctive position will be presented and considered. The essays and addresses on all of these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of condition and advancement of Homœopathy in all the countries of the civilized world.

A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the seacoast of New Jersey, sixty miles southeast of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the distance in ninety minutes. New York and Baltimore are within four or five hours' ride, while within a radius of four hundred miles there are nearly four thousand Homœopathic physicians. Atlantic City has, during "the season," a larger patronage than any other of our seacoast resorts, her visitors coming from all quarters of the country, but chiefly from New York, Philadelphia, Baltimore, and the West and South. She has ample hotel accommodations for twenty-five thousand guests. The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach and within full view of the ocean. It has accommodations for eight hundred guests, and the "pavilion," in which the Congress will assemble, is a large room on the first floor, with a seating capacity for eight hundred persons. The meeting of Congress will occur during "the season," but the United States Hotel will be practically at our exclusive disposal. The scientific and social features of the meeting, and the attractions of Atlantic City as a health and pleasure resort, render it probable that this Congress will be, by far, the largest gathering of Homœopathic physicians ever convened. It is especially suggested that the occasion will furnish an unusual opportunity for our physicians to combine the profit of a scientific convention with the pleasures and benefits of a vacation, both for themselves and their families.

PEMBERTON DUDLEY, M.D.,

General Secretary, A. I. H.

S. W. Cor. 15th and Master Sts., Philadelphia, Pa.

A DELAYED BUT INTERESTING LETTER.

EDITOR HOMŒOPATHIC RECORDER:

It would be of interest, perhaps, to our Eastern brethren to know something of the condition of Homœopathy in the new State of Washington.

The "Far West" is considered by many Eastern people to be but the abode of lawless men and untutored savages—a boundless waste of unknown country where wild beasts roam at will amid the illimitable forests, and the red man holds undivided control of his native fastnesses. But the march of irresistible progress, as the "Star of Empire," has swept over the "boundless West" and reared many magnificent monuments as marks of intelligence and indomitable energy of its people. From the East have come men of brain and brawn, and leveled forests, planted cities and laid the foundation and reared the beginning of a superstructure of a mighty commonwealth.

Along with the tide came Homœopathy, and with characteristic strides marched in the van. From one the practitioners increased, until to-day we have about fifty Homœopathic physicians in the State. To meet the demands of the times, State and local societies have sprung up, which are to-day well organized and in excellent, harmonious working order.

The annual meeting of the State society, at Tacoma, was well attended and a number of excellent papers read and discussed, as well as various questions of local interest. In the evening a banquet was tendered the visitors by the resident physicians. The next meeting of the society will be held at Spokane Falls, the first Tuesday in May, 1891.

During the legislative convention of the Senate and House at the State Capital, we struggled hard against the bitterest opposition and underhand machinations (of our friends the enemy) to get separate boards of medical examiners, but succeeded in all but that. The appointments were made by the Governor giving the different schools (Homœopathy, Allopathy and Eclectic) equal representation on the Board—three each. The president, however, is a Homœopath—Dr. C. Munson, of Tacoma.

While everything appears bright and prosperous, we are not satisfied with the single board system, but will renew the attempt to gain separate examining boards in the fullness of time.

F. W. SOUTHWORTH, M.D.,

Secretary State Homœopathic Society.

Rooms 4 and 5 Gross Block, Tacoma, Wash.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

EDITOR OF THE HOMŒOPATHIC RECORDER.

The America Institute's Committee on the International Homœopathic Congress is endeavoring to give direction and character to the essays and discussion of the congress, and to this object more time and energy have been devoted than to any other part of the committee's labors. It would seem that as the themes and discussions of a national medical association naturally take a broader scope than those of a local society, so the work of an International Congress should be more comprehensive and far-reaching than even that of a national convention. This committee is, therefore, seeking to bring before the approaching Congress some of the broadest and highest questions that confront our profession in all its departments. It is important that the Congress should discuss, for instance, some of the broad and imperative issues of modern surgery, rather than the technical details of some minor or major operation—the influence of the Law of Cure in a whole realm of maladies, rather than the indications for this or that remedy in some particular disease—the construction of a *Materia Medica*, rather than the symptoms of an individual drug. To this end our committee has labored and, thus far, with most flattering prospects of brilliant success. Papers, bearing upon these classes of subjects, are in course of preparation by physicians selected from among those best qualified for the work, and others, equally distinguished in the various departments have consented to take leading parts in the discussion of the papers.

In order to correct a misapprehension, it may be stated that the object of the committee is not to control the congress, but to serve it. Undoubtedly the congress will adopt and enforce rules of its own, those governing the reception and discussion of essays included. This committee does not deem itself authorized to reject any Paper that may be offered, on any medical or surgical topic whatsoever. Its object is to include papers of a certain general character, but not to exclude anything. All essays, whether prepared at the instance of the committee, or as voluntary contributions, must be passed upon by the congress or by its delegated authority; but the committee will probably recommend and urge that such of the essays as are more or less in harmony with the views above mentioned shall take precedence of others, and it is quite likely that these will occupy nearly all the available time of the convention.

Notice is hereby given that to insure the publication of the title of any Paper in the "Annual Circular and Programme," said title must be in the hands of the undersigned on or before April, 5th, and the paper itself should be sent as soon thereafter as possible, to the chairman of the committee, Dr. T. Y. Kinne, of Paterson, N. J., in order that provision may be made for its discussion.

PEMBERTON DUDLEY, M. D.

*Sec. of the Com. & General Secretary of the A. I. H.
Cor. 15th & Market Sts., Philadelphia, Penna.*

SELECTIONS AND TRANSLATIONS.

ON EXTERNAL APPLICATIONS IN HOMŒOPATHIC PRACTICE.

By the Late Dr. Hirsch, of Prague.

MEMBRANOUS CROUP.—The efficacy of a powerful skin-irritant has repeatedly been demonstrated to me in desperate cases of membranous croup. I will give a few cases in print:

Case 1: It was in the month of November; the raw, moist atmosphere had produced so much sickness that I was about starting on my visits at a very early hour, when a gentleman was announced from the country, who wanted to see me in a most important matter. A distracted looking gentleman was ushered in, who strenuously begged me to accompany him on an outgoing train to see his four-year-old boy, afflicted with membranous croup in its highest stage. The report from the old-school physician, who had spent the whole night with the patient, sounded hopelessly desperate. With calomel, vomitives and embrocations it was sought in vain to stem the progress of the sickness, and as a last resort Homœopathy was to be given a trial. I told the gentleman that it was absolutely impossible to accede to his request, as many very sick patients needed an early visit. However, in answer to the lamentations and prayers of the desperate father, I was induced to make an effort to relieve the patient, and I accordingly gave him a plaster, about 1½ inches in diameter, made of the Resin of Euphorbium, spread on waxed tafeta (of which I always keep a supply on hand), to be applied to the outer skin of the throat, and for internal use he received six powders of Spongia and six of Hepar s. c., each in the 3d trit.; the

plaster was to be applied slightly warmed to the throat, and once every hour was to be administered a powder of Spongia, to be followed with the Hepar powders as soon as the cough should become loosened. It was one of the most joyful moments of my life when, next morning, the father, so desperate yesterday, entered, beaming with joy, and reported that the remedies had a most wonderful effect and the doctor had announced the child to be out of danger. As a rather frequent loose cough still supervened I gave him some more powders of Hepar 3d, and a few days later I received a really touching letter of thanks informing me of the convalescence of the boy.

I am convinced that in this desperate and already allopathically maltreated case Spongia and Hepar of themselves would not have sufficed to save the child.

Case 2. A girl æt. 3 years, of phlegmonous constitution, was afflicted since two days with membranous croup under old-school treatment. Things had come to such a pass that it was prognosticated the girl could not live through the day and tracheotomy was proposed as a last resort. Rather than assent to the fatal operation the parents, counselled by a friend, decided to consult a Homœopath. On my entrance to the sick chamber, the little patient just vomited, for the third time, a bluish fluid, *i. e.* a solution of sulphate of copper which had been administered as an emetic. Immediately thereafter the child presented all symptoms of incipient suffocation; bluish cast of countenance, widely distended *alæ nasi*, bending back of the head, intense restlessness, an evident struggle with a comatose state, and lastly the characteristic anæsthesia of the skin, a symptom always a precursor of the approaching end. Bouchert, of Paris, first called attention to this peculiar symptom, and this peculiar state accounts for the fact of the remarkable quietude of children during the operation of tracheotomy. As a matter of course, I could not give much encouragement to the parents, but applied at once one of the Euphorbium plasters to the throat, and advised to give her warmed milk frequently, but I refrained for the present from giving Homœopathic medicines on account of the preceding vomiting. On my return, after two hours, I found that the patient had coughed a good deal and with a stronger sound than before, but its looks and the distress in breathing were almost unchanged. The continued lack of sensitiveness of the skin was demonstrated by repeated pricks with a needle. The Euphorbium plaster stuck fast, however, and seemed to have its full effect on the skin, for a moisture commenced to ooze out at the edge and yet the child seemed not to feel its burning as would have been

indicated by gestures. However a decided reaction, both inwardly and outwardly, was certainly manifest which in such a desperate case must be considered a gain. Three hours had passed since the last vomiting, and now I proceeded to give Spongia 6, one drop every hour, and it was my intention to follow it with Iodium, but a written report which was sent a few hours later, at my request, stated that the little patient's cough was stronger and looser which induced me to send a few more Spongia powders.

Late in the evening, on visiting, there was decided improvement; breathing was still labored, but a slight rattling was noticeable, which pointed to a beginning resolution of the crupous exudations. The color of the face was normal, the bluish cast was gone, the insensibility of the skin much less, and pulse stronger, but still accelerated. I now changed to grain doses of Hepar s. c. 3, every three hours, and next morning the condition was so much improved that the child could be declared out of danger. The cough was loose, requiring less effort, breathing was easy, questions were answered with low voice, which did not yet sound quite normal; the child showed more interest and the expression was more natural. It partook of some soup and milk with a relish, and three days after we had the pleasure to see the nearly dead child well again.

I could relate a number of similar cases in which this resin plaster acted favorably, and especially in obstinate cases, or in such as were nearly hopeless by preceding Allopathic treatment. [From the *Popul. Hom. Zeitschr.*]

CONGENITAL HYPERMETROPIA.

A Clinical Case by Dr. Grossmann.—The Case was Diagnosed as Such by Two Prominent Oculists. [®]

The sixteen-year-old son of a demented artisan was brought to me by his mother, who lamented his half-blind condition. Having finished his schooling he was to be apprenticed to a trade, but no master was willing to take him in this condition. Already in the "kindergarten" the teacher noted his defective vision, and later in school his condition grew so much worse that he had to use the strongest glasses. Patient was somewhat scrofulous and often troubled with angina. The mother evinced a great deal more confidence in my ability to benefit the case than I was able to feel.

In the beginning of August, 1884, I prescribed *Zincum 30*, a sovereign eye remedy, as I knew from experience. As he still attended school, three doses were given pro die. Within a few days vision became clearer, but several weeks passed without further improvement. In view of the scrofulous diathesis I interpreted another remedy, *Kali Bichr. 30*. This also did good service; the power of vision grew better. Yet the ever-changing conditions induced me always to go back to *Zincum*. And so November came on. The eyes pained, while using the strong glasses, so I ordered weaker ones, which were used without discomfort. I now gave the remedies in alternation; also three times a day, and amelioration progressed more rapidly; so that by May, 1885, the cure was completed. Much to the astonishment of the optician he had to furnish weaker and weaker glasses until at last none were necessary, and the boy found no trouble to find an apprenticeship. Up to date no relapse occurred. This is another proof of the potency of our Homœopathic remedies. Not only was an enhanced accommodation achieved but a considerable flattening of the bulb was rectified and a pronounced faulty refraction put to rights.—*From the Allgemeine Hom. Zeitung, December 25, 1890.*

ON EXTERNAL APPLICATIONS IN HOMŒOPATHIC PRACTICE.

By the Late Dr. Hirsch, of Prag.

ŒDEMA GLOTTIS.—Was called early in the morning on February 15th, 1876, to W. B., a man in good circumstances, æt. 64. Was informed that he complained the preceding evening of some pain in the throat and applied a cold compress to the neck. About midnight he was awakened by a hoarse, dry cough and the sensation as of a foreign body being lodged in the throat. The rest of the night was very much disturbed by frequent coughing, and towards morning the difficulty in breathing greatly increased. On entering the sick chamber I found the rather robust patient sitting on the bed, his feet, wrapped in a woolen blanket, on the floor, as the intense distress in breathing rendered a horizontal position impossible; his hands rested on his thighs, and on the nearly suffocating inspirations the head moved backward and forward, face a bluish-gray, the wide open eyes protruding, cold sweat on the forehead, total aphorexia with hissing and whistling efforts at coughing; the whole a picture of a high grade *Œdema Glottis*. The pulse was already quite small, weak and accelerated, heartbeat irregular. Death from

suffocation seemed imminent. Under these circumstances a powerful counter-irritant seemed to be imperative. At the next drug store some ethereal oil of mustard was obtained, a piece of blotting paper the size of a half dollar saturated therewith and quickly tied around the neck. An intense burning sensation became immediately manifest on the entire skin covering the larynx; the application was continued for two or three minutes, and in scarce fifteen minutes after patient, by nodding, indicated that some relief was experienced, which, indeed was also manifested by the expression of the face denoting less desperation and breathing becoming easier. Gratified, I left the patient for two hours, and was still more content when on my return the patient grasped my hand and with scarce audible hoarse voice expressed his thankfulness at the relief afforded. The cough gradually became more loose, and with *Hepar s. c. 3* amelioration rapidly progressed. In a few days a very copious accumulation of a thick, tough and very tenacious mucus set in, for which *Senega 6*, every two hours, afforded prompt relief. Six days from the beginning of the attack convalescence was fully established, and within a week after patient had fully recovered. Another similar case, but of less intensity, had been treated by me about eight years previous to this. The patient, a landed proprietor, æt. 40, of robust constitution, had attended the well-filled theatre the evening before, and on driving home in the raw night caught cold. After a few minutes in the carriage he shuddered and felt a rawness in the throat. Arrived at home he took several doses of *Aconite* and then slept a few hours, awaking in a light transpiration; but a harrassing cough and sensation of dryness in the throat hindered sleep. Called in the morning; I found the patient complaining of a hoarse, raw cough, tickling and scratching in the throat, with some difficulty in swallowing; pulse 90, skin moist, tongue coated yellowish. I diagnosed the case as a rather severe catarrh of the larynx; prescribed *Spongia* and *Aconite* in alternation every hour, and promised to call in the evening. But early in the afternoon I was called again, and he complained, with hoarse, scarcely audible voice, of the distress in breathing, and that the throat seemed to be steadily getting narrower. The anxiety and distress of the patient was intense, and I was also greatly alarmed, for on applying a tongue depressor a thick, reddish swelling appeared in the depth, evidently being the swollen mucous covering of the glottis. And instantly it recurred to me what I had heard from Appol-lyer's lips: "One of the most dangerous affections is the swelling of the lip of the larynx—*œdema glottis*—especially on account

of its rapid lethal course." The recollection of these words enhanced my anxiety the more, as this was the first case that came under my observation. To put a stop to this progressing swelling a rapidly acting medicament was imperatively called for. A small vial of oil of mustard was procured at the nearest drug store and a few drops of the light yellow oil of penetrating smell was rubbed, with a piece of cotton, into the skin covering the Adam's apple, of the size of a half dollar, which occasioned an intense burning, but which was gladly submitted to by the patient, as he almost simultaneously experienced a relief in breathing, which became more pronounced after a few minutes, so that I ventured to leave him for a few hours, with the direction to send for a powder, which he was to take at once. The fact that, though the breathing was much relieved, the patient still complained of a sense of swelling or constriction in the larynx, the frequent hoarse, dry cough and the still much swollen mucous membranes of the glottis pointed to Lachesis of all the remedies that I studied, and I accordingly sent him a powder of Milk-sugar, moistened with a drop of the 12th potency. Visiting him two hours later he seemed improved, in so far as the cough sounded less hoarse and dry, and breathing was less labored; on a visit two hours later I was informed that the patient slept tranquilly since over an hour. I left another powder of Lachesis, to be taken should he grow worse, but at next morning's visit I was told that he had slept much and coughed but little during the night, and that the cough was gradually getting loose with expectoration. Breathing, to my astonishment, was normal, the swelling of the mucous membranes had almost entirely subsided, and the rapidly progressing convalescence enabled patient to leave his bed three days later. Very probably Lachesis, if given at once, would have prevented the spreading of the swelling of the mucous membranes, abated the whole attack and rendered superfluous the application of the external remedy, but show me the physician who, at first sight, will at all times succeed in selecting the right remedy. And in the first mentioned case the danger of suffocation was too imminent to permit me, in view of my previous success, to risk a possible loss of time in selecting the internal remedy.—*From Hom. Pop. Zeitschr.*

SAW PALMETTO.

The fluid extract of this invaluable berry (says the *Pacific Record of Medicine and Surgery*), is a tonic far in advance of the comp. hypophosphite, almost equal to the tincture of oats, but

has a special action upon the glands of the reproductive organs, as the mammæ, ovaries, prostate, testes, etc. Its action is that of a great vitalizer, tending to increase their activity, to promote their secreting faculty, and add greatly to their size.

It is especially indicated in all cases of wasting of the testes, such as follows varicocele, or is induced by masturbation, or which is often present in sexual impotency. In gynæcological practice it is much used to promote the growth of the mammæ; and in uterine atrophy dependent upon ovarian blight, its action is unexcelled.

But it is in the prostate gland that this remedy exercises its best effects. Out of every ten men nine have enlarged prostate, and one has atrophy, of same, at ages varying from thirty-five to seventy-five, the result either of early indiscretion, or excesses, or perversion of the sexual act, or sedentary habits, or from improperly cured gonorrhœa.

We could cite case after case of both morbid conditions, in which, by means of this agent, the size of the prostate was equalized, the difficulty of micturation relieved, the stoppage, dribbling, lack of force completely overcome, and the improvement in sexual power most steady and gratifying. A perfect rejuvenation follows the use of palmetto; the general nervous system becomes balanced and invigorated.

It will also allay irritation of the mucous membrane of the throat, nose and larynx. It has been used with decided success in marasmus, phthisis pulmonalis, bronchitis, acute and chronic laryngitis, etc. Dose 5 to 10 drops, three times daily in water.—*American Medical Journal, February, 1890.*

MULLEIN OIL.

I see by the *Journal* that many are beginning to use Oil of Mullein blows. The old school journals say that it is a new remedy of great renown in certain diseases of the ear. I made it for my preceptor over forty years ago, and he used it for deafness and inflammation of the ear, and I have always made it, and keep it on hand as a part of my armamentarium since. If a child has earache I make a little swab with absorbent cotton and dip it in my vial of Mullein Oil, and introduce it into the ear as far as I can, then close the ear with a pledget of cotton, and the little pet almost invariably goes to sleep. Many of my patrons keep a half drachm vial on hand.

If a man comes to me complaining of deafness, I examine his

ear for wax. The next thing is a syringe with milk warm solution of borax, say grs. xx. to water Oj., and use it freely as an injection, being careful not to use too much force. Then comes the Mullein Oil, about three drops morning and evening dropped into the ear and continued for some time; and in that way I have cured a great many. You will notice the improvement in their hearing in a short time. I also use it in nasal catarrh with frontal headache. R.—Take Oil Verbascum Flor., ʒss.; Solution of Cocaine 4 per cent., ʒss. M. Shake well. Introduce up the nostril as far as possible with a small swab two or three times a day. It has done wonders in my hands.—*R. C. Ely, M.D., in Eclectic Medical Journal.*

LATRODECTUS MACTANS IN ANGINA PECTORIS.

S. L. G., a man fifty years old, of bilious temperament, a dentist by profession, had slight attacks of angina after severe exposure and overexertion during "the blizzard" in March, 1888. He did not consider them of sufficient importance to consult a physician about them, but some months later, he had a suppurative prostatitis, which was followed by considerable prostration, and the attacks of angina became very severe. I never could get a satisfactory description of the character of the pain, and I never saw him during a paroxysm. The pain was brought on by exertion of any kind, and was especially frequent soon after dinner. The pain was sometimes felt in the left arm, but was usually confined to the cardiac region. I once or twice detected a slight aortic obstruction sound, but aside from this failed to find any evidence of organic disease. The usual remedies gave no relief, but *Latrodectus* 3c was of great benefit. Under its use the attacks gradually became less frequent and less severe. He has taken no medicine now for at least six months, and he tells me that although he occasionally has a little reminder of his former trouble, the attacks are so slight that he pays no attention to them. I have given the remedy in another similar case, with even more gratifying success. The attacks were very promptly arrested and have not returned, although nearly a year has elapsed. I think we have in this remedy, to which Dr. S. A. Jones directed attention in one of the issues of THE HOMŒOPATHIC RECORDER, a very valuable remedy in this painful affection. It is probably, as Dr. Jones suggests, in angina pectoris vaso-motoria that it will be found especially servicable.—*E. H. Linnell, M. D., in December, 1890, North American Journal of Homœopathy.*

Passiflora Incarnata.—I have used the *passiflora* for several years. I think it is an anodyne, sedative and soporific. I prescribe it in facial neuralgia affecting the fifth-pair nerves, in which it gives prompt relief given in doses of twenty to forty drops, to be repeated as often as necessary. It is also splendid in neuralgia in any part of the system. Recently I prescribed it in a case of neuralgia of the stomach, in doses of half a drachm, repeated two or three times. It gave prompt relief. So far as I have used it it has no superior in any form of neuralgia in any part of the system. I have also prescribed it in several cases of insomnia with good results. This is the range of my experience with the *passiflora*. It is said to be good in tetanus, with opisthotonos, trismus, and convulsions of children, but I have never had the opportunity to try it in these affections, hence I cannot say; but I cheerfully recommend it in any form of neuralgia.

Be sure to get a good, pure article, and give it in from twenty to thirty drops at a dose, to be frequently repeated until it gives relief.—*John A. Henning, M. D., in Medical Summary.*

A Strange Eye Remedy.—A gentleman who had used for many years all possible old-school remedies for a stubborn eye-catarrh was asked, on reaching Cairo in his travels, by his native servant why he used so many salves and eye-waters? After explaining that his inability to read induced him to travel, the servant, who was also his interpreter, asked for permission to cure him. Perfectly amazed, the sufferer exclaimed: "What you, a fellahen, offerest to cure an affection which has withstood the skill of the most renowned oculists?" Whereupon he answered "Why not, for my remedy is simple and harmless, and consists solely in that you refrain for half a year from washing or even wetting your eyes or eyelids, with either cold or warm water. You will have to cleanse your face in front of a mirror, and must carefully guard your eye and, immediate vicinity from contact with your wet sponge." The simplicity and harmlessness of the remedy impressed the patient and in accordance with the old proverb "In dubio abstine," he commenced the very next morning to institute this new negative mode of cure. He merely wiped the exuding pus-like slime with disinfected wadding. With admirable patience and perseverance the patient continued this method day after day, and was able to note some amelioration after a week already. This increased from week to week, and he returned perfectly cured after the lapse of three months and re-entered upon his office which he

thought he could never fill again. Fancy the astonishment of the celebrated specialists who had pronounced his eyes to be incurable. This communication from the lips of a highly respectable and conscientious gentleman was put to practice by the writer of these lines, in many cases of stubborn chronic catarrh of the eyes with the best of success, and he invites his honored colleagues to institute experiments in this direction. — *Dr. G. Proell, of Meran & Gastein, from Popn. Zeitschrift for January.*

N. B.—Dr. Proell is one of the best known and most distinguished Homœopathic practitioners in Europe — [ED. REC.]

Dioscorea Villosa (Wild Yam).—*Dioscorea Villosa*, a plant which is commonly known as wild yam or colic root, is found in profusion throughout the southern and to a limited extent in the northern and western States. Thirty years ago it was eulogized by King, of the Eclectic School, as a true specific for bilious colic, no other agent being necessary in this disease, as it gives, he reported, prompt and permanent relief in the most severe cases. This statement has been repeated many times since by the Eclectics, and is undoubtedly true. The part of the wild yam used is the root, which is inodorous, but on bruising develops a slight woody odor.

Dioscorea appears to have an especial effect upon the liver, as *nux vomica* has for the spinal cord. It is a most useful remedy in the treatment of the various diseases of the hepatic system. In that painful affection known as bilious colic, which is the result of the pressure or impaction of one or more gall-stones in the biliary ducts, *dioscorea* often affords great relief. Indeed, as related by King thirty years ago, and as re-stated by Dr. Todd (*Atlanta Medical and Surgical Journal*) some two years past, every case of bilious colic can be cured in a brief period, varying from a few minutes to a few hours, by the administration of *dioscorea* alone.

The only qualification necessary to this claim at present is that the case must be of pure biliary nature due to the presence of a gall-stone or of thickened; hardened bile in the biliary ducts, and not cases of intestinal colic from other causes. A good rule in practice is to see if with the colicky pains and nausea there be also any yellowish discoloration of the skin or conjunctiva. If there is, *dioscorea* will usually give prompt relief; if there is not, it may have to be supplemented with other remedies. Even when the stage of incipency is passed, when the delicate lining

of the ducts is engorged and inflamed, so that the bile cannot pass through, *dioscorea* will be found of infinite value in lessening the engorgement, relaxing the tension of the biliary channels, and cutting short the course of the disease. That indefinite complaint known as hepatic torpor or hepatic indigestion, resulting in dull headaches, loss of appetite, mental inaptitude, causeless melancholy, and a train of other symptoms, can be quickly and permanently relieved by *dioscorea* taken in fifteen-drop doses before meals.—*J. V. Shoemaker, M. D., in A. M. A. Trans. Condensed.*

“EVERY once in a while some young graduate thinks our prejudice has run away with our judgment, and that we might do better with a *judicious* use of mercury. Occasionally he writes an article on the subject, and wonders why we do not publish it. But I have traveled over the ground for thirty-five years, with a larger business than falls to the lot of most men. I know, beyond peradventure, that I have treated and cured my patients without, much better than others have with. I have seen almost all phases of mercurial diseases from the hands of my competitors, and from its judicious use, too. I have known death to result, even from its Homœopathic use; and without thinking of my personal sufferings from mercurials, I say damn the stuff! I have made it a rule of life not to use a remedy that may entail lasting disease. I would not take it under any circumstances; I would not give it.”—*Dr. Scudder.*

MEDICINE does not differ from any other commodity in the market; a first-class article cannot be had at half-price. The best is usually cheapest in the end. Of medicine it is certainly true.—*Medical Gleaner.*

ACUTE ARTICULAR RHEUMATISM.—Salicylate of Soda, whose use is so widely recommended for this condition, does no more than displace the seat of the malady by sending it to the noble organs.—*Burggraefe.*

TO HAVE any degree of certainty in medicine it was necessary to have certainty of remedies and their preparations. Medicines sold in drug stores were then notoriously bad. They are bad enough yet, but twenty-five years ago they were ten times worse. They ranged from a simple solution of nastiness to that where there was variable quantity of the remedy wanted. The only drugs

you could buy with any certainty were the chemicals, and even here you had to look carefully or you would be cheated. In my first specific use of remedies I was obliged to buy Homœopathic tinctures, or prepare tinctures myself. I did both, and of all the indigenous medicines that I could gather myself I prepared myself. The Homœopathic tinctures at 25 cents an ounce were cheaper than those procured at our own drug stores at \$1.00 per pound. The dose of the one was measured by the fraction of a drop, the other by teaspoonsfuls. I said to myself, if the Homœopaths can make uniformly reliable preparations it is possible for the Eclectics to do the same, and I resolved to have it done. The trouble I had need not be recounted; suffice it to say that good promises were followed by unpleasant failures, and the common excuse was: "Pharmacy and drug selling is a business, and if we can not meet the prices of our competitors we can not live." * * * But, as I have said before, we cannot have it without good medicine—without medicine of definite quality and strength—and certainty not without *the* medicinal properties the good Lord has put in the plants. Any one who has ordinary intelligence, common honesty (not trade honesty), and the love of doing things well can prepare good medicines. It makes no difference what he calls them, but I prefer the simple official names, Aconite, Belladonna, Phytolacca, etc., and I want but one preparation—a tincture. As for price, I hold that "the laborer is worthy of his hire"—a good thing is worth more than a poor thing.—*Dr. Scudder in Eclectic Medical Journal.*

VETERINARY DEPARTMENT.

Dog.

Shortly before the hunting season commenced Mr. Broxtermain inquired of me whether I knew of a Homœopathic veterinarian. I knew of none and on inquiry was told that in the fall of the preceding year his setter, flushed from hunting, swam a very cold river (the Pader) and shortly after became lame and remained so ever since, although under treatment of Allopathic veterinarians, he would therefore be useless for the approaching hunting season. The dog seemed to be worse when trying to get up from his bed. He would yelp and howl for pain and turn and twist pitifully till he gained his legs. The small of the back must be lamed for he waddles when walking, especially at first, and, when trying to rise, his hind legs for a time drag on the

floor. As no one seemed to be able to help him he would have been shot but for his being such an excellent hunter. As a last resort Homœopathy was to be tried. You will not rue it, I said, for if everything is as you report I can give you a remedy which will relieve your dog in a short time. I gave him *Rhus Tox.* 2d potency, a few pellets to be given morning and evening, dry on the tongue. About a week after a fine setter trotted past me and a hundred yards behind him I encountered Mr. B., on inquiry I learned that the dog I passed was his. The little pellets worked like magic, after four or five days a decided amelioration was noted, although in the present cold rainy weather aggravation was expected, but the little globules were used up. I gave him *Rhus Tox.* 1, to be given every day, and about two months after I received a magnificent hare with a letter stating, that I should accept it as a small token of gratitude, and that since four weeks the dog had been used in hunting and was as well as ever.—*From Bolle's Pop. Homœop. Zeit.*

Horse.

On September 26th, 1845, I was called to see a horse which was lame in the back. The cause was that, on a previous day, this and another horse were attached to a heavily laden wagon, when, on descending a hill, the harness broke and the heavy wagon severely crowded the horses, but more especially the one before me. The horse had not lain down in the night, but stood with humped back, all drawn together. On being led out of the stable it swayed the small of the back to and fro; otherwise it seemed all right. I prescribed *Rhus Tox.*, inwardly, morning and evening, and applied externally, every three hours, *Arnica* tincture, diluted with three parts of whisky. On the 22d it seemed to be better; treatment continued. On the 23d I found it had lain down in the night, and on being led but little lameness could be noticed; treatment continued. On the 24th the horse was put to light labor and was well.

Cow.

A cow had calved and everything had progressed normally, as I was told, when a few hours later a prolapsus of the uterus occurred. I found the animal lying down and the whole uterus extruded; this seemed to be accompanied by a constant urging or pressing, and on examining carefully I found the placenta adhering. In order to operate to advantage it was necessary to allay first this constant urging, for which I gave two doses of *Ferrum Mur.* within half an hour; during this time I cleansed the uterus and detached the placenta; the urging was now considerably less; then I replaced the uterus and administered one

dose of *Aconite*, followed by a dose of *Arnica* two hours later; of the latter it received for three days two doses daily, and that completed the case.—*Dr. Mænoch, Veter., in Bolle's Pop. Hom. Zeit.*

Cow.

A fresh cow suddenly lost her entire milk without developing any morbid symptoms. *Chamomilla* and *Belladonna* administered on alternate days, one dose a day, brought the milk back in original volume on the sixth day.—*Ibid.*

Dr. Bolle states that the Grand Duke of Oldenburg had decreed that all of his horses should be treated solely Homœopathically. The chief veterinarian of Prince Lippe-Detmold, *Dr. Grundlach*, treated all horses in the Prince's stables Homœopathically since a number of years.—*Bolle Pop. Hom. Zeitung, Vol. 1 (1855).*

Horse.

Horse Petechial Fever—On January 16th I was informed that a well-conditioned five-year-old gelding was sick. The stableman reported that the horse did not lay down during the night, had coughed several times, had not touched its morning's feed, but had greedily drunk the proffered water which, however, it seemed to have some difficulty in swallowing. Status *praesens* was as follows: The chest in front and the forelegs seemed to have an erysipelatous swelling; the walk was feeble and swaying; pulse accelerated (70 per minute) but full and soft; heart beat very perceptible; breathing quick, throat appeared fuller than usual, and on the nasal membrane there appeared irregular dark and purple red spots of various sizes. Gave *Bryonia* 3, four drops every four hours, tepid water for a drink. On January 17th—Has appetite; pulse 60; breathing quieter; the dark spots on nasal membrane are larger and more extensive; cough frequent accompanied by a copious muco-serous secretion from the nose streaked with blood. Expiration is often accompanied with snorting. Gave *Belladonna* 3d, four drops, two doses. January 18th—Secretion from the nose mucous and mattery, mixed with blood, which forms ridges around the edge of nostrils; forehead seems to be somewhat swollen, but the swelling of chest and forelegs is growing less; treatment continued. January 19th.—Secretion from the nose lessened, nasal membrane uniformly reddened; pulse nearly normal; swelling of forehead or face confined to nostrils and upper lip; throat clear; appetite good. From January 20th convalescence was established which proceeded at such a pace that on the 24th the horse had fully recovered and was ready for

duty.—*Dr. Carl Böhm, Veterinarian to Count Erdoedy, from Bolle Pop. Hom. Zeit.*

Horse.

I observed a beautiful effect of *Arnica* recently in a four-year-old gelding. While undergoing training one morning it was roughly started with a whip, when on making a sudden jump forward its forelegs interfered and falling on its side its neck came in contact with a sharp stone. Called a few hours later; I found the horse standing outside of the stable with forelegs spread apart and neck held stiff and sideways, with a fresh cut, half an inch deep, on the right side of the neck; surrounding parts were painfully swollen. The expression of the horse's face denoted pain; it looked anxious, and, at times, as if dazed. The assistance of several men was necessary to bring the horse into the stable, as it threatened to fall every moment. This was evidently a case of violent concussion of the small brain and prolongation of the spinal marrow. *Arnica* 3, inwardly, and diluted tincture externally, in the form of compresses, effected a cure in a few days.—*Dr. C. Böhm, of Onod, in Ibid.*

BOOK NOTICES.

Fourth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania.

Twelve hundred large octavo pages make up this report—twelve hundred pages of reports, statistics, lists, directories, analyses, facts, etc., such as will delight the heart of the man who takes pleasure in such literature. The preparation of a work of this sort must have involved an immense amount of labor, and it is an excellent volume to have in a reference library. J. H. McClelland, M.D., 411 Penn Avenue, Pittsburg, Pa., and Pemberton Dudley, M.D., 1338 North 15th Street, Philadelphia, are members of the Board.

Five Years' Experience in the New Cure of Consumption by Its Own Virus. Presumably on a line with the Method of Koch. Illustrated by Fifty-four Cases. By J. Compton Burnett, M.D. London, 1890. Price, 90 cents. (For sale in the United States by Boericke & Tafel.)

"For a number of years," writes *Dr. Burnett*. "notably during the past decade, the medical branch of the scientific world has been intently occupied and hard at work with the minute

living causes of infectious and other diseases, and secondarily with the poisons or viruses of the disease processes as a cure or prophylactic of the self-same diseases; more particularly is M. Pasteur best known to the world at large in this connection. But wherever the cure of disease is concerned, the practitioners of scientific Homœopathy have ever been in the van, and it is therefore not surprising that they should have been before all others in using the virus of consumption wherewith to cure consumption itself." But some years ago the Allopathic world was seized with such fearful rigors at the idea of using such things as medicine—some of them are still having spasms about it—that the practice fell into disrepute or was only used in a very quiet way. Dr. Burnett was not of those who gave up the practice, though he kept very quiet about it and would have delayed the publication of this little book had it not been for Koch and his lymph.

The difference between Dr. Burnett's *Bacillinum* and Koch's "Lymph" is this: the former is the virus of the disease itself while the latter is the same virus artificially obtained in an incubator by means of heat and beef jelly. Both proved their remedies. Dr. Burnett, on himself, in the regular Homœopathic way and Dr. Koch by a subcutaneous injection on himself. Dr. Burnett's symptoms were quite as pronounced as those obtained by his rival.

Dr. Burnett's remedy has to all appearances cured a great many cases of what were, to all appearances, well marked consumption. Dr. Koch's remedy has not cured a single case of consumption. Dr. Burnett's remedy has harmed no one, while Dr. Koch's is suspected of having caused the death of scores.

It may be of interest to note that Dr. Burnett's *Bacillinum* may be obtained at Boericke & Tafel's pharmacies, a supply having been sent to them from London.

Headaches and Their Concomitant Symptoms, with a complete and concise Repertory-Analysis. By Jno. C. King, M.D. Second edition. W. A. Chatterton, 1891. Cloth, 240 pp. \$1.50.

This book begins with *Acetic Acid* and ends with *Zincum*, on page 188. Under each remedy is a "note," giving the general character of the headache for which the remedy is especially suitable, and then follows the sections: "Location, Direction, Character," "Other Head Symptoms," "Aggravation," and "Concomitants;" also, under some other remedies, a section on "Ameliorations." From page 188 to the end is occupied with

a very exhaustive Repertory-Analysis. A very complete work indeed. Among the remedies we miss that comparatively late comer, *Epiphegus*, a remedy that has a place of its own in the headaches of American women.

Epitome of Homœopathic Medicine. By William L. Breyfogle, M. D. Hahnemann Publishing House. Cloth. 383 pages. 18 mo. \$1.25.

This well-known little work, after being out of the market for several years, has again been reprinted and a very handsome edition is now on the book shelves of the pharmacies. Lippe and Jahr are the fore-bears of this book, Dr. Breyfogle having been a student of Dr. Lippe, and this fact indicates the general trend of the *Epitome*, and will not lessen its value in the eyes of many physicians and students. It is largely a condensation of *Lippe's Materia Medica*, and is a concise, handy and accurate little work.

Health and Study. The Science of Physical Life and Mental Development by Moses T. Runnels, M.D., is the title of a neat pamphlet, The President's Address, delivered before the Missouri Institute of Homœopathy. Pamphlets, as a rule, are necessarily dismissed with the mere mention of their titles, yet they often contain most excellent matter. Here is a thought producer from Dr. Runnel's address: "Culture of Physique is Brain Culture."

We have received sample pages of the new *Standard Dictionary of the English Language*, soon to be published by Funk & Wagnalls. It radically departs from the time-honored style of Johnson, and his successors, but space will not admit of mentioning all these departures. One of them is the making prominent of the meaning of the word *to-day*, and another is that in the quotations not only the author is given but the book and page also, a most excellent feature.

WE acknowledge pamphlet, reprint, "Nasal Diseases," by Nathan S. Roberts, M. D., of New York.

READY FOR THE PRESS.

PROSPECTUS.

A Homœopathic Bibliography of the United States from the Year 1825 to the Year 1891, Inclusive, containing alphabetical lists of Homœopathic Books, Magazines and

Pamphlets. Also condensed statements, data and histories of the Societies, Colleges, Hospitals, Asylums, Homes, Nurse Schools, Dispensaries, Pharmacies, Publishers, Directories, Legislation, Principal Books against Homœopathy, and Homœopathic Libraries. Carefully compiled and arranged by Thomas L. Bradford, M. D., Philadelphia, Pa.

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Now, reader, it depends on you whether this patriotic book—it is not precisely patriotic, of course, but you know what we mean—is published or not. What we ask of you to do is to sit down and write a letter, or postal card, stating that you will take a copy of the book when published. Dr. Bradford has placed the matter in the hands of Messrs. Boericke & Tafel, and letters on the subject should be addressed to them. The size of the work will be from 400 to 500 pages. If printed it will be in good style. The price will be \$3.00, though should over 500 subscribers be received the price will be reduced to \$2.50. Subscribe for it. No better book for the doctor's waiting room tables.

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DR. JULIO F. CONVERS, of Bogota, United States of Columbia, writes us that in his practice he finds *Jacaranda gualandai* to be a most excellent remedy for Leucorrhœa. "The women of this country do not allow the use of speculum, so that it is a very intractable disease; but my experience with *Jacaranda intus et extra* has been very satisfactory."

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TEUCRIUM IN LEUCORRŒEA AND BLINDNESS FROM OPACITY (?) OF THE CORNEA.

An up-country girl, aged about 8, complained of inability to walk on account of a pain which she described to have been located between the thighs. The pain had continued for a week or so when the father of the patient consulted an Allopathic physician who prescribed *Iodine-paint* over the inguinal regions. This iodine-application was continued for a week. The pain, instead of abating, gradually increased so as to compel the girl to take to her bed, as she was not able to move. This alarmed the parents of the patient. On the 22d of February, 1883, I was consulted. After taking a history of the case, I made the patient walk in my presence. From the manner of her walking, I was led to the conclusion that the mischief on account of which the patient walked in that fashion was located somewhere about the vagina, and not in the inguinal regions as suspected by the Allopathic physician who had treated the patient first. I examined the patient and discovered that the vagina and its surrounding parts, such as labia majora and minora, the clitoris and the orifice of the urethra, were quite ulcerated. The inguinal glands also were much inflamed, swollen and indurated owing, perhaps, to the reflex irritation from the vaginal ulcers. Suspecting *Leucorrhœa* to be the cause of the mischief, I prescribed *Calcarea Carb.* 30, three doses daily, for three days. On the 25th of February, 1883, I was called to see the patient again, when, on examination, I found that the ulcers had well nigh healed up and the swelling of the inguinal glands almost reduced to the level of the surrounding parts. I also noticed that the discharges were not from the ulcers, but oozed out from the vagina, and were milky and fetid, becoming yellowish when dried up in the cloth. I prescribed *Calcarea Carb.* 30, again, only one dose daily, at bed time, at night, for a week. On the 5th of March, 1883, I saw the patient again, when on examination found that the

ulcers had healed up, but the discharges continued rather profuse though they were free from fetor. Now I prescribed a dose of Sulphur 30, every alternate day, for a week. On the 16th March, 1883, I saw the patient again. On examination I found that the ulcers had entirely gone; the patient did not feel any difficulty in walking, nor was there any pain or swelling about the inguinal regions; but the discharges continued, though less profuse than when I had seen her last time. I prescribed Calcarea Carb. 30, again, a dose daily at bed time at night, for a week. On the 25th of March, 1883, I saw the patient again, and on examination I found no ulcers, nor any discharge, but the patient complained of much itching about the vagina, as also a tensive uneasiness there. Now I thought some oily application was necessary. Accordingly I prescribed Glycerine and Olive Oil (Glycerine, M 20, Olive Oil, ʒj;) over the vagina and its surrounding parts as an external application. Three days' application of this oil removed the trouble and the patient remained well till July, 1883, when I was called to see the patient again. On examination I found profuse milky discharges from the vagina, as also itching and excoriations in the surrounding parts.

Now I suspected the presence of small thread-worms about the rectum, and on enquiry I learned that the girl had almost constant water-brash, grinding of the teeth during sleep and pricking sensation about the arms and the point of the nose. Her urine also was turbid and left a white mark like that of lime water on the floor when dried up. I also learned from inquiry that the girl had passed on two or three occasions lumps of small thread-worms within three or four months. These symptoms led me to the conclusion that worms about the rectum must have been the cause of Leucorrhœa. So I prescribed Cina. 30, three doses daily, for a week. On the 18th of July, 1883, I saw the patient again, when I saw no improvement. I prescribed Cina 12, three doses daily, for a week. On the 26th of July, 1883, I was informed by the father of the patient that his daughter was in the same state as when I had seen her the last time. On the 3d of August, 1883, I was called to see the patient when also I found no improvement. Now I prescribed Cina 6x, three doses daily, for a week, after which I saw the patient again, but found no improvement. I prescribed Cina 3x, three doses daily for a week, and yet no improvement was noticeable. I now prescribed Cina 1x, three doses daily, for a week, after which I was informed that the patient was in every way in the same state as reported the last time. So I gave up *Cina in disgust*. Now I was really in difficulty for finding out a

suitable remedy for this patient. I referred to our *Materia Medica* and my selection fell upon *Teucrium*. My past experience in the treatment of worm affections with this agent had led me to the conclusion that it did not work properly if prescribed at a potency above the 3x. So I prescribed *Teucrium* 3x, three doses daily, for a week. On the fourth day I was informed that the patient felt better, after which I saw the patient and on examination found that the improvement, reported by the father, was a fact. There were no ulcers in the vagina or its surrounding parts, nor much discharges of Leucorrhœa. I again prescribed *Teucrium* 3x, three doses daily, for a week, after which I saw the patient again, when I found that the improvement which I had noticed on the occasion of my last visit was stationary and that the patient was neither better nor worse. I prescribed *Teucrium* 1x, three doses daily, for a week. After six doses of *Teucrium* 1x were taken, the patient passed thrice lumps of small thread worms. I was called to see the patient again, and on examination I found that the ulcers had nearly healed up and that Leucorrhœal discharges had also decreased, so that nothing more than a little moisture was noticeable in the parts. I prescribed *Teucrium* 1x again, a dose daily, at bed-time at night, for a week. During this week also the patient passed once a lump of small thread worms. I was called to see her again, when, on examination, I found that the ulcers had healed up and there were no Leucorrhœal discharges; but the patient felt itching and irritation about the vagina, for which I ordered the external application of Glycerine and Olive Oil, as before, which removed the trouble. The patient got quite well.

In March, 1887, the father of the patient saw me and told the following story regarding his daughter's defective sight, which I was well aware of when I treated her for Leucorrhœa. The girl had an attack of Low-Remittent Fever, with severe brain symptoms, at the age of four, after which she became almost blind. Since then her sight had become so defective that she could scarcely see anything but glaring light, which also appeared to her very dim. The father also told me that the sight of his daughter began to be better when she commenced taking the last medicine (*Teucrium* 1x), and that she could now see things around her, though indistinctly. He also told me that he believed that the medicine had done his daughter much good, and that it was likely to improve her sight or cure her entirely of the disease. He urged me to prescribe the medicine for the patient. But, not knowing that *Teucrium* had any curative power over any disease of the eyes affecting the sight, I was quite disinclined to prescribe it. Be-

sides, I did not know the kind of affection which the father of the patient said his daughter was suffering from. But the father would not leave me, if I did not prescribe the medicine. So I prescribed Teucrium 1x, reluctantly though, and ordered for ʒii of the medicine, directing the father to allow only one dose daily, at bed time, at night. I did not see the patient till April, 1888, when I left Calcutta for change and was away till October, 1889, when I accidentally met the father of the patient at Barabázor. He thanked me as if with a thousand tongues for the marvelous cure of his daughter's dim-sightedness by taking a two drachm bottle of Teucrium 1x, which I had prescribed at the time of my leaving Calcutta in April, 1888. In July last I was called to open an abscess in the left breast of the patient, which I believe was owing to excessive secretion of milk two months after she gave birth to a child, and I was much delighted and surprised to see her sight becoming so perfect as to enable her to distinguish black hairs from the gray ones, as I heard her remarking that the hairs of my head and beard had become gray and that I had grown old.

Now, I cannot say anything about the kind of affection of the eye which the patient was suffering from when I treated her for Leucorrhœa; but from what I have gathered from personal experience of a large number of patients I have treated from time to time, I have inclined to the belief that the case must have been one of *Opacity of the Cornea* which generally occurs after exhausting Low-Remittent Fever in this country and which I have never seen before this cured by any existing *pathies*, or systems of medicine. The cure of the supposed Opacity of the Cornea with Teucrium in this girl's case tempted me to try it in that affection when occasion offered. The father of the patient, who forms the subject matter of this paper, came to me with a boy, aged about 11, and consulted me in September last, in connection with the boy's affection. I sent the boy to the eye infirmary, attached to the medical college here, for a thorough examination. The hospital authorities, after examination, granted the patient a *ticket* in which I found it stated in the column of disease "*Opacity of the Cornea*" "probably owing to ulceration in that part, as we gather from a history of this case." I prescribed Teucrium 3x, three doses daily for a week. On the 18th of September, 1890, the boy was brought to me when I found that he could see my finger, my eyes, nose, etc., but very hazily. It ought to be mentioned here that when the boy was first brought to me he appeared to me as "stone-blind," seeing nothing that was presented before his eyes when I examined

him on the first day. I prescribed Teucrium 3x again, only two doses daily, for a week. On the 26th of September, the boy was again brought to me and on examination I found that he could see the thinner end of the steel pen holder which I presented before his eyes. I prescribed Teucrium 3x again, only one dose daily, at bed-time, at night, for a week after which I examined the boy again, but found no more improvement in the sight than when I had examined him last time. I again prescribed Teucrium 3x, in the same way for a week, after which I examined the patient again, but found no improvement. I stopped the medicine and prescribed Cod Liver Oil, 5 drops at noon, and 5 drops at night daily after meals. The boy did not come to me till the 4th of December last, when I examined him and found that he was in the same state as when I had seen him last. I prescribed Teucrium 1x, three doses daily for a week, after which he saw me again, when on examination I found no more improvement in the sight than what I had noticed when I had seen him last. Now I came to the conclusion that Teucrium had done what it could do in this case, and could do no more.

From a study of the case of Leucorrhœa of the girl under review, and also from personal observation of some cases of Leucorrhœa resulting from irritation of small thread-worms about the rectum which I have successfully treated from time to time with Teucrium, as also from what I have been observing in a case of Leucorrhœa of a girl of about 6, supposed to have its origin in the presence of small thread-worms about the rectum, improving under my treatment by Teucrium 1x, I am inclined to recommend it to the profession in the treatment of Leucorrhœa of girls of tender age, which I believe has its origin in this country at least, in the presence of small thread-worms about the rectum. It is likely to be of little or no use where the disease has no such origin, as also in cases of women from *uterine* causes. I would also recommend the use of Teucrium to the profession in cases of opacity of the cornea when occasion offered.

R. K. GHOSH.

70 | 1 Mániktalá Street, Calcutta, January 21st, 1891.

COLLINSONIA CANADENSIS.

A few words concerning the empirical use of this article of our Materia Medica may serve the purpose of directing the attention of the profession to valuable curative properties—not generally thought to belong to it.

In this part of the valley of the West Branch, for years, *Collinsonia* has been used in domestic practice, as a specific for Rheumatism.

Some marvelous cures are reported from its use. Made into a saturated tincture with gin—a tablespoonful three times a day is the usual dose prescribed. My observations concerning the use of this drug in rheumatic affections would coincide with the good opinion of the people in regard to it.

One of the things to me inexplicable is, how such large doses can be taken and not produce any apparent bad effects. It is not difficult to give a reason for its curative action, for we find by reference to such provings as we have, that it produces rheumatic pains of the joints and membranes of the heart.

"Our country cousins" are therefore unconsciously practicing on the principle of *Similia*, and whilst the dose is unnecessarily large they adhere strictly to the single remedy and of course they know what cures.

Will small doses cure? Well, yes, of course. My use of the drug is not extensive, but when I have occasion to administer it—a few drops of the tincture or the *ix* acts promptly and satisfactorily.

It is not the design of this paper to point out the symptoms, indicating the use of *Collinsonia* in the treatment of this hydra commonly known as Rheumatism; but rather as stated above to call attention to a remedy little used, but which may prove to be of inestimable value.

The following case was recently treated by the writer:

M—, a woodsman, age 30 or 35, dark complexion, bilious temperament, contracted rheumatism in "camp," and came here for treatment. It was of the sub-acute and vagrant kind. One after another, nearly every joint in his body was affected. First, one foot and ankle; then, leaving there, it would locate in the shoulder, elbow, wrist or hand. The pain was not excessive, neither was the swelling.

Colchicum seemed indicated, and for a time did good, but soon lost its effect. *Collinsonia* was now in order. A few drops of the tincture in a half tumbler of water, of which a teaspoonful was given every two hours, aside from sleeping hours. Within twenty-four hours there was a decided improvement. The prescription was continued and recovery was rapid and complete within a week after taking the first dose of *Collinsonia*. It would not be a difficult task to point out scores of cases along this river and its tributaries that have been successfully treated with this remedy, some of which were remarkable. One, an

old school M.D., bedfast for weeks, which neither he nor his colleagues could cure, was finally cured by a layman, with "hard root," the name by which the drug is known hereabouts.

By way of caution permit me to suggest that in case of organic disease of the heart *Collinsonia* should be used only highly diluted.

