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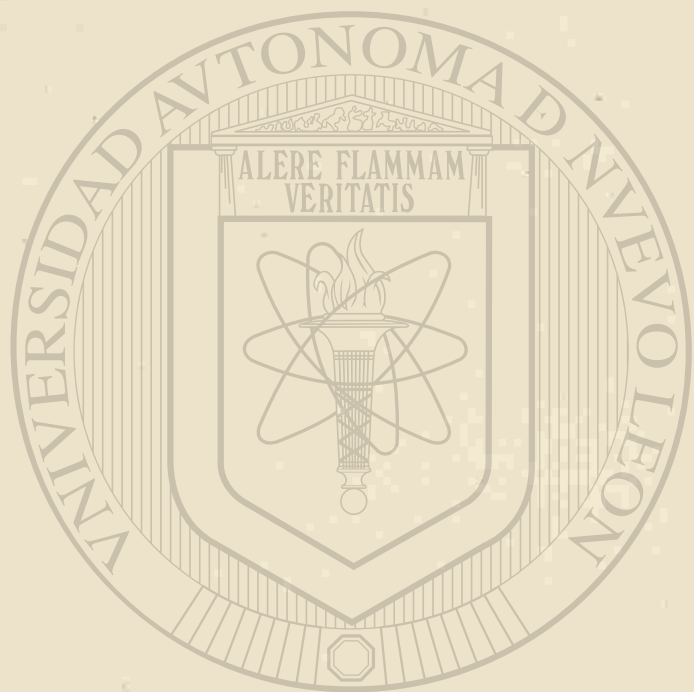
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*Similia Minimis*

*R. F. Meek*

UNIVERSIDAD AUTÓNOMA DE NUEVO LEÓN

DIRECCIÓN GENERAL DE BIBLIOTECAS

PROCEEDINGS

OF THE

Seventeenth Annual Session

OF THE

International

Hahnemannian Association,



HELD AT

GLEN SUMMIT, PA.

JUNE 24-25, 1896.

PUBLISHED BY THE ASSOCIATION.



*Similia Similibus*

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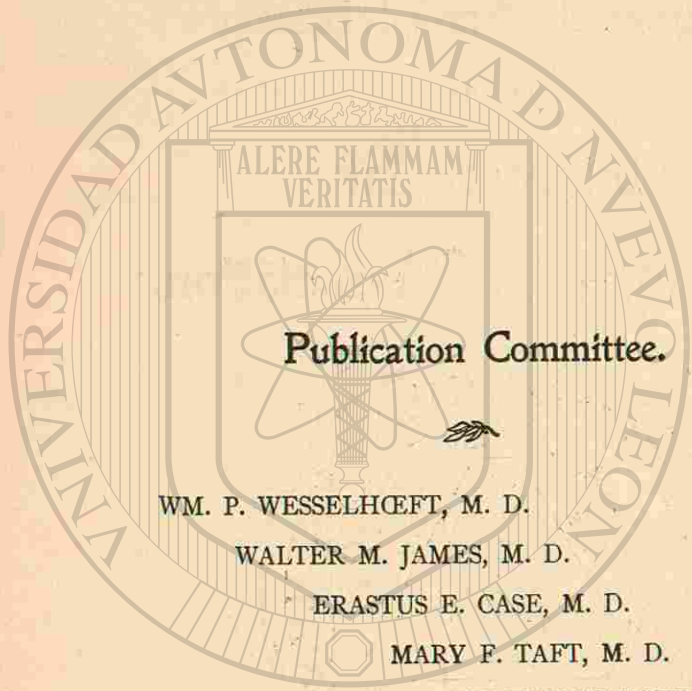
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**Publication Committee.**

- WM. P. WESSELHÖFT, M. D.
- WALTER M. JAMES, M. D.
- ERASTUS E. CASE, M. D.
- MARY F. TAFT, M. D.
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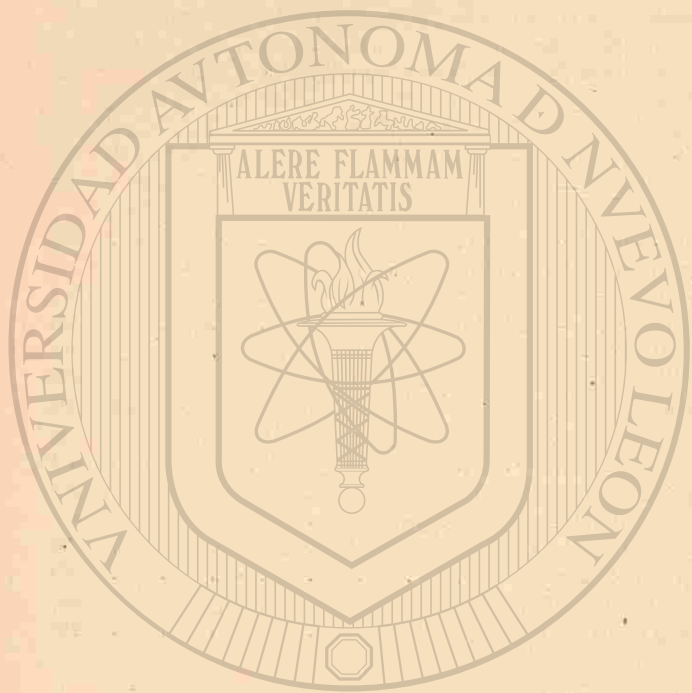
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INTERNATIONAL HAHNEMANNIAN ASSOCIATION,  
MEETING OF 1896.

*First Day—Morning Session.*

GLEN SUMMIT HOUSE, GLEN SUMMIT, PA., }  
Wednesday, June 24, 1896. }

The seventeenth annual meeting of the International Hahnemannian Association was called to order by the President, B. Fincke, M. D., of Brooklyn, N. Y., at 11 A. M.

The first business was the reading of the

PRESIDENT'S ADDRESS.

*Members of the International Hahnemannian Association:*

All the homœopathic world celebrates this year as the centennial of the discovery of Homœopathy through Samuel Hahnemann when for the first time he stated the principle of healing under the formula *Similia Similibus*\*. Though from the oldest historical time up to his age it had been touched upon repeatedly, no physician had declared it with the lucidity with which his inductive reasoning enabled him to enunciate it as a scientific principle of the first rank. He did not reason it out at his desk on theoretical grounds, but at once went to work practically to make the first experiment in 1790 by testing the medicine upon his own sound body. Only after six years of further research and practical experiments he arrived at the irrefutable principle that similars are cured by similars. *Similia similibus curantur*. This homœopathic mode of healing was taught by nobody before Hahnemann and this is the main object

\*Versuch über ein neues Princip für Auffindung der Heilkräfte der Arznei-substanzen.—Hufeland's Journal II 3d piece, 1796.



of our celebration of the present centennial. There was, however, one point underlying his discovery without which he could not have succeeded. This was the necessity of using one remedy at a time in proving and healing. All his experiments would have amounted to nothing if he had employed mixtures for his investigations as were commonly used by the physicians of his time. This, therefore, the *simplex* was the *conditio sine qua non* by which he rose beyond the mass of his cotemporaries, the recipes of which have in consequence of his teachings dwindled more and more so that even the old school at last has learned the precious lesson of administering only one remedy at a time to some extent. Hahnemann, of course, commenced the administration of his medicines in the form then in universal use. The dosology took the limit to be as much as the organism could stand. But it is known that Hahnemann always, even before his enunciation of the new principle, was moderate in his doses and allowed them to act without repeating or interfering by other medicines as long as they acted well. Already a year after the publication of the new principle he declared "simplicity is the supreme law of the physician" and lauded Hippocrates in the words: "Only by this simplicity of his treatment in diseases he could see all that which he saw and at which we are astonished." We might, therefore, say that this law of simplicity revived from Hippocrates was the precursor of the law of healing which to-day we celebrate and without which the latter could not have been established. In the years following Hahnemann continued his investigations at the hand of the law and already in 1805 he pronounced the sentence that "in order to produce the most beneficial actions a single simple remedy without any addition is always appropriate, if it is only the best selected, the most fitting in the right dose. It is *never* necessary to combine two of them." Here we have already the faint traces of his progress to the determination

of the right dose and the invisible step to his momentous discovery, *Potentiation*. When the limits of posology hitherto had been the maximum which an organism in sickness was able to bear his searching mind led him gradually to lessening his dose to a hitherto unheard of degree which startled the Nestor of the medical school of that age to the exclamation: "How can a  $\frac{1}{100000}$  grain of Belladonna have any effect at all!" But Hahnemann had already given a millionth grain in disease and he exclaimed on this occasion in 1801: "Will they understand at last, how small, how infinitely small the doses of the medicine must be in the sick state in order to affect the organism powerfully?" Such enormous progress had Hahnemann made in the few years following his discovery of the law of healing. Ameke remarks justly: "No history reports, no writing shows us that ever a physician has searched with such ardor for the determination of dosology, than we see in this at the sharp-sighted, indefatigable, meditating Hahnemann." He used milk-sugar, alcohol and water as means of diminishing the hitherto accepted dose-quantities to render the medicine more appropriate to the susceptibility of the sick organism. This is also an invention of his own, for whoever before him used these inert substances as means of subdividing the crude materials into minute quantities according to his method? If, therefore, the half-homœopaths fall back upon the earlier period of Hahnemann's posology they have to go back as far as 1797 when he cured a case of colico-dynia with the powdered root of *Veratrum album* in four grain doses, but afterward only his endeavor is known to diminish the doses, that already in 1801 he speaks of infinitesimals or infinite small doses and in 1805, when he announced the right dose as the fittest, he could mean nothing else than its infinitesimality. So even before the appearance of the Organon for the first time in 1810 the foundation of potentiation was laid in this sentence, a fact which nobody can

gainsay and which should be minded by the majority of our profession which continues to adopt the practice of low potencies and low triturations exclusively and have only a sneer at the high potencies which are now used more extensively than we know. "They were the product of an evolution of posology which is the greatest and indisputable discovery of Hahnemann, one of the most important inventions which ever human genius has brought to light—potentiation."

(Ameke.) We would, therefore, be amiss in our duty of celebrating the centennial of the Law of Similars if we should neglect the law next to the important law of remedy-selection, the law of Posology, viz.: *Potentiation*. Well has Ameke said: "He found that by this mode of preparation (through diminution of substance) the adaptedness of many medicines instead of decreasing was directly unfolded, that in such a manner prepared remedial agents exerted an action which could not be obtained by crude substances. Furthermore, the surprising fact was revealed that medicine-substances could pass through so many degrees of preparation that neither physics nor chemics were able to detect in them any amount of matter and yet preserved a great power of healing; the most poisonous substances could in this manner be transformed into beneficial, never injurious remedies, and easily decomposed substances, becoming inactive thereby, could be brought into a form in which they were no more exposed to decomposition and remained or became more powerful instruments of healing in the hands of an educated physician."

When sixteen years ago the International Hahnemannian Association was founded it was a matter of necessity because Homœopathy was in danger of being destroyed at the hands of the large homœopathic body in our country for two reasons. One, the adherence to the low potencies and crude substances to the exclusion of the high potencies distinctly advocated and prescribed by Hahnemann as witness in the

Organon and Chronic diseases, not to mention the writings in this respect besides. The other, pathological prescribing because it was maintained that *Similia Similibus* did not cover the whole art and science of healing. To this came the preponderance of the surgical branch which had very little use for potencies of any kind and followed the lead of the enormous progress of modern surgery with its anæsthetics and disinfectants to the detriment of internal medicine, for they had little more need of internal medicine and used our vulnerary remedies in simple dilution of the tinctures for external application. There was indeed no hope for development of the Hahnemannian ideas with regard to Potentiation. Therefore, the men who founded the International Hahnemannian Association did well to form a body of its own which in the course of time adopted the motto: *Simplex, simile, minimum*. Not that the *Similia Similibus* were not sufficient to cover all these necessary elements of Homœopathics, but to give an unequivocal expression of the aim of the Association that Homœopathy is not simply the application of a single simple remedy whatever that may be, nor merely the similar one without regard of the dose in its simplicity, nor the infinitely small dose without regard of either, but that they all in close union form the complete formula of *Similia similibus curantur*. The remedy to be administered must be selected according to symptoms-similarity in a dose and preparation adapted to the susceptibility of the organism and similar to the life-force. Whoever does not acknowledge these three necessary elements of the Hahnemannian principle, expressed by *Similia Similibus* may be a very able physician, or surgeon, or gynæcologist, but he is not a Hahnemannian Homœopathician (Homœopathiker). We know very well that medicine moves in various directions and nowhere the old adage is more true than here, *practica est multiplex*. And there is freedom of opinion and action and license enough for any mode of

practicing according to or without principles which it is not necessary to further dilate upon. But this Association of ours, as it was founded and has worked with remarkable benefit for the cause of true Homœopathics and actual healing of the sick, does not rest upon the quicksand of fleeting opinion, but upon the inexorable immutable law of healing expressed in our motto. Its outspoken purpose is to perfect the *Materia Medica Pura* by provings, repertories and commentaries, to develop and bring to higher efficacy the posology of Hahnemann which advocates high potencies from first to last, and to give physicians raised in the current routine posology of low potencies and crude substances the opportunity to study this subject by theory and practice. Any physician with reputable diploma is accepted through our institution of junior membership if he does not prefer to seek for immediate active membership. In this manner the Association offers to all the physicians, who do not find in the existing bodies of learning the requisite instruction and information in regard to Hahnemannian posology, an opportunity to become acquainted with it and as such searchers for truth are always welcome as co-operators in our good cause.

We know very well that low potencies also cure and that we obtain valuable provings from them as far as it goes, but experience has taught us that high potencies will do the same and, as a general rule, accomplish more. Our antagonists cannot be brought by any means to test the matter to the bottom as the members of this Association have done. They are satisfied with the results of their therapeutic measures and find no need of seeking for something better, especially at the expense of so much time, labor and money as the preparation of high potencies requires. They consider Hahnemann to have been in his dotage when he taught potentiation as the fundamental principle of posology, but ignore his declaration that as early as 1801 he blamed the short-sightedness

of his cotemporaries who could not understand "how small, how infinitely small the doses of the remedies in the sick state have to be in order to strongly affect the body." To urge the necessity of using low potencies because Hahnemann in his earlier homœopathic years had applied them is, therefore, unfair and not to be countenanced, since the potencies up to the twelfth centesimal which is set up by them as a limit to potentiation are not infinitely small, but only comparatively small, *i. e.*, when compared with the doses used by the allœopathic school. In talking about this matter we do by no means wish to dictate, but at the same time we wish to oppose dictation on the other side which has no foundation at all in the pretended teaching and practice of Hahnemann. We know very well that it is human nature if something unusual is proposed which at first seems incompatible with the understanding, that the opposition is roused with reference to the merits of the subject. It is the immediate resistance to the shock received which, however, furnishes only the proof that it is received. It depends upon the caliber of the recipient whether the resistance is continued merely to ward off the shock which continues with it or whether the resistance dies out with the reception. But if the shock continues it enters into the understanding producing a new motion in a direction different from the one hitherto followed. This is natural and cannot be helped. May they, who can not receive the excellent and beneficent ideas regarding Potentiation first promulgated by Hahnemann, resist persistently to their entrance into their understanding and follow their own chosen direction, but they must not wonder at the repeated shocks which they will have to bear upon their ignoring indifference and their opposition to the further development of Hahnemann's teaching. Those opponents have to rue it sooner or later, because the march of science is ever forward, not backward. It may for a while be diverted into a blind alley, but invariably it will turn back

into the main road of increasing knowledge. Such a blind alley is the limit set to potentiation upon grounds, which are taken from a deduction of investigations in departments not immediately concerning Homœopathy, avoiding the induction from experiments made in order to prove the action of highly potentiated medicine. If the great mathematicians calculate the limit of substances and determine the size of their atoms, it is nothing but a repetition of the inductive Hahnemannian method which demands the experience, experiment and correct observation of a trained philosopher. It is not philosophical, however, to apply the undoubtedly correct computations of those mathematicians without further thought to the high potencies of Homœopathy, because the application is faulty in its premise, that the high potencies owe their action to the matter from which they are derived. It is plainly a begging the question and an evasion, because the point to be proved by experiment is asserted by reference to mathematical computation of matter. The proof of a thing can not be furnished by a mere physical process in our mind which has no reality outside of it. The thing can only be proved by the observation of its action upon other things. Matter is a thing. Force is a thing. Force acts through matter and matter through force as far as it goes. For it does not go into infinity as those mathematicians themselves prove who arrive by their calculations at the ultimate atom of matter. We can and will not contest their results, they spring from their eminent ability to follow their legitimate search into the last recesses of matter and find it in a conceived computed minuteness of the atom. But we claim that high potencies have nothing in common with matter. The substances from which they are derived hold the specific forces which we need for action upon the living body in suspense; they hold the forces as a vessel holds water and by proper manipulation, invented and first taught and introduced by Hahnemann, they are liberated from their prison and spread

all over the inert materials used for this liberation and expansion, which surpasses all conception of minuteness of quantity and reaches far over the calculated atoms of the physical and mathematical genius. The postulate, that we have to prove the laws of Physics to be incorrect in order to prove our potentiation to be correct, does not meet the question and evades the point at issue. For we do not pretend to handle medicinal forces without matter, since we can carry them up by unmedicinal inert solids and fluids. Nothing is truer than that in the world, at least accessible to us, no force can exist without matter. But the role assigned to matter by the materialistic philosophers is a false one, viz.: that force emanates or is created by matter and dispenses with the highest conception, which man is able to conceive, that there is an Almighty Creator of the world and of all its things which he preserves according to certain laws, the most important of which have been found and proclaimed by illustrious men from age to age. We must never forget that science always lags behind the creation and serves merely as the receptacle or vehicle for the human race to carry on the conceptions gleaned more and more from the acquired knowledge of the Universe. The milliards of years calculated and required to account for the evolution of the present state of things may satisfy the pride of certain minds for their ability to penetrate time and space into the farthest distances. But after all it is but calculation based upon premises which can by no means be as certain as they pretend them to be. They are idle speculations hiding behind computations and conclusions, diverting the mind from the more serious problems which are yet to be solved by scientific labor. Certain it is that the world *was* before any science in our sense was thought of. The laws have been active in their supervising work before any man eliminated them from a multitude of facts. The creation goes on all the same as ever and its mystery is as great

as ever to the searching mind. The multitude of systems of suns increases with the greater perfection of our instruments and there is no end to our inquiries which, satisfied in one point, raise numerous others demanding investigation; and so it goes on year for year and the wisest men having given their best service for their fellowmen disappear after a while and give place to a succession of others who in the favorable case will take up their labors where they left them, if they are finding it worth, in order to go the way of all flesh again when their work is done. Thus the heritage left to us by our great and beloved Master is a sacred obligation come down to us for a space of a hundred years. What a variety of phenomena does not the history of Medicine present during that time! Hahnemann commenced his clearing in the primeval forest of Medicine with such means as he had and his time furnished him in the steady continuation of his work whilst he was cutting down the giants of the thousand years old trees of prejudice, burning up the brush of opposition to his teachings, ploughing the ground of investigation and sowing the seeds of his experience in it, whilst he destroyed the wild beasts of envy and slander with the weapons of his intellect, while he drained the swamps of routine and irrigated the barren soil of disease with the nourishing water of appropriate remedies, while he built his home of a logical system of Homœopathics for the ready acceptance of his benevolent hospitality by those needing protection from the attacks of inimical influences abroad,—while he was busy doing all this, the wilderness around him continued in its aboriginal force as the abode of the children of the soil which before Hahnemann they occupied as their hunting ground, and now they considered him as an intruder who interfered with their time-honored customs and traditions. These wild Indians of science went for his scalp many a time, but in vain, for the Great Spirit protected him and his work. Instead of going to work for themselves to clear the forest

and place the soil under cultivation for nourishing them decently, and habituating their race to peace and leading them on to civilization, they carried the warfare repeatedly in the precincts of a man whom they hated with the hatred of a fiend. But they could not succeed because the work of this man and his successors was under the protection of the Most High. The clearing increased in extent and usefulness. The home built in the beginning has been multiplied, and many and larger buildings have been erected in the course of time for the instruction of pupils and for the healing of the sick, and apostles go out to teach and do as Hahnemann did and break the ground for the new gospel of Medicine first revealed by him everywhere on the globe.

The physico-chemical character of the reigning (not regular) medical Old School has not changed at all. Diphtheria is caused by a poison produced by a parasite called the Diphtheria-bacillus. The more poisonous the bacillus, the more poisonous must be the antidote which they conceive to be the remedy. The stronger poison must subdue the weaker, and so the antitoxine taken to be the stronger poison must be increased to double and more of its strength and inoculated in greater quantity. Whether the human living organism can stand it, does not seem to bother them in the least. If it can not stand it, it is the fault of the organism, not of the intelligent, rational therapist who stands excused from any intentional or unintentional murder before the law of the land. This is the unfortunate domination which Chemistry of late has gained upon the department of internal Medicine as art and science of healing. Without taking heed of organic life in the body from disease they treat man like a retort, in which they mix their poisonous substances taken from disease and death. They assume duties for which their physico-chemical education does not fit them. What are we coming to? Must the homœopathic physicians submit to the ignominious position assigned to them in these

modern times by the allœopathic authorities, to apply remedies manufactured by them, which are mere caricatures of medicine as bad as the mediæval products of the then recommended dirt-pharmacies (Dreckapothecken), in the diseases pronounced infectious and contagious, and depending upon pathological speculations which do not bear close investigation? Must the physicians carry out what Chemists going out of their sphere from unproven premises and false principles prescribe in diseases, because by the microscope they have found a miniature world of scavengers and parasites in sick bodies, which if not counteracted by proper neutralization is said to involve it in unavoidable destruction? There are more things to be considered than to place the morbid product under the microscope and make it the basis of a prescription. This seems to be curing made easy, but it will be turning out no curing at all, but spreading and aggravating disease and killing. What perversion of the mind has taken possession of the medical men of the Old School at the end of this glorious century? What warping of judgment is constantly going on as if lunatics were at the head of the faculty, and not learned men having passed through long years of study and examinations and re-examinations. If a person in private life would go to work and inject into the body of a healthy child a substance, recommended by high authority to prevent a certain disease, and two minutes afterward that child dies, should not the law step in and accuse the person of the crime of poisoning that child and causing its death? Should it not be declared manslaughter? Does it change the matter any if that person is a physician entitled by the high authority of a sanitary body to do such a thing? Nay, he should be held doubly responsible because the state has given him license to cure the people or mitigate their sufferings, but not to kill them. What a monstrous perversion of intellect! Must this maiming and killing of the innocents continue in the

coming centuries? It is a well known fact that the fanatics of Vaccination never admit that from its operation spring copious diseases, and many cases of death caused by it are stated upon the best evidence, but they will never deviate an iota from the advice of Jenner to conceal the ill effects of vaccination from the public. What a fiendish advice! What a state of morals among the fraternity of learned men whom the public revere as their saviours on this earth, placing their life and health confidingly in their hands! It is incredible, but true: the crude empirical proceeding of the allœopathic school has given rise to a degree of mendacity which makes all their statistics doubtful, and statements in medical matters must be received with utter skepticism till proved to be true. What a contrast on the other hand is presented in looking at their treatment of Homœopathy! Whilst they are not afraid of administering to the sick poisonous doses of crude medicines and morbid substances, inoculating them into the body, they grudge to the homœopaths the use of their potencies which derisively they call nothings, and in Germany force them to prescribe their potencies in the licensed shops, compelling them to undergo an examination by which only they can acquire the right of self-dispensation, and to submit to the arrogance of a high official who makes it a favor to be bestowed. Nay, it is forbidden in some countries to give simple powders of sugar of milk and globules on the part of the physician. May the good God protect us from such unmitigated despotism on the part of a profession, which calls itself the regular School of Medicine, and is so irregular in its practices. We have seen compulsory vaccination taking hold of late years in our blessed country where it never was before, and all efforts have been in vain so far to defeat this indignity and outrage upon a great nation, because the people are kept in ignorance and fear of the dreadful disease, which on the whole does not undermine the public health

as much as vaccination does. May the physicians of our country look out that the precious right acquired by competent study, and the privilege given by the Commonwealth to practice according to our best ability, be not curtailed and gradually altogether abolished. There is no scientific foundation to the Old School as has been laid down for Homœopathy one hundred years ago by Hahnemann. It only proceeds upon empirical data and traditions and methods purloined from the chemical laboratories, which give them not a particle of right to domineer our new school. If the surgical branch has made enormous progress in the way of operating, it can not change the homœopathic conception of Medicine, rather Surgery can learn from it, how many operations can be provided or assisted favorably by homœopathic treatment. If Surgery has been progressive, Homœopathy has not been stationary either; though its law is eternal, it certainly goes forward in perfecting the *Materia Medica Pura* and Posology. Through the introduction of the high potencies for the last fifty years the range of healing has been remarkably widened, and promises still further favorable results in curing diseases, even thus far deemed incurable, and in mitigating the incurable ones. We have often heard that the elder homœopaths have been more successful than those of our time in this respect. With all due honor to the pioneers living in a time when the enmity of Allœopathy was fiercer than now, when the medicines of homœopathic physicians were confiscated and buried in a churchyard, when homœopathic physicians were prosecuted in court by great professors to cover their own misdeeds, when they accused Hahnemann of murder because he would not bleed in inflammation of the lungs—and what might we say now looking upon a case of injection of antitoxine killing a healthy child in two minutes—we do not think so. Witness the cases reported in our journals for the last thirty years and in the many volumes of the International Hahnemannian Association, and you

will admit that we do yet march abreast with our predecessors in the direction of equal if not greater efficiency in healing. It is to be pitied that we have no more cases reported by our greatest men, because the recorded facts of clinical experience are the very rock upon which the science of Homœopathics is being built up. We do not think that cases recorded lead off from earnest study of the *Materia Medica*; quite the contrary, they give it more interest and stimulate the healer to do likewise. Clinical cases are, therefore, mostly to be desired as stepping-stones to greater perfection. But, of course, reports of cases treated in the crude allœopathic manner, and of cases which present no interest but the skill in operating in surgery and gynæcology, without any ostensible relation to homœopathic treatment, would be here in the wrong place. They can be vented in the circles which will receive them with applause, but are foreign to us to say the least.

There is, however, a point to be considered, which is apt to throw a false light upon our work, and that is what generally is admired as a broad, liberal view, embracing everything without a principle, but is only a reprehensible latitudinarianism, as Goethe says:

Getretner Quark wird breit nicht stark.

The International Hahnemannian Association wisely carries in its motto the "*minimum*," mindful of Hahnemann's inculcation of the least possible dose, which we encounter in his earliest writings as above mentioned as far back as in 1801, where he says: "Will they at last understand how small, how infinitely small, the doses of the remedies need be in the sick state in order to affect the body powerfully?" and in 1805: "This dynamical action of the medicines is as the vitality itself by which it is reflected upon the organism, almost purely spiritual, most strikingly that of the positively (curatively) employed remedies, with the peculiarity that the too strong dose

can indeed do harm and produce considerable disorder in the body, but a small dose, a most possibly smallest one, can not be unhelpful if the remedy is otherwise well indicated."

But if the doses at that time were already comparatively small in relation to those of the Old School, Hahnemann did not continue to rest on this standpoint, as the friends of low potencies contend, but went steadily up higher in the scale of potentiation till at the time of the first appearance of higher potencies than he had ever used, he hailed the new discovery with the ardor of a young man, even in his old age (77), as the fulfillment of his earlier predictions. Now the great majority of the homœopathic profession confessedly adheres to the false representations, that Hahnemann had always advocated and used the so-called low potencies and dilutions or triturations, which they use even now in the decimal scale. There are some among them who let well enough alone and use the lowest and the higher potencies as they see fit and thus a rule has originated: the whole scale of potencies from the lowest to the highest must be at the disposition of the homœopathician. This indeed sounds quite liberal and broad, but it is not Hahnemannian, for Hahnemann nowhere said such a thing. Boenninghausen stigmatized it "as an empty phrase designed to deceive the ignorant as long as sure rules resting upon irrefutable experience are wanting, according to which this or that potency deserves to be preferred and is to be selected. Of such guiding rules we hitherto have not been able to find anything but the above mentioned one, the falseness of which is evident and at the same time moves within very limited spaces." Quite in opposition to those false assertions, after the experience of a long life—and what an experience his was—Hahnemann laid down the rule that provided the correct selection of the remedy according to symptoms—similarity the dose can never be

small enough still to overcome the disease. This is what our "*minimum*" means, and if we will follow the master of our art in other things we must follow him also in posology.

In thus following our own course we do by no means reject those who still dwell upon the lower rungs of the ladder, and invite them to come up to a higher perception of Homœopathics, such as is the true spirit of Hahnemannian Homœopathy, by our institution of junior membership. By it the applicant is not required to indorse the Declaration of Principles at once, but has the privilege of the floor for the discussion of medical topics, and of presenting such papers as are indorsed by the board of censors, and is entitled to a copy of the transactions. If then after three years of attendance he wants to stay with the International Hahnemannian Association, he is welcome to active membership subject to the necessary conditions. If he don't want to go on, why there is no necessity for it and he simply drops off, a thing, however, which thus far has never happened. It is certainly true, that the low potentialists are much more liable to fall back upon the doubtful resources of Alloëopathy in critical cases, and use means condemned in no unmistakable language by Hahnemann. They are also more inclined as a general rule to make pathological reasoning their guide, which, as pathology always tends to generalizing and adapting cases to the patterns of diseases arrived at by it, is apt to lead the homœopathic physician to neglect the necessary individualization of each case according to its symptoms. This necessity of healing, the proper taking of the case in all its details and consideration of the value of the different symptoms in regard to similar symptoms of the pathopoëtic medicine, will always be the essential duty of the Homœopathician. The difficulty of coming up to this requirement deters him who looks at disease as an entity, for which he must find a counter-picture in the pathology gotten up by



the Old School, containing patterns of every disease which he has only to adapt to his case in order to work the miracle of a cure in which he is sure to fail. The salient point in the pathological description is not always the salient point in a pathogenetic picture for which we are bound to find the appropriate remedies. The pathological patterns are generalizations drawn from a multitude of cases during life under alloëopathic treatment with crude substances, large doses and injection of morbid substances, and derived from post-mortem examinations of the diseased parts of the body, and consequently they can not govern our treatment of the individual case before us. Pathology takes very little heed of the subjective symptoms which play the most conspicuous part in our purpose of healing, for they are the signs of life, the manifestation of the life-force which through them calls to us for help. On the other hand, our remedies have been proved upon the live, healthy body and the subjective symptoms as a general rule are of greater importance than the objective ones which the physician can and, of course, must also observe; nay, the subjective symptoms frequently acquire an objectivity which leaves the observation of objective symptoms far behind.

