

couch, wet a folded towel in cold water, and passed it round my head so as to cover the "band"; but it gave little relief; about 10 o'clock I began to think over what I might have eaten to disagree with me so, and at last *Berberis* came plump into sight; I at once prepared a cup of strong, strong coffee (Hahnemann's antidote, and for which I had to send to a neighbor), believing it would antidote the *Berberis* (or rather hoping it might) and about 12 o'clock there was a slight diminution of pressure; then more coffee, black and strong, two or three mouthfuls, and again laid down; by morning, the serious phase of the headache had disappeared; but I was exceedingly tremulous in nerves, and unsteady in gait up to noon, when I ventured on some oatmeal and syrup—habitually, I do not eat meat, or drink tea or coffee, nor spirituous liquors, nor use tobacco, and have not for over thirty years. Finally, I "made a good recovery," and now whenever I have a sensation of biliousness, I touch my tongue to my finger after touching the cork of the mother tincture bottle of *Berberis aqua.*; with laid finger—and have no trouble compared to what I have usually had—I believe I may say, I am subject to biliousness by heredity, but it has removed much thereof, and this remedy, I think, is good enough for the remainder.

J. D. W. C.

Richmond, Va.

[The paper on *Berberis aquafolium* in the March number of the RECORDER was taken from Scudder's *Eclectic Medical Journal*. Editor of RECORDER]

IN MEMORIAM.

The committee appointed to draft a set of resolutions in memory of Dr. John L. Ferson, deceased, beg to report the following:

WHEREAS, In the dispensation of an all-wise Providence, our esteemed friend and fellow member, John L. Ferson, M. D., has been removed from the scenes of his labors and good works in this world, and has entered upon his rest in the other and better world; and,

WHEREAS, Many years of professional fellowship and acquaintance has endeared the deceased to each of us, and have demonstrated in him superior acquirements as a physician and noble qualities as a man; and

WHEREAS, By his death this society has been deprived of one of its most loyal and earnest members, and his professional associates of the benefit of his judicious counsel and wise advice, therefore,

Resolved, That in the death of Dr. Ferson, the Homœopathic Medical Society of Allegheny County, has lost a faithful and valued member, and the system of medicine which he so steadfastly and ably supported, has lost one of its truest and most consistent advocates.

Resolved, That we tender to the bereaved family of the deceased our heart-felt sympathy and condolence, and fervently hope that their affliction will be less keenly felt by the assurance that he will be gratefully remembered by a community in which he was so highly esteemed and universally beloved.

Resolved, That a copy of these resolutions be spread upon the minutes of the society, be sent to the family of our deceased fellow member and to the principal medical journals of our school.

Resolved, What as the last act of respect and esteem that it will ever be our privilege to pay Dr. Ferson, the society attend in a body the funeral services Thursday morning, July 9th, at his late residence, Wylie avenue.

Signed.

W. J. MARTIN, M. D.,
J. B. McCLELLAND, M. D.,
J. F. COOPER, M. D.,
J. C. BURGHER, M. D.,
T. A. WILLARD, M. D.

AN INVOLUNTARY PROVING (?) OF LYCOPODIUM.

I deem the subjoined correspondence of sufficient importance to justify its being put upon record:

"I do not know when I had such a surprise as one given me yesterday.

"Four months ago I made an urinalysis for myself and found my urine O. K. For the past six weeks I have had at times frightful headaches (occiput, vertex and through right eye) which have always been relieved by *Magnes. phos.*

Yesterday I made another examination of my urine, because of my head symptoms, and found about 12.5 per cent. of albumen! I then recollected Dr. Hughes' mention of your use of

Plumbum 30, and his reference to your articles. Have you any reprints of them?

"Urine is normal in color, specific gravity varying from 1.014-1.020, but of very strong odor when standing over night. Perhaps your writings upon this subject will give me some light."

Six days later I received the following: "If not trespassing upon your time I will give you my case in detail, believing that it will interest you in view of the developments of the past few days.

"My symptoms have been as follows: Constipation; flatulence and borborygma; frequent micturition, urine opaque when heated, no phosphates, but mucus or mucin, some albumen; teeth painful to touch (upper molars, right side); throat dry and accumulation of phlegm; tension in region of liver; aching pressure in occiput, vertex and eyes; rheumatic soreness right hand and wrist; palpitation of heart.

"On 30th I took *Calomel* grains 2, and on Sunday had six copious movements with much bile, after which head symptoms ceased.