Dr. E. M. Hale believes that *Collinsonia* acts primarily on the heart, and hence the portal congestion, cough haemoptysis, and even hemorrhoids are within its sphere of curative action. From the same work we find it has produced upon the "Superior extremities; frequent rheumatic pains in the hands, arms and legs, from the dilutions." "Lower extremities severe pain in both knees, passing down to the feet on the inside of the legs."

F. S. SMITH, M.D.

Lock Haven, Pa.

KEYSTONE POINTERS.

The transactions of the twenty-sixth session of the Homœopathic Medical Society of the State of Pennsylvania comes promptly to hand. Skimming its pages for practical pointers THE RECORDER finds the following:

Epithelioma of the Fauces.

In December, 1889, Dr. Chandler Weaver, of Fox Chase, Philadelphia, met an acquaintance, a minister, on the train who asked him if Homœopathy could do anything towards relieving the pain of Cancer. Dr. Weaver replied that it could and might even go further, and cure. The patient was very doubtful on this point for he was a man condemned to death by an eminent specialist and the condemnation had been confirmed by Drs. Tyson and Smith, of the University of Pennsylvania, who, after a microscopic examination, had pronounced it "a decided case of Epithelioma." Patient was 70 years old, and did not use tobacco or intoxicants, and had no syphilitic taint. "There is no use your trying to cure" said he as he took his first medicine, *Arsenicum* 3x, to be taken every two hours for one week, also a little 4x *Ars.*, trituration to blow on the denuded parts. La Grippe intervened which was met with *Gelsemium*. After seventeen days of *Arsenicum* the debility of the patient was less and he rested better. Dr. H. F. Ivens was now consulted and the *Arsenicum* was discontinued and *Calendula*, 5 drops on No. 30 pellets, enough for one week, six to be taken every two

hours, also a 20 per cent. solution of *Calendula* and water to be used as a spray, was substituted. This was on January 20th. The *Calendula* was continued to February 11, in same manner and then dropped to every three hours, and on February 4th to every four hours. On March 10, "all the parts that had been affected were natural in color and perfectly painless." On June 9th the patient called on the specialist who had condemned him to death and after a careful examination he pronounced the case perfectly cured.

Alstonia Constricta.

Dr. W. G. Dietz, of Hazleton, reported six cases of women cured by this remedy. The first presented the following picture: "Pale, emaciated; complained of great debility; weak feeling in abdomen, accompanied by a dragging sensation as though everything would escape through the vulva; nausea mornings on getting up; has to lie down again to prevent vomiting; frequent fainting spells, especially after her menses. Very despondent; thinks she will die. The pale face flushes up from the least excitement; (has taken iron *ad nauseum*). Appetite always poor; the food seems to remain undigested in the stomach for a long time. Tongue coated white, with very red edges. Frequent attacks of cramp in the stomach after midnight. Diarrhœa of undigested food, immediately after eating; has to leave the table before finishing his meal (*ferrum*). Urine normal, specific gravity 1018; acid reaction, and neither albumin nor sugar. Frequent attacks of palpitation." *Puls.*, *lil. tig.*, *aletris*, *sulph.*, *aloe* and *nat. mur.*, were given at different times, but at the end of a year the patient was no better. *Alstonia constricta* 1x was then given, a dose every three hours, and improvement soon set in and in time complete cure.

Another patient had yellowish-brown leucorrhœa very weakening, followed by a dragging and bearing down sensation in the uterine region, making walking painful, backache, shooting pains, and at times aching in right ovarian, which was painful to pressure. Menses dirty brown, accompanied by cramping pains in the uterus, always preceded by diarrhœa; debility and nausea in the morning on awakening. Had been treated by a noted gynæcologist with no success. Several remedies were tried, but *Alstonia Constricta* cured.

The other cases were in general similar, three married and three unmarried. Dr. Dietz's experience leads him to the belief that the remedy "will prove useful in a class of disorders, especially in those peculiar to women, which frequently prove

quite rebellious, even under the most carefully conducted treatment." "Debility appears to be a keynote for the employment of this remedy, if dependent on a lack of digestive power on part of the stomach, or else, of assimilative power of the system at large. In debility of a purely nervous type it has failed entirely."

Alstonia Constricta is one of "Hale's new remedies" and was brought to the notice of the Homœopathic profession by Dr. Cathcart, of Australia. Dr. Cathcart says: "I have abundantly satisfied myself that, in large doses, its action is that of invariably producing great debility and general prostration or low fevers, often with diarrhœa." Dr. Cathcart used it with success in debility following scarletina, parturition, under-lactation, in diarrhœa of undigested food, dysentery caused by bad water contaminated with decayed vegetation and in simple atonic dyspepsia with loss of appetite. He generally uses 2d decimal, though sometimes lower. While there is no published proving of the remedy yet Dr. Cathcart was led to its use by provings on himself and friends.

The Totality.

Dr. W. J. Martin, of Pittsburgh, read a paper that is suggestive. Here is its "key-note." "I gave *mercurius cyanatus* 6, not because it was indicated, but because, not knowing what was indicated, and knowing that the case was diphtheria, I gave it as a good diphtheritic remedy. In answer to the query, What better can we do sometimes under these circumstances? I think I would be right in saying, 'Do nothing. Wait and watch the case until you feel sure you see the right remedy; then give it.'" *Merc. cy.* didn't cure this case, and the doctor waited until he had eight symptoms; found a remedy that had seven of them, gave it, and, being homœopathic to the case, it cured promptly.

Dr. Martin pours hot shot at those Homœopathic physicians who swab throats, etc., etc. He also has a good word for that once highly abused—verbally abused—remedy *Psorinum*. "I would be at a loss to know what to do in some cases without *Psorinum*." The following interesting item is found in his paper.

"July 18, 1890, Baby F. vomits milk in large curds. After vomiting the child is much exhausted. *Æthusa* 200, every two hours. July 21. The child does not vomit now, but has diarrhœa. The stools are profuse, green, slimy and odorless. It is an odd thing to meet with a case of infantile diarrhœa where the stools are odorless. *Paullinia sorbilis* is the odd remedy for this odd condition. I never had occasion before to use the remedy, and prescribed it in this case with a feeling of curiosity as to the

result. The twelfth potency was given. Three days later the child was reported better; the stools yellow, not too frequent and of natural odoriferousness."

Goitre.

Dr. Chas. Mohr's paper concludes as follows: "Did time permit I could give a detailed account of other similar cases, as well as of cases in which there was not so marked a co-relation between the thyroid gland and the glandular organs peculiar to women. But, even in cases where there was no very marked connection, I have still found it necessary to adopt remedies occasionally to functional derangement of the sexual system, and my experience has taught me to give up the routine use of *iodine* and *spongia*, and to individualize each case, adapting the remedy to the sum of all the symptoms which were found to be most characteristic in the sexual sphere."

The Lungs.

Dr. E. R. Snader, of Philadelphia, read an exhaustive paper on the lungs and the advantage of deep breathing exercise. "I do not wish to be dogmatic about the efficiency or inefficiency of oxygen or other inhalants; I wish simply to say that my results obtained from deep breathing alone are more than favorably comparable with those obtained by the use of inhalants." The general tenor of the paper was that deep inhalations practiced regularly are the best means of overcoming a tendency to consumption, and stoop shoulders.

Stone in the Bladder.

Dr. Chas. M. Thomas read a short paper giving summary of forty-six operations for stone in the bladder; only four died and these rather from other causes than the operation.

Surgery vs. the Indicated Remedy.

Dr. Sarah J. Coe, of Wilkesbarre asks: "In the rush and push of business pressure, are we not drifting away rapidly from the hard study and clear discrimination which is required to successfully treat and cure diseases medicinally when we resort immediately to surgical means for a cure, knowing that a knowledge of general surgical principles is all that is required?" Then, after a number of typical cases, "To treat pelvic diseases with medicine unaided by surgery requires careful discrimination, more of the time and patience of the physician, with as good, if not better, results to the patient."

Tumors.

Dr. Mary J. Branson, of Philadelphia, gave a gentle dig at the

free use of the knife. "We cannot cut out a constitutional taint, no matter what its manifestations, but we may be able to neutralize this weakness by the truly selected remedy." The fruits of her practice are thus summarized: "In glancing hastily over my books I find, out of thirty-five cases of fibroids, only four have been operated upon. Two with prompt relief of all the symptoms; two recovered after a year of varied discomforts; six patients have remained stationary; seventeen so much improved as to insist no further medicine was necessary, though still under observation; eight are perfectly well." Eight cases are given in brief. Miss —, aged 49, "has large fibrous growth matting together uterus and ovary, and packing the pelvis solid with diseased structure. Each month an exhaustive hemorrhage occurred. Under the indicated remedy, oftener *arsenic iod.* than any other, the hemorrhage has ceased, and the pain so far diminished as to enable her to do all the work in a good-sized house with family of three, and the tumor has somewhat diminished." Another "Mrs. G —, aged 65, solid tumor of right ovary. She was extremely anxious for an operation, but three excellent surgeons refused it. Her suffering was from frequent irregular hemorrhages and attacks of ovarian pain. Under *millefolium* the pains have entirely ceased, and it is now two months since she had any hemorrhages." Another patient had a uterine fibroid the size of a cobblestone and almost as hard, a wen on her head and a tumor on left shoulder the size of her fist, but under the indicated remedy "she has no suffering at all. The tumor is soft and elastic, and she forgets all about its existence."

Homœopathy.

Dr. W. H. Bigler reported an "Enigmatical Case" in which "with a conservatism which may seem culpable to some, and to myself even at times, seemed hazardous, I determined to risk internal treatment before removing the eye." Well, the result was, after a long struggle, the patient's eye was saved.

Ear Wax.

Dr. H. K. Hoy, of Bellefonte, related in his paper the case of an elderly college president who, losing his hearing, went to New York and consulted an eminent specialist who "examined this college president's ears, and in these ears he found a disease to which he gave a tremendous name, and then he got his fee." The dejected patient returned home, consulted his country doctor, "of no aural pretensions," who removed a lot of impacted cerumen and the hearing was restored, and remained so.

Onosmodium Virginicum.

This little known remedy was the text of a paper by Dr. H. F. Ivens, of Philadelphia. The patient was a sufferer for ten years from headache. Dr. Ivens sums up the indications for this remedy as follows—it may be stated that he completely cured his case—"Constant dull headache, chiefly centered over the left eye and in the left temple; at times so sharp as to be almost unendurable; pain not aggravated by light, noises, or use of eyes, but always worse in the dark and lying down; all of which, though somewhat relieved by the use of compound cylinders, and the relief to a naso-pharyngeal catarrh, were not cured until three doses *Onosmodium* tincture had been taken at twelve-hour intervals, the chronic dull pain never returning, and the acute suffering seldom recurring, and always soon relieved after a repetition of the drug." *Onosmodium* will bear looking up for headaches of this character, which glasses will not relieve. Perhaps it might at times even obviate the use of glasses. Dr. Ivens gave it in pellets medicated with the tincture.

CORRESPONDENCE.**ERYTHROXYLON COCA OR PLATINA?**

EDITOR OF THE HOMŒOPATHIC RECORDER.

I have received No. 2, Vol. VI. of THE HOMŒOPATHIC RECORDER and read the first article, "Erythroxyton Coca and some of its clinical and therapeutic uses," by Dr. R. K. Ghosh, of Calcutta. Before I had finished perusing the first page I became convinced that *Platina* was the proper remedy in this case. The Doctor prescribed *Canth. 3x* a dose every two hours. This relieved the urinary trouble, but exerted no influence over the nymphomania. Some time after this the Doctor was sent for again to treat the nymphomania. He prescribed again *Canth. 3x* a dose three times daily, for three days, and the patient remained well for four days, when the nymphomania reappeared and the Doctor was sent for again. He again prescribed *Canth. 3x* a dose every three hours, which removed the urinary trouble; but the nymphomania remained intact. To prescribe *Canth. 3x* on these three different occasions, with so little result, implies a degree of confidence in the remedy which does not seem justified by the circumstances and by the symptoms. The doctor then

prescribed *Phosph. 6*, three doses daily, for three days, no improvement. Then *Phosph. 12*, three doses daily, for three days, no improvement; then *Phosph. 30*, three doses daily, for three days, no improvement; then *Phosph. 200*, a dose every other day, for a week, without much improvement. From the persistency with which these two remedies were given with little or no effect, one is tempted to think that Dr. Ghosh regarded them as the two great remedies in this affection, and the only ones that promised relief; in other words, *the grand specifics*.

The pathogenesis of *Platina* has: nymphomania, worse in the lying in; tingling or titillation in the genital organs of women; pruritus vulvæ; voluptuous tingling with anxiety and palpitation; excessive sexual desire, premature or excessive development of the sexual instinct erotomania; insatiable desire; hyper irritations; itching in uterus; sudden sexual passion, terrible sexual excitement, so that her whole nature seemed changed, etc., etc.

It seems strange that a remedy with such a pathogenesis should not have occurred to Dr. Ghosh in the case which he describes.

The nymphomania in Dr. Ghosh's case finally disappeared during the administration of *Coca* in one drop doses. The pathogenesis of *Coca* is almost devoid of sexual symptoms, and it does not appear what led the doctor to the selection of this remedy. I certainly should not expect it to cure such a case from its pathogenesis.

Two show what *Plat.* can do I will briefly mention the following case:

Miss K., æt. 27, a school teacher, dark hair and complexion, well developed, awake occasionally at night feeling heated and feverish, with heart violently palpitating, hurried breathing and great excitement, with some discharge of mucus from the vagina. She was too modest to express herself fully on the subject; but it was evidently a case of sexual emissions accompanied by nymphomania, and while I had no hope of curing it in the absence of marriage, which was in my judgment the similitum for this case, I prescribed *Plat. 30*, three times daily; continued for several weeks; under the influence of this remedy the emissions diminished in frequency and finally disappeared, to my surprise.

I do not mention this case as a parallel to Dr. Ghosh's case, but to illustrate the power of *Plat.* over nymphomania and other abnormally developed cases of sexual instinct.

C. W. SONNENSCHMIDT, M. D.

Washington, D. C., March 23, 1891.

WESTERN ACADEMY OF HOMŒOPATHY.

EDITOR OF THE HOMŒOPATHIC RECORDER.

To the members of the Western Academy of Homœopathy: In accordance with the wishes of a majority of the members of the Academy, it has been agreed by the executive committee to hold the next annual meeting in connection with the International Homœopathic Congress, at Atlantic City, New Jersey, June 17, 1891. On the third day of the session, the Western Academy will meet for the purpose of electing its officers and determining the time and place of the annual meeting of 1892.

C. J. BURGER, M.D.,
President.

Boonesville, Mo., April 4.

EDITOR OF THE HOMŒOPATHIC RECORDER.

You committed a sad mistake by mentioning my name as R. K. Ghosh, M.D., at the foot of my contribution on "Ceanothus in Leucorrhœa and Suppression of the Menses," published on page 259 in the last November number of the HOMŒOPATHIC RECORDER. On receipt of that number of the journal I sent a protest against your so doing, as I do not hold the degree of "Doctor of Medicine." I am sorry the same mistake has been repeated in my paper on "Erythroxyton Coca, and Some of Its Clinical Therapeutic Uses," published on page 15 of the last January number of THE RECORDER also. I hope you will kindly see that the mistake may not any more be repeated. I should ask you to refer to the manuscript of my contributions already published in THE RECORDER from time to time, from which you will at once see that I never signed myself as R. K. GHOSH, M.D., therein. An early insertion to this protest in a prominent place of your journal, to disabuse the minds of your readers, will highly oblige

Yours faithfully,

R. K. GHOSH.

70 | 1 Mániktalá Street, Calcutta, March 4, 1891.

[Our correspondent, we believe, is what is known in India as a "Homœopathic Practitioner," hence the error. We notice that two other journals, publishing papers from same author, have made the same mistake.—RECORDER.]

EDITOR OF THE HOMŒOPATHIC RECORDER.

At the April meeting of the Rhode Island Homœopathic Society it was unanimously voted that the American Institute of Homœopathy be invited to hold the session of 1892 within the boundaries of that State. It is understood, accidents excepted, that the particular place will be the Ocean House, Newport, and the time the fourth week in June.

Yours truly,

GEO. B. PECK, *Treas.*

EDITOR OF THE HOMŒOPATHIC RECORDER:

There is a good opening for a Homœopathic physician at Avalon, Livingston county, Mo. Dr. F. E. Coffee, of that place, died on April 8th, and the people greatly desire one of our school to take his place. It is a college town and there is only one other physician there.

Yours truly,

Helena, Mo., April 22, 1891.

J. F. FAIR, M.D.

SELECTIONS AND TRANSLATIONS.

DR. NEUSCHAFER'S HYPODERMIC USE OF THUJA.

By Dr. Alexander Viller.

Translated from Hom. Zeitung, by Rudolf Bauer, M. D.

Great thoughts given to mankind frequently bear fruit in fields apparently remote from the region of original research. Dr. Sick called attention to the support given our Homœopathic theory by the methods of Koch, and showed how some disputed principles of our school were given a solid foundation thereby. But this new discovery has also been productive of practical results, the value of which cannot be properly estimated at present.

Dr. Neuschafer has given enthusiastic reports of cures obtained in tuberculosis by subcutaneous injections of Homœopathic remedies. As Dr. Neuschafer is a thorough scientist, his reported remarkable results merit serious considerations.

The first case was a delicate child, nine years old, who had always been sickly and frequently suffered from various scrofulous affections.

When two years old the child, which was previously apparently

well, had an attack of pneumonia, from which it recovered without any sequelæ. Until four years old it suffered from scrofulous conjunctivitis. After the fifth year suppurating abscesses formed on the right upper arm; similar abscesses, each as large as half an egg, formed on the right forearm, which for the last eighteen months have continued to suppurate profusely. There were also on both cheeks, on the neck and below the left knee similar suppurating swellings. The right ankle was swollen twice the natural size, and on the anterior surface there was a large, profusely suppurating abscess.

The mother says all these swellings and abscesses have discharged for months an extremely offensive-smelling pus, which was so profuse that it could only be prevented from oozing through the bandages by changing them twice every day; the child suffered much pain, could not sleep, and became greatly emaciated.

Dr. Neuschafer felt himself justified in calling these manifestations tubercular.

On November 17th he injected a gramme of watery solution of Thuja into the back, the injection containing three drops of the tincture.

The injection pained the child very much, and Dr. Neuschafer, who took one for experimental purposes, says the pain was of an intense burning character. In him it produced no effect and was not followed by any reactionary manifestations.

In the child, however, it caused by next day complete cessation of the suppuration; nor has it since returned.

The child became cheerful, the fever disappeared, the appetite was restored, and the child could sleep.

On November 20th one drop of Thuja was injected; the operation was almost painless.

The former ulcerated, suppurating surfaces gradually, within the next four days, became covered with crusts, beneath which there appeared a perfectly dry surface; the general condition of the child was good.

Injections of one drop of Thuja were given November 25th, November 30th, and December 4th, without causing any further changes.

Interesting changes also occurred in the swollen and deformed ankle joints; the offensive, purulent discharges from the fistulous openings ceased and the swelling decreased 10 cm.; with care the child could now stand upon the foot, while formerly it had no use of the leg whatever.

On December 7th, I saw the child. It was cheerful and well

nourished. On the right cheek, on the right side of the neck, and on the right forearm near the elbow joint were thick yellow crusts, about as large as a thaler, but very slightly fissured. In such places where the crusts crumbled off, as at the edges, there could be seen an underlying, delicate, dry, newly-formed skin, but no raw surface could be discovered.

The right ankle-joint was greatly deformed. Two fistulous openings upon the anterior aspect of the joint no longer discharged as formerly and were lightly covered by thick crusts. On the heel there was a spot about as large as a thumb-nail, from which there still continued a slight discharge of inodorous pus. Slight passive motion of the joints caused no pain.

Dr. Neuschafer considered this case to be of tubercular nature, and believes he has made the discovery that injections of Thuja will cure certain forms of tuberculosis. He therefore gave two injections of Thuja to a subject who had small cavities in the lungs but was prevented from making further observations of the case. He however intends to try it in similar cases and hopes that his colleagues will make similar experiments.

The results obtained in the case described were very remarkable, and could not have been produced by a reactionary power of the system unaided by drugs. The only remedy used was the injections of Thuja, so that the casual relationship existing between its therapeutic application and the results produced cannot be denied.

I am of the opinion, however, that we are not justified in calling such cases tubercular, although such affections of the joints are usually considered so. I believe microscopic investigation would not always support such a diagnosis.

I therefore believe that the cure effected by Dr. Neuschafer was one of severe scrofulosis. After having seen the child, I can hardly speak otherwise of it than as an accomplished cure. The rapidity with which the curative changes occurred is remarkable; the improvement which steadily continued through nineteen days of observation I also consider very important. I shall use the injections of Thuja at the first opportunity which presents itself. All of us should resort to this new form of medication; thus we may gradually learn the action of homœopathic remedies when administered subcutaneously.

Under the heading of "Subcutaneous Medication" Dr. Neuschafer writes: Our little patient feels quite well; but strange to say, all the crusts have not yet fallen off; the adherence of these crusts may be due to an impaired activity of the skin.

The patient has gained $2\frac{1}{2}$ lbs., and now weighs $41\frac{1}{2}$ lbs. This, for a girl of nine years, indicates a low degree of vitality.

It is difficult to foretell what the condition of the foot will be; a permanent deformity will probably remain.

Injections so far given are as follows:

November 17th, 3:100.

November 20th and 25th, 1:100.

December 3d and 30th, 1:100.

January 26th and 28th, 1:100.

February 2d, 16th and 27th, 1:100.

Thereafter injections of the strength of 1:100 were given weekly. I hope the child will be restored to health by Spring.

I have also used injection of Thuja in the following cases:

II. Two children aged three and four, suffering from scrofulous conjunctivitis, who had been treated for a long time without benefit at the eye-clinic. After three or four injections, both could see very well; no local treatment was employed.

A woman *æt.* thirty-four, suffering from scrofulous ulceration of the legs, so that she was confined to bed. She received four injections which were followed by such marked improvement that I hope she will be completely restored to health in eight weeks. At rare intervals I allowed the ulcers to be treated locally with Thuja in water, after the manner of Grubemann.

IV. I am now seventy-six years old, and have been suffering for years with an affection of the lungs.

In January, 1888, I was greatly troubled with night-sweats and nocturnal cough, so that my strength became greatly reduced; examination revealed catarrhal irritation of the apex of the left lung. Medicine and dietetic treatment removed the latter condition, but an annoying night-cough remained despite all remedies. At present I have regained my strength; the right lung seems now affected rather than the left, emphysema has probably something to do with this. The early morning cough entirely disappeared after subcutaneous injection of *Nux Vomica* 30. There only remains a short cough after much talking, and also a cough occurring in the morning, which is accompanied by scanty expectorations, at times streaked with blood. It is remarkable that the nasal mucous membranes, which were inactive for years, have resumed their function.

V. On December 12th I was called to see a girl, *æt.* 12, suffering from a severe attack of laryngeal diphtheria; respiration was extremely difficult, and as the father refused to permit an operation death seemed inevitable within twenty hours.

I dissolved fifteen globules of mercurious cyanatus 30 in one

hundred drops of distilled water, and at 3 P. M., injected fifteen drops of this solution between the shoulders. During the afternoon and early part of the evening the dyspnoea was still great, but after this it gradually decreased, so that the child fell into a quiet sleep.

By the following day all the threatening symptoms had disappeared, pulse was no longer excited, and the temperature fell to 38.5. The child aided the expulsion of the membrane with the finger, and took some nourishment. As the patient lived at a great distance, I gave another similar injection as a precautionary measure.

On the third day the child was very lively, and on the fourth day was out of bed.

VI. The following day I was called to see a boy *æt.* 6. In this case the tonsils were covered with diphtheritic membranes and there was high fever.

An injection similar to the one in the preceding case was given. The patient thereafter began to hawk continually and the membrane disappeared. On the third day the patient was going about.

In both cases Alcohol in water 1:10. was given as a gargle.

Up to the present time I have treated ten cases in a similar manner and all recovered.

Several cases now improving under this treatment will be reported later.

P. S., March 16th. Up to date fourteen cases of diphtheria have been cured by this method of treatment; the number would be still greater if the antagonism of the Allopaths could be overcome; they are compelled to resort to tracheotomy and many cases die.

Two of the cases cured were very serious; a poorly developed scarlatina complicated the diphtheria. In these cases I gave injections daily.

I sincerely hope these indications will cause many similar experiments to be made.

EXTERNAL APPLICATIONS IN HOMŒOPATHIC PRACTICE.

By the Late Dr. Hirsch.

A number of years ago I frequently drew attention in *Hirschel's Zeitschrift* to the oft times imperative necessity of using external applications in combating certain intense pathological processes.

Such cases occurred in my practice pretty frequently, and it is my belief that even the most orthodox Homœopath may have to resort to external expedients lest his patient fall a prey to his obstinacy. In cases where the pathological disturbance occurs near the surface the internal Homœopathic medication, combined with certain external adjuvants, will exert a strikingly expediting influence on the resolution of the morbid processes. We surely need not aspire to be stricter Homœopaths than Hahnemann himself, who frequently afforded prompt relief to myself and others by applying his plaster made of the resin of the larch tree.

In proof of my assertion I propose to give a number of specific cases from my practice.

CHOREA. During my practice of 46 years 28 cases of chorea, of more or less intensity, were put under my charge, and I succeeded in curing all these patients, some of them very severe, to their entire satisfaction. The lighter cases usually responded to the exhibition of *Ignatia*, *Causticum*, while in some severe cases I had to give in addition to *Causticum*, *Stramonium* and *Cuprum* to effect a cure, but finally I reached one case in which all these remedies and several others that seemed to be indicated, disappointed me altogether, and that this desperate case, finally improved, was due solely to the application of a simple external remedy.

Mr. B., owner of extensive iron works, had a son æt. 15, who, perfectly healthy up to that time, barring some minor children's diseases, had developed into a vigorous youth. About the middle of September my visit was desired because he commenced since about a week, to make grimaces at home and at school, and persisted in this in spite of all remonstrances. As a matter of course, I immediately recognized the cause and took care to impress upon the parents that this was but a precursor of a nervous affection which might involve the whole body. I also mentioned that such an affection, similar to whooping cough, often would attain a very pronounced aggravation, in spite of the most careful medication, before the symptoms would slowly abate, but that this amelioration would much sooner manifest itself under homœopathic than under old school treatment. I very seldom fail to give this information lest the family should think that the treatment pursued aggravated the case. Only in rare cases can this disease be cut short, and cured in a short time, though the remedies be given in high or low potencies and in longer or shorter intervals.

The preceding remarks were fully justified in the case, for dur-

ing the eight days following although *Belladonna* 15 was exhibited daily (a dose morning and evening), on account of frequently appearing congestion to the head, no amelioration could be detected; on the contrary, the involuntary motions affected now the hands, especially during eating, rendering the use of knives, forks and spoons very awkward. After a few days the involuntary motions of the hands were also observed during the day, and *Ignatia*, which proved efficient in my hands in many similar cases, failed to retard the progress of the sickness.

Presently the night's rest also became disturbed, and the involuntary jactitation of the extremities, and even of the whole body, came to such a pass as to necessitate his transfer to a mattress on the floor, to guard against injuries from falling out of bed, etc. On this improvised bed he had lain also during the day, for while walking about he would suddenly be thrown against the wall or furniture. In spite of the most careful medication and well regulated simple diet, the disease steadily progressed, the patient finally losing speech, uttering inarticulate sounds from time to time. As a matter of course he had to be fed, but this was accomplished under great difficulties, for the moments had to be watched when the muscle twitchings involuntarily tore open his mouth, and as quickly shut it. Food had, of course, to be administered, in a liquid state.

Urine was passed involuntarily, while the bowels were constipated, necessitating frequent injections of honey-water. The organs of the chest were in a normal state, only the pulse was somewhat accelerated, owing to the continuous activity of the muscles. Under these circumstances and the continued aggravation of the malady I could not take umbrage at the father's desire to consult an Allopathic physician, though he had for many years used Homœopathy exclusively in his household. He remarked that without my full approval no medicine was to be administered. I consented and advised to call in Prof. Steyer, physician in charge of the children's hospital. He was astounded at the violence of this *Chorea* and advised to give *Zincum*, and when informed that this as well as *Cuprum* 6 in the 5th trit. had been given he remarked that this case possibly called for stronger doses, and on this we gave *Zincum* 7 c. gr. three times a day, and as this seemed insufficient it was increased after two days to 14 c. gr. every five hours. The right arm was immediately quieted, but a thorough examination showed it to be paralyzed. *Zincum* was then immediately discontinued and *Fowler's* solution substituted, but as this caused nausea, even in minute doses, and patient lost his appetite it also had to be set aside. In all works of reference

the same remedies were advised, until finally I came across a case of high grade Chorea in a girl *æt.* 6, in Prof. Bouchut's excellent hand book on children's diseases, which engaged my full attention. In this case all the usual remedies had been given without success, when, as a last resort, it was decided to anæsthetize the spine with ether by an atomizer; this was followed by a surprising amelioration, followed in a few days by a complete cessation of involuntary motions, and in a very short time by a complete cure. This remarkable case I brought to the notice of the professor, who immediately sanctioned the application of this treatment. I at once procured the necessary apparatus to produce a fine continuous spray of ether, and it was applied to the bare spine of the patient for five minutes; the patient was evidently comforted. The spine was rendered icy cold, and the very next night was much more quiet. On the next day the evident decrease of the involuntary motions could no longer be doubted; he even succeeded in uttering some words, although with evident exertion. A second application of the apparatus had quite as satisfactory an effect; however, all attendants of the sick room, with the exception of the patient, complained of headaches, etc., as the effect of the ether, for the room, it being mid-winter, could not be properly ventilated. While cogitating how to overcome this difficulty, the icy coldness of the spine succeeding the operation came to mind and suggested the idea that to this low temperature was mainly due the beneficial result. In pursuance of this thought, cold water was substituted for the ether in the next application, and behold, the result was the same, to the intense satisfaction of myself and the others. Convalescence then progressed rapidly, so that in about two weeks the patient was able to walk about without discomfort, but the great weakness, especially in the extremities, it took some time to overcome. But the patient had regained full control over his mutinous muscles. Two years have now elapsed, and the young man presents a picture of perfect health, without a trace of the serious attack of sickness.

—[From *Popul. Hom. Zeithung*, Vol. XII.]

CARDUUS MARIANUS.

By Dr. R. E. Dudgeon, M. D.

This plant, which was such a favorite with Rademacher, who found it an excellent remedy for acute and chronic affections of the liver, gall-stones, gastralgia, hæmoptysis, hæmatemesis,

metrorrhagia, &c., has not received so much attention from Homœopathic practitioners as it deserves. In 1882 Dr. Windelband, of Berlin, wrote an article in the *Berliner Zeitschrift*, in which he related the marvellous results that he had obtained from its employment in varicose ulcers, of which he had many cases in the practice of the Homœopathic Dispensary of Berlin. He says: "The forms that came under our treatment were chiefly fully developed ulcers of bluish or brownish red color, with ichorous discolored granulations, and usually surrounded by brownish-colored dilated veins, with jagged callous borders, easily bleeding, and caused by a blow, the bursting of a varix, following eczema, rarely consequent on inflammation of the connective tissue, most frequently caused by scratching an eczematous skin. The pains were usually moderate; sometimes the patients complained of burning in and around the ulcer. The most tiresome symptom was the constant itching, which was worst when the ulcer was commencing to heal." He had been favored with large numbers of such cases, both at the dispensary and in private practice, and had had little or no success with many Homœopathic remedies, such as *Carbo Veg.*, *Bellad.*, *Rhus.*, *Puls.*, *Hamelis*, *Graph.*, *Sulph.*, &c. He was led to the knowledge of the healing powers of *Carduus* in such ulcers in this way: A laboring woman of middle age, who had had six children, and had to do a great deal of housework, came under his care for inflammation of the liver, which left a chronic swelling of that organ. After trying many Homœopathic remedies in vain, he at last resolved to try Rademacher's remedy. He gave the drug in a decoction of the seeds as Rademacher first directed. The liver disease rapidly improved under this remedy, and he was surprised to find that some "colossal" varicose ulcers, with which the patient had been tormented for five or six years were completely healed in a few weeks without any external treatment except the occasional and irregular employment of a simple bandage. This case led him to employ the same medicine in tincture of the seeds in his dispensary practice, and it proved so successful that of 196 cases of varicose ulcers of the legs of all varieties of degree 145 were completely cured by *Carduus* alone, though the patients, who were mostly women of the lowest class, continued to go about their work. The only external application was an ordinary flannel bandage, and when there was much burning or itching a wet compress or an oiled rag. As these chronic varicose ulcers are usually of a most intractable nature, a veritable opprobrium medicinæ even under homœopathy, and with prolonged rest on the part of the

patient, it is interesting to all practitioners to know the success that has attended their treatment by *Carduus Marianus*. Dr. Windelband gave the tincture of the seeds in the first dilution or mother tincture, five drops three times a day. I may observe that the tincture or decoction of the seeds was what was used by Rademacher and Windelband, and by Reil and Buchmann in their not very satisfactory provings. The *British Homœopathic Pharmacopœia* directs that the tincture should be made from the root and seeds, but as there is no evidence that any medicinal virtue is contained in the root it should certainly not be used in preparing the tincture.*

In the *Berliner Zeitschrift* of August last, Dr. Kunze has an article on *Carduus Marianus*, which gives us a further insight into its medicinal powers. After remarking that in the latest works on *Materia Medica* of the allopathic school no mention is made of this drug, and that it has rarely been used even in the homœopathic school, he says:—

"The chief spheres of action of *C. mar.* are diseases of the liver, bile and spleen, and various affections caused by derangements of this organ, such as asthma, cough, pleurodynia and local rheumatism, especially of the intercostal muscles, diaphragm and abdominal muscles; also gastric ailments, digestive disturbances, gastro-intestinal catarrh. It has a marked effect on the venous system, especially when the affection of the vessels is owing to hyperæmic state of the liver and obstructive congestion of the portal vessels, but it seems also to have a specific relation to the venous system unconnected with any affection of the abdominal organs. Epistaxis, metrorrhagia, hæmorrhoidal flux, hæmoptysis and hæmatemesis, as also various ulcers of the legs, have frequently been cured by *C. mar.*

"The first and chief indication of *Card. Mar.* is hyperæmia of the liver, of the biliary apparatus, and of the portal system, and jaundice. It is suitable for both the acute and chronic forms of hepatic hyperæmia. The symptoms that chiefly indicate its employment are: more or less distension and tenderness of the right hypochondrium, with pressive throbbing, or shooting pain on right side of abdomen, below short ribs through to spine, also extending through chest to right shoulder. Clinical experience has taught that in liver affections with great tenderness, but without swelling of liver or stoppage of bile, *Carduus* is superior to other remedies. There is present an inclination to take a deep breath, but the pains are aggravated by that and by

*The American Homœopathic Pharmacopœia directs that the seeds only be used.—RECORDER.

movement. In very acute cases this hepatic hyperæmia assumes the form of a bilious fever or so-called acute hepatitis, or as typhlitis, or with an array of symptoms resembling peritonitis puerperalis, or as cough with stitch in the side (false pleurisy).

"This chronic hepatic hyperæmia is often attended by chronic pleurodynia in either hypochondrium, pain in cæcal region accompanied by emaciation, dirty yellow complexion or hectic fever; sometimes hemorrhages ensue, epistaxis, hæmoptysis or hæmatemesis, metrorrhagia, sciatica and intercostal myalgia. A common complication is icterus and gastro-intestinal catarrh. Indications for *Card. Mar.* are dull headache, especially in forehead or temples, confusion of head and vertigo, epistaxis, bitter, pasty, flat taste, eructations, heartburn, white tongue, especially when it is white in the centre and red at tip or sides, or only white on one side, at the same time vomiting of a sour green fluid. The stools are at first generally brown and of firm consistence, normal, neither constipation nor diarrhœa, later they become bright yellow, pappy, and diarrhœic. The urine is at first bright yellow, then brownish tinted, alkaline or acid, with a glittering scum and cloudy sediment. The gastro-intestinal catarrh is sub-acute; there are sometimes attacks of gastralgia, the pains being contractive; at this climax vomiting, cold rising from precordium to throat, ending with a feeling of spasmodic constriction in throat. I may mention that *Card.* is sometimes useful in the vomiting of pregnant women, or such that occurs in the morning before meals, is watery and tasteless. Some recommend it in gall-stone colic, but I cannot do so.

"Melancholy as a consequence of hepatic disease is cured by *Card.* in suitable cases. There is rarely absent a cough, which is sometimes dry, sometimes with expectoration of mucus, streaked with blood or sanguineous. In the morning thick yellow sputa, and expectoration with difficulty, there are at the same time stitches in the side and evening fever. The patients complain of dyspnœa.

"Here is a specimen of a cure of hepatic hyperæmia. A woman, aged 45, of greyish-yellow complexion, who had been subject for several years to hepatic colic, had been suffering for a week from her periodical pains. They commence in the middle of the abdomen and extend thence to the scrobiculus cordis and right hypochondrium where they remain. The precordium was so sensitive to the slightest touch that she cried out, and thorough examination was impossible. An hour later, before she had taken any medicine, she got an attack of colic with very little vomiting, great dyspnœa, feeling of suffocation

and great exhaustion. This attack went off in the afternoon without medicine, and then there ensued chill and heat. When carefully examined next day, the whole right hypochondrium was found to be distended and extremely painful, with febrile symptoms, so that hepatitis might almost have been suspected. Tongue loaded, rather pasty; urine reddish-yellow, turbid, scanty and strongly alkaline. The patient got *Tinct. Card. Mar.*, 10 to 15 drops five times a day. Next day much better, completely cured after three days."

Dr. Kunze points out the similarity of the above symptoms to those obtained by Reil in his proving of the drug, which may be read in the second volume of the *Cyclopædia of Drug Pathogenesis*.

"In acute or sub-acute gastro-intestinal catarrh *Card. Mar.*, given in doses of several drops of the tincture several times a day, is so very useful that the slighter cases are removed in two days, the severer ones in five to seven days. Even chronic cases are cured in a relatively short time.

"A woman, aged 64, had been suffering for two years from anorexia, persistent nausea, frequent vomiting of food, of which she could only eat of the lightest kinds, pains in precordium and right hypochondrium. The last few months she had, in the evening, palpitation of the heart, chill lasting quarter of an hour, spasmodic drawing in calves and hands and numbness of fingers. Tongue moderately furred, steel grey, taste bitter, urine acid, bright yellow, cloudy; headache. After taking for two days some remedies which had no good effect she got *Tinct. Car. Mar.* Next day the evening attack did not come on and she felt better generally. Some hæmoptysis occurred, but that she had often had. After taking the medicine for fourteen days all her symptoms disappeared.

"In spasms of the stomach *Carduus* is superior to most of the usual remedies. If the pains are contractive, if vomiting occurs at the climax, if there is cold rising from the precordium to the throat, combined with feeling of spasmodic constriction, if there is pressive, shooting pain in the right side of abdomen spreading to the back or shoulder, one may rely on seeing good results from *Carduus*.

"Chronic hyperæmia of the spleen, and its attendant affections are not insusceptible to the action of *Carduus*. It removes the following symptoms which may be due to the spleen: chronic pleurodynia in left hypochondrium, hæmatemesis, ague and intermittent neuralgia. I have seen sequelæ of malarious and typhoid fever repeatedly yield to this medicine.

"A widow, 50 years old, who had been ailing for 10 years, complained of loss of appetite, bitter taste, constipation, tension or pain in precordium and liver. A few days ago she got a feeling of hot undulation in precordium, with anxious oppression, followed a few hours later by a black, tar-like stool mixed with blood. She now felt not only pains in the liver, for which she had been latterly taking *Quassia* without effect, but also pressure and shooting in the region of the spleen, which was swollen and tense. *Card. Mar.* was prescribed. Next day the liver pains had completely gone, but the spleen remained tender to pressure; on the 2d or 3d day she lost blood by stool, but 10 days after taking the *Carduus* there was no more swelling or tenderness of the spleen, and the patient felt better than she had done for years, while continuing to take the medicine.

"In former days *Carduus* was given for ague. Tournefort relates the following case: A young woman, aged 25, complained for a week of violent pains, which began at the right ear, passed through the temple down to face and neck, did not invade the left side and recurred two or three times a day; pain in both sides, especially in the middle. Every day, about 3 P. M., she has an ague fit, with chill, heat and sweat, lasting from one to two hours. She is weary, lies in bed, has no appetite, bitter taste, tongue thinly furred, deep yellow urine, with glittering scum and cloudy sediment. For the last six months the menses have come on every fortnight, lasting three days and generally pale colored. In the interval she has continual leucorrhœa. On account of her anæmia she got *Iron*, and for the gastric malarious symptoms *Carduus Mar.* at the same time. The ague and periodical neuralgia disappeared in a few days, and in three weeks the leucorrhœa and anomalous menstruation were cured.

"Numerous cases have occurred where *Card. Mar.* has cured pains in the hepatic or splenic region accompanied by hæmoptysis or expectoration of viscid, lumpy mucus, and evening fever. Even phthisis pituitosa and slight or severe bronchial catarrhs have been cured by it.

"A man, aged 62, had suffered for six months from cough with copious purulent expectoration in enormous masses, and for the last fourteen days had, in addition, hectic fever. He complained of shooting in the left side and pains in the chest; the left lobe of liver was painful to pressure and swollen, the tongue coated yellow. No appetite. Prescribed *Tinct. Card. Mar.* In three days the shooting pain was gone, the liver free from pain. After four weeks the expectoration had quite ceased. *Ferr. Acet.* was given simultaneously for the anæmia, and the patient was quite cured.

"Hæmorrhage from the lungs connected with hepatic disease is curable by no other medicine so readily as by *Card. Mar.* It is also of great use in hæmoptysis dependent on diseases of spleen, with swelling and shooting in that organ and relief by lying on left side. Acute and chronic sore throats, and chronic asthma when connected with hepatic or splenic derangements yield to this remedy.

"An emaciated man of 40, with a yellowish grey complexion, had suffered for several years from asthma with severe cough with more or less expectoration of thick sputa. His general health was pretty good. Auscultation revealed sibilant and mucous rales, the right hypochondrium was swollen and painful. The left lobe of the liver was most sensitive and felt hard. Moderate pressure immediately caused difficulty of breathing and cough. He was never free from asthma, the breathing always panting and the voice hoarse. Any exertion increased the dyspnoea. At night the asthma was not so tiresome as the cough, which only towards morning became loose. As the affection evidently depended on disease of the liver, *Card. Mar.* was given. In a week the patient felt better, and after a fortnight the asthma and cough were gone. The patient now left off the medicine, but as his chronic liver malady was not quite well, the asthma and cough returned. He resumed the medicine, and after going on with it for a considerable time he was not quite well, the asthma and cough returned. He resumed the medicine, and after going on with it for a considerable time he was quite cured.

"I have already said that *Card. Mar.* is a valuable remedy in various hæmorrhages; certain it is when these depend on affections of liver or spleen *Carduus* is very efficacious, but it would seem also to be a good remedy for hæmorrhages independent of diseases of those organs. Professor Rapp says it is, next to *Bryonia*, the best remedy for the habitual epistaxis of young persons having a psoric origin. I have already given examples of its power over hæmoptysis, hæmatemesis, and passage of blood by stool. But it is also decidedly useful in metrorrhagia. This is often not an idiopathic affection of the uterus, but dependent on disease of the liver, spleen (or kidneys). In real affections of the liver and spleen we are not always able to find an actual enlargement of or severe pain in these organs. The previous occurrence of typhoid, intermittent fever, icterus or pneumonia may lead us to infer the existence of some alteration in the liver or spleen. This inference is strengthened by the presence of digestive derangements, disposition to diarrhoea or constipation, bitter taste, coated tongue, yellow color of temples and corners

of the mouth, muddy urine, light-colored stools, satiety, after very little food, sensitiveness of the hepatic region to pressure. In affections of the spleen or liver a peculiar complexion resembling anæmia. In a former paper I mentioned the good effects of large doses of *Bursa Pastoris* in metrorrhagia, but that *Card. Mar.* is a valuable remedy the following case will show:

"A young married lady, aged 27, who had already had two children, had suffered for eight years from frequent attacks of metrorrhagia, coming on at menstrual period. The hæmorrhage lasts twelve to fourteen days, and then leucorrhœa ensues. She suffers from costive bowels, is emaciated, yellow about temples and corners of mouth, bitter taste, and is very irritable. Her last child is six years old. Various gynæcologists have examined her, and declare there is no idiopathic uterine affection, but the liver is not swollen. For the last six months she had suffered from periodic hemicrania. She has undergone much treatment at the hands of celebrated physicians in various places, but without any good result. The yellow color of the temples and the digestive symptoms point to an affection of the liver; hæmorrhages attendant on liver disease demand *Carduus Mar.* She began to take the tincture on the sixth day of the discharge. After a few doses the discharge decreased, and after two days stopped completely, and no leucorrhœa followed. On continuing the medicine the next period was much less, and lasted only five days. The lady recovered her health, her complexion became normal, and her bowels regular. After a few months she declared that the 'miraculous drops' had cured her."

Dr. Kunze then alludes to Dr. Windelband's experience of the efficacy of *Card. Mar.* in varicose ulcers, mentioned above, and he then goes on:—

"It is a specific in local muscular rheumatisms dependent on liver disease. This rheumatism only attacks the abdominal muscles. It sometimes spreads to the hip and the thigh, and even down to the ankles, and there are often pains under the short ribs and in the sacrum.

"A married lady, aged 34, who had been confined four weeks previously, during her convalescence, got an affection of the peritoneum, with tearing, shooting pain on both sides of abdomen, sometimes concentrated in the center of the abdomen, where it gave her much pain on taking a deep breath. *Card. Mar.* in three days completely removed this rheumatic affection of the abdominal muscles.

"These abdominal pains accompanying liver affections may be so violent as to make us suspect peritonitis, but their rapid cure by *Card. Mar.* shows that this was not the case.

"A widow, aged 30, of greyish yellow complexion, complained of continued severe pains in the center of the abdomen, especially severe in the right mesogastric region. On pressure, or on the slightest touch of this part, which was hard and distended, the pain was very violent. Loss of appetite, tongue slightly coated, considerable fever. After taking *Card. Mar.* for three days all the symptoms disappeared.

"The following case will show its power in rheumatic affections of sacrum, hip and thigh: A woman, six months pregnant, complained of violent pains in the right hip, which extended to the middle of the thigh and ran down to the ankle. Along with them was violent sacral pain. She can only crawl along, limping and dragging her leg. The pains are particularly violent on rising from a seat and become gradually slighter on walking. Under the right short ribs she feels a slight tenderness on pressure, but no pain. After a week of *Tinct. Card. Mar.* she was completely cured of her rheumatic ailment."

I have frequently employed with advantage the tincture of *Card. Mar.* in cases of congestion of the liver, but from Drs. Kunze's and Windelband's observations it seems to have a much more extensive sphere of action than it has hitherto been credited with, except by Rademacher, to whom indeed medicine is chiefly indebted for a knowledge of its therapeutic virtues.—*Monthly Hom. Review.*

CACTUS GRANDIFLORUS.

Having used the *Cactus Grand.* in my practice the last ten years, I will give you my experience and its therapeutical effect upon the system. * * * * *

R Ten to twenty drops in four ounces of water; dose, teaspoonful as often as necessary.

I get better results from it by giving it in small doses and often, till we see its physiological effect. I use it in all forms of heart diseases, either organic or functional, when the pulse is accelerated, *but never* in a slow pulse. It is sedative in action, reducing the pulse and giving strength to the heart's action. Thus where we have a feeble pulse—80, 90 or 100—it will relieve the heart's action, and give it tone or strength. It is also anti-spasmodic when there is tightness in the chest, difficult breathing, inability to walk fast or walk up stairs, soon get out of breath, in a severe attack of angina pectoris, when the patient

wants all the doors and windows open—in such cases it will give prompt relief.

In all cases we have observed that there is difficult breathing in either organic or functional diseases of the heart; the feet, hands and body are cold, indicating an unequal circulation of the blood—too much blood in the heart and lungs, and not sufficient in the extremities, hence the oppression and *coldness*. The *Cactus*, given in small and frequent (every ten to fifteen minutes) doses, will, in a reasonably short time, remove the difficult breathing, and the hands and feet, as well as the body will soon get warm. This I have time and again observed at the bedside.

Then it must be not only an anti-spasmodic, but a stimulant to the capillaries and nervous system. I employ it in many forms of heart disease, whether functional or organic, such as palpitation, pericarditis, endo-carditis, hypertrophy, atrophy, angina pectoris, and valvular insufficiency. Thus, if we prescribe the *Cactus*, when indicated, given in small and frequently repeated doses, we will never be disappointed; but if you give it in large doses at long intervals you will always be disappointed.

It is also a fine remedy in rheumatism of the heart, as I find after having used it in a number of cases. I alternate it with tincture *Cimicifuga racemosa* in similar doses. It gives the patient prompt relief. I prefer to give the *Cactus* alone, though in all cases we must give such other remedies as are indicated. *Cactus*, properly prescribed, will cure *all* functional diseases of the heart, and ameliorate many organic affections and diseases of that organ.—*John A. Henning, M. D., in Medical Summary.*

Whooping Cough.—It has frequently been observed that in whooping cough epidemics a remedy meeting a majority of cases in one year will often fail of being effective in another. Thus *Naphtalin 3* was the remedy during one epidemic, while during the next *Camphora* did the work and during a third *Belladonna*. This was followed by an epidemic wherein *Coccus Cacti*, *ix trit.*, met almost all cases. This is one of the old Rademacherian remedies, and about one drachm of this was dissolved in four ounces of sweetened water and three teaspoonfuls were given daily, amelioration set in at once and the cure was generally completed within five days.—*Popul. Hom. Zeitung, Vol. XII.*

Symphitum Off.—An old and very valuable remedy. This plant is found all over Europe (and in some parts of North

America), in wet fields and ditches. We make a tincture out of it which has marvelous healing and cicatrizing properties. *Symphitum* must be a very old popular remedy; its reputation is well established, and it is mentioned in all the old medical "tomes." The decoction acts as an effective demulcent and pain-killer in severe bruises. It diminishes the irritation in wounds and ulcers, ameliorates and lessens too copious suppuration and promotes the healing processes. In homœopathic practice the tincture diluted with water is used with great success in fractures and bruises or other injuries of bones. Its effect is really extraordinary in injuries to sinews, tendons and the periosteum.

A few days ago a colleague consulted me about a horse with a stab wound in the fetlock which would not heal, do what he would, and which rendered locomotion impossible. (The doctor is by no means a young or inexperienced veterinarian.) I examined the wound, and at once recommended *Symphitum* θ . Within two weeks the animal was cured. This remedy really cannot be overestimated.—*Dr. Gottweis in Pop. Hom. Zeitung, Vol. VII.*

The Danger of Unboiled Milk.—Many people have a rooted objection to the taste of boiled milk, and, as a matter of fact, that liquid is generally drunk unboiled. The public will, perhaps, be more inclined to depart from the beaten track when they read of the following case brought to the notice of the Académie de Médecine by M. Ollivier, one of the physicians of the Hôpital des Enfants Maladies. Clinicians are moving heaven and earth to exorcise the ogre tuberculosis, and, in our anxiety to discover an antidote for the ravages of the terrible bacillus, we are apt to forget the old adage, "prevention is better than cure." The case related by M. Ollivier was that of a young lady aged twenty, whose family and personal health antecedents were excellent, but who had the misfortune of being brought up in a school where, in the space of a few years, six out of thirteen girls had fallen victims to tuberculosis, two being cases of tabes mesenterica. The young lady succumbed rapidly to tuberculous meningitis. An examination of the udder of the cow, which had for nine years supplied the school with milk, was, after death, found to be the seat of extensive tuberculous lesions. M. Mocard emphasized the contention of M. Ollivier

that unboiled milk should be banned, however healthy the cow yielding it may appear, by relating how the lymphatic glands of a calf in seemingly excellent condition, which, to the great disappointment of its owner, had died after a few days' illness, had been found stuffed with bacilli. A short time afterwards the mother of this calf—a fine beast, to which had been allotted numerous prizes—died in her turn, and the udders, lungs, and lymphatic glands were discovered to be tuberculous. The lesson taught by these two interesting communications is plain: avoid unboiled milk.—*Lancet, March 7th, 1891.*

If people would use the Romans-horn brand of sterilized milk they would avoid this danger. It is a pure Swiss milk highly condensed and preserved by the sterilizing process, contains no chemicals or other added substance. The following government analysis from the laboratory of Melbourne, Australia, is apropos:

MELBOURNE, 24th April, 1882.