\* One of our best men contends that Homœopathy is a pathological science, because it deals with the cure of diseases. Hahnemann has long ago refuted such a narrow view when he wrote in the first paragraph of his Organon, even in the first edition of 1810: "The physician has no higher aim than to make sick men well." The difference, little as it appears at the first glance, is a great one between treating a disease in an individual and treating the sick individual itself. The disease is treated as an individual, according to pathological knowledge, and the living individual is eclipsed. If Hahnemann taught to heal by a *ὁμοίον παθος*, homoion pathos (similar suffering), he did

not mean by the pathological codex laid down by the Old School, but by the knowledge of healthy individuals made sick by medicine in order to learn its pathopœtic symptoms. All the knowledge conveyed by our *Materia Medica Pura* is composed of the collection of these pathopœtic symptoms observed in many individuals, which, when arranged in a convenient order, reveal the peculiar character of making people sick in the direction of the force which the medicine is able to exert. To this collection is added what medical writers on the positive actions of the medicaments have recorded. This is a pathology quite different from what is called pathology in the Old School, and is a branch of medical science worth studying more than the accumulating theories of alloëopathic pathology, since it tends to better knowledge in healing the sick who apply to us for help, but not for pathological speculation. Thereby is not meant that the pathological study is not necessary, and pathological knowledge need not be cultivated and increased. Certainly not. The study of pathology is as necessary as the study of physiology to a certain extent, but it should not take the lead in our endeavor to heal the sick. The efforts to find the pathopœtic actions of medicines by poisoning animals and cutting them up alive belongs to the savage science, which unfortunately too many embrace under the apprehension of increasing the realm of true science. It leads to a degeneration of the medical profession, which delights in cutting and slashing and numerous operations, but in the ordinary mind gradually deadens that sensation of human fellowship, which should never be forgotten even when treading the highest pinnacle of science. How many sick people are sacrificed to this moloch of a savage science which loves to maim and kill, nobody knows better than the homœopaths, to whom they afterward come for help when they escape, or from whom they depart under the

erroneous impression that the homœopathic treatment is insufficient, in order to be taught a dreadful lesson on the operating table of the surgeon and gynæcologist. You are well aware that there are certain limits where without doubt surgical treatment is required, but the knife should always be the *ultima ratio* of the physician as the sword is that of the kings. These limits should never be overstepped. It has been the aim of Homœopathy from its beginning to remove those limits as far as possible, and we are happy to say that there are many surgeons and gynæcologists in our ranks who, though up to date in the proficiency of their specialty, are in full accord with this effort. There must always be a critical line which requires a keen judgment to demarcate. We have been told that e. g. in appendicitis the surgical treatment should step in when there is yet hope for a successful termination. The same is said of croup, incarcerated hernia, as also in poisoning, in bites of venomous animals. This sounds quite reasonable. But where is that debatable line? Every medical man must decide for himself about it and act accordingly. But it should not be left out of sight that Homœopathy, if properly understood, with assistance of its rich *Materia Medica Pura* and in the possession of the best homœopathic potencies of all grades, has an enormous advantage over the operator who has only a limited or no homœopathic knowledge may his surgical acquirements be without limitation. We need the surgeons, we need their exact anatomical knowledge, their keen judgment, their skillful hands, their steady purpose, their kind management of serious cases requiring their aid, we want to attach them more and more to the art and science of Homœopathics in order to reach that high goal expressed in the old adage: *salus ægroti suprema lex*. (The well-being of the sick is the highest law.) Every one has his own gift, one is a good prescriber, another a good prover, another a keen searcher in

philosophy, another excels in surgery, another in gynæcology, another cares for hygiene, another is proficient in preparing medicines, and so on—if everyone does his best in following out his predilections and natural gifts always within the principles of Homœopathics which we, one and all, profess as the principles of healing, our noble cause must progress victoriously and gradually spread its insensible action like a high potency working throughout the human world, and finally also bring those to their senses who now with the aid of public ignorance, political influence, and power exerted in the wrong direction, try to extinguish the light which our own Hahnemann has kindled just one hundred years ago. They will never, *never* succeed! Looking at the enormous progress in the departments of Physics, Chemics and Surgery, a striking contrast is presented when observing the shortcomings of internal Medicine in the physico-chemical school, which are deplored by the physicians belonging to it themselves. The shocking mortality in Diphtheria in contrast with the small percentage of death under Homœopathic treatment has forced the allœopaths to adopt a mode of treatment neither isopathic nor homœopathic, as shown above, but true to its old standard, simply allœopathic. If thereby the rate of mortality is lowered it must, in the interest of those who are to be saved by it, which is still doubtful, be hailed as a progress though very insignificant in proportion to Homœopathic success. The late discovery of Röntgen, of the penetration of the negative electric rays through solid bodies in the dark tube exhausted of air connected with pathopœtic effects upon the operator, shows how the attenuation of air under the air-pump gives the electricity conveyed to it an opportunity to exert an energy, which escaped the observation in broad day-light and in the open air. Yet these cathodic rays no doubt act even under ordinary conditions upon sensitive organisms exposed to

them more or less all the time; for electricity is omnipresent around us and must have an effect upon sensitive natures though it is generally not observed. This reminds us of the thorough investigations of Reichenbach some forty years ago which he preserved in his large work "Der sensitive Mensch," and in some more writings before and after its publication (*Der sensitive Mensch und sein Verhalten zum Ode*, Stuttgart, Cotta'scher Verlag, 1854, 2 volumes.) Already, in 1862, Reichenbach showed this emanation of light in complete darkness from a large quartz crystal directed with its negative end to a photographic plate for fifteen minutes, producing the picture of a cross cut out of a piece of pasteboard which was placed upon the plate. Still more interesting was his experiment to show the light emanating from the fingers of the right hands of five men, placed upon a glass-bar about an inch and a half long and directed with one end upon a similar cross over a photographic plate for seven and a half minutes in the dark chamber, by a picture of a brown color of the cross upon the plate. At this time (1862) he offered to the Berlin professors sixteen experiments, in all of which he could show light to emanate from the walls and ceilings of the rooms, the points of crystals, the poles of magnets, the organism of man especially the finger-tips, from chemical action, friction, amorphous masses of metals, triturated kitchen salt, the focus of a lens, but these noble professors disarranged his arrangements and frustrated his design in the old allœopathic crooked way, (*Odische Bezebenheiten zu Berlin in 1861 and 1862*, Schrœder, Berlin, 1862.)

Now the emanations of light from these various sources, which can be seen by sensitives in the dark as luminous phenomena, can equally act upon the sensitive photographic plate in the dark and produce pictures upon it as the common daylight does.

It has already been surmised that Rœntgen's discovery will have an important influence upon diagnostics in Medicine as the value of it is already acknowledged in Surgery. But also here Reichenbach is more than forty years in advance (*Der Sens. Mensch* §2252). "Mrs. K. found it amusing to bring the back of her fingers so near to the conductor that her tips absorbed the electricity. Thus the fingers became luminous and transparent as if before a candle flame, only much purer, so that she could distinguish in them veins, nerves, tendons, fibers of the ligaments, so beautiful and fine beyond conception, that she thought never to have seen anything more beautiful." The remark of Reichenbach on this occasion is prophetic and has materialized already at the present day: "This can become an object of incalculable importance for the healing art, especially for diagnostics. It will succeed to make the whole sick organism transparent for high sensitives, and it will be possible to see which internal organs are diseased, and which progress the disease may make, forward or backward. But also the processes in the healthy body will be examined in this manner." The great work of Reichenbach containing thousands of carefully made experiments, arranged and commented on in the true scientific spirit and serving as a model of scientific research, was denounced by Dubois Reymond, a late Rector magnificus of the great Berlin university as "one of the most deplorable aberrations to which since a long time a human brain has fallen a victim; fables which deserve to be thrown in the fire." Well, in the whirligig of time, the magnificent professor's condemnation came to be executed but in another sense than he dreamed of in his philosophy. Reichenbach's fables are fired into the Rœntgen rays and teach the wise men that not all wisdom emanates from the big schools of learning. Nay, since that very discovery of the x-rays, a magnetician, Tormin, has within forty-five minutes obtained photographic pictures

from emanation of light from the finger tips of his right hand, pressed upon the cover of a closed wooden case in which was contained a photographic plate (Ludwig Tormin, *Magische Krahlen* Dundorf, 1896.)

You ask what have these interesting discoveries to do with Homœopathy? Where is here the principle of *Similia Similibus*, the first enunciation of which by Hahnemann a hundred years ago we to-day celebrate? The reason of presenting these few experiments is to show, how the elimination of matter enables the forces, carried by it as their vehicle, to exert their specific energies. As in the light first discovered by Reichenbach, emanating from all matter in light and darkness, which he called Od, and now in the light, emanating from the electric cathode in the vacuum and darkness, breaks loose from the crude mass and assumes new properties in the transference from crudity of air to fineness, so also the medicinal forces are liberated from the crude vehicle confining them and, by distributing through and transference upon inert vehicular masses, unfold their specific power when brought in contact with the organism of man in the necessary proportion, indicated by the state of the life-force in its pathogenesis, through the Hahnemannian law of *Similia*. Nay, more, the potentiation of the crude medicinal substance is necessary for rendering it Homœopathic to the system to which it is to be administered. And here is in point Hahnemann's early observation, (*Org.* first ed. §7): "There must be a healing principle in the medicines; the understanding forebodes it. But its essence is not perceptible in any wise, only its utterances and actions may be deduced by experience," and (*id.* §254) "the action of the healing anti-disease-potencies, which are called medicines, upon the living human body happens in such a penetrating manner, it spreads from the point of the fiber endowed with nerves, upon which the medicine is first applied with such an incomprehensible rapidity and universality, through all

the parts of the living individual, that their action might be called almost spiritual as vitality itself from which its action is reflected upon the organism; the body animated by irritability and sensation, receiving its specific impression, lends to this action a kind of life." This spirit-like, dynamic, life-like action of the medicine, potentiated on the Hahnemannian plan, is certainly as similar to the vitality reflected upon the organism, which he later termed the life-force, as the symptoms of disease to be cured by remedies, capable of producing similar symptoms on the healthy. Such fine preparations of medicines as Hahnemann had in his mind's eye were not to be compared to any preparations emanating from the pharmacology of the physico-chemical school. They have nothing in common with them, because no methods known to physical and chemical science are able to detect the least particle of matter in them, not even a molecule, nor less an atom, nor even one calculated by the greatest mathematicians of the age, because they all are left behind in the mode of potentiation, which leads to the conclusion, that the crude substance containing the medicinal, "almost spiritual" force as a mere vehicle, allows it by the method of transference to medicate an enormous amount of inert material, which now as another vehicle of matter keeps the imparted medicinal force in a high potency for the use in disease for the sake of healing, and in health for the sake of proving. This is, therefore, the *Similia Similibus* which by the new principle enunciated one hundred years ago was the necessary consequence of its application in practice, and can not be omitted when celebrating the *Similia Similibus* in regard to the similar symptoms. This unity of *Similia* carried into practice, and forming the nucleus for further scientific investigation, forms the eminent problem which the International Hahnemannian Association has to solve. May all the members conceive it deeply in their minds, because it grows out of the true Hahnemannian conception of Homœopathics.

*Ceterum censeo macrodosiam esse delendam.*

Dr. Wesselhæft:—Mr. President, do not let us refer this paper to a committee of three, but let us refer it to a committee of the whole of this Association, and as a body express our thanks for the most masterly expression on posology that we have in our Homœopathic literature. I therefore ask you to put the question, that this whole Association thanks Dr. Fincke for this valuable paper.

Carried unanimously.

President Fincke expressed his thanks to the Association for their appreciation and courteous recognition of his address.

#### SECRETARY'S REPORT.

*To the Members of the International Hahnemannian Association:*

There seems to be very little for your Secretary to report. How the routine business of the position has been performed you already know. Please allow me to remind the members that a delayed manuscript or unrevised speech can prevent the printing of the transactions until it is placed in the Secretary's hands. I also urge the members to respond promptly to the chairmen of the Bureaus, giving the titles of the papers to be contributed, so that the programme may be issued on time.

Copies of the 1895 transactions were sent to those members whose dues were paid before December 1st, 1895, and the balance were sent to our Treasurer who very properly has all back volumes, the property of the Association, in his possession.

In the transactions of 1893, the names of four physicians, Drs. P. C. Majumdar, C. Dyer, W. F. Thatcher and J. E.

Thatcher, appear, recommended by the Board of Censors, and probably elected (the records do not state) to membership. These names have not been placed in our roll of members, nor has the Treasurer been notified of their election. Will the Association decide what course of action, if any, should be pursued with reference to these physicians?

The resignations of two members have been received and will be presented at the proper time.

Very respectfully submitted.

ERASTUS E. CASE,

*Secretary.*

The report of the Secretary was accepted.

Dr. F. Powel:—I would like to emphasize the remark that the Secretary has just made, referring to prompt responses on the part of the members, when they receive the copy of remarks that have been made in the meeting of the Association for revision. As he says, it very considerably delays publication of the transactions, and I think, when these reports are received, it is important that they should be responded to within twenty-four hours. It will mitigate the labors of the Secretary very materially and put the transactions in the hands of the members much more quickly.

#### REPORT OF CORRESPONDING SECRETARY.

W. P. WESSELHÆFT, M. D.

I was in hopes of presenting an interesting report of the welfare of Hahnemannian Homœopathy throughout the world, and addressed a number of appeals to representatives of our school. In return I have received only a very few answers, and they are disappointing in number and material.

It would have afforded me especial pleasure to give you the history of Homœopathy in India. This was promised me

from the pen of one of the best representatives of the art in that country. All arrangements by correspondence and previous interviews had been made with our member, Dr. Banerjee, of Calcutta (whom we elected as our foreign correspondent two years ago) but serious illness prevented him from fulfilling his promise. I received the following letter from him a very few weeks ago.

ALERE FLAMMAM  
VERITATIS CALCUTTA, INDIA, 3, 18, 1896.

MY DEAR DR. WESSELHCEFT.

Indeed I am sincerely glad to receive your letter. I thank the I. H. A. for electing me corresponding member.

I am sorry to inform you that since your departure from India I have been suffering from bronchitis, night sweat, fever, cough, hoarseness and loss of weight (nearly eighty-two pounds). Since the last eighteen months I am confined to bed. I am, however, now convalescent and last evening I walked over the terrace of my house.

I think I shall be able to send you in time a complete history of Homœopathy in India. It is an agreeable task to me and I shall try my best to make the paper interesting and replete with facts.

My case was given up as hopeless by my colleagues, but my changed condition is due mostly to electric treatment. I have not taken a drop of medicine since the last six months, but every day get electric treatment from an ordinary bichromate of potash battery for a few minutes only. My fever and night sweats are all gone; cough still hanging on but not much. The only thing that remains unchanged is hoarseness. I have so far recovered that after eighteen months am able to hold my pen and write this letter to you, hoping you are in health and spirit.

Sincerely and fraternally yours,

B. N. BANERJEE, M. D.

I hope the Association will feel inclined, officially, to express its sympathy with Dr. Banerjee in his long sickness, and wish him continued improvement in health.

The history of Homœopathy in India impressed me as most interesting and instructive as I heard it from the lips of these remarkable Hindus. It was my intention at the time to take notes, and write them out later, but Dr. Banerjee had the entire history at his finger ends, so I thought it wiser to leave the matter with him. Let us hope that we shall hear from him at our next meeting, and listen to the pioneer work of strong men with strong convictions on the other side of our planet.

Dr. Majumdar, another Indian colleague, and the able editor of the Indian Homœopathic Review, and the translator of much of our Homœopathic literature into the Bengale language, has sent us a paper for the clinical bureau. In a recent letter from him, dated April 29th, he says:

"Why am I not favored with copies of the Transactions of the I. H. A., which I value more than those of the A. I. H., which latter ones have been sent me regularly since 1893?" In a previous letter, dated February 26th, he writes: "I am sorry I have not received copies of the Transactions. I have the honor of being a member since 1893. You are its Corresponding Secretary, I therefore request you to have these copies of my favorite association forwarded to me."

By reference to the list of members, I find Dr. Majumdar's name omitted. You will all remember that he was present at our meeting at Lake Geneva, Wisconsin, in 1893, and under a suspension of rules, he and Dr. Villers, of Dresden, were elected members. Why was Dr. Majumdar's name omitted, and Dr. Villers' name added to the list of members? I remember that some members protested against either of these gentlemen's election, on the ground that our by-laws made it obligatory to let the election go over to the following year. If Dr. Villers was elected at that meeting, Dr.

Majumdar certainly was also. Both of these elections may have been illegal, and in that case neither should have appeared in the list of members. Dr. Majumdar should, in my opinion, have the transactions sent to him from 1893, and I hope the society will allow me to do so, and apologize for the oversight. Both of these gentlemen are entitled to more than ordinary consideration from us, as they have both in their widely different fields done extraordinary work for our cause.

I have only one more communication to refer to. This is a letter from Dr. Eleanor Le Blonde, of Hilo, in the Hawaiian Islands. She promised me a paper on her work among the Hawaiians, but owing to a serious malarial attack, and illness in her family, was unable to get her report off in time for this meeting. Dr. Le Blonde is not yet a member of our Association, but I hope to obtain her consent to have her name proposed at our next meeting. She is able to give us much valuable information, as she has a government position in which she meets many so-called incurable diseases, coming to her from the hands of other physicians.

In closing allow me to call your attention to three very important publications which have appeared during this year, viz: The translation of the "Chronic Diseases" by Professor Tafel; The Repertory of Hering's Guiding Symptoms by Calvin B. Knerr, M. D.; and the translation by Dr. Dudgeon, of Hahnemann's Defense of the Organon of Rational Medicine against the attacks of Professor Hecker. I would especially commend the laborious work of Dr. Knerr, giving us a repertory to the ten volumes of the Guiding Symptoms, which no Hahnemannian can afford not to possess. It is a marvel of industry, and as far as I have been able to search, a marvel of accuracy in matter as well as arrangement.

The report of the Corresponding Secretary was accepted.

Voted that the Corresponding Secretary write letters of apology to Drs. P. C. Majumdar, C. Dyer, W. F. Thatcher and

J. E. Thatcher for the omission of their names from the roll of members, caused by the interregnum between the Secretaries, and that he send them the transactions.

## TREASURER'S REPORT.

DR. FRANKLIN POWEL, *Treasurer*, in account with  
INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

*Dr.*

June 22, 1895.	To balance,	\$353.29	
June 23, 1896.	To Receipts during year as per cash book.	534.24	
			\$887.53

*Cr.*

June 23, 1896.	By sundry payments as per cash book in- cluding cost of publishing transac- tions 250 copies, \$415.45,	\$607.50	
June 23, 1896.	By balance,	280.03	
			\$887.53

*Attest:* FRANKLIN POWEL, *Treasurer*.

The Treasurer's Financial Report was referred to an auditing committee, appointed by the President, consisting of Drs. Clark, W. L. Morgan and Case.

Dr. Powel—I have a supplemental report to make in the form of a statement relative to a claim of Dr. H. W. Pierson of the *Medical Advance*. As is known to the Executive Committee and others, I withheld the \$150.00 which the Association voted last year to pay Dr. Pierson for publishing the Transactions of 1893. It occurred to your

Treasurer that that action was hasty, inasmuch as he who knew all about the transaction was absent and was not consulted. I refute the statement that this money was withheld on a technicality and I will back it up by documentary evidence. I hold in my hand a letter signed H. W. Pierson dated June 28, 1893, stating that "the printer requires \$200 with the copy and the balance within 30 days after the book has been delivered. In view of the fact that this is practically the work of the society and that we are saving the same over \$200 (*a false statement*) it is no more than right that the society should make this advance deposit. I will have the copy all ready for the printer by July 10, and would request that a draft be drawn on the Treasurer for that amount and payable to the Medical Advance Co. Trusting you will give this your immediate attention, I am, etc." As such a demand had not been made heretofore, I demurred, when this letter dated July 5, 1896 was forthcoming.

THE MEDICAL ADVANCE CO.,  
H. W. PIERSON, M. D., *Manager*,  
78 State street, Chicago.

July 5, 1893.

My Dear Doctor Powel—Replying to your favor of the 3d, the Executive Committee have never asked me to bid upon the publication of the "Transactions," and they never would have received one had it been requested, for the simple reason that this is not a money making business, and I did not go into it for that purpose, but through my strong desire to secure and present to the profession such a demonstration of the truth as would compel them to investigate the same. Remember, less than one-tenth of my readers are members of the I. H. A., and that the new members are largely coming through their reading of the journals. The *Homœopathic Physician* (long may she live) does not reach

one-half as many readers as the *Advance*, and has not the opportunities for disseminating the knowledge that we enjoy.

The "Transactions" will form but a small factor of our contents, and will be soon out of the way, if placed in my hands. I omitted to state that but a small portion of the "Transactions" would be printed in the *Medical Advance* in the form in which they will appear in the book, so the members of the Association would not feel that they were re-reading matter too many times. Twenty or thirty pages of the same would be the most in any one issue. The *Homœopathic Physician* had the Transactions last year and it is nothing but simple justice that they should be given us this year. About the cost, that will not be more than \$400 (which is at least \$230 less than what it will cost me.) I have a contract signed by my printer and myself in which he binds himself to get the same out in ninety days after the copy is all in his hands, or forfeit his pay. I think he will have them out in sixty days, if all works right. In regard to the advance payment, it is required of us because of the *time limit*. They are compelled to get the work out and must put other things aside to comply with the same, hence the extra expense of their part must be met by enough to meet the same. Then all my bills are due in thirty days, and they will give me thirty days after the last book is bound before I pay the balance, so it is but just to them and myself that the Association should meet the advance charge. The Association, however, only have to deal with us, and I think we are responsible. I have the approval of Drs. Butler and Crutcher, and expect them to write you to that effect, if they haven't already done so.

Fraternally Yours,

(Signed) PIERSON.

During the latter part of that month (July) I called on Dr. Pierson at his office in Chicago, in company with a



physician of Chester, and in the interview he assured me that the *copy was all in his hands and that he was only waiting for the advance money, \$200, to enable him to proceed.* (This can be verified by the gentleman who accompanied me). I yielded my objection on the strength of that statement by Dr. Pierson and on returning home July 29, 1893, sent him a check for \$200 which he received July 31, 1893 (see receipt.) Allowing ninety days as agreed the transactions should have been delivered Nov. 1, 1893—they were not delivered until the middle of February, 1894, more than three months later than agreed upon, and in view of "the time limit" and advance payment, would it be unjust to demand a forfeit? Early in January I received two copies of the Transactions, 1893, with a demand for \$200 more. I refused to pay and after some further correspondence and telegrams, one of the latter of which I quote, "February 6, 1894, Chicago, Ills., Franklin Powel, M. D. Thorp will not deliver Transactions until balance is paid."

(Signed) H. W. PIERSON.

Pierson delivered the books to Dr. Crutcher our former secretary. I will read you this telegram also: "Chicago, Ills., Feb. 8, 1894, Franklin Powel, Chester, Pa. Goods delivered to you, payment refused, will deliver when adjusted.

(Signed) H. W. PIERSON."

D. D. Thorp of Lansing, Mich., did the work of printing and binding the Transactions of 1893. He has written me and I hold his letter in my hand, that he never signed a contract to print or deliver to Pierson the Transactions of 1893—that there was no demand for advance money, that he never paid him any money on account of the Transactions and that he still owes that and much more; that the cost of printing and binding the Transactions was \$137.82. Now had Pierson paid Thorp, he would have left a profit of \$62.18 out of the \$200 already paid him by the Association. He wants \$150 more and yet he writes that "this is not a

money making business." Again the Transactions are poorly printed on poor paper and are certainly not worth one cent more than has been paid for them. Pierson is not consistent. He tells me and writes me that the Transactions are all ready for the printer and are only waiting for the advance money—later he writes that Drs. H. C. Allen, Edward Adams and G. H. Clark delayed the publication. I have letters from each of these gentlemen stating that they did not delay the publication twenty-four hours; two of them are here to answer for themselves. Dr. Adams article *was* in Pierson's hands and was credited to Dr. T. D. Stow as reference to Transactions will prove, also his (Adams) letter. I sincerely hope the Association will rescind the vote to pay Pierson that \$150 for he certainly has received all he deserves. He did not fulfill his contract and he juggled with the Association's money, besides he agreed to publish but few of the papers in the *Advance* prior to their publication, whereas he published them all—in fact the whole proceedings and then groaned and complained about it, said that it has cost him many subscribers to publish them, and that the *Advance* would never again bid for their publication.

Voted that the motion passed last year appropriating \$150 to Dr. H. W. Pierson be reconsidered.

Moved that in consideration of the statements made by the treasurer the original motion be amended so as to read be *not* paid. The motion as amended was passed.

#### NECROLOGIST'S REPORT.

STUART CLOSE, M. D., BROOKLYN, N. Y.

*To the Members of the International Hahnemannian Association:—*

Since the session of 1895 two members have been removed from our ranks by death:

T. Wilhelm Poulson, M. D., San Francisco, Cal. and Mahlon Preston, M. D., Norristown, Pa.

I regret to say that I am unable to furnish any sketch of Dr. Poulson. I wrote to one of our colleagues in San Francisco, enclosing a list of questions relating to Dr. Poulson, and requesting him to endeavor to get them answered by some surviving member of Dr. Poulson's family, and also to give me what information he personally possessed. He wrote in reply that he had not known Dr. Poulson personally; that the doctor had never attended their meetings, or fraternized in any way with the Hahnemannians of San Francisco, and that he seemed to be disposed to seclude himself.

Our colleague promised to try to find someone who could furnish the desired information, and to forward it to me. Up to this time, however, I have received no further communication.

Dr. Poulson's name appears as one of the original organizers of this Association, but so far as I can learn from an examination of a complete set of our Transactions, he is not recorded as having either taken part in any discussion, or furnished a paper for any meeting.

We record a kind and fraternal thought in memory of one, who, though perhaps retiring, and but little known among us personally, had his sphere of labor and usefulness, and doubtless filled it well.

MAHLON PRESTON M. D.

Widely known, and honored by all who knew him, was Dr. Mahlon Preston of Norristown, Pa. He was a frequent contributor to the Homœopathic Medical journals for many years, and his papers were always of a high degree of excellence. Our Transactions contain a number of interesting and helpful papers from him. For the particulars as to his life I am indebted to the pages of the *Homœopathic Physician*,

whose editor, Dr. Walter M. James, was his intimate personal friend and family physician.

Dr. Mahlon Preston died Wednesday, October 2, 1895, at his home in Norristown, Pa., in the fifty-seventh year of his age. By his death the International Hahnemannian Association loses a valued member, and Homœopathy an able, consistent and faithful exponent. In the face of great prejudice and opposition he was fearless and unswerving in his advocacy and practice of the true system of medicine.

Always a student, he was energetic, conscientious and unflagging in his endeavors to promote the cause of pure Homœopathy, not only by practically healing the sick in the course of a large practice, but in training up students, and in counselling and encouraging his colleagues, all of whom honored him and felt the inspiration of his precept and example.

The following particulars of his life are taken from the *Norristown Daily Herald* of October 3d, 1895:—

"Dr. Preston was born in East Caln, now Valley Township, Chester Co., Pa., Jan. 22d, 1839. He was a descendant of the well known family of Friends of that name, his father being Isaac Coates Preston.

"He studied medicine with Dr. J. Bayard Wood of West Chester, and graduated at the Homœopathic College, now Hahnemann, Philadelphia, in March 1861.

"He located for a short time, successively, at Meadville, Spring Center, and Rome, N. Y. Then he came to Chester, Delaware Co., Pa., as the assistant of his uncle, Dr. Coates Preston. Finally, in 1862, he came to Norristown. In 1867 he married Mary, daughter of Judge David Krause. Their children are three, Frederick, Catherine and Emily Preston.

"Dr. Preston made his way as a physician in the face of deep seated prejudice against what was then the new school of medicine, building up gradually a lucrative practice which extended miles beyond Norristown. Several prominent

and successful physicians studied the system under his instruction, most of whom enjoy lucrative incomes from their practice in adjoining counties."

In 1881 he founded the Homœopathic Medical Council, an association of physicians who meet to discuss the cases they are treating, and to secure advice as to the further treatment of them. He was a delegate to the World's Homœopathic Congress in London in 1881.

*The Homœopathic Physician* published in November, 1895, the following interesting and appreciative tribute to Dr. Preston:—

"In the death of Dr. Preston, Homœopathy has lost one of its staunchest friends and closest followers. True to Homœopathy under all its conditions, his sole idea in life was to follow out its strictest principles, and demonstrate its incontestable truth by its careful, patient, and faithful application to the alleviation and cure of the sick. Throughout his life he was a student. With strong scientific instincts, his attention at the beginning of his career was especially directed to the study of botany, which later he made subservient to his one great object, the curing of the sick. Perseverance until the final accomplishment of his object was his distinguishing characteristic. This is well shown in an incident related of him by his brother when at the age of fourteen years. He had resolved to build a working model of a steam engine, though he had scarcely any tools and no materials. He collected together all manner of odds and ends of brass and iron that he happened to meet with, and then out of these unpromising scraps he proceeded to build his engine. Failure after failure attended his attempts. The most desperate efforts of his boyish strength failed to conquer the stubborn metal, yet he never abandoned his project. Month after month he toiled on with varying progress, but with great expenditure of nervous energy and muscular strength, and often with the

exhibition of tears. His parents' advice to give up his design went unheeded and he persisted, until at last success crowned his persevering labor, and when the steam was turned on the wheel revolved and his work was done.

The perseverance here exemplified inspired him later in life to the accomplishment of his great purpose to master the homœopathic therapeutics. An examination of his library shows the presence there of every book issued in any way bearing upon homœopathic *materia medica*. A closer inspection of the books themselves discovers them loaded with notes, cross references and various distinguishing pencil marks, all in his own handwriting, and all designed to make more easy and certain the selection of the simillimum."

"He had a very large practice, and was widely known for his cures of difficult cases. His devotion to his practice was absolute. He would neither drink nor smoke because he feared such habits would incapacitate him for his work. He constantly took regular exercise in his own gymnasium, and long walks, the better to keep up his strength.

His health was never good, and he had to exercise constant care and effort to keep himself in condition to do his work. His last illness extended over a period of nearly a year, during which his sufferings were borne with fortitude, patience and gentleness."

The report of the Necrologist was accepted.

*First Day—Afternoon Session.*

#### REPORTS OF DELEGATES.

Dr. Pease—I would like to speak as a delegate from Dunham Medical college, if that is in order. The college and faculty have but lately finished a year of hard work well done. In the senior class there were six members. We graduated four of them and had to turn down two for not fulfilling the requirements or passing the necessary examinations.

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The prospects for the college are certainly very encouraging for its second year. The building, as perhaps you all know, is one of the best for the purpose in the country, and is thoroughly and completely equipped in its laboratories, chemical, histological, and anatomical, with necessary instruments, etc. There are sixteen of the latest improved microscopes, with all the necessary or attendant adjuncts. The chemical laboratory is very extensively equipped, and one element in particular is its very complete outfit of re-agents that have been prepared by the professor of chemistry in the college, Dr. P. J. Latz, who is a graduate from the German schools, and is eminently well qualified to fill that position.

In regard to the policy of the college, I wish to assure the association that the constitution and by-laws of Dunham medical college requires the directors to forever keep the faculty and teaching quality of the college up to the standard, and to teach nothing but Hahnemannian homœopathy. On the 29th instant I hope to be able to announce to my friends through the country that Dunham college will receive the recognition of the State Board of Health of Illinois. The announcements will be issued early in July.

Dr. Baylies—I have the honor to report for the Brooklyn Homœopathic Union, established some half dozen months ago. We have had our monthly meetings, which have been highly interesting. At each meeting to some member has been assigned a topic on which to compose a paper for reading and discussion at the following meeting. Our transactions, have been, we think, interesting and instructive.

#### NEW AND UNFINISHED BUSINESS.

Dr. Baylies—I move, according to Dr. Crutcher's proposal to introduce a motion at this meeting for the purpose, that the title, "associate member" be substituted for

that of "junior member" now in use; and so incorporated in the minutes and by-laws.

The amendment was adopted.

The resignations of two members, Drs. Clarence C. Howard of New York City and James U. Woods of New Haven, Conn., were read and accepted.

#### RESOLUTION REGARDING A NEW JOURNAL.

It cannot be denied that this association, standing as it does for the propagation of pure homœopathy, does not occupy the position before the world which its importance demands.

Indeed, outside of its membership, but few know of its existence.

The times demand that it should no longer "hide its light under a bushel."

We should do that which is necessary to keep it and its objects before not only its members but also before the public, in order that pure homœopathy may be understood of all men.

