

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.

ACCORDING to our custom subscription blanks are put into all the copies of this number of THE RECORDER by the binder. Those who have already paid for Vol. VI hold receipts and are not called upon to take any notice of these blanks. To those who have not they are a mild reminder. To those who receive a specimen copy they are a suggestion which, it is hoped, will be acted upon. THE RECORDER is only \$1.00 a year and is worth the money.

\*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

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  $\theta$  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  $\theta$  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? 200H 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 fetal 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