"Two days ago when trying to relate 'cause to effect' I wrote out my symptoms and thought I would look up the 'drug pathogenesis.' I then took up Hughes and Burt, and to my surprise found my symptoms under *Lycopodium clav.*

"Now for the part which will interest you. For the past month I have been engaged every day in chemical experiments upon a new compound, and to the boiling mass of which *Lycopodium* has been added. Possibly the inhalation of the liberated oil of *Lycopodium* or of the pollen itself may be the cause of my trouble. Do you think this possible?"

Sixteen days later my correspondent writes: "I treated myself as I have treated others of like character, and since the 14th instant have had no head pains. Amount of urine normal; color and action normal; specific gravity 1.017-1.020; trace of mucus and albumen; bowels regular; no vertigo or sense of fatigue; no more getting up at night to micturate."

Fifteen days later, in answer to an inquiry, the doctor wrote: "I am convinced that the effect of pollen and its vaporized oil by absorption through the respiratory tract was the causation in my case. I have not a single symptom left save a slight precipitation of mucus; absolutely no albumen."

As a "proving" this case is spoiled because the subject

thereof submitted himself to vigorous treatment, both medicinal and dietetic; but it is suggestive, nevertheless. As he had removed the cause so soon as it was suspected, the effect may have ceased spontaneously.

The fact that the perspiratory function of the skin was not arrested is significant, and it gives emphasis to the conclusion that the albuminuria was a pathogenetic effect of the *Lycopodium*.

When will the laboratory advantages of the University of Michigan be availed of to give us provings of our remedies with the essential urinary analyses? The question is of far more importance than of the removal of the college to Detroit or anywhere else. But essentials count for little in Michigan.

Ann Arbor, 10th of July.

S. A. J.

"THE LOUSY EVIL."

Perhaps the following extract from "Universal Practice of Medicine" by Jos. Lientaud, first physician to Louis XV, translated from the Latin by C. A. Atlee, M. D., may be of interest to readers of RECORDER. Reading "Up to Date" in July number suggested it.

ALEX. R. SHAW, M. D.

Philadelphia, July 20, 1896.

"Phthiriasis--The Lousy Evil."

We are not treating in this place lice produced by filth and nastiness, but of a certain peculiar and very rare disease, which without respect to rank, invades even the nobles themselves. The lice, in this kind of disorder, not only infest the external skin in heaps, but lurk even beneath the teguments and the pericranium itself; yea and perforating both tables of the cranium, as also the meninges; they get into the brain itself, which stupendous phenomenon dissections have exhibited. This most loathsome disease has a fatal termination, since hitherto the genuine method of cure has been undiscovered. Yet nothing hinders trying the virtues of powdered aloes, the seeds of *staves-acre* and American caustic barley, which in a short time expel the common lice, produced by filth. For preface to his work he says: "This synopsis has been produced, not an elementary or didactic work, but made up of mere observations while engaged among the sick and dead." "For it is known to all that

diseases of the same name or the same species, never occur clearly alike in practice, both on account of numberless circumstances derived from temperament, age, sex, season, etc."

EPILEPSY OF TWENTY-FIVE YEARS' STANDING CURED BY *CENANTHA CROCATATA*.

Sometime about the year 1887, I believe, shortly after moving to this little city. I met one, Rev. H. B. Seely, who, while serving as aid to one of the Federal generals at the battle of Gettysburg, was wounded by a piece of shell striking him on the forehead and knocking him from his horse. He fell into the hands of the enemy and laid in prison twenty months. Coming out of there a wreck, he began to have light attacks of epilepsy, which increased, until when I met him he was a total wreck. Was having his "spells," as he called them, as often as four or five a day, could not write his name, and at times would take to his heels and run four or five miles into the country before he could be overtaken and captured. He had been treated by about thirty of the ablest surgeons in the country, including Gross and Agnew, of Philadelphia, without the slightest improvement. I proposed to furnish him medicine if he would take it, as I believed I could cure him. He agreed, and I put him on *Cenantha crocata*, 4th dilution, five drops every four hours. After the first dose he had a very bad fit. I told him that it was an evidence that the medicine was acting properly. I let the dose off a little and he began to improve, and in less than a year he was enjoying perfect health; he did not take the medicine continuously, but when he felt nervous he would take a few doses. The case was a very bad one of over twenty-five years' standing, and I think the medicine wrought a wonderful cure.

Yours truly,

J. S. COOPER, M. D.

Chillicothe, Mo., June 16, 1896.

SOAP DUST FOR HAY FEVER.

A young woman before her marriage was for over a year under homœopathic treatment for hay fever in Portland, Oregon, with indifferent results. She then married a photographer and helped him burnish photographs once a week. A part of this work con-

sists in rubbing with a dry cloth first a piece of dry castile soap and then the photograph, whereby considerable soap dust is inhaled. Since thus employed she has been free from rose colds.