To accomplish this there can be no better way than by publishing a journal—a journal in which there may be found nothing in the way of advertisements or other matter that will conflict with, or antagonize the principles we hold so dear.

In order that the subject receive the consideration it deserves I offer the following:

*Resolved*, that a committee of three be appointed for the purpose of considering the question of establishing "The Journal of the International Hahnemannian Association."

And that the committee be requested to report before the close of this meeting.

GEO. H. CLARK.

Dr. Wesselhoeft—I think a matter of that kind requires more deliberation than we can give at this session, and I

propose that a committee be appointed to report at the next meeting. Carried.

#### REPORT OF BOARD OF CENSORS.

On motion of the chairman of the Board of Censors the new members recommended by the board were elected by ballot, as follows:—

##### ACTIVE MEMBER.

LOUISE A. GRIFFIN, M. D., . . . Middletown, Conn.

##### ASSOCIATE MEMBERS.

T. G. ATKINSON, M. D., . . . Republica, Ohio.

W. K. CHAMBERLIN, M. D., . . . Tiffin, Ohio.

J. F. TAPLEY, M. D., . . . Marysville, Cal.

MARO F. UNDERWOOD, M. D. . . San Francisco, Cal.

#### BUREAU OF HOMŒOPATHIC PHILOSOPHY.

GEORGE H. CLARK, M. D., CHAIRMAN.

#### CONTRIBUTION TO THE APPRECIATION OF HIGH POTENCIES.

DR. C. VON BËNNINGHAUSEN IN MUNSTER.

*Translated by B. Fincke, M. D.*

From the records of the meeting of the homœopathic physicians of Rheinland and Westphalia, at Dortmund, July 26, 1860, Allgem. hom. Zeitung Vol. 61, p 62, translated by B. Fincke, M. D., Brooklyn.

The second supplement contains a contribution to the appreciation of high potencies based upon an extract of a communication of Dr. B. Fincke, in Brooklyn, N. Y., to the American Homœopathic Review and accompanied by some glosses of the Ref. (Dr. v Bœnninghausen). \* Since the matter concerns facts and it is necessary to have certainty about the reliability of the author, Dr. Graf gur

Lippe was asked about it and he did not hesitate to give the following testimony, the original of which is preserved in our archives.

DORTMUND, July 26, 1860.

Doctor Fincke in Brooklyn, is known to me as a trustworthy man of honor who has acquired the confidence of a large public by his successful treatment.

(Sig.) AD. GRAF GUR LIPPE, M. D.

#### SUPPLEMENT.

##### *Contribution to the Appreciation of High Potencies.*

In the monthly Journal, "The American Homœopathic Review," March and April numbers of this year, (p. 282-288; 327-336), there is just as rich as remarkable a communication of cures which Dr. B. Fincke in Brooklyn, N. Y. has obtained with high potencies and throughout with one single dose.

This contribution is of great significance in the still pending controversy about dosology, since it places the most striking and convincing facts before the eyes, the truth of which can not well be doubted because they are published in this Journal which is edited by acknowledged men of honor. It would be especially instructive for us to submit the conclusions, which the author attaches to them, to a closer consideration. For this reason have we rendered the single sentences as they have been proposed in a true translation and add some short glosses as it appears to us proper.

Previously, however, it must be quoted what the author mentions in the beginning of his communication which bears the momentous motto: "One almost can not give them too small." (Chr. K. 2. ed. I p. 149.)

The potencies applied have been prepared by himself, according to the centesimal scale within a period of ten years, some from triturations, some from tincturæ fortis,

some with a strong steel-spring and some with a single jerk of the hand. Herewith all the probably unintentional mystery disappears which with exaggerated skepsis has been used to render the high potencies of Jenichen suspected.

The prescriptions are quantitatively denoted by a fraction, the numerator being the number of globules (about the size of a mustard seed) and the denominator giving the exact number of the successive centigrade dilutions including the triturations. Therefore, also, here every doubt has been provided against.

The nosological designations of the cases are intended merely for a convenience of registration.

A complete rendering of all the given thirty-two cases of the most various complaints would here be out of place. But, they, all of them, are indeed so remarkable, that we do not hesitate to draw your attention to the article in the mentioned Journal which otherwise contains numerous extremely important originals.

1. "The action and efficiency of homœopathic remedies are not limited to the lower preparations, nor to the thirtieth or two-hundredth potency, but their healing properties are preserved, propagated and exalted through a series of still higher potencies, being evident even in the twenty-thousandth centigrade dilution of Sulphur."

*Glosse.* The conclusive sentence depends upon four cases cured with Sulphur 20m and reported in the foregoing communication viz., in No. 7 of an Angina faucium, in No. 9 of an Ophthalmia rheumatica, in No. 10 of a Corneitis and in No. 21 of a Tussis stomachica—four cases all of which have been cured with single doses of the named high potency, with two globules in Nos. 7 and 9 and with even only one globule in Nos. 10 and 21 and that so completely that no other medicine was required.

2. "The question, where the terminus of the medical action and efficacy of the homœopathic remedies is to be found at all by potentiation, is still open."

*Glosse.* As Dr. Fincke has carried up the potencies to such a high degree, it entitles him perfectly to this expression on account of the astonishing efficacy of his preparations. For we find in the reported cases the following numbers: Aconite 11c, Arnica m. 11c, Belladonna 14c and 6m, Bryonia a. 9m, Cantharis 1630, Carbo anim. 1m, Chamom. v. 1730, China 8m, Hepar sulph. calc. 1750, Mercurius viv. 3m, Nux vom. 5m, Phosphor. 5m, Pulsat. 5m and 7m, Rhus toxic. 10m, Sulphur 20m, and Verat. a. 24c. —We ourselves possess of Jenichen's preparations Arsenic. a. 40m and Phosph. 19m, and of both we have seen in repeated cases the most distinct curative actions as well in men as in animals. It appears, therefore, that the proper medicinal force transplants itself *in infinitum*, if the manipulations are correctly executed, perhaps in a similar manner as the magnetic force of a magnetic bar is imparted to an unlimited number of other steel bars without losing any of its strength.

3. "High potencies prove efficacious and curative in single doses."

*Glosse.* Already since the beginning of the use of high potencies, nearly all attentive observers have made the experience that, as a rule, they do not bear an immediate repetition very well, but they do, if the dose is divided in a solution of water, provided it is shaken up before taking each time. Perhaps a tolerably satisfactory explanation of this might be found in the circumstance, which we shall mention in the glosse to No. 7, in regard to the progressive development of the proper medicinal force. ®

4. "High potencies sometimes present the phenomenon of homœopathic aggravation."

*Glosse.* Owing to our experience of eighteen years with similar, though a little lower potencies, we can not only confirm this perfectly, but also prove it by numerous facts from our Journals. Most convincing are the not rare cases

where, either intentionally an antidote had to be given by us, or where the patients by confessed errors in diet had suspended the medicinal action. In events of this kind a self-deception is not well to be thought of.

5. "High potencies prepared by dilution with a single jerk of the hand prove efficacious and curative."

*Glosse.* We ourselves have no experience about this, because we have potentiated our own preparations with at least ten such shaking strokes. But there is not the least reason why the assurance of the Honorable Dr. Fincke should be doubted; on the contrary we should thank him candidly for an observation which can find useful application in a technical respect. This experience moreover does not contradict that of Hahnemann and of many of his disciples, that continued trituration or succussion makes the attenuations still more potent, and that it is necessary to be moderate in that respect. We also have found repeatedly that on arming the globules it is advisable previously to shake the vial with the fluid potency thoroughly, a few times, especially when it has been standing quiet for a long time. So likewise on application of the solutions in water, a method which we owe to Dr. Aegidi, a previous shaking up before taking is useful, a point which Hahnemann attributes to a change of the degree of dynamization, but which we at least at the same time ascribe to an expansion of the medicinal sphere of action. Besides, the advantage of this procedure—may the reason be what it pleases—has proved its correctness frequently by experience.

6. "High potencies, prepared by dilution with a strong succussion, sometimes do not present any homœopathic aggravation."

*Glosse.* Also this experience we have frequently made; but not in those cases where this powerful shaking was continued for a long time. Then as a rule, and often very violently, the phenomenon of No. 4 takes place. Only then

it may be different when the selection of the remedy was inappropriate.

7. "Higher potentiation seems to be the means of rendering the remedy assimilable and thus homœopathically active."

*Glosse.* Here the author seems to have missed a perfectly fitting word for expressing his actual thought. Without doubt he, like several of us, has made the experience, that the higher dynamizations, even with imperfect similitude, yet frequently produce very good action where the low attenuations of the same medicine completely fail. (? Ed.) By the conclusion it becomes evident that the author wanted to reiterate this observation and that he has selected an expression for it, which at the same time reminds us of our Law of Similitude. We, and some of our old friends, have experienced the same already for many years in cases where an exactly homœopathically fitting remedy was not to be found, and we at the time noticed that this valuable peculiarity of high potencies most probably depends upon the circumstance, that at each higher dynamization now hitherto, as it were, latent forces are unlocked, and thus the sphere of action of the medicine is, in fact, more and more widened. This gradual increase of symptoms by potentiation has on further accurate observation removed all our doubts in such a manner, that we recognize in it a new, formerly not known natural law which is as wonderful as advantageous for practice. An indication of this law is already the medicinal efficacy of the homœopathic preparations of such substances, which without it are entirely or nearly indifferent, as several earths and vegulinic metals, which do not become useful as medicines, until they are brought up to a certain potency and thereby acquire an extremely powerful and extensive healing force. We acknowledge in this with gratitude the providential kindness of the creator of nature, who attributed medicinal



power to almost every substance, but closed in and locked up like the fire, so that without intentional resuscitation it could not produce any damage to the system, if it was taken daily with our food. The increase of this medicinal power in proportion to the dynamizations raised higher and higher, however, is so striking that it must intrude itself spontaneously upon every attentive observer. Most frequently and distinctly it appears in such symptoms as have not yet been observed in the provings, but have some analogy with what is already known in regard to the location and the sensations. Hereupon rests essentially the arrangement of our "Therapeutic Pocket-book" (Repertory), the use of which during fourteen years has fully confirmed the observations just mentioned. Only in relation to the aggravation and amelioration according to time, position and circumstances the higher and lower potencies are everywhere equal, and this constant uniformity should, therefore, induce every homœopathician to ascertain the peculiarity of these moments with special diligence, and to consider them carefully in the selection of the remedy. We are sorry to be obliged to break off here the discussion of this extremely important subject in order to communicate our experiences about it at a more convenient occasion, but we take leave already here to direct the attention of our friends and colleagues to it.

Of the numerous incidental facts the following cases of latest date may serve as examples.

A few weeks ago a cattle-disease appeared in the surroundings of Darup, which was characterized by sudden and complete paralysis of all the limbs. Of nine or ten affected cows only two remained living, which, however, till to day are stiff in all the limbs and can hardly walk. Two weeks ago a cow on our farm in Darup was also affected and all efforts to put her on her legs proved without avail. A messenger was therefore sent here in order to get help

from us. This messenger, who did not know of any other symptoms than those mentioned, took two powders along, viz.: No. 1 Pulsatilla 2c. and No. 2 Nux vomica 2c., with the order to give No. 2 only after 12 hours (as always dissolved in water) if No. 1 should not have any effect up to that time. The messenger, who returned the same night, arrived only the next morning about 4:30 o'clock in Darup, and at 5:00 o'clock the cow which was lying in the same condition, received the powder No. 1 according to order. At 10:00 o'clock of the same forenoon, therefore, five hours later, the servant-maid to her great surprise, found the cow standing upright in the stable and eating her food with relish. On leading her out, not the least sign of paralysis or stiffness was to be noticed, and the cure was and remained perfect. Pulsatilla, therefore, had been the right remedy in this case. A few days later the cow of a neighboring farmer was taken with the same disease. Since the rapid cure of our cow had excited a great sensation in the neighborhood, this man asked for the unused powder No. 2 (Nux vom.) which in the same manner as above, was given to this cow and it cured her, though not as rapidly as the first one, but still after twelve hours completely. Since the disease in both cases was the same, and no single spontaneous recovery is extant, and both though in themselves so different yet nearly related remedies had such a striking success, the conclusion at least lies very near, that only in virtue of the high dynamization the curativeness of both had attained such an extension, that both had been homœopathically appropriate, and both could equally accomplish a perfect and permanent cure, if not in the same yet in a comparatively short time. Another valid explanation of this fact, which is by no means isolated, might hardly be found. (Accordingly the high potencies would detract from the strict individualization? This would certainly be highly deplorable.—ED.)

8. "The curative action and effect of homœopathic remedies, as already foreseen by Hahnemann (*Organon* 5, ed. p. 275), is in every individual case conditioned and governed by the dose as well as by the homœopathicity of the drug."

*Glosse.* The reference to the quoted section of the *Organon* gives the proper explanation to this proposition. Hahnemann, namely, warns in this place not against all too small, but against all too (large) strong doses, words which besides are made conspicuous by italics. A more special elucidation is in the following § 276 where he expressly calls the larger doses of higher potencies the most noxious ones. The remark attached to the last section should be taken to heart by many a young homœopath of our time, which says: "The praise accorded in later times by some few homœopaths to the larger doses depends on this, either that they selected lower potencies of the remedy to be given as I myself did twenty years ago, not knowing any better, or that the remedies had not been selected strictly homœopathically." We want to mention, by the way, that this was written in 1833, and, therefore, the twenty years backward point to 1813, to the first youth of Homœopathy. Hahnemann, however, gradually rose to the smaller doses and higher potencies; of this the different editions of his *Materia Medica Pura* bear witness. What progress he had made in later years until his death (1843), still ten years later, is only known to his nearer friends, among whom we have the fortune to belong; and hence we are justified in the assurance, that all that people have been bold enough to assert about his regress in this relation, is perfectly untrue and invented.

9. "The curative action and effect of high potencies being established as a fact, *any* potency and consequently *any high* potency may be *the* dose in any given case."

10. "From this arises a necessity to individualize the dose as well as the remedy."

11. "The chances of individualizing the dose increase in the ratio in which by experience a greater variety of potencies is placed under our command."

12. "In this view the posological problem grows in importance, and, as it can only be conquered by 'pure experiments, careful observation and correct experience' (*Organon* p. 278), it is of the greatest moment to multiply the experiments with higher potencies."

13. "Such experiments should be made with the experimenters' own preparations and on the human organism, which so far, and especially in its diseased condition, appears to be the only reagent or test delicate enough for substances as fine as such medicines."

*Glosse.* In relation to the foregoing five propositions, which follow from each other and mutually complete and explain themselves, there is only that principally to be pointed out, which under No. 12 has been quoted from the *Organon* on experiments and experience. Just as we dare not accept anything upon mere assurance or even conjecture, just so we firmly trust to constant and doubtless experiences, even then when the results are of such a kind that we can not comprehend them. For this reason we hold ourselves perfectly justified to doubt every dogma in our healing science, till the proof of it is given in full. Among these strongly doubted dogmas we reckon the too oft-repeated assertion, that the higher potencies are only appropriate to chronic complaints, but that acute disease must be treated with low attenuations. All those who have maintained this dogma so far, and would like to have it raised to an axiom, have ever remained in debt for the proof of it. And again: All those who have made comparative experiments in this matter have been convinced of the contrary. It, indeed, needs only a few

such experiments in order to make the experience that the higher potencies act much quicker than the lower, as also is to be seen from the cases of our author, and if, with the most acute diseases the quickest healing action is the most desirable, then consequently the high potencies must have the most decided preference just in those cases.

Very frequently we meet in the dissertations on Posology the utterance that the whole range of dynamizations must be at the disposition of the physicians in order to enable them to select the most correct and commensurate of them according to circumstances and necessity. This, indeed, sounds extremely plausible and like common-sense for the uninitiated; but we others consider it as an empty phrase, designed to deceive the ignorant as long as sure rules resting upon irrefutable experience are wanting, according to which this or that potency deserves to be preferred, and is to be selected. Of such guiding rules we hitherto have not been able to find anything but the one mentioned above, the falseness of which is evident, and which at the same time moves within very limited spaces.

14. "The homœopathic potencies, that is to say, those fine preparations of medicaments which are effected by the peculiar method and operation of Hahnemann's invention, are in fact, and strictly speaking, not mere divisions only of the drugs into parts, but are rather differentiations and progressions, being at the same time, as it were, successive reproductions and propagations of the medical properties of the drug and its given part."

*Glosse.* The view here expressed we deem to be perfectly correct; it is in accordance with the one which we have demonstrated somewhat extensively in the *glosse* to No. 7. We, therefore, shortly refer to it.

15. "For the required calculations, a mere arithmetical enumeration of the particles, into which potentiation is assumed to divide the given quantity of the drug, is

insufficient and dubious, being apt to cause mistake and confusion, as it has done already; and unwieldy on account of the immense array of its figures; and in fact, not adequately corresponding to the real truth of the matter."

*Glosse.* In giving our assent to this proposition, we refer to § 284 of the *Organon* (5, ed.) and the remark attached to it.

16. "For a theory of potentiation the labors of Korsakoff and Joslin are pre-eminently valuable."

*Glosse.* The technical method of Korsakoff is known and essentially consists in this, that after every proper succussion of the vial the potentiated fluid is poured out and a hundred drops of distilled water or alcohol are measured into it again; on emptying the vial at least one drop will remain in it, which serves as the unit which transfers the medicinal force from the previous potency to the following. One may object that in this manner the ratio of 1-100 can not possibly be mathematically correct. But it would be an exaggerated scrupulosity and indulging in trifles if we would find fault with such insignificant shortcomings, the influence of which must disappear gradually the more, the longer the manipulation is continuing. On the other hand, the saving in vials and, if for the intermediate degrees water is used, in rectified alcohol is very considerable, and the result has been the same in every instance where comparative experiments have been instituted between this and the strict Hahnemannian method. For the preservation of the potencies of course only alcohol is to be used, as well on account of its incorruptibility, as for the moistening of the globules. Hence no objection of any consequence can be raised against Korsakoff's method. ®

As is well-known, the late Jenichen in Wismar, has spent a number of his years in the preparation of high potencies of all our medicines in common use, which are still extant and in the hands of Dr. Rentsch in Wismar, who has taken

upon himself the duty to dispense them for a moderate price to homœopathic physicians. A certain darkness hovers over the technical method of that honorable and for Homœopathy truly inspired man, which has detained some from the application of his preparations in practice. It however appears from two letters, which we have communicated in a special supplement, that the precepts of Hahnemann as also the centesimal scale have carefully been kept by him.

17. "For the practice with high potencies by experience so far, the rule holds good: the more susceptible the organism, the higher the potency and the finer its doses."

*Glosse.* In the glosse to No. 13 we have already laid down our conviction, based upon an experience of many years in that respect, to which we shall stick undisturbed till our error is proved thoroughly and likewise by experience, of which we are not afraid. Till then we shall quietly wait, whether our numerous opponents still persist in their view without making comparative experiments, or whether they will trust to the true assurances of experienced and honest men, at least in so far, that they condescend themselves to institute such experiments, instead of blindly holding on to unproven assertions and defending them.

18. "For a scientific explanation of the curative action and efficiency of high potencies, it might serve to apply to Therapeia a certain law of nature which was discovered and mathematically established by Maupertuis. This is the *law of the least quantity of action*: by others called *lex parsimoniae*; ridiculed by Voltaire, defended and explained by Euler and happily touched upon by Franklin. It is thus enunciated by the discoverer: "*la quantité d'action nécessaire pour causer quelque changement dans la nature est la plus petite qu'il soit possible*" i. e, the quantity of action necessary to effect any change in nature is the least possible.

According to this general principle the decisive moment is always a *minimum*, an infinitesimal. Apply this to our

therapeutics and it will be perceived that the least possible dose is the highest potency and necessarily sufficient to turn the scale, that is: to effect the cure—always provided the remedy being homœopathically correct."

*Glosse.* Pierre Louis Moreau de Maupertuis (born 1697, died 1759) was called to Berlin by King Frederic the Great, in 1740, in order to occupy the office of President of the Berlin Academy. In the memoirs of this Academy, in 1746, his treatise appeared "on the Laws of Motion and Rest according to the (metaphysical) principle of the Least Action," which entangled him in numerous literary feuds. To his most bitter antagonists belonged the frivolous Voltaire who formerly had called him his revered teacher, a sublime genius, an Archimedes, a Colombo, and now decried him as a crank and an eccentrical philosopher, but at last found himself forced to leave the field to him in Berlin. We are too much of an empiric as for the defence of the *lex parsimoniae* to follow the learned Euler and Franklin into the depths of philosophy, and rather cling to the processes on the upper world as they lie open to everybody's eyes. For there is a multitude of phenomena which are instructive for everybody who wants to accept information at all. Here we see everywhere how the contrasts to which they both are subject, and which are so entirely different among themselves, appear distinctly and exert their effects. But just as the same nature clearly acts before our eyes in a quite different manner, in its soft and almost imperceptible activity, and in the unfolding of its violent and immense powers. When here the warm mild sky in rich abundance spreads blessings and prosperity over the world, there the hurricane with lightning, hail and waterspout brings only destruction. When here in a moderate heat, the plant grows and matures its fruit, there in the scorching heat of the tropical sun it is burned, and freezes in the icy cold of the north. Such contrasts can be multiplied if one knows how

to observe them, and they all by striking facts prove the common rule, that always the mildest leads to the better, and the most violent to the worst.

19. "This *Law of the Least Action (minimis maxima)* appears to be an essential and necessary complement of the law of *Homœopathicity (Similia similibus)* and co-ordinate with it."

*Glosse.* Also to this conclusive proposition we can give our fullest assent, and at the same time find in the two principles of Simily and Microdosia the essential difference between Allœopathy and Homœopathy. Just as the *contraria contrariis* of the Allœopaths forms a direct contrast to our *Similia Similibus*, just such a contrast consists in relation to the size of the dose when the former measures it too large, so that the strength of the patient can not bear it, whilst we administer it in a minuteness which is just sufficient to cure without danger and other molestation.

#### IS CONSUMPTION CONTAGIOUS?

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This question, so long settled, to their own satisfaction, by bacteriologists and their unquestioning followers, the State Boards of Health and the newspaper reporters, is still open for discussion among medical men and women—those whose lot it is to meet and battle with diseased conditions of whatever type, regardless of name, according to law and the light given them through the experience of the profession and of mankind since sickness was visited upon the race.

The affirmation that Consumption is contagious has as its foundation the experiments of certain individuals, engaged chiefly in laboratory work,—men like Pasteur and his imitators, who are confessedly unprepared to cope with sickness at the bedside. Many of them are men young in

years, sometimes wanting in clinical experience—lacking even the extended observation of intelligent laymen.

And what are these experiments, concerning which so much is written, and upon which so much of the welfare and happiness of the people—together with the sanctity and inviolability of tens of thousands of homes may depend? It is the discovery of a concomitant of disease—a not always present element in the earlier stages of Consumption (a fact of itself sufficient to break the chain—the whole being no stronger than its weakest point) and by the engrafting of this medium or vehicle upon a lower animal, reproducing Consumption therein. The active agent in the above procedure is assumed to be a germ; and we have it on high \* authority that "without the entrance of this particular germ into the human body from without, tuberculosis cannot develop in it."

Obviously this germ, if such it is, must have its origin either without or within the bodies of living beings.

If without the body, why has it not been traced somewhere in "all out doors" as an active, ever increasing enemy ready to pounce upon the unwary organisms, alike, of miserable man and confiding cow? The external origin of the germ is denied, however, by the self-same author, and he shortly goes on to state that "the material on which it feeds must be very nicely adapted to its requirements, and it has no lurking or growing places in nature outside of the bodies of men and a few warm-blooded animals." The "gentle reader" is left to reconcile these two quotations from one article at his leisure, while we inquire concerning the confidently asserted internal origin of the germ. It within the body *what is the cause of such development*, and why is it a respecter of persons, selecting a certain type more frequently than others? Our learned discoverers propagate an oppressive stillness on this point.

\*T. Mitchell Prudden. See Harper's Monthly, March 1894.

But once more let us refer to the experiments noticed above. The disease so produced is said to be true to name—unvarying. Hence this evolution of disease is assumed to be the cause, *and the sole cause* of Consumption in the human race. Therefore, say these people, Consumption is a contagious disease, and, as we do not know anything in the way of cure, we must prevent it—or tell the Health Boards to tell the physicians to tell the people *it must be prevented*—even if, like the lamented Artemus Ward, they “have to sacrifice all of their first wife’s relations” in the effort.

How is this beneficent programme to be carried out? We are told that the disease is easily preventable, that it is all simple enough. Merely kill the tubercle bacilli, and Consumption will cease to be. How shall we kill them? Well, that depends somewhat upon the environment of the patient—and the prevailing “fad.” If the subject happens to be of the proletariat, probably “Piso’s Consumption Cure,” or “Radam’s Microbe Killer” would answer as well as “Aseptolin.” If, however, the case appears “in society” this latter preparation (or its successor) will be required.

The case in any event is to be reported to the Board of Health, who will instruct the physician and the patient as to their several duties, to each other, to the general public—*and to the Board of Health!* During these simple preliminaries the consumptive farmer, milking his consumptive cow, keeps right on “hawking and spitting” consumptive sputum, in which process the cow joins, and to further the spread of the contagion, yields her quota of consumptive milk. This is fed by the consumptive family to the consumptive hen, who lays a consumptive egg that is an article of general consumption.

But it is gratifying to know that all of the above products are to be “thoroughly disinfected” before they can reach the consumptive consumer. Both the man and the

cow are to cough into “sterilized” receptacles, which are to be “hermetically sealed” and, at a more convenient season, “burned with fire.”

The milk should be received on a red hot shovel; the egg must be laid in the oven after the chicken-pie is taken out.

Another reassuring discovery is also vouchsafed in this connection, viz.—not all persons furnish a congenial field for the operations of the tubercle bacillus. A favored few, fortunately for the race, are immune from birth, or have been, during the first hours of life, in all probability, “sterilized” by an “eminent bacteriologist.”

It is claimed, as above mentioned, that, by the use of potent germ killers, the disease may be arrested and the individual thus experience a cure; but that if he is, after a few weeks or months, exposed anew to the infection he may re-take the disease in spite of his former attack and cure. Our enthusiastic friends of the laboratory do not appear to find it needful to regard old and long proven conditions pertaining to contagious diseases.

They ignore altogether the fact that those diseases are always of short duration, running, generally, well defined courses, having first a brief period of incubation which is frequently well known, and that, contrary to the claims for the disease under consideration, one attack usually renders the individual immune for life. These commonest facts, the common knowledge of physician and layman, are, I say, ignored by bacteriologists in their desire to bolster up the sensation of a decade; and the experiences of intelligent observers of Consumption, for all the ages, are counted as naught.

Has it ever fallen to your lot to witness a few cases of the disease? Who that has reached middle age can not recall case after case of Consumption developed in individuals of a peculiar diathesis—this latter condition running often in families—often showing itself in *certain regions?*

Who will deny that, in the same family, only those members are prone to the disease who partake more largely of the peculiarities of one line of ancestry than of the other? Who will assert that bacilli are alone responsible for the disease being more prevalent in some neighborhoods than in others—the inhabitants coming and going among each other at will, yet living chiefly each in his own region? Do not these modern microbe hunters know that thirty years ago brilliant minds in pursuit of the unknowable in disease, made this discovery, to the satisfaction of their own modest ambition, that tuberculosis is incited—created, if you please, by other things than consumptive products or tuberculous concomitants?

These latter day assertions that tuberculosis is, and can be, produced only by the tubercle bacillus, are on a par with the assumption that intoxication can be produced only by the poison of Agaricus, because, forsooth, certain Siberian tribes frequently perpetuate the "drunk" by partaking, through a series of individuals, each of the urine of another, after *one* had partaken of Agaricus!

Are the brethren prepared to say that inebriety is contagious, and that mushrooms alone produce intoxication, to the exclusion of ether, "Jamaica Ginger," and all the rest?

As homœopathists we need give no uncertain answer upon the question of germs and of contagion in Consumption. The theory as applied to that disease is akin to those other vagaries of the laboratory, which attempt to demonstrate that the nourishing properties of an ox may be compressed within the limits of a pill-box, and thus made available on long journeys in the wilderness.

In one case the stomach rebels—the reason in both.

## SCIENCE AND PHILOSOPHY.

T. P. WILSON, M. D., CLEVELAND, O.

Science and Philosophy are sovereign rulers in the thoughts and actions of men. We are shut up to these two factors, if we leave out of consideration the possibility of a divine revelation. This we shall do so as to place the discussion which we propose to follow upon a rational basis.

In our investigations, we follow science or philosophy singly or in conjunction. But if we fail to keep a clear line of demarcation between them, the result of our labors can end only in confusion.

A definition from the lexicon is sometimes useful in securing the correct meaning of a term, but use often transcends in authority the dictionary. What we seek is Truth. We must differentiate it from Error. Our determination of truth depends largely upon our personal equation and the right use of adequate means.

Certain minds can never determine certain truths, because they lack the capacity to do so. Others fail in default of proper instruments or in a correct knowledge of their use. No thinker, however clear may be his convictions, expects all mankind to think as he does.

Moreover—leaving us to be the judge—history shows us, that the more profound the truth, the less will be its acceptance among men. The voice of the people may be the voice of God in political matters, for all we know or care, but the knowledge of the people and their power to comprehend truth is not God-like.

Olympus might furnish us a worthy audience, but the market and the highway are filled with little more than an unthinking rabble. This may savor of an aristocracy of the mind, but if so, it is not of our making.

In this direction we find the chief obstacle to progress.

In medicine the people do not understand our principles. The same is true of many in the profession who assume

to practice our principles. They fail in comprehending the ideas involved.

The non-homœopathic schools of medicine acknowledge they have no fixed rules; and the same is true of a large number of those who claim kinship to Homœopathy. I mean by this last statement that whatever may be claimed, many so-called homœopaths follow with no uniformity any fixed rules of practice.

This in most instances is the fault of education. Woe to the student who spends his time with a preceptor who cannot give him the ground-work of a true medical system. Woe to that student when he attends a college, where teachers are all at sea concerning the true science and art of medicine. It is quite proper that such a student should be instructed in all the details of his profession.

Anatomy, Physiology, Pathology et cetera are most certainly to be learned, but of vaster importance is it, that the student should be thoroughly grounded in the principles of medicine. To send him out on the sea of professional life without chart or rudder, is to insure his future shipwreck.

Is a man shipwrecked when he can command a large and lucrative practice? Is he shipwrecked when he can claim and hold a leadership among his fellows? For all that most assuredly he may be.

No scheme can be so wild, that it may not have its advocates and followers. But time will bring the test. The sea of medical history has its shores strewn with wrecks. False philosophies and what is far worse, false methods, are heaped in confusion on either hand as sad mementos of man's unwisdom.

Do we realize how certainly history is repeating itself? Are we direous of standing to-day in the midst of a measureless whirl of medical chaos? Does your daily mail like mine bring you loads of more than worthless trash, to disgust your soul and fill your waste basket? I should

hesitate to scatter their ashes in the gutter lest they should breed more foul corruption.

Yet to read this senseless literature (?), and to try all that is therein recommended, is called by many "keeping up with the times."

I do not charge all this upon the non-homœopathic schools. It is the dry rot that is reaching steadily toward the heart of our own profession. Many of those who write for our school are simply "degenerates." As for our Pharmacies how many of them are there that do not swarm with the vile rats of Empiricism?

Out of our journals out of the teachings of our Colleges, out of the discussions of our societies, it is easy to find where the rust is corrupting; and how the corner stones are sought to be undermined.

There is no remedy for all this, but to stand firmly by the science and philosophy of Homœopathy.

