

quinine and other medicines. The child has an especial desire for common salt which she takes without any additional article. *Nat. m.* 30, one dose given to be taken in full remission.

24-12-'95. 9:10 A. M. Puffiness of face and of one eyelid much less; to-day, morning, fever but with slight chill and less thirst; tongue whitish in the centre and mapped as above; one hard and formed stool yesterday at about noon; urine not colored and increased in quantity this morning; shivering; feverish now with thirst. Yesterday took rice before medicine was taken. *Nat. m.* 30; one dose.

25-12-'95. 9:05 A. M. Less fever than that of yesterday; no shaking, almost no chill; no thirst; one formed stool yesterday at about noon; the stool being not so dry as before; now slight perspiration; tongue mapped and colored as above; puffiness of face and eyelids less; paleness of face seems increased; good sleep last night; urine slightly colored; wets bed, but not last night. Placebo.

26-12-'95. 9:10 A. M. No fever now, (now being the paroxysm time); appearance almost normal; puffiness almost all disappeared; one stool yesterday at about noon, the stool being of the same sort as that of day before yesterday; urine less reddish but increased in quantity and in times of micturition; tongue not mapped to-day, but posterior part yet whitish; spleen reducing. Placebo.

27-12-'95. 9:10 A. M. Slightly feverish now. One scanty stool, hard and formed yesterday at about noon; tongue white as above and coating from two sides. *Nat. m.* 30.

29-12-'95. 9:20 A. M. Tongue better; almost not mapped; moist; no fever yesterday; very slight feverishness to-day; one hard, small, knotty stool yesterday at about noon; urine slightly colored; but not much in quantity, and number of times of micturition less; no sleep night before last; slept last night. *Sulphur.*

30-12-'95. 9:25 A. M. Yesterday fever at about 10 A. M., with slight chill with thirst; with much heat with no thirst; slight sweat; apyrexia complete; slight horripilation during chill yesterday. Bowels opened yesterday at about 10 A. M., the stool being at first knotty, then hard and formed and liquid; with no bad smell. Abdomen slightly reduced. Urine sometimes reddish. Placebo.

31-12-'95. 9:20 A. M. Fever yesterday at about 4 P. M., lasting till evening; again this morning another paroxysm at about

6 A. M., and the fever-chill continuing with thirst; sleeping in the present chill. One stool yesterday, at about 10 A. M., being at first a hard then soft-formed stool (scanty). Urine slightly colored. *Sleep during chill* during the whole course of fever. Tongue moist and not mapped. *Nat. mur.* 30.

Result. Recovery.

(3) In Hydroa.

Patient, Delbar, our servant, aged about 17 years, color fair, came under treatment the 17th January, 1896, at about 10:05 A. M.

History and symptoms: At first coryza and cough since about a fortnight; no nasal discharge now, only dry cough remaining now; cough with no aggravation at any time. *Hydroa.* At first a hard vesicle formed on the left labiæ commissure; the vesicle on being scratched opened and new ones formed around the same; now the patch is rather elongated, running outward towards the middle of the left cheek; the patch is itching and humid, as watery fluid exudes after scratching; a scab has formed and new vesicles forming. The left cheek swollen with not much pain. No fever. Bowels open normally. Tongue broad, moist, and slightly white. Pupils dilated. Slight injection of conjunctival vessels. *Nat. mur.* 30. One dose and bathing in cold water.

18-1-'96. 9:20 A. M. Swelling much reduced; itching less; no watery discharge if there be any opening and tearing by scratching. Bowels regular. Cough and coryza the same. Placebo.

One day more he attended my dispensary and got placebo. He has recovered.

Let us commence from the last the hydroa case. Was it hydroa that was cured in the above case? The patient is cured, and there is no doubt of that, and he may shower thanks on his healer, but the difficulty is among us (we medical professioners) to diagnose, as it is in every case that comes to us for treatment. What led us to call it hydroa? Hydroa, as Dr. F. T. Roberts has it in his Handbook of the Theory and Practice of Medicine, third edition, "consists of minute vesiculation arising out of irritable, red, indurated spots, * * *." He says it is often pruritic and may affect the mucous membrane of the mouth. He places hydroa in the heading of the Bulbous Inflammations of the Skin. By the word *hydroa* I am rather inclined to mean a

blistery-like eruption on the skin or mucous membrane; but this was not the case in my patient. My patient expressed that he had at first had vesicles with itching. I saw the part covered with a large scab covering the whole part with vesicles, the cheek was swollen and slightly painful. To those who are not well up with experience in skin diseases may find it a difficulty to diagnose hydroa of the mouth and lips with herpes of the same places. I would call it *herpes labialis* had the patient to complain much of pain of the affected part and of other constitutional pain.

