

admonished by my nerves that I need rest. I may write you more fully on the matter when I feel better and stronger. From what I have heard of the facts of the Huntsville case it shows that the doctor, Dr. W. H. Burrett is his name, has received very bad treatment and I think he has a good case. If the constitutional questions are properly presented before the courts. I have prepared a brief on the said question.

Yours very truly,  
GEORGE G. LYONS.

Demopolis, Ala., April 8, 1896.

#### OLD MOSS BACK'S DIARY.

April 11, 1896. The *Medical News*, to which I am a subscriber, of this date, comes to hand this A. M. Afternoon, raining. Concluded to see what the *News* was giving its readers for the welfare of humanity and the advancement of medicine. Read the paper of honor, the leader, by a New York physician, on "The Treatment of the Indigestion of Starchy Food." (Query: If starchy food is indigestible why not try something else?) Six columns of scientific matter, and then the proof of the pudding—clinical cases. The first was a man who had a tender liver, yellowish eyes, and dull headaches. He received *calomel*, *sodium bicarbonate*, *podophyllin*, *iridin*, *euonymin*, *bismuth naphtholate* and \_\_\_\_\_ a proprietary preparation advertised in the *News* of that date.

The next man gets three pints daily of *alkaline water*, *citrate of caffeine* and the aforesaid proprietary article. After six months he "feels that he can dispense with medicine."

No. 3 received *sodium phosphate* mixture, *strychnin*, *nitroglycerin*, and the same proprietary preparation. "The patient died quite suddenly." But then he was a heavy eater and drinker and that is the usual fate of such men.

"No. 4 was a pastry eater and he was given a *phosphate* mixture and the proprietary preparation.

The last case was corrected as to the amount of beer he drank, and given yellow *mercurius iodide*, a mineral water and the same proprietary preparation that the others received, advertised in the *News*, which, like a golden thread runs through the whole article, and for which the article was written as the writer sums up: "We may fairly conclude that \_\_\_\_\_ [the proprietary preparation] is useful" etc., etc., etc. And no conclusion concerning the non-proprietary drugs. And this is what I learned from the pages of a scientific medical journal on a rainy Saturday afternoon, April 11, 1896.

MOSS-BACK.

#### A BUNDLE OF LETTERS.

The following letters are rather interesting, decidedly instructive and *very* suggestive. We have the originals or copies of them. The names of the writers are withheld though the doctor says "you can do with them what you please."

First letter. From pharmacist to physician.

NEW YORK, March 27, 1896.

DR. — — — —

—————, N. Y.

DEAR SIR.

Our agent writes to us concerning you about *Quercus Glandus*. In explanation we beg to say that we have sent you a preparation made full strength as recommended by Dr. Burnett, of England. In his book on "Diseases of the Liver" he speaks of "Tincture *Quercus Glandus*, and also of *Spiritus Quercus Glandus*," meaning the same preparation, as it is a tincture made of strong alcoholic strength on *Quercus Glandus* which is the acorn. Our preparation is made correctly and carefully; one pound by weight of the fresh ripened acorn with double its weight of alcohol, and this is expressed and sold as tincture or *Spiritus Quercus Glandus*, and it is a spiritous preparation. A white colored preparation can be obtained by making a dilution of it. This is what you have probably had when you did not have ours as we furnish the full strength preparation on all orders for it, to be used in accordance with directions of Dr. Burnett. Trusting our explanation to be satisfactory, we remain

Yours Very Truly,

Second letter. The foregoing curiously ill-informed letter brought the following prompt and emphatic reply.

— N. Y., March 28, 1896.

MESSRS. — — — —

*Gentlemen:*—Your letter of the 27th inst. in regard to *Quercus Glandus* is very interesting. You say "in Dr. Burnett's book, *Diseases of the Liver*, he speaks of *Quercus Glandus* and also *Spiritus Quercus Glandus* which is the same thing." I fail to find anything at all about *Quercus* in the book *Diseases of the Liver*. Please read Dr. Burnett's book on *Gout*, pages 80 and 81 and I think hereafter when you make *Quercus Glandus* that you will not mark it "*Spiritus Quercus Glandus*" for they are no more alike than cider and cider brandy. Your explanation is very unsatisfactory and *misleading* and I hope you will never be caught marking a drug what it is not again.

Yours truly,  
—————, M. D.