If there is a better exponent of these than Hahnemann, then this better exponent is the better man. Let him stand forth. If Hahnemann has more correctly expressed the truth in any book other than in the Organon, will some one name the book?

Science and Philosophy represent two distinct phases of thought. The one is experimentally demonstrable and the other is rationally conclusive. However deeply a man may be immersed in active duties he will still keep thinking. He will naturally drift from the plain facts of science, to the mystic principles of philosophy.

In our day we have a deal of so-called philosophy that is uncompromisingly transcendental. Such can be of no use in the System of Medicine.

But what is most apparent of all, is, that we are supplied with a world of wild-eyed theories, that have in them neither science nor philosophy and are none other than vagaries of the imagination. It is often forced upon us that



we are in duty bound to accept these or show their futility.

In the *code duello* it is understood that, logically, if a man has a hundred foes he must meet them severally and kill them, unless he is before time himself put *hors du combat*. And this is just the position and condition of the man who is without ground work in his medical make-up. Every fresh mail, every new journal and even newspaper advertisements, give him fresh objects for study. Is he not bound to be catholic, broad-minded, liberal in his knowledge? He is much in the condition of the man who had in his possession a bill pronounced to be counterfeit. "See here and here," said his friend. "Are these not proofs of the cheat?" "Well," said the man, "I don't believe it's *all* counterfeit.

So standing on the tiptoe of expectation stands the man without professional principles, hoping to find in every new turn of the wind something that will give him permanent satisfaction. That the non-homœopathic schools of medicine should find themselves floundering in the mud of eclecticism is not to be wondered at, when we know how persistently they reject the truth.

On the other hand, that the homœopathic school should have writers and teachers of so little ballast, as to be cast about with every new outcry of fresh discovery, is sincerely deplorable. One would think that as yet there had been no foundations laid.

Homœopathy furnishes us with an abundance of indisputable facts. Out of these we construct, "The Science of the Healing Art." Therapeutics, as a special department of Medicine, cannot stand apart from other departments. Especially is it dependent upon Pathology. It is idle to talk of a correct prescriber who is not also a pathologist.

But the pathology of the non-homœopathic schools in most respects widely differs from ours. Pegasus hitched with an ox to a plow, is not more absurd than a man trying

to prescribe homœopathically for a patient, upon a system of pathology not consonant with homœopathic practice. But the absurdity is not only tolerated, it is inculcated in most of our medical colleges.

It is possible this brief essay may reach the eye of some honest enquirer after truth. For his sake let me say that I do not pretend to have argued my statements to a conclusion. This has already been done by many able writers. But let me assure him, that only on the basis which Hahnemann wisely laid, can any man build a homœopathic practice. If I were to attempt a restatement and elaboration of the whole question, I should undoubtedly depart somewhat widely from Hahnemann's terminology. This is the nineteenth not the eighteenth century. But nothing can change the facts upon which Hahnemann builded his—the system of Medicine.

From facts come principles. The principles of Homœopathy constitute its Philosophy. Homœopathy has no philosophy not founded on Science. All this constitutes an unfinished problem. I do not therefore think we have fully worked out the question.

We are on safe grounds, and can go confidently forward. If anything non-homœopathic seems for the moment to invalidate our position, we may be assured that it will ultimately find its true place under homœopathic laws, or else it will follow the fate of its false predecessors "And die amid its worshippers."

THE HOMŒOPATHICITY OF THE REMEDY. .  
S. L. GUILD-LEGGETT, M. D., H. M., SYRACUSE, N. Y.

Among practitioners of homœopathy, questions relating to the homœopaticity of the remedy are frequently agitated. Many assert that the employment of a medicine

capable of producing a similar, pathological lesion is the only true understanding of homœopathic application. Others, with equal firmness, maintain that the only possible indication for the use of a medicine lies in its signs and symptoms, aside from any pathological effect that it may be supposed to produce.

Long continued contemplation of one side of a shield to the exclusion of the other, led to a similar position of disputants in "ye olden time."

After the recognition of the sphere, capabilities and possibilities of a remedy, must come the consideration of its modalities, peculiarities and particularities.

"After," because it is most necessary to appreciate § 3 of the Organon. First, as to the facts relating to disease, both in its generalities (depth, breadth and activity) and its particularities (signs and symptoms); second, as to the facts relating to the curative agent, its sphere (depth, breadth and activity) and its modalities (peculiar characteristics or motions, denoted by signs and symptoms).

The "progressivists" (?) of our school recognizing that remedies have spheres of action, relegate each to a sphere frequently theoretical, and continue to prescribe from that standpoint. This without regard to the distinctive features that individualize remedies, the substantial reasons for their employment and the key to the situation.

The highest results in homœopathic prescription are obtained through the recognition of a single truth; namely, that the law of similars can be applied only to facts previously evolved. As all facts concerning disease must be known previously to the use of a remedy, so all facts concerning the curative agent must be recognized. Furthermore, unless we clearly estimate the value of both the sphere and the modalities of a remedy, we make no advance upon the methods of practice followed during the last two thousand years.

Physicians make mental notes concerning remedies: that they belong to conditions such as congestion, inflammation, anæmia, chlorosis, chronic miasmatic affections, etc., etc.; that they are indicated in fevers, pneumonias, dropsies and organic inflammations of various kinds. But if nothing further be taken into consideration, the guide is lost, and that which should be a positive therapeutic measure, becomes an insecure reliance.

As an illustration of this point, let us adduce a case cited in the annals of the Homœopathic Medical Society of New York State. A physician, early one morning, was called to a young woman suffering from violent pains in the left ovarian region. He prepared two tumblers, each half filled with water. Into one of the glasses he dropped fifteen minims of Aconite; into the other, fifteen minims of Belladonna; directing that the remedies be administered alternately at intervals of half an hour. He, also, left two suppositories of Belladonna; one to be administered *per rectum*, if the pain were not relieved within a specified time; the other to follow, two hours after the first, if the pains were still undiminished.

At nine o'clock P. M., he returned to find the patient insensible, and, at two o'clock the following morning, "in spite" of his most active measures, she died.

Aside from the fault of over-dosing, the case appears to have been treated from a purely pathological standpoint. Upon the assumption that the case was congestive, Belladonna was considered sufficiently homœopathic to restore healthful action. The distinctly differing modalities of Belladonna and Aconite do not seem to have been taken into account; nor yet the equally differing modalities, as between both remedies and the sickness to which they were applied. Why Aconite with its characteristic "restlessness" and "fear of death" should need Belladonna (which, in those conditions, would be "worse from the slightest jar") to

capable of producing a similar, pathological lesion is the only true understanding of homœopathic application. Others, with equal firmness, maintain that the only possible indication for the use of a medicine lies in its signs and symptoms, aside from any pathological effect that it may be supposed to produce.

Long continued contemplation of one side of a shield to the exclusion of the other, led to a similar position of disputants in "ye olden time."

After the recognition of the sphere, capabilities and possibilities of a remedy, must come the consideration of its modalities, peculiarities and particularities.

"After," because it is most necessary to appreciate § 3 of the Organon. First, as to the facts relating to disease, both in its generalities (depth, breadth and activity) and its particularities (signs and symptoms); second, as to the facts relating to the curative agent, its sphere (depth, breadth and activity) and its modalities (peculiar characteristics or motions, denoted by signs and symptoms).

The "progressivists" (?) of our school recognizing that remedies have spheres of action, relegate each to a sphere frequently theoretical, and continue to prescribe from that standpoint. This without regard to the distinctive features that individualize remedies, the substantial reasons for their employment and the key to the situation.

The highest results in homœopathic prescription are obtained through the recognition of a single truth; namely, that the law of similars can be applied only to facts previously evolved. As all facts concerning disease must be known previously to the use of a remedy, so all facts concerning the curative agent must be recognized. Furthermore, unless we clearly estimate the value of both the sphere and the modalities of a remedy, we make no advance upon the methods of practice followed during the last two thousand years.

Physicians make mental notes concerning remedies: that they belong to conditions such as congestion, inflammation, anæmia, chlorosis, chronic miasmatic affections, etc., etc.; that they are indicated in fevers, pneumonias, dropsies and organic inflammations of various kinds. But if nothing further be taken into consideration, the guide is lost, and that which should be a positive therapeutic measure, becomes an insecure reliance.

As an illustration of this point, let us adduce a case cited in the annals of the Homœopathic Medical Society of New York State. A physician, early one morning, was called to a young woman suffering from violent pains in the left ovarian region. He prepared two tumblers, each half filled with water. Into one of the glasses he dropped fifteen minims of Aconite; into the other, fifteen minims of Belladonna; directing that the remedies be administered alternately at intervals of half an hour. He, also, left two suppositories of Belladonna; one to be administered *per rectum*, if the pain were not relieved within a specified time; the other to follow, two hours after the first, if the pains were still undiminished.

At nine o'clock P. M., he returned to find the patient insensible, and, at two o'clock the following morning, "in spite" of his most active measures, she died.

Aside from the fault of over-dosing, the case appears to have been treated from a purely pathological standpoint. Upon the assumption that the case was congestive, Belladonna was considered sufficiently homœopathic to restore healthful action. The distinctly differing modalities of Belladonna and Aconite do not seem to have been taken into account; nor yet the equally differing modalities, as between both remedies and the sickness to which they were applied. Why Aconite with its characteristic "restlessness" and "fear of death" should need Belladonna (which, in those conditions, would be "worse from the slightest jar") to

support it, is beyond comprehension. Again, why congestion of the left ovary should need either remedy is not altogether plain.

The same idea of relegating remedies to a limited sphere prevails, when Belladonna is administered for scarlet fever, Mercurius for dysentery and Pulsatilla for measles. In such prescriptions, homœopaths but imitate the "regulars," at whom they rail for similar actions. Pathologists consider disease, rather than the individual case.

Again, that branch of homœopaths known as "Hahnemannian" should be censured, when its members prescribe upon modalities, without regard to the sphere of the remedy. The depth and breadth of action are as important as the modalities: "rate of speed" etc.

In short-acting, superficial remedies, the modalities are marked; but although the superficial symptoms of a grave disorder point to a remedy of this class, if the sphere and the modalities do not agree, such remedy can never prove homœopathic to the case.

The prominent modalities of Aconite are "anxiety," "restlessness," "fear of death," "premonition of death," etc. When the symptoms are present in a case of pseudo-croup or of a sudden hæmorrhage from one of the orifices of the body,—in fact, in any condition that so superficial and congestive a remedy may produce,—Aconite acts like a charm, and the alarming symptoms disappear. But the case of pneumonia arrived at the stage of suppuration, with final development of such symptoms as "restlessness," "anxiety," "fear of death," "premonition of death," etc., demands a search among the deeper remedies. Aconite produces no such conditions in the animal kingdom, and it has no such sphere. Therefore, it cannot cure. Sulphur produces "anxiety," "restlessness," "hopelessness," "doubts of recovery" and "predicts death." It has, also, when carefully prescribed, sufficient depth, breadth and

activity to produce resolution. Again, if the Aconite characteristics above quoted were found in a case of puerperal fever (which is essentially septic), a prescription of that remedy would have no more effect than the same quantity of cold water. It does not enter into the sphere of such a sickness, as it is incapable of producing such conditions. Here, too, "anxiety," "restlessness," "hopelessness," and "doubt of recovery" give a clearer reading of the modalities, and Sulphur will be found equal to the septic conditions.

In a case of puerperal fever, with the symptoms of "vertigo", and "nausea upon raising the head", Bryonia would certainly prove insufficient. But the same symptoms would indicate that remedy if the case were of a bilious nature, or one approaching a typhoid state. A threatened septicæmia, with its chronic miasmatic base, calls for the study of remedies within that sphere. A study of Sulphur, in this relation, discloses the symptoms of "heaviness", "dizziness when lying", "when moving", "when raising the head" and "nausea". Therefore, this remedy corresponds more fully to such a case.

So, through the modalities of all remedies, the physician should avoid translating the symptoms of a sickness into the familiar words of *memorized characteristics*. For so he may fail in some grave case. He should "think into each sickness" and study remedies that are correspondingly broad and deep. Such remedies will prove more adequate to the required work. Such study will disarm criticism of the materia medica in its present form and will possibly prevent the appearance of hasty and incomplete editions of the same.

By taking into consideration possible disturbances of the underlying chronic miasm, by carefully noting symptoms corresponding to the deeper remedies, it is probable that all cases of seeming correspondence between the characteristic symptoms of grave sickness and those of a superficial remedy might be easily understood.

Not long since, an able physician declared before the International Society that if the symptoms above quoted as belonging to Aconite were to occur in the suppurative stage of pneumonia, *he had no doubt* but that Aconite would cure the case. The physician overlooked the possibility of having, by pre-conceived notions, formulated the characteristics. Yet someone says "pathological prescriber".

One of our ablest Hahnemannians was consulted in a long-standing case of hay-fever, in which, for the moment and to the tyro, none but Aconite symptoms seemed to be indicated. The experienced physician, on being asked if Aconite were there called for, replied that Aconite was, without doubt able to cure any case in which *it was indicated*, were that case acute or chronic. The physician was right in the sense that, in a chronic disease, Aconite is *never indicated* as a curative; still, his reply was misleading to a tyro in medicine, and is typical of the frequent misunderstandings arising from similar causes. Many excellent practitioners have yet to realize that a remedy has a certain sphere as well as certain characteristics.

It is easy, in either direction to fall into error. Of the two faults, the first is the worse, as it leads backward, and through the labyrinth of empiricism and theory, long since renounced by homœopaths for the more perfect guidance of proven fact.

Again and again the facts of our materia medica have been verified by men staunch and true! These facts have been placed before us in multiplicity of words, almost bewildering, and yet necessary to complete for us students a perfect likeness of each drug. And therefore we must be grateful for the careful prolixity of the Masters who have gone before.

After the administration of a remedy, a knowledge of both its sphere and its modalities makes possible a correct prognosis. Without this knowledge, uncertainty, change and final failure follow.

## RHYTHM.

GEORGE H. CLARK, M. D., GERMANTOWN, PHILADELPHIA.

The farther he goes into the valley of experience in treating the sick, the faithful follower of Hahnemann's teachings becomes more and more convinced of the truths to be found in the law discovered by that wonderful man.

This is in marked contrast to the position of the allopathic fraternity, for they themselves acknowledge that the older they get the less faith they have in what can be done for healing the sick.

The follower of Hahnemann and the allopathic adherent are as far apart regarding the nature of disease as in respect of its cure.

The errors that have been, and continue to be propagated by the old school, regarding the cause and nature of disease, have led to most deplorable results.

Viewing disease as material, their remedies are of the same nature.

Knowing nothing of, and seeming to care less for the efforts of Nature, and paying no heed to her teachings, their treatment is responsible as the cause of all chronic disease in civilization.

No Hahnemannian, giving thought to this, will deny its being true.

For he, following law, and heeding Nature's efforts, and never attempting to thwart them, knows that disease is a "disturbance of the vital force," a want of rhythm in the organism. Rhythm means health; health is rhythm. There is rhythm in disease, as in health. We stand for the purpose of not disturbing rhythm, either in health or disease. With this knowledge, derived from the teachings of Hahnemann and his faithful followers, the homœopathician, even though he be but a slight observer, is always ready to

answer the question, usually the first asked in any case of illness, "What is the cause?"

The cause is want of rhythm.

In infancy, if no drugs have been given, this want of rhythm is heredity.

In more advanced age heredity plus allopathy and mongrelism, are the foundations of the arrhythmical condition.

Heredity, as far as disease is concerned, is the product of allopathic treatment.

It is thus: our ancestors having ailments, resorted for help to the only healers known. These healers, being no more enlightened in respect of the nature of disease and its cure than their benighted followers, thwarted nature in her methods, by using vile drugs, both internally and externally. This is continued to the present day.

The result? Suppressed disease, to break out in some more serious form sooner or later; or to remain latent and be transmitted from one generation to another.

In other words, they disturbed the rhythm of the organism, and that rhythm has never been restored, except in those who have come under the blessings of genuine homœopathy. Thus we have psora, sycosis, syphilis. We owe more to Hahnemann for formulating the various affections which have arisen from the ignorant treatment which our forefathers received than to any other person.

For the result of his labor of years goes to prove the chronic miasms are want of rhythm. There is no malady, no matter what its character, but what is due to this same cause. The homœopathician, knowing this, never resorts to any procedure that will disturb rhythm, for he knows success in healing can only come from strict adherence to this principle.

Hence, when he is called upon to battle with heredity in infancy, he will see, by close observation, all that Hahnemann taught regarding heredity is true. He will find differ-

ent conditions—with the same underlying cause—following in regular sequence—if he do nothing to disturb rhythm.

He will find more than these. For there will appear, after he has given the properly chosen remedy, the simillimum, evidence to prove that rhythm is slowly returning, and by attention to Hahnemann's teachings he will be able to recognize a tendency toward a more desirable state or condition of the organism.

This is the approaching rhythm; this is the disappearance of heredity; this is restoring health to the sick.

No doubt regarding the repetition of the dose, will arise in the mind of him who gives close attention to what is enjoined by those who have with fidelity followed the teachings of the Master. For he, recognizing returning rhythm, will do nothing to confuse Nature.

The successful treatment of all ailments, both acute and chronic, depends upon faithfulness to rhythm.

This the homœopathician knows from a comparison of the results of treating any ailment. Comparing the effects of his treatment with the results of allopathy and mongrelism he has no reason to doubt. Not only in saving lives, but also in curing *cito, tuto et jucunde*.

More. He never sees so called sequels of disease. Sequels of disease are but a manifestation of disturbed rhythm; a forcing of Nature to attempt to restore the want of rhythm brought about by improper treatment suppressing the natural course of disease.

He never sees an affection, serious and malignant, taking the place of a benign malady. His knowledge enables him to know, when viewing morbid growths, that preceding these had been ailments which had been wrongly treated; that rhythm had been disturbed, and that outraged Nature is revenging herself.

(It is an unfortunate state of affairs that the poor patient, and not the cause of his sufferings, the druggist, must bear the pain).

The repetition of the dose is alluded to above. It is imperative, in the cause of rhythm, to give thought to this. For rhythm may be disturbed by even our potencies—though but temporarily—if we do not observe closely, and follow the teachings of Hahnemann and experience. No more fitting close may be given to this paper than to quote Hahnemann. Here is the application of rhythm:

“The repetition of the doses of a medicine is regulated by the duration of the action of each medicine. If the remedy acts in a positive (curative) manner, the amendment is still perceptible after the duration of its action has expired, and then another dose of the suitable remedy destroys the remainder of the disease. The good work will not be interrupted if the second dose be not given before the lapse of some hours after the cessation of the action of the remedy. The portion of the disease already annihilated cannot in the meantime be renewed; and even should we leave the patient several days without medicine, the amelioration resulting from the first dose of the curative medicine will always remain manifest.

“So far from the good effect being delayed by not repeating the dose until after the medicine has exhausted its action, the cure may on the contrary be frustrated by its too rapid repetition, for this reason, because a dose prescribed before the cessation of the term of action of the positive medicine is to be regarded as an augmentation of the first dose, which from ignorance of this circumstance may thereby be increased to an enormous degree, and then prove hurtful by reason of its excess.

\* \* \* \* \*

“After the expiring of the term of action of the first dose of the medicine employed in a curative manner, we judge whether it will be useful to give a second dose of the same remedy. If the disease have diminished in almost its whole extent, not merely in the first half-hour after taking the

medicine, but later, and during the whole duration of action of the first dose; and if this diminution have increased all the more, the nearer the period of the action of the remedy approached its termination—or even if, as happens in very chronic diseases, or in maladies the return of whose paroxysm could not have been expected during this time, no perceptible amelioration of the disease have indeed occurred, but yet no new symptom of importance, no hitherto unfelt suffering deserving of attention have appeared, then it is in the former case almost invariably certain, and in the latter highly probable, that the medicine was the curatively helpful, the positively appropriate one, and, if requisite, ought to be followed up by a second—and finally even, after the favorable termination of the action of the second, by a third dose if it be necessary and the disease be not in the meantime completely cured,—as it often is in the case of acute diseases, by the very first dose.” Thus Hahnemann in Lesser Writings. What a burden is laid upon us homœopaths! What a debt we owe to the memory of Hahnemann!

Knowing, from experience, what we possess in respect of curing disease—establishing rhythm; how much superior what we have is to anything yet discovered; how error is rampart regarding the nature of disease and its cure; how this error is being propagated, to the lasting harm of the health of the world; how not only this—alas! if it could only be confined to the present—but future generations are being rendered unfit for living; in a word, how the world is being misled by the erroneous teachings of allopathy; should we be not more quickened to preach, in season and out of season, our cause—the cause of health, through the restoration of rhythm, by Hahnemannian homœopathy?

## REPETITION OF THE DOSE.

B. L. B. BAYLIES, M. D., BROOKLYN, N. Y.

The object of Homœopathic prescription is *cure, certo, cito, tuto, et jucunde.* And this is possible within the limitations of our broad yet extending domain of symptom-similar drugs. That something more than symptom-similarity is necessary, the true votary of Hahnemann's exposition of healing wisdom, discovers. He conceives that to prove remedial, in many cases, the agent must have attained a greater vibratile tension, and strike a more subtile chord of sympathy with the perturbed vital dynamis, than can be reached by ordinarily high potencies. He finds, when this dynamic symphony is attained, the greatest care must be taken in playing upon the human harp, lest the strings be broken, or "the sweet bells jangled" and distuned.

The necessity for repetition, and the period of intermission of doses, depends upon the activity of the individual medicine, and the duration of its action. Jahr states the duration of effect of many medicines, administered in the 12th to the 30th potency; of Aconite as 8, 16, 24, and 48 hours, Belladonna and Bryonia 4 to 5 days, Arsenic. a. 36 to 40 days, Calcarea and Graphites 50 days, etc; the longest action ascribed in general to the minerals.

Second. Repetition must be governed by the susceptibility of the patient which at present can only be determined by experiment.

The two hundredths have in my experience in sthenic forms of inflammation or fever, been efficient and well borne in doses repeated every two or three hours. But when the system is poisoned by a chronic dyscrasia manifested in chronic eruption from the skin or mucous membrane, chronic catarrh, or in malign forms of disease, phthisis, tabes mesenterica, foul ulcers, acute inflammations complicated with psora in old persons, carbuncle, nervous dis-

orders, malarial fevers, the higher potencies, generally under the hundred thousandth, acted so rapidly, and so promptly induced the restorative process, that with close observation I have always realized the wisdom of Hahnemann's precept, not to repeat the remedy during progress in improvement. In some acute cases of apparent psoric taint, I have only been obliged to repeat the forty-five thousandth for a few doses at intervals of three or four hours, and later have given a single dose of the hundred thousandth, generally the only one needed. In diphtheria I now give one dose, and if required by interruption of improvement to repeat, give a still higher dose.

Aggravation, or suspension of reaction, does, and would in my opinion often follow the repetition of the high potencies, but their curative action is so promptly observed, that to the attentive mind, there is no temptation to repeat them. In feeble circulation, and in nervous disease with hyperæsthesia of the heart, it seems prudent not to give the highest immediately, but to feel the way through somewhat lower potencies; and in grave forms of disease like diphtheria, it appears important to economize the medicinal force, for by so doing, we at the same time economize the vital force; and generally not at first to stake a higher potency than the forty-five thousandth, since it is easier in this case, to advance than to retreat. There are exceptions to all rules, though according to the late and honored Dr. P. P. Wells, a lower potency cannot advantageously follow a higher.

We have to feel our way toward that *essential harmony* of the medicinal with the physical dynamis, and we need all our finest senses, corporeal and psychical, for this tentative progress.

In malarial fever a single high potential dose will usually efface all the phenomena of the disease; an improvement follows, and the paroxysms abate in different cases with



varying celerity like the undulative recession of the sea: the great care not to repeat the dose and retard the cure, is in this disease distinctly evident. In disorders caused or complicated by one of the three *miasms* of Hahnemann, chronic diseases, the action of the single dose and the injury of repetition are manifest. In cases of diffused chronic eczema of several years duration, I found in one patient cured with Causticum, in another with Petroleum, much increased excitation and congestion of the skin when a second dose was given after the lapse of several weeks; the patient recovered, but the cure was retarded by the repetition. In a case of bronchial diphtheria, the patient's life was threatened by repetition of the dose, forty five thousandth, at 3 hours interval for 36 hours, though decided improvement had followed the earlier doses, and was saved by one dose of the millionth. I must ask pardon for the brevity of my paper on this subject; it only seemed necessary to state facts, with some illustrations. I have no theories.

*First Day—Evening Session.*

THE HOMŒOPATHIC LIBRARY.

A. MCNEIL, M. D., SAN FRANCISCO, CAL.

In bringing before the Association the subject, what books a homœopathic physician must possess in order to discharge his sacred duty of curing the sick, I speak more particularly to the younger members, so that they may not make mistakes which will cause themselves chagrin and cost their patients health and even life. It would take too much time to go over the fields of surgery, obstetrics, diagnosis and pathology, and I will therefore leave this to others better acquainted with these subjects.

I will only say that you should own at least one standard work on each of these subjects, which is fully up to date. As to these books a question arises on which there

may be a difference of opinion. But I boldly assert that if you cannot get a book written by a real homœopath, that you can get works containing better descriptions of disease and of the necessary operative processes required written by allopaths than by polypaths. I refer to such works as Arndt's, Wood's, Goodno's, Hale's, etc. As far as the treatment taught in the latter I would not risk the lives and health of those confided to my care to such as these writers advise. Just think of confining your selection of remedies in pneumonia to four, and they not the most frequently useful.

I will therefore proceed to those works which relate to the treatment of patients. The foundation on which all homœopathic therapeutics rests is the Organon. Study it frequently and thoroughly. The great Adolph Lippe made it a rule to read it once a year and he said that every time he discovered something he had not before observed. Those sections which describe the examination of patients should be more especially studied, for your repertories and materia medicas will avail you little if you do not examine your patients as he teaches.

Next you need works on materia medica. For the study of this indispensable subject Farrington's Clinical Materia Medica is invaluable, as it renders the subject more attractive and easily remembered. I have no sympathy with the views of those who maintain that you do not need any materia medica in your head. Get all you can there. True, you can only get a small part of it, but that, if well selected, will enable you to save lives when even with your repertories at hand you would not have time to find *the* remedy.

I recall a case of a young woman in collapse after malarial fever. I could at first only discover general symptoms, nothing individual until I learned that whenever she moved off the right side she vomited; Bœnninghausen's

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Pocket Book gives one hundred and thirty-two remedies which have vomiting. The small pulse belongs to seventy-eight, most of which have vomiting also. Then, if fortunate enough to have his "Intermittent Fever" you will find that twenty-nine remedies have cold sweat on the face. Most of these have the small pulse and nearly all of them vomiting. If we turn again to the Pocket Book to aggravation when lying on left side (which is given as amelioration on right) we find that thirty-six have it, many of which have the before mentioned symptoms. I will give anyone, who has not the symptom in his memory, possession of a homœopathic library one hour to find the symptom. It is not in Knerr's Repertory. An hour would have placed my patient beyond help. But as I was fortunate in remembering it I gave Ant, tart., the only drug that has the symptom, and the benefit was immediate and permanent. If you turn to the Guiding Symptoms you will see that the symptom has only the two thin lines.

The one work that is indispensable and to be without is trifling with human life, is Hering's Guiding Symptoms. You need it for study and for reference in prescribing. As to repertories you cannot have enough. No one has all the good points and I know of none that has not some good ones. I have nearly all in the English language and I occasionally find use for every one. I need not demonstrate to you that you cannot remember all the materia medica and it is therefore obvious that repertories are indispensable in all difficult cases and more particularly chronic ones. In fact it is a good rule to always use at least one in every chronic case. The repertory which is the most indispensable to the thorough study of a difficult case still remains Bœnninghausen's Pocket Book. It has not been superseded nor do I think it ever will be, although a new edition is now sorely needed, as it is now necessary for everyone to take it and compare it rubric by rubric with the Guiding

Symptoms, more especially of course, in those remedies which have been added since he wrote. Take Apis and do this and you will find that you have written it in at least one hundred times. As a means of facilitating the use of the repertories particularly Bœnninghausen's Pocket Book and his Intermittent Fever, permit me to recommend Underwood's Checking List Case Book; when it is open, the left hand page is for the history and symptoms of the case, while the right columns are ruled so that by checking one symptom after another the remedies are seen in the order of their similarity. You will then have the rank in which they stand, the symptoms which are covered and the value of each one covered, and the comparative value of each to the different miasms.

Next in order is Knerr's Repertory of the Guiding Symptoms, although there is really no competition between them, as they complement each other. After working out a case by Bœnninghausen a short glance therein will show you which one of two or three of the leading remedies best covers the case. Knerr is also useful if you do not need to make a systematic study of the case, but only to look up a few symptoms. This work also needs annotation. First of all the references to related symptoms should have the number of the page written in. To illustrate I turn to "Expression of Face painful," and it refers to "care-worn" and "suffering," by writing in 277 and 278 respectively the search is facilitated, and it also needs to be gone over symptom by symptom, and omissions supplied and errors corrected.

Another of Bœnninghausen's works not as well known is his Intermittent and Other Fevers. This is unqualifiedly indispensable, not merely as might be thought by the title, in the fevers, but in those *quasi-febrile* conditions that are found in so many diseases as partial or general coldness, heat or sweat. In this repertory may be found symptoms

that are in no other repertory or materia medica. I had a case of gonorrhœa which I was treating by mail in which the principal differentiating symptom was shuddering during micturition. I found by it that ten remedies had that symptom. In Knerr are only the related symptoms: "During urination chill, rigor: Stram.", "During urination chilliness: Sepia." I looked for the symptom in the ten remedies mentioned in the G. S. and found that not one of the ten had it. I then turned to that repertory that is indispensable in venereal diseases—Kimball's Gonorrhœa—and it is not there. A question naturally arises is the "Intermittents" reliable, as it is not corroborated by the materia medica? Bœnninghausen never put a symptom into his repertories till it had been repeatedly proven clinically and his 120 vols. of Case Books gave him the material.

By the way, what treasures lie buried in those manuscripts waiting for the industrious miner to bring to light and usefulness. In the above mentioned case Sulphur, one of the ten having the symptom, cured.

Lee and Clark's Cough and Expectoration is a great life saver; with this for the cough and expectoration and Bœnninghausen's Intermittents for the febrile symptoms, and as always in using a special repertory with the "Pocket Book" for the concomitants, you will be able to snatch many a consumptive from the edge of the grave, more particularly if you also use Gregg's Illustrated Repertory too.

Another grand book is Hering's Analytical Therapeutics Vol. I, unfortunately the only one. It is confined to the mental symptoms. Its usefulness is somewhat impaired by a defective index, but it contains life and health for many. In connection with it permit me to mention his "Typhoid Fever." I boldly assert that to treat any of the malignant fevers without it is trifling with human life. Lee promised us a general repertory and only gave us that of the Mind, Head and Sensorium; enough to make us clamorous for

more and to enable us to treat the diseases coming under its jurisdiction better than with all the other literature at our command. I am sure that I express the sentiment of the best men of the profession when I urge him to complete the work so well begun. I only take the liberty to suggest that if he do so that he adopt the designation of the values of the symptoms adopted by Bœnninghausen, and let me ask all others who write repertories to do the same. The four values of symptoms have been proven too useful for them to be discarded or neglected.

Bell's Diarrhea and Dysentery needs no commendation. No man worthy of the name of Homœopathic Physician is without it.

Eggert's Uterine and Vaginal Discharges is an indispensable book to the careful prescriber. Its plan renders it very easy to use. I wish he would give us a new edition and incorporate with it that fine letter book of his, "Uterine Displacements" and also that monograph of his on the Ovaries.

King's Headaches is a very useful work and shares the honors with Lee's Repertory mentioned above.

