

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. I, 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 Bœricke & 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-