Third letter. The following letter from the author of *Gout* was addressed to the American publishers of that book.

2 Finsbury Circus, London, E. C.,  
August 24, 1895.

*Dear Sirs:*—I am engaged on a small work on *Gout and its Cure*. In fact it is nearly finished. It is only a small thing—say 140 to 150 pages.\*

\*The book is 172 pages.

— print. I think of offering it to — for this part of the world, and now write to offer it to you. Kindly say what your views in the matter are, and I shall not move further in the matter until I hear from you. So far as I am aware there is no work on gout extant or homœopathic lines and it should therefore command a small sale. There are two salient features in it viz: the use of the tincture of *Urtica urens* for the gouty attack which I prove to be the homœopathic simile thereto and I show that it rids the economy of the uric acid. The second point is equally new and consists in showing that the *distilled spirits of acorns, Spiritus glandium quercus*, is a very powerful antidote to the ill effects of alcohol being homœopathic thereto. I have a certain reputation in this country as a "gout doctor" and it is due to my use of these two remedies. I mention these points because if you help the book on, you would do well to have the two remedies just named in stock in some quantity. With kind regards

Yours faithfully,

J. C. BURNETT.

MESSRS. BOERICKE & TAFEL.

In this book, *Gout and its Cure*, Dr. Burnett has given to the profession the results of his extensive experience in the treatment of this painful disease. The two points mentioned in his letter are both new and these two alone would justify the publication of the book. We have published this rather unusual correspondence to show the medical profession that they have need to exercise some care in the purchase of their remedies for the ignorance or downright dishonesty of the pharmacist may result in their condemning a most important and useful remedy. There is only one way of making the distilled extract of acorns, *Spiritus glandium quercus*, and that way is to distill it; a dilution of the mother tincture of acorns will not be *Spiritus glandium quercus*. But to distill this remedy costs considerable money and this does not suit cheap pharmacists. It is cheaper to put on a fictitious label.

#### WHAT THE EDITORS ARE SAYING.

"The redundant and even excessive verbiage of our language, are constantly floating us into the domain of uncertainty and confusion in our communications, whether written or oral."—*St. Louis Journal of Homœopathy*.

"The bias for prescribing is rooted in the same kindly motive that dispenses advice on all hands, and preaches the gospel of interference unsought, without money and without price."—*The Clinique*.

"The Editor-in-Chief is off shooting ducks this month."—*Medical Student*.

"As to Colorado, we can say that we have the best climate, the best sanitary conditions, the best churches and the best preachers, the best schools and the best teachers, the best hospitals and the lowest death rate, the best gold mines, the finest saloons, the best whiskey and the fewest drunkards of any State in the Union."—*Denver Journal of Homœopathy*.

"The safety of the public demands the restriction of opticians to a wise limit."—*Homœopathic Eye, Ear and Throat Journal*.

"All of us are convinced 'likes may be cured by likes' and we are prepared to go a step farther and assert that 'likes are cured by likes' \* \* \* When we come to stating to the world our working formula, we should utter it with no uncertain ring."—*Hahnemannian Monthly*.

"So many doctors have failed to learn that greatest of medical lessons—how not to kill."—*Medical Gleaner*.

"A check must be imposed on garrulous bacteriologists who show a disposition to ride the cock-horse among us."—*Medical Record*.

"All micro-organisms, including tubercular bacillus, require a certain soil to develop and thrive, which soil contains a deficient vital force, produced by some violation of nature's laws."—*N. Y. Medical Times*.

"The tone of some of the letters we receive cause us to think that the prevailing idea is that the journal costs about ten per cent. of the two dollars paid for the subscription, and that the other \$1.80 goes into the editor's pocket as boodle."—*Chicago Medical Times*.

"Why not organize the profession, irrespective of clique or clan, in every city in America into committees of the whole for the purpose of celebrating the birth of Hahnemann each year!"—*Medical Century*.

"Homœopaths have learned to use these (bacteriological) terms glibly and effectively. but what is the good of it, so far?"—*Pacific Coast Jour. of Hom.*

"The secret of strength among our Allopathic friends is that one man will swear by another—but we are apt to form into factions."—*The Chironian*

"Though the Homœopathic law of cure was recognized in ancient times in India and though drug proving was in vogue, yet it was reserved for Hahnemann, the illustrious Samuel Hahnemann, to carry out and set in regular plan of study the effect of drugs in healthy human subject."—*Indian Homœopathic Review*.