There is a meritorious repertory on Rheumatism that has not received the appreciation it deserves, although it is without a competitor in its own field, viz. Perkin's Rheumatism, I would not be without it in a difficult case of that disease.

H. C. Allen's Therapeutics of Intermittent Fever has made the administration of quinine or other crude drugs a crime almost, for ignorance can no longer be pleaded unless it is willful. The work is so easily used, so simple in its plan and does its work so well that malaria is robbed of its terrors. It is also a good work in which to study the rudiments of materia medica.

I ask you not to be without Holcomb's "Sensations As If." It will throw light on many a puzzling case for you in

enabling you to find rare and strange symptoms, and when you get it send to the studious author for his monograph on Convulsions. Put it inside the cover of "Sensations", fasten it there with a rubber band and you will be well armed against a class of diseases that many times need quick and accurate prescribing.

Let me say to every homœopath that when called to the bedside of a parturient woman, you may forget your forceps and you may forget your chloroform bottle, but do not forget Yingling's Accoucheur's Emergency Manual. That is a long name for a little book, but its name is too short for its merits and usefulness. It contains all the knowledge necessary to meet all the dangers and delays of dystocia, convulsions, retained placenta, hæmorrhages, after pains and the primary dangers threatening the infant. Of course I am speaking of the medical treatment, but you will find the better you are prepared for this, the less need there will be for mechanical and surgical measures. It is a marvel of the book-makers art, such as only Bœricke and Tafel can produce, and it fits the hip pocket beautifully.

I make no apology for commending to those who do not possess it the Homœopathic Therapeutics of Hæmorrhoids by Wm. Jefferson Guernsey. Those who have it need hear no praise of it. Those who use this little book will not be under the necessity of practicing that monstrosity, nasty surgery, which is no more worthy of countenance than fortune telling. Let me call attention to another repertory by the same extremely practical author, which is in the Homœopathic Physician Vol. XIII, on the throat. It should be published in book form, for it is by all odds the best guide in the treatment of diphtheria ever printed. We need a pocket repertory of that dreadful disease.

I must enter a protest against publishing any but fragmentary repertories in the 8 mo. pages of the journals as appendices. If given as inducements to subscribers, let it be in book form and if possible for the pocket.

There is a work that is indispensable not only to the surgeon but to the general practitioner, the Homœopathic Treatment of Surgical Diseases by Gilchrist. It covers not only the treatment of injuries but also those diseases that are improperly called surgical. It combines the repertory and special indications in a thoroughly practical way. It relegates the knife to where it properly belongs, instead of as many are doing now making it almost a panacea.

The Symptom Register of Pure Materia Medica is invaluable in seeking special symptoms of a case. It is thus very useful and although covering the same field as Knerr yet being based on his (T. F. Allen's) Encyclopedia of Materia Medica, it has its own work to do and does it well. An error was committed in leaving out the "Conditions" which were to appear in another volume but which has not as yet been published.

Berridge's Repertory of the Eyes will sometimes help one out of a difficulty in which the eye symptoms are concomitants as well as when they are the seat of the disease, so that its field of usefulness is wider than its name indicates. It is a marvel of wide and exhaustive research such as few but its learned author could write.

There is another repertory which though I have kept it to the last is not by any means least even if it is not frequently required. Gonorrhœa, by S. A. Kimball, is more than its name implies, for it covers the urinary symptoms as well, better than they are handled in any other work. It also gives the symptoms of the other venereal diseases. My deceased friend, Dr. James E. Lilienthal, frequently commended its usefulness and reliability, which I heartily endorse.

I have not mentioned Constantine Lippe's or Winterburn's as I am of the opinion that, being based on the characteristic symptoms only, they are too circumscribed. There is one use of repertories that should not be overlooked viz. for the study of materia medica.

Of course I do not say that we should learn long lists of remedies that have certain symptoms. But, as at the bedside we first have the symptom presented, and then we are to find the remedy or remedies that correspond, so we should learn from that point of view. For such an object Winterburn's, Lippe's, Eggert's Discharges and, by judicious selection, Knerr's are well adapted. This is not to supersede the works on materia medica but to supplement them.

### THE CHRONIC MIASMS.

I. DEVER, M. D., CLINTON, N. Y.

Some time since, I received a note from the Chairman of the Bureau of Homœopathic Philosophy, asking me to contribute a paper to this bureau. At that time I was feeling kind at heart and at peace with all others, and without counting the great number of difficulties which even the more able members of our school must necessarily encounter when writing on a subject so fully elucidated by Hahnemann, I wrote him a letter in which I promised him a paper on the Chronic Miasms. Now I am sorry that I had not been more discreet, for reasons which must be patent to you all, and more especially so if you have taken the trouble to look up the subject and follow it in all its details from the earliest history of man down to its various and varied influence upon the man of the nineteenth century.

The Chronic Diseases we have frequently read. But for the purpose of writing intelligently on the subject we began the perusal of Volume I anew, and what was our chagrin to find that we must depend largely upon quotations from the above volume for any knowledge of the Chronic Miasms, the nature and origin of which had never been fully comprehended, previous to the writings and teachings of Hahnemann. So well has the subject been presented by our

author that but little remains to be said which has not been more forcibly presented than we can possibly hope to present it in a paper which does not quote Hahnemann's Chronic Diseases entire.

You have already, I doubt not, anticipated the extremity to which I have been driven in my search after something new and likewise something true, which I might present on the subject of the Chronic Miasms. However, it has been truly said that a story never loses anything by twice telling, and as the evil influence of the Chronic Miasms has been repeated, from generation to generation for thousands of years, though changed in form, they have lost but little of their death-dealing influence upon the human race. Syphilis is a Chronic Miasm, the origin of which dates back to the writings of Moses. Although the infectious nature of this disease was known to medical writers at an early date, they were unacquainted with the constitutional nature of this miasm, which they regarded as a form of leprosy. And this is not strange when we consider the close resemblance which exists between the cutaneous manifestations of the Psoric and Syphilitic Miasms. Is the Syphilitic Miasm transmissible? This is a question that should not be overlooked, as there is a disposition on the part of Allopathic authors to do. (See American Text Books of Surgery.) They teach that after a limited period, say three years, the syphilitic miasm ceases to become operative, and there is but little, if any, danger of transmitting the miasm to the offspring by syphilitic parents.

Is it not strange that in the light of hereditary transmission of mental and moral characteristics that learned authors should deny, or doubt for a moment, the possibility and probability of transmitting this potent miasm, during the life of the individual who has once been afflicted with syphilis? And what is true of the syphilitic miasm is equally true of the other chronic miasms, psora and sycosis.

Hahnemann, in speaking of the venereal miasms, says: "The Syphilitic Miasm is much more general than the miasm of Sycosis." He tells us in his *Chronic Diseases* that: "For the last four centuries it has given origin to a vast number of chronic affections." I know that it is contended as an argument against the doctrine of the chronic miasms that Hahnemann was not a bacteriologist, consequently not up on the subject of micro-organisms, in evidence of which they introduce the acarus as the cause of the common itch. Now, as a knowledge of bacteriology has never given anything to medical science more than theory, we might allow the accusation to pass unchallenged were it not so at variance with the teachings of our author, who says, on page 23, Vol. I of the *Chronic Diseases*, speaking of Chronic Miasms: "They never disappear of themselves, nor can they be diminished, much less conquered or extinguished, by the most vigorous constitutions or the most regular mode of life and strictest diet. All chronic diseases, therefore, originate and are based upon fixed chronic miasms, which enable their parasitical ramifications to spread through the human organism and to grow without end."

From the above quotations is it not probable and reasonable to suppose that the author of "*Chronic Diseases*" knew much more about the origin of the Chronic Miasms than his critics know about him, or the real cause of disease? There is no reason or logic in the theory which depends for an explanation of disease upon the presence of the micro-organism.

As well might we contend that the peculiar fetor of the breath, which we find in diphtheria, is the cause of the disease, as to attribute it to the micro-organism which is also present. Individual difficulties have their individual micro-organism, also their own peculiar fetor by which they may be known, for what experienced physician cannot

diagnose a case of small-pox by the odor alone? Now let us turn to the greatest Chronic Miasm, and see what Hahnemann has to say about it.

He speaks of the miasm as psora, to designate it in a general way, though it is evident from what he says on the subject that leprosy, psora, and the itch have one and the same origin.

We are told that: "In the middle ages, Europe was visited for several centuries by the frightful psora of the Oriental countries in the shape of a malignant erysipelas. In the thirteenth century it assumed again the form of leprosy." We are further informed that: "In the year 1226, there were in France about two thousand houses for the reception of leprous patients." Good living, such as clean clothing, together with better food, reduced the psora, or, in other words, the leprosy to the ordinary itch.

Though not in these identical words, this is, nevertheless, the express understanding we obtain from reading Hahnemann's writings on the subject of the chronic miasms. And there can be little doubt that vicious, filthy habits, poor or insufficient food, would in all probability again reduce the milder forms of psora to the frightful leprosy, so frequently spoken of in the sacred writings. The history of psora is co-extensive with the history of man. It would appear from the reading of the thirteenth chapter of Leviticus, that the priests were required to act as health officers in those early, historic times, and all who had sores or suspicious spots upon the skin were supposed to be examined by the priest, who pronounced them unclean when raw flesh appeared upon the skin, but when it changed and became white again the priest pronounced the leper clean. While the infectious nature of this terrible disease was well known, as we have reason to believe, from the fact that the clothing of the unclean individual was burned, or if washed, it was twice washed, they had but little, if any, knowledge

of the constitutional difficulties of leprosy. And as the priest had it in his power to pronounce the leper clean, it is more than probable that they were returned to society without any restriction upon them, and that they transmitted their constitutional difficulties as an inheritance to succeeding generations, even to the nineteenth century, where we find it changed through the influence of refined living and better conditions, from its disgusting cutaneous appearance, to all forms of fashionable maladies which afflict all classes of society.

But it is an inheritance of which we need not be proud, for it is psora, "just the same", and had its origin in the frightful leprosy, so lucidly described in the thirteenth chapter of Leviticus, which affirms the truth of the doctrine taught by Hahnemann in his works on the origin of Chronic Diseases.

It is a doctrine upon which we as Hahnemannians must stand or fall.

#### CURANTUR VERSUS CURENTUR.

B. FINCKE, M. D., BROOKLYN, N. Y.

Just one hundred years ago, in 1796, Hahnemann published in Hufeland's Journal, an essay on a new principle of exploring the healing forces of the medicinal substances in which he proclaimed for the first time the great discovery of the homœopathic law of 1790 in the following words: "Every efficacious medicament excites in the human body a kind of a disease of its own, a disease the more characteristic, distinguished and violent, the more efficacious the remedy is. We should imitate nature which sometimes heals a chronic disease by another coming to it, and administer in the (especially chronic) disease to be healed, that remedy which is able to produce another most

possibly similar artificial disease, and that disease will be healed *Similia Similibus*." (Lesser writings).

This is the first time that the formula *Similia Similibus* appears.

Likewise in 1805 (Hufeland's Journal, 26 II, p. 5 and 6) he says: "and if even here and there a wise man ventured to oppose with a few gentle words, and to propose a *Similia Similibus*, yet his contradiction was not respected." Both times the "curentur" is conspicuous by its absence.

This copula appears no sooner than in 1819, in the introduction to the second edition of the Organon, p. 29, in the sentence: "choose in order to heal gently, speedily, certainly and lastingly in every case of disease, a medicine which can produce by itself a similar suffering (homoion pathos) as it is to heal (*Similia Similibus curentur!*)". This sentence was repeated unchanged in the introduction to the third edition of the Organon, p. 1, in 1824, and in the fourth edition, p. 51, in 1829. In the fifth edition, p. 62, in 1833, the same sentence is also repeated in the introduction without the formula which just before has been given again in the words: "according to the only natural healing law: *Similia Similibus curentur*."

It is, therefore, quite true, that Hahnemann repeatedly used the latin formula with the copula "curentur" but only in the introduction to the Organon where it is transcribed from one edition to another, however not in the text, and it is significant that not earlier than in 1819 he used the word "curentur," whilst at the first proclamation of the new principle in 1796 he added to it the simple motto: *Similia Similibus*. The explanation is in the construction which the "Nestor" of Homœopathy puts upon this subject that "Hahnemann always wrote the formular *Similia Similibus curentur*, thereby giving an imperative and mandatory turn to the phrase," (Dudgeon). Hahnemann was satisfied at first with the motto *Similia Similibus*, but when he



in his progress met a host of adversaries, the motto assumed an imperative mood. But nowhere in the text of his *Organon*, in its five editions, can be found the latin sentence with the "*curentur*," when he speaks of the homœopathic natural law. Hence the writing of "*curentur*" is by no means binding in the reverence due to the master, and consequently needs no popularizing "for the approaching centennial celebration of the enunciation of this therapeutical rule," because it fails of its object. On the contrary, judging from the use of *Similia Similibus* for the new principle proclaimed a hundred years ago, this motto would rather recommend itself to the celebration approaching as well as to the inscription intended for the monument to come. This motto might be considered to indicate the wider range of the Hahnemannian principle since nothing in the world moves and has its being except on this universal principle of gravitation. Sir Isaac Newton's law of motion: "Action and reaction are equal and contrary" finds its proper application in the science and art of healing by adding to the Hahnemannian original writing *Similia Similibus* the copula "*curantur*." As the positive mood is employed in that grand law of motion, so it should be also employed in the grand law of healing, the homœopathic law as is already the popular usage. "The indicative mood," says the old grammarian Zumpt, "is used in every sentence, the contents of which are enunciated as a matter of fact." Now the principle of Hahnemann is indicated by the incontrovertible proposition, that like cures like and admits of no more doubt as the third law of motion, because it is a fact confirmed by an experience of its application in homœopathic practice for the last hundred years. The use of the copula "*curantur*" seems indeed not quite appropriate since the original meaning of "*curare*" is "taking care" and in a remoter sense "attending to the sick." In this sense the copula would be better replaced

by "*sanantur*" as far as the principle of healing is concerned. But Hahnemann's sagacity preferred the "*curentur*," because it included in the acknowledgment of the philosophical principle the therapeutical rule which enjoined the physicians to attend to the sick according to the newly proclaimed principle. For this reason the term "*curantur*" recommends itself in preference to "*sanantur*," as is confirmed by a sentence of Prop. II, 1. 59 (61), "*Omnes humanos sanat medicina dolores*"—the medicine heals all pains. The Newtonian law, expressed in the indicative mood, shows the difference why Hahnemann used the conjunctive. "The conjunctive mood is generally used when a sentence is predicated, not as a fact, but as a conception," and "furthermore the conjunctive is predicated independently as the form of the conception in order to express the will. It, therefore, in the second or third person of the *præsens* takes the place of an imperative mood," says Zumpt. This is precisely the meaning of Hahnemann's "*curentur*" and following these rules perhaps unconsciously the expression of "*curantur*" has been preferred very generally as a broad declaration of principle against the imperative admonition of its application.

Returning to the above mentioned law of motion, it might be objected that the word "equal" has nothing in common with the "*simile*" in Homœopathics. But a little reflection will show their intimate relation. The "*Simile*" belongs to a series, the highest degree of which, the *simillimum* can be nothing else than the "equal" of Newton, for no two things or actions can be the same, only equal, as they are more or less similar and attain to the highest degree as "*simillima*." Hahnemann was no doubt pretty clear on this point; as appears from two utterances, first in 1810, and last in 1825.

In the first edition of the *Organon*, 1810, § 13, the following sentence is found: "gleichartige Symptomen

dieser Arznei heben Symptomen gleicher Art in dieser gegebenen Krankheit auf," i. e. "symptoms of equal kind of this medicine cancel symptoms of equal kind in this given disease;" and in the first volume of the chronic diseases, 1828, at the end is said: for between *idem* and *simillimum*, there is no intermediate for anyone who can think, or in other words, between *idem* and *simile* can only be the *simillimum*. Isopathic and equal are equivocal expressions, which, if they are meaning anything reliable, can only signify *simillimum* because they are no *idem*. Last but not least, we find in the fifth edition of the Organon, 1833, in the note to §56: "Some would like to create a fourth mode of applying medicine in diseases by Isopathy, so-called viz.: healing a present equal disease by the equal miasm. But granted that this could be done, which indeed would have to be called an inestimable invention, it would yet effect the cure only by a *simillimum* opposed to a *simillimum*, since the miasm is given to the patient only highly potentiated and thus consequently as it were altered".

From all these quotations it is evident, that the equal of Newton and the *simillimum* of Hahnemann are different expressions of the same concept, and hence "das aller wahren Heilung von jeher zu Grunde liegende Naturgesetz" i. e., this homœopathic natural law lying at all times at the foundation of all true healing (§26) is the third law of motion in the application to Medicine. Hahnemann though giving no definition of *simile*, says decidedly and repeatedly, that symptoms of disease are healed by remedies which can produce the similar symptoms on the healthy. Now it stands to reason that the more similar the symptoms are, the greater will be the chance of healing and consequently the most similar or the *simillimum* or the equal must be most successful in restoring health to the sick. In this sense the equivocal expression *æquale*, or equal, receives its proper value in philosophy as the highest

degree to which things and actions can become similar, short of the *idem*.

It should, therefore, recommend itself to use the motto, *Similia Similibus*, first proclaimed by Hahnemann in the afterward generally adopted form: *Similia Similibus curantur*, and thus finally to lay the ghost of that ever recurring controversy about a matter which after all is not of the importance which is attributed to it.

*Ceterum censeo macrodosiam esse deleudam.*

#### BUREAU OF OBSTETRICS.

CAROLINE E. HASTINGS, M. D., CHAIRMAN.

#### CHLOROFORM IN OBSTETRICS.

ANNIE LOWE GEDDES, M. D., GLEN RIDGE, N. J.

The first conversation relating to obstetrics of which we have any record occurred just previous to the birth of Cain. Mrs. Adam was told that she would have a very hard time in confinement. She was such a *very* New Woman that she didn't realize her importance, if she had, she would have "changed her doctor" with the same results that obtain at the present day; for don't we know that if one of our patients goes to another doctor they *die!*—and the art of obstetrics would have perished in its incipency.

However, a little later Mrs. Adam demonstrated the truth of her physician's prophecy and "until this day" women continue to suffer in labor and to dread it, and Science exhausts itself in earnest search for means to prevent the anguish which precedes the bliss of maternity.

In isolated cases delivery is almost painless, but the exception proves the rule. Labor is of necessity a painful process and a physician's whole attention must be given to relieve, so far as may be, the time of trial.

Almost the first question asked of me by this class of patients is: "Doctor, do you give chloroform?" and to my answer in the negative comes this emphatic response: "Then I can't have *you*:" other doctors give it, and I *must* have it." Then they plead, expostulate, urge, argue and finally yield or go to the "other doctor;" for I never agree to give an anæsthetic, believing that the use of chloroform in obstetrics is a most harmful practice and, indirectly at least, entails much suffering.

It is my belief that many cases of puerperal fever, post-partum hæmorrhage, sub-involution of the uterus with its train of attendant ills, may be directly traced to the use of anæsthetics during delivery. We shrink from the use of chloroform in operations, why should we use it so freely in obstetrics? We speak of fatal results from renal complications after its use in other conditions; why should the same not be true after its use during delivery? And it *is* true. The almost reckless administration of chloroform is responsible for many of the unpleasant complications of the lying-in period and as homœopathic physicians we should have very little occasion for its use. A medicine case well stocked with potentized remedies, and a good working knowledge of its contents, should be sufficient to carry us safely through the majority of our obstetrical cases reserving chloroform for legitimate service in rare cases, then, I think we will hear of fewer lacerations, fewer mammary abscesses, fewer cases of delayed and inefficient lactation; and many horrors of the lying-in chamber will become matters of history.

## DISCUSSION.

Dr. H. C. Allen—I think the best thing to do would be to discuss some of these papers as we go. This is a valuable paper, but I should like very much indeed to have the doctor explain some of the diseases or sequelæ, so liable to occur after the use of anæsthetics. It is a point that is frequently

overlooked, and upon which there is a great variety of opinions.

Dr. Geddes—I think Dr. Allen has had some experience himself in that direction. My experience in cases where chloroform has been used, and where I have been called later to attend the patient, has been that there is much relaxation, nervous as well as physical and muscular, and laceration. So far as my experience goes it is *always* a condition where anæsthetics have been used, and as I think I have mentioned in my paper, when I have performed those operations, I find that the re-union takes place slowly. I have noticed that there is more often than not some complications with the kidneys following the use of chloroform.

Dr. Baylies—Did you ever notice nervous troubles after the use of chloroform? I have noticed that myself.

Dr. Geddes—I find my patients are very nervous always afterwards.

Dr. Wesselhoft—In case of instrumental interference, would you hesitate to use anæsthetics?

Dr. Geddes—That would be one of the rare cases, and I think cases where instrumental interference is necessary should be very rare indeed with a homœopathist. I have not found anæsthetics when using forceps always wise.

Dr. Clark—In almost every case where instruments are necessary there is relaxation of the entire economy, and there is sufficient relaxation without the use of an anæsthetic.

Dr. Baylies—It appears to accord with experience that in using instruments in arrest of labor by inertia uteri, if they are rightly applied, they probably do not cause more pain than is normal to ordinary labor, and the forceps applied without the anæsthetic excites uterine action.

Dr. Campbell—What are the indications for chloroform? Would you give it indiscriminately?

Dr. Plummer—It is hardly necessary to say in this presence that as homœopathic physicians learn to know the

value of their remedies in labor, the forceps will be less and less used, except in cases of mechanical difficulty, and in such cases, where it is necessary to produce relaxation, we must use anæsthetics.

In the earlier days of my practice, when I was sometimes obliged to apply them in cases of inertia, I did it safely without anæsthesia, and never felt that I had any trouble following.

Dr. Wesselhœft—I concur entirely in Dr. Plummer's statement, and believe that is a proper position to take. Still, I know that there are times when I should apply an anæsthetic in a high operation: with the forceps applied high, I should not do it without an anæsthetic.

Dr. Powel—Do you apply the forceps before you anæsthetise the patient or afterwards?

Dr. Wesselhœft—Afterwards.

Dr. Campbell—That is just what I want to find out.

Dr. Wesselhœft—If you have been seventy-two hours at the bedside and things do not go as you expect them to go, with all the application of well selected remedies, I think there may be a time when you would do that. I do not know whether you would; I would.

Dr. Campbell—If I have been seventy-two hours doing the best I could, there can be no justification for changing and doing the worst I could.

Dr. W. L. Morgan—In two instances in my practice, where there was such inertia that there seemed to be next to a collapse, and dilatation all complete, I found a dose of kali phosphoricum <sup>cm</sup> answered the purpose quicker than forceps and did it much nicer. I would advise in all cases never to give it unless the dilatation is completed, because you will have a laceration sure.

A Member—What are the indications?

Dr. Morgan—I do not know any other better than that perfect relaxation of the whole system, appearing just as

though life is going off; that is the nearest indication. I have used it a number of times, but in those particular times it worked with most remarkable quickness, so that I was almost scared about it the first time. The next time I was not so badly scared.

Dr. Stanton—I want to ask if in the case of dry labor you would not use chloroform or some anæsthetic before the forceps. I had a case a few years ago where there was a great deal of swelling, and I had to give chloroform before the forceps could be applied.

Dr. Geddes—I have had several cases of dry labor and have not had to use the forceps. I don't know what I would do if I had stood seventy-six hours over a case of labor. I would probably be tired, and think I would be likely to use the forceps.

Dr. Wesselhœft—I do not wish you to carry away the idea that I apply forceps, high or low indiscriminately, but there are times—and I remember one time in a case very close to me—where I think I was perfectly justified in using forceps. In my practice of forty years I think I can count the times I have used the forceps on the fingers of one hand, I applied them before I knew of anæsthetics and since I have known of anæsthetics. I never now would apply forceps without anæsthetics after I had exhausted what I know of remedial action.

Dr. Custis—This is a very interesting subject to me because I do use the forceps a great deal and am a great believer in them—that they are a blessing to the woman because it relieves the suffering, and I think in skillful hands there is less harm in their use than in delay, because the one does exhaust the patient, while the other relieves her from extra labor. With the forceps in skillful hands the danger of rupture to the perineum is lessened very decidedly. I do not want to use them all the time, only when I feel sure that I can lessen the sufferings of the patient.

As far as the use of anæsthetics is concerned, I generally use the anæsthetics when I use the forceps, but never until after I have applied the forceps. If you do not use the anæsthetic before the forceps are applied you are sure that you will do no harm with the forceps. If you can apply them easily and without pain to the patient, you are applying them about right. Of course if she is under the influence of an anæsthetic she can give you no information. The use of chloroform to relieve the suffering of labor I think is a bad practice. I have been watching a number of physicians who do use it, and I think there is more humbug about it than anything else we have. This idea of carrying two or three patients through labor with the use of two drachms of chloroform, and then have them say they do not suffer at all is a little too ridiculous. I remember a hysterical patient who had suffered somewhat and finally said to me "I am not going to have any more pains if you don't give me chloroform." I am not in the habit of allowing the patient to run affairs in such a personal matter as obstetrics, but time was pressing and I yielded, called an assistant and told him what kind of a patient I had, and that I wanted him to see how little chloroform he could get along with. He put less than a drachm on a handkerchief and allowed her to inhale it, holding the handkerchief quite a distance from the face, and that was all the chloroform that was used, although the child was not born for some three quarters of an hour. The pains went right on. Since then I have carried a number of patients through by one application of chloroform to a handkerchief. I think that is often done. Dr. Allen knows a physician in Chicago who uses chloroform in every case and says he never uses more than two ounces for three cases. Chloroform should never be given a second time. If you put a patient under the influence of chloroform never repeat it at that time. Nearly all the heart failures and other accidents have resulted from

the use of chloroform the second time, during the same labor; I mean where the anæsthesia has been complete at any time during the process of the labor.

Dr. Baylies—Why not use oxygen at the same time? It is much employed now.

Dr. Custis—I expect that would be good. I wanted to use gas but it has never been convenient, but I am not sure that it is necessary at all. We do not have to use very much chloroform and the apparatus for the use of oxygen is too cumbersome.

Dr. Baylies—I have administered chloroform and oxygen at the same time, and the anæsthetization was perfect.

Dr. Custis—I have seen it used with considerable success; though not in obstetrical work.

Dr. Wesselhœft—What Dr. Custis says in regard to using chloroform in such small quantities brings to mind a case about three years ago, where pouring alcohol on a handkerchief and holding it up to the mouth of the patient answered quite as well as the amount of chloroform Dr. Custis has told us about.

Dr. Allen—I would like to ask Dr. Custis if he never experienced any trouble with the mammary glands after the use of chloroform?

Dr. Custis—I have not been connected with such cases.

Dr. Allen—I have noticed a decided tendency to inflamed mammæ or abscess of the mammary glands following the use of chloroform.

#### CLINICAL NOTES. <sup>®</sup>

JULIA MORTON PLUMMER, M. D., BOSTON, MASS.

*Case 1.* Bessie L., eighteen years. Unmarried. Primipara. Slight, light complexioned Irish girl.

Several hours after normal delivery, patient was seized with severe convulsions.

(Contrary to my custom, I had failed to test the urine in this case, as she had been in my care but a short time before labor, and there was an entire absence of symptoms which would suggest albuminuria.)

I watched the patient closely for two hours when another convulsion occurred. It was ushered in by *deep and prolonged sighing*, which lasted for several seconds, and in answer to my questions, the nurse stated that the attack which took place before my arrival had begun in a similar way.

Ignatia <sup>cm</sup> Fincke was given in water. The next interval was three hours. This looked encouraging, so we waited without repeating the remedy. The next attack however, came in about an hour, and although the remedy was repeated, the convulsions rapidly increased in frequency, until she was having one about every fifteen minutes.

The attacks were severe and general, but careful watching showed that in each instance the convulsive action began in the muscles of the face, and especially in the eyelids. This led to Hyoscyamus, which was given in the cm potency, once in water. Up to this time the patient had had thirteen convulsions.

About one hour after the administration of the remedy, a faint tremor ran through the whole frame, as if the enemy was making one last struggle, but that was all.

No further convulsion occurred, and the recovery was very clear and beautiful.

*Case 2.* When one has learned by repeated experience the prompt and beautiful power of Nux moschata, Kali phosphoricum and Secale in producing expulsive pains, there is danger of falling into the routine use of these remedies, unless one remembers that any remedy in the materia medica may be useful to produce expulsive pains, if it is indicated by the concomitant symptoms.

Apropos of this familiar truth, there comes to mind a case in which we had been vainly waiting for several hours,

for the transition from the first to the second stage of labor.

The os had been so widely dilated, and the membranes so tense and bulging, that they had been artificially ruptured, and there seemed no possible reason why the expulsive pains should not come on.

But the pains were of a nondescript type, severe enough to keep the patient thoroughly uncomfortable, yet entirely lacking in expulsive power.

The condition was so negative that I felt no clear conviction as to a remedy. I gave Secale without result.

The only symptom, which I could discover by most patient observation and questioning, was a stitch-like pain in the left side, which was aggravated by deep inspiration. I thought of Bryonia, but I assured myself that Bryonia was never known to produce bearing down pains, and so waited a little longer.

But the stitch-like pain had come to stay, and I finally concluded that I might as well relieve that, and then wait for further indications.

Accordingly I administered one dose of Bryonia <sup>200</sup> and to my surprise and delight, the immediate departure of the stitch-like pain was accompanied within five minutes by such expulsive efforts that the waiting time was over, and a speedy and safe delivery followed.

*Case 3.* M. F., twenty-three years. Unmarried. Primipara. Very slight build. Thin, pale, wretched color. The delivery was instrumental, and of rather unusual difficulty, the head having become impacted with its long diameter *across* the pelvis, requiring that the forceps be applied anteriorly and posteriorly to rotate the head into the proper diameter, before it could be brought down.

This was safely accomplished, and the mother passed favorably through the ten or twelve days in bed, but soon after beginning to sit up, was seized with chill followed by high temperature and pelvic pain.

As the statement of these particulars is simply introductory, suffice it to say that Pyrogen very speedily controlled the more violent symptoms, although a lurking pain in the right ovarian region which was aggravated every day at 3 P. M., called for Belladonna a few days later.

It had happened during labor that we had observed upon this patient a large and peculiar warty growth upon the nates, which we felt was an indication for Thuja, and we had kept it in mind that as soon as she was past the immediate need of other remedies, a dose of Thuja might be given with benefit.

And now although she was still kept in bed as a precautionary measure she had had no medicine for several days, and we thought the time had come for that dose of Thuja. Accordingly it was given in the  $\text{cm}$  potency—one dose, dry.

Before the next morning the poor girl was suffering severe pelvic pain, which was more intense in the left side. Remembering the symptoms of Thuja in left sided ovarian pain, and thinking it possible that the attack might be an aggravation, I determined to *wait* to the very uttermost, that by no means the ultimate advantage of the remedy should be lost.

There was prolonged chilliness through the forenoon, and the pain had steadily increased from an ordinary distress to absolute agony.

At 3 P. M. the temperature had risen to 105 degrees. The pulse was 140, the abdomen too tender to bear the lightest palpation, and the pain as nearly unbearable, as I ever had to deal with. Remembering how poor a constitution the girl had with which to meet so severe an attack my feeling was one of distinct alarm. I felt that she must have help at once, and that no mistake must be made.

I found that the pain was aggravated by motion, although in her agony she moved her shoulders and arms sufficiently to obscure this fact, unless one observed and inquired very

carefully. The pain was also aggravated by deep inspiration.

The headache and faint feeling were aggravated by turning the head, and she was thirsty for large and frequent draughts of water.

Of course it was a simple matter to give Bryonia with such symptoms, but the delight of seeing its rapid and beautiful action is something which I should like to share with all who reverence our Law of Cure.