She told another lady of her cure, who also had suffered from severe yearly hay fever and this one has likewise been free from it since inhaling soap dust. Whenever the symptoms of the rose cold appear, she rubs a piece of dry castile soap with a dry cloth, inhaling the dust, and this stops the disease at once. A previous homœopathic treatment and use of Farradic current had also been unsatisfactory in her case.

We are personally acquainted with both ladies and can vouch for the correctness of both their statements.

Will those who try this simple remedy please report in this journal their results?

Roseburg, Oregon.

F. G. OEHME, M. D.

DYNAMIZATION.

The dynamization of drugs and the increased efficiency laid to be the effect of the dynamizing process, have long engaged my curiosity. It is an interesting study. I do not think the puzzle is yet solved. The theories which have been advanced to account for this wonderful development of latent power remain theories still; nor is it easy to see how the stage of theory is to be exchanged for that of acknowledged proof.

The subject naturally divides itself into two primary questions:

1. Will drugs treated by the process recommended by Hahnemann be rendered more efficacious in the curing of disease than they otherwise are? 2. In what way does the process secure this efficiency?*

We all acknowledge that a new power is conferred on *some* substances by Hahnemann's process. There are several wonderful examples of this. Take, *e. g.* *Chloride of sodium*. This salt has never been employed remedially in the crude state. We use it as a condiment to preserve us in health, but as a remedy in disease I have not heard of it being used. But triturate a grain of this with a hundred of milk sugar and we obtain what Hahnemann has correctly called a "heroic remedy." We might mention other substances, as *Charcoal*, *Lycopodium*, *Silicea*, etc., as

* Although this distinction is here made, it has not been found convenient to separate them in the argument.

examples of the same dynamic power evolved by the same process.

But another question arises. Does the dynamizing process increase the efficacy of those drugs which already have a distinctly curative virtue! Such drugs are very numerous, forming, perhaps, nine-tenths of the whole—from *Aconite* to *Veratrum*. Suppose we put a drop of the officinal tincture of *Aconite* in a tumbler of water and give this in divided doses. This would be an example of treatment by the crude or non-dynamized drug, and would in many cases be a valuable curative agent. Now suppose we dynamize and make a thirtieth attenuation of *Aconite*. What have we now? Will this thirtieth attenuation be more efficacious than the other? Or will it be adapted for a different set of symptoms? I do not myself know, but perhaps others do. And yet no one, I believe has given us an account of this comparative efficiency in drugs—that is, a comparative statement of the curative action of the crude drug and of the dynamized drug. This is much wanted. We sometimes read glowing accounts of the successful action of this medicine or of that; but whether the success is due to the action of the crude or the dynamized drug we do not know, for we are not told. Now I cannot help thinking that it is always very important that we should have a distinct understanding whether curative results are due to the action of the crude drug or to the dynamized drug. Often, no doubt, we get contradictory statements. For instance, Dr. Hughes, a very exact writer, when speaking of *Aconite*, says: "The fever in which *Aconite* is specific is the 'synocha' of the old authors, the 'pure inflammatory fever' indicated by Hahnemann." Does Dr. Hughes here mean the dynamized *Aconite* or not? By looking a few pages further on we receive an answer; but it is not a decisive one. He says: "As to dose, I cannot deny that Hahnemann's immediate successors seem to have found success from the plan recommended (more or less theoretically by him) of administering in fever a single dose of a high dilution (18th to 30th) and allowing it to act. But it is no less certain that the homœopathic practice of the present day in all countries is to give frequently repeated doses of a low dilution until the fever departs in perspiration."

By giving a low dilution I suppose we may understand that the 1x would come under that classification, and certainly the 1x could not be called a *dynamic* dilution.

But what shall we say of the diversity of statement with regard to the use of *Aconite*? Different arguments might be employed on this diversity in theory and in practice, if it were worth while to dilate on them, which it is not. There is, however, just this fact clear enough, that if the "low dilutions of present day practice" are successful, why need "Hahnemann and his immediate successors" have wasted their time in making attenuations from 18th to 30th? And besides the waste of time there is something worse to be considered, and that is—tending to make the practice of Homœopathy difficult to be accepted by both the profession and the public.