"Hospitals have been multiplied beyond all necessity and dispensaries have striven so fiercely for patients that the managers have even been known to send carriages for patients with interesting pathological lesions about their persons. Patients who could easily pay fees of one-half and one dollar are treated daily without question in order to swell the grand yearly total of patients. It is a standing joke about one of the uptown dispensaries that the clinics in summer are small because the regular patients have gone to the seashore or the mountains."—*Medical Counsellor*.

"It has never been in evidence why a woman's backache should generally be attributed to pelvic disease. Men have backaches and they are not uniformly attributed to genito-urinary trouble. It seems that the practitioner might treat the owner of a backache as a patient, not as a woman."—*Kansas City Medical Index*.

"He who really swallows a tainted oyster must be either drunk or on the verge of starvation."—*N. Y. Medical Journal*.

"What shall be said of a druggist who prides himself on his freedom from the taint of liquor-selling but who can look upon haggard victims of cocaine inebriety in the face and accept the profits on sales which sink his unfortunate fellowman into deeper damnation."—*Western Druggist*.

#### ASAFŒTIDA. A VETERINARY HINT.

The following bit of unconscious Homœopathy is to be found in Parkinson's *Herball* 1640. "*Garcias* saith it (assafœtida) causeth one to expel wind mightily, which thing was tryed by a *Portugall* as *Garcias* relateth it upon an Horse, whom the King of *Bisnager* would have bought, but that he was over subject to breake winde, but after that the *Portugall* had cured him thereof the King bought him, and asked how he cured him, he answered with assafœtida given in his provender, no mervaille said the king, if he were cured with the gods meate, yea, rather with the devil's, said the *Portugall*, but softly, and in his owne language for feare of being overheard."

That peculiar use of the drug is quite in accord with its proving, and good Homœopathy.

#### CLINICAL CASES.

##### A Causticum Case.

I. Patient, Enaych Ali, our boy-servant, aged about 14 years, color, black, *Disease*. Rheumatic aching of thigh (right), of about a year. He was entered in my case-book, 28-8 95, at

about ten A. M., with the following history and symptoms: When walking, a sudden bending backwards of the right knee takes place giving rise to aching of the thigh; this aching somewhat relieved by beating the affected part with the hand; stools normal; urine not colored; ring-worm for two years; no thread-worms; had itch about six months past. Treatment: *Caust.* 6x. one globule per dose one dose given to be taken at once.

The medicine (*Caust.*) each day a dose, was repeated on the 1st, 2nd, 4th., 9th, 10th and no more medicine was given. *Result*—Recovery.

*Remarks.* Up to 23-12-95 no relapse. A disease of about one year's standing got well with seven globules in seven doses used within a fortnight. He is going on well, getting no relapse as yet.

##### II. Another Causticum Case.

Patient named Ebâdullah Behârâ, aged about 41 years; color black, came to my dispensary for the treatment of chronic scabies at about 7:30 A. M., 9 11 95, with the following history and symptoms: Scabies more especially on hips, genitals and less on the extremities. Last night he had an attack of fever which commenced about 12 P. M. Of fever he found only heat; knew nothing of chill; had thirst during heat; no sweat. No remission as yet. Bowels open, but stools soft and with bad smell. Passes thread-worms now and then, and passed once a round worm. Taste saltish; bad smell of mouth. Gums bleed when brushing teeth. Appetite dull. Treatment: *Sulph.* 30.

10-11-95. 8:10 A. M. Better this morning, no fever; scabies better; three stools yesterday; stools soft and slightly frothy. One scanty soft stool this morning. Before yesterday he had daily, rather costive, one stool. Bad smell of mouth, less than that of yesterday.

17-11-95. Increase of itch; bowels costive.

Treatment: *Sulph.* 30 one dose as above.