Bryonia  $\text{cm}$  Fincke was given in water. Within ten minutes the agonized girl was unmistakably quieter, and in twenty minutes she was asleep.

Two hours later she was quiet and drowsy, but sufficiently awake to tell me that she had almost no pain. The temperature had already fallen two degrees and the pulse had lowered to 126.

I left word that the medicine should not be repeated unless there was actual return of pain.

On this basis it was given twice during the night.

The following morning found the patient entirely free from pain, and temperature 101. Another day and temperature and pulse were both normal, and from this point the recovery was rapid and uncomplicated.

The dose of Thuja has not yet been repeated.

*Case 4.* Hannah M., a healthy Swede twenty-nine years. Unmarried. Primipara. Was delivered June 21, 1895, of a healthy eight-pound boy. Labor normal. No lacerations. One dose of Arnica  $\text{cm}$  was given, and all went well for forty-eight hours except for an almost entire absence of sleep.

As the patient felt her condition keenly, and had been anxious and depressed, a dose of Ignatia  $\text{cm}$  was given.

The morning of the 24th showed no improvement in sleep, and on the other hand the temperature of the previous evening had arisen to 105 degrees, and now stood at 101

degrees. Careful questioning showed that there had been no decided chill or even definite chilliness preceding this sudden rise of temperature. Possibly a vague and slight chilliness only. Careful examination showed no tenderness of the abdomen. And no symptoms subjective or objective could be obtained except *sleeplessness* and the fact of *temperature*.

I waited during that day, and the evening brought again the same high temperature—105 degrees—but with no proportionate consciousness of illness. The unpleasant wide-awake feeling was all that could be elicited. Feeling sure that something serious must be brewing, and hoping either to meet it on general principles, or else to bring out some definite and guiding symptoms I gave one powder of Sulphur<sup>cm</sup> dry.

The next day brought only a repetition of the record, morning temperature 101 degrees and no sleep whatever. There was absolutely no pain, except now a slight headache after the prolonged absence of sleep.

There was some thirst, though not great. No real suppression of lochia or milk, although both were scanty. No restlessness, and yet no dread of motion. No appetite, and yet she could take simple nourishment without disturbance.

Again I waited for night and again was confronted with the same figure, 105 degrees. The problem remained unchanged. *Sleeplessness and temperature!*

The sleeplessness was of the wide awake type with acuteness of all the senses, and I gave Opium<sup>cm</sup> twice in water.

Still another day brought no change, and as the continued high temperature renewed the fear of deep and serious trouble, I gave Pyrogen<sup>cm</sup> twice in water. Still the next morning showed no change, and it was now a serious question whether I might leave my patient for twenty-four hours, to attend briefly our meeting at Watch Hill.

However, having given so deep acting a remedy as Pyrogen, and feeling that it must have time to show what it would do, I went.

As the case weighed rather heavily upon my mind, I spoke of it to two or three brother-physicians, and as if with one voice they all said, "Some deep trouble brewing! Have you given Sulphur?" And when I said "Yes" the further word was invariably "Well, you will find there is pus somewhere. Give Pyrogen."

Apprehensively and expectantly I returned to my patient, hoping to find that Pyrogen had taken hold, and that the evil spell was broken.

But I found no change except increasing headache, and an overwrought condition of the brain which was becoming alarming. This was now the fifth evening, that her temperature had stood at precisely 105 degrees—the morning temperature having registered unvaryingly at 101 degrees.

I reasoned with myself somewhat on this wise—"If I could disabuse my mind of the supposed seriousness of this case:—of its threatening character, and of the consequent necessity of choosing a subtle and deep-acting remedy, what should I do for this sleepless woman and her overwrought senses?" And I said "Coffea:" I acted accordingly and administered Coffea<sup>cm</sup> Fincke two or three times in water.

The next morning I had the delight of knowing that she had slept all night, and that her temperature was absolutely normal.

She went on to a rapid and uncomplicated recovery, without further medicine.

## DISCUSSION.

Dr. Baylies—I remember the case of a lady who as a primipara had previously a very severe and protracted labor terminated with the forceps. Since then, coming under my care, she had on several occasions conjestive headaches,



feeling as though the blood did not circulate well through the brain, as if obstructed in its passage, as if crowded through the vessels. "More blood than they can hold seems to crowd into the temporal vessels," those of the left temple especially. This symptom was attended by difficulty of comprehension while reading; sometimes people with whom she was in company, seemed distant. She was apprehensive and anxious; was afraid to be alone with her children, lest she might hurt them. These symptoms and a similar crowded feeling in the chest and upper abdomen were repeatedly arrested at intervals of increasing length by a single dose of *coccus cacti* 30m and later of the cm. As she was now in labor with her second child, having this intermitting, crowding pain, it occurred to me to try the *coccus cacti*, which was given, and she had a very favorable natural delivery, with alleviation of the pains.

DOUBLE HYMEN OR VAGINAL VESTIBULE,  
ABORTION AND SAFE DELIVERY.

WM. L. MORGAN, M. D., BALTIMORE, M. D.

Dec. 7th, 1895. Received a note from Mrs. F. saying, "Please send me medicine for my daughter, she is vomiting all the time." She got *Ipecac.* 200 four powders.

Feb. 7th. Another note, "Please come and see my daughter, she is suffering with cramps."

I went in haste at 10 A. M. and found a seventeen year old girl in bed making signs of great suffering. On examination found a pregnancy, supposed to be of six months, high in abdomen. Patient showed many signs of drug influence. Gave *Nux* 200. I returned in two hours and made vaginal examination. Fœtus low in vagina but obstructed by a membrane just inside the sphincter-vaginæ, which at first I supposed to be the amniotic membrane, but soon

found it to be a solid muscle attached to the vagina about one inch inside of the sphincter and I could find no perforation, but still some fluid was passing. As there appeared to be no danger or hurry I rested the case and gave several remedies to meet the toxic symptoms of drugs which had been taken to induce the miscarriage. In ten hours a better condition of the patient followed a dose of *Kali phos.* cm. In two hours more the symptoms, pain in eyes, dry throat, thirst, pains come and go quickly, led to *Belladonna.* 200. In an hour there was a small opening in the membrane which soon dilated, and the dead fœtus and placenta were delivered without any trouble.

The sad effect of the pill that had been taken made recovery very slow and from the many symptoms required much attention. The mother gave out that the daughter had a bad case of La Grippe, but the neighbors had it Typhoid, but she got well all right.

Subsequently I examined and found the fragments of a ruptured hymen in the proper place, and this diaphragm about an inch and a quarter further inside with a small hole in the center, about three-eighths of an inch in diameter. The membrane was about one-fourth of an inch thick, very firm and muscular and around the opening it was rigid and not easily dilatable.

Guernsey says there may be a hymen anywhere in the vagina, but this appeared to be too muscular and had not been ruptured, but dilated at the delivery as the other tissues and closed again as I suppose it was before.

Perhaps it would have been as well to have opened this with a knife or scissors, but it was my choice to give time for a natural delivery, and my patience was rewarded by seeing a good delivery and safe recovery of a bad case. ®

## IS FISH INIMICAL TO THE PUERPERAL STATE?

CAROLINE E. HASTINGS, M. D., BOSTON, MASS.

Fully thirty-five years ago when I began to study medicine under the tuition of a country physician, I first learned that fish is supposed to be inimical to the puerperal state. One day when riding with the doctor, he stopped at the roadside to speak to a man who was fishing.

"What are you going to do with those fish?" questioned the doctor. The reply of the man I have forgotten but the farther reply of the doctor I have never forgotten, viz. "Don't you give any to your wife."

As we drove on I asked, why? and was told that fish was like poison to a woman in the puerperal state. Remembering this, I have never seen the patient I was willing to subject to the test of the truth or falsity of this theory.

Very early in my professional life I was given the account of a woman who had died soon after childbirth from eating lobster, but no experience on this point came into my own practice till about four years ago. It has always been my custom to caution nurses and to forbid the use of fish as food at this time, but about four years ago I neglected to give this precaution in a given case. Instrumental delivery had been necessary, but the patient had made a good recovery up to nearly three weeks when she was taken suddenly and seriously ill, with a temperature of 105 degrees, and very rapid pulse. She complained of feeling very sick, and begged me not to let her die. The nurse had discovered a redness on one breast. On examination I found a marked redness covering the surface of the left breast. It was very suggestive of erysipelas. The symptoms called for Bryonia, which she received, but as the patient did not improve I called Dr. Wm. P. Wesselhoeft in consultation. He agreed with me that the case had a serious look, but did not see any reason to change the remedy, and Bryonia was con-

tinued but in a higher potency, the next day, the third of the illness, the symptoms were ameliorated, and complete recovery followed without farther complication. Some days later I learned that the nurse had given the patient fish just previous to this attack. The nurse is a graduate of a reputable training school, but neither in her instruction at the school, nor in her experience in the sick room, had she ever heard anything said upon this subject.

About two years ago, I attended a lady in confinement, and all went well for about ten days when I was hastily summoned about 9 o'clock in the evening. I found my patient in a high fever, face flushed, and severe headache. This time I enquired and learned that she had taken an oyster stew a few hours before. With the utmost confidence I prescribed Lycopodium; complete relief followed in a few hours, and the patient recovered without farther complication. A question of interest may here arise, viz.: If fish is inimical to the puerperal state, how long does this peculiar susceptibility last?

For answer I can only state, that a number of weeks later, when all thought of any danger had passed out of mind, my patient had a similar attack, which was again relieved by a dose of Lycopodium.

Now there was no idiosyncrasy in this case, for the lady is very fond of fish, and had always eaten it with impunity up to the time of childbirth, and has eaten it since with no farther ill effect than once lodging a fish bone in the throat, which required removal at my hands.

## DISCUSSION.

Dr. Wesselhoeft—Is that your own experience, Dr. ?

Dr. Hastings—That is my own experience; I called you in consultation in the first case, you will remember. You didn't know it was fish at the time, neither did I, but later it was very evident to my mind that it was the cause of the illness.

Dr. Custis—I am very glad the Dr. read this paper, though I am sorry she was not able to tell us why. That idea, I think, must have started in Virginia, for that is the first place I heard of it. It is a general belief there among the old colored nurses that they will kill their patient, if they take anything from the water as food, and I have always followed it, and have had some patients made very sick because they did eat oysters. I don't think I have lost any, but my experience agrees with Dr. Hastings' to the letter. I would not think of giving a lying-in patient fish or anything from the water. It looks like a prejudice because we cannot explain it, and because the symptoms produced are not always the same, but there are very few of these old notions that do not have some foundation in fact, and they are all worthy of consideration and thought. My brother talks about snakes. I have known two or three cases where the patient has seen snakes and been scared, after which they aborted.

Dr. Pease—I asked that question because I have read somewhere that a woman in the puerperal state stepping over a snake, or in the neighborhood of one would miscarry, more frequently at the seventh month.

Dr. Custis—My snake experiences have always been at about the third month.

Dr. Plummer—I do not know that I can recall the special symptoms which two of my patients had, apparently following the use of fish. The theory is so well understood in the Home in which I am a physician, that I almost never have any trouble. In one instance the patient had been allowed to have just a little of the broth of the oyster, and it was three weeks at least after delivery. The patient had a sudden and high temperature and violent vomiting. In the other case the fish was not eaten until the end of the fourth week, when the patient was going up and down stairs to the table, and was considered past the danger, but in both cases

the symptoms were severe, and in both cases it was quite apparent that they were caused by the fish.

Dr. James—I only wish to say that the late Dr. Henry N. Guernsey was very positive about that. I studied under Dr. Guernsey and had the advantage of his lectures previous to the year 1869, and always in his lectures, regularly every year, he spoke very positively against the use of either fish or oysters, and I think you will find in his obstetrics, the first edition, the statement that eggs, oysters and fish should never be allowed in the lying-in chamber. He included eggs; said that they were equally objectionable with fish and oysters, and in his lectures he spoke also of clams or any preparation from clams. It has always been a very prominent point in my own mind, and whenever I have had an obstetrical case, I have stipulated particularly that this sort of food should not be given to the patient.

Dr. Pease—I wish to report that in February last I delivered a *primipara*, of a large, well developed baby girl, and this talk about fish recalls the case to my mind. Some three or four hours after delivery she had a very strong craving for fish and she said she must have it; if she could not have fish she must have oysters at least, and without knowing anything about the doubtful fish question I allowed oysters to this patient. The husband went out and in his haste to get back promptly, brought a can of cove oysters; she ate quite freely of them, and seemed to thrive on them. She ate heartily, finished up that can in the next day or two, and ate raw oysters, and nothing came of it—the patient made a fine recovery. It has occurred to me whether or not the natural craving that she experienced possibly was an indication that made it safe for her to eat them. She was a native of New Brunswick.

Dr. Wesselhœft—I think this is interesting. I know of one patient who subsisted on oysters and fish mostly during her whole pregnancy, because she was absolutely

averse to meat, and she did very well. That is, per contra, but one swallow does not make a summer. It may be true that in the majority of cases, fish food or sea food, especially salt sea food, is injurious to many people. We know that people coming from the West and eating ocean fish food frequently get very sick from it. This experience is frequent with people who have not been here for years, and eat heartily of fish food. Now, if these people have not been accustomed to ocean fish foods it may make them sick. If, for instance, the cases that Dr. Plummer has enumerated, coming from the interior, where they very rarely get fish, suddenly get on to fish foods, the change may produce very marked symptoms generated by the change of diet. This is merely a suggestion. I never have heard of fish being inimical to the puerperal state before, and it never occurred to me to deny any woman either in convalescence or during her pregnancy fish or shell fish.

Dr. Case—Early in my practice I was told by an old nurse that the eating of fish would cause great trouble in the puerperal state. I knew nothing of this from the instructors in college or text books, and placed so little faith in that statement, that whenever the patient asked for fish or oysters it was usually granted. I sometimes say to them I have heard that it is injurious, but I never knew of its doing harm, and I venture to say that more than a dozen of my patients in the puerperal state have taken oysters or fish, and, so far as I know, without any ill result.

Dr. Allen—I have never heard of fish being inimical to the puerperal state, but I have found in my practice for years that lobsters have been, and I never permit a puerperal woman to use lobsters or lobster salad in any form, as I have seen very serious constitutional disturbances from its use, particularly urticaria. The worst cases of urticaria I

have ever met have been from the use of lobster. I have noticed also that Dr. Wesselhœft's remarks apply to inland as well as sea fish, to those who are not habituated to the frequent use of fish. I have noticed a great many who came from the region of the lakes, where the water contains a large proportion of lime, to Georgian Bay, for instance, where there is no lime in the water, and eat freely of fish, that they have very severe attacks of urticaria lasting for days, sometimes weeks. Perhaps there may be something in the food of the fish.

Dr. Wesselhœft—Dr. Allen's remarks are valuable in so far as pertains to Chicago, they get lobster when it is a good deal older than it is here, and the older fish is the worse it is.

Dr. Clark—I only regret that I did not hear the paper. So far as I can judge from what Doctor Custis has told me, unquestionably this is a question of idiosyncrasy. There are innumerable cases of urticaria arising from shell fish and there are many other causes. There is no more reason why fish should be inimical to the puerperal state than any other wholesome article of food, and I haven't a doubt that the more deeply you go into the question, the more you will find that it will be hurtful only in certain cases. I would not hesitate to give a puerperal woman fish if she had a desire for it; in fact, I would rather give it than beef, much rather. This question of diet is a very important one, and I am quite surprised when I find the character of food that is allowed by the physician in many cases. I have had a great deal of experience in such cases and I have stuck to one plan, that is, to deny them nitrogenous food. I mean particularly bilious temperaments.

Dr. Wesselhœft—What is biliousness, Doctor?

Dr. Clark—I don't know. I do know that those people who have functional disturbance of the liver are always made worse by eating nitrogenous food. The more you give it the worse you will find them. Bilious attacks will

follow nitrogenous food, in other words, the hydro-carbons, of which beef stands at the head. Live on fish, vegetables, fruit, poultry, game, milk, eggs and farinaceous food, and you will soon get rid of biliousness.

Dr. Custis—This matter of diet is certainly very important. I do not agree with the Doctor that it is only a case of idiosyncrasy, but I do think that we are all entitled to the results of the experience that we have in this organization. Now, if anyone with the experience of Doctor Hastings tells us that fish does break up ladies in her part of the country it is worthy of consideration. It is no great deprivation for a lady to give up fish for a month, but if the Doctor can find out what kind of patients can take it or cannot, and tell us that, then we will follow her experience. A patient is perfectly safe who does not have the fish.

Dr. Clark—They can live without fish.

Dr. Custis—Some physicians tell the patients just as soon as the baby is born to eat anything they want. What is the result? It may be right in theory, but practically it is not good. The old notion that they had to be kept on a low diet did not bring about bad results. My own method is to give them gruels, rice gruel with milk, etc. These patients are well, but they are not taking any exercise, they are not taking the same food that the doctors are when they run around talking to the newspapers. We have to think of all these matters and follow the plan that gives the best results regardless of any theories that we may have.

Dr. Thatcher—While you are talking on the subject of diet for confinement cases, I wish to say that I have had a number of cases of gathered breasts as the result of nurses feeding rich chicken broths, and chicken meat particularly. I have had a number of such cases, whether it is due to their over feeding, or to the richness of the food, or whether it is due to the idiosyncrasy of the patient, I am not able to decide. I know that I have had a number of cases of gath-

ered breasts as the result of eating chicken. I would like to hear an expression from others.

Dr. Clark—We are talking about a normal physiological condition. Why, then, would you treat a woman who is going through the puerperal period normally as an invalid? I take it that if one is in a normal condition, in other words, if she is in ordinary health and has a healthy craving for certain articles of diet, that it is perfectly proper to permit her to have those articles if they are reasonable. Of course it is always to be understood that a woman during her puerperal period will not have the appetite that an active woman would have. So long as the condition is physiological, or in other words, normal, why not give her normal food? There is no reason why she should not have it, none whatever, and I think it is absolutely absurd, it really is, to preach any other doctrine.

Dr. Hastings—I have accomplished the purpose for which the paper was intended, viz. to call attention to the subject. I am well satisfied as far as I am concerned. I shall continue to prohibit fish. I do not want to take any chances.

Dr. Wesselhæft—Sometimes we have these nice little theories made up in our minds, and after a time discover that it may be either an idiosyncrasy or may be owing to other conditions surrounding the patient. I remember an instance where a woman ate almost entirely fish during her entire pregnancy because she had an aversion to meat, also during her convalescence after delivery, and did beautifully. The majority of women may go through very badly on fish, and I am very glad to know this, because I shall certainly take some precaution in future in regard to allowing women to have fish in their convalescence, unless I know that they have done well in former experiences. If they should declare, "I want fish, I don't want anything but fish," I should say to them, "Well I have heard that fish is a very doubtful thing for women to have after they have had a baby,

and if you want to run the risk you can have the fish. I wont run the risk! I have heretofore run the risk of letting you have fish, but hereafter you have got to take the responsibility."

Dr. Hastings—With reference to this case in which the woman ate fish all through the pregnancy, up to the time of confinement, and then continued to eat it, might she not have become so inured that it would not have any effect upon her then? I am not willing to take any chances on the idiosyncrasy. I may say now in closing this discussion, that the Doctor who first gave me this information, when I questioned him as to what authority there was for this theory, made this further statement. "We all know that cats are very fond of fish, and the authority for this is that cats will not touch fish during the puerperal state." Now, I don't know how much truth there is in it, but that was his statement to me, that cats will avoid fish at this time.

Dr. Wesselhœft—I don't see what earthly relation there can be between a cat and a woman, but let us pass that over and let us look at other idiosyncrasies that are very common, and the idiosyncrasy against fish is very common, just as the idiosyncrasy against the most beautiful, luscious, and delightful fruit that we have every summer, the strawberry. How many people are poisoned by strawberries, and still the majority of people are not poisoned by them. Now, I am of the opinion, of course it is only an opinion, that the ladies have struck those people who are particularly sensitive to fish eating, just as a good many people are sensitive to strawberry eating. I know of a man who has an eczema, who has been under the care of a dermatologist of our city for the last seven years and was never allowed to touch strawberries, because strawberries were said to produce skin affections, therefore this poor man was denied them. A year ago this spring I told him he could eat as many as he wanted, unless he knew that the strawberries hurt him other-

wise. He ate strawberries and he has certainly been improving in his eczema ever since, upon strawberries—and homœopathic remedies.

Dr. Baylies—I would like to ask if those who have manifested injurious effects from fish diet in the puerpearl state, have not the same idiosyncrasy at other times?

Dr. Wesselhœft—I do not wish to say that these observations are invaluable; I am glad to hear of them because I never heard of them before. If these observations are correct they are of value, and people may be told they should be careful in the use of fish. I doubt nevertheless if fish should be entirely excluded from the diet of women in the puerperal state.

Dr. Custis—One word more, and that is about the danger of such remarks as were made by Dr. Clark, about the normal state. No doubt child-bearing is ordinarily a physiological condition, but our civilization has so affected it that the highest office which a physician can now perform is to compensate against the forces of refinement. If it were carried on in a normal way, the way we read about it as happening among Indians, then we would not have to take all these precautions, but as we do have the trouble and as the doctor is a compensating influence, why, let him or her take every possible precaution against danger.

Dr. Plummer—I want to say just one thing. Dr. Hastings made it very clear that her patients were lovers of fish and constant eaters of fish previous to these very serious experiences. We may know that certain things have a bad influence long before we find out the reason for it, but if we recognize the fact and keep our eyes open, perhaps the reason will dawn upon us later.

## OBSTETRICAL CASES.

B. FINCKE, M. D., BROOKLYN, N. Y.

I. *Sequelae of abortion.*

1867, Sept. 15, 8 A. M. was called in haste to the house across the way to help Mrs. N., a young woman, brunette, of small stature, in her confinement with her second child. Everything was regular and after a few severe pains the head was born and a healthy child followed. She was smelling chloroform liniment. Trembling. After-pains commence.

R Aconite 54 m.

When I laid my hand on the abdomen, severe pain, the ball-like uterus flattened and the after-birth descended. Then the family physician arrived. He asked how long I was there to which I answered a quarter of an hour. The child was strong and healthy, clean, cheesy on some parts, weighing I should judge about nine pounds.

1868, Aug. 3, 1 A. M. was called by a sister of the former with the words: "Sister is dying, give her something to relieve her for humanity's sake!" Found her pulse unappreciable, pale, unconscious, eyes large and staring, hands icy cold from the constant use of ice. Dilated pupils, hardly winking when I passed my hand over the eyes. The season was unusually hot.

R Rhus toxic. a few globules of the 30 and 70 m potencies in half a tumbler of water, one teaspoonful to be given every half to one hour.

She is easier. The family physician arrived and I went away.

The following report, being a portion of a letter relating to the strange occurrence before the death of the lady kindly furnished to me by her brother gives the termination of this strange case.

"She had a miscarriage July 4th last. The child was between seven and eight months and died after about ten hours.

On Monday about three weeks after the miscarriage in the afternoon she was suddenly taken with insanity caused as the physicians (allœops.) said by sudden congestion of the uterus but under the influence of medicine she became daily more rational though the opium and fever made her somewhat flighty.

On Friday she became quite conscious and memory and reason told her that her sickness was not as she had fancied, the miscarriage, but another and more dangerous condition Dr. M. came three times a day and Dr. C. met him in daily consultations and Dr. J. came every other day.

On Friday night she was agitated by sights. She saw a cat, had fits of sudden darkness and saw flashing eyes of light. Her mother told her it was nervousness caused by Opium, and that consoled her greatly and afterward when the fits came upon her she would take her mother's hand and hold it until the fits passed over. While in that condition she said to her mother, 'dear mother, I think I know when you come in the room without seeing you, the whole room becomes luminous.'

On Sunday afternoon Dr. M. gave her mother plainly to understand that he did not think that the patient could live twenty-four hours, but as Rosa did not ask about her condition her mother did not tell her anything about it.

But about 9 P. M. she seemed to feel it herself. She called for her sister Julia and sent her to her trunk to burn up all her letters. She made some little presents of her jewelry and in her Bible for her little boy she wrote: 'For G. with his dying mother's love,' and asked to have it read to him when he was older. They asked her whether she had not better stop talking and take rest, but she said she wished to finish what she had to say, and that it made

but little difference whether she tired herself or not, it was only a few minutes more or less. She then asked her father if he had any message to send to his little son (who had died long before) and tried to comfort him in his sorrow. So the hours rolled on, then came an indication of what was yet to come. Her father entered the room and she mistook him for her Uncle John and exclaimed: 'There is Uncle John!' They told her it was her father. From that time the perfect clearness of her intellect began to fail, still her mind was full of pleasant thoughts. She saw the cat again but this time it was white instead of black. After conversing a short time, rather wanderingly, she began to suffer. She said her eyes were fixed and she could only look one way, then, that all things waved before her eyes. Suddenly raising both her hands high in the air, she exclaimed: 'Oh, my darlings, my darlings take me with you! Reach down and take me up with you!' Lilly, her sister, stepped forward and took hold of her hand. Her arm dropped by her side. 'Oh, why did you bring me back, I was just going,' she said. 'Now my darlings I must grope for you.' For a little while she lay very still, her breathing a little labored, but not much so. We thought God was going to take her very gently. At last she said: 'Oh, my Saviour, must this be too?' Then commenced evidences of great physical suffering. She complained of great heat, of being parched and craved ice. We gave it to her constantly and she would plunge her arms into the bowl and rub her face and arms with the ice. As she seemed to suffer very much, I (the brother) wrote to the doctor to see whether he could not relieve her. He answered to give her as much ice as she wanted, and make her as comfortable as possible. The moaning and gasping increased. She ceased taking the ice, and lay motionless, moaning. Her mother sent in for a German physician, a homœopathist who lives opposite to us and who had brought G. into the world the year before.

He came in and stood by her bed-side, looking at her fixed eyes, holding the lids open, as he did so. She was perfectly motionless even when ice was placed in her hand. But after the doctor had been by her and mixed some medicine, when her father went to give it to her, she pushed it away. This was, however, only spasmodic and she relapsed again. Her father then gave her a little of it two or three times. She lay there, perfectly motionless, hardly breathing. Very soon after the medicine had been placed in her mouth, she moved a little, and in a few minutes recognized her husband and soon afterward felt in the ice-bowl for ice, though she did not speak. Then she commenced making the alphabet with her fingers till at last the mother exclaimed: 'Send for the doctor again.' Just then she spoke, 'how glad I am my tongue is loose at last.' Her husband started like a shot exclaiming: 'By the Lord, she is coming to!' and rushed out for the family doctor. 'Why did you send for the stranger when I died, so to speak?' she said. It was as if the dead had asked the question. She then asked me (the brother) whether Dr. M. (the family doctor) had seen her or been there; her mother told her he had not.

Shortly after, about 4 A. M., the doctor came in. He watched her with much interest. He sat with her some time. About 9 A. M. he came again. She was very weak. She said her spirit had been flogged out of her, and that she had been on a long journey, and asked why she had been brought back and that she did not wish to stay here. Dr. M. was very much astonished at the change. He said her skin was much better, and her face, but that her pulse was still low and time only would show. He gave her a little of Valerianate of Ammonia and left her.

From that time she did not suffer much. Her mind wandered. She grew weaker and she often smiled, and sometimes laughed. From time to time she spoke to her mother telling her not to feel so bad. She lived till 1 A. M. Tuesday when she died.



On a post-mortem examination they found congestion of the liver, spleen and abdomen, and enlargement of the uterus, but no high degree of inflammation. The doctors said; extreme heat demoralized the nervous system and impaired the circulation, and that she could not rally."

II. *After-effects of dry labor.*

Mrs. D. in Newark had a miscarriage every year, since she was married three years ago, on account of accidents.

1894, Nov. 8. Carried a child for the first time to full term, and after a dry labor for twenty-four hours a well-formed child was born but died in a few minutes after birth. Patient felt as if everything were loose inside the pelvis and the perinæum was torn. It healed up soon, however, but she could feel the two bones of the symphysis pubis rub upon each other when walking. Everything inside the lower part of the abdomen feels sore especially on the left side and like bruised, the womb feels sore with bruised pain all through. Stretching sensation across the umbilical region so that the clothes are too heavy. Two months and a half after confinement a slight show but none since which is now three months. Otherwise she feels good and is getting fat. When with the child she was enormously large. The chloroform used during confinement did have no effect at all.

R Arnica mont. M (million) one dose.

Nov. 26. This brought on her menstruation entirely painless, very profuse, as such as she would formerly have at those times, but all the soreness and other symptoms are gone and she feels perfectly well again.

III. *Threatened abortion.*

The same lady.

1895, Oct. 30. Her husband calls in the evening and reports that she is three months pregnant and has constant bearing down pains in the womb for a fortnight. Her physician (homœopathic) attending to her in her last confinement gave her three or four powders which relieved her for

a while but don't do so anymore. This morning he gave her one dose with the remark that in such a state as she was in only one in a hundred would get through safely and if that medicine would not help her, there was nothing further to do to prevent a miscarriage. The doctor gave probably the 200th because the patient preferred the higher potencies.

R Sabina<sup>cm</sup> one dose.

Oct. 31. The husband reports in the evening after about 24 hours, that patient slept well all last night and felt well in the morning on waking up. But when she arose, severe frontal headache set in and the pain in the womb returned with a sensation as if it were squeezed together. At 11 A. M. the pain was across the pelvis. She was so much more in pain than ever before that she thought she must look out for some doctor whoever he might be, to give her relief. But after sober second thought she sent her husband to me. The state of affairs appeared threatening and another miscarriage might spoil the hope of the poor young woman.

R Sabina M (million) one dose.

1896, Jan. 23. She took this dose at 8 P. M. After half an hour she was easier, then she got all right and slept all night through and was well. Thus far she is confident that she will be confined in May next which is to be hoped as she has been well ever since.

The attending physician was very much surprised and wanted to know the remedy. I told her under the condition that she would get the name of the remedy he had given and the potency. I have not heard of him. Very likely he gave the same remedy. ®

POST-PARTUM ANTISEPSIS.

T. DWIGHT STOW, M. D., MEXICO, N. Y.

One of the latest and peculiar fads, having its origin in the old school, is the custom of resorting to antiseptics,

before and after delivery. The "Germ" theory has been the most potent and prolific cause of the practice. Of course, *the aim* of those who teach and practice antiseptics, is the benefit of the parturient, and the cleansing of uterus and vagina, the vulva and adnexia, as the most important step in that direction. The proposition seems plausible upon its face, but there are some serious objections to the practice, and it also has some absurdities. To *asepsis*, reasonably practiced, there is but little objection, but this too, can be carried too far. The etymology of the term antiseptics, indicates its use. Derived from the Greek words *avti* "against," and *σῆρω* "to putrify," it indicates the use of any chemical or medicinal substance, simple or in combination, that resists, or opposes putrefaction. Quite a large group of agents are employed, some of them of very questionable quality, others, simple and benign. Of the first class we mention carbolic acid, acetic acid, alcohol, creosote, bichloride of mercury, tannic acid, boric acid, benzole.

Of the second class, we note listerine, Thiersch's solution, chloride of zinc, sennine, borine, borolyptol, Platt's chlorides, aristol, euophen, etc., etc. The so-called science of bacteriology—much less a science than a theory—has given prominence to a host of antiseptic germicides, to be tested indiscriminately upon thousands of patients, often regardless of consequences.

About the busiest men in the medical fraternity are the chemists and pharmacists, who flood the country from one end to the other with their advertisements, and puffs of the many new agents, new combinations, warranted to annihilate disease in cock-sure order, in anywhere from three minutes to twenty-four hours time. Judging by the manner and style of laudation, each of his own remedy, discovery or nostrum, and the very serious charges in such cases made against the other fellows in the trade, one may reasonably

wonder that so many of the race have escaped death, and that the remainder, are not spending their last dollars to secure an earthly paradise in the gift of "the wonderful panacea" chemist.