I have examined the condensed liquid milk of the Romans-horn Milk Exporting Company; it is simply good ordinary milk concentrated by careful evaporation at very low temperature to one-fourth of its bulk. Thus, one quart of the liquid condensed milk mixed with three quarts of water will produce four quarts of good, honest ordinary fresh milk. This preparation having had no additions made to it in the shape of sugar, as is always the case with the ordinary condensed milk contained in tins, has many advantages, sugar often seriously interfering with many of the uses of milk, especially in cooking.

(Signed)

WM. JOHNSON, *Analyst.*

Rhus Aromatica—Recently, by the advice of Dr. J. S. McClanahan, of Booneville, Mo., I have treated this disease [*Diabetes mellitus*] very successfully with *Rhus Aromatica*, in doses of gtt. 30 of the tincture, given every two or three hours through the day. One of my first patients was an old man, some 74 or 75 years of age, who was very weak, and was passing a large quantity of urine, the specific gravity of which was 1040. Upon evaporation upon a slip of glass, over a lamp or candle, this yielded a large percentage of molasses. I put this old gentleman on *Lycopus* and *Nitrate of Uranium*, which treatment he continued a month; it reduced the quantity of the urine, but not the quantity of sugar. I then put him on *Rhus Aromatica*, three times a day, which he continued for one month, with a

great decrease in the quantity of urine and sugar. I now took the specific gravity of the urine and found it to be 1032. I continued the prescription another month, at the end of which he appeared to be much better, and said he felt well. He was gaining flesh and strength rapidly, and I advised him to continue the treatment another month; at the end of this time he reported himself perfectly well, and so continues up to last accounts. The *Rhus* is reported to be as good in diabetes insipidus as in diabetes mellitus. * * * The old gentleman had been visited by two of his brothers, both old and reputable physicians, both of whom pronounced his case incurable.—*Goss. Practice of Medicine.*

Calendula.—The other day I was told by a friend that he had, last autumn, chewed a *Calendula* leaf for a few minutes; the effect was most marked and very striking. It entirely removed for some days the difficulty in making water, with which he had long been troubled, and which is so common in elderly people. I have a suspicion myself that *Calendula* affects the spinal chord, from certain unpleasant feelings which I have when making it from the fresh plant.—*C. W., in the Hom. World.*

To the foregoing the editor of the *World* appends the following note: In response to our request for a fuller description of these feelings our contributor replies that the symptom was very difficult to describe. "There was such a feeling as if some overwhelming calamity was hovering over me as to be almost unbearable. Three years ago, just after making the tincture, my old enemy, the gout, nipped me in the middle of the spine, and in three days spoiled all my powers of walking; and then the dreadful feeling became very much exaggerated."

Sambucus Nigra.—This old remedy has had a revival by the pen of Dr. Georges L emoine in the *Gazette Medicale* of Paris. He principally employed it in nephritis, especially in the acute congestive form; its action then being more rapidly produced than in chronic Bright's disease. The first case he cites was that of a woman, 32 years of age, who, as a consequence of improper use of a catheter, acquired cystitis and ascending infectious

nephritis. There was considerable anasarca, the peritoneum and pleura contained liquid, and the patient was in danger of dying from œdema of the lungs. After the first day's use of the remedy the urine nearly doubled, while on the fourth day nearly ten times as much urine was passed as at first. The anasarca rapidly diminished, and it was not until the cellular tissues were entirely free from effusion that the quantity of urine and the number of diarrhœic stools were reduced.

Two other cases also of acute nephritis are given in which the results were satisfactory, but in six cases where nephritis was of long standing the effects were less apparent. Dr. L emoine states that in the œdema, in consequence of heart disease, the elder will likewise in the majority of cases produce improvement through its action on the kidneys and the intestine.

Sticta Pulmon. in Measles.—When the acute symptoms of measles have subsided, and the case is approaching convalescence, appetite is returning, and all signs point to a happy termination of the disease; a most troublesome complication often arises in the shape of a cough, which fails to respond to the ordinary remedies for bronchial affections. In the treatment of this condition I am indebted to Dr. W. C. Goodno, of Philadelphia, for the use of a remedy which has given me most satisfactory results. I refer to *Sticta Pulmonaria*. I am not familiar with the pathogenetic qualities of this drug, and cannot therefore explain its action in this connection. I only know that it "gets there" with great promptness and uniformity, and it is this knowledge which recommends it to my favor. Cases of this character, which might result in chronic bronchitis, or even threaten incipient consumption, yield to this remedy so speedily and so kindly, that I feel justified in according it the highest praise.—*Douglas Caulkins, M. D., in S. J. of Hom.*

Somnambulism.—Percy W., aged fourteen, nervous temperament. Has been troubled for the last three years by dreams and sleep walking. On one occasion he had got up, dressed, went into the yard and split wood for some minutes. Being watched, at the time, by his family who were awakened by the noise.

When aroused he merely said he had been dreaming of splitting wood. He asked why he had been brought down stairs and into the yard. His last adventure was more serious, he got up and walked out of an open window, falling fifteen feet to the ground. He gave one cry (which awakened his mother) and started for the stable on the opposite side of the road. He was overtaken and, when fully awake, declared that he was going to hitch up the horses and go to town; that he had felt sick and was going to see the doctor. He insisted that he had not been asleep and had come down stairs in the old-fashioned way. His parents found his head badly cut and arm injured. On examining head I found a Colles's fracture. After dressing the wounds I put him on *Bryonia*, 3x trit., one powder at night. The dreams gradually grew less, until at the end of five weeks he slept easily and naturally. A year has now gone and he has had no dreams, nor has he walked in his sleep for eight months.—*Dr. M. G. Violet in Medical Current.*

ASARUM CANADENSIS.

I was called in haste on the night of December 29th, 1890, to see Mrs. P., a married woman, and her child, aged about seven years. On arriving at the house I found them suffering from some strange form of poisoning. On inquiring as to whether any poisonous substance had been taken I was told that the mother, thinking she was suffering from amenorrhœa, had prepared a decoction from what she supposed to be the root of wild ginger, or *Asarum Canadensis*, and had taken a considerable quantity of the liquid. The child had also taken some of it with the hope that it would relieve a "bad cold." The symptom which the mother presented was intense pain in the mouth, throat, stomach, and bowels, which was continuous and burning in character. The face, hands, and the lower third of the forearm had the sensation of a thousand small sharp needles piercing the flesh in every direction, and there was also a great deal of burning about the wrists. The strangest symptom of all, however, was the eruption which was present. The skin of the face and all the subcutaneous tissues were much swollen, so that one eye was entirely closed and the other eye nearly so. The eruption resembled erysipelas, for the skin was red, thickly covered with pimples and vesicles, while scattered among these were several blisters of considerable size. The eruption was also present about each knee, cover-

ing a space as big as a hand, being chiefly confined to the popliteal region. In other portions of the body small pimples dotted the skin, and a few vesicles could be found here and there. I forgot to mention that the hands and fingers were much swollen, sufficiently so to make the fingers stand wide apart.

The constitutional symptoms consisted in frequent rigors, accompanied by a fever of about 101°; the pulse was 122 and weak. There was a good deal of nausea and some vomiting. During the remainder of the attack there were considerable swelling, pain and heat about the anus, and these symptoms were still more marked at the vulva; the labia majora, the nymphæ, and the vagina were greatly swollen, while the burning sensation caused a constant desire to urinate, although micturition was very difficult and painful.

The little girl's symptoms were identical with those of her mother except in degree, all of them being of a milder type, as she had not partaken so freely of the decoction. Another child, who had taken a very small quantity of the liquid, had the same eruption over its body.

The patients made a good recovery, although convalescence extended over three weeks.

I am altogether ignorant of the effects of wild ginger, except the account given in our different dispensaries, and if any of the readers can give me any information in regard to the use of wild ginger I shall be glad to hear from them. Is wild ginger poisonous? and if so, would it be likely to produce such characteristic symptoms? The husband of the woman gave me some of the roots, which had been collected last fall. They were from two to four inches long, varied somewhat in size, but averaged about the diameter of rye-straws. They were crooked and knotty, very brittle, and gave a pleasant, aromatic taste when chewed, which closely resembled that of cardamom.—*Dr. James Mitchell, M. D., in Medical News, March 7, 1891.* (R)

Miss Boreton: You appear absent to-night, Mr. Wentman.

Wentman: Do I? A mere optical illusion, unfortunately, ma'am.

An Irish doctor recently reproved a friend for his too liberal use of brandy. "Bah!" said the latter, "I've drank of it since I was a boy, and I'm 60." "Very likely," replied the doctor, "but if you'd never drank of it perhaps you would now be 70."

VETERINARY DEPARTMENT.

OEDEMATOUS ERYSIPELAS IN CATTLE.

This affection I observed rather frequently last spring. It appears as a flat swelling, more or less extensive, becoming thinner towards its periphery; of considerable warmth and more or less painful, which, stretched superficially, retains the impression of the finger. Among many I selected the following from my case-book:

Cow 12 Years Old: Erysipelas of the head and bag; temperature of the head very high, on the bag the nodules looked as if pressed in; poor appetite, swallowing is difficult, pulse accelerated, heart beat barely perceptible. Prescribed *Belladonna 1*, 16 drops in $\frac{1}{2}$ -pint of water, to be divided into four doses within 12 hours. On the following day was quite well.

Cow 3 Years Old: Cow six months heavy with calf, and a heifer one year old, both had erysipelas of the vulva. The parts were much swollen over their entire extent, very red, both animals in striving to rub their hind-quarters and by vigorous movements of the tail, showed itching pains. Treatment, *Belladonna 1*, 16 drops in $\frac{1}{2}$ -pint of water. Next day cured.

Ox 6 Years Old: Erysipelas of the front region of the neck, poor appetite, slimy mouth, swallowing somewhat impeded, audible breathing, sluggish stool. Gave *Bryonia 0*, 8 drops in $\frac{1}{2}$ -pint of water in three doses during 24 hours. Gentle friction of neck and careful covering of same. Next day considerably improved; prescription repeated, on the fourth day quite well again.

Ox 10 years old: Erysipelas of lower belly and both hind-quarters—general condition not much affected. Gave *Bryonia 0*, 12 drops in 1 quart of water to be given in 6 doses during next two days. On third day lessening of the swelling all over, lays down again that night. Now a dose of Sulphur θ and full recovery in a few days.—*Dr. C. Boehm, of Anod, in Bolle Pop. Hom. Zeit.*

Horse, Fistula in Cartilage.

Black stallion 14 years old in the stables in W. stood lame since over 25 weeks and the veterinarian had declared him incurable. I was induced to examine the horse and give my opinion. The animal was very much fallen off in flesh, was very lame on left foreleg, and on inner side of the crown of the hoof

there was a cartilagenous growth as large as a man's fist with three fistulous ducts secreting a thin stinking matter, the sound penetrated $1\frac{1}{2}$ inches. It was a cartilagenous fistula. I offered to cure the horse within six weeks provided it was transferred to my own stable. But they would not listen to the proposition and wanted to sell the horse; as it was a very beautiful animal I bought it. On November 4, it was brought to my stable, very lame on account of the long march. I cut off the old deadened horn, and endeavored to facilitate the flow of matter, then bound up the wound and thickened cartilage with tow moistened with a solution 1 gr. of *Arsenicum* in 4 oz. of water. The hoof proper was enveloped in cowdung. This was done twice a day. Inwardly I gave every morning a dose of *Arsenicum 6*. On November 11 the suppuration had greatly lessened, the matter had more consistency and odorless, the lameness is better. Up to November 15th the external application of *Arsenicum* was continued and every other day a dose of *Arsenicum* administered. On the 16th the suppuration had ceased, and the dressing was taken off. Only the hoof and the cartilageous excrescence were rubbed with a bland ointment. The horse was shod and on December 20th I rode it when not a trace of lameness was noticed. The enlarged crown of the hoof was gone in three months and I used the horse for three years and then sold it for a good price. Of a surety Allopathic vets. are sorely vexed by such cases, they operate, they burn, use escharotics, but all to no purpose, the horses remain crippled.—*Dr. L. Manch, of Arnstadt, in Ibid.*

Horse, Lockjaw.

On February 13th a landed proprietor wrote to inform me that he had a horse which could not eat well, its tongue was swollen and inflamed. I sent him *Belladonna 3*, one dose to be given every four hours. On the 16th I journeyed to see the horse; there was no doubt it was a case of trismus. It was a gelding, 12 years old, he stuck out his head and neck, tail elevated, the nostrils formed triangles; out of the mouth ran a tough saliva; mastication was difficult, the jaws could be separated about an inch. The muscle of the neck and sacrum were tense. Dung and urine were voided regularly, the former somewhat hard and small; pulse was small; walk stiff and tense; had a little appetite but could drink only bran in water. I had the horse well rubbed with straw whisks and covered with double blankets and gave him *Nux V. 6*, a dose every two hours, on the 15th to 17th a dose every two to four hours and twice a day he was well rubbed off. On the 15th a good transpiration set in which we kept up.

On the 18th the trismus was considerably less, could eat much better, but it had not lain down since the sickness commenced. *Nux V.* is now given twice a day. On the 26th the horse laid down again and but little of the trismus could be noticed. *Nux V.* twice daily, and on March 3d the horse was fully cured.—*Dr. L. Mæuch, of Arnstadt, in Ibid.*

Horses.

Glanders Cured: On May 25th Carter Kneisel, from Goobsdorf, came to me and informed me that by order of the Royal District Veterinarian of Schœrberg, three of his horses had been killed, having been afflicted with glanders and worm-disease; that he had three more awaiting a like fate if amelioration should not set in within two weeks. As he begged me to examine the horses, I went to Goobsdorf and found three middle-aged horses affected with a suspicious coryza and with worm-disease in the highest stage. On my assurance that there was some hope, the district veterinarian permitted me to try, and within six weeks the horses were all right.—*Dulcamara* and *Arsenicum* were the remedies I used.

On February 18, 1853, I was requested by teamster Jabelt, from Werdau, to examine and treat six horses which had been declared to be glandered by the district veterinarian. I went to Werdau and found that several of the horses were glandered and had the worm-sickness, and that the rest had suspicious symptoms. After a four-weeks' treatment all of the horses were declared to be sound again. *Dulcamara* and *Arsenicum* were the remedies. With these two remedies I succeeded in curing, during my sixteen years of veterinary practice, more than twenty-five undoubted cases of glanders and worm-disease.—*Dr. Kunz, Veterinarian in Romeburg Bolle Pop. Hom. Zeitung.*

Stringhalt.

E. Stanley, the Government veterinary surgeon of New South Wales, has the following opinion as to the cause of stringhalt in horses: "I therefore still maintain that the disease is helminthiasis, that is, caused by worms. It will be remembered that I reported at some length on this disease in July, 1886; since then I have seen the same affliction at Moama, on the Murray River, in 1887, and again at Moss Vale this year, therefore I am able to confirm my opinion as to the parasitic origin of the disease. It is caused by worms infesting the mucous membrane of the horse's digestive organs, especially the intestinal canal, where, by setting up irritation of the bowels, they disturb the nervous system, thereby affecting the nutrition and action of certain sets

of muscles, producing inordinate contraction whenever the animal moves; this I attribute to perverted nervous action, which is possibly aggravated by deterioration of the blood, produced by the ever-increasing myriads of parasites; they are biting, perforating, and bleeding, like leeches, the highly sensitive mucous membrane during the whole time they are the tenants in possession; they not only deteriorate the blood by altering its constituents, but I believe they also, by virtue of their excretion and debris, eliminate toxic material, which being absorbed into the circulation may assist in producing the disastrous effects on the nervous and nutritive systems which are so characteristic of this affliction. In stringhalt parasitic worms are found in countless numbers, and of several distinct varieties, in the large and small intestines, invading their tunics, making innumerable sores, ulcers, and abscesses, accompanied by the products attending chronic inflammation; thus paralyzing peristaltic action, they interrupt the natural nutritive functions of these important digestive organs; they are so overcrowded and voracious that they actually bore right through the bowels, and some are found as wanderers in the muscular walls of the abdomen; they stray about to become finally encysted in various places, and die; their debris creates still further trouble."

Chicken Cholera.

In regions where the inhabitants are afflicted with Asiatic cholera there has frequently been observed a remarkable sickening of dogs, cats, and even of fowls. At the time of the recent invasion of this scourge it showed itself in every town and surrounding country, and created great devastation in the poultry yards. Vomiting, diarrhoea, cramps in the legs and rapid sinking of strength were the most prominent symptoms. *Veratrum album* 3, administered in the very beginning, proved to be a most excellent remedy.—*Hom. Zeitung.*

How Veterinarian K. Became a Homœopath. [®]

Having just completed a professional visit at Mr. K.'s I chanced to see quite a number of bottles of Homœopathic preparations on a desk, among which *Thuja* θ was conspicuous. "What do you use *Thuja* for?" I asked. "To remove warts," was the answer; and as a living example he introduced me to his grown daughter, who had been almost deformed by them. "With this remedy I also cured veterinarian K. from his prejudices against Homœopathy, so that until his death he was one of its most enthusiastic and useful adherents, far and near. K. one day visited my cow stable while I was engaged in painting

two large warts on a cow's leg. Curious to learn this new procedure he asked for instruction, and soon became convinced of the effectiveness of this to him new treatment. This first success induced him to further investigations, and especially the specific action of *Plumbum acet. 3x trit.* in colic, made of him a convert." I was much interested to find that my patient, Mr. V., found this remedy all sufficient in 99 out of 100 cases of colic in horses. He places a quantity, the size of a pea, on the horse's tongue as soon as it is taken sick, and repeats the dose every ten minutes, prolonging the intervals as amelioration is manifested. Our Vet. K., with characteristic enterprise, made hundreds of powders of this remedy and sold them as "colic powders" to owners of horses. *Plumb. acet.* is especially indicated when the colic is accompanied by constipation.

As to *Thuja* θ in warts I would yet remark that Mr. V. carefully pares with a sharp knife the horny skin of the wart without, however, drawing blood, similar to paring of a corn, thus providing a fresh absorptive surface, and this ensures success, for although *Thuja* is an old-time remedy for warts, yet the horny covering in many cases prevents resorption and this is at the bottom of most of the failures.—*Dr. G., Jr., in Pop. Zeitschr. fur Hom., Vol. IX.*

BOOK NOTICES.

A Treatise on Diseases of the Eye ; for the Use of Students and Practitioners. To which is added a Series of Test Types for Determining the exact State of Vision. By Henry C. Angell, M.D. Seventh edition. Rewritten and enlarged. Otis Clapp & Son, 1891. 357 pages. 8vo., Cloth. \$3.00.

The sixth edition of Dr. Angell's favorite work on the eyes, issued in 1882, was long since exhausted and the present, enlarged and improved edition will doubtless receive a hearty welcome, and meet with a rapid sale. The general trend of the book is shown in the modest preface to the present edition, and we quote it entire: "The present edition is mostly re-written, and is more fully illustrated than its predecessors. It is also favored with contributions from my friend, Dr. F. Park Lewis, of Buffalo, N. Y. His articles are placed in brackets and marked by his initials. As in former issues, the aim has been to make

the book suitable for the use of physicians in general practice." Homœopathic medication does not occupy a very prominent position in the treatments, but in chapter twenty-two a list of remedies "which have been administered from indications furnished by the eye alone," and have "repeatedly cured," is given; it is a valuable part of the book. The general appearance of the work as regards paper, printing and binding is very good.

The Diseases of Personality. By Th. Ribot, Professor of Comparative and Experimental Psychology at the College de France. Authorized translation. Chicago. The Open Court Publishing Co., 1891. Cloth. 157 pages. 75 cents.

This book is divided into an introduction, four chapters—Organic Disorders, Emotional Disorders, Disorders of the Intellect and Dissolution of Personality—and a Conclusion. From the latter we will quote a paragraph and if the reader wants to follow M. Ribot he can get the book. "The unity of the ego, consequently, is not that of the one-entirety of the spiritualists which is dispersed into multiple phenomena, but the co-ordination of a certain number of incessantly re-creating states, having for their support the vague sense of our bodies. This unity does not pass from above to below, but from below to above; the unity of the ego is not an initial, but a terminal point." Again, "the consensus of consciousness being subordinate to the consensus of the organism, the problem of the unity of the ego is, in its ultimate form, a biological problem. To biologic pertains the task of explaining, if it can, the genesis of organisms and the solidarity of their component parts."

Advice to Women Respecting Some of the Ailments Peculiar to their Sex. By J. Adams, M.D. Toronto, 1890. 81 pages. \$1.00.

This little book is addressed to women and is a plea for the use of the constitutional remedies of Homœopathy in "female complaints" in place of "the prevalent abhorrent local applications * * * I do not mean to assert that local examinations are never requisite, or that local interference is always injurious, but I do maintain that the Constitutional Treatment is far more successful in the majority of female ailments, and that the local applications so generally employed are repugnant to the best feelings of women, besides being rarely, if ever, of lasting benefit." The advice given is excellent but the book is entirely too high priced, for the American market at least.

A Guide to the Clinical Examination of the Urine. By Farrington H. Whipple, A.B., (Harv.) Damrell and Upham. Boston. 206 pages. Cloth, \$1.50

"It has been my aim," says the author, "in writing this little book merely to condense the essential features of larger and more diffuse works, and thus to present the subject in a more readily accessible and practical form." From this a general idea of it may be formed. As a means of diagnosis the urine does not stand high, and a diagnosis by it is made "chiefly by exclusion." "It becomes possible only by the application of the above principles to say of an unknown specimen, 'It probably belongs to this disease, because, on the whole, it cannot belong to that.'" Those who like things boiled down will probably welcome Mr. Whipple's book.

Koch's Remedy in Relation Specially to Throat Consumption. By Leunox Browne, F. R. C. S. Illustrated by Thirty-one Cases and Fifty Original Engravings and Diagrams. Lea Brothers & Co., Philadelphia. 114 pages. Cloth, \$1.50.

This book is divided into six chapters treating of the clinical history of laryngeal tuberculosis, histological features, rationale of the treatment as interpreted by the clinical phenomena, indications and contra-indications for adoption of the remedy, general directions for treatment and reports of cases. The author believes in "lymph" and those who agree with him on this point will find the book of value. The paper and press work are very fine. A few of the illustrations are in two colors, showing the bacilli as they appear under the microscope.

The Year-Book of Treatment for 1891. A Critical Review for Practitioners Medicine and Surgery. Lea Brothers & Co. 480 pages. Cloth, \$1.50.

The *year-book* is divided into twenty parts, each consisting of a paper by one of the twenty gentlemen whose names appear on the title page. The first paper is by J. Mitchell Bruce, M.D., of Brompton, England, on "diseases of the heart and circulation." A rough calculation of "authors index" shows that nearly twelve hundred writers are quoted. The "Index to Subject" is very complete and would be handy to one who wanted to hunt up any particular branch. The whole work may be termed Scientific Medicine up to Date, and any one who wants a birds-eye view of the field of that medicine can obtain it in this well edited book.

Essentials of Surgery. Together with a Full Description of the Handkerchief and Roller Bandage. By Edward Martin, M.D. Instructor in Operative Surgery, University of Pennsylvania. Fourth Edition. Revised and Enlarged. W. B. Saunders. 1891. 334 pages. Cloth, \$1.00.

This is No. 2 of the well-known "Question-Compend" series and the fact of a fourth edition shows that it must have merits. Like the others of the series it is arranged in the question and answer form.

"Stoop and Round Shoulders: Their Relation to Chest Expansion and Phthisis Pulmonalis," is the title of a pamphlet received from Dr. E. R. Snader, of Philadelphia, Pa.

"Crude and Infinitesimal Doses," is the title of a fine little missionary pamphlet from Dr. Henry Sheffield, Nashville, Tenn.

Pamphlet received from Thos. W. Kay, M.D., of Scranton, Pa., *A Study of Sterility; Its Causes and Treatment.*

"Personal Observations of Koch's Bacilli. Summary of Fifty Cases," is the title of a pamphlet from the pen of J. P. Rand, M.D., Worcester, Mass.

IN PREPARATION FOR THE PRESS.

A Primer of Materia Medica. An Introduction to the Study of Pharmacodynamics and Homœopathic Therapeutics. By Timothy Field Allen, M.D.

This work is to be a companion volume to the recently issued *Banninghausen's Therapeutic Pocket-book*, and Dr. Allen's name is a sufficient guarantee that it will be a distinct and valuable contribution to Homœopathic literature. The title happily forecasts the nature of the promised volume—one dealing with the primary facts of the materia medica, a book for students and a pocket companion for the practitioner. It is hoped that the new book will be ready for delivery next autumn.

A Homœopathic Bibliography of the United States from the Year 1825 to the Year 1891, Inclusive, containing alphabetical lists of Homœopathic Books, Magazines and Pamphlets. Also, condensed statements, data and histories of

the Societies, Colleges, Hospitals, Asylums, Homes, Nurse Schools, Dispensaries, Pharmacies, Publishers, Directories, Legislation, Principal Books against Homœopathy, and Homœopathic Libraries. Carefully compiled and arranged by Thomas L. Bradford, M.D., Philadelphia, Pa.

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Address communications, books, etc., for the Editor to E. P. Anshutz, P. O. Box 921, Philadelphia, Pa.

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There can be no doubt but that a similar state of affairs exists wherever *La Grippe* has appeared.

Do not forget that on Tuesday, June 16, 1891, the forty-fourth session of the American Institute of Homœopathy opens at Atlantic City, N. J.; also, at the same time and place, that the quinquennial International Homœopathic Congress will hold its fourth session. This meeting promises to be a memorable one in the annals of Homœopathy, and no physician of the true faith, or friend of the same, should be absent from it. Atlantic City is well worth a visit, being a city by the sea in fact as well as in name; its progress every year is of a nature to surprise even its annual guests. Within an easy day's ride of the place of meeting, from Washington and Maryland on the south, to the New England States on the north, are to be found a greater number of Homœopathic physicians than in any other similar sized territory in the world. All these physicians should join the American Institute; they should not procrastinate, but should send in their names *at once*. Homœopathy needs a strong national body to meet its implacable foe, the American Medical Association. Perhaps some will say that "implacable foe" is too strong an expression, but the facts of recent history show that it is none too strong and that if the A. M. A. had its way, organized Homœopathy would soon be a thing of history only. Don't neglect to join the National body of Homœopathy for when there is a fight on there is great virtue in heavy battalions, and there *is* a big fight on, from the Atlantic to the Pacific, from the Lakes to the Gulf—a fight that will probably be continued for years and in which the numerically weaker party must depend, in great measure, on organization for victory.

JOIN THE RANKS.

IN a private letter from Dr. Julio F. Convers, of the United States of Columbia, to whom the profession is indebted for that valuable remedy *Jacaranda Gualandai*, he says, in speaking of the remedy, "I am persuaded by experience that it is one of the best remedies for leucorrhœa." An account of this remedy and a proving of it may be found in the RECORDER, January number, 1889, and July, 1890. In general *Jacaranda* is useful in blennorrhagia, chancroids, gonorrhœa, ophthalmia, etc. It may be had in tablets of the mother tincture.

THE HOMŒOPATHIC RECORDER.

VOL. VI. PHILADELPHIA AND LANCASTER, JULY, 1891. No. 4.

SOLIDAGO VIRGA-AUREA.

CASE I. Mr. —, widower, age 48, first consulted me on July 10, 1890. Gave a history of having had convulsions every two or three months for the last three years. I questioned him as to their character and made up my mind that they were ureamic. Requested him to call again and bring with him a sample of his urine. The examination of the urine found uric acid crystals in excess. Gave a grave prognosis and put on *Hydrochloric acid* 30x. Later he had *Apis*, and still later *Puls.*, for symptoms covered by these remedies. None of these afforded him any lasting good.

On October 12, was called to attend him in one of his spells. Inhalation of *Amyl nitrate* and *Glon.* 6x, internally, brought him out without any trouble.

He had another slight attack on November 14. I did not see him at the time, but he tells me it was not as severe as the one before it.

He called at my office November 21, complaining of the condition of his water. Had to pass it every hour or two during day and night. After some questioning I gave him *Puls.* 3x, and told him to report when the medicine was gone.

The next day or two I saw an article on *Solidago* in THE RECORDER and sent for an ounce of the θ , thinking it might be of use in his case.

He called again November 29 with his condition not improved. I found some tenderness in the small of the back. I then gave him *Solidago* 1x, on disks, with directions to take two twice a day. He came back on December 5 to get his bottle filled. Said it was the only thing he had ever taken that made him feel like a man. Did not have to get up at night to pass water and could retain it with ease during the day. From that time to the present he has had no signs of a convulsion and his water has been natural.

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CASE 2. Mrs. ———, age 37, married, has had seven children. Came to me December 10, 1890, with the following history: Had not had her menses for four months. Thought she was in a family way. Abdomen bloated up every P. M.; sick at her stomach all of the time; frontal headach, P. M.; felt better when first getting up in the morning, at which time her abdomen was almost normal in size.

Her water she complained of more than anything else. Had to pass it every half hour during day and several times during night.

Backache all of the time, which was not decreased by passing water. Urine had a white slimy deposit on standing a short time.

Requested an examination, but could not discover that she was in a family way. Found her back very sensitive in region of kidneys, trace of albumin in urine.

I gave her a vial of *Solidago* 1x., told her to take two disks every four hours and report in three or four days. She came back December 13, "the medicine went right to the spot." From the second dose her water became natural and she did not bloat so much in P. M. Her stomach did not bother her any more. I gave her a bottle of *Puls.* 3x to take with the *Solidago*, and she reported December 17 that her menses had come on.

I have used it in several other cases where it seemed indicated by the tenderness in kidney region and the inability to control the water from whatever cause, always with perfect satisfaction to patients and myself.

A. E. WHITE, M. D.

Black River Falls, Wis.

A PRACTICAL MATERIA MEDICA.

By Arkell Roger McMichael, M. D., New York City.

Read before the Homœopathic Medical Society of the County of New York, April 9, 1891.

Simila, similibus, curantur as a law may be perfect, but in its application as a system of medicine it has many faults, although the cures effected by this method, even with its imperfections, far outnumber any yet known to the scientific world for the healing of disease.

It is a well-known fact that our *Materia Medica* contains much that is valueless—material that has accumulated from sources

which, in the light of our present knowledge, are considered worthless. Many suggestions have been offered for the clearing out of this rubbish with which we are burdened, but the only remedy will be found in a reproving of our drugs on a scientific basis—a work which should be under the guidance of physicians whose only incentive for the work is honesty and love for the cause of pure Homœopathy. Without this we cannot expect to attain to a much higher level. We can sift out, fill in and patch up, but if the foundation is uncertain the results must also be.

The question arises, what can we do to make our present work practical? The solution of this problem is my only excuse for this paper to-night.

The value of a symptom which has always followed every proving of a drug, and which has many times been verified by cures, is well known to us all. It is the one we generally depend on when looking for a remedy to cover the totality of symptoms; and when we conscientiously prescribe and failure is the result, some of us are led to distrust the laws of similia.

Why we fail many times to cure our patients can be explained to a great degree in two ways: first, the symptoms we call grand characteristics, and on which so much importance is placed, have not been verified sufficiently to give them their proper standard of value. It is not an uncommon experience for some physician to recognize virtues in certain drugs that others do not find; consequently the value of a certain symptom designated grand characteristic is only relative to the number of cures by which it has been individually rectified.

Hahnemann's standard of valuation of any symptom was individual experience, and few, if any, authors since his time have placed in the category of grand characteristics any symptoms which have a greater value than is conferred by individual experience. Owing to the small number of Homœopathic physicians in those days, possibly no better method could have been followed; but to-day, with our army of followers, our combined experience can be utilized to much better advantage.

The remedy I would suggest here is one that can be easily applied and the value of which is readily recognized.

Put the standard of valuations on a mathematical basis. Do not place on the list of grand characteristics any symptoms which has not been verified by at least four different physicians, and not less than two verifications from any one of them.

A portion of the work of the Committee on *Materia Medica* of this society should be to select a drug—preferably one among the comparatively new ones—and collect reports of cures by it,

or verifications of its symptoms, these verifications arranged according to the above standard and reported to the society once a year. By this systematic work—the only basis on which satisfactory results can be obtained—much benefit would be realized.

Grand characteristics having this value, we may prescribe our remedies with more confidence and with better prospects of success.

The second cause of failure to cure our patients is the utter impossibility of making our prescriptions cover the totality of symptoms. When we consider our list of drugs, and, still more, their list of symptoms and realize the limits of our brains to grasp them, our only surprise is that the results are so encouraging. This inability to utilize the material in our *Materia Medica* during the rush of a busy life explains why so many well-known followers of Hahnemann's law resort to palliatives. They do not doubt its principle, but reject its mode of application.

The construction of our *Materia Medica* has not materially changed since Hahnemann's time. We still adhere to the crude form in which he left it; its anatomical arrangement is well adapted as a general work of reference, but as a practical work, one that can be consulted with advantage in a few moments, falls far short of our requirements.

As an illustration of what we require for daily reference, I have arranged the accompanying charts.* In considering the disease of a patient, that portion of the body which is immediately affected always encircles within its influence other portions which naturally lie in its track, or are so connected that their consideration becomes a necessity; and often indirectly the whole body may be so affected as to become an object of interest in order to complete our prescription. In the chart before you you will at once recognize the close relation which these different divisions bear to each other. Whenever the stomach is the centre of attraction we naturally expect some disturbance in the mouth or tongue, or look for some evidence of gastric derangement in these organs. In connection with these pathological conditions a train of symptoms show themselves, which owing to their importance, demand a special place in this table. Consequently, appetite, thirst, taste, nausea, vomiting, cructations and flatulence each presents itself for recognition.

*This paper is reprinted from the *North American Journal of Homœopathy*. The charts here referred to, and a full description of this important work, will be mailed free on application to the publishers, Messrs. Boericke & Tafel, 1011 Arch street, Philadelphia. The charts or specimen pages, are not ready yet, but all applications will be filed, and specimens forwarded at as early a date as possible.

The comparison of two or more drugs often becomes a necessity, especially when symptoms peculiar to one closely resemble those of another; and while a comparison of the symptoms which relate to any one portion of the body is generally sufficient, there are times when a complete picture of each drug is absolutely necessary to our decision, owing to their range of action and symptomatology being so closely allied. This comparison of the whole drug may be found in the concomitants, which include the more important grand characteristics of each.

In order to make this table complete, a column for clinical material has been allowed, although its presence is not indispensable to our prescription; it often confirms our choice, besides containing many symptoms not found in the original text, but none the less valuable.

No one can dispute the value of a repertory; it bears the same relation to a *Materia Medica* that an index does to a volume; and yet how few can be studied with any degree of satisfaction. The second chart before you represents a repertory, in part, to the foregoing table. Its most important features are: First, its alphabetical arrangement; second, the different heads under which any symptoms may be found; third, each symptom given in full, as revealed by the provers; fourth, the different type showing the value of each symptom, without referring to the table; fifth, its clinical symptoms and therapeutic limits. Repertories arranged anatomically have always been unsatisfactory, for the reason that many symptoms in their completeness refer to two or more portions of the body; consequently the uncertainty of knowing exactly where to look for them; and again, other symptoms may not refer to any special portion of the body, but simply express a sensation. These under alphabetical arrangement may be found, one as readily as the other. When a symptom is given us by a patient and we wish to refer to it, we often find it difficult to know exactly what to look for in order to find it. As an illustration, take the symptom, burning in the pit of the stomach. According to our repertories, arranged anatomically, we might find the symptom under either Gastric Region or Sensations. In repertory arranged alphabetically, you would find it under three different heads, viz., *stomach*, *burning* and *pit*, the symptom in full following, so that if two of us were looking for that symptom, and one of us should think of it as under *burning*, and the other as under *pit*, we would both find it with equal readiness.

Repetition cannot be considered a fault unless want of space forbids it. This not only applies to the foregoing, where each

symptom may be found under four or five different heads on an average, but also to a common fault many authors have of abbreviating words and also symptoms, allowing the first letter to stand for the whole word, and putting in the most important part of the symptom while leaving the apparently unimportant part to the imagination of the reader. If a symptom is worth recording, it is certainly worth recording in full, as experienced by the prover. No doubt many times a prescription will be made simply on finding the symptom looked for in the repertory without further investigation, especially so if the symptom corresponds closely to that of the patient's, and still more likely if the symptom be a grand characteristic; and oftentimes we will find symptoms which are not only closely allied, but are identical, and if one should be in italics representing grand characteristic, and we are satisfied to prescribe on the symptom alone, we will not hesitate long in making our choice, which at once shows the importance of a symptom in the repertory being printed so as to indicate its value. Not the least important feature of this repertory is its clinical symptoms and its "therapeutic hints." Every symptom and disease referred to in the clinical column will be found in the repertory in the same manner as symptoms taken from the pathogenesis. If, as oftentimes happens, a patient is unable to describe or give us sufficient definite symptoms to prescribe on, we are compelled to prescribe pathologically; the repertory here will be found quite as valuable as when prescribing symptomatically.

The material in a work of this description in order to make it practical, must be that only which has proven valuable; consequently, symptoms which have the value of characteristics, and grand characteristics only, can be used. The surplus material may be none the less worthy, but until it has been brought up to a working standard, or verifications of its symptoms made by cures, its presence would not only encumber but confuse.

THE SPORT OF THE CAT IS FATAL TO MICE.

Dr. C. Kunkel.

Translated for THE HOMŒOPATHIC RECORDER.

According to the report of a Moscow paper (*Moskovskija Wedomosti*) September 1, 1888, a rich sheep-raiser living in the southern part of Russia had 8,000 sheep inoculated after the method of Pasteur, as a protection against anthrax; already on

the third day the epidemic was at its height and on the fourth day the following picture presented itself to the writer: Here and there, upon a large field, were huddled together small groups of sick sheep, altogether about 200; they could scarcely stand upon their legs; the rest lay upon the ground either dead or dying, so that the field was covered with those which had succumbed; an intolerable stench filled the air for a distance of several kilometers, as the intense heat of the sun favored rapid decomposition.

The owner, who had lost about 80,000 marks by these prophylactic procedures, instituted a suit for damages and the case came before the magistracy of Odessa, under whose protection this "beneficial" bacteriological station was placed; the results of the suit have not yet been made public.

Dr. Lutand gives many similar instances in his work entitled, "Pasteur et la rage," and says that the damage done to France by the inoculation for the prevention of murrain extends into the millions (p. 418).

The same Moscow paper spoken of above, on the 30th of November, referred to the following case occurring in Warsaw:

According to the reports of the Polish papers, a certain Stanislaus Litzewitsch, residing at Ljubartow, died of hydrophobia; the man suffered the most terrible agony while his mind remained perfectly clear; thirty years ago, when he was a boy of ten, he was bitten by a rabid dog.

Out of fourteen cases bitten by rabid animals in Kasan, some of which were inoculated at Moscow and some at Samara, two died of hydrophobia, therefore 14, 28 per cent. (Wratsch 1891, No. 6, p. 190.)

In the *British Medical Journal*, February 9, 1891, Dr. Spencer reports the following case of hydrophobia, which appeared two years and four months after the bite of a rabid dog. A child, æt. 5½ years, was bitten in the knee, the wound was immediately sucked out by the bystanders and then cauterized (with what and for what purpose was not stated), then an injection of chloride of iron was made near the seat of injury; the child, however, died, as stated, while two persons who were also bitten by the dog did not get hydrophobia.

Granted that similar known cases are exceptions, we must still admit that there are some which have not been made known, therefore their number cannot be estimated by single instances. If this is so—and no one can disprove it—the following question necessarily arises: Of what value are the statistics of bacteriological stations, of institutions for inoculation, of Pasteur's im-

mense Parisian institute; for in their reports all, or nearly all, who have been inoculated for prevention of hydrophobia have been discharged "cured;" moreover, if one wished to make the attempt, what means could be employed to prove conclusively, in an exact rational and scientific manner, that the patient would have gotten hydrophobia if he had not been inoculated, or that the attack of hydrophobia occurring after inoculation was not due to the treatment?

The *Daily News*, November 3, 1890, publishes a letter of Francis Power Cobbe, which was evidently written with the object of discouraging the introduction of institutions for inoculation in England; the following is quoted therefrom:

"According to the reports of Dr. Dujardin Beaumetz thirty-eight deaths occurred within four years in the Department of the Seine in consequence of *Lyssa humana*. Within the same number of years there occurred thirty-seven deaths in the Pasteur institute. It appears, therefore, that at the place where immediate aid is given the sufferer, and that place also which has been insured a solid income of 200,000 francs through the reputation of Pasteur, the reduction of the death-rate is limited to a solitary case, and it cannot be proven whether this was due to the inoculation or to other causes. The well-known editor of the *Provincial Medical Journal* says, and not without reason: 'I am convinced that the manifestations of *Lyssa* have been increased instead of diminished by Pasteur. Wherever institutes have appeared which are conducted after his method, there has been an increase in the number of persons reported bitten by rabid animals, and there also seems to have been an increase in the number of rabid animals. The fright and the sufferings arising therefrom after the bite of an animal have been greatly increased, as all biting animals are considered rabid.'

"According to the report which is enclosed for your inspection, 207 persons have died of hydrophobia, after being inoculated in accordance with Pasteur's method, it is, therefore, evident, that death was not prevented, and even may have been due to the inoculation."

This fully accords with what Lutand says: "Mr. Pasteur ne guérit pas la rage, il l'a donné."

Arnica. *Arnica* is more apt than *Aconite* to spoil a case. *Arnica* makes a much more profound impression upon the system than *Aconite*. Its real culminating action is similar to typhus fever. Brilliant results have frequently been obtained with it in the worst forms of Typhus. No *Arnica* should be used except such as is made from the root.—HERING.

DROSERA ROTUNDIFOLIA AS A PROPHYLACTIC IN PHTHISIS PULMONALIS.

Dr. Rene Serrand, Paris.

Translated for THE HOMŒOPATHIC RECORDER.

1. Phthisis pulmonalis in all its various forms is amenable to treatment.

2. The sooner treatment is instituted the easier will be the management of the case, because the patient's general health is not impaired in the beginning, and the morbid, pathological changes are slighter and more circumscribed.

3. Treatment should not only be instituted early, but should also be prophylactic in nature so that the development of the disease may be prevented.

4. All those having a tendency to phthisis pulmonalis carry about with them plain indications of this morbid disposition.

5. The rational Homœopathic treatment of phthisis pulmonalis consists in the use of remedies which are selected symptomatically, or remedies which act upon the diseased tendency and therefore upon the original disease.

6. Among the remedies which aid in correcting a tendency to disease is *Sulphur*; there is, however, another remedy, belonging to the vegetable kingdom, which is capable of curing a morbid disposition to phthisis, and this is *Drosera rotundifolia*.

Dr. Currie made a proving of *Drosera Rotundifolia*, and his results are very interesting. He placed before the Academy of Sciences the results of his experiments which were made upon three cats to which *Drosera* had been given daily. The animals died, and upon dissection the pleura of all three were found densely covered with tubercles. If we consider this observation in connection with the well-known fact, that sheep which eat the leaves of *Drosera* become affected with a nocturnal cough and finally die, it becomes evident in which class of cases *Drosera* is applicable as a remedy. Besides, *Drosera* is already known to Homœopathic physicians as a remedy for spasmodic cough. It is the most important remedy for phthisis pulmonalis, and there are constant indications for its use in all stages of this disease.

According to the assertions of Dr. Currie, a cure can nearly always be effected by *Drosera* when given in the initial stage of phthisis. *Drosera* can not only stay the development of tubercles but also prevent their production when administered early.

Drosera is, therefore, of equal importance, both as a prophylactic and as a curative agent. I have therefore been accustomed to give *Drosera* to all children who are born of phthisical

parents, and also to those who show no power of resistance against diseases of the air passages.

There are, however, certain indubitable indications which clearly show whether phthisis threatens to develop, and, as soon as they make their appearance, it is the duty of the physician to interfere.

I lay particular stress upon the fact, that there are such unmistakable premonitory indications. This is very important, for if it is absolutely necessary to combat every indication of manifest phthisis, it is still more important to tell months and years beforehand whether or no a patient is threatened with this disease, in order that all precautionary measures can be adopted. The treatment, therefore, begins long before any changes in the lungs can be detected.

A child, for instance, causes much anxiety. It is pale, weak, and eats but little. It has no hereditary tendency to phthisis. Examination of the lungs discover no morbid changes. Should this satisfy us? Should we conclude our examination and declare ourselves satisfied with results which only for the moment contra-indicate any complication of the lungs? This is generally done; but should we not endeavor to look into the future?

Only at a very much later period there appears a dry cough, the child becomes emaciated, and gradually all the symptoms of pulmonary phthisis are developed. Then one is anxious to combat the disease, but then tuberculosis is already developed.

What can then be told the parents who were so reassured after the first examination? It is the usual story; the child has had a cold, a long-lasting coryza, a neglected catarrh of the lungs, it is suffering from a congestion of the apex of the lung, etc., etc. The truth is, we might have foreseen all this if an examination of the larynx had been made as well as of the chest. There we would have found indications which, even at that early period, would have called attention to the threatening danger.

For years I have been in the habit of examining the larynx of all patients. I have been taught by subsequent clinical observation what far-reaching conclusions can be drawn from the results of such examinations. Positive, unmistakable indications appear in the larynx of patients inclined to phthisis, and these indications can be observed long before any definite changes in the lung structure can be recognized.

There are three such pathognomonic indications:

1. Anæmia of the larynx, the whole larynx being pale and lacking its normal color.
2. The vocal cords are not sufficiently approximated, there

being a slight functional impairment of the crico-arytænoid muscles.

3. The mucous membrane covering and lying between the arytænoid cartilages is reddened and generally swollen.

These three indications can be found singly or collectively. When a single one is present phthisis is to be suspected; if all three are present, a positive prognostication of threatening tuberculosis can be made.

Anæmia of the mucous membrane of the larynx, imperfect approximation of the vocal cords, and congestive swelling of the mucous membrane in the region of the arytænoid cartilages are indications which have no connection with a possibly already existing laryngeal phthisis, but they are precursory symptoms indicative of some future manifestation of phthisis. The physician who possesses sufficient skill to discover these changes in the larynx is spared many failures, for being informed of the threatening danger, prophylactic treatment can at once be instituted and the development of phthisis prevented.

If *Drosera rotundifolia* now be given for a length of time, remarkable results will be obtained, and the value of this remedy as a prophylactic in phthisis will be fully acknowledged.

After phthisis has developed *Drosera* is still to be employed, but we also require the use of other drugs, for *Drosera* alone cannot cure phthisis. The latter corrects the morbid tendency to the disease and is to be aided by *Aconite* for an increased action of the heart.

Bryonia for intercurring catarrh of the air passages and lungs.

Silphium cyrenaicum to decrease expectoration.

Mercurius dulcis for colliquative diarrhœa.

Chininum sulf. for nocturnal rise of temperature.

Agaricus for night sweats.

I accordingly wish to call attention to the fact that there are certain indications which positively point to a disposition to phthisis, and that through the recognition of these indications preventive treatment may be instituted, and finally that *Drosera* in all such cases will not disappoint us in its prophylactic action.

LYCOPodium IN CYSTITIS.

Dr. H. Goullon.

Translated for THE HOMŒOPATHIC RECORDER.

A man æt. 55, subject to attacks of enteralgia, was seized two days after such an attack with a severe acute cystitis accom-

panied by fever, and palpitation of the heart at night. Thirty or forty times within a very short space of time the patient had to reach for the vessel, which he could scarcely get soon enough to prevent a premature escape of the urine, so severe and sudden was the urging. He suffered intense burning pain during and sometimes after the passage of urine, "as if molten lead were flowing through the urethra." During the height of the pain he grasped the organ in order to obtain relief. The urine which was discharged in very scanty quantities looked turbid, almost loamy, and had a dirty brownish-red color, while there was present a peculiar odor of malt.

Six drops of *Lycopodium* 12c. in half a wine-glass of water of which a teaspoonful was administered every three hours cured in twenty-four hours.

A PROVING OF FICUS INDICA.

By Dr. O. N. Banerjee, Calcutta.

In June, 1888, while visiting a patient in the country I saw in the garden a large tree of the variety known as Ficus Indica. As the tree is considered sacred I regarded it and its branches, which were laden with ripe, yellow fruit, with the the greatest interest, and plucking one of the fruits, ate it upon an empty stomach. To my great astonishment there occurred one hour thereafter an unusual frequent desire to urinate, I did not relish my breakfast, there was loss of appetite and sour belching; in the afternoon the urine became phosphatic and I suffered from headache; in the evening I felt an itching of the thighs, heaviness of the head, dullness of the mind, and a burning heat over the body; there was but a scanty discharge of urine during the day.

After gathering a large quantity of fruit I returned to Calcutta and made an alcoholic tincture thereof; this was distributed among nine provers; two drops of the mother tincture were taken every morning before breakfast for eight days.

The results of these nine provings are put into a practical form in the following resume. The figures appended indicate the number of times the symptom was observed:

Mind. Anxiety, 2.

Head. Headache, 9; on the left side, 5. Heaviness of the head, 5. Vertigo, 5.

Eyes. Burning sensation, 5; in the right eye, 3. Pain, 3.

Ears. Heat in ears, 3.

Nose. Sensation of warmth in alae nasi, 3.

Mouth. Heat in mouth, 3.

Throat. Pain in throat, 2.

Appetite. Good, 7. Impaired, 2.

Thirst. Thirst, 2.

Stomach. Soreness of stomach, 7. Offensive belching, 2. Nausea, 4.

Abdomen. Soreness of abdomen, 6.

Rectum and Anus. Pain in anus, 3.

Stool. Without any difficulty, 7. Diarrhoea, 7. Hard, 7.

Urinary Organs. Micturition without any difficulty, 6.

Urine amber-colored, 7; phosphatic, 8. Frequent urging, 2. Scanty, 4. Soreness and burning pain in kidneys, 4. Burning sensation on urination, 5.

Sexual Organs. Seminal emissions, 5.

Chest. Soreness of sternum 6. Burning sensation, 3.

Pulse and Respiration. Pulse, 72-84. Respiration, 14-22.

Neck and Back. Pain in the left side of nape of neck and jugular vein, 3. Soreness of scapula, 3.

Upper Limbs. Burning in the palms of hands, 2. Itching of hands, 2.

Lower Limbs. Pain in the right femur, 2. Soreness of the thigh, 4. Itching, 2.

General Symptoms. Desire for fruit, 4. Desire for sweets, 4.

Skin. Itching, 3. Eruption, 2.

Sleep. Awoke too early, 4. Dreams, 3.

Chill and Fever. Fever, 2. Chill 3.

As a remedy it has been used successfully in every case presenting the following conditions: Frequent, at times unsatisfactory discharge of amber-colored or phosphatic urine with discharge of seminal fluid, headache, heaviness of the head, itching of the limbs, thirst, dyspepsia, ill humor, irregular stool, disturbed sleep.

CORRESPONDENCE.

PORTLAND, Oregon, May 31, 1891.

The fifteenth annual meeting of the State Homœopathic Society of Oregon was held in Portland, May 12 and 13. There was a very full attendance and the session was unusually inter-

esting. The following officers were elected for the ensuing year: B. E. Miller, M.D., President; Osman Royal, M.D., First Vice President; H. C. Pferds, M.D., Second Vice President; Orpha D. Baldwin, M.D., Recording Secretary; H. F. Stevens, M.D., Corresponding Secretary; C. L. Nicholls, M.D., Treasurer. A committee was appointed by the president for the purpose of endeavoring to influence legislation for a separate State licensing board or proper representation on the one already existing.

H. F. STEVENS, *Sec'y.*

MESSRS. BOERICKE & TAFEL.

Gentlemen: In the May number of THE RECORDER I notice an article from the pen of Dr. Caulkins, copied from the *State Journal of Homœopathy*, calling attention to the prompt action of *sticta pulmonaria* in tedious coughs following in the wake of measles, after other symptoms are well cleared up. I would like to call the attention of the profession also to *Eupatorium perf.* in this connection, which, after many years' experience, I have come to consider almost a specific. These two drugs can now be placed side by side, and by their aid according to their individual Homœopathicity we may be helped out in all such cases.

Very truly,

C. CARLETON SMITH.

Philadelphia, June 11, 1891.