As regards the treatment: The patient took only *one dose of Nat. mur.* 30 (one globule) on the first day of his treatment, then two days placebo, and gradually recovered. Would not the result of this case be a very strange matter to them who are rather conservative and maintain that the medicinal efficacy of our common salt is only in some external applications, as some baths, some injections, etc., and scornfully reject what are derivable by potentization?

The intermittent fever case: This intermittent fever case, who had been suffering since about three months, took medicine as follows:

- 23-12-'95. *Nat. m.* 30, one globule, in one dose.
- 24-12-'95. *Nat. m.* 30, one dose as above.
- 25-12-'95. Placebo.
- 26-12-'95. Placebo.
- 27-12-'95. *Nat. m.* 30, one dose as above.
- 28-12-'95. No medicine.
- 29-12-'95. *Sulph.* 12, one globule in one dose.
- 30-12-'95. Placebo.
- 31-12-'95. *Nat. m.* 30, one dose as above.

So we see *Nat. m.* 30 (one globule in one dose), was given four times, two doses on the first two days of the treatment; the third dose on the fifth day and the fourth dose on the last day of the treatment. I expected here a readier cure, but from some irregularities of diet which were allowed to the patient and expressed to me by the mother a few days afterwards. Here we may see how *Sulphur* can be used *intercurrently*.

I should not leave this case of *intermittent fever* before I note down here two remarkable conditions of the case: (1) "The child has an especial desire for common salt, which she takes without any additional article." (2) The mapped tongue.

This especial desire for common salt is noticeable in some patients, and they devour it in larger quantity than others of the same locality. If such patients have at least very few characteristic symptoms of *Nat. m.*, I find it good with me to try them with *Nat. m.* potentized. My dear reader, what's your opinion on this?

The mapped tongue: This is a characteristic symptom, as far as I remember, of *Nat. m.* I have seen various sorts of mapped tongues, among which may be mentioned the unilateral and symmetrical mapped tongues. To learn something from the pathologist, readers of this paper, I request them to favor me with the explanation of the cause of the mapped tongue, with its various varieties. The symmetrical variety may be central or lateral. In our present case we have the lateral, symmetrical variety. There is another variety, the scattered one, in this, as far as I know, there is no regularity and symmetry of the marks.

This mapped tongue and the desire for common salt and eating it in larger quantity as mentioned above, besides other *Nat. m.* symptoms of the case, indicated to prescribe the salts.

Let us consider the first case, the involuntary urination case. This is a peculiar case, peculiar at least to me, as I have never seen such a patient. Two doses of the medicine (one globule per dose) relieved him of the symptoms.

There are many medicines for involuntary urination, but very few for that during coughing. I do not remember at present more than *four medicines having involuntary urination during coughing*, which are the following: *Causticum*, *Natrium muriaticum*, *Pulsatilla* and *Squilla*. The morning and evening aggravations, previous use of *Quinine* and fever blisters indicated *Nat. m.* It would be a matter of great pleasure to me if any one, Mr. Editor, or the reader, would publish cases like this, involuntary urination during coughing, in this journal, treated with any single homœopathic remedy.

(4) Herpes Labialis.

Patient named Ayen Sebara, aged about 50 years, admitted in my dispensary the 29th January, 1896, at about 10:15 A. M., for the treatment of *herpes labialis*, suffering for about six days past. His story and symptoms are as follows: Had cough and coryza since two days before the eruption; cough and coryza continuing up to now; cough with thin expectoration; cough increases in the morning and evening; nasal mucus discharge thin;

sneezing since about seven or eight days; day before yesterday had fever afternoon 3 P. M., with severe chill with no thirst, before chill yawning and stretching, chill for about an hour till 4 P. M.; then followed heat; no thirst during heat; no headache but much heat of head; no sweat; during chill horripilation; swelling and pain in upper gum; bad smell of mouth. Feels no pain in throat. Labial eruption examined and found to be small blister like those which are newly forming, the old ones being covered with thin black scabs. The eruptions are badly painful. One of the eruptions is on the internal side of the left cheek, the site of this eruption, too, is painful. No fever now, bowels open daily once or twice normally; stools soft with no bad smell; urine not colored; heaviness of head; taste insipid; appetite good; sleep good; the eruptions are burning; had fever two days before the above-mentioned day; used to take salt (common) more in quantity with his food before this attack of disease, but he has now an aversion for the salt. Treatment. *Nat. m.* one dose. Diet: Rice, vegetable curry.

30-1-'96. 10:10 A. M. Three or four loose stools yesterday; one normal stool this morning; cough with watery sputa last night; urine not colored; feels better this morning. Herpes labialis (on the lips and that on the internal side of the left cheek) much improved; pain of the eruptions almost gone; the eruptions all subsided. Aversion for salt continuing. No bathing yesterday. Placebo.