"But, to return to our subject." Is it necessary to use antiseptics in post-partum conditions? The answer requires some investigation. A woman just delivered, is in a peculiarly sensitive and oft times critical condition. Marked structural changes of the reproductive organs; of the cellular tissue round about; often marked or serious disturbance of kidneys, bladder, bowels, stomach, skin, breasts, and nervous system are manifest; and the utmost care must be exercised to secure a safe, easy and satisfactory recovery. The functions of the nervous system, of the lymphatics, of respiration, of digestion, of the circulation, must not be retarded, in order that the process of involution and of repair of injured parts may be normal. As the lately distended uterus and vagina contract, whatever of blood, mucus, or purulent debris, or parts of placenta remain behind, is forced out by utero-vaginal contractions, or dissolved in blood serum and washed away. While this is being done, or soon after, clots, coagula, and decomposed serum begin to decrease, look and smell better, there is poured out upon the endo-metrium and inner surface of vagina, organizable lymph, for the repair of abraded, over-congested or lacerated parts. This must not be retarded, checked or washed away.

Holding these facts and ideas in view, *we object to post-partum antiseptics, because it is unnecessary, speculative, and often pernicious:* even now, many of the physicians of the old school are abandoning the practice. Carbolic acid, bichloride of mercury, tannic acid, chloride of zinc, alcohol, iodoform,—and even Platt's chlorides, unless extremely diluted—ought not to be used, as most of them are irritant poisons and tend to produce hyperæmia, lymphatic enlargement, uterine catarrh, sub-involution; and the iodoform,

even in small quantities in solution, often seriously disturbs the nervous system, producing nausea, vomiting, sleeplessness and so on. Perhaps the safest antiseptic in use is listerine, but even Lister some years since, minimized its value. The best thing to do immediately after the expulsion of the secundines, is to irrigate the uterine cavity with pure, soft water, raised to 100° Fahr. until the fluid runs clear. This may be repeated the following day, but never after the os tinæ has closed to the admission of two fingers, as violent spasms of the uterus, and at times general clonic spasms may be brought on. After such irrigation—unless there be some surgical work to do—nothing is better than the administration of the remedy homœopathic, rest, quiet nursing and proper food.

During the last decade, bacteriological investigations have been pursued with much zeal. Much speculation has followed the investigations, as to the presence of bacteria in fermenting solutions, and during the putrefaction of animal or vegetable tissue. The old school theorists holding them to be a cause of zymotic disease, while our school, together with some outside independent thinkers, regard their presence as an effect: hence the wide difference in the therapeutics of the two schools of medicine. The allopathists look to the use of germicides, while we seek to restore the "Vital Force" upon which the integrity of tissues, organs and functions depend.

But a change is taking place in the minds of many investigators, as to the character of, and functions of bacteria, microbes, etc. Later investigations show that micro-organisms play an altogether different role, and the once feared and hated bacteria are now regarded as friends, and conservators of tissue, as they feed upon the wash material of wounds, abscess, ulcers, etc., from which by certain vital processes they spring, and are in turn devoured by the ever present leucocyte. This latest view when

generally accepted, will effectually dispose of germicidal treatment, and teach its advocates that asepsis is preferable, and that for purposes of cleanliness, pure water tempered to suit the case is sufficient. It will also not only corroborate our past views of all that speculative and worthless treatment, swiftly jumping from one thing to another—so characteristic of the old school pharmaceutical and therapeutical, yet absurd ingenuity. One by one in swift succession, the medical fads are dying. But Homœopathy, founded on immutable law, and in the hands of its true exponents, will live on and on, in grandeur, till time ends.

In all "solutions of continuity," whether after labor, injury by violence or operations, unless union takes place by "the first intention" there is more or less of torn or broken tissue deprived of vitality, that must be broken down and cast off, before repair of tissue can be effected.

Any lotion, douche or irrigant, that checks this process, or retards it, is unsafe, and its use injudicious. Many antiseptic combinations do this thing by escharotic or astringent qualities, while the stimulating ones increase the area of suppurating surface and retard recovery.

#### POST PARTUM HÆMORRHAGE—A CASE.

FLORA M. WATSON, M. D., CHICAGO, ILL.

March 29, 1895, I was called to attend Mrs. C., age twenty-one, a brunette of mild, easy disposition, in her third confinement. ®

The pains were coming at intervals of fifteen minutes. This continued for about four hours, when the pains decreased in frequency, the intermissions being of about thirty minutes duration; after two hours the pains increased in frequency so that the intervals between pains were not more than five minutes, and in about one hour expulsion

was completed. Up to this time everything was normal and uneventful.

Immediately following the expulsion of the child came a profuse pulsating stream of hot, bright red blood, which coagulated immediately on coming in contact with the air, which one dose of Belladonna<sup>cm</sup> instantly controlled. The placenta was delivered in fifteen minutes with no return of the hæmorrhage.

Half an hour later she complained of nausea and with the retching came another profuse hæmorrhage. A dose of Ipecac.<sup>10m</sup> was administered just at the moment when it seemed inevitable that the contents of the stomach must be ejected. This controlled both the nausea and the flowing as promptly as had the Belladonna in the previous instance. At the end of another hour the hæmorrhage returned, characterized by the same symptoms as the second flow, when Ipecac. was again administered with the same result as before. The vomiting seemed so imminent that I deemed it impossible to avert it, but was fortunately able to do so.

During this time and for an hour afterward, I did not leave the bedside; but as my patient seemed to be resting comfortably, and I could feel the uterus as a round hard ball under my hand, I deemed the danger past and went to an adjoining room to partake of some much needed refreshment, leaving my assistant in charge, with instructions to keep her finger on the pulse and watch the patient's countenance, and to call me on detecting any change.

Suddenly she called out "Doctor, I cannot detect any pulse." I hastened to the bedside; as I came in Mrs. C. said "I cannot see and my ears are roaring so." She was colorless and cold and apparently pulseless, and the blood was flowing in a steady, pulseless stream. China<sup>cm</sup>, one dose, seemed to arouse the reactive powers and check the hæmorrhage, which did not return again. She improved steadily from that time on, making a good recovery, exper-

encing no further trouble excepting the weak condition resulting from the repeated hæmorrhages.

This case is remarkable to me in being the only one in which the second dose of any remedy was needed to permanently control hæmorrhage. In the intervals between the attacks the uterus would contract firmly and would then suddenly seem to lose all contractility, and a hæmorrhage would result.

The menses made their appearance in four weeks. A dose of Calc. carb.<sup>cm</sup> controlled this and they did not reappear for one year.

During the ensuing summer, she had what she termed "sinking spells" as a result no doubt of the hæmorrhages, profuse lactation and hard work, she doing all of the housework for a family of eight. These attacks were characterized by sudden weakness, ringing in the ears, blindness and a sensation of falling; once ending in complete syncope. These attacks always followed some unusually hard days work, and were promptly relieved by China, which also improved her hearing which has been somewhat impaired since this confinement.

Previous confinements had been normal, and she had never before shown any hæmorrhagic tendency. The atonic condition was probably the result of hard work and worry, her husband having been without work during her entire period of gestation, he also during that time having had a long siege of typhoid fever through which she had nursed him. Her food had been insufficient in quantity and of inferior quality. She had also been mentally disturbed, never before having known any lack of the comforts of life, it being a heavy blow to her pride to have to accept pecuniary assistance from friends.

## NATURE AND ART IN OBSTETRICS.

T. P. WILSON, M. D., CLEVELAND, OHIO.

I desire to cast my vote with those who rely more upon nature than art in the management of "the lying-in state."

But the same principles that are herein advocated are applicable to the whole subject from conception to delivery and including post partum conditions.

In comparing the present state of obstetrical art with that of a score of years ago, one can easily see how much progress (?) has been made in that department, within the period named. A glance will suffice to show us that obstetrics has changed or been forced to change its base, quite materially. If this has been for the better in some respects, we gladly accept the change; but our convictions are strong that, in too many respects, while there has been a change, there has been no improvement.

Thirty-five years ago our work was done in comparatively small towns and throughout country homes. If we did not then fully understand the gravity of such cases as now taught by our schoolmen and book-writers, it was perhaps a happy ignorance both for the doctor and his patients.

Except at rare intervals, everything "went happy as marriage bells." An important part of my college acquirement was a constantly haunting fear of post partum hæmorrhage. What there was in it, to excite in the imagination of the student, an idea of the special responsibility and danger of this particular branch of medical practice I am still ignorant; unless it was the result of a sort of megalomania on the part of the Professor of Obstetrics. His fears were unduly magnified and impressed his classes. Eclampsias and puerperal fevers served to fill the bill of expected horrors; but they came as angels visits, too rarely to constitute a continuous nightmare.

I grant you we did not have the dreadful statistics of modern times; neither, as I believe, did we have the cases.

Neither did we have in this country hospitals except in a few of the large cities; and of maternity homes, none.

Statistics, which with many are so important, we could not well have until they could be gathered out of hospitals and from the health departments of our cities. It then appeared that fatalities were astonishingly frequent among the lying-in. We have all seen the long black lists. We have no reason to doubt their correctness.

But we must not forget that they have left out of consideration, the very large class of practitioners, whose labors are performed over many wide acres and square miles, that furnish country practice. And they do not discriminate between results obtained by those physicians of the city, who still have faith in and govern their practice by the laws of nature, and those who follow modern rules, which, as has been well said, constitute "meddlesome midwifery."

There are now in this and other countries, lying-in hospitals, where, in each, a score or more of children are born daily. It is from these we obtain the fullest statistical detail. It will be seen at once that, in these institutions, everything that belongs to obstetric "art," is brought into play. Nothing is omitted that invention can supply. All the "fads" are there put upon trial; and if promising, given to the general profession, many of whose members stand in expectant attitude, to get their annual rations of the latest thing out.

Much has been said of the physiological changes which civilization has wrought in the constitution of the human race. And we are led to believe, if we will, that the primitive status is almost wholly lost.

It is not difficult for us to see, how reproduction was once accomplished in accordance with physiological law.

Notwithstanding the apocryphal curse pronounced upon woman, we yet believe in the possibility of a natural gestation and delivery. The abnormal conditions which are

met, are to be accounted for without reference to supernatural causes. It is plainly a scientific question.

The great trouble is, that our modern writers and teachers have invested the whole obstetric process, with unnatural and lurid colors.

As soon as a woman is pregnant, she is expected—ordered rather—to commence an elaborate system of “toileting.” And since this work is for the purpose of avoiding possible dangers, it follows that these dangers are pretty constantly uppermost in her mind. In a recent number of a popular medical journal is an article written by a lady of large experience on “The Care of the Primipara.”

Our grandmothers if alive would smile at the elaborateness of the writer’s plan. How few of all who are living were so carefully guarded, either as mother or child! In the article named, it would appear, that nature had furnished little more than the raw material; and that modern obstetrical art was needed to practically recreate the reproductive organs.

If it could be understood that all this care was applicable to very exceptional cases, and even then, doubtfully, it might pass; but it is made to apply to all primiparas, without reservation. Thus much is at least implied. It might astonish some of the newly fledged, to be told that Obstetrics is not a disease; that it does head the gynæcological catalogue. I can well remember, when, if a doctor was seen with a long black satchel, he was sure to be on his way to a case of dystocia, with his instruments. Now, it is almost universal to see such cases in the hands of physicians, even neophytes, and I have been privileged to peep within a few of them and so discovered a pair of obstetrical forceps, rolling round with liniment, cerates, bandages and a few tinctures or low dilutions.

Now what we need is educated homœopathic physicians. And that, should be made to include the ability to do all

that is demanded of the medical practitioner. Instead of that we have what should be called *emergency doctors*. And to such there is not much to be differentiated between a lying-in case and a broken skull. That the one is merely a physiological incident, and the other a surgical accident, is seemingly not comprehended.

Being called to a case of confinement, the young doctor now first seizes upon a pair of forceps and then starts, evidently well equipped, for the scene of action. In the article already alluded to the doctor says, “and when it (the perineum) is well relaxed, I assist nature with a pair of forceps.” How thankful old Dame Nature must feel for such timely assistance! What did the world do before forceps were invented?

It may be remembered by some that at the meeting of the American Institute in Philadelphia in 1876, a lively discussion was carried on, concerning the use of forceps in labor. With a strong preponderance in favor of their use, our dear old friend, Dr. I. S. P. Lord, told of his long and valuable experience and declared that for thirty years being in constant practice he had not once made use of instruments in delivery. For patience and the *similimum* were all-potent agents. His zeal in opposing all interference made a deep impression on my mind. I have not the transactions of that year at hand but if I had I think I could transcribe to this paper some cogent reasons for a fuller reliance upon nature and for avoiding the evils of a false art.

I greatly desire not to be mistaken. I do not intend in a general way to decry art. The title of this paper more than implies the proper existence of it in obstetrics. I make bold to declaim against the manifold errors that have crept into our practice under the specious plea of “progress.” I deny the right of the teacher to so instruct his pupils as to cause them to lose sight of the fact that childbirth is a physiological and not a pathological process.

I do not hesitate to say that the "germ theory" has become the mother of many evils. When we knew nothing of bacteria or antiseptics we had natural labors and normal recoveries. Fire alarms were not then constructed over every parturient bed, whose bells were to be rung so as to ward off microbes and call for reinforcement against the invaders. The mal-odorous condition of a lying-in bed was not *prima facie* evidence of septic dangers. Cleanliness of no very extreme type answered the purpose. A needless fear did not force us to employ bichloride of mercury and subject our patients to an artificial and too often fatal poison.

Sepsis there may have been at rare intervals, but now we seem to have every case exposed to mercurialization. This is the "antiseptic method" run to madness.

We have in our profession and in all schools, a very large number of persons who can never carry on with disease anything more than a guerilla warfare. They are always foot-loose. Their history would form a large chapter in Dickens "Great Expectations."

The advent of bacteriology formed a fine field for the culture of these unhappy creatures, whose rapid swarming must have filled microbes with surprise. But it really needed no special prophetic powers to see their end. The glaring misuse of the knowledge we obtained of the existence of microscopic germs is a saddening story of our professional history. And because men cannot understand the laws of nature it may continue to be so through future time.

I believe in art. I know it is nature plus man and there we have our highest achievement. In the æsthetic world art may be largely pursued for art's sake; but in the practical affairs of life art must be pursued for its utilitarian value. Look for a moment at a plain case of lying-in. It is a very prosaic matter. A doctor might have a hundred such and they would not in the public mind advance his

reputation. What is his technique? Nothing. He is a watcher at the gateway of life, and until emergencies occur he must play a very unimportant part. It will be very possible that a whole year may elapse before he chances upon a "golden opportunity." Suppose when that opportunity comes he is found wanting: granted; but must he practice on normal cases and chance the creating of dystocias or maybe producing death of mother or child in order to secure fame?

I fancy that the doctor who in such cases is called, often hums to himself:

"Let us then be up and doing  
With a heart for any fate;"

While if the good angel should whisper in his ears it would finish the quatrain as follows:

"Let the primipara learn to 'labor'  
And let the ambitious young doctor learn to wait."

Do not misunderstand me. Art has its place and an important one in obstetrics. But let it not entangle the feet of nature and much more let it not usurp nature. I think I know the value of every useful instrument in obstetrical practice; and I know the dangers they not only avoid, but the often times greater dangers they create. In this I count the hand as the foremost of all obstetrical instruments and I believe it is in this relationship the one doing the most mischief.

I give this as the only safe rule to follow: Only when the requirements are imperative resort to interference. Give the mother and child the benefit of any possible doubt. ®

In all this I do not count the administration of medicine. They too are all powerful. But alas for the error of believing that medicines such as a true homœopath might give, are harmless if not curative. It is too often a fatal error. And if I may for a moment step aside from my subject, I will say that in all departments of medical practice nothing is better than anything unless you have the true *similimum*.

## CASES FROM OBSTETRICAL PRACTICE.

W. E. LEDYARD, M.D., SAN FRANCISCO, CAL.

*Case I. Pulsatilla in Mal-position of the Child.*

On making a vaginal examination during labor, the shoulder was found to present, pressing down through the pelvis and soft parts like a wedge, and becoming more fixed with every pain.

I knew that Pulsatilla had the credit of correcting mal-positions, but never had before had the opportunity to test its efficacy in such cases.

Now was the opportunity; accordingly I gave a dose of Pulsatilla <sup>300</sup> dry, on the tongue. Then, with my finger on the presenting part of the child, I waited. In a few minutes I felt the shoulder recede, and very soon after the head came down, converting the case into one of normal presentation. The child was speedily and safely delivered.

In the *Hahnemannian Advocate* for last month (May, 1896), under the caption: "Pulsatilla-Pensive," L. C. McElwee, M.D., of St. Louis, Mo., takes occasion to say of Pulsatilla: "In mal-positions of the foetus in utero, I have never seen a particle of result follow its use."

I should like to call the Doctor's attention to an article, entitled "Pulsatilla in Mal-position of the Foetus," by B. Le Baron Baylies, M.D., in the "Proceedings of the I. H. A." for 1890, pp. 133 et seq., where fifteen cases are reported, together with other data bearing on the same subject.

Also see "Proceedings of the I. H. A." for 1886, where, at page 189, D. C. McLaren, M.D., of Brantford, Ontario, Canada, expresses himself thus: "The much vaunted and well deserving Pulsatilla has borne out its reputation in my hands. More than once the patient has complained that the foetus was upside down, or low down, as they generally express it, and a dose of Pulsatilla has rectified the dislocation in a few minutes, the fact being so noticeable that

the patient called my attention to it. I believe the remedy has the power of rectifying the position of the foetus even in labor, so long as the amniotic fluid is present."

*Case II. Mastitis.*

Woman, aged twenty-four; light complexion.

History. When a babe three weeks old, the right breast was full of milk. It suddenly became painful, swollen, red and blue. It was poulticed and afterwards lanced.

The right nipple was very small.

The patient has always had trouble with this breast, and, frequently, excessively sore nipple, while nursing.

1895. Dec. 14th: Right nipple, sore, raw, and cracked at the base; extremely painful when the child, nine months old, began to nurse.

*Graphites* <sup>5m</sup>. Dose, dry.

Dec. 30th: The *Graphites* relieved the soreness, etc., of the nipple.

Present condition: Right breast, darting and soreness, aggravated on first sitting down; also when walking. Chilliness with shaking, alternating with burning heat; back as if breaking across the hips.

Last night: Had to lie on the back with the hands under her, on account of severe pain in the hips—a sensation as if opening and shutting.

Vertex: aching.

Feet: icy cold.

Thirst great, for cold water.

Aggravated by hot drinks; nausea.

Sore on upper lip, scab now dropping off (after last attack of "the weed").

Stool: Dry and hard "as if baked."

Yesterday: Backache with bearing-down, and frequent and profuse micturition.

*Bryonia* <sup>40m</sup>. Dose, dry, at noon.



12:15 M. (fifteen minutes after taking powder.) No pain.

If necessary, this evening or after, *Bryonia* 40m. in solution, every hour, for three doses, *stopping if better or worse*.

1896. Jan. 2nd: After leaving the office on the 30th ult. the pain returned, and continued until 5:00 P. M.; then the pain was relieved and she slept well during the night.

31st. No severe pain; slept until 2:30 A. M., when she awoke from a dream of having lost her wedding-ring, which she found in the bed.

Jan. 1st. Morning: Headache to left of vertex, with "jumping."

Headache relieved after taking the three doses of *Bryonia* 40m. in solution — the first taken since the 30th ult.

The right nipple is now well, the breast is "all right," and the baby is again nursing.

Fifteen days later:

The soreness of the right nipple has returned for one week, and the breast trouble is coming back, with pain in head, back and all over.

Present symptoms: Right breast very sore, pains aggravated by motion; chills, terrible, from the feet up.

[Yesterday: Chill, followed by a terrible fever, which continued all day and night.]

Terrible aching and burning in right breast, with redness around the nipple.

*Bryonia* 7m. Dose, dry, in forenoon.

If necessary, to-night or after, repeat in solution every hour until three doses are taken, stopping if better or worse.

Jan. 17th: "The pain was terrible yesterday and last night, but it is much better this morning. I took the solution, *Bryonia* 7m at 6:30 7:30 and 8:30, P. M., and got relief right away."

The back is still very sore.

To take *Bryonia* 5cm, one dose, dry, if necessary.

Under *Bryonia*, we read as follows:

"Nursing women have taken cold; ache all over; head as if it would burst; lips dry, parched; breasts swollen, feel heavy; milk suppressed.

Tensive burning and tearing in mammæ.

Inflamed mammæ.

Inflammation of mammæ, with a sensation of heaviness; a sort of stony heaviness; the mammæ hard and pale (red streaks indicate *Belladonna*); suffering aggravated by motion (worse from a jar or jolt indicates *Belladonna*).

While weaning, swelling of breasts and axillary glands, particularly left.

First stage of mammary abscess.

Prevents gathered breasts in most cases during lactation and after weaning. *Phytolacca* follows well."

#### Second Day Morning Session.

#### DR. CUSTIS CONGRATULATED.

\* President Fincke—In the first place I have the pleasure to announce to you that our member, Doctor Custis, has been elected President of the large homœopathic body, the American Institute of Homœopathy. This I consider not only as a just acknowledgment of his superior merits as a homœopathic physician, but also as an honor to the International Hahnemannian Association, of which he always has been a zealous and staunch member. I hope to speak in your sense if I congratulate him in his new position and express the hope that he will carry the war into Africa; that is to say, that he will take the opportunity to uphold and vindicate in that body the third law of Homœopathics, expressed in the last words of the motto of the International Hahnemannian Association, the "Minimum."

Dr. Custis.—Mr. President, it is a surprise to me that I should have this congratulation given to me in this manner, and I thank you very much indeed. I assure you that I will do everything that I can to bolster up homœopathy as represented here. I want to say further that I have, as you know, been a constant attendant at both organizations. The homœopathy of the American Institute has been growing better each year. There will not be a paper in the proceedings proper that would cause a blush on the cheek of any member of this organization, as far as I know. The meeting just passed has been a most remarkable one, and I can assure you that for the last two years there has not been a word of disrespect spoken of any homœopathic sentiments that were there voiced. This statement may surprise many of you now, but I will vouch for its truth, and you certainly can be assured that in the future Hahnemann's name will be respected at all their meetings and under all circumstances. I do think that it is the duty of every member of the homœopathic profession, regardless of individual opinions, to be connected with that Institute, because it is the oldest and the largest organization that we have, and it is by virtue of the work done by members of the Institute that any of us are able to have the standing that we enjoy to-day.

Dr. Wesselhœft — I agree with you in everything that you have said, Doctor. They go further and talk about our institutions. For some peculiar reason the men who have done the greatest work for us in organizing and caring for the institution of homœopathy, have not been members in this organization as a rule, and they have not been the best practitioners. Now I don't know how to explain it except that it takes a different temperament to make schools, to found and build hospitals, from that required to cure sick people. The fact remains that those who found and care for these institutions are not among our best practitioners,

yet there is not one of us that is not proud that the homœopathic school has the number of hospitals and dispensaries which exist to-day.

Dr. Custis — While we may not agree with the teachings of the schools, it is the only place where men can be fitted to practice homœopathy at all, and it remains for us to refine the results of their work, after they have given them diplomas. For these reasons I think it is the duty of every homœopathic physician to be connected with the American Institute and on its floor stand up for the principles, which we, as a Homœopathic body, profess. As I had occasion to say last night, I think it is everyone's duty to be a member of his local society, and to be a member of the American Institute, and if he has seen sufficient light to become a member of the International Hahnemannian Association, it is one of his greatest privileges. I hope to see you all with us next year.

#### BUREAU OF MATERIA MEDICA.

ARTHUR G. ALLAN, CHAIRMAN.

#### INOCULATION.

THE ALLGŒOPATHIC MODE OF ADMINISTRATION OF  
MEDICINES.

B. FINCKE, M. D., BROOKLYN, N. Y.

Jenner could hardly have expected when one hundred years ago he vaccinated the first child (an event which gives to the allœopaths the opportunity of celebrating a centennial of their own) that in the latter part of this century, after going through several phases of medical lore the old school would accept his mode of protecting people from smallpox by vaccination, as the general *modus operandi* in curing the sick. Likewise Hahnemann could not foresee

that Jenner's invention of trying to shield a child from smallpox by inserting a morbid substance into his sound body would, at the end of this century be adopted as the common allœopathic practice. The simple experience that a dairy-maid infected with the lymph of cowpox was proof against the infection with small-pox induced Jenner to inoculate this fluid into the healthy body as a measure of prevention. It was a mere experience from hearsay, which he ventured to utilize, and the whole medical world followed his lead and vaccinated the multitudes in the mistaken idea, that it would prevent not only the infection of the individual vaccinated, but also the breaking out of small-pox epidemics, nay stamp it out for evermore. By perseverance and strategy they finally succeeded to enjoy the privilege of compelling every child born to be vaccinated. From reliable data we know now that this compulsory vaccination is a despotic measure of the greatest import, and works incalculable mischief in transferring diseases to many, often tedious to heal and frequently leading to a precocious death. These so-called representatives of science have no better ground for their tyrannical action than the experience of Jenner's dairymaid and the superstition that it will protect from and eventually stamp out small-pox. It has been shown repeatedly how mendacious the statistics in this relation are and that therefore they can not be trusted. The immense power of the allœopathic profession has been employed to enforce measures having no better foundation than empiricism and superstition. They should be founded upon the firm basis of science arrived at by experience, experiment and correct observation but not upon motives foreign to science, and supported by the emanation of unjust laws from the governments. Alas! Instead of thinking of really scientific means to prevent the evils of spreading diseases, they accomplish the contrary by rendering the vaccinated still more susceptible to the infection. In spite of all their

vaccinating the epidemics appear just in the midst of the vaccinated and become the more virulent as the facts show. It is almost fruitless to war against such a mass of error which in the course of time has spread and acquired more power than ever. The mode of inoculation has taken possession of the allœopathic mind also with regard to other epidemic and contagious diseases. The enormous mortality in diphtheria under allœopathic treatment ought to have staggered the physicians and the public long ago that their treatment was ineffective, but the patients died and nobody was to blame. Now since the discovery of the microbes they fell upon the idea that these were to blame for the cause and spread of every contagion, because they are found in the body in the respective diseases and seem to be the medium of contagion because on injection into animals the contagious disease appears. Here is the *materies morbi* of a by-gone age revived. Instead of the old adage, however, *tolle causam, i. e.* throwing the morbid matter out of the body by remedial measures of more or less severity, they now inject the very same morbid substance into the body of the patient affected with the disease. But finding ill effects from it as was to be expected, they then cultivated it as it is called, and in this way tried to weaken the poisonous nature to such an extent that it will counteract the action of the microbes or bacilli in disease, and give immunity in health. Oh! what a contradiction! Do they not bear in their coat of arms the motto: *Contraria Contrariis*? But here they are administering the very substance, which according to their theory causes the disease, by inoculation into the body for healing the disease or preventing it. Nay, it is not exactly the same because they cultivate it in order to weaken its virulence, and in this way they become burglars in the homœopathic house into which they break to steal the homœopathic motto *Similia Similibus*. Now burglary is a crime and if the common burglar is caught he is pun-

ished according to law. But unfortunately there is no law for the venerable old school and its scientific burglary. Nay, they do more, by their culture of bacilli they steal a mode of preparation of medicine from the homœopathic school viz.: Potentiation, in as much as they do not dare to apply the crude poison, but weaken its virulence through the medium of a nourishing substance by degrees, and preserve it in carbolic acid or camphor because otherwise it would spoil. This attenuated morbid matter removed only a few degrees from its crudity is injected into the body of the sick or healthy as the case may be. In the light of a homœopathician such a procedure is simply shocking. It militates just as well against the sense of propriety and adequacy of purpose, as against the simple rules of science, at least such science as is built up of experience, experiment and careful observation i. e. by induction. Why should it be necessary to make the Jennerian method of inoculation of vaccine the model in the treatment of diseases? Was it all along an outrage to inject morphine for every pain that man is heir to, it is much more reprehensible to apply morbid substances in this manner. Surely physiology should teach these savages of science a better lesson. They have always blood in their eyes. Blood-poisoning is their stock in trade. For them no higher authority is in the body than the blood. The blood is the supreme king on the throne for them. The poor dumb animals must yield their blood to furnish them with remedies. Has the blood any feeling? Does the blood move any limb? Does the blood do the thinking? No, it is only a means to the end in keeping the body in its proper state of preservation. It is assumed that the injection of the remedy by inoculation acts by its entering the circulation, a proceeding which should be shunned instead of being practiced. If in blood-poisoning so-called the minute quantity of septic poison is sufficient to cause its rapidly progressing symptoms toward dissolu-

tion, why should it be different in those cases where inoculation produced the very same conditions, dissolution and death? The unfavorable cases of vaccination as well as of the inoculation of anti-toxine are no doubt true cases of blood-poisoning. This the physician of the old school acknowledges but not that it is of his own doing, for was it not his own fault when he inoculated the fatal morbid substance? The ptomaines in the system are accused as causes of disease which poison the system, are the morbid substances introduced into the system from outside by inoculation any better? To be sure, those are most blind who do not want to see. Here is a specimen of alloëopathic reasoning.

The Commissioner of Health sends out a circular announcing that "recent developments in the technique of preparing toxines have rendered it possible to produce a diphtheria-toxine of a very high degree of virulence which induces a high grade of immunity in horses on account of the production of a large proportion of anti-toxine in the blood serum."

This is surprising. What need should there be for the manufacture of a more virulent poison if the one in use (Behring) has already given the proof of its power by killing a healthy child within two minutes after injection for the sake of securing immunity from \*diphtheria?

\*A servant in the house of the celebrated Professor Laugerhaus, Medical Director of a large hospital in Berlin, showed signs of diphtheria. As a precaution against the disease Behring's anti-toxine was administered by injection to the professor's child. The professor announced the result in the papers in these words:—"Our darling Ernest, aged twenty-one months, died suddenly in perfect health in consequence of an injection of Dr. Behring's diphtheria serum."

Two examples in our own country.—In Wheelersburg, Ohio, a practitioner of experience in the use of serum injected the usual prophylactic dose over the scapula of a sleeping child five years of age. An hour before he was known to be in perfect health, in less than five minutes the doctor, summoned from an adjoining room, found the child dead.

In Brooklyn, N. Y. a healthy child two or three years of age was inoculated with Behring's anti-toxine for the sake of immunization against diphtheria. The preparation came direct from the German factory and the bottle had not been opened before, bearing the seal of the manufacturer. In two minutes after the injection the healthy child was dead and the case was reported in the daily papers.

"Thereafter the serum issued by this Department under the white label will contain 200 units to each cubic centimeter or 2000 units to the vial of 10 cub. cent. which is just double the strength of that heretofore used."

The unit is 10 times the amount of anti-toxine required to protect a guinea pig against 10 times a fatal dose of diphtheria toxine. This anti-toxine is prepared by cultivating the diphtheria bacilli in beef tea for about seven days at a temperature of 98 degrees, then  $\frac{1}{2}$  per cent. carbolic acid is added to kill the bacilli. These dead diphtheria bacilli contained in the culture fluid are injected into a horse. Every immediate reaction upon the injection of the toxine by rise of temperature and other symptoms shows an increased strength of anti-toxine in the serum. After the reaction subsides another injection is made, and thus the process goes on for months without regard of the well-being of the animal. The greatest strength of the anti-toxine is at the end of the operations. The serum then shows no live bacilli and this is the serum said to prevent and cure diphtheria by inoculation.