SELECTIONS AND TRANSLATIONS.

SOME EXPERIENCE WITH PASSIFLORA INCARNATA.

The following experience with this interesting drug is taken from a paper by Dr. Adolphus, of Georgia, which appeared in the *American Medical Journal*:

I wish more particularly to call attention to its therapeutic use in several diseases more or less dependent on abnormal nervous excitement; also on some uterine diseases, attended with painful menstruation.

The first case worthy of report was one of pain in the brain.

A lady who had for several months suffered untold agonies as she described her sufferings; her pain was described as if a weight of many pounds was laying on her brain; the sense of pressure and tearing inside the skull was fearful; her head felt as if enveloped in ice; the pains ran down the back of her neck, and finally reached the lower end of sacrum, so that a slight touch of the coccyx caused exquisite agony. This was a case in which coccygodinia was associated with the cerebral and spinal disease. I failed to relieve the pain for more than a few hours at a time with all other remedies I had tried; at this juncture, when despair was taking the place of hope, I thought of *Passiflora*, which I then administered in teaspoonful doses every two hours; the result was something to be remembered, for she enjoyed excellent and refreshing night's rest the following night, waking up in the morning much refreshed, nearly free from pain, with a good relish for breakfast. I continued the medicament every four hours for several days, for no further uses for medicine seemed indicated, as there was a rapid and complete recovery.

No longer than last October I cured a case of painful menstruation with the medicament, after failing with *viburnum prun.*, *gelsemium semp.*, etc. This was an inveterate case that had been going the rounds for two years.

A few months ago I treated a case of neuralgia of the fifth pair, the ophthalmic branch being involved, as you know the lenticular ganglion is anatomically and physiologically, together with a branch of the third nerve, all associated with the sensory and vaso-motor functions in the eye. I found *passiflora incarnata* a prompt medicament in stopping the pain and clearing up vaso-motor paresis and extreme dilation of the pupil of the affected eye.

The dose was a teaspoonful of the tincture every two hours.

I find the medicament a valuable agent in all nervous affections attended with those peculiar excitements that lead one to suspect congestion of the cord and ganglionic centers. It undoubtedly acts as a sedative to the ganglionic cells in the gray matter of the cord; also on the ganglia in the thorax, pelvis and abdomen, as well as those in the brain. Its influence in quieting and sedating the vegetative system of nerves is very striking, and also the centres in the medulla oblongata.

I attended a lady during her pregnancy on account of pains in her uterus, abdomen, pelvis, and one peculiar symptom was constant quick respiration night or day, never less than thirty-five per minute. I determined to try *passiflora*, which I administered in half teaspoonful doses every three hours. In twenty-four

hours the respirations were reduced to twenty-six, and with the lowering came relief from pain. In forty-eight hours more, the respiratory movements were reduced to twenty-one during wake, and never fell below eighteen during sleep. This case taught me to look on the action of the medicament as a sedative to the moter centres in the medulla, and most probably of the ganglion cells in anterior cornea of the cord. I also treated a boy three years old last fall who had a diarrhoea as a sequel to an acute attack of entero-colitis. I found the respirations fifty per minute; the bowel discharges were thin, watery, offensive, six to ten per diem. Other medicaments failed on him; *passiflora*, in one-fourth teaspoonful every two hours, worked a complete cure in three or four days; the first symptom to yield was the quick respiratory movement.

In the convulsions of children we have in the *passiflora* a safe and almost specific medicament. It may be given in half teaspoonful doses with confidence, repeated every hour until the convulsions cease.

I used the medicament in a case of constant uproar and movement of the small intestine and more or less tympanitis, in a lady in the middle of her change of life troubles, in doses of teaspoonful of the tincture repeated every two hours, with marked success.

A lady complained of pain in her rectum continuously; the coccyx was also quite tender to the touch. There were several erosions on the lips of the os uteri; leucorrhœa and severe pain in the small of the back when a certain spot (over last dorsal and first and second lumbar vertebræ) was pressed on. I found she had been treated *secundum artem* for the uterine trouble, locally and constitutionally, to no certain satisfactory result. Her respirations were often twenty-eight to thirty per minute, much wakefulness, and at times feeling of constriction across her breast and a sense as if her heart would stop beating. Teaspoonful doses of the *Passiflora incar.*, was the specific in her case. She continued it every four hours two weeks, but from the outset of treatment she felt the right remedy was administered.

These rectum troubles in women are frequently met with in practice. I find the *Passiflora incar.* the best single remedy I have for them.

Recently a man consulted me for a constant pain in his heart; he described it as sharp, and like a pang—often causing a sense of immediate dissolution, and fear of death was on him all the time; pulse irregular in rhythm, now rapid, next slower, occasionally a beat missing; sounds were normal, but accentuated and sharp. *Passiflora incarnata* was a specific in this case; no

doubt the center and probably the local ganglia were irritated from some cause, and, whatever it was, the medicament removed both.

By the way, I must not forget to say, you will find it a valuable medicament in sleeplessness and tossing restlessness in your fever patients. I use the tincture in teaspoonful doses every four hours. It appears the remedy has a soothing effect on the whole nervous system, without any appreciable narcotic properties.

CASES OF SEVERE TYPHOID FEVER JUGULATED BY PYROGENIUM.

By J. Compton Burnett, M. D.

Some short time since a London merchant, about thirty years of age, came under my observation with typhoid fever. This was October 17, 1890. He had then a temperature of 104.5°, diarrhoea, considerable delirium—it was two persons' work to keep him in bed. *Aconite* eased the sensorium appreciably, but did not sensibly modify the temperature.

On the 17th of the month, also, the spots on the abdomen being considered peculiarly characteristic, and the outlook being ugly, distant friends were summoned in case of no improvement.

Prescription.—*Pyrogenium* 5, five drops in water every four hours.

20th.—Temperature last evening 103.2°; there is quite distinct improvement in the patient's state, there being no further delirium; diarrhoea no better.

R *Pyrogenium* 4, five drops in a tablespoonful of water every three hours.

Temperature at noon 102°, pulse 100; temperature at night 101°.

21st.—Noon temperature 100°, pulse 101; night temperature 101°.

To continue with *Pyrogenium* 4.

22d.—Noon temperature 102°, and at night also 102°.

To continue with *Pyrogenium* 4.

23d.—Noon temperature 100.5°, and at night 102°.

To continue with *Pyrogenium* 4.

24th.—Noon temperature 100°, pulse 98; night temperature 101°, pulse 100.

To continue with *Pyrogenium* 4.

25th.—Temperature both at noon and at night 101°; pulse in the evening 104.

26th.—The temperature at noon was 100°, but it was not noted at night.

Continue the medicine.

27th.—The temperature at noon was 102°, and at night also 102° (barely).

Continue with *Pyrogenium* 4.

28th.—The temperature at noon was 102°, at night 98°. From this point on there was *no more fever*, but the diarrhœa continued.

A week later there was still no fever, though the very offensive diarrhœa and weakness continued.

Carbo. An. 5 and *Arsenicum 5* then did all that was needed, *i. e.*, cured the diarrhœa in four days. Here I am merely concerned with the jugulation of the "typhoid quality of pyrexia" by *Pyrogenium*.

The exact date of the commencement of the pyrexia could not be accurately fixed; but it was about the 11th or 12th. Let us assume it to have been the 11th, then the temperature on the sixth day was 104.5°, and *Pyrogenium 5* was begun. The sub-normal temperature was reached on the evening of the 28th, or the seventeenth day of the fever, and the eleventh day after beginning with the *Pyrogenium*.

The steady though slow grip of the fever by the *Pyrogenium* was manifest to patient and to the on-lookers, both skilled and unskilled, patient himself feeling and sleeping better in steady *crescendo*. The persistent diarrhœa amply accounted for the debility.

I have since made closer inquiries from the patient and his relations, and find he was in his usual health on the Sunday, October 12th. On the evening of the 12th he had very pronounced rigors and went to bed. He then became on the Monday, October 13th, maniacal or typhomaniacal, and there was fever, and he remained in bed; Tuesday, 14th, fever rising; Wednesday, 15th, fever still rising and diarrhœa begins; Thursday, 16th, diarrhœa, hyperpyrexia, *Aconite* used domestically *à l'insus*; Friday, 17th, with a temperature of about 104°, the *Pyrogenium 5* was begun in the evening. On the evening of the 28th the temperature came down to 98°, when the *Pyrogenium 4* was discontinued, and no medicine of any kind given. But as the diarrhœa still continued a week after taking the last dose of *Pyrogenium*, *Carbo. An. 5* and *Arsenicum 5* were given, and the bowels became normal the fourth day therefrom.

November 19th.—Patient came to see me at my rooms; he was still weak, and showed a trembling, raw tongue. I ordered *Kali-iodic 30*, and sent him into the country; whence I hear that he is getting better and has an enormous appetite.

Now, assuming that typhoid in the first week has a rising temperature, in this one the rise was checked a little by Sunday night, the 19th; there was distinct improvement, although the remedy had only been given two days.

Assuming that the pyrexia of typhoid remains during the second week at the same level as at the end of the first week, and also continuous, what do we find at the end of our second week of the fever? That the fever is less and remitting already, and not continuous at the same level.

Further, assuming that the pyrexia of typhoid during the third week of its course begins gradually to remit, though still reaching its old maximum at the exacerbations, we have in this case a sudden and complete cessation of the pyrexia on the second day of the third week, while there is no fourth week of pyrexia at all.

I submit, therefore, that in this case the typhoid quality of pyrexia, essentially the typhoid fever (*here* the whole case), was jugulated by medical art by means of *Pyrogenium*.

And, inasmuch as the fever was clearly of a severe type, and the subject an unfavorable one—a highly-strung, sensitive, brain-feverish kind of man—it is highly probable that, but for the *Pyrogenium*, he would have succumbed to the fever.

I therefore think that my advocacy of *Pyrogenium* for the typhoid quality of pyrexia (Drysdale) respectively as a remedy for typhoid fever, being founded on scientific principle, is now further supported by another fact of clinical experience. For further experience with this potent remedy, see the pamphlets by Dr. Drysdale and by myself, respectively.

I told patient when he went into the country to report to me after awhile; the report came, and thus runs: ®

"Nov. 28th, '90.

"Dear Sir—In accordance with your request I am writing to report progress. I am happy to say that I appear to be going on satisfactorily in every respect, notwithstanding the weather and my inability to go out. All traces of diarrhœa have disappeared, as well as the odor at stool that was so disagreeable; in fact my bowels have been beautifully regular. The only thing that troubles me is a little flatulence, which I suppose will pass away with returning strength. It is now no effort to me to walk, in fact, rather a relief than otherwise. The doctor that operated upon and is attending upon ——— is literally astounded at my

rapid recovery. If there is any further information you would like to have and which I may have forgotten in this letter, I shall be pleased to answer any questions you may like to put to me; and am, yours gratefully."

From his brother I hear that patient shortly returned to his professional duties, and continues thereat in excellent condition. In judging therapeutic results we must compare *not merely mortality*, but also—(1) Duration of the disease; (2) Duration of convalescence; (3) Whether the restoration is to integrality or only partial; points very commonly overlooked. Patient was in bed altogether three weeks and two days.—(*Hom. World.*)

London, February 26, 1891.

MICHIGAN.

The *Transactions* of the Homœopathic Medical Society of the State of Michigan, for the 20th and 21st sessions, came duly to hand.

President L. M. Jones, M. D., in his address among other good things said:

"We have arrived at the conclusion that in these days we have well authenticated testimony to prove that our school is in the happy possession of not only specific single remedies for all the more grave diseases, but that we have also preventive remedies in nearly, or quite, all the graver diseases to which the human family is heir, such as cholera, yellow fever, typhoid fever, pneumonia, diphtheria, etc., and especially how very often do we prevent hysteria, epilepsy or magnus morbus, and insanity in women, with the indicated remedy, and proper management of uterine and ovarian diseases, beside many of the diseases peculiar to children, such as scarlatina, whooping-cough, etc." This isn't news, but in these days of proprietary coal tar medicines it is well at times to restate the old truths.

President D. M. Nottingham, M. D., in his address alluding to dissensions which ever and anon crop out says: "Men may differ and yet be courteous and have due respect for an honest difference. It is by active competition and honest criticism that every case is more thoroughly studied, and the faithful student more brightly polished." This also is not new, yet it is well to restate it at times.

Pathology.

Dr. Frank Krafts' paper, "Pathology as it relates to Thera-

peutics," is so much to the point—Homœopathic point—that we freely quote from it:

"Pathology is what we know of disease.' As that sweet Melanchthon of Homœopathy, Carroll Dunham, somewhere has said, 'I think I may know exactly when my buggy broke down; I may be able to describe learnedly the fault in the grain of the wood, the flaw in the iron; may be competent to trace the wood through its various gradations back into its primal elements; may be capable of writing a treatise on metallurgy, showing the faultiness in the metal composing the broken part of my buggy, I may even be posted in geology, meteorology, and the other essential things which united in breaking my buggy; but and unless I am a practical wheelwright all this erudition will not restore my buggy. On the other hand, if I am a good wheelwright, I will not need to concern myself with these excellent though practically useless accomplishments. I will take the buggy, overhaul it, find its breakage, repair and rebuild until it leaves my shop as good as before the breakdown. To make the application—I may know exactly where my patient was exposed to his ailment; I may know that he ate or drank that which precipitated the attack; I may know that his heart is twice its normal size, that there is a cancer in the pyloric orifice, or a dangerous inflammation of the Peyer's patches, but if I am not a skilled Materia Medica man, the pathological knowledge will serve me but little, if any.'"

"That I may not seem dogmatic, and in order to make plain the position I assume, I ask permission to append two cases from my practice."

"Mrs. Fred. D., living on a farm in Michigan, æt. about 48, was given up to die with cancer of the stomach. I was the fifth or sixth physician called in, and then only, I suspect, more in derision of my school, than with any expectation of help from 'little pills'—my predecessors having all been members of the old school—or possibly to put the signing of the death certificate on me. I asked the question, quite natural under the circumstances, what is the matter with her? Cancer of the stomach, came the answer. The doctors had all agreed upon that diagnosis, and had set her death for two weeks ahead—long enough to have relatives, who had been telegraphed for, come from Dakota. Pathologically she had cancer; an intimate acquaintance with that disease had left no doubt in the minds of the pathological prescribers on that score, and the treatment was for cancer. Entering into the case between the eleventh and twelfth hour, I firmly resolved to ignore the cancer, and address myself

wholly to the eliciting of symptoms, if any could be found under the mass of drugs. I found the lady propped up in bed, a constant stream of saliva running from the corner of the mouth onto a board, and down the board into a chamber vessel. If she lay down, the saliva choked her. Restless, fidgety, nervous, uneasy, terribly prostrated, the stomach on fire like the slaking of lime, with the explosion of air bubbles, and eructations of burning hot gas, which had cankered the mouth. Water, a bare touch to the tongue, was sufficient. Yellowish-white, transparent complexion; œdematous appearance of the face and dependent parts of the body. So weak could hardly speak; 'tired unto death.' Bowels running off too freely. What was this but cancer? Had I been better versed in pathology than I am in Homœopathic therapeutics I would perhaps have given Dr. Mitchell's recommendation of Arsenicum 2x and 3x a trial, and lost my patient. Remembering the teachings of my old preceptor, Dr. Wilcox, of St. Louis, and of my alma mater, I went back into the history of the case to look for a cause for this alleged cancer in an otherwise healthy family. I found that some eight months preceding this time now spoken of, being in July, the 'menfolks' had gone to town, leaving her and a small girl alone on the farm. While engaged in putting up fruit she heard the dog bark, and going to the kitchen door saw some pigs had found their way into the garden. Throwing a sun bonnet on her head she rushed out, and after considerable exertion succeeded in driving the pigs out. She returned to the house all in a perspiration, panting and almost breathless, sat down in the kitchen door on a stone door sill, a strong current blowing through the kitchen from an opposite door, and fanning herself with her apron. She remembered that she suddenly shivered, got up, washed her hands and face, and resumed her preserving. But within three or four days she began to have nondescript chills, rheumatic twinges took her here and there, appetite began to fail, she grew nervous and peevish, couldn't get to sleep till after midnight, and then she was driving pigs or doing something else in her dreams that caused unusual exertion. Quinine eventually 'broke' the chills, but the lady felt that she never got completely over the 'breaking.' She continued to grow weaker until she was bedfast. Then the old school pathologists began to experiment on her with cancer medicines, until they and the relatives reached the conclusion that death was imminent. I gave Mrs. D. one dose of Nux Vomica on general principles, to antidote the cancer medicines of the pathologists; put her on *Sac-lac* for twenty-four hours, and at the end of that time she received *Rhus tox.* in

water, one powder, divided into bi-hourly doses until all was taken. I treated her ten days, and with but one exception, that of a solitary dose of sulphur, she received no other medicine. She is alive, fat and hearty to-day, and the funeral has been postponed. Did *rhus tox.* cure cancer of the stomach? I don't know, and what is more I don't care. But this I do know, that the instant I found the clear cut totality for *rhus* I told the lady, 'You have no cancer, and you will get well.' I found *rhus* symptoms so unmistakable, that it made no matter to me whether she had cancer, corns or consumption, I knew I could help her. Of what value would pathology have been to me in this case? Even supposing that a perfect knowledge of pathology had saved me from the error of diagnosing a cancer, what more could it have done beyond giving me a long-handled name for what I chose arbitrarily to call nervous dyspepsia? It could not in the remotest degree have suggested the remedy or remedies."

"The other case occurred in June, 1888. Mr. Jerry M., a middle-aged farmer, residing a few miles south of this village, had been bedridden for upwards of ten years. Had doctored, and doctored, and doctored, until discouragement set in, and he began investing in patent medicines. One doctor had told him he had a cystic tumor of the left liver; another, that his liver was grown fast to his midriff; another that he had holes in his liver like those made by buckshot; another, that he had what I interpret to have been cirrhosis of the liver; another, that the bottom of his right lung had hardened and had rubbed a hole in his liver; another, that there was a bag of water as big as a teacup on the under side of the liver; in short all the learned old-school physicians, except one, had saddled the disease on the liver; pathologically it was a liver trouble and he was given liver medicine; he got lots and lots of it. The more he got the less strong he became, until eventually he could not leave his bed. The excepted one said he had stomach fever and needed calomel. This went along from bad to worse, until one of his grown-up sons, meeting the last attending physician, got out of him the declaration that all the doctors in the United States couldn't get the father out of bed again. The son took it upon himself to discharge the physician, and came to see me for a little talk. The result was that I was persuaded to take up this forlorn-hope case, and visited the patient. The history I received has already been detailed. I resolutely determined to put the liver behind me, and addressed myself wholly to the presenting symptoms. I found him a little, dried-up old man, prematurely old, a squeaky voice, yellow of complexion as a ripe cow pumpkin, dyspeptic,

hungry for oysters, but they were no friends of his; terrible agony from wind in his bowels, eructations and flatulence, rattle in his abdomen like distant musketry, a most pronounced four o'clock aggravation, pain across the 'coupling' of the back, constipation, piles, bloody urine, with red sand sediment—in short, a lycopodium case. And that was what he got and nothing else. I made him two visits, and the man is alive and well. (I met him to-day, March 12, 1890, driving a fiery team of young horses, feeling himself as he hallooed to me, 'pert and sassy.'")

"Now for the application. Suppose I had been awed by the many diagnoses of my predecessors of the old school, who are nothing if not pathologists, had followed in their wake, and given 'liver' remedies, what would have been the result? Unquestionably death. As in the former case, I am moved to ask of what especial value would a close pathological knowledge have been to me in this case?"

"To recapitulate, therefore, I beg to say as in the beginning, if the chief end of a physician is to cure the sick, to do so, homœopathically, I can do it equally well with the pathological prescriber; and, further, that if I give my leisure time to the study of materia medica, I can make more and better cures than the pathological prescriber. Hence, I conclude that there is no vital relation between pathology and homœopathic therapeutics."

Orificial Surgery.

Dr. A. B. Grant, in his paper on "Orificial Philosophy," said: "It is an axiom of orificial philosophy that diseases of an organ always starts at its mouth, and consequently all orifices should be dilatable and free from all forms of irritation." Among the curable troubles—curable by orificial surgery—are "neuralgia, sick headache, dyspepsia, constipation, chronic diarrhœa, functional diseases of the heart, neurasthenia asthma, hay fever, epilepsy, cramps, numbness, and poor capillary circulation;" to this list is added, later on, "migrane, dysmenorrhœa, palpitation, sleeplessness, many cases of tuberculosis, insanity, locomotor-ataxia and paralysis." A long and goodly list.

Kali. Phos.

Dr. J. C. Nottingham in his paper had the following to say of the familiar yet, at the same time, unfamiliar *Kali. phos.*: "The subject this Bureau of Materia Medica has to bring before you is *Kalium phosphoricum*, a therapeutic agent doubtless all feel perfectly familiar with, and many will risk affronting us by leaving the room at the mention of so familiar a topic, yet I believe that the remedy *Morphia sulphate*, if brought into discus-

sion here, would not lose interest for hours; each one could relate long stories of experience with *Morphia*, stories of calamities and narrow escapes from calamities, and blessings received from sufferers for the relief from pain and the sweet sleep following. This last can be told of our topic, *Kali. phosphoricum* (yet they bear no therapeutic comparison), but the former, the calamities, will be omitted, and I ask you the relative importance of these two remedies."

"*Kali. Phos.* is well-known to all our physicians (thanks to Schüssler), and I presume each one may have his own individual ideas of the symptomatic indications for its exhibition, in the absence of provings; but this bureau, headed by the chairman appointed by your committee one year ago, and the committee who selected Doctor H. C. Allen for the work knew their business, attempted to obtain some provings to be presented to this society. I am extremely sorry for the society that I was substituted for Doctor Allen, and that this society should be robbed of so good an auditor. But take what we have to offer you, tear it into pieces and call it a failure if you want to, but of this be certain, viz., it was not our seeking."

"I have found my own indications for *Kali. phos.* in nervousness, restlessness, a fidgety feeling in the feet, a trembling sensation in the muscles, especially of the legs, the gastrocnemii muscles. An aching nervous feeling in the cerebellum and upper cervical region, and a tenderness over or just posterior to the mastoid processes, which, when aggravated, seems to cover the entire head or brain. I find these symptoms most frequent in dark blondes, with unsteady eyes which look rather through the eye-brows, or when observed fix the eyes upon something, or in vacancy. In short—in persons who are suffering from suppressed, or excessive sexual indulgences, in putrid discharges smelling like carrion, as the stool, perspiration, urine, etc., a cross, irritable disposition, or feeling repulsive to conversation."

There are many other interesting papers in the *Transactions*—thirty-one—but want of space draws the line.

A STUDY OF DELPHINIUM STAPHISAGRIA.*

By Edward Blake, M. D.

Not the most insignificant of those bays which must for ever deck the brow of the Immortal Master is that he laid bare a thousand unsuspected virtues lurking in those old simples of which we talk so much, and, I fear, use too little.

*Read before the British Homœopathic Society, May 7th, 1891.

You all know that the transcendent genius of Hahnemann, like that of the great Darwin, who resembles him in so many ways—in modesty of manner, in simplicity of mind, in patience of investigation and in an extraordinary power of minute, nay even microscopic, observation—is shown not so much by the brilliant generalizations with which each startled the quidnuncs of his day, as by the amazing number of hard and stubborn facts, well observed and well authenticated, which these giants managed to heap together into time-defying scientific tumuli.

The splendid hypotheses of both have already been shaped and pared by the effects of new observations and of added knowledge. But the strict logic of their facts remains, and must remain, as an undying monument, more persistent than the pyramids of Egypt.

That the Seer of Cöthen's having contributed more actual specifics to medicine than any known physician, before or since his day, may possibly form the popular basis of esteem in a day when few persons have any leisure to think, is more than probable. To us this is not so; to us has been accorded the rare privilege of knowing this unrivalled mind in its deepest recesses.

There was a time when the intellect of man was so large that small matters could not be contemplated without a fine sense of scorn; now it is but a trite truism to say that the infinitely great is necessarily based on the infinitely little. If men were weighed by the actual practical benefits which they have conferred on their kind, none would hold his own with this plain physician, who first taught us the way to cure cheaply and quickly, not indeed so much those rare and recondite diseases, which distress the rich, as those common, vulgar ailments which afflict ordinary work-day humanity. Nor did Hahnemann, who was ever actuated by the pure spirit of research, think it beneath him to test the powers of a common plant, the Larkspur, chiefly connected in the minds of men to this very day with a loathsome parasite. He stooped to this species of organic small-tooth-comb, and, rescuing it from its ignoble alliance, placed it in the honorable post of the forefront in that great army which he recruited to fight the old battle against disease and decay and suffering and death. The fact is, we are not half vain enough of Hahnemann, and of his work and his powers; familiarity has robbed them of some of their *prestige*; we are used to them, and we take them too much for granted. *Delphinium* is itself a drug of which all good Homœopaths ought to be very proud. As a curative agent Hahnemann literally created it.

It was the custom of Hahnemann to introduce a fresh drug to

the notice of his disciples, and of the profession at large, by a kind of little speech of introduction. Just as we present to each other two distinguished guests with a small verbal flourish of trumpets.

But in the exordium which precedes the *Delphinium* proving, we miss the imposing list of Old School authorities with which we are familiar in Dr. Dudgeon's well-known translation—a list amounting to no less than 93 names in the case of *Opium*.

Neither references nor quotations from traditional medicine are cited for *staphisagria*; and for the best of all reasons, there were none for Hahnemann to cite. So we do well to call it a Creation of the Master's Mind.

We may remember that *staphisagria* was proved by Hahnemann himself, and by some of his most careful and conscientious coadjutors—Cubitz, Franz, Gross, Gutmann, Hartmann, Haynel, Herrman, Hornburg, Kummer, Langhammer, Stapf and Teut-horn, who recorded between them no less than 721 symptoms, of which 200 were observed by Hahnemann himself.

We are constrained to say that of the 64 drugs (omitting the three magnetes) whose provings Hahnemann left as a priceless legacy to the world, not one has been more thoroughly worked out; and yet *staphisagria* has scarcely received fair treatment from us, it has been a little "left out in the cold."

Let us turn to the memorable words with which Hahnemann ushers into the world this new Therapeutic Child of his.

"What enormous power must not this drug possess! Now, as our new and only healing art shows by experience that every drug is medicinal in proportion to the energy of its action on the healthy, and that it only overcomes the natural disease by virtue of its pathogenetic power provided it is analogous to the latter, it follows that a medicine can subdue the most serious diseases, the more injuriously it acts on healthy human beings, and that we have only to ascertain exactly its peculiar injurious effects in order to know to what curative purposes it may be applied in the art of restoring human health. Its power, be it never so energetic, does not by any means call for its rejection; nay, it makes it all the more valuable; for, on the one hand, its power of altering the human health only reveals to us all the more distinctly and clearly the peculiar morbid states which it can produce on healthy human beings, so that we may all the more surely and indubitably discover the cases of disease in which it is to be employed in similarity (homœopathically) and therefore curatively; whilst, on the other hand, its energy, be that never so great, may be easily moderated by appropriate dilution and

reduction of dose, so that it shall become only useful and not hurtful, if it be found to correspond in the greatest similarity with the symptoms of the disease which we wish to cure. It is just to the most powerful medicines in the smallest doses that we look for the greatest curative virtue in the most serious diseases of peculiar character for which this and no other medicine is suitable."

"For these unexceptionable reasons," says Hahnemann, "I anticipated a great treasure of curative action in the most peculiar diseases from *staphisagria*; and these reasons led me to make careful trials of it on healthy subjects, the results of which are recorded in the following symptoms. Thus, curative virtues have been elicited from this medicinal substance which are of infinitely greater value than its power to kill lice (the only medicinal property the ordinary quackish medical art knew it to possess), curative virtues which the homœopathic practitioner may make use of with marvellous effect in rare morbid states, for which there is no other remedy but this."

This is a remarkable utterance; it is interesting as being one of the clearest and simplest of the enunciations of the so-called law of similars.

A careful study of the genius of *staphisagria*, and of its alkaloid *delphinine*,* reveals the interesting fact that these drugs are especially called for in the diseases peculiar to the extremes of life. The fierce metabolism of infancy, and the perverted tissue-changes of a second childhood, call alike for such remedies as *staphisagria baryta* and their congeners. In their action in the domain of the special senses, on the region of the nape, on the alimentary tract, the glandular system, the urinary apparatus, and the lower extremities, they present many points of resemblance.

Dr. James Dore Blake, of Taunton, a most able practical physician, one of the pioneers of homœopathy, who sustained a bitter persecution for his creed in the earlier part of this century, well known as the first prover and introducer of *calendula*, relied on *staphisagria* as his stock-remedy for senile sciatica. He was of course led to select this particular drug from observing that not only does *staphisagria* cover the constipation so often lying at the root of this form of neuralgia in the aged, but at the same time it aids so many of the side issues, *par exemple*, the vesicle troubles and the nuchal sorrows so frequently associated with it.

It was the outcome of my study of these sides of *Staphisagria*

*See Article *Staphisagria*, vol. iv. of *Cyc. Drug. Pathog.* p. 131.

that induced me to give it a trial in that common but distressing result of motherhood, a pouched and protruding bladder. We, British doctors, owe a great debt to the penetration of our transatlantic brethren for first forcing the gravity of neglected cystocele on our notice. To them, too, will go up the incense of gratitude from myriads of mothers as yet unborn, who will reap the benefits of American gynecic teaching. For though the wisest accoucheur may, in spite of a thorough maceration and wearying out by means of preliminary dilatation, meet in his practice with an acutely ruptured perineum, only the foolish man will leave it torn. He alone will ruthlessly condemn the poor, fond trusting creature reposing on his want of wisdom to the present sorrows of reflex hæmorrhage, scalding dysuria, delayed convalescence, possible septicæmia, arrested sub-involution and the future worry of cystocele, with uterine procidentia and rectal protrusion.

All gynecologists are perfectly familiar with the sad group of symptoms, having as its more pronounced features inability to retain the water and to discharge the fæces; a detestable forcing feeling; a loin languor; wearisome aching in the sacral region and from the vertebra prominens upwards; the peevish and fretful or despondent mood.

In cases of prolapsed bladder, where the unfortunate subject either could not or would not submit to the radical operation for the repair of the perineum, I have been for many years in the habit of employing *Staphisagria* locally to the vesical tumour, and at the same time I like to administer a high dilution of this remedy internally. This latter I prefer doing when the stomach is void. Topically, the drug is best applied in the form of a saturated glycerole. Carefully carded animal wool is a better vehicle for application than cotton; it retains its elasticity when wetted.

The adjacent viscera being emptied and all tight waistbands removed, the patient assumes the salaam or knee-elbow posture. Half-a-dozen tampons in the form of a kite-tail are introduced into the vagina, and packed well up around the cervix during forced expiration. Unless the patient be very silly or very corpulent she soon learns to do this for herself. The vagina should be quite filled with this wool, which is worn during the whole day. In bad cases it is needful to support the perineum in addition by means of a broad thick T-bandage, the horizontal portion of which should be at least three inches wide and should be adjusted to the trunk just below the hip. Similarly the menstrual belt, for obvious anatomic reasons, should never encircle the body above the iliac line, or it becomes a potent factor, com-

bined with a tight corset and with heavy skirts, in adding prolapsus of the pelvic contents at the time when the viscera are heaviest.

I can speak feelingly of the sad success of this treatment as more than a temporary alleviant, because, on more than one occasion women who had decided to let me do perineorrhaphy for them have so sensibly improved under it that, to my chagrin, the operation has been postponed *sine die*!

We will, before taking leave of this valuable drug, glance a little at the rest of its many actions. Most of them are symptoms quite at home in the gynecic note-book. The sad, grey outlook of life; the enfeebled memory; the bursting headache, itching scalp and facial papules; the dilation of the pupils preceded by temporary contraction; the inflamed lids; irritated canthi point, like the similar symptoms in *Spigelia*, to rheumatic, sclero-conjunctivitis. Symptoms 120-30 suggests choroiditis; whilst the scintillating scotoma pertains more to certain deep-seated changes in the intra-cranial circulation.

Tinnitus is recorded by two proverbs.

Pustulation has been noted in the upper lips and inside the nose. Also the lips are ulcerated on their borders.

The submaxillary symptoms are strangely suggestive of a drug—not much allied to *Staphisagria* namely, *Mercury*. The same observations hold good of the dental and gingival symptoms. The typical toothache of *Delphinium* is "tearing." The pathologic condition corresponds with periodontitis atrophica, so-called "receding gums."

Herrmann's symptom, "when chewing he feels as if the teeth were pressed deeper into the gums" reminds one of the "sense of elongation of the teeth" in *Phosphorus*.

[Allen's Index gives for "feeling of long teeth," *Chelid.*, *Cocculus*, *Castor* and *Petroleum*.]

The tongue is white, the palate sore, due apparently to herpes; compare *Acetic Acid*.

Three proverbs had ptyalism (*Conf. Mercury*) heartburn, eructation, hiccough, four times nausea; and actual vomiting occurred twice. *Adipsia* distinguishes *Staphisagria* and *Rheum* from the "thirst" of *Rhus* and the "great thirst" of *Spigelia*.

The flatulent colic of *Staphisagria* is intensified by urinating, distinguished from that of *Rheum*, aggravated by movement.

Staphisagria has constipation followed by diarrhoea; *Rheum*, diarrhoea followed by costiveness.

Anal itching is noted in two proverbs.

The urinary symptoms are numerous and strongly marked; they point as distinctly to prostatic troubles in males as to cysto-

cele in women. The *Staphisagria* tamponade might be used per rectum in the case of males for intractable prostatic hypertrophy.

The itching of the genitals, in both genders, recalls the symptoms induced by *Galipaea cusparia*, usually known as *Angostura vera*.

Old people, we know, are very prone to acute and distressing but quite temporary strangury. Very young practitioners administer dysuric remedies with no result. Older doctors hasten to give a remedy for flatus incarcerated in the sigmoid flexure or in the rectum; they also direct that the nurse apply succussion to the descending colon. I am indebted to my friend, Dr. Richard Hughes, for the valuable hint to administer *Pulsatilla* under these circumstances. It has not failed me yet; should it do so, I shall certainly fall back on *Staphisagria*.

There are nine coryza symptoms, carrying us back again in mind to *Mercury*.

The twelve cough symptoms always aggravated in the case of Dr. Franz by eating (compare *Nux vomica*), point to pharyngitis rather than to laryngitis. Possibly some are, like the "oppression" and "stitches" in the chest, spinal in origin.

The nape and sacrum symptoms we have already noticed; they are very typical of *Staphisagria*.

The upper extremity symptoms ought to yield good results in treating the osteo-arthritis so common in real senility and in the imitation old age of pelvic patients.

Restless nights, disturbed by dreams of remarkable vividness, are naturally followed by drowsy days. As in *Stramonium*, the prover either dreams of murder or encounters some ferocious beast.

The cerebral congestion we may therefore conclude is more arterial than venous.

The rigors are usually adipsic, one proverb alone having "great thirst."

The cardiac symptoms, like the perverted sensations in the tongue, resemble the action of *Aconite*.

CASE.—STAPHISAGRIA IN LEFT DELTOID MYALGIA.

Mrs. —, aged 50, came on July 2, 1888, for recurrent headache since early childhood, *i. e.*, for more than forty years.

The pain is frontal; it corresponds with the distribution of the two supraorbital branches of the fifth pair.

Twelve years ago, whilst nursing, she had a mental shock, which greatly augmented the severity of the headaches. This shock was followed by temporary loss of the senses of smell and

of taste, and by impairment of that of hearing.

The double supraorbital pain has usually recurred at intervals of seven days.

The change of life occurred five months ago.

She also suffers from attacks of acute spinal anæmia, apparently depending on the condition of her heart, and associated with the following symptoms:—First there comes acute temporal pain; this is accompanied by a distressing sense of choking followed by passive pharyngitis. Later in the day there are rigors and a feeling of sickness; then diarrhœa begins, and afterwards she becomes intensely drowsy. Usually there is complete arrest of urine. Sometimes she has palpitation, with panting breath. She has been prone to these attacks from her girlhood.

For the cold stage *Veratrum album* in the third decimal dilution was recommended, and it gave marked relief. The extreme drowsiness was successfully combated with *Papaver somniferum*, thirty centesimal.

Inhalations of *Moschus*, matrix tincture appeared to relieve the dyspnoea, and also the palpitation, for which I afterwards gave *Asafœtida* in the twelfth centesimal with some advantage.

But to *Lachesis* is due the credit of curing this remarkable case. In dilutions, varying from 6 to 30, it swept away the headache, aggravated by movement and by noise, but even more by light. Whilst taking the *Trigonœcephalus* she also lost the giddiness, the noises in the head, the flushing, dry mouth and throat, loss of appetite, epigastric sinking and abdominal flatus, dyspnoea, tickling cough, and the palpitation, occurring both on exertion and after excitement.

Under the influence of *Lachesis* this patient enjoyed five months of immunity from headaches which had, before taking the remedy, recurred once a week for forty years. The other attacks, viz., those of acute cerebro-spinal anæmia, had lasted during five-and-twenty years, recurring at intervals of about two months. Latterly they had become much more frequent, leaving only three weeks of freedom from the distressing disturbance.

These also ceased to afflict her, and she had singularly good health with one exception, which we shall presently notice, during the remainder of the year.

The only adjuvants employed were gentle continuous current to vagus; upward electro-massage to lower extremities and to the respiratory muscles. Of course the patient, who respired very imperfectly, was taught to breathe. Allowance having been made for the beneficial effects of these auxiliary measures, the rest of the credit remains with the venom of the Indian snake.

This patient, on 25th October, 1890, again made her appearance at my rooms, looking much improved in appearance. She had lost her look of distress and had put on flesh.

She now complained of a severe aching pain from the left elbow to the left shoulder. This pain quite prevented the use of the left arm at its upper part; it grew worse in bed.

The biceps, the brachialis anticus and the deltoid were the chief muscles involved, all supplied, as you know, by the musculo-cutaneous nerve, the external branch of the outer cord of the brachial plexus. There was no impairment of reaction to the various muscular stimuli.

The biceps and the brachialis anticus made a slow recovery under *Baptisia*, 1x, *apis* 6, *rhus* 12 and *sulphur*, 30, selected from subjective indications.

The patient lived at a considerable distance. Owing to this fact and to the extreme inclemency of the weather, I saw very little of her, but she sent an occasional report. Thus I heard that while the other muscles had recovered their normal state, the deltoid hung fire and inflicted a good deal of pain and loss of rest till the end of March.

I was then preparing this drug as a contribution to the American Congress, when I was struck with the similarity between the whole group of this worthy woman's symptoms and the complete pathogenesis of *staphisagria*.

So I wrote a prescription for *staphisagria* twelfth centesimal, to be taken before each meal. The same remedy was given in the first decimal dilution at bed time.

The deltoid was well rubbed with oil of *stavesacre* twice a day.

The last part of the prescription had to be suspended on account of the free appearance, after its use, of a red, itching eruption resembling *lichen urticatus*.

The *staphisagria* was prescribed on 24th of March of this year, the deltoid pain having persisted for nearly six months.

It disappeared, while taking *staphisagria*, in seven days, and up to the present time it shows no sign of returning.—*Monthly Hom. Review*.

CAN WE INCREASE THE POTENCY OF THE REMEDY BY DILUTING THE DRUG?

An important fact bearing upon this question has resulted from some investigations in the principle of the fluorescence of liquid solutions.

It is understood that this appearance in certain solutions is due to the chemical rays of light being rendered visible by a change in their refrangibility. The molecules suspended in the liquid alter the conditions of the ray of light so that the length of the waves is increased, while its velocity of undulation is diminished.

Some experiments recorded in the Journal of the Chemical Society, June, 1889, show that the fluorescence of a liquid increases without limit as the dilution increases. In the case of the ammonium salt of fluorescein, the fluorescence of a concentrated solution is zero, or at least too small to be observed. When water was gradually added, the fluorescence first attained a measurable value for a concentration of 1 in 25, and rapidly increased with further dilution until the concentration was reduced to 1 in 3,200, after which it remained constant as far as the observations extended, namely, to a concentration of 1 in 6½ millions. Similar results were obtained with an alcoholic solution of *Magdala red*, except that it was impossible to obtain very concentrated solutions of this substance, so that it was impossible to observe the beginning of the fluorescence. This fact that fluorescent liquids lose the power of fluorescence when they become sufficiently concentrated suggested to another observer that possibly the groups of molecules existing in the solid salt are only partially dissociated in the concentrated solution, but become more and more so with increasing dilution, until, when the fluorescence is no longer affected by further dilution, the dissociation is complete. This hypothesis is strengthened by the fact that solution of fluorescein and eosin in water have their fluorescent power increased by heat, the effect of which would be to increase their solubility, whilst on the other hand, an alcoholic solution of *Magdala red*, which is less soluble in hot alcohol than in cold, has its fluorescent power diminished by being heated. This also explains the well-known fact that an aqueous solution of *Magdala red*, which is more soluble in hot water than in cold, acquires fluorescent properties when it is heated, although it does not possess them when cold.

These facts prove that dilution of a soluble substance produces a breaking up of clusters of molecules, which, under ordinary circumstances, would exist as aggregations, and it does not appear impossible that the separated molecule may find its way through the numerous barriers which are exposed between the digestive canal and the nerve centre it is designed to influence, when the molecules, in their aggregate form, would fail to reach it, and be thrown back and excreted. That in profound constitutional disorders the higher dilutions succeed where all other remedies

have failed is a fact recognized by all who have employed them, and that there is a purely physical cause for this becomes clearer as our knowledge of the physics of solution and the functions of the human body increase.—*Dr. Percy Wilde in Monthly Homœopathic Review.*

HOT WATER AS A REMEDIAL AGENT.

Moist heat as a therapeutic agent has not received the attention from medical writers that its merits deserve. In the future the remedial effects of hot water are destined to play an important part in the relief of pain and the cure of disease.

It is not necessary to allude in this paper to the use of hot water as a surgical dressing after amputations, as that subject has been ably treated by Dr. Varick, of New Jersey. In the writer's opinion, hot water is excelled in such cases by dilute alcohol only.

In some cases of cholera morbus copious draughts of hot water, conjoined with injections of the same, will afford marked and speedy relief. For many years past the writer has used this treatment with such good effect that in some cases it was unnecessary to prescribe any drug whatever—even the usual hypodermic injection of morphine being dispensed with.

In a case occurring some years ago, the patient had been vomiting for three or four hours when the writer saw him. The cramps had become severe, causing him to utter agonizing cries. To relieve the severe straining produced by the vomiting, he was directed to take a large drink of water as hot as could be swallowed. This being ejected after a little while, a second draught was given which put an end to the emesis. As the attack had been caused by imprudence in eating, and as the bowels had not been moved, a large injection of very hot water was then thrown into the bowels. In a short time this was passed by stool, after which the injection was repeated. Relief from the cramps was speedy and permanent, and although I had charged my hypodermic syringe with one-fourth grain of morphine, I withheld the use of it for the time being, intending, as soon as the pain and cramps returned, to control them in the usual manner. The patient, however, soon sank into a sound sleep from which he awakened free of all trouble, except the debility and soreness that follow such attacks.

Since then I have pursued the same course of treatment in

many cases, and although I have been compelled to use morphine hypodermically in some of them, yet the hot water has always proved a reliable adjunct in the treatment.

In cholera and cholera morbus, the cramps are supposed to be caused by the blood parting with its watery portion, thus sadly interfering with the general circulation. This being the case, it is plainly our duty to restore water to the blood as speedily as possible. Water is much more readily absorbed by blood vessels when it is warm than when cold. By introducing hot water into the bowels as well as the stomach a large absorbing surface is reached by the fluid. In addition to this the effect of the heat on the terminal branches of nerves acts beneficially upon the circulation by stimulating the heart to increased action.

I have no doubt but that in Asiatic cholera hot water properly used will be found of more service than any other treatment. Given by the mouth and by injection through a rectal tube, it would, in my opinion, have a marked effect in bringing about reaction in severe cases; at least it is certainly worthy of a trial.

In cases of cholera that have passed into the stage of collapse, and, when under ordinary treatment, no hope can be entertained of the patient's recovery, I would not hesitate to make a small incision through the linea alba and flood the peritoneal cavity with hot water. The peritoneum absorbs water with great rapidity, and in cases of profound shock following operations upon the abdominal and pelvic organs, no other means acts as speedily and efficiently in restoring the circulation as does flooding the peritoneal cavity with hot water.

In the collapsed stage of cholera, where the pathology of the disease may be attributed to dehydration of the blood, it seems plain that to restore water to the blood as speedily as possible should be the main object of treatment. In such cases no organic lesions have occurred in any of the viscera of the body, but they are in a condition to resume their functions when their normal stimulus is applied to them. Hence, if the fluidity of the blood be restored, and if the heart be artificially stimulated for a while by electricity, it would seem that death might be averted. These indications can most likely be met by taking hot water into the stomach, by injecting it in large quantities into the bowels, and in extreme cases, by flooding the peritoneal cavity with it.—*L. J. Woollen in Medical Record.*

Calc. Carb. Sour taste in the mouth, or of the food, sour vomiting, especially with children during dentition; also sour diarrhoea. **HERING.**

A NOTE ON THE EFFECT OF MERCURY ON THE ELECTRICAL CONDITION OF THE HUMAN BODY.

In the heroic days of old, when the maxim "salvation is salvation" was accepted as the beginning and end of the medical art, it was well recognized that the patient, who was undergoing a course of mercury for the supposed salvation of his body, ought to be very careful not to expose himself to cold. Aggravation from cold, and especially cold and damp, is one of the recognized characteristics of the mercurial condition. All this points to an unstable condition of the bodily electrical equilibrium—a too great readiness of the body to discharge its own electricity, and to receive shocks from without. This is quite in keeping with the fact that mercury is itself one of the best conductors of electricity known, and is much used by electricians on that account. When taken into the human body it makes the body a good conductor like itself.

A case has lately come under my notice in which this property of mercury was apparently very strikingly illustrated.

M. B., a parlor maid, had used for toothache a solution of *Merc. cor.*, 3x, rubbing it on the affected gum. She had used in all about a drachm, when in a day or two symptoms of mercurial poisoning supervened. The symptoms, which were very severe and lasted off and on for more than two months, will be published in full later on. I only wish to refer here to one circumstance.

One part of her duties consisted in cleaning electrical lamps. For this purpose she had to remove the lamps from their cups and after dusting to return them. This she had done for many, many months without any accident, but when under the mercurial influence she noticed that on touching the bases of the lamps, where they are connected with the wires, she received a shock of electricity and the lamp exploded. This happened on three or four occasions before she mentioned the circumstance to me. At first I could hardly believe that there was any connection between the mercury and the explosions of the lamps; but I advised her not to touch them again for a time, and meanwhile made inquiries of practical electricians.

From them I learned that it was quite possible from the touching of the poles of a lamp that had been used to set up what is called a "short circuit" current from the lamp to the person, and from this to result in the breaking of a lamp.

An electrician, now holding an important position in one of the chief firms of electrical engineers, informs me that when he

was engaged in the electric lighting of the Health Exhibition he became poisoned by the mercury there used. His hands were frequently in the troughs containing the quicksilver. Before that time he could stand a very strong shock of electricity, but the mercury wrought a complete change in him in that respect, and now the slightest shock affects him powerfully.

This tends to confirm the supposition that the mercury poisoning in my case had to do with the lamp explosions. After some weeks, though not free from symptoms, the patient found that she could handle the lamps as freely as before without any accident.—*John H. Clark, M.D., in Hom. World.*

SAW PALMETTO IN PROSTATIC DISEASE.

I have been afflicted with that most distressing of old men's troubles, enlarged prostate, for four or five years, and for three years previous was obliged to use a catheter from two to six times in twenty-four hours. A year ago last July I had a short respite of a month or so, and thought I had succeeded in overcoming the difficulty, but it was only partial and temporary, and I had to resort to the catheter again. I had been using rectal suppositories of *Ergotin, iodoform and belladonna*, various internal remedies—*Staphisagria, carbonate of lithia, etc.*—and locally *cocaine ointment, etc.*, applied to the catheter. In March last I commenced using the saw palmetto, when I began to improve, and by the first of May was so much better that I omitted the use of the catheter, and have not used it since until about the first of this month—over six months' respite, the longest in over four years.

I was so well that I became negligent in the use of the remedies, and so suffered myself to become constipated and lithemic, causing cystic irritation and spasm at the neck of the bladder, requiring the catheter a few times.

A few doses of *casara sagrada* for the bowels, *carbonate of lithia* and *pichi* for acid urine and irritation of the bladder, and resumption of the saw palmetto for the prostate gland, soon corrected all the unpleasant symptoms, and now all is right again. I find it necessary to keep the bowels regular as possible to avoid pressure from gas or impacted feces on the gland and neck of the bladder, also to be somewhat careful of diet, to prevent lithemic symptoms. Although the cystic troubles was relieved by the former remedies,

I am satisfied that the gland remained congested and inflamed till I began the use of the saw palmetto, and since then has materially lessened in size and is relieved of its tenderness and inflammation.—*H. Knapp, M. D., in Medical World.*

BARYTA CARBONICA.

More than thirty years ago I had been experiencing for some time a peculiar affection of the left leg—I believe it was the left, though I can be hardly sure at this distance of time—a pain would suddenly come on, beginning in the hollow of the knee, and running down the back of the leg. I could compare it to nothing but a thin stream of hot fluid—boiling water or molten metal, running down under the skin. As time went on, this increased in intensity, as well as in frequency; and one day, while I was sitting writing, it was coming on repeatedly, and with greater violence than usual. I happened to have a small bottle of globules of *Baryta Carbonica* close at hand, and in a freak of fancy, and far from expecting that they would do any good, I took a few of them. To my surprise, however, almost as soon as the globules had touched my tongue, the pains entirely ceased, and they did not return again for a long time, and then only slightly, when a few more globules freed me from the pains from that time to this, that is for more than thirty years. I do not know whether the affection above described is a known or a common one, but if it is, the above information may be of use; and my haphazard experiment seems to reveal an unknown property of *Baryta Carbonica*, for I find nothing in Jahr's symptomatology of this remedy that would lead to this use of it.—*F. H. B. in Hom. World.*

VETERINARY DEPARTMENT.

"Sulphur's Good in all Forms."

Thus declaimed the talented Marsden, M. D., when, the Ledbury fox-hounds being then in full cry (having just picked up the lost scent), he took a flyer over a bullfinch at the one

side of the five-barred gate through which your humble correspondent rode on his mare. This was in March, 1866.

In the preceding November the said valuable, clever mare broke out of her stable and remained lost during a 10-day rain-fall. Shortly after her capture a sharp attack of fever ensued, followed by an aqueous infiltration of the subcutaneous tissue involving chest, abdomen and legs; while a crop of hard elevations appeared in the skin surface.

The local "Vet." called her ailment "Water Farcy;" of course *his* treatment made bad matters still worse. *Bell.* and *Nux.* removed the fever and loss of her appetite, but the chronic malady remained *in statu quo*. A happy thought led to my placing inside her lips a few grains of *Sulph. precip.* 1x; in a few minutes she voided gallons of black urine, and in a few days was well. A recital to Dr. Marsden of the case caused the above remark from him *in re* the curative remedy. But the malady returned every succeeding year, and at the same period; always yielded to the same drug and with the same crisis of urine.

Dr. Marsden possessed a marvelous intuitive power of perception from the hue, expression, &c., of a patient's countenance, in diagnosing the nature *and the cause* of the malaise; but, as with every instance of innate genius, he rather lacked stability. Malvern (like Leamington to Jephson) proved to Dr. Marsden the fickle character of the professional connection, &c., ultimately to be experienced at (at one time popular) health resorts.—*Agricola in Homœopathic World.*

Lameness of the Shoulder in a Horse.

The landed proprietor H., in W., bought a five-year-old horse that was afflicted with a chronic lameness of one shoulder. The lameness was better after moderate exercise, but after hard work, or during rest, it was worse. There was a considerable wasting of the muscle to be observed around the shoulder blade. *Ferrum Mur.* 15th potency, dissolved in water and administered every four hours, a tablespoonful on a piece of bread, effected a cure within six weeks. On the 8th day of the treatment a considerable aggravation of all symptoms was observed, which was followed by relief, ending in a perfect cure. The horse was hard worked for over two years following, and the cure, therefore, must be admitted to be permanent.