24-11-95. 7:40 A. M. One good stool yesterday morning with very bad smell; bad smell of mouth early morning; urine not colored; taste good; sleep good. Fever *afternoon* yesterday commencing with *chilliness, with no thirst, preceded by heat of body with no thirst; no sweat;* after chilliness apysenia. *Aggravation at night. Feels feverish and at times chilly. Formication. Itching remains even when he scratches the parts. Pimples here and there. Pustules. Injuries or sores heal up and again become sore and suppurate. Occasional aching of joints of limbs; indisposition to work. Greater*

sensitiveness to open air. Very sensitive to drafts of air. Uneasiness when rising from a seat or when walking. Occasional trembling of limbs. Feels tired and worn out. Faintish sometimes. Lassitude early in the morning, when in bed, as if he would fall asleep again, the lassitude going off after rising. Aggravation evening and night. Worse during new moon. Worse after sleep. Cannot lie on back. Worse after pollution. Better when lying, from washing and moistening suffering parts (itch-covered). Feels numbness in the affected parts. Suffering from scabies and itch about thirty years. Suffering commencing after an attack of smallpox. Treatment: *Caust. 6x*.

26 11-95. 9:15 A. M. No fever yesterday; bowels open daily normally with bad smell of stool; itching better yesterday, itching increased to-day; sleep better these nights. Taste good. *Caust. 6x*.

Result: Recovery.

Remarks: It would not be satisfactory to put him down cured till months, or better still, a whole year the patient goes well. However, for the present, as the patient has ceased attending dispensary and I have seen him laboring for his livelihood I put him down as recovered. After all it is a good case of *Causticum*.

#### Pulsatilla Cases.

1. Patient, Bibijâu, a Mohammedan female adult suffering from *Intermittent Fever* since about twelve days, came to my dispensary the 5th of December, 1895, at about 8:50 A. M. with the following symptoms:

Type: Quotidian.

Time: Before midnight.

Prodrome: Nothing mentioned.

Chill: Severe, short, *thirst*; drink causing increase of chill; aching of limbs; headache; cough with thin and sometimes thick expectoration.

Heat: Moderate, *thirst*; cough last part of night. No sweat.

Apyrexia: Incomplete.

Bowels constipated, opened yesterday after twelve or thirteen days, the stool being soft; urine colored with no burning sensation in passing. Pain in knees and ankles and feet feeling during rest and increasing by movements. Red face, carotid pulsation visible; tongue, anterior reddish, posterior parts slightly yellowish white; both tonsillar parts congested; feels pain in deglutition. Bad smell of mouth; nocturnal exposure when

sleeping. Nocturnal aggravation. Pain first appeared in the ankles, then the knees affected. Nasal catarrh. Heaviness of head.

Treatment: *Puls. 30*.

6 12-95. 8:20 A. M. No fever now; no stool; redness of face and carotid pulsation less; no chill last night; no thirst last night; tightness and heaviness of head present; appetite, well; taste bitter; could not sleep last night for pain. Pain increased. Placebo.

7-12-95. 10:20 A. M. No fever. Pulse soft, rather rapid and weak, but slightly full; no stool; cough less; slept last night; appetite better. Heaviness of head. Redness of face and carotid pulsation almost gone. Headache. No thirst last night. Slight chill after noon yesterday. Pain on pressure on epigastrium and on spleen. Abdomen hard on pressure. Tongue clean and moist but slightly yellowish posteriorly. Taste insipid. Urine reddish, having no burning sensation in making water. Pupils dilated. Pain increased and attacked thighs and hips. Had scabies three months back. *Puls. 30*.

8 12-95. 10 A. M. No more fever; no chill; no thirst; one hard stool this morning; pain slightly less; heaviness of head; headache less than before; tongue clean and moist; pupils dilated; urine colored as above with no burning sensation when passing; no leucorrhœa; feels hungry. Placebo.

9-12-95. 8:20 A. M. No more fever; no more stool; no chill; no thirst; pain less than that of yesterday; tongue clean and moist; urine colored; feels much hungry. Placebo.

10 12-95. 8 A. M. No more fever; no stool; urine the same; pain less than that of yesterday; slept last night; appetite good; taste insipid. Placebo.

11-12-95. 10 A. M. No more fever; no stool; pain gradually improving; urine colored as before; could not sleep last night; spleen enlarged and painful on pressure. Placebo.

12-12-95. 9 A. M. No more fever; one hard-formed stool this morning; no more pain; heaviness of head; could not sleep last night. Appetite good.

Result—Recovery.

Remarks. Now, what led me to prescribe *Pulsatilla* in this case? In the first part of the history of the case we see it is a case of an *Intermittent fever*. *Puls.* has its type and time. In our present case, patient did mention no sweat,—however, there was *no thirst* in sweat if there had been any slight sweat.