As to the curative inefficacy of the genuinely dynamized drug there can hardly be a doubt, considering how numerous have been the testimonies with regard to it. We cannot ignore the testimony of honest and intelligent men, however much some of us may have wished that it were not so. And yet I think we are justified in saying to those who use the dynamized drug exclusively—what you can do with your high potency we can also often do with our low one. Or rather, thus—If *you* can sometimes cure with your high potency patients whom *we* have failed to cure with our low ones; on the other hand, *we* claim to cure with our low when you have failed with the high. This would be the most rational and most candid way of ending the difficulty between high and low—that is, between those who adhere to dynamization and those who use only the crude or diluted drug.

But the question continually recurs to us, Are the terms "dilution" and "dynamization" to be considered as synonymous? In other words, Is it merely the extreme minuteness of the dose which secures its efficacy; or does the drug obtain some new power by trituration or succussion? Suppose we put a grain of the drug to be experimented with into a vat of water consisting of thousands of gallons, give the solution a little agitation, and then employ this solution in drop doses as a curative agent. Shall we in this case get the same remedial result as by employing the process recommended by Hahnemann? It is very unlikely, I think. Therefore we may conclude that it is not the minuteness of the dose which produces the curative effect. And therefore, also, the terms dilution and dynamization are not synonymous. And therefore, also, the terms should not be used indifferently and indiscriminately.

There is another point. Our old motto is *similia similibus*

currentur. Does this mean that if the crude drug produces certain symptoms, then the drug in a reduced dose will cure those same symptoms? Or does it mean that if the drug produces certain symptoms then the *dynamized drug* will cure those symptoms? Or does it mean that sometimes one and sometimes the other will do so? Shall we ever know and understand the present mystery of this science? Until we do so Homœopathy cannot be considered an *exact science*.

An Outsider's View.

A certain Mr. Colville writes as follows in one of our weekly papers: "Many Homœopaths declare the highest attenuations to be the most potent with sensitive patients. Why? Surely because trituration is a mental as well as a physical process. It extracts hidden potency from the drug by refining away the outer covering of its psychic essence. Everything in nature generates an aura, but the potency is not in the aura, of which the outward form is the grossest crystallization, but in the vitalizing element which is invisible."

I cannot attempt to criticise this assertion, because I cannot enter into the sphere of thought in which the author moves. Moreover, I do not understand what he means by the "invisible vitalizing element"; or whether this refers to the operator or the drug operated upon. Of course, if there be any truth in the assertion that dynamization evolves power, it follows that there must be an explanation of this in some way or other.

In reading over an interesting address by Dr. Dake, on Drug Attenuation, I find that Hahnemann's first theory respecting it was, "that drug power may be developed, but not increased, by the processes of drug attenuation." His second theory was, "that drug power may be not only developed, but marvelously increased, by the processes of attenuation." Concerning which statement Dr. Dake says: "In other words, it has been believed that the medicinal force of a given drug mass is not in proportion to the number of its drug molecules, but dependent, rather upon the quality and expansiveness of its indwelling spirit. * * * The believers in this theory entertain the opinion that drug matter is infinitely divisible and that there is no limit to the capability of alcohol shaken, or of water, freely running, in a vessel where one drop of the drug even has been, to liberate drug spirits and so increase drug power!"

I have before spoken of the marvellous effects of trituration

upon comparatively inert materials, and especially upon such a salt as the *Chloride of Sodium*. A grain of this salt triturated with a hundred of sugar, does indeed produce a medicine truly heroic, and which must be given with caution, if at all. But when this attenuation is carried on, say to the sixth potency, we get a safe and efficient remedy. Here we see that the effect of further trituration is not to increase the power, but to reduce it; and we may reasonably suppose that each successive attenuation must reduce the power still further. And so there must come a time when no medicinal effect remains.

It may be objected by some that the process of dynamization is too artificial a method of procuring remedies, and therefore contrary to the simplicity which pertains to the use of *natural* products. Well, it is, perhaps, a roundabout way of attaining our end, but then that end often *is* attained, be it a *sine qua non* or not. I have often thought that, after all, the best way of using remedies is by giving the first infusion, or decoction, of vegetable substances. One might naturally suppose that water would prove a better medium for obtaining the virtues of many vegetables than would alcohol. I am not sure, but my impression is that every mineral salt that we use in medicine may be found in the vegetable kingdom, and that some of them would be found insoluble if sufficient water were employed—water sufficient to reduce them to the third potency, e. g., suppose we wish to give *Phosphate of iron*. This salt is contained in *Gelsemium*, *Aconite*, and many other plants. Would not an infusion of one of these contain as much of the salt as we should have in the third trituration of Schuessler? I think so. Take another insoluble salt (so-called) *Phosphate of lime*. Several plants contain this, and we may again ask the same question: Would not an infusion of these answer as well as the trituration? However, one cannot labor this point because there is an almost inseparable difficulty in the way. A doctor cannot carry herbs about with him. He must therefore fall back upon his tabloids or triturations; but whenever these fail it would be worth while to try a fresh infusion.