Wound in the Chest of a Dog.

A stable dog, two years old, was said to have been stabbed in the chest with a pointed instrument by a miscreant. Question arose whether the animal could be saved. Investigation dis-

closed a wound between the second and third ribs, round, half an inch broad and over five inches deep in the direction of the lung. The mattery discharge from the nose indicated that the lung had been pierced. Appetite was poor and the dog had grown thin. I was compelled to probe the wound with a willow twig as my leaden sound was not long enough. The discharged matter was rather thin. I closed the wound with a cross-suture leaving a small opening for the discharge, and applied externally a lotion of one teaspoonful of Homœopathic *Arnica Tincture* to one-half pint of soft water. The internal application consisted in a few doses of *Arnica* 6x in some milk. The discharge from the nose ceased on the seventh day, his spirits rose, his appetite increased, the wound closed slowly, the sutures coming out after a few days, but in three weeks the wound was closed entirely and the dog seemed to be in as good condition as ever.—*Dr. Kleemann, Veterinarian, Switzerland.*

An Angora Tom Cat, a beautiful animal, a good mouser and ratter, sickened one day; he would not eat and did not attend when called. I noticed that he had one watery stool during the day. On the second morning his neighborhood was soiled to such a degree that evidently the diarrhœa had increased during the night. Tom lay there in a perfect apathy and his body felt cold to the touch. I gave him three pellets of *Arsenicum* and about noon of the next day he ate some food and was soon as frisky as ever. Convulsions in cats can readily be cured by a few doses of *Belladonna* 3.

Stringhalt in a Mare.

A fine black mare, æt. 8, was troubled with stringhalt in the left hind foot. On being turned short she would jerk up her leg about 6 to 8 inches; otherwise she seemed to be in good condition. In Herring's "Condensed Materia Medica" we find mentioned under *Arsenicum Alb.* "*Cressus Gallinaceus*," the Latin term for stringhalt; the 15th potency of that remedy was given, morning and evening, and the whole leg was washed every evening with tepid water in which a few pellets of the same remedy had been dissolved. After two weeks every vestige of the complaint was gone.—*A. J. T.*

Rheumatic Affection of the Eyes in a Horse.

On June 9, '75, a fine 15-year-old stallion, a Hungarian, was affected with a rheumatic inflammation of both eyes. The horse was dispirited, hung his head and by his tightly closed eyelids and the profuse lachrymation, as well as objection to having the lids opened, evinced potophobia and great pains. The cornea

was dull, covered, as by a grayish veil with injection in the corners. These symptoms did not yield to *Mercur sol.* 3, administered twice daily, but in addition to the enumerated symptoms he now evinced a desire to rub his eyes against any convenient substance, no matter how tied, even against the halter if no other surface was handy. This symptom induced me to give him *Tinctura Sulphuris* 3, which acted so promptly that on the second day he ceased to rub his eyes and within a week the whole affection was gone and has not returned to this day. (October, '76.)

THE LOCO WEED.

The loco weed of the Western plains is to vegetation what the rattlesnake is to animal life. The name comes from the Spanish and signifies insanity. It is a dusky green and grows in small bunches or handfuls and scatters itself in a sparse and meagre way about the country. It is in short a vegetable nomad and travels about not a little. Localities where it this season flourishes in abundance may not see any of it next year, nor indeed for a number of years to come.

The prime property of the loco is to induce insanity in men or animals who partake of it. Animals—mules, horses, sheep and cattle—avoid it naturally, and under ordinary circumstances never touch it. But in the winter, when an inch or two of snow has covered the grass, these green bunches of loco standing clear and above the snow are tempting bits to animals which are going about half starved at the best. Even then it is not common for them to eat it. Still, some do and it at once creates an appetite in the victim similar in its intense force to the alcohol habit in mankind.

Once started on the downward path of loco a mule will abandon all other forms of food and look for it. In a short time its effects become perfectly apparent. You will see a locoed mule standing out on the shadowless plain with not a living, moving thing in his vicinity. His head is drooping and his eyes are half-closed. On the instant he will kick and thresh out his heels in the most warlike way. Under the influence of loco he sees himself surrounded by multitudes of threatening ghosts and is repelling them.

The mind of the animal is completely gone. He cannot be driven or worked because of his utter lack of reason. He will go

right or left or turn around in the harness in spite of bits or whip, or will fail to start or stop, and all in a vacant, idiotic way devoid of malice. The victim becomes as thin physically as mentally, and after retrograding four or five months at last dies, the most complete wreck on record. Many gruesome tales are furnished of cruel Spanish and Mexican ladies who, in a jealous fit, have locoed their American admirers through the medium of loco tea. Two or three cases in kind are reported in the Texas lunatic asylum.—*Kansas City Star.*

BOOK NOTICES.

AN IMPORTANT WORK.

There is a great difference of opinion on the subject of Homœopathic Materia Medica and probably always will be. On the one hand are those who would not part with a single symptom from those overflowing works like the *Materia Medica Pura* or Allen's great *Encyclopædia*, and on the other are many busy men who, while firmly believing in the law of Similia, yet frankly confess the impossibility of memorizing that innumerable collection of symptoms; they say these symptoms, as at present arranged, while containing the Homœopathic truth, are stuffed out with much chaff, and they want the chaff winnowed out and the substance presented in a well arranged manner—nothing omitted that has been verified beyond doubt and nothing put in that is at all doubtful. In short, the cry is for a Practical Materia Medica.

It is a pleasure to make the announcement that the demand is about to be supplied. On page 147 of this issue of the RECORDER will be found a paper by Dr. A. R. McMichael, read before the Homœopathic Medical Society of the County of New York, April 9, 1891, which, while the work itself is not mentioned, yet describes the work on which Dr. McMichael has been engaged for many years. The usual method, as is well known, and against which not a word is to be said, is to place the name of the remedy at the head of the page and follow with its entire list of symptoms—Moral, Head, Eyes, etc. In Dr. McMichael's forthcoming work all this will be changed, or, to write more accurately, will be re-arranged.

His book will be a large quarto. The names of the remedies will be found following each other on the outer margin of the left-hand page. Along the top of the two pages, and running across both are the following heads: 1. STOMACH. 2. APPETITE AND THIRST. 3. TASTE AND TONGUE. 4. CONCOMITANTS. 5. MOUTH AND TEETH. 6. NAUSEA AND VOMITING. 7. ERUCTATIONS AND FLATULENCE. And then in the last column of the right-hand page as the book lies open will be found CLINICAL.

The first word at the top of the page, STOMACH, gives the key of the whole. The title of the new work will be *A Compendium of Materia Medica, Therapeutics, and a Repertory of the Digestive System*. Each disease has a centre or seat. The stomach is the centre of a vast number. This book will give the whole of the VERIFIED *Homœopathic Materia Medica*, as it applies to that organ, together with the concomitants, and Therapeutics, etc., as noted in the list given above.

The distinctive feature of the forthcoming work is now apparent. A physician has a case centering in the stomach—this volume gives the whole that applies to that case, and stomach cases generally, but nothing more. The repertory at the end is of the most complete and exhaustive character, and so arranged that the searcher is guided *at once* to what he wants. For instance, the symptom "Retching vomiting with diarrhœa and colic," will be found in the Repertory under the key words: "Colic," "Diarrhœa," "Retching" and "Vomiting." These key words stand out at the edge of the text of the repertory in such a manner that the physician can run down what he wants with the most rapidity.

From the foregoing it will be seen that the promised work while complete in itself does not cover the whole body, but is confined to the digestive system. There is but little doubt that other works, each complete in itself, will follow this one immediately. The manuscript of the entire series is complete.

As soon as possible specimen pages will be prepared by the publishers and forwarded on request. That the new undertaking will be a success—a great success—there can hardly be a doubt. Many who have studied the plan have said, in substance: "Just what I have been looking for all my life." It is estimated that the volume under consideration with the repertory will make a book of about 400 pages, more or less.

A Homœopathic Bibliography of the United States from the Year 1825 to the Year 1891, Inclusive, containing alphabetical lists of Homœopathic Books, Magazines and Pamphlets.

Also, condensed statements, data and histories of the Societies, Colleges, Hospitals, Asylums, Homes, Nurse Schools, Dispensaries, Pharmacies, Publishers, Directories, Legislation, Principal Books against Homœopathy, and Homœopathic Libraries. Carefully compiled and arranged by Thomas L. Bradford, M. D., Philadelphia, Pa.

Some days since a physician wrote to Dr. Bradford, the compiler of *The Homœopathic Bibliography*, inquiring as follows:

"Can you give me information in regard to the following: In *Hufeland's Journal*, for 1796, there appeared a paper entitled 'Suggestions for Ascertaining the Curative Power of Drugs.'

"Is it possible for you to tell me whether or not Hahnemann was the author of that paper? Is it likely that he was? Was Hahnemann writing for *Hufeland's Journal* in that year?"

The following answer, from Dr. Bradford's MSS., was given:

"1796. Versuch uber neues Prinzip zur Ausfindung der Heilkräfte der Arzneisubstanzen nebst einigen Blicken auf die bisherigen. Von Samuel Hahnemann."

An essay on the new method of discovering the Curative Powers of Medicines; and a criticism on the means previously employed. *Hufeland's Journal*, Vol. II., pages 391, 465.

The article was issued in two numbers of the *Journal* and the above title is correct.

Hahnemann *did* write for *Hufeland's Journal* frequently at this time, from 1796 to 1806, and his name nearly always appears in connection with his articles. The article in question occupies about 100 pages of the *Journal*, which is a duodecimo.

Dr. Bradford wishes us to say that he will at any time be glad to have any historical matter in connection to his publication tested.

And in a work of this size and scope it is very difficult to obtain correct information upon all points.

Authors of pamphlets, issued during the past year, (magazine reprints included) are requested to send a copy to Dr. Bradford in order to secure correct representation. He has written a great many letters to authors, in order to verify the correctness of his information, and is now quite willing to furnish a list of his works to any author who will return it corrected.

Only titles of the books and pamphlets by American Homœopathic physicians will be published, with the exception of all of Drs. Hahnemann's and Herring's works. Also the titles of the works by American laymen in reference to Homœopathy in the United States.

Although the work will not be brought out until the latter

part of the year, yet now is the time to send in subscriptions, that some definite limit can be fixed for its completion.

The price of the *Bibliography* is three dollars and all friends of Homœopathy are invited to send in their subscriptions in order to insure its publication. Address either Dr. T. L. Bradford, 1862 Frankford Road, Philadelphia, Pa., or any of Boericke & Tafel's pharmacies.

A Clinical Text-book of Medical Diagnosis for Physicians and Students. Based on the most Recent Methods of Examinations. By Oswald Vierordt, M. D., Professor of Medicine at the University of Heidelberg. Authorized translation from the 2d German Edition by Francis H. Stuart, A. M., M. D. W. B. Saunders, Philadelphia, 1891. 700 pages. Cloth, \$4.00. Sheep, \$5.00.

The author, Dr. Vierordt says of his work, 1st edition: "I have here, as well as in my teaching, taken pains to emphasize that, besides availing ourselves of the constantly increasing finer methods of diagnosis, the simple ones of our senses, especially of the unaided eye, must not be forgotten. Still more the manifold labors with the microscope and in the laboratory ought not to permit the physicians to forget that a preparation or a chemical reaction is not enough for a diagnosis, but that the whole organism must always be brought under consideration. In other words, in diagnosis as well as therapeutics this rule is imperative: We must *individualize* the case. Should this book to any extent antagonize the inclination of our time to theorizing, it would afford me especial satisfaction." In his preface to the 2d. edition the author says many of the sections have been entirely re-written, all revised and some new matter added. The translator on his part says: "The work of which a translation is here offered is one of the best that has been written upon the subject. When it first came into the hands of the translator he had no thought of ever using it except as a work of reference. But as he read it he became convinced that it had such merit that it would certainly be welcomed by a large class of readers if it were rendered into English." The book is divided into three parts, eight chapters and an appendix. The index is very complete, occupying eighty pages.

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THE RECORDER makes no pretensions at being a news journal, and hence has no report of what was said and done at the great meeting of the American Institute at Atlantic City. Our big Philadelphia and New York contemporaries will contain full reports, no doubt. Suffice it here to say that the meeting was in all respects a great and successful affair; the attendance was very large, the number of new members taken in was large, the weather was fine, and nothing occurred to mar the harmony of the occasion. The Philadelphia newspapers contained very full reports of the meetings each day, which is a good pointer to the interest the general public took in the event. Had the public felt no interest in the doings of this representative body of Homœopathy the newspapers would have passed the meeting with a line or two.

When the Transactions are out we hope to give our readers a bird's-eye view of the papers that pertain to drugs and their uses.

THE man who glowers over the subscription book of THE RECORDER, courteous reader, says "Pay up! Pay up! Pay up!" The fact that the great majority of you have paid up does not satisfy him. He has his eye on a sort of skirmish line of non-payers and they trouble him. The subscriber who doesn't pay up is always the thorn in the side of the man at the subscription book and tends to make him misanthropic. The fact that nine men have paid up does not in his biased eyes excuse the recalcitrant tenth man who will not pay, or who forgets to pay as is probably most often the case.

The foregoing to satisfy the man at the subscription book—a sop to Cerberus—but don't forget that with all his crustiness he has a little ground for grumbling.

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part of the year, yet now is the time to send in subscriptions, that some definite limit can be fixed for its completion.

The price of the *Bibliography* is three dollars and all friends of Homœopathy are invited to send in their subscriptions in order to insure its publication. Address either Dr. T. L. Bradford, 1862 Frankford Road, Philadelphia, Pa., or any of Boericke & Tafel's pharmacies.

A Clinical Text-book of Medical Diagnosis for Physicians and Students. Based on the most Recent Methods of Examinations. By Oswald Vierordt, M. D., Professor of Medicine at the University of Heidelberg. Authorized translation from the 2d German Edition by Francis H. Stuart, A. M., M. D. W. B. Saunders, Philadelphia, 1891. 700 pages. Cloth, \$4.00. Sheep, \$5.00.

The author, Dr. Vierordt says of his work, 1st edition: "I have here, as well as in my teaching, taken pains to emphasize that, besides availing ourselves of the constantly increasing finer methods of diagnosis, the simple ones of our senses, especially of the unaided eye, must not be forgotten. Still more the manifold labors with the microscope and in the laboratory ought not to permit the physicians to forget that a preparation or a chemical reaction is not enough for a diagnosis, but that the whole organism must always be brought under consideration. In other words, in diagnosis as well as therapeutics this rule is imperative: We must *individualize* the case. Should this book to any extent antagonize the inclination of our time to theorizing, it would afford me especial satisfaction." In his preface to the 2d. edition the author says many of the sections have been entirely re-written, all revised and some new matter added. The translator on his part says: "The work of which a translation is here offered is one of the best that has been written upon the subject. When it first came into the hands of the translator he had no thought of ever using it except as a work of reference. But as he read it he became convinced that it had such merit that it would certainly be welcomed by a large class of readers if it were rendered into English." The book is divided into three parts, eight chapters and an appendix. The index is very complete, occupying eighty pages.

Homœopathic Recorder.

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THE RECORDER makes no pretensions at being a news journal, and hence has no report of what was said and done at the great meeting of the American Institute at Atlantic City. Our big Philadelphia and New York contemporaries will contain full reports, no doubt. Suffice it here to say that the meeting was in all respects a great and successful affair; the attendance was very large, the number of new members taken in was large, the weather was fine, and nothing occurred to mar the harmony of the occasion. The Philadelphia newspapers contained very full reports of the meetings each day, which is a good pointer to the interest the general public took in the event. Had the public felt no interest in the doings of this representative body of Homœopathy the newspapers would have passed the meeting with a line or two.

When the Transactions are out we hope to give our readers a bird's-eye view of the papers that pertain to drugs and their uses.

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DR. SCUDDER, the veteran Eclectic, pokes a little fun at his Homœopathic brethren, or some of them, in the following manner:

"Our neighbors have been rejoicing for months that the truth of Homœopathy has been proven by the new cure for tuberculosis. Hardly a journal in the land but has had something to say about it, and some have said a good deal. Of course it proved the truth of their law, *Similia similibus*. It went further and proved the value of infinitesimals. And still further, it proved the value of *nosodes*, the dirty part of homœopathy.

"And now our sound homœopaths may exclaim, 'The Lord save me from my friends; I can take care of my enemies.' The entire Koch business has proven a failure; not one patient has been cured, but scores have died from it. Is Homœopathy to be measured by this standard? It may be *Similia*; it is certainly a very vile *Nosode*, and hundreds have had the tubercular bacillus distributed in their tissues by it, and others have suffered from the effects of the most poisonous ptomaine ever known. How does the Homœopathic *Nosode* business compare with this?

"As you look the field over, my friends, do you really think you have made anything by appropriating *regular* thunder? I imagine that you had better stick to the legitimate, and to that you know. When you try to become 'scientific by riding a bacterium, or appropriating a *regular* nosode, you are likely to make a failure. It is not my province to advise you, but many of you are clever men and co-workers, and I cannot help saying, stick to the truths you know, and don't toady to the 'regulars.'"

DR. McMICHAEL'S paper in this number is worthy of careful study, and his new Compendium, announced among our book notices this month, should command wide attention. It is something new, something practical, and something that many physicians have been demanding for a long time. That the plan of the new work will not please every one goes without saying, but that it will please the greater number of the steady paced, loyal Homœopathic practitioners, is almost inevitable. Many of these have carefully examined the plan of the forthcoming work and have given it unqualified praise. It is a work that all should look into.

THE HOMŒOPATHIC RECORDER.

VOL. VI. PHILADELPHIA AND LANCASTER, SEPT, 1891. No. 5.

BLATTA ORIENTALIS.

In my last paper on *Blatta orientalis** I promised to say more on this subject in future, so, to-day I begin to fulfil my promise. Before I proceed to give the cases of Asthma in which *Blatta orientalis* was used with great success, I should like to say something about Asthma. This spasmodic disease which is characterized by the urgent dyspnoea due to the bronchial spasms, may be principally divided into Idiopathic and Symptomatic. The spasms in the former case take place through the efferent nerves by the direct irritation of the brain or the spinal cord independently of any other distant affections, and this variety though rare is the most difficult to combat. While in the latter case, which is by far more common, the causes of the irritation of the nervous centres are in distant organs, that is, the nervous centres are secondarily affected. Stomachic Asthma originates in the derangement of the stomach; Cardiac Asthma, not Cardiac dyspnoea in which there are no bronchial spasms, originates in the diseases of the heart, and lastly Bronchial Asthma, which is the most common of all, is due to the morbid condition of the bronchial tubes in which the bronchial spasms occur through the reflex action. A fit of Bronchial Asthma may be excited by the inhalation of materials such as smoke, pungent vapours, animal or vegetable emanations, dust, pollen, drugs, fog, effluvia of domestic animals, as rabbits, dogs, guinea pigs, horses, etc. Change of weather, locality, winds, such as easterly wind, are no less an exciting cause. The most common exciting cause of an attack of Asthma is inflammation of the bronchial mucous membrane. There are other organs which may be primarily affected, giving rise secondarily to an asthmatic attack, such as a loaded rectum, intestinal worms, uterine diseases or sudden chill, etc.

I shall only say a few words as to the character of a paroxysm of Asthma. The paroxysm occurs periodically at regular or ir-

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regular intervals, it may be daily, weekly, monthly, yearly, or at a still longer interval. There are cases where a severe cold, frequent sneezing, running from the nose, a short, dry, wheezing cough, etc., are the forerunners of a severe paroxysm, but in most cases there are no premonitory symptoms and the patient is suddenly seized with an attack. The early morning hour, say from 2 to 4 A. M., after a good sleep, is the time when asthmatic persons in a majority of cases are attacked with paroxysm, although an attack may take place at any time of the day. When the paroxysm is developed the patient experiences great oppression and tightness of the chest, with extreme sense of suffocation, and breathing becomes labored and gasping. Patient assumes either a sitting, standing or kneeling posture, frequently changing attitude in seeking relief; puts off all tight clothing to give the chest a free scope for easy respiration. The inspiration becomes short and abrupt while the expiration is greatly prolonged. The respiratory sound is greatly exaggerated, so much so that the wheezing is distinctly audible to the bystanders; perspiration generally pours out freely; the face becomes pale and anxious; pulse small and quick. I need not detail these symptoms as every physician must have seen the great sufferings of an Asthmatic patient during an attack.

There is no rule as to the duration and the termination of an attack, it may end suddenly within a few minutes or gradually with remission or intermission, but in most cases there is a cough at its close, with more or less pearly mucous expectoration—the characteristic asthmatic sputa. There are cases in which there is no secretion from the first to the last, and the spasms disappear without expectoration. The cough at the termination of an asthmatic attack is very often troublesome and paroxysmal; with each spell the patient goes on coughing and hacking until some sputum is brought up, when he experiences great relief till the next fit of coughing. These coughing fits are very oppressive and fatiguing to the patients, owing to the difficulty in raising the tenacious sputa, and you will often hear the sufferer begging you to make his or her expectoration free. You will find *Blatta orientalis* a capital remedy in relieving this kind of cough. *Blatta ori.*, when given in repeated doses at the commencement of an asthmatic attack, cuts short the paroxysm within a short time; so I am inclined to think it affects pre-eminently the pneumogastric nerves in thus relieving the spasm of Asthma. Here its action is similar to *Arsenicum alb.*, *Ipecacuanha*, *Cuprum*, *Lobelia infl.*, etc. As it makes the expectoration free and coughing fit less frequent and less severe, here

again its action is similar to *Antimonium tartaricum*, *Ipecacuanha*, etc.

I have of late tried *Blatta orientalis* indiscriminately in almost all cases of Asthma that have come under my treatment, and I am glad to say I have received good results in most cases, as the reports of some of the clinical cases will show. I have not come to any definite use of this drug yet, but I shall only mention a few facts that I have observed during its use. It acts better in low potency and repeated doses during an attack of Asthma; when the spasm subsides, the terminal asthmatic cough with wheezing and slight dyspnoea, etc., is better relieved with higher potencies; the low potency, if continued after the spasmodic period is over, will make the cough more troublesome and harassing to the patient and the expectoration tenacious, thick and very difficult to raise, but this will not be the case if the potency is changed. I had this difficulty in a few cases when I was less acquainted with the action of the drug, but now I manage my cases better. In four patients who continued the drug for some time in the low potency during the paroxysm and after it was over, the cough became dry and hacking with little or no expectoration, the streaks of blood appeared in the sputa, which the patients had never observed in the course of their long illness. This appearance of blood in their sputa, was the cause of a great anxiety to them and made them hurry over to my office. On inquiry I learned from two of them—one a lady and the other a young man—that while taking this remedy they felt a sensation all over the body, for four or five days previous to the appearance of the blood, as if heat were radiating from the ears, eyes, nose, top of the head, palms of the hands and soles of the feet. They attributed this sensation of heat all over the body and the appearance of the blood in the expectoration to the drug. I directed them to stop the medicine at once; this they did, and with the discontinuance of it the blood disappeared from the sputa as well as the sensation of heat, but to me it was an open question whether this appearance of blood in the expectoration was due to overdrugging, although I must say that the presence of the streaks of blood in the sputa of asthmatic patients is not an uncommon phenomenon. I resolved to give the same potency to the same patients after the lapse of some days. I did so and to my surprise the blood-streaked sputa again appeared after they had taken the remedy *ix*, one grain four times daily. From this the patients understood it was the same medicine that had been given to them on the last occasion and begged me not to give it again as the appearance of blood

in the sputum frightened them, in spite of all my assurance. No more strong doses of the drug were given to them and they did not notice any more blood in the sputum. I have heard other patients complain of this peculiar sensation of heat whenever strong doses were given to them for some time. It acts better on stout and corpulent than on thin and emaciated persons. The asthmatic patients subject to repeated attacks of Malaria derive less permanent benefit from the use of the drug. So, it seems to me, that in hæmic Asthma, which is due to the abnormal condition of the blood, it is efficacious. I have also used this drug in troublesome cough with dyspnoea of phthisical patients with good result.

Clinical Cases.

CASE I. Baln R. M., aged fifty-five, thin, emaciated and irritable temperament, has been suffering from hereditary Asthma for the last twenty-five years. For the last six or seven years he suffered from asthmatic fits almost nightly and a troublesome cough with a good deal of frothy expectoration. He said he had not known what sleep was for the last six or seven years, in fact, he could not lie down in bed as that would immediately bring on a violent fit of coughing which would not cease until he sat up, so the recumbent posture for him was almost impracticable, and he used to sit up during the night and doze on a pile of pillows. He passed his days comparatively better, but the approach of the night was a horror to him, his struggle, commencing at 9 or 10 P. M., would last till the morning. He was the father of many children and was well taken care of, but his suffering was so great that he had no ambition to live any longer. He tried almost all systems of medicine without much good. For the last ten years he took *Opium* which afforded him slight relief at the beginning, using as high as forty-eight grains of *Opium* in twenty-four hours. Owing to the constant sitting posture he became stooped, and the back of his neck stiff and painful. On April, 1889, he was suddenly taken ill with fever. The fever became protracted. After an illness of over a month his condition became so bad that all hope of his recovery was given up. During this illness he was treated by an old school physician of some repute, but his condition daily grew worse, the Asthmatic attacks became very violent and almost incessant, and the difficulty of breathing very great. He became so feeble that he had not strength enough to enable him to bring up the expectoration; his chest was full of it; fever was less; there was general anasarca. He was sitting with head bent forward, almost touching

the bed, as that was the only position possible to him day and night. He had become almost speechless, when I was sent for, at about 3 P. M. on the 23d of May, 1889. When I was entering the patient's room a medical man came out and hinted that there was no use of my going in as the patient was just expiring. I found the patient breathing hard; unconscious; jaws were locked and saliva dribbling from the corners of his mouth; body cold; cold, clammy perspiration on forehead; eyes partially opened; in fact, to all appearance, he looked as if he were dead, except for the respiratory movements. I felt his pulse and found it was not so bad as the patient was looking. I examined the back of his chest, as that was the only portion easily accessible, and noticed that the bronchial spasms were going on with loud mucous râle. From the character of his pulse I thought that the present state of the patient was *probably* due to the continued violent struggle and not deep coma, and that he had become so exhausted that he was motionless, speechless and completely unconscious. His bed was surrounded by many friends and relations, who had come to bid him a last farewell; and it was with surprise that they all looked at me when I proposed to administer medicine to a patient, whose death was expected every minute and for whose cremation preparations were being made.

I got a big phial full of water and put in it *Blatta orientalis* ix trit. a few grains and tried two or three times to give him a spoonful of it, but in vain; the jaws were locked and I could not make him swallow any of that medicine; then I put some powder dry in the hollow of his lips and asked the attendants to try to give him the medicine I left in the bottle. I was asked whether there was any hope of his recovery, of course my answer was "no," and I also said he could only live a few hours. I left the patient's house with the idea of not visiting it again, but at 9 P. M. a messenger came with the report that the patient was slightly better, he could swallow medicine and two doses of it had been given. I was asked to see the patient again. I could hardly believe what he said, however, I went to see the patient again. I noticed there was a slight change for the better, the pulse was steady, the jaws were unlocked, there was mobility of the limbs, he could swallow liquid with ease and was expectorating freely, the breathing though still difficult was slightly improved. There was the winking of the eyelids. On the whole he was looking less lifeless, but still I entertained no hope of his recovery. I left instructions to repeat the same medicine once or twice during the night, if required, at the same time to give milk repeatedly, one or two spoonfuls at a time, and to inform

me next morning if he had survived the night. Next morning I really grew anxious to know what had become of my patient who had shown symptoms slightly better with this new remedy. A messenger came with the report that the patient passed a good night. I was requested to see him again. When I arrived at his place at 8 A. M., I was surprised to see him so much better, he had not only regained his consciousness, but was sitting quietly in his bed, could speak slowly, the difficulty of breathing was completely gone, but the cough occasionally troubled him and a good deal of expectoration of frothy white or sometimes of big yellowish lumps of mucus came up. He was given three doses of the same medicine 2x trit. during the day. He passed a fair day but at night his difficulty of breathing again appeared in somewhat milder form. He had to take two doses of the medicine. Thus the medicine was continued for a week and his trouble daily became less and less until after the expiration of a week he was able to sleep at night for the first time in the last six or seven years. I treated him over a month and his health improved so rapidly that he not only got rid of the asthmatic trouble, but was soon able to go out and even to attend his business. The stooped condition of his neck with slight pain and slight chronic bronchitis did not leave him altogether. Besides *Blatta orientalis*, I also prescribed for him *Arsenicum alb.* 6 and 12, *Naja. tri.* 6, *Ipecac* 3 and *Antim. tart.* 3, as they were indicated. He continued well for over a year, but in August, 1890, he had slight reappearance of the asthmatic trouble. He again took *Blatta orientalis* and got well.

CASE 2. A Brahmoehery (ascetic), aged 38, had been suffering from Asthma for the last fourteen years. During the early part of his illness he used to take medicine, but this would invariably make his case worse, so he gave up all treatment and was left to nature. Occasionally he would wear a *talisman*, a practice much prevalent in this country; this once seemed to do him good, as, at the time, some eight years ago, he was free of all trouble for one year, when accidentally the *talisman* dropped from his body and was lost. This was the beginning of his most severe trouble. During this illness he again made up his mind to try medicine, and took both Allopathic and native drugs, but to no purpose.

Homœopathy was at that time very much in the background, so he did not think it worth while to give it a trial. His sufferings became so great that his life became almost intolerable. He then became an ascetic and left his home and relations to die in some sacred place, as is the custom with many Hindus when they be-

come old or invalid. He knew Sanskrit well and went to Banares, a sacred place for Hindus. On his arrival there, in 1878, he felt somewhat better, either due to the change of place or the change of his mode of life. He became acquainted with the people there, and as a Brahmin and Sanskrit scholar they began to respect him. He improved gradually and entertained some hopes of recovery, but never thought of returning home. He could sing and compose verses—this attracted a good many persons' notice, who not only used to help him with the necessities of life, but would gather round him to pass pleasant evenings. Thus he enjoyed fair health for a year, when his old enemy, the Asthma, made its appearance. This time he was worse than ever, in spite of all means that were adopted to afford him relief.

Four or five years passed in this way and there was no sign of abatement. During the rains and the winter he would be very much worse, that is, nine or ten months of the year he would suffer terribly. At last, in March, 1887, he left Banares for Bombay—a climate more temperate.

In March, 1887, I went to see the man. I heard the whole above account from him and saw he was suffering sadly. On examination I could not detect much accumulation of mucus anywhere in the chest. There was an urgent dyspnoea more or less, almost always present. The dyspnoea would increase with movements, during the latter part of the night and sometimes during the day without any apparent cause. There was no expectoration, nothing wrong with the heart, except the pulse was greatly accelerated. The liver was pushed forward and downward, where it could be easily felt like a big lump, and there was a severe pain in the hepatic region. It was the impression of the patient that this lump was daily getting bigger and was the cause of all his trouble. His appetite was poor, in fact, he used to take nothing but milk his bowels moved daily, and he was much emaciated. As an ascetic he did not wear any clothing on his body, so his chest was exposed equally to heat and cold. It was his habit to bathe in cold water early in the morning throughout the year. He said he would get worse if he were to wear flannel or stop his daily cold water bathing. He tried these means before, but they invariably made him feel heaty and his asthmatic attacks worse. So I thought it was useless to ask him to wear any warm clothing, or to stop his daily bathing, as he was prejudiced against them. When he was asked whether he would take medicine if prescribed, he did not show much eagerness, on the contrary he said that medicine always made him worse and that he would rather not take it.

However, he was persuaded to take the medicine, as he was given to understand that these Homœopathic drugs were harmless. As he began to take the medicine with half-heartedness I thought he would not continue it. I prescribed *Naja trip.* 6, a drop dose every three hours, and more frequently during the severity of an attack. On the first day he felt slightly better instead of worse, as he was predisposed to feel. The same medicine was continued and he began to feel better and better, until on the fifth day there was a complete cessation of the bronchial spasms for some time during the day, and he could move about with ease.

Thus I gained his confidence and he was willing to follow my advice. After some ten or twelve days he came to my office and asked me whether there was any chance of his getting well and what were my directions to be followed. This was the second time I saw him. I examined his chest and found there were catarrhal symptoms. I asked him to wear either flannel or linen to protect his chest from exposure to cold, otherwise he would get asthmatic attacks again. I must say he was not free from his nightly attacks. He was getting them regularly every night, but they were somewhat in a mild form. I changed the prescription to *Ipecac* 3. He was better for some time with it and the hepatic pain and swelling very much subsided. He was under my treatment for a very long time. He used to keep well for some time and get worse at others, but under my treatment he was never so bad as before. I treated him with *Naja trip.*, *Ipecac*, *Arsenicum alb.*, *Antim. tart.*, *Nux Vomica*, *Cuprum met.*, *Lobelia infl.*, *Grindelia rob.*, *Hydrocyanic Acid*, etc., but he derived the best effect from the first two named remedies; in fact they were the only two remedies that used to give immediate relief. So when he was away from Bombay for two or three months he carried these two remedies with him with directions to be taken thus:

Urgent dyspnoea without much cough or expectoration, *Naja trip.* 6; and Asthma with fits of coughing and more or less expectoration, *Ipecac* 3. He soon became well acquainted with the action of these drugs. In this case as well as in others I found *Naja trip.* a good remedy to relieve dyspnoea when other remedies failed. In treating asthmatic patients it should not be lost sight of. He continued to take those remedies wherever he might be, and would write to me for a fresh supply whenever he would fall short of them. It was in June, 1889, he wrote to me for a new supply of *Naja trip.* and *Ipecac*. I sent him *Blatta orientalis* 1x trit., to be taken one grain in repeated doses during an attack, and 3x tincture, one-drop doses, twice or thrice during the interval. I

received a long letter from him after a fortnight, in which he stated that this new medicine had done immense good and that he had been nearly free from all troubles for the last five or six days. He hoped that, if his present state of health were to continue, he would be very thankful to God and to me, and probably all his troubles would be soon at an end, after suffering for such a long period. Really this was the end of his trouble. He soon improved in health and had no trouble. I have heard from a friend of his only the other day that he was doing well.

CASE 3. Mrs. Nundy, a thin lady, aged twenty-three, mother of three children, came from a village for the treatment of Asthma, from which she had been suffering for the last eight years. For the first two or three years she used to get two or three attacks in the year, but gradually they were repeated more frequently, though the character of the attack remained the same throughout. It would last two days and two nights whether any medicine was given to her or not. Nothing would alleviate her suffering during an attack—too much interference would increase her sufferings and prolong the duration of the attack, so, practically speaking, almost nothing was given to her during an attack. The great oppression of breathing, restlessness, profuse perspiration, inability to move or lie down and loud wheezing would be the most prominent symptoms in each attack. These would remain almost with equal violence for nearly forty hours, when the spasms would cease with slight cough and expectoration, and she would be perfectly at ease as ever and there would be no trace of the disease left, except slight wheezing sound on auscultation. But latterly these attacks were very frequent, almost every week or ten days. In August, 1890, she was brought here for treatment. It is worth while to mention that she took both Allopathic and native drugs during the interval of attacks to prevent their recurrence, but without any effect. I saw her first on the morning of the 5th of August, during an attack. I prescribed *Blatta orientalis* 1x trit., one grain every two hours. It was to their surprise that this attack subsided unlike all others by the evening; that is, it disappeared within twenty hours. This encouraged the lady and her husband so much that she wanted to have regular course of treatment under me. I put her under tincture of *Blatta orientalis* 1x, one drop per dose, twice daily. She continued this medicine till the time of the next attack was over; that is, for ten days. After the expiration of this period she began to complain of a sensation of heat all over her body, so I changed it to 3x, one drop morning and evening. She kept well and after a month she went home

thinking she got well. A month after her going home she had an attack of Asthma at night and she took *Blatta orientalis* 1x as before, and by the next morning she got well. This was in October and after two months of the last attack. She had another attack in winter and none since.

CASE 4. A young man, aged thirty-four, had been suffering from Asthma for some years. He was invariably worse during the rains and the winter and a chronic bronchitis was almost a constant accompaniment. He tried Allopathic and lots of patent drugs with only temporary amelioration of the trouble. At last, in November, 1888, he came to my office. On examination of his chest I found there was a chronic bronchitis. He said that slight difficulty of breathing with hacking cough used to trouble him every night, besides a cold would be followed by a severe attack of Asthma, so its periodicity of recurrence was irregular. I treated him with *Ipecac*, *Arsenicum alb*, etc. The first named medicine did him the most good, but he never got entirely well. So in July, 1889, I put him under tincture *Blatta orientalis* 3x, a drop dose, three or four times daily. Under its use he began to improve steadily and had only two or three attacks of asthmatic fits since he used this drug, which were promptly relieved by the same drug in 1x potency. *Euphrasia off.* was prescribed for his cold whenever he had it. He is free from all trouble for the last year and a-half. His general condition is so much changed that there is no apprehension of the recurrence of his former illness.

CASE 5. Baln Bose, an old, corpulent gentleman, aged sixty-two, has been suffering from asthmatic attacks for some years. He never took any Allopathic medicine, but had always been under the treatment of native Kabiraj (medical men), under whose treatment he was sometimes better and worse at others. Latterly he became very bad and passed several sleepless nights. He used to pass his days comparatively better, and it was at night and in the morning he used to be worse. On the 24th of July, 1890, at 9 A. M., I saw him first—there was a slight touch of Asthma even then. I made him try to lie down in bed; this he could not do, owing to the coughing fit excited while in that posture. On examination the chest revealed chronic bronchial catarrh, and there was also a harassing cough, with very little expectoration after repeated exertion. I prescribed *Blatta orientalis* 1x trit., one grain every two hours. He passed the night without an attack, and the next morning when I saw him he complained that only the cough was troublesome last night and no fit of Asthma. The cough was somewhat troublesome

even when I saw him in the morning. I gave him tincture *Blatta ori.* 3x, one drop dose every two hours. He passed the day and night well. He continued the treatment for a fortnight and then went home, where he has been keeping good health, with the exception of occasional bronchial catarrh.

CASE 6. A shoemaker, aged forty-two, robust constitution, has been suffering with Asthma for three or four years. He came to my office on the 6th of November, 1890. He had been getting asthmatic fits almost every night since October last. During the day troublesome cough, with slight expectoration and hurried breathing made him unable to attend his business. Tincture *Blatta orientalis* 1x, one drop doses, six times daily, was given. The very first day he perceived the good effect of the medicine and continued the same for a month, when he got well and discontinued the medicine. He has been keeping well ever since.

CASE 7. Mr. G., aged forty, healthy constitution, had an attack of asthmatic fit on the 4th of August, 1890, preceded by a violent attack of cold, from which he frequently used to suffer. He had this severe cold in the morning and in the afternoon he began to experience a great difficulty of breathing and slight oppression and lightness of the chest—this, by 9 P. M., developed into a regular fit of Asthma. I was sent for. On my arrival, at 10 P. M., I found he was sitting before a pile of pillows with elbows supported on them, and struggling for breath. There was also a great tightness in the chest, occasional cough and inability to speak. I at once put him under *Blatta orientalis* 1x trit., one grain, every fifteen minutes, and less frequently afterwards if he felt better. On my visit next morning I found him much better, but he said his trouble at night continued, more or less, till 2 A. M., after which he got some rest. Now, there was a troublesome cough, slight oppression of the chest and great apprehension of a second attack in the night. The same medicine, 3x trit., was given to him during the day, and a few powders of 1x were left with him in case he was to get an attack at night. There was a slight aggravation of those symptoms at night and he had occasion to take only two powders of 1x. The next morning he was every way better, except the cough, for which four powders of 3x were given daily. In four or five days he got entirely well and had no relapse.

CASE 8. Mrs. D., aged twenty, a healthy, stout lady, mother of one child, had been always enjoying good health, was suddenly attacked with a violent fit of Asthma on the 8th of August, 1890. This was the first occasion she had a fit of Asthma, the result of a severe cold. At about 2 A. M., she was suddenly seized with

difficulty of breathing and a great oppression in the chest. She could not lie down any longer in bed and had to sit up, being supported on a pile of pillows. On the morning at 8 A. M., I saw her first. I noticed she was in a great agony and almost speechless. On examination I could not detect much loud wheezing—the characteristic of an asthmatic attack—though the rapid movements of the walls of the chest were even quite visible to the bystanders. The patient was feeling almost choked up and could not express what was going on. She only pointed out to a point, a little over the pit of the stomach most painful. There was no cough—perspiration was pouring over her body. I could not at once make out whether it was a case of pure Asthma, especially as she never had it before. However, I made up my mind to give her *Blatta orientalis* 1x trit., a grain dose every fifteen minutes and watch the effect myself. Three doses of it were given without much change for the better. I left a few more doses to be repeated half hourly and promised to see her again within a couple of hours. On my return, I found her in a much better condition, and she had taken only one of those powders I had left, and they were not repeated, as she felt better. Now I thought it must have been an attack of Asthma, and I continued the medicine unhesitatingly. There was an aggravation at night, but on the next morning she was better, and the usual asthmatic cough began with slight expectoration. There was pain in the chest and head with each coughing fit. *Blatta orientalis* 3x trit., four to six doses, was continued for a few days, when she got well. Again in November she had a slight tendency to an asthmatic fit, took two or three doses of the same medicine and got well. Since then she had not been troubled again.

CASE 9. A gentleman, the keeper of a common shop, aged forty-four, belonging to a village, had been suffering from Asthma for the last eight years and he had always been under treatment of native Kabiraj (medical men). In June, 1890, he came to the city, and I was called to see him on the 14th of June, and to treat him for his Asthma. The day previous he had an attack for which he took no medicine. Each of his attacks usually lasted four or five days. I gave him *Blatta orientalis* 1x trit., one grain, every two hours and left him six such powders to be taken during the day. He took them and felt better the next day. He stayed here two or three days more, and when well he wanted to proceed home, which was some couple of hundred miles. He took with him two two-drachm phials of *Blatta orientalis*, one of 1x and the other of 3x trit. He continued 3x, one grain doses, two or three times daily, for a month and discontinued afterward.

He had no occasion to take 1x; that is, he had no more asthmatic fits. In January last, 1891, I had a letter from him thanking me for his recovery and asking for some of the same medicine for a friend of his, who had been suffering from Asthma. The friend of his who used the same drug, *Blatta orientalis*, was equally benefited.

CASE 10. Mrs. Dalta, a thin lady, aged thirty-eight, mother of several children, had been exposed to cold, which brought on an attack of bronchitis with fever. This, in the course of a fortnight, developed into a regular fit of Asthma. She was all this time treated by an old school physician, but when the husband of the lady saw that she was daily getting worse and a new disease crept in, he made up his mind to change the treatment. I was called to see her in the morning of the 8th of June, 1890. She became very much emaciated, could not take any food, had fever with acute bronchitis, hurried respiration, difficulty of breathing; this she was complaining of bitterly, owing to which she could not lie down in bed, but had to sit up day and night. There was a prolonged fit of spasmodic cough at a short interval, with slight expectoration, but these coughing fits would make her almost breathless. This was the first time I prescribed *Blatta orientalis* 1x in a case of Asthma with fever and acute bronchitis. It answered my purpose well. She had only ten powders during the day and passed a comparatively better night. Next morning when I saw her she was better, except the coughing fits, which were continuing as before. The same medicine was repeated. On the 10th of June she had no asthmatic trouble at night, but there was not much improvement in her cough—*Anti tart.* and *Bryonia* were needed to complete the cure.

D. N. RAY, M. D.

65 Beadon street, Calcutta, India, June 22, 1891.

(Messrs. Boericke & Tafel can supply *Blatta orientalis* in the 3x trit. or dilution. Their stock of the drug was sent them by Dr. Ray.)

A PHASE OF CHOLERA.

The Indian Homœopathic Review is a newcomer on our exchange list, though not a new publication. It is published and edited by P. C. Majumdar, L.M.S., 203 | 1 Cornwallis street, Calcutta, India. The copy before us is No. 1, of Vol. IV. and contains sixteen pages of original matter in English followed by sixteen more in the native tongue, or type, a sealed book to western eyes.

The following extract from the leading editorial will be interesting to physicians in this country. The subject is cholera in Calcutta: "Homœopathy again gains its ascendancy on the whole. We have to treat a large number of cases and though we do not presume to say that we are able to cure all cases, still our success is far more encouraging than the old school treatment. The public is the true judge in the matter. In this year we observed in some cases a peculiar condition of the patient which we had not seen before. The attack in the beginning seemed to be rather mild and the usual treatment was on the whole favorable. There was a favorable turn of the case, the gradual and regular reaction took place. The stools became bilestained, natural warmth appeared, pulse regular and steady, urinary secretion free, and, to all intents and purposes, the patient seemed cured. In a few cases we have allowed even barley and congee and other diet. But the patient is unable to recoup his health. He gradually sinks down, not from any appreciable complaints, but from utter prostration which we could not succeed in averting. We treated with utmost precision both with the help of symptoms and pathology, but I am sorry to say we utterly failed. Some of our friends indulged in meat broths and even brandy and other diffusible stimulants with no effect."

TISSUE REMEDIES IN DISEASES OF CHILDREN.

Dr. William Boericke, of San Francisco, one of the editors to the well-known Boericke and Dewey editions of *Schuessler*, writes as follows (*Cal. Hom.*) concerning one phase of the use of these remedies:

"Especially useful are they in treating diseases in children where, as a rule, objective symptoms alone are our guide, where of necessity we must generalize more frequently than is necessary with our adult patients. Again, the rapid involvement of a tissue throughout its whole extent that is so characteristic of childhood's diseases, hereditary manifestations and developmental disorders, offer enticing opportunities for employing them on general principles and according to general indications. Theoretically this may not be desirable, but, practically and for the time being, it is certainly a valuable aid.

"Among these twelve remedies, the one for the constitutional troubles of childhood is, of course, *Calcar. phosp.* It is especially indicated in the dyspeptic and consequent atrophic conditions

during dentition, and especially when a scrophulous and tuberculous tendency predisposes to glandular disorders. Such children have a poor constitution, although, as we all know, they may be fat and heavy, and with large and dimpled limbs, but the bones will be soft and friable and their fibre weak and flabby. Such children have but little power of resistance—they readily succumb to disease, and surgical operations are more hazardous, slight injuries result in serious disorders. Here is the field for *Calc. phos.*, and it will do all that medicine can accomplish. I give it frequently during the teething period in artificially fed children as an occasional addition to the milk. It is my custom to have tablets of the 3x trituration, of which I dissolve three or four in a bottle of the food, and add thereby a very necessary constituent of the body. If it is remembered how necessary the phosphate of lime is to the developing and growing organism, how, indeed, its presence is essential to the *initiation* of growth, supplying the first basis for the new tissues, promoting cell growth, its importance as a constituent of the food becomes evident. This method of administering *Calc. phos.* is of special benefit in weak, scrophulous subjects, where digestive difficulties and bowel irritability result in mal-nutrition. In older children, after acute diseases, administered in the same way, it proves to be a real tonic. I think there is an increased activity to be obtained at times by giving a constitutional remedy like this *with* the food—it is then that the organism is peculiarly receptive, its whole absorbent and glandular system intensely active, and therefore offering the best conditions for appropriating the remedy. The symptomatic indications are so well known that I need not repeat them here.

"Later in life we find *Calc. phos.* an excellent remedy at the time of puberty; girls who are anæmic and have much headache, especially on top of the head, are much troubled with acne and flatulent dyspepsia, the distress in stomach temporarily relieved by eating.

"The intestinal symptoms have often been verified. The diarrhœa calling for *Calc. phos.* occurs most frequently during the teething period; the stools are hot, undigested, sputtering, offensive; the child shows a craving for indigestible things, ham, smoked meat, &c.; the region around the navel seems very sore. This condition may develop into a hydro-cephaloid, for which state *Calc. phos.* becomes an admirable nutrition remedy.

"*Ferrum phos.*—This is in some respects the most important of these remedies. I wish to emphasize its remarkable power in all respiratory affections of children. I do not think it well to

give it too low, it seems to act best when not given lower than the sixth potency. If after a cold, we have a dry cough, congestion to the chest, oppressed, hurried breathing and there is a possibility of development of pneumonia or bronchitis, the timely administration of this remedy will do all that drugs can do. It generally cures the case alone, though at times *Bryonia* follows well, indeed the two remedies seem to be complementary—*Bryonia* extending apparently the curative range of *Ferrum phos.* I have had some satisfactory results of the use of *Ferrum phos.* in nose-bleed of growing children, here again, working harmoniously with *Bryonia*. Others report its successful employment in enuresis, but personally I have no experience with it in this trying affection.

"*Kali mur.*—The adaptation of this remedy to many catarrhal processes in the later stages is one of the certainties in medicine. My experience with it in chronic catarrhal conditions of the middle ear and throat, eustachian swelling, with deafness, although limited, yet fully confirms that of our specialists and general practitioners. In ulcerated sore throat, diphtheria and tonsillitis it has gained its greatest laurels.

"*Kali phos.*—One undoubted case of somnambulism was readily and permanently cured by a few doses of the sixth trituration of this remedy. It deserves trial in night terrors of children as well as in morbid fears and over-sensitiveness and in the whining, fretfulness and sleeplessness of nervous children.

"*Kali sulph.*—In the later stages of catarrhal cough, when there is much loose phlegm, great rattling of mucus in chest, this remedy is to be remembered with *Antim. tart.*, *Ipecac.*, etc. Its symptoms are apt to be worse in the heated room.

"*Natrum sulph.* is unquestionably a valuable remedy in asthma in children. I have entirely cured by means of this remedy several cases that had always had an attack from any change of weather or gastric disturbance. Almost invariably I found a history of eczema (*tinea capitis*) in these cases, which would guide to some other of the anti-psoric remedies when the action of this seemed to be exhausted."

Cocus Cacti. Cough. Worse when waking at 6 A. M.; clear, dry and barking; slight expectoration of thick, viscid mucus. Worse an hour after dinner, 3 P. M.; so violent as to cause vomiting and expectoration of a great quantity of thick, viscous, and albuminous mucus. LIPPE.

ON THE MEDICINAL USES OF THE BEE STING POISON.

By W. T. Fernie, M. D.

Paper read before British Homœopathic Society June 4, 1891.

On the occasion of our last meeting here, Dr. Galley Blackley made a playful reference to me as having awoke, after a three years' slumber, to some sense of my responsibility towards this society. I ask your permission to explain that it is a privilege of the old to sleep, and that feeling myself considerably superannuated among so many younger men in the plentitude of their modern learning, I have sat as a disciple rather than as one of the *Patres Conscripti* at our monthly assemblies since I had the honor of becoming enrolled amongst you three years ago.

Now in venturing to offer a paper, I beg you, *solvere senescentem*, to make allowance for such lack of knowledge as I may display concerning the advanced tenets of recent physiology, whilst holding me excused for employing the language of a past pathology rather than the compound classical nomenclature of to-day's *fin de siècle* attainment.

Pleading thus, I will take as my text a case which I attended as long ago as in 1858, and which first brought to my knowledge the potential uses of the bee-sting poison as a curative agent in disease. At that time I was an orthodox country practitioner in Hampshire, and the patient to whom I allude came under my care as an old pensioner, who eked out his daily pittance by working as an agricultural laborer on the Squire's estate. He was about sixty years old, and of rheumatic tendencies, living in a damp locality on the edge of the New Forest.

His symptoms in brief—as far as I remember them—were those of endocarditis, becoming subacute, with a systolic murmur, and with embarrassed action of the heart through dilatation, but without any marked hypertrophy. The kidneys were not implicated as shown by any albuminuria, and the old soldier was a temperate man, except for getting now and then bemused in beer at the village tavern on a Saturday night, like many of his class. Nevertheless, I well remember his urine at the time was scanty and high colored, with copious lithic deposits.

All the symptoms I have recited gradually increased, together with growing dyspnoea, and with general anasarca, which became more and more urgent, until at length the man took altogether to his bed, and seemed doomed to sleep quickly in God's acre with his rustic forefathers.

He was treated with alkalies, hydragogue cathartics, and

diuretics, *Secundum artem*, being also seen and prescribed for by one and another of my friendly *confrères* from the adjoining county hospital, where I had been lately the house surgeon.

However, the poor fellow went from bad to worse, and became at last so completely waterlogged as to lie an enormous mass of shapeless humanity, semi-comatose, and "babbling of green fields," in a small attic at the top of the narrow, steep, cottage stairs, down which how he might be presently brought on the way to his long home seemed a problem difficult of solution.

