

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.

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 (*Moskowskija 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 contraindicate 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-