There was *thirst in chill and heat*. Thirst (in chill and heat and not in sweat) indicates *Puls.* *Pulsatilla* has *looseness of bowels*, and may have *constipation*. In our present case *Puls.* corrected the bowels and opened them. I remember *Puls.* has acted often times favorably to relieve bowels and to remove constipation.

On the fourth day of the treatment the patient passed a stool, the next morning after the second dose taken. She got her bowels moved once more on the eighth day of her treatment. As regards the rheumatism here in our case, the changing and shifting character of it, and its selection for the joints showed plainly *Puls.* Thirst vanished after the first dose, and there was no more chill after the second dose which was given on the third day of treatment.

She attended from the 5th to the 12th day of the month, received two doses of medicine, a globule a dose, on the 5th and the 7th; and attended no more. As seen at about the end of the third week of the month she is recovered but weak. Two doses were required to restore her to health.

II. Patient. Abdus Sutterkhan, aged about twenty-eight years, came to my dispensary the 2nd of November, 1895, at about 7:40 A. M. for treatment of *coryza* from which he had been suffering five days with the following history and symptoms:

Exposed to evening cold till night, 8 P. M. about ten days past; this gave rise to the commencement of *coryza*; this *coryza* was about to subside in turn but got a relapse since five days ago, a day previous to these five days he again exposed in the evening cold sitting in an open place.

Present symptoms: Discharge from both nostrils but more from the right one; *thick yellowish mucous discharge with streaks of red blood*; yesterday afternoon *headache over right eye-brow* but not now; now only a sensation of *heaviness* a little on the left of the inner canthus of right eye on the side of the nose *when he bends his head forward*; heaviness of head; occasional cough with expectoration thick and white; *aggravation at about evening*; bowels open daily twice, stools sometimes soft and sometimes formed with no bad smell; felt *nausea* (slight) yesterday at about evening; no increase of saliva; appetite good; *urine colored*; *taste insipid*; tongue colored with *Pâu-juice*; no sneezing. He gets sneezing whenever he becomes attacked with a cold. Winter makes him more susceptible to cold; *nasal passage alternately stops and opens*. Partial *loss of smell*. *Puls.* 30, one globule per dose; one dose given.

3-11-95; 7:40 A. M.: Headache on both eye-brows afternoon yesterday; yesterday severity of headache as that of day before yesterday, less discharge from nose but color and blood as that of previous days; heaviness of head less; cough less but with expectoration as that of previous days; one normal stool this morning; urine colored as other days; appetite good; taste slightly insipid; sleep good. Placebo.

4-11-95; 8 A. M. Much less (occasional) headache at about evening; giddiness afternoon and evening yesterday and this morning; yesterday and last night no nasal discharge by anterior nares but this morning; mucous discharge from posterior nares when drawn back. Discharge thick, color of discharge yellowish of that drawn posteriorly, and white of that blown out through the anterior nares; blood with that drawn back through the posterior nares; cough much less and occasional expectoration of whitish color; one soft clay-like stool afternoon yesterday and one this morning; urine very slightly colored. No sleep last night; appetite good. Taste good. Nasal discharge less than before; blood discharge less; no alternate stoppage and opening of nostrils yesterday. Heaviness at about the root of nose continuing. *Puls.* 30.

5-11-95; 7:10 A. M. No headache yesterday afternoon and now; increase of heaviness of root of nose; discharge of nasal mucus occasionally by the posterior nares, and scarcely if ever by anterior ones; discharge whitish with black blood once to-day; cough less with no expectoration to-day; one soft clay-like stool this morning; urine not colored; sleep though not good but better than that of night before the last; appetite good. No sneezing. Placebo.

Bathing in tepid water.

*Result*—Recovery.

*Remark.* Patient attended my dispensary from the 2nd to the 5th of November, 1895 both the days including, *i.e.*, for four days; received two doses of the medicine, a globule a dose and recovered.

III. Patient. Alâwar Rahmân Khan Choudhury, aged about 22 years, came under my treatment on the 30th November 1895 for *tonsillitis*, from which he had been suffering since a fortnight.