It happened finally that, on my visiting him in this dire extremity, I found his womenfolk in the garden, making a brew from refuse honeycomb just after taking their bees, and I was asked if some of the reeking beverage might be given to the sick man in case he could drink it.

Readily assenting to the use of this, or any other proposed *Solatium*, under such desperate conditions, I left with the full assurance I had seen the last of my patient in the land of the living.

About a week afterwards, having to ride past the cottage, which was in a remote part of my district, and wondering that I had not been applied to as Registrar of deaths to record his decease (for, like George Coleman's "two single gentlemen rolled into one," I was then unitedly the Poor Law Medical Officer and the Government Charon), I dismounted, not doubting that I should find the defunct pensioner still waiting interment, which had been delayed, through some casual hindrance in providing the necessary *obolus*, or in convening the distant relatives; but to my intense surprise, on entering the downstairs dwelling room, I beheld the man comfortably discussing some broth, sitting there, restored to his ordinary proportions, "clothed, and in his right mind."

It had happened that shortly after beginning to drink the bee beer, which he took with avidity, profuse watery discharges commenced from the intestinal and renal outlets, which continued until all the dropsical swelling had disappeared, the dyspnoea had become relieved, and the heart ceased to give him distress, or to remain sensibly disturbed. In short, I had no alternative but to believe that either the strange brew, or some wonderful natural crisis occurring just at the time by a singular coincidence, had brought back my patient from the open portals of the grave.

Finding the unlooked-for improvement to continue, and casting about in my mind for an explanation of its cause, I chanced to describe the case and its present issue to my friend Dr. John Wilde, now of Weston-super-Mare, but who then, having the

courage of his opinions, avowedly practiced Homœopathy as a Poor Law Doctor in a district immediately adjoining mine. He at once recognized the fact that some bee sting virus contained in the beer, as got from dead bees and brood comb boiled up in the brew, had acted specifically on the cardiac serous membranes, as well as on the mucous excretory linings of the sufferer, and had operated Homœopathically for his prompt and happy rescue. Dr. Wilde further sent me a pamphlet which had then been recently published, on *Apis Mellifica; or, the Poison of the Honey Bee considered as a Therapeutic Agent*, by C. W. Wolff, M.D., of Berlin, which little book I read with deep interest, gaining new light from its pages, and explicit instruction about the provings and well ascertained effects of the remedy in question.

Incidentally I may add that the patient whose case I have been describing went on uninterruptedly to complete convalescence, and was able after a while to resume his work in the fields. He retained his health for the five or six more years of my sojourn near him; and eventually he died, I believe of old age, uncomplicated by any renewed trouble of the heart or any return of dropsy.

From the small treatise of Dr. Wolff I learnt that his practical experience, based on the provings of Dr. Hering, and attesting the faith of his own grateful heart with respect to the bee sting poison, showed the medicine to be eminently curative for œdematous swellings in general, for the higher grades of ophthalmia, for inflamed states of the tongue, mouth and throat; also by its specific power over the whole internal mucous membranes and its appendages.

Dr. Wolff had likewise employed *Apis* very successfully for curing furuncles, urticaria and erysipelas, as well as for the typhoid fever, which he emphatically persuaded becomes engendered by the process of vaccination. Moreover, he had convinced himself that *Apis* is the most sovereign remedy for intermittent fever, annihilating the disease so radically that no relapses ever take place and no secondary symptoms are ever developed.

For measles, scarlet fever, panaritria, spontaneous limping, white swelling of the knee and dysentery, Dr. Wolff had further found *Apis* to be an invaluable and most trustworthy weapon of defence; whilst he abundantly verified the necessity which others had recorded for caution in giving this medicine to pregnant women, though conversely he knew of no drug endowed with such reliable virtues for preventing miscarriage, particularly during the first half of gestation.

His doses ranged from a pellet of *Apis* 30 to a drop of tincture of the third strength, repeated at intervals or sub-divided. Taken altogether, he had come to regard *Apis* as the greatest polychrest medicine, next to *Aconite*, which Homœopathic pharmacy can furnish.—*Monthly Homœopathic Review*.

THUJA.

By Dr. George Herring.

Thuja has been used in a variety of disorders, but has obtained its principal reputation in the treatment of venereal diseases, both primary and secondary, and should never be lost sight of. In warts, simple and venereal, and in polypi, it is always a promising remedy. I cannot speak so well of it in *nævi*, having twice failed to get any good effect from its use.

But I wish just now to speak of its employment in the irritable bladder of gouty and eczematous patients, and if I may judge of its virtues by the effect it had in one case which I treated, then I should say there is no medicine equal to it in such cases. An old gentleman, *æt.* 87, whom I had often treated for eczema and irritability of the bladder, at last got so weak from his rest being so much disturbed by rising in the night to relieve his bladder, that I began to think that he would soon depart this life from utter exhaustion. *Bell.*, *Nux Vom.*, and *Acid Phos.* had done some good, but evidently not enough; and it was desirable to try something else. I therefore gave *Thuja*. The effect far exceeded my anticipation, for the old gentleman has improved wonderfully, and now he rises soon after seven in the morning fresh and hearty after a good night's rest. He does not take a dose more than once or twice a week now. I gave the 1x dilution in two-drop doses.—*Hom. World*.

EXTERNAL USES OF HYDRASTIS CANADENSIS.

By Brojendra Nath Banerjee, L. M. S.

External applications of medicines sometimes are valuable adjuncts to the treatment of many diseases. Some time ago I published the virtues of *Calendula* as an external medicine in the pages of the *Calcutta Journal of Medicine*. I have found in my

practice that external application of medicines is sometimes a necessity to bring about a *rapid* cure. Like *Calendula*, *Hydrastis* is a very valuable external remedy. *Hydrastis* was an eclectic American medicine and a reputed application to sore eyes and legs. Two alkaloids have been extracted from it—one is known as *Hydrastin* and the other *Hydrastia*. I have used *Hydrastis* externally with great success in leucorrhœa, gonorrhœa, gleet, chancre, phimosi, conjunctivitis, otorrhœa, ozaena, lupus exedens, piles, leucoderma, eczema, chapped hands, porrigo, aphthous sore, sloughing ulcers, sore and fissured nipples, cracked lips, hands and feet, prurigo of prepuce, vagina and scrotum, general itching of the body without any visible eruptions, pityriasis versicolor, etc.

I use *Hydrastis* externally, either in the form of a lotion, oil or glycerole. The strength of lotions varies from five drops to one dram per ounce, and that of oil and glycerole from half a dram to one dram, scented with a few drops of oil of Bergamot.

1. *Leucorrhœa, either Vaginal or Uterine*.—In case of Uterine leucorrhœa injection of *Hydrastis* lotion, one dram to half a pint of tepid water, should be slowly injected by Higginson's syringe. In these cases it is essential that the lotion should remain in the Uterine cavity for a few minutes. In order to gain this object raise the buttock considerably with the help of a pillow and then use the injection. Much benefit is derived, if, after injection, a cotton tampon well saturated with *Hydrastis* of glycerine (one dram to one ounce), be introduced into the Uterine cavity and allowed to remain there. In Vaginal form of this disease the injection should be used as above described as well as the tampon.

2. *Gonorrhœa and Gleet*.—Infusion of *Hydrastis* or solution of Muriate of *Hydrastis* is preferable to the tincture. Ruddock advises to use Glycerine of *Hydrastis* or Fellow's *Hydrastis* one dram, Glycerine three drams, and distilled water half an ounce, but I have found in my practice that patients cannot bear this strong solution. From the above formula I curtail the quantity of Tincture *Hydrastis* to twenty drops, and this has answered very well both in Gleet and Gonorrhœa.

3. *Chancres*.—*Hydrastis* lotion, one dram to one ounce of water, is a very neat and efficacious application. I have succeeded in curing even sloughing phagadenic chancres with the help of this lotion. The chancre should be kept constantly wet with this lotion.

4. *Phimosi*.—The same lotion as above, used in the same manner. About a week's application is necessary.

5. *Conjunctivitis*.—The strength of the lotion should be five

drops to one ounce of water, and to be dropped inside the eye thrice daily. A pad wet with the same lotion should also be applied externally. Hydrastis drops succeed better, when Nitrate of Silver either irritates or fails. It is also a capital lotion for Gonorrhœal ophthalmia.

6. *Otorrhœa*—Glycerole or oil of Hydrastis (a dram to an ounce). This is to be dropped into the ear. If there be pus, work with tepid Hydrastis lotion (ten drops to an ounce of water) and then drop the lotion.

7. *Lupus Exedens*—Hydrastis oil and sometimes strong tinctures are applied, but I have found oil succeeds better.

8. *Piles*—Hydrastis lotion is a very efficacious application as a hæmostatic and painkiller. It is better than the Hazaline.

9. *Leucoderma*—I have cured half a dozen cases of this incurable disease. All of these cases were mild ones, but three of them were of long standing. In all the cases glycerine of Hydrastis was used.

10. *Eczema*—Wash with a weak lotion and then apply oil of Hydrastis. Glycerine in many cases irritates the sores.

11. *Chapped hands*—Glycerine and oil of Hydrastis are equally efficacious. I believe no other known application can surpass Hydrastis in removing this very troublesome complaint.

12. *Porriigo*—The same application as in Eczema.

13. *Aphthous Sore*—Glycerine of Hydrastis application to be constantly renewed.

14. *Sloughing Ulcers*—As in Chancre.

15. *Sore and Fissured Nipples*—Glycerine, oil or strong tincture of Hydrastis.

16. *Cracked Lips, Hands and Feet*—The same as in chapped hands. Effect speedy and certain.

17. *Prurigo of Prepuce, Vagina and Scrotum*—Oil of Hydrastis gently rubbed for a quarter of an hour and twice or thrice in twenty-four hours.

18. *General itching of the body*—Hydrastis oil well rubbed daily for three or four days before bathing.

19. *Pityriasis Versicolor*—Oil or glycerine of Hydrastis greatly rubbed for half an hour or twice daily.

20. *Black spot in the face known in this Country as*———Hydrastis oil or glycerine—I have seldom seen such an efficacious application to remove these spots which generally disfigure very beautiful and sweet faces of gentle sex.

21. Lastly, Hydrastis can well compete with Carbolic, Phenyle and other antiseptics. In fact it is not only a very efficacious antiseptic, but acts as an excellent deodoriser.—*Indian Homœopathic Review.*

AN ACCIDENTAL PROVING OF CALENDULA.

By John H. Clarke, M. D.

The prover in this case was a new-born infant, a girl, the second child of Mrs. —. After her previous confinement the mother had at one period suffered from sore nipples, and had found *Calendula* of such service that she determined to be beforehand this time, and on her own account bathed her nipples with *Calendula* from the beginning, to prevent them from getting sore. Before letting the baby nurse the nipples were washed with water, and all the *Calendula* removed, as she believed. That the washing was not perfectly successful the sequel will show.

The baby was perfectly healthy when born, except for a slight "cold," which did not give any trouble. Nine days after birth the infant was noticed to be constipated, and to suffer from wind. On the following day there was a decided yellow tint of the skin, so much so, that I concluded I had to deal with a case of icterus neonatorum. At the same time the water was dark and offensive, and the stool yellow. The color of the stool attracted the mother's attention, and she asked if it could possibly be the *Calendula* that was the cause of baby's illness, for, she said, "the motions are exactly the color of marigold flowers"—and she was botanist enough to know that *Calendula* was the botanical name for marigold. She then informed me how she had been using the *Calendula* lotion. There was no mistake about the color of the motions, and though I was not prepared to give a decided answer, I stopped the use of the lotion. On consulting authorities I found the *Calendula* symptoms so clearly manifested in my little patient that I no longer doubted the source of her illness.

With this by way of preface I will now give the daily record of symptoms.

Ninth day of life and of the proving. Constipation and wind.

Eleventh day. Screaming. Hands and arms twitch. Pain after nursing. Skin yellow. Stool deep yellow. Urine dark, offensive. (*Lycopod.* given.) Bowels moved in evening. Stool curdled, expelled forcibly.

Twelfth day. Slept till 4 A. M. No screaming. Restless 4 to 5 A. M. Urine offensive, dark, staining diapers. At 11 A. M., immediately after nursing, was convulsed, eyes fixed during the convulsion; rolled them about afterwards; dark round mouth; vomited milk with slime. Strains, but passes no stool. Extremely nervous. Starts at noises. Fretful. Hungry after nursing. Red-gum. (*Æthusa* given.) Was much better by 6:30 P. M. Not sick again. Slept well.

Thirteenth day. Face clearer. Only a little sick once. One brownish, reddish, yellow stool. No screaming, little crying. (Continue *Aethusa*.)

[It was the appearance of the stool on this day that drew attention to the possibility of *Calendula* being the cause of the illness, and from this day its use was discontinued.]

Vomited once, 5 P. M., after nursing, curdled milk with sticky mucus.

Fourteenth day. Bowels not moved again. Less wind. Urine clearer, no offensive odor, or stain. Hiccough. Jaundiced tint of skin varies sometimes deeper, sometimes less. (*Nux Vom.* given.)

Fifteenth day. Much better, slept well. Two motions color of marigold. Much straining. Violent hiccough after nursing or vomiting. Vomited milk and thick mucus. 5 P. M., makes a grunting noise, as if passing stool, but only wind passes. (*China* given.)

Sixteenth day. General improvement. Brighter. Less sensitive to noises, less yellow. One stool in night; less deep yellow, less odor, frothy. Less hiccough. Passing wind downwards. No vomiting. Always wants breast. (*Sulph.* given.)

Seventeenth day. 6 P. M. and 8 A. M. Marigold colored stool, frothy, a little brown mucus. Straining. Wakes up screaming. In pain all night. Much wind up and down. Does not lose flesh. Less yellow. (*Puls.* given.)

Eighteenth day. Had diarrhoea in night, large, frothy, yellow stools, excoriating. Much wind. No sickness. Hiccough less, no vomiting. (Continued *Puls.*)

Twentieth day. Stools still the same, very dark yellow, less frothy. Cried much before stool. Pale, black rings round eyes. Hiccough still.

Twenty-first day. Vomited milk, sour; shuddered after it, as if the taste was unpleasant; less twitching; strains much.

Twenty-second day. Gasps in sleep; keeps the mouth open, moving head up and down (backwards and forwards); breathes rapidly at times; yellow color comes and goes; starts in sleep, but no longer starts at noises; a little discharge from left eye. (*Chel.* given.)

Twenty-third day. Was better after second dose of *Chel.* Has not rolled eyes; has kept mouth closed; slept well; less hiccough; stool still dark, but less chopped looking.

Chel. was continued. A cold in the head, with thick, green discharge, developed, relieved by *Nux.* and *Merc.* The other symptoms subsided. She became less ravenous, and was satis-

fied with her food. *Sanguinaria* proved useful in this connection. In the left eye there appeared a thickening of the conjunctiva like a redundant fold on the thirty-first day, which did not entirely disappear until two months afterwards. The peculiar stools continued for some weeks. The urine varied in character, but as late as fifty days from birth it was strong-smelling and stained deeply. At this time she screamed much, and an umbilical hernia developed. (*Senna* seemed to finally put the water right.)

The provings of *Calendula* are scanty, but I think the recorded symptoms are definite enough to enable us to identify the action of the drug in the above case. The chief characteristics are the nervous irritability of the child, with the extraordinary sensitiveness to noises. Any sudden noise would make her start excessively. Again, the *shuddering* and *vomiting* have been before shown in *Calendula* provings, and Hering mentions "jaundice" as having been caused by it. In the light of Dr. Cooper's recent experience with the drug I think this observation worthy of being put on record.

I will now give the symptoms of the case in *schema* form, leaving it to future observations to decide the value of the symptoms:

MIND:

Extremely nervous; starts at sudden noises (from early in provings till near the close).

Fretful. (*Cham.* relieved.)

HEAD:

Moves head up and down (see RESP.).

EYES:

Rolls eyes.

Fixed (in convulsion).

Dark rings round eyes.

Discharge from l. eye (22d day).

An appearance as of skin over inner section of l. eye (30th day, not disappearing entirely till some weeks after).

EARS:

Hearing acute; starts at noises.

NOSE:

Cold in head, with thick, green discharge (26th day), relieved by *Nux* and *Merc.*

MOUTH:

Dark circle round mouth in convulsion.

APPETITE:

Hunger immediately after nursing; constantly wants breast.

STOMACH:

Hiccough, violent, persistent (lasted many days), < after nursing, and after vomiting.

Pain after nursing.

Vomiting milk, curdled, slimy. Thick, sticky mucus.

ABDOMEN:

Umbilical hernia (50th day), after much straining at stool and screaming.

BOWELS:

Constipation and flatulence.

Makes a grunting noise as if passing stool, but only passes wind.

Stool deep reddish-yellow—marigold color; chopped appearance; at times frothy; strong odor.

Much straining. Stool expelled forcibly, to a distance if diaper not on.

Anus excoriated by stool.

URINE:

Dark, offensive, staining diaper deeply. (This continued off and on throughout proving, and recurred as late as 50th day.)

RESPIRATORY SYSTEM:

Gasping in sleep; keeps the mouth open, moving the head up and down (forwards and backwards). Breathes rapidly at times (22d day).

EXTREMITIES:

Draws up the legs.

Arms and hands twitch.

SKIN:

Decided yellow. Jaundice.
(Red gum.)

FEVER:

Shuddered after vomiting (as if taste unpleasant—25th day).

SLEEP:

Restless. Restless 4 to 5 A. M.

Starts in sleep.

Gasping in sleep.

Wakes up screaming.

NERVES:

Screams.

Hands and arms twitch.

Convulsion 11 A. M. (12th day), immediately after nursing.

Eyes fixed. Dark round mouth.

Draws up legs.

Extremely nervous; starts at noises.

TISSUES:

Jaundice.

Does not lose flesh, in spite of vomiting.

GENERALITIES:

Symptoms intermittent.

TIME:

4 and 5 A. M., restless.

11 A. M., convulsion.

5 P. M., vomiting (two days).

Evening and night stools, restlessness.

RELATIONS:

The most powerful antidote to *Calendula*, as far as this case teaches, is *Chelidonium*. The congener of *Chelidonium*, *Sanguinaria*, helped on the catarrhal state. *Cethusa* controlled the vomiting, *Chamomilla* the fretfulness. *Lycopod.* was of some assistance; and probably *Rheum.* would also prove antidotal.—*Homœopathic World.*

FROM a copy of *The Keystone* we clip the following summary of the results of treatment during the past year at the Buffalo Homœopathic Hospital:

Of deaths occurring during the year 10 were from acute diseases, 6 were from chronic diseases, 11 were known to be incurable when admitted, and 8 cases died within 48 hours. Six were in moribund condition when brought to the hospital.

Of deaths from acute diseases, three cases, one typhoid, one pneumonia and one dysentery, lay sick with little or no attention, for from two to three weeks, before being brought to hospital, dying from exhaustion the third day after admission.

Those cases known to be incurable when admitted were as follows: Aortic and mitral insufficiency, 1; Bright's disease, 1; Cirrhosis of liver, 1; Phthisis pulmonalis, 3; Senility, 1; Spinal apoplexy, 1; Carcinoma stomach, 1; Tuberculosis lower spine, 1; Wounds incised of lung, 1.

Death rate, .08 per cent. Less moribund cases and those known to be incurable when admitted, .03⁰⁰/₁₀₀ per cent.

GINSENG.

The Chinese call Ginseng Orkota, that is, the first of all plants, and consider it the most costly produce of the earth, diamonds excepted, and ascribe to it the most wonderful healing properties. The prices named by the missionaries for the root have been almost fabulous, a single root being valued in Manchuria at from £250 to £300. Along the river it sells for £30 per Russian pound, but in a bad year Chinese count it as valuable as gold, and give as high as £40 per pound. In China no chemist shop is complete without it. They say that it is a specific in all bodily ailments, to cure consumption when half the lungs are gone, and to restore to dotards the fire of youth.

The wild ginseng of Siberia is said to be the best, and a great deal of it is collected by the Goldi natives, who go out by hundreds from May to September to seek the valuable plant. The natives along the Ussuri river use it boiled for headaches, colds, fevers and stomach aches. In this county, where the *Panax quinquefolium* is indigenous, it is often used in domestic practice as an anodyne for after-pains. Some time ago I confined a large and fleshy woman, who was the mother of several children, and who had always suffered more or less from after-pains, generally to that degree as to require medical aid. On this occasion I left her a few doses of *Morphine* and powdered gum *Camphor*, to be taken if necessary. Two days after her confinement the husband came to see me concerning her after-pains, which had not been relieved by the powders. As I was absent at the time, he went home without any medicine, and found there an old woman who had administered ginseng tea, which had given relief.—T. G. Stephens in *Medical Summary*.

The *Encyclopædia* and Allen's *Hand-book* have quite extensive provings of *Ginseng*.

A PASSIFLORA CASE.

Dr. D. F. Bickford, of Atlanta, Ga., describes a case he was called upon to treat as follows, in *Georgia Eclectic Medical Journal*:

"On January 2, about 10 A. M., I was called to see the child of Mr. A. On my arrival I found patient very nervous, temperature, 101.5; pulse, 140; respiration, 45; bowels discharging every few minutes; discharges watery and very foul. It was also vomiting every few minutes, and any fluid entering the stomach was immediately rejected. The history of the case was this: The

child had been taken sick four days before, and although the mother administered all known domestic remedies, it gradually grew worse. I at once diagnosed cholera infantum, and prescribed accordingly, and in harmony with indications, and left. Called next day at 9 A. M.; found patient somewhat better; had rested reasonably well during the night, and had nursed some during the morning; directed old treatment to be continued and retired. At 2:30 that afternoon was called hastily; child worse and parents very much alarmed. On arriving at the bedside found patient very much excited, tossing from side to side, almost in spasms. On examining the patient closely found stomach contracted into a hard lump, which would relax for a few moments only to contract again more severely."

He administered "anti-spasmodics" of all sorts, but the case grew more desperate. When at his wits' ends he remembered hearing of *Passiflora*; went out and borrowed some from a brother doctor and gave it to the child, who gradually grew quiet, went to sleep and made good recovery. In connection with the *Passiflora* he gave *Bismuth*, giving the latter first, which was immediately vomited up. A teaspoonful of *Passiflora* quieted the child and enabled it to retain the next dose of *Bismuth*, after which *Passiflora* was given alone.

In this connection the following extract from a letter from the Rev. C. T. Bland, of Marion, N. C., may be of interest:

"I value THE RECORDER very highly, and will say that finding the use of the *Passiflora Inc.*, by reading it, is worth more than the year's subscription. I have used it in several cases of insomnia—adults, five drop doses; infants, one drop—and so far it has not failed. I induced a physician (Allopath) to try it for nervousness, and this is what he says: 'I've tried it on self and others with good results. It certainly acts nicely in nervousness.'"

THE THERAPEUTIC VALUE OF CACTUS GRANDIFLORUS.

I have used *Cactus* since 1874. Heretofore I have used it principally in chronic diseases, but during the past two years have used it in continued fevers where the pulse was especially rapid and weak. The effect of the remedy in these cases has been very satisfactory, the pulse almost invariable becoming slower and the heart gaining in power. I am now treating two

cases of cardiac dilation, with *Anasarca* and *Œdema* of the lower extremities, in one of which there is valvular disease with dyspnoea, and in both of which the swelling of the feet and legs was enormous. Digitalis, diuretics, and cathartics had no permanent good effects. I gave each case tincture of *Apocynum* alone, with but temporary benefit. I then gave each of them *Cactus* and *Apocynum*, five drops of each t. i. d., since which time improvement has been rapid and steady. They have now been using these two remedies two months, and the swelling has almost entirely disappeared, while in the one case the dyspnoea is very much relieved, so much so that the patient can lie down in bed to sleep instead of sitting up as formerly. These patients are seventy and sixty-four years old respectively. I have found *Cactus* an admirable remedy in many cases of cold extremities, depending wholly or partially upon a debilitated condition of the system, following upon sexual excesses of many years' duration. In some cases of weakened or failing memory, depending on nervous debility, *Cactus* has been of much value.

Since publishing my letter on "*Cactus*" in the *Medical News* some two or more years ago, I have had many communications from physicians all over the country, some commending, others condemning it. Those who saw no good effects from its use I invariably found had used some unreliable preparation. I use a tincture made from the recent plant, in the proportion of four ounces to the pint of *Alcohol*. Any one who expects good results from inferior preparations will be disappointed.—C. L. Gregory, M. D., in *Therap. Gazette*.

INTESTINAL WORMS.

Often the physician is met with the question: "Doctor, don't you think my child is wormy?" And many times the answer should be in the affirmative when it is not. Worms in the intestines or the stomach will perpetuate a simple fever, diarrhoea or dysentery from day to day, when it might have been relieved at once by some anthelmintic, which is often given by the mother or some neighboring lady, to the great discomfort of the doctor. The indication of worms has not always been clear to me, and doubtless every physician has had a similar experience. I am confident now, however, that their presence may be certainly known. They are indicated by a small, contracted pallid tongue, with *purplish red spots* [not papillas], which grow thicker towards

the end. It is common for the abdomen to become bloated, lips and eyelids swollen, especially of mornings. But wherever the above described tongue is, the *ascaris lumbricoidis* are present, no matter what else may be the matter. This tongue is frequently met with in chronic diarrhoea and dysenteric discharges of children.—F. M. Baker, M. D., in *Georgia Eclectic Journal*.

SOLANUM CAROLINENSE.

Dr. Abram Smead, of Sandy Ford, Va., writes to the editor of *Notes on New Remedies* as follows: "I saw in the *Virginia Medical Monthly*, September, 1889, that Dr. G. L. Napier, of Blenheim, S. C., had used a tincture of the *Horse-nettle* with great success in epilepsy. I wrote to Dr. Napier to know what part of the plant he used, and how much to the pint of the menstrum. He replied that he filled a bottle half full of the ripe berries, bruised, and filled it up with 60 per cent. *Alcohol*, and gave a teaspoonful four times a day. He also stated in the same letter that he prescribed it for a gentleman who had been epileptic for eight years; the gentleman, misunderstanding the dose, took a tablespoonful four times a day. After taking it for a week he returned to the doctor and told him that he could not take the remedy any longer, as it kept him drunk all time. He has not had a fit since he took the remedy. Dr. Napier also wrote that each dose should produce a feeling of drowsiness, and in obstinate cases he gave it every three hours until there were symptoms of vertigo. He also stated that it controlled puerperal convulsions."

ON HEMORRHOIDS.

By Dr. Mackechnie. ®

A paper read at the Bath before the Western Therapeutic Society.

Mr. President and Gentlemen: When asked by our indefatigable Secretary to read a paper, and what its subject would be, I chose that of Hemorrhoids, not that I expected to bring any special acumen to the subject, or that I could expect to teach you anything new in the pathology or therapeutics of piles, but that it is a convenient peg on which to hang a discussion; that so little seems to be said about it in modern days by physicians, who seem inclined to leave the matter wholly to one remedy, *Ferrum*, whether *frigidum* or *calidum*, or both, and that I am desirous to

enter my feeble protest against this indiscriminate use of the knife in such cases, especially as I am afraid that amongst our own colleagues there is too great a tendency to relegate the treatment of piles to the surgeon. Of course, in this, as in many other matters, we are not masters of the field, and are subject to many influences, direct and indirect, but particularly to that of our colleagues of the old school, who, in their agnosticism as to the value of drugs, have nothing to fall back upon in the treatment of piles, but the relief to be obtained in the removal of the damaged part.

We, too, on our part, are many of us wanting in that faith in drug influence, which should enable us firmly to withstand the entreaties of patient and friend, by promising that time and perseverance will do what is wanted without mutilation. We are also influenced by the influx into our number of many new and younger practitioners, and glad we are to welcome them; but they are new from the schools, necessarily more or less under school influence, with some tincture of the aforesaid agnosticism, and knowing the value of similars but imperfectly, while they are able in the use of the knife, and in the ardour of youth lean strongly to the faith in things seen and tangible.

Hence, patients coming to us under the influence of this distressing malady of piles, requiring, as it sometimes does, prolonged and patient treatment of various kinds, are often unable, or unwilling, to give the time, trouble and patience needful to work out a real cure, and desire, especially now that anesthetics and antiseptics are to the fore, the speedy riddance of their painful and disgusting encumbrances.

Now, I am desirous of saying a few words in the hope of staying the tide which is carrying us towards surgery rather than Homœopathy in this connection, and I think we should keep constantly before us the fact that we are advocates of the principle of similars; that every case which is operated on under our care is more or less a slur on that principle, which, notwithstanding, *is* capable in almost every case of effecting a cure. Of course, a great difficulty in bad cases is the need for time and careful nursing. Every case must, of course, be decided on its own merits; one cannot make any absolute rule, but it is for us to keep before the patient and his friends the fact that drug influence, with time and perseverance, *can* cure.

Our method of treating a case of piles must be largely modified by the conditions which brought about the attack, and the extent of the mischief done. It is scarcely needful for me to say anything here about the influence of occupation in the matter.

Whenever a case of piles comes under our care, we may be pretty sure that stasis and distension have been going on for long before we were applied to, and indeed for long before the patient became conscious of any embarrassment, so that even now when seeking our aid he has been first trying some treatment of his own, or of his neighbors, and putting off the application to his doctor as long as might be, but that now, some error of diet or drink, some chill adding to the embarrassment of the circulation, or a purge which, while softening the stool and stirring up the muscular coat to action, has brought about additional congestion of the hemorrhoidal plexuses; and, while swelling yet further the superior plexus, has irritated the sphincter and hindered the lower plexus from returning its contents to the superior; has rendered the mucous membrane irritable and congested, the arteries dilated and congested—so that, taking the whole local pathological condition in view, one need scarcely wonder at the distress and suffering witnessed in a case of inflamed piles, and one's first thought should be how to give relief, to free the occluded veins. Though it may seem most scientific to try and relieve at the hither end, yet so much is to be done at the *locus in quo* by heat and moisture combined, that I think it well to begin with these agents, either by hot hipbath, or by steaming, or by fomentation; any of them well applied. I am myself very fond of steaming, but either will help very much to give relief and enable the patient generally to return the obtruded swelling through the sphincter. There are two points in this connection I am surprised constantly to find medical men so negligent in instructing their patients about. First, as to the method of getting the hemorrhoidal tumor returned within the sphincter, by bearing down as if in defecation at the same time that pressure is made gently and equally on the mass to get it into the rectum; at the same time some grease should be applied to lubricate it. Once get the tumours within the sphincter, the strangulation is over for the time, there is a certain sense of relief afforded, and the patient begins to feel that something is being done.

In cases of fluent piles, pressure may better be made with a warm moist sponge.

It may then be well to consider the need or anvisability of relieving the bowels, and to find out if the rectum is loaded with hardened feces or not. In many cases it *is* worth while, and when needful I have a great liking for the Pulv. Glycirrhizæ Co. (prussian preparation), which I consider better than *Enemata*, although it takes twelve hours before it acts; but the means employed should depend rather on the habits of the patient, on

his fears, his prejudices—before all, on the state of the fecal masses themselves, so far as that can be made out. If an *Enema* is used, I prefer thin warm gruel, with a plentiful admixture of *Olive oil*.

Having emptied the rectum, comes the consideration of the the real drug treatment of the case, and I think one should at once administer *Aconite* or *Belladonna*, or perhaps give them alternately, being guided very much in this matter by the indications given by the thermometer, general febrile condition being the predominant indication for *Aconite*, and local active congestion, or inflammation, for *Belladonna*. In children with inflamed piles I always take *Chamomilla* well into consideration.

The dietary, of course, should be very carefully managed, generally should be but slightly azotized, not fatty nor alcoholized, leaving the patient but little else than farinaceous, vegetable, and fruity foods—all spices should be avoided, as they undoubtedly tend to irritate the part affected. This leads one to the consideration of one medicine, viz., *Capsicum*, which I have sometimes used with good effect in inflammatory piles. The special indications are, frequent small mucous stool with intense tenesmus after it.

Capsicum seems to be of use in fluent as well as blind piles, but the bleeding, when it occurs, is rather a general oozing than a hemorrhage from the varices themselves.

With these means we shall not long have to treat a case of inflamed piles before the great pain and inflammatory state will have so far subsided that the patient can be moving about, and able to perform his duties more or less freely; and then comes the question of further treatment, so that a really curative method may be put into operation.

Perhaps the most important considerations now are, the sex of the patient, and the habit of the bowels. If constipation be habitual; if there be a feeling of obstruction or of dryness; if the stools are dry, and hard, and in largish masses, either smooth or of agglutinated masses of scybala, one must think of *Æsculus*, especially if there be a dull aching pain over the lumbo-sacral region. Before *Æsculus* was brought well before the profession as a remedy in hemorrhoids with constipation, one was in the habit of looking principally to *Nux vomica* and *Sulphur*, one or both, in such cases, but every one seems to think that *Æsculus* has almost superseded them.

It may be as appropriate a place as any to say here, for many years I have made it a great point in cases of chronic or habitual piles to insist on my patients adopting the practice of emptying

the rectum at night before going to bed rather than at the usual one of doing so in the morning. The disturbed congested part has the time of the night's rest to recover itself, and the patient is much more likely to be able to go about his duties next day. It is often difficult to establish the habit, for the bowels are apt to relapse into their old established method, will not go at night, and will go in the morning; but the gain is so great that the patient should be strongly urged to persevere.

After *Æsculus* I think there is scarcely a better remedy than *Pulsatilla*, whether for acute or chronic, whether fluent or dry, whether in male or female. Its marked influence on the venous system, its still more marked influence on the digestive functions and on the mucous membranes wherever they may be, should point to *Pulsatilla* as a medicine bringing about a group of symptoms very closely similar to that we find in piles. Of course, where the special temperament or constitution is strongly marked, we may look for the more striking effects, but there can be no doubt that *Pulsatilla* suits very many cases of piles even amongst men. It is by no means only the female sex that is to be influenced by this potent drug. Wherever passive congestions occur, and especially where there is tendency to chronic catarrhal conditions, *Pulsatilla* should be taken into consideration; even constipation is not absolutely a contra-indication, but when one has hemorrhoids, dyspepsia, catarrhal tendency, varicosis elsewhere than in the rectum, dysmenorrhœa or spasmorrhœa, it ought to suggest itself to one before almost any other drug in our *Materia Medica*.

Sulphur covers so much the same lines as *Pulsatilla* as to call for consideration in such cases; but the points in which it is chiefly distinguished are the presence of constipation, and the severe itching about the anus in sulphur symptoms.

Sulphur comes in alternately with *Æsculus* or with *Nux Vomica* in a large number of cases where there is constipation. Two or three days of the one and two or three days of the other is a convenient arrangement.

Nux is called for mostly among men, especially those who are given to the use of alcohol or of spices, or old dyspeptics, &c. (People who are subject to piles should, as a general rule, become abstainers.)

The constipation of *Nux* is one where there is want of expulsive desire, but where there is great relief after evacuation; there is frequent and ineffectual call nevertheless. The stool is hard or dry, there is pressure on the sacrum, but not so constant nor so marked as that from *Æsculus*. The piles are generally large and blind.

Collinsonia is a medicine of great value in piles, especially in those females who have inertia of the rectum, and general congestive tendency to the pelvis. It is especially valuable to pregnant women suffering from piles, and in the piles so often to be found in parturient women. Pruritus is here also a very marked symptom, while flatulence, colic, and tenesmus are additional indications for it.

While talking of pelvic congestion as a cause of piles, one must hardly pass by a classical remedy for such a state, though at the same time I will say that of late I have not used it, *Collinsonia* having taken its place—I mean *Aloes*, which produces a general abdominal, and specially a pelvic, congestion. There is very marked burning in the anus and tenesmus, often with faintness, and the bladder is often irritated.

I have already spoken of such cases of fluent hemorrhoids as are largely benefited by *Pulsatilla*—but though this last remedy is probably that of the largest range in piles in general, yet there are many cases in which one would much prefer employing *Hamamelis*, viz., such as present the fluent character in the most marked degree. Its wonderful influence on the venous system suggests it as a most valuable remedy, and experience carries out our expectation. It is especially in fluent piles with copious bleeding that it will speedily modify and arrest, and that without the fear one has been accustomed to hold of “the arrest of the hemorrhoidal flux.”

The less fluent forms, if associated with varicosities or any indications of venous troubles, may make *Hamamelis* worthy of precedence before *Pulsatilla*, while the catarrhal state of the mucous membrane may give *Pulsatilla* the precedence.

My time is running short, but there is one medicine, viz., *Muriatic Acid*, I must mention, which I have found of very great value, especially among people advanced in years whose piles continue to trouble them. The piles are large and painful, very tender, and suggest that ulceration has taken or is likely to take place. In such cases there is a general adynamia, and an offensive odor of the breath and of other secretions is often present.

When hemorrhoids have gone on so far, or have been so frequently renewed, that the various layers of the rectum and anus become thickened, while the tumours themselves, the varices, create irregularities where ulcers are very likely to develop, and which from their position take peculiar forms as in so-called anal fissure, if any conditions consequent on piles can justify the use of the knife it will be these; but I am sure that in these cases, if the patient can and will give the time, the attention, and the

nursing that such a case requires, we may do perfectly well without the metal.

The great requirement is the careful and continual cleansing of the rectum, which must be effected with as little disturbance to the part as possible, almost absolute rest being needed by the patient. *Calendula* as a local application is most useful, and I have heard *Hydrastis* equally vaunted. The stools must be kept in a soluble condition, if possible, by means of suitable diet, e.g., fruit, tamarinds, &c., &c. I am quite inclined to think that *Cocaine* in weak solution is not only justifiable, but of real utility in such cases.

I have used *Ignatia*, *Æsculus*, *Graphites*, and many other medicines in such cases with more or less advantage, but I think I have derived most benefit from the two latter.

I can say that I have cured a good many cases of fistula in ano without the knife, in fact I consider this affection much more tractable than the affection I have just been talking of, but it requires equally rest for its treatment, and careful nursing and syringing.

The remedies I have used have been *Silicea* almost exclusively *Calcareo* a little as internal remedies, and *Calendula* and *Hydrastis* and water-glass as local remedies.

I have at present here in Bath under my temporary care a patient who was cured by our friend A. C. Clifton many years ago (about fifty) of fistula in ano, and who remains cured now. He had been condemned for operation by one of the chief London surgeons of the day, went home to Northampton, submitted himself to Clifton's care, got cured, and went back to the surgeon, thinking he would be delighted to hear of a remedy for a disorder which he could only himself cure with the knife, and was quite astonished at the indignation that gentleman showed on hearing the said report!

It is scarcely needful for me to say that I have only attempted to give a glance at the medicines I have found of the principal use in these affections, that I will not longer keep you.—*Hom.*

World.

CORRESPONDENCE.

BLACK RIVER FALLS, Wis., August 26, 1891.

EDITOR OF RECORDER: I was requested, as Secretary of our medical society, to send a notice to the different medical journals. A few of us met here at our office on July 11, 1891, and formed

a medical society. It is called the Western Wisconsin Homœopathic Medical Society, and includes the following counties: Jackson, Monroe, Clark, Eau Claire, La Crosse, Pepin, Buffalo, Trempealeau and Vernon. All of the doctors in these counties have been written to, and most all have or will join. Our first session was held August 11th, 1891, here at our office. We had a profitable time. All were well pleased. Our next session is November 11th, 1891, at Sparta, Wis. The following physicians were elected officers: Dr. Noble, of Eau Claire, President; Dr. Munson, of Warren Mills, Vice President; Dr. Churchill, of Black River Falls, Recording Secretary; Dr. King, of Fairchild, Corresponding Secretary; Dr. White, of Black River Falls, Treasurer.

Yours fraternally,

W. R. CHURCHILL, *Secretary.*

Black River Falls, Wis., August 26, 1891.

THE SOUTHERN ASSOCIATION.

The Eighth Annual Session of the Southern Homœopathic Medical Association will convene at Nashville, Tenn., on November 11th, 1891, in a joint convention with the Homœopathic Medical Society of Tennessee.

Many Homœopaths throughout the Northern States are aware of the active working spirit among the members of this Association, and the power they are wielding for the general good of our school. Especially is this true in the Southern States, where Allopathy has been so dominant heretofore. The active measures taken at Birmingham in behalf of the Homœopaths in Alabama, in championing their claims for justice and equal rights, fully demonstrated the usefulness of this organization.

A most cordial welcome is extended to all the Northern Homœopathic physicians to meet with us at the Nashville meeting in November and enjoy the discussions on medical and legislative topics.

Many excellent papers from practical and original thinkers will be read—we have no time for text-book articles. If you have had an interesting case and cured it, or if death ensued, write it down briefly and read it to us at Nashville.

Fraternally yours,

WELLS LEFEVRE, M. D.,
Cor. Sec. Southern Association.

Hot Springs, Ark.

VETERINARY DEPARTMENT.

A Case of Spasm of the Diaphragm.

On June 8th I was asked to look at a mare, the property of Mr. Cashell, a near neighbor of mine. I saw her at 7:30 in the evening and found the following symptoms present: A violent thumping, which could be heard several yards from her; each thump would shake her whole body. Pulse about fifty per minute; breathing about twenty per minute. Upon placing my ear over the back, on either side of the spine, the thumping could be very distinctly heard. Then placing my ear over the heart the beating did not compare with the throbbing. The breath was drawn quickly into the lungs. The sides of the nostrils were drawn inward when the breath was inhaled. There was some stiffness of the limbs, neck and jaws. Prescribed *Nux Vomica* ix , one dose, ten drops, in a teaspoonful of water. In one hour she was a great deal better. Then gave it in five-drop doses, to be given twice a day. On June 11th could not see any trace of the jerking. Has remained well up to the present time. This mare was unwell in the morning, June 8th, when she was worked from home to the station and back.

GEO. W. BREADY.

Norwood, Md., June 22, 1891.

Homeopathy In The Stable.

In a letter to *The Globe* Dr. Alfred Heath records the details of the treatment successfully applied by himself to a bad case of pink-eye in horses.

The following is the doctor's account of the case:—"A few years since I was asked by a nobleman to look at two of his horses suffering from 'pink eye.' From the symptoms I was led to prescribe *Mercurius Corrosivus* (*Hydrargyrum perchloridum*) or corrosive sublimate, in solutions, one part in one thousand parts of alcohol (as this drug produces symptoms exactly similar to those of pink-eye, it is absolutely necessary to give it in small doses). Of this preparation five or six drops were given in a small spoonful of cold water (easily put into the side of the mouth) three or four times a day. The effect was magical; in about three days both animals were well. Before taking the medicine they could scarcely turn in their stable; both had the characteristic pink-eye. If any of your readers should find the

remedy successful, perhaps they will confirm my experience. It may be obtained of any homeopathic chemist."

Upon this *Land and Water* comments thus:—A good deal of the prejudice against Homœopathy is based on the disbelief in the efficacy of infinitesimal doses, but herein, of course, lies an essential characteristic of the system, which seems to have much in common with the treatment of specific diseases which is associated with the names of Jenner, Pasteur, or Koch, cure being effected by the administration in minute quantities of the very poison by which the disease is caused. The proof of the pudding is in the eating, and prejudice must give way before such convincing examples of successful treatment.—*Veterinary Record*, May 9th.

Veterinary Science and Homœopathy.

At the meeting of the Royal Counties Veterinary Medical Association at Didcot, England, on Friday, June 26th, a paper was read at Mr. Sutcliffe Hurndall, entitled, "What has Contemporary Veterinary Science done towards the Advancement of the Healing Art, and wherein is there scope for further Development?" Mr. Hurndall considered the attempt to make bacteriology the beginning and end of everything medical and surgical had proved a complete failure. Mr. Hurndall then turned his attention to the region in which better things were to be looked for. He contended that Homœopathy—which he had practised even since he became a member of the profession—offered decided advantages over prevailing methods and customs, and gave many illustrations of the practice of the school of Hahnemann, which is based upon the principle "*similia similibus curantur*," or "like cures like."

Typhus in a Horse.

On October 12th was called to a sick horse at Newcastle. On inquiry I found that the horse was taken sick eight days ago and was being treated by the chief military veterinarian, who diagnosed the disease Typhus. He had isolated the horse and ordered a special attendant. The sick horse, a tall, narrow-chested, chestnut gelding, half-blooded, six years old, was afflicted with a high-grade swelling, extending over the lower chest and abdomen, the sheath and all extremities, especially the hind legs; the swelling feels warm and is sensitive. In consequence of the

enormously swollen hind legs the horse cannot stir. Temperature of the whole skin uniformly warm. Pulse eighty, full and soft; beat of heart not discernible; auscultation reveals a fine, bubbling, purring noise in the right chest; the mucous membranes of the nostrils are reddened unevenly with a yellowish coat; appetite is impaired and defecation tardy; urine, voided at long intervals, of dark brown color; the animal is dispirited, hangs head and ears; eyes dull. The whole picture tallies with what the Vienna school designates as *Skin-typhus*. The sickness had been combatted by above-mentioned veterinarian with *Sulphuric Acid* in the drinking water, which, however, was rejected, and by frequently rubbing the skin, previously sprinkled with *Spirits of Camphor*.

Treatment: My first endeavor was to free the stables of the penetrating smell of camphor and to exchange the camphorous blankets for fresh ones. The erethical character of the fever and the implication of the mucous membranes, *i. e.*, the bronchiæ, induced me to prescribe *Bryonia* 3, a dose every two hours. Moistened bran and middling, as well as small cut carrots, and a mixture of hay and cracked barley as food. October 15th, fever unchanged; mucous membranes of nostrils show petechial spots; right nostril swollen; swelling of fore legs diminishing, that of the sheath and hind legs increasing. At the opening of the much swelled sheath the outer skin is gangrenous and pieces of the breadth of a hand are being detached. All movements of the patient are made with the fore feet; the hind legs are as if rooted in the ground. Prescribed *Lachesis* 6, every two hours, in water.

October 17th. Patient, standing up until then, laid down; lies flat on his side; very restless; shows inward pain by frequently looking toward his side, and by vibrating motions of the legs. Pulse, 90; groaning at times; temperature of the back uneven, lessened at the extremities. Food is rejected, but his great thirst is assuaged by eager gulps, his head having to be raised to enable him to drink. On account of these symptoms and of the fact that the day previous a sharp north wind had been blowing, and a slight cold might have been contracted, *Aconite* 3, every hour, was given, which induced a copious transpiration towards noon. As the pulse was lower, but the restlessness and thirst kept on *Arsenicum* 3 was substituted for *Aconite*, three doses in the afternoon and one every four hours next day.

October 19. Patient managed to rise, after several attempts, without assistance, but tottered for weakness so that a hammock was stretched under him. Although only lying down for about sixty hours, on a well bedded floor, the prominent parts of that

side were so sore that large portions of the skin seemed to be deadened and gangrenous. However the swelling had gone down considerable and on his hind legs a yellow serum is exuding. Breathing is normal; pulse down to seventy beats; the beating of the heart is recognizable. Thirst is lessened and a lively appetite prevails. Bran and oats are given and clean hay. Oft recurring urging to urinate while voiding but small quantity of pale urine induced me to give three doses of *Lycopodium* 3.

October 24th. The red spots on nostrils gone; the sheath and hind legs very little swelled; pulse down to sixty; appetite very good, enjoys his oats; urine passed in large quantities, turbid, yellow and saturated; the hammock is taken away; the animal seems to like motion and sometimes lays down. The sore spots are moistened with diluted glycerine mixed with arsenic solution: *Arsenicum* 3 is administered, one dose a day.

October 25th. The animal is free from fever, is getting frisky, cuts capers while being led around, sore spots are healing up, and on October 30th I could pronounce the horse to be perfectly cured, and that it could presently be put to use again.

The cure of this desparate case created quite a sensation and was warmly commended by the owner.—*Dr. Boehm, Veterinarian, in N. Surany, Popul. Zeitschr., Vol. IX., No 4.*

BOOK NOTICES.

International Homœopathic Annual. Editor, Dr. Alexander Villers, Dresden. Volume I. English edition. Leipzig, 1891. 175 pages. 8vo. Paper, \$1.50.

This is a new undertaking and one which if properly encouraged may be of great value in time. Its aim is to be an international Homœopathic Year Book, Bibliography, Directory. Dr. Villers says in his preface "Homœopathy is spread all over the world, its doctrines are proclaimed in every tongue, every civilized nation has helped to work out its problems, but up to the present day a connecting link has been wanting to bring the work of the individual to the knowledge of the whole body. I have tried to supply this want, and in this volume submit to the critical examination of the public the first fruit of my endeavor. In the interest of Homœopathy and without an eye to profit we have incurred the risk of this great undertaking, and shall carry it out by our own exertion till the coöperation of adherents to

Homœopathy shall support us." Dr. Villers then comments on the carelessness or utter indifference with which he was met in his efforts to compile an international directory, but concludes: "The publisher and editor will work on patiently; will spare neither trouble nor expense, and publish volume on volume of the *International Homœopathic Annual*, till it has become a settled habit of the Homœopathic public to communicate to the editor of this annual everything that is of interest to Homœopaths." That address, we may add, is Dr. Alexander Villers, Dresden, Germany.

It is to be hoped that Dr. Villers' self-sacrificing work in the interest of international Homœopathy will meet with encouragement and success. The present volume is admittedly imperfect in some respects, but a work of this sort grows rapidly towards perfection with experience, and the greater assistance given to the editor as he, and his work, become better known. The next volume will be published in 1893.

Syllabus of the Obstetrical Lectures in the Medical Department of the University of Pennsylvania. By Richard C. Norris, A. M., M. D., Demonstrator of Obstetrics, University of Pennsylvania, etc. Second edition. W. B. Saunders, Philadelphia, 1891. 198 pages. Cloth, \$2.00.

This book does not belong to the question and answer series, but is a syllabus of the subject of which it treats. The volume is interleaved, every other leaf being blank. The author says: "This syllabus has been prepared to meet the difficulty of accurate note taking, which most medical students encounter. . . . The design of the book, therefore, is to secure for the student a logical and consecutive outline of his work, and to aid him in classifying the knowledge he acquires in the lecture room." The general appearance of the book is very pleasing.

Angina Ludovici, a pamphlet, reprint, has been received from E. Lippincott, M. D., Memphis, Tenn.

Angina Ludovici is, in Anglo Saxon, gangrenous inflammation of the neck. Dr. Lippincott made good cure of this ugly customer and he did it by finding the *similimum*, for "without it I could not have reported the cure of the only case of Angina Ludovici that I ever saw."

"**The Climatologist.** A monthly Journal of Medicine, devoted to the Relation of Climate, Mineral Springs, Diet, Preventive Medicine, Race, Occupation, Life Insurance and Sanitary Science to Disease," is the comprehensive title of a new maga-

zine, No. 1, Vol. I, bearing the date of August 15, 1891. It has a list of thirty-four editors and associate editors, headed by John M. Keating, M. D., as chief, and is handsomely published, by W. B. Saunders, Philadelphia, Pa. The price is \$2.00 a year.

We have received specimen pages of the forthcoming Standard Dictionary. It will have many distinguishing characteristics, more than we have space to note, from all other dictionaries some of them of decided originality and utility. Messrs. Funk & Wagnals, New York, are the publishers and will furnish specimen pages to all who desire them.

Kali Chloricum. A Lecture. By Charles S. Mack, M. D., Ann Harbor, Mich., is the title of a pamphlet reprint from *Hahnemannian Monthly*.

"The City of San Antonio and Southwest Texas as a Pulmonary Sanitarium" is the title of a little pamphlet, by Dr. C. E. Fisher, enthusiastically lauding the air and climate of southwest Texas. Florida, southern California, Minnesota and Colorado are not in it with that part of Texas, according to Dr. Fisher. He has opened a Homœopathic sanitarium and infirmary, the first in Texas, at San Antonio.

"Who Is a Hahnemannian?" by C. T. Campbell, M.D., of London, Ont., and "Hahnemann's Methods and Other Methods," by Geo. Logan, M.D., of Ottawa, Canada, are the titles of two papers read before the Canadian Institute, and bound together in pamphlet form.

"Epilepsy as a Hystero-Neurosis" is the title of a pamphlet by James C. Wood, M.D., Professor of Obstetrics, Gynecology and Paedology of the Homœopathic Department of the University of Michigan, at Ann Arbor. It was read by him before the International Congress at Atlantic City last June.

BOOKS IN PRESS.

Compendium of Materia Medica, Therapeutics and Repertory. By A. R. McMichael, M. D., Hahnemannian Publishing House.