A question which has sometimes occurred to me is this: Do all substances develop their dynamic qualities in an equal ratio? In other words: Will the same potency be adapted to all drugs which are dynamized? This is hardly probable, but why it should not be the case we do not know.

London, England.

GEORGE HERRING, M. D.

NATRUM MURIATICUM.

(1) In Involuntary Urination During Coughing.

Patient, named Zaheeruddeen Khair, aged about 42 years, came to be treated for the above complaint and was entered in my dispensary case-book on the 9th of November, 1895, at about 6:40 A. M., with the following history and symptoms: Had gonorrhœa 8 or 10 years past, but there is no trace of the disease at present; had itch, which healed up by using some external applications. Not vaccinated, but inoculated. *Involuntary spurting out of a small quantity of urine during coughing*, which, when he catches cold, may happen any time during day or night, but this cough aggravates morning and evening. Has coryza and cough, now nasal discharge watery; aggravation of cough morning and evening. The involuntary passage of urine during coughing may occur any time he coughs, but not always and every time he coughs. Passes soft, clay-like stool, of yellowish color with no bad smell; urine not colored; occasional increase of times of micturition. In the morning or evening when he coughs and passes a small quantity of urine involuntarily he feels a call to pass water, and passes water. Appetite dull. Good sleep if not interrupted with coughs. Pulse full, compressible and rather quick. Tongue clean, moist and slightly colored with *Pâu* juice. Recently he had an attack of intermittent fever, for which he used *Quinine*. This has been within the period of a month. No enlargement of spleen; no pain on percussion on epigastrium and right hypochondrium. Eight or ten years past he passed a round worm; passes thread-worms now and then. Chance of the involuntary passage of urine more in the morning. Itching pimples on the occiput, among the hairs. Coryza from before the last attack of intermittent fever, continuing after yet; watery nasal discharge by blowing through the nose; sneezing day before yesterday; had fever blisters on lower lip and on tongue during the cold after the last attack of fever. Gets winter cough, and this present cough seems to be the preliminary stage of this year's winter cough. If there be evening cough, continuing for some time, it stops with taking food after evening.

Treatment: *Nat. m.* 30; one dose placebo for next day.

3-12-'95. 9:15 A. M. In the interval he had an attack of intermittent fever for which he used no medicine; no fever since about a week past. Cough much less; no spurting out of urine

with every spell of cough, only very seldom, especially with coughs of greater force. Daily two soft free stools. Appetite good. Afternoon urine some days somewhat colored. Itching pimples among the hairs. Says three-fourths part of the illness is disappeared. Gradually improving. Placebo.

9-12-'95. 9 A. M. No spurting out of urine during the interval although he has got cough and coryza since yesterday. No medicine given.

13-12-'95. 9:30 A. M. Cough and coryza going on but no spurting out of urine during coughing. He has a symptom; to attend immediately: A call to pass water, and this only at nights—nocturnal enuresis. Stools normal. No improvement of this nocturnal enuresis after using the medicine. Passes water once or twice after going to bed every night. *Nat. m.* 30; one dose.

25-12-'95. 10:20 A. M. No more spurting out of urine involuntarily during coughing; no improvement of nocturnal enuresis. Appearance improved. Cough much less than that of last year. Placebo.

17-1-'96. 5 P. M. *Recovered.*

Remark. Has got cough twice or thrice after the recovery, but no relapse of the symptom (spurting out of urine during coughing.)

(2.) In Intermittent Fever.

Patient, a Mohammedan girl of two and a half years of age, suffering from the fever for about three months; brought to my dispensary the 23d of December, 1895, 8:40 A. M. with the following characteristics of the case:

Type: Quotidian. Time: Early morning before sunrise, about 6 A. M. Prodrome: Yawning, stretching. Chill: Shaking, severe, more than one hour; *thirst* of large quantity of water; heaviness of head; *horripilation*. Heat: Severe, more than one hour; *thirst*; sweat, slight; *no thirst*. Apyredia complete.

Bowels constipated, passes stool after two or three days; stools hard, knotty; urine sometimes colored; tongue moist, two sides of the anterior part mapped almost symmetrically in the following manner:

Tongue mapped on right side, and on the other (left) side. Soft, enlarged spleen; puffiness of upper and lower eyelids of both eyes; bad smell of mouth; good sleep at night. Does not take her food. Face pale and slightly puffed; abdomen bloated. Used