31-1-'96. 10:05 A. M. Almost healed up; no pain; only two scabs on right side of upper lip; two normal stools yesterday; no stool this morning. Placebo.

Remarks: Patient recovered with only one globule of the *Nat. mur.* 30, given to him in one dose the day he came under my treatment. I may say I was lucky enough to get this case—Herpes labialis—when I was already done with the remark on my hydroa case mentioned above. Now it is very clear to see here in this paper of mine the difference between Herpes labialis and hydroa of the lips. In this last case we have very bad, painful, small blister-like eruptions on the lips and one on the internal side of the left cheek. This painfulness of the eruption (blister-like) and the appearance that of a small fever blister which the patient had, and cough and coryza all contribute to prove the herpetic nature of the eruptions. This painfulness, the blister-like appearance and pyrexia was wanting in my

hydroa case where you have only slight pain, slight swelling and slight coryza, but no fever during any part of the whole course of the case. So there is no difficulty in diagnosing these two cases; hydroa and herpes labialis.

A. W. K. CHOUDHURY.

Satkira P. O., Calcutta, India.

DOWN IN DIXIE'S LAND.

TALLAPOOSA, GA., July 4, 1896.

Editor of HOMŒOPATHIC RECORDER.

Please send "THE HOMŒOPATHIC RECORDER" in future to the above address. I was formerly located in Baltimore, Md., and have lately come to this place.

I find Tallapoosa quite a pleasant town, or rather small city of about three thousand inhabitants. This is a winter health resort, and a great many after coming here have decided to stay the year around, finding it pleasant here the whole year. There is neither extreme of heat nor cold, as is apt to be the case in our more northern cities. The nights are almost always delightful, notwithstanding the days may be comparatively warm preceding them. Many nights are often cool enough to sleep under a blanket, even when the thermometer may be up to ninety in the middle of the day. There is seldom a night without a pleasant breeze. I am told that sunstroke is unknown here, no one knowing of a single case. Almost every State in the Union is represented by persons who have come here for their health, and to avoid especially the extreme cold winters of the northern clime.

I find about the same diseases prevail here during the summer as prevail in the more northern cities, and I find they yield more readily to the true homœopathic remedy than to the old system of harsh drugging. So far I have been very successful, but I hear of quite a number of deaths under the treatment of the other school. This, of course, is the same old story with which all homœopathists are well acquainted, wherever dispersed; Homœopathy is always to the front, and the most intelligent and refined recognize the fact, and will have no other.

With best wishes I am

Yours truly,

E. H. HOLBROOK, M. D.

RESPECTFULLY REFERRED TO OUR CONTRIBUTORS.

Editor of HOMŒOPATHIC RECORDER.

Have just been reading G. Herring's article on diphtheria, and as so often before by different writers, have had a degree of regret come over me amounting to *positive sadness*, that so many do not mention the *potency*, and also repetition. These points are certainly very important. Would it not be well to put a standing notice into the RECORDER to this effect. There is such an immense difference between the lower and higher potencies.

Yours truly

DR. GEO. E. EHINGER.

Keokuk, Iowa, July 11, 1896.

WAKE UP GENTLEMEN!

Editor of HOMŒOPATHIC RECORDER.

At a session of the American Institute of Homœopathy, held in Newport, R. I., in June, 1895, the homœopathic society of each State was requested to appoint two of its members as delegates, to unitedly form an Inter-State Committee of this Institute. In the 45 States of the Union, there already exist 33 such State Societies, 28 of which appointed and reported such delegates. These delegates assembled at Detroit during the recent sessions of the Institute, organized and carefully considered the relations of the State Societies to the Institute and to each other.

In accordance with the recommendations of this Inter-State Committee, the Institute adopted the following preamble and recommendation:

WHEREAS, It is of great importance that our State Societies should be in harmony with the American Institute of Homœopathy, therefore, in order to secure this end,

WE RECOMMEND, The revival of the former custom by which the Presidents of our State Societies shall become honorary vice-presidents, and the secretaries, corresponding secretaries of the Institute, during their respective terms of office.

The following recommendations were also adopted:

1st. The legal incorporation of all homœopathic State Societies, not already incorporated;

2nd. The organization and incorporation of homœopathic

State Societies in States containing a sufficient number of homœopathic physicians, wherever no such organizations now exist;

3rd. That it be urged upon all homœopathic State Societies to annually furnish the Institute with correct lists of homœopathic physicians and of all homœopathic institutes (including hospitals, colleges, societies, journals, etc.) in respective States; also, that an annual report of desirable locations for homœopathic physicians be prepared by the State Societies for publication, and that copies be furnished to the American Institute;

4th. That this Inter-State Committee be made a permanent Committee;

5th. That each State Society shall annually publish a list of its members, together with a resume of its general transactions;

6th. That a system of Inter-State delegates between our State Societies be arranged as far as practicable.