History and symptoms of the case: Got cold from irregularities of diet: ate *acid fruits*, new molasses, etc.; seven days ago drank cold water when over heated and then bathed and after that took his food, and during this meal he got fever with chill;

and since this occasion the pain in the throat increased. Both tonsillar regions swollen with difficult deglutition and a sensation of pricking of pins and needles, feels pain and difficulty in swallowing liquids. Aggravation. Aggravation by day, says in commencing movement as in swallowing first sip of water, but not after that; and again, when the act of swallowing is over, half an hour or so, the pain commences. Got cold two or three days previous to getting throat pain with occasional *thick* and *yellowish* mucous expectoration *with tinge of blood* on it; a quantity of *black blood* thrown up with expectoration when drawn back from posterior nares. Occasional dry coughs. Amelioration of throat-pain during day. Bowels open daily twice. Taste, bitter. Sleep, good. Appetite, good. Slight *tympanitis*. Enlarged spleen. Paleness of face. Stools, morbid. Pulse 30; one globule per dose.

1-12-95. 8:45 A. M. Yesterday better, daytime; aggravation at evening; better last night, and aggravation at about 4 A. M. this morning continuing till now; blood with nasal mucus discharged from posterior nares; extension of pain left side of throat to the root of the left ear; bowels opened yesterday four times, stools being normal; one normal stool this morning with no bad smell of stool. Appetite good; sleep good; urine reddish. Taste bitter.

Placebo: Hot water fomentation. No bathing.

2-12-95. 7:05 A. M. Much improved; no bleeding, but once in my presence drawn through the posterior nares. Bowels not opened yesterday, one normal stool this morning; urine colored; no sleep last night; cough much less.

Placebo: Hot water fomentation.

3-12-95. 9 A. M. Better than yesterday; less blood discharged this morning; pain and pins-and-needles-sensation much less; two stools yesterday; urine less colored: cough less. Placebo. Hot water fomentation.

4-12-95. 7:20 A. M. The pain in deglutition and pins and needles-sensation much less; less than that of yesterday; discharge of blood through the posterior nares twice this morning. Two stools yesterday; one stool this morning with no bad smell. Appetite and sleep good. Taste better. Cough less.

5-12-95. 8 A. M. Pain better than that yesterday; blood discharge from nose less than that of yesterday; another stool yesterday afternoon; one stool this morning with no bad smell. Appetite and smell good. Taste good. Cough much less.

6-12-95. 7:40 A. M. Better than yesterday; one more stool yesterday; one stool this morning, normal, with no bad smell; appetite, taste and sleep good. Urine more colorless.

7-12-95. 9:30 A. M. No cough; no pain in throat; a peculiar sensation of dryness in throat, in which state if he swallows saliva feels some difficulty in doing so and a sensation of a lump feels in the throat; eructation causes sensation of pins and needles in throat. Bowels opened this morning freely with a quantity of white mucus; stool soft with slightly bad smell. Urine slightly reddish. Sleep, taste and appetite good.

8-12-95. 9 A. M. Blood discharge twice yesterday; throat complaints better than yesterday; one more stool yesterday; one free and soft stool this morning; cough no more; sleep good. Appetite better and improved.

9-12-95. 9:05 A. M. Throat troubles less than that of yesterday; no blood discharge; one more stool yesterday; cough no more; urine not colored; sleep, appetite and taste good.

10-12-95. 8:30 A. M. Felt slight pain in the throat last night; this morning coughed up a bit of hard sputa with a little quantity of black blood; almost no pain in throat now; another stool yesterday afternoon; this a good soft stool with no bad smell. Appetite, sleep and taste good; urine not colored. *Sulph. 12.*

11-12-95. 9:15 A. M. Better than yesterday; no bleeding; slight pain in swallowing; another stool (free) afternoon, yesterday; one rather free stool this morning with bad smell; urine not colored; sleep not good last night; appetite and taste good.

13-12-95. 8:30 A. M. No more bleeding; now occasional pain felt during swallowing. Daily one stool these two days. Appetite and urine good.

14-12-95. 10:10 A. M. No more bleeding; occasional pain in throat; one stool this morning, normal, but not free. *Sulph. 12.*

15-12-95. 9:10 A. M. Pain less than that of yesterday; bowels open freely; appetite good; no nose bleeding; sleep not good. Placebo.

Result: Recovery.

*Remark:* A tonsillitis with epistaxis cured with *Puls.*, one dose, and to complete the cure two doses of *Sulph.* were used.