This work, original in conception and execution, promises to mark an epoch in Homœopathic prescribing. Any observant reader of Homœopathic journalism will have noticed that in Homœopathy there are two attitudes towards the Materia Medica; the right or the wrong of either is not to be inquired into here, but merely the unquestioned fact recognized. One prescriber would

not omit a symptom from the Materia Medica, but would rather have them, if anything, augmented. The other wants some skilled hand to undertake the herculean task of mapping the vast, and to him, almost trackless wilderness of the Materia Medica, in a scientific manner, opening highways to the remedies that they may be used in the cure of disease and not for the confusion of the practitioner who honestly sets about study of a given case. This is the work Dr. McMichael has undertaken and advanced practically to completion. It would be almost impossible for any one to convey a really *clear* idea of this work by a mere description, but when the book is completed the very orderly manner in which the symptoms are arranged, their clearly seen application to diseased states, and the relationship the various remedies bear towards each other will be comprehended and must make the *Compendium* a most useful guide to the sought for remedy.

Dr. McMichael, in his paper read before the Homœopathic Medical Society of New York, and reprinted in the July number of *THE RECORDER* said:

"In considering the disease of a patient, that portion of the body which is immediately affected always encircles within its influence other portions which naturally lie in its track, or are so connected that their consideration becomes a necessity; and often, indirectly, the whole body may be so affected as to become an object of interest in order to complete our prescription."

In a few words the foregoing gives the spirit, so to speak, of the new work. It will take, say, the stomach as the seat, or centre of the disease, and for each remedy will give the verified symptoms of the stomach itself and the symptoms which are encircled in its influence. So with the heart, lungs, head, etc.

Necessarily the work will require several volumes, which, from its plan, must be quartos, but each of these volumes will be a rounded out and complete entity quite independent of its fellows. If the stomach be the seat of disease that volume is consulted and all the symptoms centering there, and radiating thence, of all the remedies applying to that organ will be laid in a most orderly manner before the reader; the nice shades of distinction between them are easily traced; and, lastly, each volume will be repertoried, if the term be permissible, in a manner that must be seen and consulted to be thoroughly appreciated. The first book, it is hoped, will be ready by the first or middle of December.

A Materia Medica Primer. By Timothy Field Allen, M. D.

This book is well in hand, the first of the manuscript being in

the printers hands. It will be a companion volume to the new *Bœnninghausen Pocket-book* and of the utmost value to beginners and students, giving them, as it were, the ground plan, the foundation of the various remedies which when thoroughly mastered forms a basis on which fuller knowledge can be arranged in an orderly manner. As its name indicates it is the primer, the A, B, C book, of the *Materia Medica*.

When the A, B, C's are mastered the next step is easier. Homœopathy has flourished without its primer in the past, but the path of its students, in the future, will be made easier by this book. The work of the pioneers in a country is a grand one, but their children occupy the same country and the roads of the latter day are easier and smoother than were those of the former.

A Homœopathic Bibliography of the United States. By Thomas L. Bradford, M. D.

Dr. Bradford is nearing the end of his long and laborious task—that of making a complete bibliography, for the United States, of all the Homœopathic books, magazines and pamphlets with condensed statements, data and histories of the Homœopathic societies, colleges, hospitals, asylums, homes, nurse schools, dispensaries, pharmacies, publishers, directories, legislation, libraries and principal books against Homœopathy. It is a great work, a huge work, that of collecting all this data, and for all time to come will be a most exceedingly valuable book. One especially valuable feature of Dr. Bradford's book will be the giving of the names of the original officers of all the various Homœopathic societies, etc.

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Greater Diseases of the Liver. By J. Compton Burnett, M. D.

Before the next number of the RECORDER appears this the first book published by Messrs. Boericke & Tafel under the new copyright law, will be out. Of its matter nothing need be said, the author's name being a guarantee that it will be worth reading and also interesting—too often it happens that valuable matter is so dressed as to be most sleep-provoking to the reader. The price will be considerably lower than those at which Dr. Burnett's books have been heretofore sold, this one being 50 cents *net*, cloth binding. Dr. Burnett's last book, *The New Cure for Consumption*, is exciting a good deal of quiet attention.

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THE *Baltimore American*, August 5, announces that the Board of Directors of the Southern Homœopathic Medical College and Hospital, of that city, have purchased, for \$18,000, Calvert Hall, on Saratoga Street, west of Charles Street, and will at once make extensive alterations in the property for the uses of the Southern College. This will give the young Southern College ample elbow room, and commodious quarters for all of its departments.

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THIS is what Hahnemann has to say on the more or less discussed question of the wearing from porcelain mortars by the process of trituration. It is to be found as a foot-note in *Chronic Diseases*, p. 165.

"There are hypercritical Homœopathic physicians who were afraid that even the sugar of milk might obtain medicinal qualities from being long kept in a bottle, or from long trituration. Long continued experiments have convinced me that this apprehension is unfounded. Both the raw and the prepared sugar of milk may be taken as nourishment in considerable quantity without the least disagreeable symptoms being experienced from it. Fears have also been entertained that, in triturating the medicinal substance in a porcelain mortar, particles might become detached from this latter, and that the triturating process might change them to powerfully active *silicea*.

"To ascertain whether such fears were founded, I caused one hundred grains of sugar of milk to be triturated with a new porcelain pestle in a porcelain mortar, the bottom of which had been recently polished; thirty-three grains were taken at a time. They underwent the process of trituration eighteen times, each trituration lasting six minutes. Every four minutes the mass was stirred up with a spatula. The object of this frequently repeated trituration, which lasted in all three hours, was to impart medicinal qualities, either to the sugar of milk, or, at any rate, to the particles of *silicea* which might have been separated from the mortar; but, from experiments which I have made upon highly susceptible subjects, I have been obliged to infer that the prepared sugar of milk is no more medicinal than the sugar in its raw state; its only quality is that of being nutritious."

A MEDICAL gentleman signing himself Dr. W. S. Strode, Bernadotte, Ill., in the *Western Medical Reporter*, makes the following fling: "Little did Hahnemann think that in the year 1889-90 the system which he promulgated would be taken up and elaborated—" and so on, and so on; the gentleman uses so many words in making his point that space and the importance of his paper does not warrant a full quotation. The point is that Christian Science and Homœopathy are the same thing, and he seems to labor under the impression that the former first appeared in "the year 1889-90." If Dr. Strode doesn't know any, better and really thinks that Homœopathy and Christian Science are the same, he should inform himself on the subject by reading a little; but he should have done this before he set about instructing the world on a subject of which he uninformed.

THE HOMŒOPATHIC RECORDER.

VOL. VI. PHILADELPHIA AND LANCASTER, NOV., 1891. No. 6.

THE PHARMACY OF TINCTURES.

Read before the American Institute of Homœopathy.

The writer has been honored by a call from the Executive Committee for a paper on the "Pharmacy of Tinctures," and begs to present the following in response:

In Homœopathic pharmacy no generally accepted rules for the preparation of tinctures prevail at the present time. Outside of the Continent each pharmacist follows his own preference in making what Hahnemann first styled "Mother Tinctures," with this general observance, however, that all, more or less faithfully, adhere to Hahnemann's precept to make all tinctures from the fresh succulent plants, as far as obtainable, gathered from their natural habitat at the time of their utmost vigor. All Homœopathic pharmacopœias, with one exception, acknowledge and uphold this principle, and to its general observance much of the sustained success of Homœopathy is due, and this also is the cause of the acknowledged superiority of our Homœopathic tinctures over those of the drug stores.

But while the Homœopathic tinctures of the different countries are similar as to constituents they differ in strength, and a uniform standard is very desirable.

Hahnemann adopted the juice of the plant as a unit, and divided the medicinal plants into four classes, as follows:

Class 1 comprised the most succulent plants. The expressed juice of these was mixed with an equal quantity of pure spirits of wine, set aside for a week and filtered, the product constituting the mother tincture.

Class 2 comprised plants less succulent and to three parts of the comminuted plant were added two parts of alcohol, this was macerated, expressed and filtered.

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Class 2 comprised plants less succulent and to three parts of the comminuted plant were added two parts of alcohol, this was macerated, expressed and filtered.

Class 3 comprised plants still less juicy, and to one part of plant were added two parts of alcohol, then macerated, pressed and filtered.

Class 4 comprised dried drugs such as *Ignatia*, *Ipecac*, *Nux vom.*, etc.; and to one part of the comminuted drug five parts of alcohol were added, and after eight or more days the tincture was decanted and filtered.

In accordance with these rules all mother tinctures were prepared until, in 1840, Carl Gruner, of Dresden, brought out a new Pharmacopœia, deviating from Hahnemann in that he divided the plants into three classes, of which Class 1 comprises the dried drugs, which he macerated with alcohol for two weeks in the proportion of one part of the drug to ten of alcohol. His Class 2 comprises very juicy plants; to the expressed pulp or magma, of these, alcohol equal in quantity by weight to the juice pressed out is added; after a few day's maceration the alcoholic tincture is expressed and the two liquids, mixed and filtered, give the mother tincture. His Class 3 is identical with that of Hahnemann.

In 1843 Dr. Buchner, of Munich, published a Pharmacopœia, strictly following Hahnemann's precepts. His work is official in Bavaria to this day.

In the year 1872 Dr. Schwabe, of Leipzig, issued his Polyglot Pharmacopœia, printed in five languages; he also followed Hahnemann's original directions adding remedies later introduced in their proper order. He omits all descriptions of plants and mode of preparing chemicals with the exception of such as are not usually found in old-school handbooks.

In the year 1882 the American Homœopathic Pharmacopœia was issued. This adopted Schwabe's compilation of Hahnemann's processes with few modifications. But this work gives in addition a full description of plants and mode of preparing chemicals etc., thus rendering all references to old-school handbooks superfluous.

Several other Pharmacopœias were issued by Deventer, Caspary and others, but never secured general acceptance.

In 1870 the British Homœopathic Pharmacopœia appeared. This also gives a description of plants and tests for chemicals. In the preparation of medicines, however, a new departure is made, the compilers aiming at greater accuracy in tinctures. To this end it is required that a given quantity of a fresh plant be first thoroughly dried and weighed in order to ascertain the amount of water it contains, and then the alcohol to be added is to be so proportioned that each minim of the finished tinctures

represents one grain of the dried plant or its soluble properties. This entails great labor, and seemingly to no practical purpose. Why should our school imitate the Allopaths in basing strength of tinctures on a certain proportion of the dried plant while using fresh plants whenever available? It is claimed that the English method is more accurate, but it must also be conceded that only a relative accuracy can be attained after all, for plants will contain varying proportions of extractive matter with varying seasons, and only a careful assay of the alkaloids contained in the plants, in each case, will ensure accuracy.

A more rational way would seem to be to base the strength of our tinctures on a certain proportion of fresh plant. This would be an improvement on the old ways in that a definite quantity of mother tincture be made out of a given weight of fresh plants. Naturally the tincture would vary somewhat in the proportion of juice to alcohol, for in a dry season plants are less juicy, or contain less water, than in a wet one. In practice however this variation would be of little or no moment. Or is there any one who will maintain that six drops of a tincture or dilution mixed with water and given in teaspoonful doses will materially differ in the effect from four drops in the same amount of water? And surely no greater discrepancy in strength need be apprehended; the identity of the plant, its proper habitat and the right time of collection being of chief importance.

It would seem, then, to be most practical and desirable that the future standard Homœopathic Pharmacopœia direct that all fresh plant tinctures be made in such proportion that one or two pounds, as agreed upon, represent one pound of the fresh plant or part of a plant, and that five or ten pounds of a dry plant tincture, as decided upon, represent one pound of the crude drug. This would give us a reasonably uniform strength, and these simple directions would readily be accepted by all, while the complicated system advocated by the British Homœopathic Pharmacopœia would defeat this object. It would, in the writer's opinion, surely fail of acceptance on the Continent even if adopted here, as it is in England, and this is a point worth serious consideration.

Another consideration would be that country practitioners frequently find opportunity to gather herbs and roots, while driving through their districts, for making their own tinctures, which, in accordance with above mentioned simple rules, would be an easy matter; whereas few would go to the trouble to follow out the complicated directions mentioned above, and so would either be led to make a tincture at variance with the new Pharmacopœia or abandon the practice altogether.

Of the necessity of a standard Homœopathic Pharmacopœia no two opinions can exist. For in a number of instances the present Pharmacopœias are even at variance concerning what part of a plant is to be used. Among a number of discrepancies it will be found that one work directs that the leaves, and another that the rhizome of *Caladium seguinum*, be used for making the tincture. One uses the leaves, and another the roots of *Phytolacca*; one uses the whole fresh plant of *Passiflora* for tincture, another directs that the inspissated juice of the leaves be triturated, etc., etc.

A Homœopathic dispensatory was published some years ago in the West, which directs that all European tinctures, even *Pulsatilla*, be made from dried herbs and roots. Dry-plant tinctures in this country cost less to make than the import duty alone amounts to on the imported fresh-plant article.

The same work also recommends that a certain proportion of cream of tartar be mixed with the sugar used in making pellets. Cream of tartar is used a good deal by confectioners; it "cuts" the crystals in sugar, and is used to produce the deliquescent or cream candies; it also makes very smooth soft pellets, but its admixture to Homœopathic pellets is altogether inadmissible and reprehensible.

Tinctures made from dry herbs are, as a rule, intensely green, and ignorance of this fact sometimes leads to misconceptions on part of physicians. Chlorophyl, the green coloring matter of plants, is soluble in stronger alcohol, which is generally used in making dry plant tinctures, while *Aconite*, *Belladonna*, and other tinctures made from fresh plants in accordance with the Homœopathic Pharmacopœias will invariably be a reddish brown.

A universally accepted Pharmacopœia would be of great assistance in regulating these matters.

A. J. TAFEL.

DIRECCIÓN GENERAL DE

DOCTOR SAMUEL LILIENTHAL.

"Whom I call one of the princes of Israel."—*Rabbi Voorsanger.*

It is nearly a quarter of a century since I first met him who was Samuel Lilienthal. A series of introductory lectures were being delivered at the mother college in Philadelphia, and I preceded him by one night. I was the guest of Dr. Hering, who easily persuaded me to prolong my visit so that I might attend Lilienthal's lecture. O, wizard memory! I hear now his

opening sentence: "*Jacta est alea!*" I remember, too, that he crossed swords with Kafka, and stood like a rock on good old-fashioned Homœopathic ground. I did not agree with him; but the sincerity of his convictions disarmed criticism. How racy, too, his German-English pronunciation, for he religiously avoided our anserine *th* sound. It was always "Homœopatic," "Terapeutic," with him to the last. I recollect that after his lecture quite a party adjourned to the house of one Prof. Raue, and I shall carry to my grave the memory of a symposium that reached far into the wee sma' hours and left me a radiant recollection and a rousing headache. On the morrow we journeyed together from Philadelphia to New York, and thus began one of the pleasantest friendships that death has ever broken.

A few years later that restlessness which so often disturbs the country physician when he is deceived by the glamour of a "city practice," seized me, and I looked with longing towards Gotham. No sooner did "Old Sam" hear of my desire than he pressed me to come to New York, and to share his office,—and this, mind you, without paying a stiver of rent. He made it the more easy for a poor and proud spirit to become his almsman by urging that I should assist him in his literary work, revising his Teutonic English, discussing medical papers in the journals, and talking with him, "for the two of us can talk like the * * *, you know!"

I not only shared his office; I was also welcomed to a home circle which, though lacking a mother, had a gentle warmth that would melt the shyest. As a rule, it is soul-sickening to wait and wait in a strange place for "practice," but those days were halcyon, and between Lilienthal's company, literary work, reading in good libraries, and rummaging old book stores, I little recked whether I was getting into practice or not; and the days flew by.

But let me not forget the divine nights, for "Old Sam" was an ardent lover of music, and between the opera and Thomas's Garden we had our noctes in which we forgot every care. After the opera, or one of Thomas's concerts, came the late lunch, the "Pilsener"—for they had "Pilsener" in those days—and then home (even I had learned to call it "home"), and the soothing cigar, and the talk late into the night, and finally the sudden, "By tunder, Sam Jones, we must go to bed!"

No. 230 West Twenty-fifth street,—I am again sitting by the office window, and the perfume of the ailanthus tree is wafted in, and I have turned from my book and am waiting, not for the "patient," but to hear the well-known sharp staccato footsteps

that tell me "Old Sam" has finished his morning round of visits, and then his cheery greeting, and then the paper for the *North American* that must be read and criticised—and, I must add, accepted in spite of all criticisms: his heart continually running away with his head. And those days are forever gone; and the old familiar face is gone; and the warm heart is cold; and he is resting near the "Golden Gate"—so far from Munich; so near the great white throne!

* * * * *

Dr. Lilienthal was one of those, all too few nowadays, with whom Medicine is a calling—not a trade. To it he gave his whole self without reserve. He purchased its literature with reckless prodigality, though he was wisely frugal in all other expenditures. He seemed to live in the spirit of the Hahnemannian dictum: "In an art preservative of human life, ignorance is a crime." From an intimate acquaintance with both I can truly declare that Samuel Lilienthal spent more on medical literature in a single year than did the late Dr. Croesus in his whole lifetime. I believe that Croesus left far the larger estate, and of a surety I do know that he left it, for although they sometimes put a pocket in a shirt I have never heard of one in a shroud.

Lilienthal was also an indefatigable reader. Many suppose that this implies a limited practice; the inference is not valid in his case. He was indeed a busy practitioner. How did he find time to read? By utilizing the spare minutes. No sooner had he laid aside his visiting case than he picked up the journal that had been read up to the very minute of his starting upon his round of visits. Or if he did not begin reading the moment he entered his office, he took the unfinished manuscript from his portfolio, and with his nose close to the paper, for he was shortsighted, began writing at once. I have always detested interruptions when writing; but he husbanded the few minutes before dinner would be ready, and this will explain his productiveness. To his earnestness he added industry. I wish it could be computed for how many years of his life he had a pen in his faithful hand. It was a matter of surprise to me how much his pen could put upon a page. He wrote as small a hand as Hahnemann; and perhaps both learned that economy in the early days when writing paper was much dearer. Dear old soul! he actually prided himself upon his chirography, which often looked as if it had been done by a choreic spider on roller skates. We once edited journals that were printed at the same place, and I remember telling him how an incensed compositor had *exorcised*

me for the quality of my pot-hooks. "Is tat so?" said he, "Why, dey quarrel for mine." I did not tell him that the irate compositor assured me that he would be blanked if my "copy" wasn't almost as poor as Dr. Lilienthal's. But no compositor in that whole establishment would have breathed a word of complaint to Lilienthal himself, for despite his crabbed manuscript his sunshiny manner had won them all.

Only for Dr. Lilienthal the *North American Journal of Homœopathy* would have perished of inanition long ago. How chivalrously he came to the rescue; he felt as if fealty to those who had inaugurated that magazine demanded that he should put on his armor and leap into the gulf. How persistently he would buttonhole Tom, Dick, and Harry! I believe he would cheerfully have published a paper on *Sulphur*, from the "Old Harry" himself, on the *experto crede* principle—for a paper for "*De Nort American*." And how incessantly he translated, and translated, and translated for it! O, the drudgery of translating! No glow of composition to warm one; a mere hewing of wood and carrying of water for another! When I recall all that he has done I can but feel that he richly deserved the "translation" which befel him on the night of the second of October.

When one reads his "Therapeutics" it is to wonder when he found time to make so exhaustive a compilation. The secret is that whatever of note he read he made a "note" of on the spot. He didn't put it off until the more convenient season; down it went on the spot. He had many interleaved volumes, and in the appropriate one went the desired observation that he had just read. This is the only method by which one always gets the money's worth out of a book or journal. My only objection to his excerpts was that, like Hering, all was fish that came to his net. It mattered not who vouched for the printed statement, he accepted all without a challenge because he thought all as earnest and as truthful as himself. Alas! the statements in our literature are like the veal pies of which Weller declared "they are werry well when you knows the man wot made 'em." Our dear "Old Sam" would dine on a "deacon" as devoutly as though it were the "fatted calf" itself.

As an editor, I think he was lacking in the critical faculty, and I doubt if his editorial work will prove anything other than ephemeral. I do not think that any of his utterances on any of the questions that have arisen within the last twenty-five years, have, in any degree, moulded the opinions of his readers. He could be steadfast to his own convictions—no one more so—but he could not follow his convictions with fire and sword when

"the heathen raged and the people imagined a vain thing." When the fiery Lippe would fulminate his anathemas like a pistareen Pope, I recollect that Lilienthal would write him letters of such stern rebuke that I used to wish one of them might be published in the *North American*, if only to assure its readers of the sex of its editor. But it is due a dead man to say that he believed in the power of a "milde macht," which, I think, is vain when one is fighting the devil or any of his creatures.

* * * * *

I remember a portrait that hung in his bedroom; it was that of his Rachel who, long years ago, left him lonely, but with a love in his heart that time could not change. I have often wondered if it was not this unquenchable love for his dead wife that made his manner so charmingly tender and winning to all women. There was a blending of knightly courtesy with a fatherly fondness, and wherever he came he conquered. And now time has no mystery for him. A thousand years are but as a day, and the wife's face is not worn with pain, and the parting is as a dream that has faded. O, death, whose is the victory!

Blessed be God, that every stroke which makes the world poorer for us who linger, makes eternity the richer. The eye grows dim, the hand forgets its cunning, the memory falters, the tinsel of Vanity Fair grows tawdry, the illimitable boundary of the Unknown maketh the wise man become as a little child, and the years press heavily as a burden, and the City of God shineth in our nightly dreams with ineffable beauty, and the heart is filled with longings unutterable; and lo! the messenger cometh bringing the peace unspeakable.

Ann Arbor, 12th October.

S. A. J.

RANULA AND POLYPUS.

The article on *Thuja*, by Dr. Geo. Hering, in the September number of the HOMŒOPATHIC RECORDER, recalls to my mind several excellent results had with the drug in cases that have come under my care. The most striking of these is illustrated in the case of a man who came to consult about a growth under his tongue which he feared would result in cancer. He explained that it had several times been removed surgically by members of the old school, who assured him each time that it would never return but that it invariably resumed its full size in about three weeks' time. As a last resort, and at the suggestion of some of

his friends, he decided to try Homœopathy. An examination showed the presence of a bluish-looking growth as large as a child's play-marble directly under the tongue on the right side, causing him great distress and untold anxiety as to its future. It was diagnosed as a Ranula and he was given what to him seemed a few insignificant powders of *Thuja* 1x, with instructions to take one every four hours and to return as soon as they had all been taken. He left the office less the faith supposed to be essential to a cure of affections by Homœopathic means. At the expiration of four days he again presented himself and reported a decided decrease in the size of the tumor and a consequent belief in his ultimate recovery.

The prescription was renewed, and in less than three weeks the tumor had entirely disappeared, and although that has been three years ago he has never had any signs of a return, and frequently expresses his belief in the virtues of Homœopathy by availing himself of its benefits whenever ill.

Another instance of its remarkable effects was shown in the case of a public school teacher who had suffered from childhood with an offensive discharge from his right ear with almost total deafness in that ear. Immediately after a cold snap of weather he was troubled with considerable pain in his head, and I was consulted to treat what he termed an abscess in his ear. A careful examination showed a small growth just appearing on the membrana tympani which I took to be an abscess formation and prescribed accordingly. In about three weeks after this prescription he again presented himself at the office and asked me to make another examination, as he felt that there was something growing in his ear and that he could touch it with his finger, but added that it gave him no pain or discomfort, and was not even sore. The examination showed the presence of an aural polypus which had grown from the little elevation noticed sometime previous.

I prescribed *Thuja* 1x and, giving him a bottle of *Thuja* ̄, ordered it painted every night and morning, and to take the powders, one every four hours. As he taught school some distance away from my home I was unable to see him as often as I wished, but told him to come and see me when he came in the neighborhood.

He presented himself in two weeks, and the polypus had grown to such an extent that it entirely filled the external auditory meatus, and I suggested its removal, although fearing that I should have much difficulty in performing the operation, as it seemed as if it would be almost, if not quite, impossible to insert

even the small wire of the ecraseur between the exterior of the fundus of the polypus and the interior of the meatus.

He objected to surgical measures, saying that he had so much trouble all his life with that ear that he was afraid of the consequences, and requested to have the medicinal treatment continued. I renewed my prescription of *Thuja* IX, and directed painted as before, requesting him to come in a week. He came and the polypus seemed to be about the same, no pain, no distress, no headache, no symptoms. Renewed prescription and gave directions as before, still having faith in *Thuja*. The next week it was smaller, and next still smaller, and so on every week until at the end of the seventh week it had entirely disappeared; and although that has been over eighteen months ago he has never complained of that ear since.

W. H. POUNDS, M. D.

Paulsboro, N. J., Sept. 29, 1891.

OLIVE OIL IN GALL-STONE COLIC.

The subject of the action of olive oil has been recently discussed in many quarters, and the discussion revealed a wide divergence of opinion. With a view to settling the matter the therapeutic section of the Philadelphia Polyclinic Society sent out circulars making inquiries concerning the matter, and collected fifty-four cases of the disease treated with olive oil. The *New York Medical Journal* (October 3, 1891), publishes a chart of these, and makes the following comment on it:

"An analysis of these fifty-four cases shows that there were about one-third more females than males who suffered from gall-stone colic; that two died, that in three negative results were obtained, and that in fifty, or 98 per cent., positive relief was afforded. These results make a better showing still when we consider that one of those who died was suffering from adhesive obstruction of the bile ducts—a disease which no procedure, either medical or surgical, could have remedied. Now do these figures give us a true estimate of the favorable action of olive oil in this disease? for two of the observers state that they have treated forty other cases of biliary colic without a failure, but of which they had kept no record—making in all a collective return of eighty-nine cases—showing the great value of this drug."

"These cases illustrate, then, the positive efficaciousness of sweet oil in the treatment of gall-stone colic, and the question

naturally arises, therefore, as to the manner in which this agent acts. Dr. Rosenberg's experiments (Ueber die Anwendung des Olivenöls bei der Behandlung der Gallensteinkrankheit, *Therapeutische Monatshefte*, December, 1889, S. 542) demonstrate beyond a doubt that it largely increases the quantity of bile secreted, while at the same time it diminishes its consistency. But how does it accomplish this? Does it stimulate the biliary channels by coming in contact with their openings into the alimentary canal? Or is it decomposed into fatty acids and glycerin through the instrumentality of the pancreatic juice, and does the 'glycerin so liberated exert in the duodenum an action similar to that which takes place when it is introduced into the rectum,' causing a powerful reflex peristalsis—an ingenious theory suggested by Dr. D. D. Stewart? Or does it act in accordance with the hypothesis formulated by Virchow, who shows from his own experiments (*Therapeutische Monatshefte*, 1890, S. 86) that it is absorbed from the alimentary canal, is excreted by the liver, and is thrown into the bowels again through the biliary passages? The last of these theories appears to be most rational, because it explains certain well-known features in its action, and also places it on a level with the action of other cholagogues. We may conceive, then, that the beneficial influence of oil consists not so much in dissolving the biliary concretions as it does in increasing the biliary excretion, in flushing, and in lubricating and washing out the passages of the liver.

"Another point of interest in this collection is as to the proper dose of the oil. Are the large doses necessary which were administered to most of the cases in this collection? It appears not, for eight of the cases (Nos. 11, 12, 15, 16, 22, 23, 24, and 25) received only dessert-spoonful doses every three or four hours, and apparently with the same prompt and positive relief as that which was afforded by doses of from five ounces to one and two pints. If this should be confirmed by further experience, it would be a great practical gain in view of the fact that a great many persons show a strong aversion to all kinds of oil, especially if they are to be taken in large quantities."

From the chart we select the following typical cases:

Case 2. By Dr. H. T. Bahnson, Salem, N. C. Patient aged 50. Male. Seat of pain, right hypochondrium. Jaundice. Previous attacks, "a great many." "Other remedies, *Antipyrine* hypodermically, with temporary relief." "Took one pint (of olive oil) in two hours; complete relief." "No return for more than two years."

Case 6. By Dr. J. J. Cox, High Point, N. C. Patient, a woman,

aged 28. Seat of pain, gastric region. Jaundice. Previous attacks, eight or ten. Other remedies, *Sodium phosphate*, without benefit. Took, of olive oil, "one pint at a single dose. Complete relief." "No recurrence within a year."

Case 10. By Dr. Gloninger, Lebanon, Pa. Patient, a man, aged 31. Seat of pain, right hypochondrium. Jaundice. Previous attacks, "once every three weeks during fourteen years." Other remedies, "morphine and anæsthetics; temporary abatement." Dose of oil not stated, but after taking it "free from attacks for eleven months." "Previous sufferings were intense, requiring large doses of narcotics."

Case 20. By A. F. Magruder, M. D., of U. S. N. Patient, male, aged 46. Jaundice. Two previous attacks. "Ten hours after taking one quart of oil in divided doses, two large gall-stones discharged in the stools. Steady improvement." "Bowels had not been moved for four days before the oil was taken. Singultus existed for twelve hours before bowels moved."

Dr. D. P. Boyer, of Philadelphia, says he "treated about ten cases with the oil, and in all these was either a cure or benefit." His case (32) was a woman, and she "only received the oil for two days, when she was entirely relieved. Passed a number of calculi."

Case 34. By Dr. E. R. Mayer, of Wilkesbarre, Pa. Had about two attacks a year for fifteen years. "Six ounces of the oil gave prompt relief. This was the last attack the patient had."

Case 37. By Dr. H. C. Bloom, Philadelphia, Pa. Male, aged 68. Two previous attacks. Other remedies gave only temporary relief. "Dessertspoonful doses of the oil gave prompt and decided relief."

Case 41. By Dr. R. Kennedy, Kingston, Ont. Adult female. Suffering for years from attacks. "Full doses of the oil for two consecutive days. No return. Passed a large number of calculi. Relieved two other cases of gall-stone colic with the oil."

Dr. Gay, of Buffalo, says that "Olive oil is as much a specific in gall-stone and colic as sulphur is in scabies."

Case 43. By Dr. W. F. Langdon, of Cincinnati. "An operation had been suggested, but with the improvement (from olive oil) it was abandoned."

Case 46. By Dr. S. Rosenberg. Had "Liver enlarged and sensitive; gall bladder enlarged." Attacks "almost daily for five years. Obtained no relief from other remedies. Large doses of oil for two weeks. Relief. Free from attacks for eighteen months, up to the time the report is made. Passed hard concretions."

Of the unfavorable results, Case 5, by Dr. G. R. Fortiner, of Camden, N. J. After taking the oil for ten days, died. "Post-mortem investigation showed complete adhesive obstruction of bile ducts. Patient received a blow in hepatic region some time before."

Case 13. Also died. In neither this nor the case just quoted had there been any previous attacks.

Case 14. Obtained no relief from the oil and, like the two preceding ones, had had no previous attacks of the complaint. The remaining negative case merely states "negative results."

JOURNALISTIC "LAGNIAPE," THE "READING NOTICE" NUISANCE.

If there be any who do not know the meaning and significance of "lagniape," we will tell them. It is a word much in vogue in New Orleans and elsewhere amongst the Creoles, and signifies a bonus, a premium, something given for "good measure," or for good will; something "thrown in" when a purchase is made. So general is the custom in New Orleans that if an urchin be not rewarded by a stick of candy, or an apple, along with his purchase of a nickel's worth of soap or starch, for instance, he feels defrauded of his rights. The custom is recognized and adhered to by all the hucksters and grocers, market folks and retail dealers generally.

Whether known by that name or not, does not matter much,—it would smell as bad by any other,—the practice has invaded the realms of the medical journal, and is spreading to an alarming degree. True, the journals do not sell soap or starch, but they sell advertising space; and, although they do not deal in candy and apples, they are, almost without exception, addicted to "taffy," and deal it out in hunks, more or less, according to circumstances. We mean—to be more explicit—that it has become an established custom, in accepting an advertisement, to give a "notice" of it in the editorial page, to "call attention" to it; and this custom has grown and spread until the "reading notice is not only expected, but is considered a matter of right. We plead guilty to the charge; we are given to giving "taffy" as "lagniape," like all the brethren of the medical press, and we do it because it is the custom. It has reached that stage where a journal dare not refuse to insert "reading notices" for his advertisers,—he will be reminded that all others do; and one cannot

well afford to be an exception to a general rule, especially if the loss of patronage be the consequence. Six years ago, when this *Journal* began its career, an advertiser, in sending "copy," would, perhaps, politely suggest that a little editorial notice would be acceptable,—some modestly do so now; a little later four notices a year was stipulated as part of the advertising contract; a little later we were told by several large advertisers that such notices "are worth more than the advertisement;" so—like a stone rolling down the hill, this custom has increased, until to-day the advertiser looks upon the "reading notices" as a part of his due; he pays you for a page, a half, or quarter page advertisement a year, or six or three months, and expects—some demand—a reading notice with every issue of the *Journal*, as "lagniape."

These "reading notices" consist for the most part of from two to three lines of commendation, to two and three pages of an elaborate article—written by some doctor, in which the merits of some proprietary medicine are brought to the reader's attention; consist of short (or long) letters to the proprietor, commendatory of his preparations; and as they are usually inserted in the journal to which they are sent, without alteration, that journal is made to appear as endorsing it, or it is taken, or mistaken, for the editorial utterances of the journal.

Well, like the little peach of the emerald hue, which brought so much grief and griping to "Johnny Jones and his sister Sue," it "grew and grew"—until it has attained to-day the proportions of a full grown and robust nuisance.

Many advertisers—our best patrons—send the *Journal* regularly, every month, articles taken from other journals, or written especially for the purpose, and very politely, it is true, ask that they be "inserted in the next issue of your esteemed journal;" and, for one, we always insert them.

It is not the advertiser's fault; who can blame them for taking all we will give—in the way of "lagniape?" It is our own fault. Publishers are themselves to blame for it; and if it continues to advance with the same speed and progress it has gained in the past two years, very soon there will be room in most of the smaller journals for—nothing else.

Why, sirs, to go through with the average journal, and then to fall upon two to five pages of "puffs"—for such they are—of nearly every article represented in the advertising page, or what is worse, to have one's reading interrupted every few pages, by such reading notices interspersed, reminds one of a circus and the side-shows;—in the midst of the performance, or just

after it is over, the voice of the side-show man swells on the breeze in melodious tones, and they vie the one with the other in sounding the praises of their several specialties, and in endeavoring to catch the attention of the passers-by.

Now, how is this to be remedied? All must see the injustice of it, not only to the publisher, but to the subscribers who pay for the journal. It is as unreasonable as to expect an accoucher who, having received a fee for a "delivery," is expected to visit the patient four to a dozen times afterwards, as "lagniape."

The Association of American Medical Editors will meet in St. Louis in October—for a special conference, it is announced. We have not been advised as to the special object of the conference, but we suggest that there is no subject connected with the medical publisher's business, which, in our judgment, demands more serious consideration than this very thing. Where is it to end? No one publisher likes to refuse a request of the kind from a prompt paying advertiser. We are all "clever fellows," and really like to be obliging—like to help make the "ads." pay, if we can—for the interest of the patron and publisher are mutual, to some extent; but it is not right to do so at the expense of our own interests, or to trespass on the rights of the paying subscriber. We lose subscribers by too much of this sort of business; and seriously, in our humble judgment, the time has arrived when a halt should be called.—*Daniels, Texas Medical Journal.*

The RECORDER has always refused "ads." when the conditions were that "pure reading" notices *must* be given. It has lost some business by this policy but, perhaps, gained in subscribers. By this course, also, its advertisers have the benefit of not being overcrowded. The best plan is to have a part of the journal set aside for such "notices" and have it paged with the advertising forms; such a department is honest to the reader. The habit of putting advertising insets throughout the body of the journal, as is so often done, is another most offensively vulgar practice. When a gentleman begins the perusal of an article, and, after turning a page or two, is confronted by a blaring "ad.," sandwiched in between the pages he feels like throwing the whole thing into the waste basket. Such vulgar intrusion is not only bad form but bad business policy, because while the "smart" advertiser certainly "catches the readers eye," it is only to excite his wrath and disgust.

Ranunculus bull. One of our most effective agents for the removal of bad effects from the abuse of intoxicating drinks.

A STRANGE CASE.

Translated for the HOMŒOPATHIC RECORDER.

Dr. Held, of Rome, presents the following in *L'Omiopatia in Italia*, 15th number, 1891: "It is a case of spinal irritation in a Polish lady. He visited the patient at the request of Dr. Brust, Homœopathic physician of Lemberg, under whose care she had been heretofore. The family occupied a small villa in a mountain village in Galicia. He was shown a pack of recipes by the most renowned professors of the universities of Vienna, Berlin, Heidelberg, and Würzburg. *Atropin*, *Belladonna*, *Hyoscyamus*, *Stramonium*, *Nux vom.*, *Strychnia*, *Argent. nitr.*, *Kalium* and *Natrum bromatum*, diverse aperient mineral waters, *Quinia* and *Valerianate of Zinc*, and many other remedies had been tried, indicating a nervous affection. On April 3, 1870, Dr. Held was conducted to the sick chamber. One side of the bed was protected with a mattress. In the bed lay a young lady of 17, blonde, emaciated, with palid face, blue eyes, with languid gaze, pale lips; her face expressed anxiety, a certain fear and lassitude. Her extremities trembled slightly. The clock struck eight. "Now, doctor," said the mother, "in five minutes the attack will commence." And, indeed, precisely at five minutes past eight the patient sat up in bed with a jerk, as if propelled by a steel spring, supporting herself on her hands, she raised her body about three inches, and with the rigid arms supporting the shoulders, she commenced a swinging motion with extended legs kept close together, at first slow, then faster and faster, until she touched the mattress which covered the wall on one side of the bed. Every five to seven minutes she would pause, then the arms would relax, she let herself fall on the bed, and took a deep breath, as if to regain strength. Yet, after two or three minutes, she would jerk up again and recommence the described motions and this for one hour; and so, that for precisely half an hour the velocity strength and extent of the motions increased, and the other half hour as gradually decreased, so that at 9:05 o'clock she would fall on the bed exhausted, sighing deeply, and then sleep for about half an hour.

On awakening she would obviously feel very much exhausted, but slowly would be dressed, and, supported on the shoulders of two servants, would drag herself to the adjacent dining-room, where she would partake of milk, bread and butter. Patient spoke with weak, scarce audible, voice, complained of great prostration of the whole body, her legs are unable to bear her, and feel as if made of cotton; they are paretic; with considerable effort

she can move and turn them in bed. After breakfast she passes her time sitting up, with reading, writing, or embroidery. About 12:30 P. M., she partakes of a Polish national soup made of carrots, bread, two soft-boiled eggs and butter, and some fruit, not too sweet. Her beverage is water mixed with very little Bordeaux wine. After this repast patient returns to bed to prepare, as she says, for the "minnetto." Precisely at 2:30 the same movements recommence, as in the morning, but the swinging is not as rapid, the feet not quite touching the suspended mattress. This attack lasts only half an hour, until precisely 3 o'clock. She then sleeps about an hour. She awakes less prostrated than in the morning, lets herself be dressed, and is brought out to the garden, where she is rolled about for a time in an invalid's perambulator. She is then left in the shade of a large tree, and passes her time until 6 reading and embroidering. At 6:20 she partakes of a supper consisting of milk, bread and butter or honey, fruit or marmalade. Towards 7 o'clock she is brought to bed again to await the third attack. It commences at precisely 8 o'clock, but in a different manner. Now, instead of the arms and hands the coccyx serves as support, forming a more or less obtuse angle. The rump is elevated about two-thirds of the vertical line, and the legs are extended, but not so close together as in the morning, the arms are extended rigidly sideways, and the fingers go continually through the motions of playing the piano; while the toes are continually in a jerking motion.

After 10 to 12 minutes relaxation of the extended muscles supervenes and the patient falls backward on the bed, but only to recommence the same motions after a pause of 10 minutes, and this continues until 10 o'clock. Then the patient drops asleep; this is tranquil for an hour but then broken by moanings and complaints, but only for a short time, when she sleeps again until morning. The number of swinging motions in the morning varies from 600 to 750, and those after dinner from 400 to 530. The mother of the patient kept an account of it. These daily pitiful exhibitions have lasted for six months already. As to the case Dr. Held reports the following data:

Miss M. K., aged 17, is the daughter of a still herpetic father and a lymphatic mother. Has not been afflicted with any skin disease excepting the measles;—was frequently subject to catarrhal and rheumatic conditions. Having developed with the 15th year, she menstruated tolerably regular every 40 days, but not too copiously until four months ago. During catamenia has light pains in the pelvis, and more severe ones in the left ovary.

Constipated since childhood, she only has a passage every two or three days without discomfort. She had a cheerful disposition, and is very lively and mobile.

About 18 months before Dr. Held saw her she began to become nervous; her cheerfulness gradually subsided, she became taciturn. She was easily fatigued, complained of pains along the spine. These increased, especially on slight pressure; walking became tedious, insecure; she could not stand long, and experienced at times slight trembling in the rump and jactitation of muscles of arms and legs. To this was added headache, especially in the occiput and neck, sending rays down to the shoulder blades. Appetite was gradually lost. Soon after convulsive movements occurred in the extremities several times daily, and sleep became disturbed and interrupted. She gradually lost her blooming looks, became pale, muscles relaxed and her strength decreased. Menstruation occurred but rarely. Then it was that the celebrities of the Universities of Vienna, Heidelberg, Würzburg and lastly Berlin, were consulted, and in addition to the remedies already mentioned electricity was applied. But all without avail, for despite these heroic measures her condition became worse, so that by January, 1870, above described condition became established. In April Homœopathy was appealed to, and Dr. Brust, of Lemberg, declaring the case one of Chorea magna, took her in charge. He used antipsorics, as *Sulphur*, *Belladonna*, *Silicia*, *Psoricum*, also *Gelsemium*, *Pulsat.*, *Nux.* and *Ignatia*, etc., but the sickness steadily progressed, and finally the weakness in the limbs assumed a paretic character.

Status præseus: Paleness of the skin of the face, lips and gums; deficient warmth, especially in the lower extremities; pulse 80, the tongue small, yellowish, taste often bitter, not much thirst, infrequent stools, total aversion to meat, the smell of which even occasions nausea, also aversion to sweets. Menstruation ceased. Between the shoulder blades there is drawing pain; in the lumbar region a pressing pain. The whole spinal column is sensitive to even light pressure, especially at the lower vertebræ of the neck; if a stronger pressure is brought to bear convulsive movements are manifested in both arms. Spinal vertebræ painful, especially the second, third, fifth, seventh, ninth and eleventh; the loin or sacrum also painful, as well as all the ribs and intercostal muscles. Also the liver and spleen give pain on pressure and are somewhat swollen. Slight pressure on the stomach occasions nausea, and pressure on the left ovary is painful. Sitting upright without support is irritating and very fatiguing.

The upper extremities seem to have sufficient strength; not so the lower. She can lift the legs for the purpose of adduction; she can move them sideways and extend them; but she evinces great difficulty in raising herself up without assistance; the legs don't support the body, they are as if made of cotton. There exists an extraordinary irritability to noise of any kind, more especially to thunder; and in these mountainous region thunderstorms are of frequent occurrence in summer.

Dr. Held diagnosed the case as spinal irritation, caused by a chronic spinal meningitis, and came to the conclusion, with the attending physician, to administer a dose of *Silicia 200* in the morning, and during the day *Cuprum met. 30* for 20 days, to await for the effect; and then to change the medicine, if called for. Not until November did the mother report that these remedies occasioned a slight but transient amelioration; and as by the end of December another remedy prescribed by Dr. Brust brought no change, she desired that Dr. Held should assume charge of the case, which, being fairly overwhelmed by letters from the family, the doctor finally consented to do. Then it came back to his memory that the late Dr. Wahle once told him, while speaking of remedies but seldom used: "Whenever you have a spinal affection in hand, where symptoms recur at a certain hour, then give with closed eyes (without second thought) *Rana bufo*, but give the preparation that my father made, and you will be surprised at the brilliant result." In remembrance of the counsel of so deep a thinker, Dr. Held sent the patient a small vial of *Rana bufo 6*, and one of the 15th potency, with the direction to dissolve 10 pellets in an ordinary glass full of distilled water, and to take three swallows of this a day. On January 30th she commenced, and took this remedy for eight days, then paused for six days, and then took the 15th potency in the same way for eight days, then paused for six days, and then reported.

A report from March 6 related that on February 19th, *i. e.*, at the time the taking of *Rufo 15* was ended, the evening attack did not appear. On February 25th, the attack that always commenced at 2 P. M. ceased, and on February 27th, she gave (without orders) *Bufo 6* for 4 days; this was followed on March 1st by slight contractions of the arms and legs for ten minutes. On March 2d the morning attack ceased; this had been growing perceptibly weaker for several days, and from March 3d the patient was free from all attacks, and then the remedy was stopped, the more so as the last dose of *Bufo 6*, occasioned palpitation of the heart, and disturbed her night's rest. Her spirits rose, and

the general condition was satisfactory. Only the anæmia and the paresis had now to be overcome.

On April 1st I ordered *Natrum mur.* 30, morning and evening, 5 pellets in water, to be taken for 10 days, then pause. Towards end of April somewhat better; *Natr. mur.* 30, repeated, but only one dose in the evening for eight days, then *Sacch. Lac.*, all through May. By the end of that month everything was much better except the paresis. Appetite was good, patient liked meat. The pallor of the face gave way to a healthy complexion; gums and lips had more color. Menstruation had reappeared, though scanty. *Plumbum met.* 30 had a favorable effect on the paresis, so that patient could sustain herself on the legs for a few minutes without assistance; but locomotion was impossible. In August she used for three weeks the bog-baths of "Marienbad" with good success. She could walk at first with two canes, afterwards with one. Menstruation appeared same as before the attack; she was cured. She made an extended travelling tour with her mother, returned to Krakow on October 1st, and attended a wedding about the middle of the month, at which, as well as on later occasions, she danced as blithely as any of the rest—much to the astonishment of all Krakow.

It gave us a good deal of satisfaction to reproduce this interesting case *in extenso*. It shows, as Dr. Held is fully justified in maintaining, the vast superiority of the Homœopathic over old-school treatment. And it reminds each one of us never to despair even in the seeming most hopeless cases.—*Allgem. Hom. Zeitung*, July, 1891.

SABAL SERRULATA.

By Will S. Mullins, M. D.

There has come to us Homœopaths within the last few years a remedy, the need and lack of which has left many a suffering man, and many a girl or woman, feeling "quite blue." The man because his prostate gland was too large, the girl or woman because her mammary glands were too small. The tincture of saw palmetto berries certainly fills a "long felt want."

Eighteen months ago, I commenced a series of clinical experimentation with the tincture of the berries, and with no specific indications or characteristic symptoms except the following broad pharmaceutical one: "It has special action upon the glands of the reproductive organs, tending to increase their activity, to

promote their secreting power, and add greatly to their size." Instantly the thought flashed through my mind of the great number of enlarged prostates in our city, of the greater number of women yearning and wishing and praying for larger breasts. I also knew that the ones with the enlarged prostate, the ones with small mammary glands, would gladly avail themselves of anything to decrease the one and add a charm of increased size and beauty, of velvety, downy softness to the others.

The first time in my life, and for purely scientific research, I went fishing for patients.

I found all I wanted, and the results obtained enable me to say, I am glad God brought into life and growth saw palmetto berries; yea, more, many men and several women are gladder still.

An old man, aged seventy-eight years, says that for last twenty years has had an enlarged prostate: despite all old and new school medication, that gland grew and flourished until his urine—from the glandular encroachment—had to be drawn with a catheter twice per day. Throbbing and pain in the prostatic gland extended to the testicles. Examination found the prostate as large as a small egg.

R. Tinct. of Saw Palmetto $\frac{3}{4}$ ss.
Aqueæ destillata $\frac{3}{4}$ iv.
M. Sig. One teaspoonful every two hours.

Within three days could pass some water night and morning, but failed to completely empty bladder.

Same prescription continued ten days, after which, with some straining, could do away with the catheter. Pain and throbbing in perineal region lessened. The prostate decidedly decreased.

Thirty days from time began remedy, micturition, three times per diem, slight straining. Examination revealed the gland reduced one-third. Took the remedy in much smaller doses for three months; prostate reduced over one-half.

Y., aged thirty-four came to me from an old-school M. D., after eighteen months of heroic treatment, mingled at times with damnable torture, having through their wise (?) and scientific (?) course of treatment already parted with one testicle.

Symptoms: Constant throbbing pain and tenderness in prostate gland, dull aching; at times, sharp cutting pains, extending to the right and only testicle. Epididymitis orchitis.

Pain on micturition, passes prostatic juice at every stool and when making water. Mucus at times, also a yellowish watery discharge from urethra; pulse, 96; temperature, 102.

Treatment as follows: Strapping the scrotum. Internally,

Aconite and *Clematis*. Called next day and found pulse 80, temperature, 100. Prescribed *Puls.* 30 and *Clematis* 6. Examination revealed enlarged prostate as a source of all his trouble. Was able to come to the office the next day. Prescribed the palmetto tincture, ten drops every two hours. After three weeks' use there was a decrease in the size of gland over one-half. Has now been under the same medication two months and a half. Neither mucus nor prostatic juice passes. Has gained twenty pounds in weight. Gland as near normal as is generally found in men who have been married a dozen or more years. Now taking saw palmetto, five drops, twice per diem.

Mr. V., aged fifty-three, complains of some throbbing and tenderness in the region of the prostate gland; sexual weakness, erections too weak, and very little thrill.

Prescribed *Sabal serrulata* tincture, one dram in three ounces of water; M. Sig. two teaspoonfuls four times per day. After three weeks' medication, reported himself well.

Miss N., well-formed, consults me as to some way to enlarge her breasts. Prescribed saw palmetto tincture, five drops four times per day. Has now been under medication three months, with an apparent and satisfactory, yet slow increase in size of mammary glands.

Dr. P. Thompson, of this city, president of our State Board of Health, at my suggestion, prescribed saw palmetto for an old man of fifty-three with an enlarged prostate, and weakened sexual vitality. Not being a Homœopathist, he gave it in dram doses, four times per day.

Reports decided increase in glandular enlargement, and renewed sexual activity.

He also tells me he has been giving it to an old lady over sixty years of age, who has suffered for years with a bronchial cough, and with a decided improvement in her condition.

Have treated several other cases of prostatic troubles with just as satisfactory results.

Now, one must certainly conclude that in the *Sabal serrulata* we have a grand and precious remedy, specifically affecting the organs of generation in male and female.

Its indications, gathered from a clinical standpoint, are, in the male, enlarged prostate with throbbing, aching, dull pains; discharge of prostate juice; at times, discharge of mucus; also a yellowish, watery fluid, weakened sexual power, loss of thrill, orchialgia, and epididymitis orchitis, when associated with an enlarged prostate.

In women, weakened sexual activity, ovarian enlargement,

with tenderness and dull, aching pains; small, undeveloped mammary glands.

Also indicated in chronic bronchitis, with a wheezing, hard cough, worse on lying down and until 6 A. M.; worse in damp, cool, cloudy weather.

I trust these clinical facts will cause a further investigation of this precious remedy, which has already proved in my hands to be fraught with certain specific powers. It will certainly add more richness to what is already, to every true Homœopath, our precious materia medica.—*American Homœopathist*.

Henderson, Ky., July 27, 1891.

SUCCUS CALENDULÆ.

PENDLETON, ORE., Sept. 18, 1891.

I am using the Succus Calendulæ in spray, 25 per cent. sol., and on dressings to everything "raw" which comes in my way, and it is healing everything I am using it on. I never have seen anything equal to it. It stimulates granulation when wanting and modifies the same when too prolific, and is in every way an ideal local application.

Yours very truly,

H. S. GARFIELD.

To Messrs. Boericke & Tafel, No. 36 E. Madison St., Chicago, Ill.

CLINICAL CASES FROM FOREIGN JOURNALS.

Translated for the HOMŒOPATHIC RECORDER.