The earnest interest already exhibited in this movement, and the great importance of harmonious and systematic action on the part of our societies and institutions, should lead every State Society to actively assist this measure.

Will you kindly report at once to the Secretary of this Committee, the name and address of the President and Secretary of your State Society on June 15, 1896? Also, the number of members and the general condition of the Society, together with other suggestions which may be for the mutual benefit of your Society and the Institute?

Respectfully submitted,

MARY F. CUSHMAN, M. D., CASTINE, ME.,

Secretary of the Interstate Committee.

I. T. TALBOT, M. D., BOSTON, MASS.,

Chairman.

BIG GUNS AND LITTLE GUNS, GERMS AND SERUMS.

(The following breezy letter to the editor of the *Medical Record* is too good to pass by. If you would know the origin of many of the ultra "scientific articles" that adorn so many medical journals, you must seek it at the business end of the publication.)

SIR: After reading the articles in your excellent journal in

reference to antitoxin, I cannot refrain from writing you a few lines about germs and serums in general.

When will the medical profession learn that they are being made dupes of by some of the chemical manufacturing companies? These companies discover (?) some great drug or cure. Now, how do they set about to get rich from it? The answer is easy. Some physician of national repute and high-sounding title is sought. He is informed that the very moon revolves about his magnificent reputation and name; in other words, that he is the great medical mogul. They inform him of the wonderful remedy, supply him with some, give him to understand that it will be worth his while to write a scientific article for print about it. What does he do? Tries it in a few cases, writes a long, learned discourse, and gives it up to the company. What do they do? Print his learned article and strew it broadcast over the land. No one dares doubt the wonderful virtues of the remedy, for does not the recommendation come from the great So-and So?

No one wants to be outdone, so the lesser lights rush into print—everybody goes wild. After a time some doubting Thomas finds nerve and gall enough to call a halt, and in about the length of time it would take the midday July sun to lick up a frost the remedy is a dead cock in the pit. The theory is exploded, but the company has grown rich.

Understand, I do not say all chemical companies are working the profession for what can be gotten out of it, because we are under a thousand obligations to many of them for the standard and reliable preparations they have put on the market.

What of antitoxin? Time will demonstrate, as it has almost done already, that it is a delusion and a snare. If so, you say, how are we to account for the reports of cures made by the leading men in the profession? Here let me say we are only human—big guns, little guns, and all. Enthusiasm carries them off their feet. Everything must bend to the theory; if we look through blue glasses we see blue.

I know of a man with a national reputation who secured a little vial, at great cost and trouble, of a new fad. He held it up before a class and said: "Behold! the science of a thousand years, concentrated in this vial!" The fact of the matter was that he could not have told what was in the vial to "save his immortal essence."

I doubt the efficacy of antitoxin upon two grounds: First, mistaken diagnosis and slight attacks; second, unreliability of figures.

As to the first reason—too many cases are diagnosed diphtheria which are not diphtheria. But, you say, the culture and and test will settle it. I say no. We are over-enthusiastic over germs and germ theories. The pendulum has swung too far and must come back. Time will prove that we have been too positive about disease germs. Stick a pin there.

Many and many a case of follicular tonsillitis has been called diphtheria, and a wonderful cure reported, and perhaps the physician was sincere in his diagnosis. Beware of the diagnostic powers of a man who reports anywhere from fifty to a hundred consecutive cases of diphtheria without the loss of a single one, antitoxin or no antitoxin.

The greatest medical man in New York or Paris is just as apt to make a wrong diagnosis as a doctor not known outside of his little country village. And with all due respect I say that in many, many cases, were we to judge of the true success of the two physicians by the bona-fide cures made and real good done, the cross-roads man would carry off the palm. Cartloads of men with national reputations are dismal failures in actual practice. Theory is one thing and practice another.

As to the second reason—difference in severity of epidemic, location, care, etc., leads to unreliability of figures. Another reason is that when we are dealing with the human organism we are dealing with a compound, complex, complicated affair. So that if we give a remedy and the patient gets well, what definite reason have we for assuming the patient would have not recovered without medicine?

LINCOLN PHILLIPS, M. D.

Hartwell, O.

THE TISSUE REMEDIES.

Mr. M., aet. about thirty-eight, was brought to me with a little sore place on his lower lip at the margin of the mucous membrane and the skin. It had given him much annoyance, having resisted treatment for some three months, and seemed to be getting worse. A clear diagnosis was not made. There was no family history of cancer, although there had been some con-