A. W. K. CHOUDHURY.

*Satkhira P. O., Calcutta, India.*

#### HOMŒOPATHIC SKETCHES.

Privy Counselor Aagidiat Freienwalde.

Certain practitioners have denied that there is any efficacy in pellets moistened with Homœopathic remedies, and their admin-

istration has been ridiculed as mere child's play. This communication is not intended for Homœopathic physicians who only use strong doses and full drops, and who are satisfied with the consequent effects. But others who have learned the value of the higher potencies and of the smaller doses may find it of some interest.

We would here ask: How long will medicated pellets, well preserved from external deleterious influences, retain their efficacy? We can not give a very decided answer to this question; but the friends of this form of medical preparation, who have for some time been in doubt, whether it would not be advisable, yea, necessary to occasionally refill their medicine-chests with newly moistened pellets, will no doubt be glad to hear that also very old pellets which might seem to have lost their efficacy, retain their pathogenetic power for many years unweakened.

Dr. *Burkhard* in Berlin, who is continually and indefatigably applying himself to the improvement of homœopathic technique and the preparation of the most perfect medical preparations, goes so far as to declare, that the older the pellets are, the more effective they become, and he may be right.

In the year 1849 at Koenigsburg, in Prussia, there prevailed an epidemic of particularly malignant scarlet fever, and many children and even adults succumbed to it. My practice had so many cases of this kind, that the short winter-days hardly sufficed to visit them all and to administer to them, and all other patients had to be more or less neglected. On the 24th of December I had to make so many calls, that from the early morning after a hasty breakfast, I drove about uninterruptedly, and could not take the time to dine, and late in the evening quite exhausted I entered the house of a friend where supper was just on the table. Though I was very hungry, yet I could not eat a morsel, and even the smell of the food caused an extreme aversion, and a sickness which increased every minute, and although I endeavored to compel myself to stay, I was forced to leave at once and to hurry home and to bed. Here there gradually developed an intensive procto-colitis. Violent, quickly recurring evacuations with tenesmus, intense colicky pains, exhaustion and tendency to syncope followed; the evacuations being at first thin and fecal, soon followed by a watery, reddish mass, mixed with pseudo membranes and blood. During the night there were some fifty such ejections accompanied with

frightful pains. During the first hours I was still able to use the commode by the bed, later on my exhaustion was so much augmented, that I had not the strength to rise, but had to use a bed-pan. In the morning I was unable to do even this, and the discharges were received on soft bed-pans which had to be continually changed, the discharges coming on every five minutes. They consisted at last of very small masses of the size and appearance of a crushed cherry. The pulse became ever smaller, the hands and feet had become icy cold, and I was told that my face looked more and more collapsed. Still my full consciousness remained. What remedies I used, I do not now remember, I only know, that they gave no alleviation, no help. When the morning dawned, two friendly Homœopathic colleagues, the Doctors *Schmidt* and *Gisevius* were called in. They consulted together and prescribed remedies which were just as ineffectual. About noon the physicians reappeared, they were very much concerned, consulted for a long time and gave a new remedy, but with as little effect. No favorable change resulted after they left, and totally discouraged, I discontinued all medicines for several hours. The attacks recurred in an impetuous manner. The sensation of swooning increased, I could possibly await the return of the physicians promised for the evenings. I had to undertake further attempts at a cure; we had not yet found the correct specifically homœopathic remedy. All at once, intuitively, *Cantharis* came to mind, which remedy I had not yet received, and I asked my wife to bring it to me. But despite of all search in various medicine-chests, it could not be found, and I was too weak to look for it. Now I possessed a small pocket-case, a present from *Hahnemann* in the year 1831, containing 144 vials, filled with pellets as large as poppy-seeds and of the 30th potency. I preserved this as a memento of the Master, and it was only valued the more, as the remedies had been prepared by himself and even the names on the small corks had been written clearly and distinctly by his own hand. I had not, however, made any use of these remedies for years, because I supposed that these pellets had long ago lost their efficacy. But now there was danger in delay; the pocket-case contained the much desired remedy, and although we had quickly sent a messenger to the pharmacy to get the medicine, it could surely do no harm in the meanwhile to swallow a couple of these old pellets. I took two of them in a teaspoonful of water.

My kind readers have no doubt, like myself, frequently seen