ANTIPYRIN—SYMPTOM. Mrs. K., of full-bodied, phlegmatic habit, was troubled every time she took *Antipyrine*, with a rather large vesicle on her lip, from which she suffered acute pain. But seldom will such a regularly recurring symptom be observed, and it certainly deserves particular notes as of clinical Homœopathic value. This remedy would seem to be related to *Rhus*, *Croton*, and especially to *Condurango*, although the last has flat ulcerations with rhagades in the corners of the lips.—*Dr. S. in L. P. F. fur Hom. for Oct. 1, 1891.*

GRAPHITES.—An elderly gentleman of spare habit, cachetic look, with complexion such as is seen in cases of carcinoma of the stomach, but withal bright and talkative, without any

difficulty of respiration, consulted me because of a pressing, stitching, boring pain in the region of the navel, also extending to the hypochondres and the small of the back. This pain prevented falling asleep until late in the night. This chronic ailment had decidedly increased during the last four or five weeks, and is accompanied by habitual costiveness.

In the morning patient feels best, while in the evening a decided aggravation sets in. At times a certain faintness was experienced which assisted in determining the remedy; for *Graphites*, is often indicated in anæmic conditions, such as paleness of face, decrepitude, etc., which explains its usefulness in convalescence from severe sickness, if accompanied by an annoying costiveness. *Nux vom.*, very useful in such cases proved of no effect, but *Carbis veg.*, ameliorated, and just this circumstance drew my attention to the mineral coal, *Graphites*, so effective in Homœopathic hands. Within eight days a great improvement was effected. Particularly grateful seemed to be a slight secretion of mucus, which seemed to come from the stomach, and which was expectorated without difficulty. The evening aggravation has ceased, and the tongue, until then rather dry and of a yellowish color in the middle, is now clean with a natural degree of moisture.—*Dr. Foullon.*

TYPHLITIS STERCORALIS RHEUMATICA.—On May 30th, I was consulted by the proprietor of a flour mill, who complained of pains in the abdomen, without being able to locate them. The tongue was coated, with loss of appetite, and the man looked quite sick. The cause was a cold contracted during an evening walk. I gave *Bryonia* 1x, a dose, in water, every three hours. Very early next morning a messenger called me to the neighboring village, the patient being much worse, pains having prevented sleep all night. On examination, I found the corpus delicti in a rather hard swelling in the right side, which seemed to consist of a fecal impact, the usual accompaniment of an inflammation of the cæcum. The swelling was circumscribed, and of a uniform hard surface, not knotty. As I could not detect any error in diet, I was forced to declare it a case of rheumatic catarrhal typhlitis. There was no meteorismus, but patient was very restless and sleepless on account of pain, and could not take the least food without aggravating to intensity the abdominal pains. Even the harmless cocoa-shell tea made aggravations, as well as a drink of water. Prescribed *Bryonia* 6, and as patient had undoubtedly grown worse during the protracted ride in the cars and on a wagon while going home from my office the pre-

vious day, and as a cold was the primary cause, I prescribed *Aconite* 6 in addition to the *Bryonia*, and also gave patient in case he evinced a desire, thin farina gruel in water. I also ordered a warm cataplasma of bran over the swelling, and patient was directed to rub in some warmed poppy seed oil.

By the next day a decided amelioration was noticeable: the swelling was about the same, but he had slept an hour at a time, liquid food was tolerated better, and a copious perspiration had followed the exhibition of *Aconite*. Constipation existed since twenty-four hours, but he did not seem to be inconvenienced thereby, and as I had every confidence in the efficacy of *Bryonia*, which was still administered right along, I abstained from interfering with the usually so hastily administered clysters of soap-water. *Belladonna* was now substituted for *Aconite*. Patient sends a report, written by himself next day, that the painful induration seemed to diminish under the embrocation with the oil; it is smaller and softer, doesn't pain as much, on lying quite still; feels no pain now only on moving or rubbing in the oil; some discomfort is occasioned by incarcerated flatus, which, in fact, was the chief complaint of patient from the start. The letter closes with: "Sleep was good, have had no passage since Wednesday (two days); true, I ate very little. Whenever I eat or drink it still occasions discomfort. I have a good appetite." *Bryonia* is continued alone at longer intervals, inunction with oil is dispensed with; he still gets no clyster, I allow him to eat some cooked prunes (without their skins), and to drink the juice, but still strictly prohibit all solid food. On June 4th he reports that he had a voluntary passage on that and the preceding day; pains have ceased; was up several hours each day, but still feels very weak. As it may safely be stated that with returning voluntary stools, convalescence is established in cases of Typhlitis, it will be seen that this serious case was brought to a favorable resolution in from four to five days. In this case, under the continued use of *Bryonia*, copious spontaneous evacuations were brought about, the induration vanished, and merely left a sensation "as if something had become shortened" at that point, as I was informed later.—*Dr. H. Goullon, Jr., in Pop. Hom. Zeitung, Vol. IX., No. 1.*

SILICEA IN CANCER.—Among other things I found in a manual on Pharmacology by Schroff a remark, in speaking of *Natr. silic.*, that the late Prof. Schuh, one of the most prominent surgical authorities in Vienna, had recommended *Silicea* in cancer. I am in a position to furnish some precise information on the subject.

A number of years ago I treated a patient who had two scirrhus, highly painful nodules in her left mamma, on which I seemed to be unable to make a favorable impression. Finally the patient yielded to the entreaties of her relatives to consent to an operation, provided I would go with her and be present during the operation. Her wishes were complied with, and I proceeded with her to Vienna. At my instigation Prof. Schuh was called, who on examination declared his willingness to perform the operation. He preferred, however, not to be required to give an anæsthetic, as in his opinion without it a favorable result could more readily be promised. This entirely coincided with my views, and on the succeeding day the operation was performed in a masterly manner in thirteen minutes. On taking leave he requested my company, as he had an interesting communication to make alike important to me and the patient. During our walk he related the following, which I will endeavor to give in his own words: "Three years ago I was called to see Prince S., whom I found afflicted with cancer. The success was, frankly stated, unsatisfactory, though I did everything known in surgery for his alleviation during the succeeding two months. One day the Prince expressed a desire to give the much praised Homœopathy a trial, and that therefore he would like to interrupt my treatment. Accordingly Dr. Fleischmann was called, prescribed for the Prince, and what I casually heard a few weeks after, spoke much in favor of Homœopathy. A few weeks later I met Dr. F. on the street, accosted him, and asked how the Prince fared. And much to my astonishment he stated that within three weeks of the change of treatment the case assumed a totally different, even benignant, phase and that the Prince could be classed as convalescent. I was informed that the only remedy administered had been *Silicea*. I was firmly resolved to give this remedy a trial in similar cases; and though I could not get myself to use such infinitesimal doses I yet had *Silicea* triturated with sugar of milk in the proportion of one grain to 100, and, in my experiments, gave a few grains morning and evening. The first case that presented itself was the wife of a high civil dignitary, whom I had operated upon for the second time a few weeks before, and all indications tended to show that the malignant nature of her case was as virulent as ever. After a two weeks' use of *Silicea* the appearance of the wound was much improved, and in three weeks more the wound had closed and the patient remained cured. Since that time I have used this remedy in scirrhus cases, sometimes after the operations, sometimes when it seemed yet in time, even without an operation, and I must confess the success

was, as a rule, very gratifying; and now I request you to give this remedy in the same strength, and prepared by the same druggist, to your patient." And so I did exactly according to his directions. After a six weeks use of the *Silicea* the very considerable wound was entirely healed, and to-day, after more than twenty years, it has not reopened.—*Dr. Hirsch, of Prague, in Pop. Hom. Zeitung, Vol. IX., No. 4.*

HÆMORRHOIDS.—Mrs. R., æt. 25, of gracile constitution, but otherwise perfectly healthy, was troubled with mucous hemorrhoids, and, especially since about a year, to such an extent that after sitting for some time her underclothing was fairly saturated. The copious secretion was mucous, similar to white of an egg, stiffening the clothing. *Carbo. veg.* 15th brought, after a few days, considerable amelioration, which, however, lasted but a short time; the same was the case with *Carbo veg.* 3. Finally I administered *Antimon. crud.* 6, which on the third day already perceptibly diminished the flow, and the continued use of which, mornings and evenings, brought about a perfect cure within three weeks.—*In P. H. Z.*

HERPES.—Anna B., waiting maid, was troubled since several months with an herpetic eruption in the form of dark red spots, with a rough surface, on the left side of the neck, and later also on the left arm, on the back and on the right thigh. The form of the spots was mostly oval and some of the largest had attained the size of an egg. Only at rare intervals was she troubled with itching, her general condition being good. *Graphites* 2d trit., a few grains morning and evening, caused the herpes to become pale; they ceased to itch, and at the end of the third week the cure was complete.—*In P. H. Z.*

KALI BICHROMICUM.—Mr. U., a rare specimen of extreme obesity, who could with éclat have passed as the fat man in any museum, was afflicted with a chronic accumulation of phlegm, seemed fairly to be filled up with it, especially in the mornings. The usual domestic remedies, also all kind of mineral waters, were of no avail. I concluded that not much could be done for him. Evidently all internal organs had more or less of a fatty degeneration, which, in fact, was fat to whoever saw this formless colossal body. However, I prescribed a low trit. of *Kali bichr.* (2x) and ordered him to take a few grains in hot water every evening. Within about two weeks patient was able to resume his walks, extolling to the sky that wonderful powder.

His most sanguine expectations (and mine) have been exceeded; he feels easy on the chest and the chronic accumulation of phlegm is scarcely perceptible. He furthermore praised the effect of the remedy on his stool, as it materially aided in giving relief (which was neither intended nor anticipated).—*Dr. Goullon, Jr., in P. H. Z.*

SULPHUR IN AMAUROSIS.—With *Sulphur* 3 dil., in three or four daily doses of three drops each, I have been able to arrest the progress of amaurosis (gray) in over twenty cases within the last six years. Not once was I disappointed in its beneficent effect, it having always been able to prevent blindness. The remedy must be continued a long time, however, for two years or more.—*Dr. Hamp, in P. H. Z.*

RHUS TOX 6 IN CHRONIC DIARRHŒA, painless, only in the morning, preceded by marked commotion in the bowels, will seldom be found wanting. The symptoms, as seen in Hahn. M. M. P., justify this selection of the remedy. Patient is driven out of bed in the morning, as he cannot retain stool.—*Dr. Lorbacher, in P. H. Z.*

NUPHAR LUTEUM 3 cured a chronic diarrhœa following an attack of dysentery. Stools were liquid, yellowish, excoriating the anus and debilitating the patient very much.—*Dr. P. L. Gage.*

ACUTE ARTICULAR RHEUMATISM, and *Benzoic Acid*.—A long and successful experience with this remedy prompts me to write this article. About twenty years ago I carefully studied *Benzoic Acid* in Hering's American provings, and shortly after was called to the bedside of a poor man, who seemed to present a true picture of the symptoms. His right shoulder and left knee presented a shining swelling, which would not tolerate the least touch, and this had lasted for three days already. I gave him *Benzoic Acid* 6x trit. a few grains every few hours, and within another two days he was entirely relieved of his pains and swelling; but he suffered from a catarrh, which I took to be a side effect of the remedy. A little later, in the same spring, I had two more patients with acute rheumatism, somewhat less similar to the picture of the proving, yet I gave them *Benzoic Acid*, and in eleven days both were cured. About the same time I had a very interesting case, a young farmer's wife, whom I had delivered with the forceps, of her first baby. While still lying in, she was afflicted with *Phlegmasia alba dolens*. Her left thigh swelled

up immensely and was very painful. I tried all Homœopathic, and after a while also, old-school remedies, yet to no purpose, inwardly and external. The most noticeable theory was that several times the swelling was almost entirely gone, when all at once the right leg began to swell, and if that decreased, then the left leg would begin to swell again and so several times in succession. Finally, this changing about, which eventually also implicated the shoulders and arms, even to the finger tips, induced me to try *Benzoic Acid*, and from that time on convalescence set in, and soon the wandering of the swelling stopped, and patient recovered.

Since then I have administered in most cases of articular rheumatism *Benzoic Acid*, without further thought and, as a rule, effected a cure in from ten to fourteen days. The pains diminish from the first day, even though the wandering from joint to joint will persist to the last. I have not met again with such striking success as the one mentioned first, but, as a rule, I succeed in cutting short the attack, if that remedy be given right from the start. I was, therefore, never tempted to use *Salicylic Acid* preparations. Both substances are closely related, *Salicylic Acid* differing from *Benzoic Acid* in containing somewhat more oxygen. In using the latter you are always secured against the disagreeable complications apt to accompany the use of *Salicylic Acid*, which is quite a consideration.

My usual dose is 15 to 20 grains of the 6x trit. of *Benzoic Acid* dissolved in a tumbler full of water, a tablespoonful for a dose every two hours. The use of potencies higher than the 6x was not satisfactory.—*Dr. Ad. Simon in Pop. Hom. Zeitung.*

CASE OF GOUT.—A gentleman, æt. nearly 80, has been troubled at times with gout. At times it attacked the foot, at another time the stomach and again, the head. In every instance *Calcareo carb.* 30 gave speedy relief. The headache in the last attack was so overwhelming that patient was fairly despairing, and for a while refused to take medicine; when finally he was prevailed upon to take a dose he was soon relieved. The effect of this remedy was so striking that I will give the symptoms in full: The tongue of this patient during the attacks had a dirty greenish coating, feet were very apt to become cold and sometimes œdematous; but most remarkable was his pulse, which would run down to 28 per minute. Whether certain hallucinations which troubled the old man at times had a causal relation to the gout I am unable to tell. What troubled him oftenest was an ivy plant the inordinate growth of which discomforted him and kept him from going to sleep. This morbid activity of

the brain was regularly allayed by a dose of *Valeriana*.—*Dr. Goullon, Jr., in P. H. Z.*

GRAPHITES, A PECULIAR EFFECT OF.—Miss K., æt. 19, very tall, rapid growth, slender and anæmic, complains of a certain peculiar symptom, that of salivation. It may set in at any time, irrespective of meals. May come on just before sitting down to dinner. This peculiar affection of the pancreas prevents her seeing company and makes her low-spirited. While we have a very good remedy for this symptom in *Bismuth. subnit.* a second peculiarity of the patient prompted me to prescribe *Graphites*, and this was habitual costiveness. Accordingly *Graphites* 12th, four drops in half a wineglass of water, was given, a teaspoonful three times a day. After the first spoonful a decided aggravation set in, and after this the whole trouble ceased. A peculiarity seemed to be that the trouble occurred oftenest while out riding in a carriage, less so while riding on a railroad.—*Dr. Goullon, L. P. Z. f. H., Vol. XXII., No. 11.*

SPECIFIC ACTION OF THUJA OCCIDENTALIS.—Many a time children are brought to me with a severe inflammation of one or both eyes, and as cause and only reason vaccination was given. The little patients had been vaccinated, and since then the eyes would become inflamed and go on from bad to worse. For weeks and months these attacks would persist, seemingly utterly unimpressed by medicine. Even Homœopathic treatment is generally not so prompt as we are used to witness, inasmuch as remedies like *Calcar. c., Calc. iod., Hepar s. c., Sulphur, the Mercuries, Arsenic, Nitric acid, etc.*, do not seem to take hold properly; and right here let me draw your attention to the often insufficiently appreciated remedial action of *Thuja*. To Dr. Kunkel, of Kiel, belongs the merit of having first discovered the curative properties of *Thuja* in almost all afflictions following vaccination. This merit is the greater, as obligatory vaccination is now demanded in all larger cities of children attending public schools, and the ravages of vaccinosis (as I term the thence resulting afflictions) can be but too thoroughly studied on the rising generation. The eye seems to be the most frequently attacked organ of the body. A remarkable fact in this connection is that *Thuja* is also the specificum for all the horrid phases of sycosis. The inflammation of the eyes following vaccination does not differ materially from common scrofulous ophthalmia. In either of them we find the same sensitiveness to light, lachrymation and mucous purulent secretion, *i. e.*, agglutination with pustules in

the cornea and subsequent opacity of the same. If *Thuja* is administered, one dose should be given in the 30 potency (I generally give the 100th); give it plenty of time to expend its action. After this *Acidum nitric* 6, often follows well if the eyeball and conjunctiva is still engorged with blood. Dr. Kunkel teaches that *Thuja*, when it takes hold, produces a remarkable change in general appearance in at latest eight days. The last little patient to whom I administered it showed within a week a decided improvement in his looks, the photophobia had vanished, and secretion and redness was considerably lessened.—*Dr. Goullon, Jr., in L. P. Z. f. Hom.*

APHTHÆ IN NEW-BORN CHILDREN.—Dr. Baum, Director of the Midwife Institute, in Appeln, published an interesting article on the above subject in the *Allg. Medicin. Central Zeitung*. Suspecting that "Bednar's Aphthæ" were due to mischievous interference on behalf of midwives in cleaning the mouths of the new-born, he set aside forty babes and had their little mouths carefully and thoroughly cleaned directly after birth and after every meal, and of these only eight were spared of these affections of the mouth. Thirty-two (80 per cent.) showed the characteristic ulcerations on the gums, of which thirty had the true Bednar aphthæ. Almost in all cases these sores formed within the first two days. In two cases they were observed within two hours after birth and before they were applied to the breast, thus showing conclusively that sucking could not be their cause, as so many maintain.

He then set fifty babes apart, on which he strictly prohibited any interference in the way of cleaning the mouth by the attendants. The result was a surprise, for not one of these had anything the matter with their gums. In view of these facts the learned author deprecates any interference with nature, excepting in cases of impending asphyxiation on account of accumulation of inordinate quantities of slime right after birth.

In conclusion, he mentions that among one hundred and twenty new-borns, observed later, only one had aphthæ, and in this case the nurse surreptitiously disobeyed his injunction and had cleansed the mouth of her charge.—*Allgemeine Hom. Zeitung, October 1st, 1891.*

A REMARKABLE CURE BY GRAPHITES.—Miss S., age 15, healthy appearance, pretty large and built in proportion, has a violent headache in right temple every four weeks; the pain is stinging. Glittering before the eyes frequently precedes and suc-

ceeds the attack. The headache is by the hour, but also at times the following day. On contemporaneous drowsiness a deep sleep obtains, and heat and redness of the head is followed by chill. On the 24th of April she received *Sepia* 6. After two weeks I learned that the headache had ceased, but that the troublesome glitter before the eyes remained. Beside the lassitude it was particularly the heaviness of the eyelids that determined me to prescribe *Graphites* (*Graphites* even cures *Ptosis*, the involuntary dropping of the lids) outside of the fact that, though well developed, she as yet had no menstruations, and finally had a degree of hoarseness that indicated chronic hypertrophy of the tonsils. (A. Vogel claims this to be a sign of scrofula derived from syphilis.) On the 8th of May she received *Graph.* 2, trit., 2 grs., six mornings successively, and on the 15th of May expressed her joy that this headache, ever certain to occur after four weeks' interval, had not only been completely cured, but that the sensation of lights before the eyes had completely disappeared.

SILICEA AFTER VACCINATION.—Prof. Redman Coxe was one of the first to introduce vaccination in America. He and President Jefferson had all their grandchildren vaccinated regularly. With one of the grandchildren it did not take, even after repeated operations. Whenever there was a small-pox epidemic, the old gentleman would come with his grandchildren to have them vaccinated. After the last vaccination one had fever, followed by convulsions, no pustules. As I (Dr. C. Hering, of Philadelphia), was the family physician, I was called to attend the case. The usual remedies were unsuccessful. After a careful examination and close comparisons in the materia medica, I gave *Silicia* 30, which cured the case. This fact caused Redman Coxe to study Homœopathy, and he later became a Professor in the Homœopathic College of Pennsylvania. Several years later I was called as consulting physician in the case of a boy of ten or twelve years attacked by convulsions; a certain similarity of symptoms with the above-mentioned case caused me to ask if the child had recently been vaccinated. I was told "yes, but without success." I prescribed *Silicia* 30, and to the astonishment of the Homœopathic physicians in attendance there was immediate improvement, followed by a complete cure. Since then I have used *Silicia* for the bad effects of vaccination, where another remedy was not distinctly indicated, or where the seemingly indicated remedies did not act, and also to finish a cure.

P. S.—For more than twenty-five years, Dr. Hering in this

way successfully employed *Silicia*, and still it is not properly appreciated by the profession in general. Of course Dr. Hering used generally one dose of a high potency and rarely repeated it, and claimed to have had more success than with the potencies below the 30.—*Dr. Bruckner.*

THE SINGLE REMEDY IN DISEASE.

By Sam. Philip Alexander, M. D., C. M., M. R. C. S.

Read before the Western Counties Therapeutical Society, England.

The point for discussion under this heading, I take it, is the use of the single remedy as against the practice of giving drugs in alternation. We all agree, I have no doubt, that for the proper application of the law of similars the use of the single remedy is one of the great essentials. In my own practice I find it sufficient for the bulk of cases to prescribe one remedy at a time, and only to change it for another, as indicated by the varying symptoms and stages in a given disease. Of course, in some cases—"chronics" especially—the properly chosen single remedy will often cure straight away, or eventually, if the remedy is persisted in, without having occasion to change. I can recall many instances in support of this. I have been especially struck lately in comparing two cures I have had; one an acute case and the other chronic, but both treated with the same drug. The acute case was one of violent headache, attended with maniacal symptoms and melancholia, the totality of the symptoms pointing to *Calc. carb.* The other case was a baby of about a year old, who had suffered from birth with diarrhoea and vomiting, perspiration of the head, mesenteric enlargement, and all the usual symptoms and signs of marasmus. In the first case *Calc. carb.* 6 cured in a week, whilst the same drug in the same potency made a man of the baby (so to speak) in six months.

I find it a very good rule, where the indicated remedy fails to benefit, to first try a different potency before changing the drug, in acute cases going, as a rule, lower; in chronic, higher. A few days ago I was consulted by a young girl suffering from an acute attack of herpes zoster of the upper part of back and left side. The eruption consisted of a mass of vesicles from the size of a pin's head to that of a pea, and was accompanied by a neuralgic pain. *Rhus tox.* 3 was prescribed and taken with little effect for three days. I then changed to *Rhus tox.* 1x, when the eruption dried up forthwith, *Arsenicum* 3x completing the cure by remov-

ing the pain. As to high potencies, I can never forget a case I used to attend when in Yorkshire.

The patient, a lady, was a chronic sufferer from strumous disease, which manifested itself in almost every conceivable form, more especially as severe double ophthalmia. A symptom peculiarly distressing to her, and from which she frequently suffered, was a "feeling of grit or sand under the eyelids." *Sulphur* 30 always promptly removed this feeling, any lower potency of the drug being entirely without effect.

And now as to alternation of remedies. Whilst strongly deprecating the method, as a rule of practice, I cannot help thinking that in some cases—acute especially—we can do more for our patient with two drugs given alternately, than by the single remedy. *Belladonna*, though pretty well specific for scarlatina, does not appear to me to reduce the fever so quickly given alone as when alternated with *Aconite*. This applies, too, to other acute diseases attended by fever, such as pneumonia, pleurisy, bronchitis, etc., in which *Aconite* given during the pyretic stage seems to help the action of the more specific remedy.

Again we frequently have to treat a mass of symptoms, which, it is almost impossible to hit off with one drug, or two distinct sets of symptoms occurring simultaneously in the same patient. How frequently, when treating a case of eczema or any other definite disease, are we requested by the patient to prescribe something at the same time for his "poor stomach," or liver, or to "put something into the medicine for the bowels," or to help the sleep? In such a case, I expect the most of us would order with success some such drug as *lycopodium*, *caffein*, etc., to be taken at bedtime? This is really to alternate, and yet to do so does not, as a rule, interfere with the action of the specific remedy. The ideal practice, no doubt, is to embrace such side issues and additional complaints in the totality of the symptoms, and with the single remedy fire a shot at the whole. How many of us manage to hit, I wonder?

The stock treatment of piles with *Nux* and *Sulphur*, adopted by some, certainly seems to do more good than the employment of either of those drugs singly.

Then there are cases, in which we may have descended to alternation, where I am confident the second drug, if it does not actually assist the action of the proper remedy, does not interfere with it, but acts like so much additional water. I have seen a case of acute rheumatism promptly cured—*Mirabile dictu!*—with *Bryonia* and *Rhus. tox.* given alternately! (I would just remark that I had no hand in this prescription.) That two such antag-

onistic drugs, thrown into the system together, should effect a cure is only to be explained on the principle of the "survival of the fittest;" the disease selects its own *Simillimum*, and discards everything else. But the great argument against alternation, and one which should teach us to steer clear of the practice as much as possible, is the obscurity in which it involves us as to the proper estimation of our results. I can recall at least two cures in my own practice, following upon the alternation of drugs, in which to this day, I am ignorant as to which drug to apportion the credit. One was a case of chronic gastro-enteritis, the principal symptoms being vomiting and diarrhoea after food, with burning pain in the stomach and severe colic. These symptoms seemed to me to indicate *Arsenicum* and *Colocynth*. Accordingly the two drugs were given in alternation, and the man who had suffered for months was well in a few days. Whether one or both drugs did the work, I cannot tell.

The second case was somewhat similar, occurring not long ago in a lady, whom I was called to see in the country. This case, however, was recent and typhoid in character, attended with liver symptoms. *Baptisia* doing no good, I hesitated between *Merc. sol.* and *Verat. alb.*, but finally gave the two in alternation, with immediate and complete success. Possibly the two drugs helped in the cure by each removing their own peculiar symptoms, but as they were given in alternation I could never know certainly.

I quote these cases, not to defend alternation of drugs, but to show how instructive a study of the practice may become, as contrasted with the more precise and better way—"the single remedy."

AMMON. MUR. IN INFANTILE DIARRHŒA.

In the later stages of a prolonged case of diarrhoea, depending on a neglected indigestion in a child, probably accompanied by ulceration of the bowels, the following symptoms were present:

Fever: Passages frequent, green, watery, pain before, very foul smelling, somewhat brassy in odor, most frequent in morning. Colic and motion of flatus in bowels continuously. Loss of appetite. Worse in morning. Face somewhat bloated. (Child naturally fat and rather sluggish.) Face with a bright, sharply circumscribed rose-pink flush on *each cheek* and on *chin*. Much tenesmus.

I gave *Ammon mur.*, very low, making the dilution extemporaneously from the salt. The result was immediate and complete relief. The case was completely cured in a few more days by *Silicea* 30x and Hensel's *Tonicum*.

Bell states that experience with this drug is wanting in children's diarrhoea. In his book, page 21. The symptoms in this case were very striking; the tenesmus in the case had been troublesome for months before the diarrhoea began, but is now completely gone.

G. C. BUCHANAN, M. D.

Henning, Minn., Oct. 27, 1891.

VETERINARY DEPARTMENT.

HORSE—LAMENESS.—On the 10th of November, during a professional visit to his family, General Muratt mentioned to me that one of his carriage horses had been lame for over six weeks, and that his veterinarian, after the exhibition of many useless remedies, now proposed to burn it, a procedure which the proprietor deprecated on account of the resulting disfigurement. At his request the horse was brought out, and I noticed it was lame in the right shoulder when fully stepping out. Learning that the animal had been driven rather sharply and then put in a draughty stable, I prescribed *Ferr. mur.* 2d dil., one drachm, to be given three times a day in five-drop doses. I also left *Rhus tox.*, to be given in like manner, should the other medicine fail after a week's trial. After four days' use of the first remedy the horse was driven out without showing any lameness. And after another four days every vestige of the complaint had disappeared. The *Rhus* was not used.—*Dr. Hollenbach, in Cleve, in Pop. H. Z.*

HORSE—ANTHRAX FEVER.—In October the Third Regiment of Cuirasseurs was transferred from Vienna to Miscotez, and among the horses stabled in St. Istran, anthrax speedily showed itself; and to such an extent that within three weeks thirty-six horses belonging to the troop and three belonging to the officers had died. The youngest, best conditioned and nourished were the first victims. The only remedy tried against the epidemic was in transferring the regiment, by companies, to isolated villages, but it continued to spread nevertheless. Seeing the utter uselessness of the vigorous antiphlogistic treatment instituted by the head veterinarians, the company commander stationed in our village honored me by putting the horses of his troop under my charge. All the sick horses seemed to be subject to an intense and deep-seated disturbance of the general organism, which chiefly affected the nutritive functions and the ganglionic-nervous system, implicating at the same time the cerebro-spinal nervous system, while the whole attack had an unmistakable

typhoid character. I selected *Arsenicum* as the similimum, and the success exceeded my most sanguine expectations. That the change of location should have occasioned this favorable change was disproved by the fact that in another company located but a mile from here forty-eight horses succumbed under the treatment of the company veterinarian within six weeks.—*Dr. C. Boehme, Veterinarian to Count Erdödy, in Pop. H. Z.*

CARIES OF THE LOWER JAW IN CATTLE.—This is by no means a rare affection in cattle. It consists of a hard swelling, about the size of a man's fist, firmly affixed to the lower jaw, and caused by an enlargement of the bone. Sooner or later soft spots appear, which soon secrete a fatty, thin, evil-smelling, ichorous matter, often mixed with blood. When the animal succumbs to the disease, it will be found that the lower jaw bone is of spongy texture, at the place where the matter issued, and of jelly-like consistency, soft and discolored. On cutting open, the bone is found to be infiltrated with the same horrid smelling matter which previously exuded. As a rule, this affection is noticed in young bulls, young oxen or calves, giving a sickly disposition to the animal, and is probably occasioned by mechanical injuries, such as thrusts of a horn, rubbing against the crib, etc. The affection, if not cured, will eventually involve the whole lower jaw, hindering mastication, and compel the animal's disposition to the butcher. On my estate three cases occurred, one in a bull which was so fierce as to preclude the possibility of medication, the next a two-yearly steer which was treated ineffectually allopathically, and the third a two-yearly heifer which I was able to cure within two weeks by Homœopathic medication. The swelling in this heifer had already reached the size of a hen's egg, was hard as stone, conical in form, and firmly attached to the bone. The heifer received for eight days *Asafetida* twice a day, five or six drops on a wafer, and then for four days *Angustura* also twice a day. By that time the swelling had increased in size to that of one's fist, was red and tense, and gave great pain on being touched. To promote the process of suppuration and facilitate the flow of pus, I now gave four doses of *Hepar s. c.* 1, and after thirty-six hours the swelling copiously secreted the above-described bad smelling matter, and was very much reduced in size. *Asafetida*, once a day for two days, then speedily converted the ichorous secretion into a thick, odorless, bland pus, which ceased entirely after two days more, and the large swelling was reduced to the size of a finger. A few doses of *Sulphur* completed the cure, and when, some time

after, a small elevation showed itself, *Silicia* 15, in weekly doses, dissipated even this remnant.—*H. B. Moeschler, of Sarichen, in Pop. H. Z.*

CANARY BIRD.—Last summer my wife's canary bird commenced to ail. He escaped from the cage and returned, after a prolonged term of investigation, with a bad cold. He lost his sprightliness, became hoarse, finally ceased to sing altogether, and gave vent, from time to time, to a sawing, rasping noise. His looks became unsightly. Finally I was induced to give him some medicine. *Bellad.* 3x was given, five drops in his little water pot. Within a week a decided improvement became manifest. He became more cheerful, looked better, and the rasping and sawing became less. After awhile his voice came back altogether; he sang as well as ever and health seemed to be re-established. But *Belladonna* 3 had to be put into his drinking water; if it was omitted for three or four days he became hoarse, and his former condition seemed to come back. I would yet remark, that his appetite was undiminished during the whole attack; he even seemed ravenous for food at times.—*Dr. R., in Pop. Hom. Zeitg., Vol. XII.*

HORSE—COLIC.—A chestnut gelding was taken with colic one evening, which continued with intermissions, each succeeding attack being more violent. I was called on the morning following. I found the colt very restless and excited, pawing, and switching his tail, looking back at his body, often prepared to urinate, when only a small quantity of urine passed off with difficulty and pain, the penis at times erected. Examination through the rectum showed the bladder to be sensitive and distended; he refused food, and took water only in small swallows; bowels evacuated but once, after applying a clyster in the night; pulse rapid, rump perspiring, while the extremities were cool. This indicated a crampy contraction of the neck of the bladder and possibly inflamed irritation of bladder and intestinal canal. Since this was probably caused by drenching of the skin, I had the patient thoroughly rubbed, swathed in good blankets, and gave *Aconite nap.* 1 every half hour. After the third dose there was visible improvement; became quieter, there appeared less pain in the hindquarters, and some dung was passed. On account of still urging to urinate, I immediately gave a few doses of *Hyoscyamus nig.* 3., when, towards noon, there was a liberal passage of urine, and bran food was taken with evident pleasure.—*Pop. Zeit. fur Hom., Vol. II.*

DOG—SORE EYES.—Nero, a noble stag hound was brought to me by the keeper with a sore eye. An enquiry as to whether the dog had been hit elicited of course no information.

I found a traumatic inflammation of the eye and prescribed my oft approved remedy in similar cases, *Conium* 3 inwardly and twenty drops of the solution to a cupful of tepid warm for external application. Patient to be kept warm and to be most especially guarded against drafts. In twelve days all was well.

DOG--WOUNDED BY A MANURE FORK.--This summer I was called to a neighboring village to prescribe for a fine watch dog. The animal had been prodded with a manure fork and as the wound had been neglected at first, a fistulous sore had developed on the right side of the neck. I ordered the utmost cleanliness as the wound looked bad, and the removal of the dog collar, for that occasioned incessant irritation. Patient received *Pulsatilla* 3 five drops twice a day, and on the third day one dose *Calcarea carb.* 3x, dry. In a very short time the animal was cured much to our satisfaction.

DOG—INDURATION OF TEATS.—At a hunting party a bitch was brought on, which had been cured of an inflammation of the teats with *Chamomilla*, but one of them had a stubborn induration and secreted no milk. I prescribed *Mercur. sol.* 3x, one dose of about two grains per day, and in about two weeks the induration had become soft, and shortly after was cured.—*Dr. Gottweis, in Pop. H. Ztg.*

ONE-SIDED LAMENESS OR TORPOR IN A FIG.—A young pig scarce five months old, the left side of which felt stiff and cold, while the right side evinced a high temperature, and both legs of that side were in constant motion. The eye of the affected side was half closed and the snout bluish, the voice was still vigorous but very peculiar. As I had not seen a similar case for many years I could give no positive prognosis, but the owner was willing to give our remedies a trial. I first gave *Aconite* 12th, 5 doses, each 3 drops, half an hour apart, and knowing the curative property of *Cocculus* in one-sided contractions, followed with that remedy, after an interval of three hours, giving five doses of three drops each of the 12th potency. Within five hours the voice underwent a change, as well as the color of the snout, and after about eighteen hours the little pig seemed to be as lively as ever, had an appetite and showed no trace of tension or lameness.—*Dr. Heemame, Swiss Veterinarian, Pop. Hom. Ztg.*

AN EPISODE IN HOMŒOPATHY.

About two years ago Mr. A. J. Tafel, seeing the numerous inquiries for a cure for roup, in *The Poultry Keeper*, a widely circulated journal, wrote a note to the editor suggesting *Spongia* 15 as a cure based on previous experience. Mr. Jacobs, the editor, published the note, and in a few months scattering reports of cures began to come in. These soon swelled to such proportions that only comparatively few could be published—yet in one issue these occupied two pages of the *Poultry Keeper*. The suggestion of *Spongia* for roup has saved poultrymen thousands of dollars; and, one would think, would lead to the adoption of Homœopathic treatment for the ills of man, where its success in the treatment of this hitherto incurable ailment of fowls was known, but it is doubtful if such is the case. Mankind, as a whole, is dreadfully set in its ways. When it is sick it thinks it must have "strong" medicines to cure a violent disease, or even one of moderate intensity, and swallows these, day after day, getting sicker and sicker, and never opening its great stupid eyes to the fact that it is oftener than not the drugs that are prolonging the trouble, and slowly killing, and not the original disease. But the good time is coming and every stir of this sort helps it along.

This itch for strong medicine was amusingly shown in the *Poultry Keeper*. The original recommendation was *Spongia* 15. Perhaps not one reader in a thousand knew what the "15" meant, so they wrote for "*Spongia* 15," and made most brilliant cures with it. Soon the secret of the number leaked out, and an Allopathic doctor got off the old chestnut about how much sugar of milk it would take to "triturate an ounce of sponge" up to the 15th. He didn't know how *Spongia* was made, and he didn't know the difference between the decimal scale and the centesimal, but he industriously "proved" that *Spongia* in such proportions could not cure. He had figured it on the decimal scale; had his figures been on the centesimal scale, as they should have been, the result might have been dangerous to him. Though numerous replies to this were published, asserting that *Spongia* 15 did cure rapidly and effectually, nevertheless the call came for *Spongia* tincture or *Spongia* 3. The public could not grasp the fact that the 15th could cure, even though the evidence, thick as blackberries, was before its eyes. It didn't say that the chickens would have "got well anyhow," or that it was "imagination" on their part, it merely wanted something less inconceivable than the 15th.

The following are a few from the many letters published in the *Poultry Keeper*:

"I consider *Spongia* for roup excellent. It has already saved me many dollars."—*M. H. Phillips, Larimore, North Dakota.*

"Your *Spongia* recommendation has been worth many times the price of the paper. I had roup in my flock, and tried everything. Over one hundred fowls had roup, but *Spongia* entirely cured them all."—*Wm. Murray, Sanford, Fla.*

"I cured roup with *Spongia*—it cures every time."—*W. G. Axley, Atlantic City, N. J.*

"I wish to thank you for the *Spongia* remedy. Since using it I have had no more of that choking breathing of my fowls."—*Chas. Martin, Tuscola, Ill.*

"I will say, for those who have doubts, that *Spongia* is a positive cure. I had over one hundred birds affected, and it cured every one of them without being obliged to handle them. I found the best results from using the mother tincture [probably dilution]—four drops to the gallon of water. *Spongia* is a godsend to the poultry fraternity."—*W. F. Brace, Victor, N. Y.*

"I have tried *Spongia* with excellent results, curing one turkey hen that was entirely blind, and her bill was open half an inch from the hard, yellow substance on the tongue. I would have killed her, but kept her to make a test with *Spongia*."—*Mrs. E. Hatfield, Rono, Ind.*

"*Spongia* is a great cure for roup. I have tried it and it has never failed once."—*Samuel Taylor, South Norwalk, Ct.*

"I think *Spongia* the best thing I ever saw for roup. I had a Silver Hamburg cockerel that had the roup the worst I ever saw, and I cured him, to my surprise, thanks to *Poultry Keeper*."—*J. P. Van Metre, Yorktown, Ind.*

"To say that *Spongia* is indispensable is answering the question mildly. I have tried it on some of the worse cases I ever had, with perfect cure. I add my praise, and rejoice over this great discovery."—*Charles Deal, Shreveport, La.*

"I would like to say a word in regard to *Spongia*. I have not had roup among my fowls since it was first mentioned in your paper, but one of my neighbors came to me a few weeks ago, asking what to do for her chickens. She had lost twenty-eight fine hens with roup, and a large number were sick. Some of them were past help, and would surely die. I remembered *Spongia*, and told her to try it. I had no experience with it, but knew it would not harm them, even if it failed to cure. Well, she caught the worst of them, penned them up, and gave each hen two pellets, and used two twenty-five cent bottles on the rest

of her flock, and she did not lose a single one. In fact it cured the sickest hen. This neighbor, in turn, recommended it to another friend, who had it in a flock of about one hundred hens, and had the same good result."—Mrs. S. W. McCuen, Watsonville, Cal.

"During early fall I lost, by roup, some valuable White Wyandottes and Plymouth Rocks. I had tried all things recommended in books and journals, without any benefit. I was about discouraged, and felt very bad at the prospect of losing my beauties. One morning I noticed that an elegant White Wyandotte cockerel and Plymouth Rock hen had badly swelled heads, and that their breath was horrible, so bad as to fill the house with its awful odor, etc. As I have had but little sickness in my hen family, I was at a loss what to do, as all things had failed. I went into my library and sat down to ponder on the condition of affairs. I picked up an issue of the *Poultry Keeper*, and therein saw one of your articles on *Spongia*. After carefully reading it through I hastened to get *Spongia*. I caught my rousy fowls and put them into a warm house, and began giving them *Spongia* in water, and now, five weeks later, all are cured, and not a vestige of roup in my flock, while eggs are beginning to come in three dozen lots. So you see, in my case, your *Spongia* has been a godsend almost to my hen family.—Capt. W. A. Phillips, Chicago, Ill.

We might fill pages of the RECORDER with similar extracts, but enough have been given to show the nature of this little episode in Homœopathy. The interest in the matter is still kept up among poultry raisers and it has been the means of calling the attention of thousands to Homœopathy.

BOOK NOTICES.

The Clinical Guide; or Pocket Repertory for the Treatment of Acute and Chronic Diseases. By G. G. Jahr. Translated by C. J. Hempel, M. D. Second Edition, revised by S. Lilienthal, M. D. 624 pp. Half morocco, \$3. Philadelphia. Hahnemann Publishing House. 1891.

Every Homœopathic physician knows of Jahr, and probably the greater number of those who were in practice a decade ago know of or possess a copy of his invaluable *Clinical Guide*. But later graduates, those of the last twelve years, or so, have had no opportunity of possessing the book, as it has been out of print

for that period of time. The present edition, brought out by the Hahnemann Publishing House, will be welcomed by many physicians and valued highly by all who once become familiar with it. It should be stated here that no changes have been made in the text of the book, or additions, it being an elegant duplicate of the second edition. The sub-title, "pocket repertory," may have been descriptive in the earlier edition, but hardly applies to the present volume, which is a handsome book that would require a larger pocket to hold than tailors now make.

The translation is from Jahr's third edition, and to this the late Dr. Lilienthal added the established new remedies, so that the book really covers the whole Homœopathic Materia Medica.

This book has many points peculiarly its own. While not new to older practitioners the author's views on the vexed potency question may be new to some of the younger men. He says that the difference between the various degrees of a potentized medicine does not consist "in its strength or weakness, but in the *development of the peculiarities of the remedy, furthered perhaps by percussion, so that, the higher we ascend, we find more clearly the special and peculiar character of the remedy.*" Many remedies, he says, in the low form have symptoms in common, and "one as well as the other may help in low dilution." But as they ascend in potency they diverge and assume distinct personalities, and the higher the potency the wider the divergence and the more distinct the remedy. He has a chart showing his idea on this subject; the potencies marked on it are 1, 15, 30, 60, and 120.

The book is really a Repertory, a Clinical Guide and a Materia Medica combined in one, and its arrangement will cause it to be often consulted. The printing, paper and binding are excellent.

The Greater Diseases of the Liver: Jaundice, Gall-stones, Enlargements, Tumours, and Cancer: and Their Treatment. By J. Compton Burnett, M. D. 186 pages. 12mo. Cloth, 60 cents net. Philadelphia. Hahnemann Publishing House. 1891.

This handsome little volume has two interesting features: the first is that it is written by Burnett, who is always interesting; and the second, that it is the first Homœopathic publication brought out under the new international copyright act. "The prevailing ignorance," writes Dr. Burnett, "of good organ-remedies is lamentable. Not long since a lady came to me for a chronic liver affection of nine years' standing, and, though her physician is a man of high standing in the profession, and a doctor of medicine of the University of London, his sole treat-

ment had consisted in giving the accursed morphia to lull the pains. He had never even tried one single good organ-remedy, and this notwithstanding the fact that the patient has long been profoundly jaundiced. And this, too, is, I fear, a fair sample of the everyday work of the men of light and leading in the profession. * * * It is in the hope of throwing a little light into this dismal darkness that these pages are sent to the press."

Every one knows what a bilious, jaundiced man is—a man with a liver—and for the public peace of mind ought to welcome a book that, if its teachings be followed, will transform these gloomy, melancholic subjects into agreeable citizens. The volume is dedicated to Rademacher, that rare old genius. It is a work that ought to sell rapidly. It will give every buyer the full value of his money. The price is 60 cents *net*—no discounts. The price by mail, post paid, is 66 cents.

Essentials of Physiology. Arranged in the form of questions and answers, prepared especially for students of medicine. By H. A. Hare, B. Sc., M. D. Third edition, thoroughly revised and enlarged, by the addition of a series of handsome plate illustrations taken from the celebrated "Icones nervorum capitis" of Arnold. Philadelphia, 1891. W. B. Saunders. Cloth, \$1.00.

The additions to this work consist of forty-seven pages of text matter, with nine well engraved plates, opposite to which are "keys" to the engraved plates which consist of wood-cut plates with numbers and letters on them referring to text. The engraving is very well done indeed. The remainder of the work contains the "essentials of physiology" in the question and answer form. Dr. Hare, the author, is a Jefferson College man.

3,000 Questions on Medical Subjects. Arranged for self-examination. Philadelphia, 1891. P. Blakiston, Son & Co.

This is a little volume of 144 pages, interleaved with blank pages, containing, as title indicates, 3,000 questions with reference to where the answers may be found. It will be sent by the publisher, on receipt of ten cents, to medical students.

Essentials of Anatomy and Manual of Practical Dissection, together with the Anatomy of the Viscera. Prepared especially for students of medicine. By Charles B. Nancrede, M. D. Fourth edition, revised and enlarged. Philadelphia, 1891. W. B. Saunders. Cloth, \$2.00.

The difference between the third edition of this work, noticed in the RECORDER, November, 1890, and this, the fourth edition,

is that the latter contains an "Appendix" of "Hints on Dissection," by J. Chalmers da Costa, M. D. This appendix, which, by the way, precedes instead of follows the older text, consists of fifty-three pages of text matter. Preceding these are the thirty full page lithographic plates, of various parts of the human body in colors, and following them are three hundred and eighty-eight pages of questions and answers on the human anatomy. This latter part contains one hundred and eighty-eight wood-cuts among which are included the osteological plates from Gray's anatomy. The whole constitutes a very useful work for students of anatomy.

DR. THOS. L. BRADFORD, of Philadelphia, has in preparation a unique book. It will contain alphabetical lists of Homœopathic books, magazines and pamphlets, also condensed statements, data and histories of the Homœopathic societies, colleges, hospitals, asylums, homes, dispensaries, pharmacies, publishers, directories, legislation, principal books written against Homœopathy, and Homœopathic libraries, now or at any time existent, in the United States. The doctor deserves the support of the profession in his undertaking.—*Medical Era.*

Poisonous House Decorations, and Hypnotism, are the titles of two papers by Dr. W. B. Clarke, of Indianapolis, which come to us in one pamphlet.

Inflammations of the Right Iliac Fossa, and their Surgical Treatment, is the title of a handsome pamphlet reprint of Dr. Van Lennep's paper, read at the last Institute meeting.

NOTES ON FORTHCOMING BOOKS.

McMichael Compendium. Materia Medica and Repertory.

Work on this original and, what promises to be, most practicable and useful book is progressing rapidly. The date of publication cannot be exactly determined yet, nor the price, but the one will be early and the other as low as an elegant quarto can be produced. This publication will do more towards making the hunt for the remedy easy and successful than, perhaps, any book ever published.

With the Pousse Cafe.

Under this title an elegant volume of verse will shortly appear from the pen of Homœopathy's poet laureate, Helmuth. The work is in the printer's hands, and will be out in time for the Christmas holidays; it promises to be a most elegant volume in

respect to paper, type, press work and binding, as the publishers are endeavoring to make their part a fitting setting for the Helmuth jewels.

Bradford's Homœopathic Bibliography.

Dr. Bradford's great work, as our readers may know, is not only a bibliography of *all* the Homœopathic works and pamphlets originating in the United States, and also of Hahnemann's writings, but also includes practically everything else pertaining to Homœopathy from societies (including names of their original officers) and colleges to publishers and pharmacies. It is a great work and a valuable one. It will be one of the *best* books to put on the table of the reception room for patients ever published—will give them, and all who look over its pages, an idea of the *size* of Homœopathy, in fact, dear reader, it will probably make you, educated and trained Homœopath that you are, open your eyes. We recently passed a pleasant half-hour with the author, and "the book" was brought out. "Why, hello! What did *he* write?" was almost the first exclamation on looking at the preliminary list of writers. And what a list it is!

Every one *ought* to subscribe for this book, and at once. It is not in the printer's hands yet but waiting for a sufficient number of Homœopathy's ten thousand physicians to send in their subscriptions to justify the publication. Two hundred and fifty of the ten thousand will be enough, but apparently each one holds back to give his neighbor room at the subscription desk. The cost will be \$3.00, payable on delivery of book. Subscriptions may be sent to the author, Dr. T. L. Bradford, 1862 Frankford avenue, Philadelphia.

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The "primer" is in the typo's hands and rapidly approaching completion. It will be a valuable book for students, and indeed for all interested in the subject of materia medica, and who is not? It gives a masterly summary of each remedy, its ground plan—outline—and when this is once firmly fixed in the mind the finer shades can be easily placed in the memory, for they then have a resting place, a foundation. The book will probably be out shortly after New Year.

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WITH this number, Vol. VI. of the HOMŒOPATHIC RECORDER is completed, and we hope that all of our subscribers will promptly fill out the subscription blanks enclosed and send in renewals for Vol. VII. Also, we indulge in the hope that a goodly number of those who received specimen copies will favor us with their subscriptions. Our regular subscription list is already a very large one as Homœopathic journals go, but, like Master Twist, we ask for "more."

MESSRS. BOERICKE & TAFEL have sold their pharmacy at 604 Nicollet avenue, Minneapolis, Minn., to Messrs. Babendreier & Van Nest, who will continue the business under the name of Minneapolis Pharmacy Company. Mr. Babendreier is well known to physicians in the Northwest as a skilled and accomplished Homœopathic pharmacist. He has had nineteen years' experience in the profession, in the employ of the old firm whose Northwestern pharmacy he has just bought, and the medical profession may feel assured that under his management that business will be conducted on the same high plane in the future that it occupied in the past.

KEELEY'S *Bichloride of gold* treatment for drunkenness has stepped into the shoes of Koch's *Lymph*, and is now the medical wonder of the hour. The newspapers and magazines are giving it, or Dr. Keeley, lots of free advertising. Reports of cures are numerous and praises from patients loud. One gentleman, a preacher, writes (*North American Review*): "After two weeks suddenly, as if I had stepped out of the blackness of an African jungle into the quiet sunshine of Central Park, I broke out of my living tomb and knew that I was cured." Strong, even if poetical, endorsements of this nature has created a demand for *Bichloride of gold*, but physicians may as well save their paper and postage, for Dr. Keeley's preparation is a secret which

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he will not reveal, or, at least, has not revealed. It is not in the Pharmacopœia, and no drug house, American or European, has it on their lists. Its cures are not all permanent, for six members of the *Bichloride of gold* club, composed of those purporting to have been cured, have been stricken from the rolls because they went back to their former habits.

There is the same curious parallelism between this new secret remedy and Homœopathic *Aurum* as there was between the "lymph" and *Tuberculin*. Dr. Burnett, in his *New Cure for Consumption*, reports some very striking and permanent results from the administration of *Tuberculin* in consumption. Koch reported the same from a sort of indirect preparation from the same source, hypodermically given. Dr. Burnett's cures were permanent, while Koch's all lapsed. Now, if any one will open his copy of Hahnemann's *Materia Medica Pura* at *Aurum* he will see some symptoms which very strongly resemble those of men suffering from alcoholism. There is one especially noteworthy and in black letter: "In the morning, from four o'clock onward, he cannot sleep properly any longer; he tosses about restlessly, from one side to the other, because he cannot lie long in one position."

In the sleep produced by whiskey there is always an awakening about 4 o'clock, followed by restlessness, causing a wish that it were time to arise, and none of that luxurious desire to turn over and go to sleep again, which usually follows an early awakening from a healthy sleep. The strong resemblance between the mental state of *Aurum* and that of the hard drinker when he gets to that state when he must take a bracer or shoot himself, is apparent to any one who reads up in Hahnemann's *Materia Medica Pura*.

THE ALLOPATHS have tired of their last toy, borrowed from Homœopathy, and tossed it aside. A correspondent of the *N. Y. Medical Journal* says: "I have added it [*Arsenite of copper*] to nearly all diarrhœa mixtures for the last two years, without being able to perceive any increased efficacy in the prescriptions." In a case of "diarrhœa of long standing in a man having cirrhosis of the liver," he gave it in small doses "every ten minutes, for days at a time," and did not cure the man! *Mirabile dictu!* This, and similar cases, he thinks, "prove it to be none other than a chemical curiosity." Only this, and nothing more. What a pity that doctor could not be induced to honestly read a copy of Hahnemann's *Organon*, then study and experiment, with knowledge to be gained from Raue's *Special Pathology and Therapeutic Hints*, and finally wheel into a line that is "regular" in fact, but not in name, by a post-graduate course at some good Homœopathic college.