"The average of a curative dose of diphtheria is about 1000 units, but in severe cases or when the serum is not used until late in the disease, a large dose of 1500 to 2000 units is required. Serum of a still higher grade will be issued in smaller quantities under a blue label and is intended for use in severe cases only." This is grade No. 2 and is estimated to be of still greater virulence than the hitherto used preparation, No. 1, of doubly greater strength, than those used before these new preparations. This is then counting from the crude morbid poison, a so to say third potency, according to a scale which no mortal, be he even a mathematician of the first class, can unravel.

Formerly the normal anti-toxine was a unit for every cubic centimeter of serum, and this would protect a guinea pig inoculated with ten times as much normal toxine. But

now the anti-toxine contains 200 units in a centimeter and is said therefore to be double the strength heretofore used. How can it be double the strength if the normal anti-toxine was 1 in a centimeter?

The repetition of the dose of inoculation of toxine causes a progressive strength of the anti-toxine in the serum. There is, therefore, instead of a weakening of the poison in the culture of the toxine, quite the contrary effect in its passage through the horse, because an increased strength can be shown by the effect of the thus obtained anti-toxine upon guinea pigs.

It is not difficult to trace in this process of the preparation of a remedy for the disease called diphtheria a distorted picture, a caricature of the Hahnemannian potentiating process which excels by its ingenuity, purity and simplicity, and meets all the requirements of scientific exactness.

There is in this a simple scale from crudity to infinity, whilst on the other side there is a double scale first decreasing and then increasing, but never leaving the condition of poisonousness.

Leaving aside that these alloëopathic physicians try to cure a disease by name, which they persist upon to consist in the sole presence of the diphtheritic bacillus though there are different phases of it, as there are patients suffering from it, the remedy is on the face of it reprehensible in every respect, being a morbid poison poisoning a horse, the serum of which after repeated onslaughts on his system by inoculation must furnish the panacea for the dread disease. But they are careful before inoculation to kill the bacilli of the diphtheritic deposit, and claim that it is the toxine secreted by them which is the poisonous substance under the simple name of toxine. But what in the world could induce them to herald the dead diphtheritic bacilli, mixed with the toxine coming from them somehow and suspended in the medium used for cultivation after their passage through the

horse, as the remedy for diphtheria? If they would acknowledge the homœopathic principle, they might claim this for the reason to apply the similar remedy of the same disease, similar by their caricature of a potentiation in order to weaken the toxic quality of the poison they deal with. But refuting that principle with scorn, they have no reason whatever for applying that alleged secreted toxine left by the dead bacilli, which is just as if Hamlet were left out of the play. What this anti-toxine is they cannot tell beyond that it looks like a liquid brown substance, they cannot even say that the toxine is secreted by the bacilli, for who ever has described the organs of these microscopical dots, lines, commas, etc? Can they with certainty say that they are animals, or are they of vegetable origin? There is no criterion on hand but the ostensible fact that they multiply by division or otherwise in a primitive way, if they find the necessary pabulum to subsist upon. Have they ever tried the dead bacillar substance alone? They have tried the live bacilli and poisoned with them guinea pigs, and then they saved them again by injection with the preparation from the dead bacilli cum toxine, passed through the horse and appearing in its blood as anti-toxine. That is all the ground they stand on. The dead bacillus plus its refuse kills the live bacillus plus refuse—*contraria contrariis* again—but only in the human subject. The toxine injected into the guinea pigs for the sake of testing the antidotal power of the anti-toxine confessedly only the dead bacilli plus their refuse, therefore no live bacilli are introduced into the guinea pig and the dead bacilli plus refuse cure the dead bacilli plus refuse by *similia similibus*. With regard to the mixtures of toxine and anti-toxine there is no thought that they might have anything to do with the action. It is the old polypharmacy again in a new shape. Yet there seems to be no certainty about the curative power of the anti-toxine, for the poison heretofore used has not been

strong enough, because now two new grades double and more as strong as before are offered.

This must necessarily change the unit of the normal anti-toxine. "The average curative dose of diphtheria anti-toxine is 1000 units" which in severe cases rises to 1500 and 2000 and that of still greater strength. The unit of the normal anti-toxine is 1 unit for 1 cub. cent. of serum and will protect the guinea pig against 10 times as much toxine. If the preparation is double and more than double the strength as the preparation used before, the poisoning dose of inoculation should be reduced by that amount since only a proportionate amount of anti-toxine is required if the reckoning is correct. Nay, according to the health officer, the severe cases require the most poisonous preparation. Nothing shows the contrast of the old school to the new more than this gruesome posology. According to homœopathic understanding the disease renders the body more susceptible to medicine than it is in health. This was the reason why Hahnemann reduced the strength of the dose in the earlier years of his homœopathic practice until he arrived at the new discovery that the least possible dose is sufficient to cure. Then the indication was to prepare the remedy through a series of potentiation to such a degree that it would be adequate to that susceptibility. Of course the necessity of selecting the right remedy according to law was self-evident, and if the susceptibility to the dose and the remedy was assured, every requirement was satisfied to insure the cure, provided there was reactivity (*Leistringsfähigkeit*) enough in the body to sustain the action. ®

But here where angels fear to tread, fools rush in and they upset the natural law of susceptibility, not knowing anything about the selection of the right remedy, and give the poisons which anyhow they should not give at all, nay, they inoculate them, much the stronger and in larger doses in the proportion as the doses are more severe. If the case

is at death's door, will it help the suffering patient in his last agony to receive the poison as strong as they dare to make it, if it has already in the more moderate form shortened life even where there was no disease yet, and it was intended only to be prevented by the murderous onslaught of the physician? This calls to mind one of the professors in Vienna, who, at the epidemic of Asiatic cholera when the patients were already moribund, drew blood from all the accessible veins of the body, and squeezed it out when on account of its viscosity it would not flow any more. Of course the patients died.

*Ceterum censeo macrodosiam esse delendam.*

#### DISCUSSION.

Dr. Hastings—Mr. President, I would like to suggest that in printing this paper for the transactions, there should be some extra copies struck off. I should like some for my own use. I know I can place them where they can do some good.

It was voted that five thousand extra copies be printed for distribution.

Dr. Thatcher—It seems to me that we might do a great deal of good by having just such articles for general distribution in our offices. I at one time had five hundred copies of Dr. Flower's address, and my patients read those articles with a great deal of comfort and satisfaction. I think if we all could place just such articles as this before the public, it would do a great deal to educate the people as to the right choice of treatment.

Dr. Fincke—The people ought to be educated. They do not know anything about these doings of the old school. It is awful to see how they carry on. I think we could do a great deal if we put our foot down. They have always blood in their eye!

Dr. Allen—We had a very sad case last winter in Chicago. A homœopathic physician, one of my honored

colleagues, had two or three cases of malignant diphtheria, two of whom died, and at the close of his labors in that family he was himself attacked with malignant diphtheria. His father, a homœopathic physician, was in California at the time, and was telegraphed to come home. He was under the treatment of two of his colleagues, very able men, and on the arrival of his father the young man was considered to be doing very well. At that time there was a terrible hue and cry about the use of anti-toxine; that if the patient was allowed to die without anti-toxine, it would be criminal neglect. In accordance with the cry the father was induced by friends of the family to try anti-toxine, and one of the city dispensers of anti-toxine was called in to exhibit it. He received one treatment in the morning and immediately began to get worse. Symptoms of swelling of the glottis and terrible strangulation came on. He went on until evening and not getting any better received another treatment with the result that he died before morning. His father told me, and his attending physician told me, that he had no doubt whatever that the anti-toxine was largely responsible for his death, and still some of our homœopathic physicians all over the country are using anti-toxine in cases of diphtheria. It shows the recklessness of those who forget Hahnemann's law of cure and Hahnemann's method of practice.

Dr. Thatcher—And the boards of health will soon exact that every child shall be protected by vaccination, and we as homœopaths, will simply be debarred of giving the variolinum and thereby giving a certificate; those will be rejected and we will be liable to have our patients excluded from school unless we comply with the allopathic measure, which is undoubtedly coming in the city of Philadelphia. I invariably variolate my school children, and give a certificate to the fact, and so far it has not been rejected, but I think the time is close at hand when those certificates will

be rejected and the children will be obliged to be vaccinated in compliance with the rule of the board of health, or be excluded from school. It seems to me as homœopathic physicians we ought to take some action on this. We should have a voice in the matter.

Dr. Baylies — They are already rejected in the cities of New York and Brooklyn.

Dr. Allen — And in Chicago.

Dr. Morgan — And in Baltimore.

Dr. Clark — Dr. —, an attending physician at the Willard Parker hospital, says that more complications have arisen, there have been more deaths and much more difficulty than they have experienced without the use of anti-toxine. He takes the statistics of the Boston, Philadelphia and New York hospitals, and conclusively shows that it is a very hurtful substance, and the mortality is very much greater since the use of anti-toxine than before. How under heaven any one professing a knowledge of homœopathy can resort to anything of the sort I cannot tell. The statistics of the old school use of it show a mortality ranging from twenty to forty per cent. This is undoubtedly due to the fact that they have used less drugs than previously, and in some instances the anti-toxine seems to do very much better than the drugs that have been formerly used. So far as my knowledge goes, I think that the homœopathic mortality in diphtheria — which, I presume, includes all sorts of homœopathy — is about ten per cent. (Dr. Fincke, seven per cent.) and how can any one be so foolish as to turn aside from a mortality of seven per cent. and take up something that causes a mortality of from twenty-five to forty? Dr. Gregg says he had not lost one case of diphtheria since he practiced homœopathy.

Dr. Thatcher — The board of health does recognize the results of homœopathy. Just before coming here I had a very dreadful case of diphtheria, all through the head and

throat, and it happened to be in the family of an active politician. Some of the board of health were intimate friends of this man and knew all about the case. Doctor Taylor was one, and he knew all about the case. They were surprised that we had not sent down to the office for tubes and swabs, and so on, and they could not understand how this child should get well in ten days, but in talking it over with this gentleman, he repeated the conversation that occurred. They seemed to think that they ought to investigate me and understand why I did not comply with the regulations of the board of health about the swab. This Doctor Taylor said: "Well, you know these strictly homœopathic measures, and they do have good results". They questioned the father of the child as to why he had not been down to get the swabs to cleanse the throat, or to use injections, and particularly inquired whether there were any injections used in the nostrils. He said no; said that the doctor didn't believe in those measures, he was a strictly homœopathic prescriber. He was very anxious that the card should be taken off the house, which they reluctantly did, but not until they had sent someone there to see the case, and they found the child running around the room perfectly well, and immediately disinfected the room and took off the sign. So it is evident that they do secretly give us credit for results.

Dr. Baylies — That is, when they cannot help it.

Dr. Fincke — In Brooklyn, where two years ago the great vaccination epidemic raged, they are making a little change; they are now satisfied if the children bring a certificate from a physician that they have been vaccinated — so Dr. Close told me — having given several such certificates which were accepted. In a case of diphtheria the board of health sent a young man who looked into the throat of his patient, took a swab from it, went home and put it under the microscope to search for the bacillus, for that is the



kind of a diagnosis they make. He said it was really diphtheria, and Dr. Close gave some remedy, I don't know what; the next afternoon there was nothing to be seen and the diphtheria was all gone. When the man from the health board looked into the throat, he was stupefied and didn't know what to say. Now if they want to get up a scare again, a small pox scare, a few cases are sufficient, but it seems they will be careful in exercising their authority again to the former extent, for the reason that physicians will go against it. Shall the microscope govern our actions? These health people take the business out of the physician's hands; they make experiments in chemical laboratories and then have us apply their foolish remedies. I want you all to go against it with all your might and main: tell the people the truth of the matter to bring them to their senses.

Dr. Hastings — We succeeded two years ago in Massachusetts in modifying the law that governs certificates, to the extent that a certificate from a physician to the effect that in his opinion the child would be injured by vaccination, is sufficient to admit without vaccination.

Dr. Fincke — In Newburgh, the board of health has made a law that they will accept a certificate that the child's blood is vitiated in some way, that it won't bear vaccination, so the parents would be obliged to go before the people and say that their child's blood is vitiated.

Dr. Custis — There is nothing like having a little fun. I don't think as homœopathic physicians we need much more than to watch the evidence of truth we get through the allopathic ranks. This anti-toxine craze is doing them good. Since they have had that their attention has been called to the fact that local treatment is not necessary in diphtheria. We find many of their strong men advocating letting the throat alone. So they are receiving some benefit to themselves from this anti-toxine, and they will come out

all right after a while, I hope. The statistics of Dr. Winter certainly are unanswerable. He was the first one, I believe, that fought the matter in the allopathic ranks; I think he is the man who admitted that he killed seven out of twenty last year. We cannot find much fault with the work of anti-toxine so long as we are not personally responsible. I do object to classing anti-toxine and vaccination together. While we cannot find any homœopathy in anti-toxine, except possibly in the fact that they do potentize by culture, I do not believe they do really potentize; I don't believe there is much of anything in it except a deposit and carbolic acid, but there is something in vaccination.

Dr. Hastings — I would like to make this suggestion in addition to the printing of this paper, that the reference which has been made to the child, who died in two minutes, might be amplified in a foot note in which the particulars of the case might be given. I think it would carry more weight if the actual statement of a case were made rather than a reference to it.

Dr. Fincke — That can be done; will the secretary please note it.

Dr. Baylies — In reply to Dr. Custis, I will say that they introduce septic matter, pus, and the virus of various forms of disease with vaccine. They produce malignant forms of disease, and kill with vaccination.

Dr. Custis — I do not deny that, it is the fault of the method.

Dr. Baylies — It is undoubtedly the fault of the method, and it is the method which has been in practice for the last hundred years or so, ever since the time of its originator. It is a traditional barbarism that ought to be stopped.

Dr. W. M. James — Mr. President:—I think that for the future, instead of a decline in the allopathic ranks of this principle of vaccination or inoculation, there is going to be a great increase of it. They have gone from the vaccination

for smallpox to inoculation for diphtheria, and now they propose vaccines for everything. That comes from Pasteur, and the whole story of the origin of this thing is certainly a very remarkable one, and I may say that I have grown up witnessing it. In my boyhood I remember reading of the beginning of Pasteur's work and its development on and on up to the present time. When Pasteur began his work—and it all originates from Pasteur—there was devastating the kingdom of France, or rather the empire of France as it was at that time, a disease among silk worms which had baffled every means taken to stop it. This disease had begun along about 1848, and it reached its acme about 1863. It had reduced the silk culture of France from a value of over one hundred millions of francs a year, to something over ten millions of francs a year, and, of course, it had created a great panic in France, and a great anxiety in every way. The result was that herculean efforts were made to stamp the disease out, and finally the French government offered a prize of five hundred thousand francs for the discovery of some means of arresting it. All sorts of experiments were tried. Silk worms were introduced from Japan, and these creatures, brought from a climate where they had thrived perfectly well and produced a fine grade of silk, immediately sickened and died in the atmosphere of France. What was the matter? It was then that the secretary of the celebrated French Academy, Professor Dumas, wrote a letter to Pasteur. I should say that Pasteur had previously been known as an analytical chemist. He was also an investigator of the subject of fermentation. Before his time, and up to the time that I speak of, the theory of fermentation had been what they called a catalytic action, which was simply a word used to obscure the fact that they did not know what was really the cause of it, but it was supposed that it could not go on unless a temperature of at least ninety degrees was secured and an abundance of atmos-

pheric oxygen. Pasteur was devoting himself to the investigation of the phenomena of fermentation. Dumas wrote to him and asked him to investigate this silk worm disease, and Pasteur wrote back that the thing was perfectly absurd; that he knew nothing about silk worms, had never seen one in his life, and had no idea how they developed themselves. But Dumas wrote again, for the two men were intimate friends, and finally Pasteur was induced under the influence of Dumas to undertake the problem. He located himself in a cocoonery in the south of France, overlooking the Mediterranean sea, and began his investigations.

It is too long a story for me now to tell you all the steps by which he came to a conclusion on the subject and its bearing upon the present question of anti-toxine. I will simply pass over that and summarize it by saying that he discovered that the silk worm, in the course of feeding, absorbed into its system a fine dust which lay upon the surfaces of the leaves of the mulberry tree; that this dust, instead of being what we ordinarily understand by the name dust, was really a vegetable ferment, a vegetable cell; that this cell located itself in the spinning system of the silk worm. The silk worm's method of making silk is to eat the leaf, and through the complex operations of digestion a fluid is prepared, which is somewhat suggestive of the lymphatic fluid which circulates through our skins; similarly, this fluid circulates in long tubes along the whole length of the worm on all sides of it, which are the glands that manufacture it. There are two apertures at the end of the worm, through which this fluid comes into the external air. It comes in a minute drop which immediately hardens as soon as it comes in contact with the atmosphere; it is followed by another drop which similarly hardens, and so on, until a filament is formed. Thus a fiber of silk is a series of these little drops welded together. This germ, this fine dust, this microscopic plant, this unicell plant, located itself in these tubes, and there fed

and propagated itself. The result was the worm became exceedingly sick, refused to feed, lay about in a stupid state, its surface naturally almost white, or faintly flesh color, becoming mottled all over, so that it looked as though black pepper had been shaken upon it, whereupon Pasteur named the disease Pébrine. He then found that the mulberry leaves from a certain district in the southeast of France, where the principal occupation of the people is raising mulberry leaves, contained more of this dust than any other, and he interdicted their use provisionally. That caused Pasteur to be persecuted, and it is said that when he made his appearance in that district, stones were thrown at him by the populace. He afterwards modified the prohibition and directed that the leaves should be washed, which got rid of a great deal of the difficulty. He then from one point to another, came to the idea of extreme cleanliness with regard to the worms. They had to be put in glass cases, carefully washed out and guarded from the external atmosphere by a filtering arrangement, so that all the air that came to them passed through cotton wool. Then he caused the whole cocoonery to be thoroughly washed and scrubbed, and then every leaf that was fed to these worms had to be similarly washed, and in that way he avoided the whole cause of the trouble. Having gone so far he presented a memorial to the French Academy, but there was in that academy a potentate or local 'boss', who had written a great deal on the subject and had built up a very large book about it, but had given no solution of the problem at all. The consequence was that this man, afraid of his supremacy, caused Pasteur's paper on the subject to be laid on the table without reading. Afterwards, Pasteur proved his point with regard to it by taking eggs and saying "now, you raise them and you will find that when they are so many days old, they will hatch, they will moult so many times and then sicken and die. Here are some other eggs that will

hatch and when they have passed the second molt, they will die. Here are some other eggs that as soon as hatched will die,"—and it came out exactly as he had said; for he had followed out these different sequences so exactly, that he was enabled to separate the worms into colonies and was able to judge in that way. Thus his statements were proved, Pasteur's enemies were silenced and deferential attention was paid to his assertions. Finally his directions were followed with regard to cleanliness, and the silk worm disease gradually disappeared. Then it was that they were glad in the Academy to open this paper and read it, and he was afterward made one of the immortals.

The revelations made by Pasteur in the investigations of the silk worm disease were so novel, so astonishing, so consistent and rational; the means taken to destroy the disease, as suggested by the discoveries, were so successful that the attention of the whole scientific world was arrested, and much thought was excited. The principles established were applied to the diseases that afflict the human body, and thus the germ theory of disease was founded. Prominent among these men who became interested, was Professor Lister of England, who was a surgeon. He had been much perplexed by the enormous suppurations that followed when, in amputations and other operations, large surfaces of the deeper tissues were exposed to the atmosphere. Pasteur's discoveries opened his eyes to the causes of these heavy drains on the system and he set about applying Pasteur's principle to the treatment of the wound. He therefore hunted around for some means of destroying these germs. I want to stop right here and tell about Professor Tyndall in Switzerland. Professor Tyndall went to Switzerland for the purpose of investigating the glaciers, the cause of their motion, and why they were able to turn corners, and what not. He was deeply struck with the color of the lakes of Switzerland, which is an intense blue. After much

investigation he discovered that the forward motion of these glaciers ground the rock to an impalpable powder, which was of such minuteness that when the streams of water flowing from the melting glacier washed it into the lakes, instead of settling to the bottom much of it was held in suspension in the water. These particles were sensitive to the blue color in white light and reflected that color to the eye, selecting it out so to speak from the other colors. He finally was able to reproduce that color in a small way in a tank and exhibit it to a large audience. He took a solution of gamboge in alcohol and dropping it into water, the water diluted the alcohol so that it could no longer hold the gamboge in solution, the latter not being soluble itself in water. The gamboge settled in fine particles, so exquisitely fine that they were incapable of reflecting *all* the colors of white light. They sifted the vibrations so to speak, and passed only those having seventy-eight millions of millions of vibrations in a second, in other words, blue light to which alone they were sensitive. Later he investigated the question as to whether any of the sun's heat coming down, to our earth, was intercepted or not by the air. In order to determine this question, he constructed a long tube, some sixteen feet long and four inches in diameter, and supported on uprights, horizontally. This tube was first made of brass. He put a hot water vessel at one end, the heat from which he sent through it, its ends being stopped with plates made of rock salt. At the other end was a galvanometer, and a thermo-electric pile, these two combined forming a kind of thermometer, registering one ten-thousandth of a degree. While studying the question as to whether any of the heat was lost in going through the tube, it occurred to him to change the brass to glass, and then he found more phenomena. He found that when he pumped out all the air from this tube, and allowed the light from an electric lamp to come through that, there being no atmosphere in there,

therefore no dust floating in the atmosphere, the tube appeared perfectly black toward the side, whereas at the end a tremendous flow of light met the eye. The lamp was of course enclosed in a case, and had a reflector and condensing lenses. He then admitted into this tube small quantities of air, which were loaded with cologne water, alcohol, chloroform, and with different kinds of essential oils for different experiments, and small quantities of ordinary water. The small amount of air he admitted would diffuse itself so suddenly, that the minute quantity of vapor, or alcohol, or whatever it was that went in with it, was torn to pieces, so to speak, reduced to very small particles which were sensitive to seventy-eight million millions vibrations in a second, the wave length of blue light. Therefore the result was the whole tube became full of blue light. That fact has this bearing: that the blue color of the atmosphere is due to dust in the atmosphere, just as the blue color of the lake water was due to infinitely fine particles diffused through it, that this dust is of every variety, that it is ground up earth, that it is water vapor, that it is the pollen of plants, that above all things it is the germs that are in the atmosphere in every direction. The germs are ferments. To define a ferment we may say that it is a vegetable cell, which, falling into an organic fluid, immediately by reason of the hydrocarbons and nitrogenous substances which are contained in the fluid begins to propagate itself. It takes from those substances, whether it be the juice of a grape, or the extract from grain or what not,—it takes from those substances whatever of hydrogen, carbon, or nitrogen may be necessary for its own organization, and leaves the rest a confused heap, we will say. It is as if the keystone of an arch were taken out and the arch fell into a fantastic ruin. If the ferment that falls into grape juice, for example, be the ordinary yeast plant, the same that is used for raising bread, it extracts from that grape juice whatever is necessary

for its own sustenance, and the rest falls into a fantastic ruin. That fantastic ruin is alcohol, water and carbonic acid gas, (which makes the froth) and the particular essential essences that give the flavor to what is now wine, or if it be the juice from barley, malted barley, that gives it the flavor of beer.

Now, the better to get that idea of the ferment—I will repeat the definition. It is a vegetable cell, which, falling into an organic fluid, takes from it what is necessary for its own sustenance, and leaves the rest a ruin, which re-forms itself into new shapes ; therefore we have the yeast ferment or the vinous ferment, which produces alcohol, carbonic acid, and these wine flavors ; we have the butyric ferment, which, falling into substances that are suitable, like milk and such things, will produce butyric acid, which is the acid of rancid butter, and other things which go to make up the offensiveness of cheese. We have the lactic ferment, which falling into milk takes from the milk-sugar what is suitable for its own sustenance, and the remainder is a ruin, which we know as lactic acid. There is the acetic ferment, which is a plant falling into a substance like the juice of grapes or apples or pears, takes from these substances what is necessary for its own sustenance, leaving the rest decomposed. The remnants re-form themselves, and we have acetic acid, or vinegar.

Finally we have the putrefactive ferment ; a plant which falling into organic fluids or upon moistened animal tissue, breaks it down in procuring its own sustenance, and these broken down products consist of a number of offensive gases and a variety of poisons called ptomaines of the most virulent character, and then we say that the substance has putrefied.

So, by the extension of the analogy, scarlet fever is a plant, which being absorbed into the human system, lives upon the organism and absorbs what is necessary of the

fluids of the body for its own sustenance, and leaving the rest decomposed. These remnants re-form themselves into substances which affect the blood and cause the eruption of the skin ; in other words leucomaines.

We come to another point. Bastian, of London, declared that cells could be produced spontaneously. His principal competitor and opponent was Professor Virchow, the celebrated cellular pathologist, who declared that every cell lived by descent from an ancestor, and so on infinitely back to creation. Bastian had produced experiments in the laboratory that to his mind, and to the judgment of the scientific world, conclusively proved that cells could be formed spontaneously by the presence of moisture and sunshine and heat. Pasteur reproduced his experiments with more care and, with the instruction that he had received from his investigation of the silk worm disease, he realized that every time that Bastian had produced his experiment, he had unwittingly introduced a living cell into his fluids, and so really inoculated them. Bastian's fluids were mutton broth, chicken broth, and what not, that had been filtered so that it was perfectly clear, and yet was full of the juices of the meat. He placed it in vials that were peculiarly made, with a tubular opening drawn to a fine point so that they could be instantly sealed by the slightest application of flame. He had set these in sunshine and they had promptly developed cell formations. Pasteur reproduced his experiments with more care. He found that when he took sufficient care to avoid the introduction of these cell-ferments the fluids did not change in any respect ; it was only after live cells were introduced that the fluids changed their character. He would take mutton broth that was absolutely crystal clear ; he would introduce a few cells, that he could count under the microscope, on a little loop of platinum wire, and then he would set the flask in the sunshine. It would immediately

begin to propagate its species, and in a very short time this crystal clear fluid would become murky, and after awhile it was very offensive. The whole idea is that of a ferment. Therefore when we think of the subject of germs, we will simplify the subject and make it clearer to ourselves if we will, for the time being, get rid of the whole terminology of germs, bacilli, protococci, bacteria and what not, and simply say a ferment; and a ferment is, as I said before, an organized living cell, which is presumably vegetable, and which falling into organic fluid decomposes it for its own support and produces all these other phenomena.

Now, Pasteur communicated his ideas to Professor Tyndall who repeated his experiments. Professor Tyndall sought to verify his experiments by opening flasks containing these pure meat juices in an atmosphere which was free from pollen, free from ferments. So he went into the Alps, to the tops of the highest mountains, where the wind blew off acres and acres of snow, and brought no dust of any kind with it, and he would break the little end of a bulb and let air in, and found that it still fermented. Where did the ferment come from? He raised it above his head; it was the same thing, but when he turned around and faced the wind and then opened the flask, he did not get any fermentation; in other words, these dust cells, these germs, these ferments, were on his clothing, and as he stood there, his own living body being warm, and heating the atmosphere in contact, made currents of air which swept the ferments off his clothing and into the bulb. When the fluid was sealed up in the flask it was without atmosphere, and so when the bulb was broken the air rushed in, and in the sudden inrush it would take in a few fermenting cells with it, which would produce their effect on the fluid.

Then another step. Lister, taking the cue from Pasteur, introduced the idea of killing these germs, and he experimented with many substances, and finally settled upon car-

bolic acid as the means for killing them. He was able to perform operations of large extent without the same amount of suffering and the same percentage of death from septic poisoning. The explanation was, that these ferments in the atmosphere would fall upon the open surface of a wound and proceed to propagate themselves there, and they were killed by the action of the carbolic acid. Lister gave Pasteur the credit for all the improvements in surgery he (Lister) had introduced and wrote him letters acknowledging it, which have been published.

Then Pasteur started out on that line to investigate the chicken cholera. I have read the details of this inquiry in journals published at the time, which I am unable at present to lay my hands upon, though they are somewhere among my archives. He took chicken broth made from healthy chickens, and also a chicken dead of the chicken cholera and selecting from its blood a small drop that contained some of the ferment, introduced it into a flask of the chicken juice and caused it to ferment. Then he inoculated chickens with that and they all died. He took a drop out of this first flask and put it into some fresh chicken broth in a second flask and propagated again. He selected ten chickens and inoculated them, and it is reported that nine of them died. He then took out of that second flask a drop which was put into a third vial of chicken broth, and that was similarly propagated, and he inoculated ten chickens and eight died. He took a fourth flask and raised a culture in it derived from cells that had been grown in the third vial. The fluid in this flask was less virulent than that in the third. With it ten chickens were inoculated, followed by a lower death rate than in the case of the third flask. A fifth, sixth, seventh and eighth flasks were similarly prepared and tested with live chickens, the fluid getting constantly less and less virulent or I may say, weaker and weaker and the death rate in each case falling lower and lower, one chicken dropping

off, so to speak, from the death list, till he got up to the ten. That was not like the homœopathic attenuation at all. All that he did was to prepare fresh portions of chicken broth, perfectly clear and transparent, and into them in succession he dropped a cell which proceeded to propagate itself. The cell would divide in the middle like an hour glass and separate into two cells, and in that way there were two, then four, then eight, and so on infinitely, until the whole mass of the chicken broth was full of them and was murky. He finally got to the tenth of this kind of propagation or *culture*—the name he gave it and which has subsisted until this day was “culture”—and he was then enabled to inoculate ten chickens with it and they did not die. Then he attempted to inoculate these same chickens with chicken cholera, and they did not die of that, they all survived.

He next tried the charbon of the sheep, and he inoculated two hundred thousand sheep in the districts around Paris and had similar results, not so closely as those I have given with regard to chicken cholera, but something of that order, and so he went on from one thing to another until he struck the question of rabies, and there he has been following out the same idea. The whole intention is to find a *culture medium* and that culture medium had hitherto been chicken, or mutton or beef broth. Now he goes among living animals to find his culture medium, and he takes the germ or the ferment of hydrophobia, and puts it into the juices of a living rabbit or guinea pig or some such animal, and raises thus a fluid that is extremely virulent. I think that he had an immense temerity, a wonderful temerity, to dare to inoculate that substance into any human being; it was fully as dreadful as rabies. His pupil, Koch, of Berlin, used gelatine for a time, but he, too, came to the idea of seeking culture media in living animals. When Koch began his investigations he took the ferment of tuberculosis. I am giving you his own philosophy—I am not saying anything about the correctness of it—I am simply demonstrating the problem the

way it stands in the allopathic ranks to-day. He took the ferment of tuberculosis and put it into a culture medium. What that culture medium was he has never divulged. He came to a meeting of one of the scientific societies of Berlin and said he thought he had found the way to check tuberculosis, and the members wanted to know what it was. He would not tell the details, because he was afraid to; his investigations had not proceeded far enough, he merely intimated that it was in the direction of a culture fluid. Then it was that they requested the Emperor of Germany to ask, or rather to command him to reveal it. So he complied with the order of his sovereign, and gave a veiled description, which does not really explain this thing of the culture medium. Whatever the culture medium be, it is in the line laid down by Pasteur. It is a living being, and it is in the juices of that living being that the culture takes place and the ferment subsisting upon and decomposing the fluids of that body makes terrible poisons. It is simply frightful. The men that make these poisons do not realize the enormous power of them—the poisoning powers of a Borgia's secret preparations are nothing compared to them. That is what they are injecting into the human system, and we ought to know the rationale which leads to such astonishing and dangerous proceedings. They take what they consider to be the ferment of the diphtheria and propagate it in a culture medium. It is not mutton, beef, nor chicken juice, but it is the juices in the living muscular system of a horse, and that produces terrible ptomaines. We are terribly afraid of the poisonous juices from a dead body, and we know of the dissecting wounds that students are subject to. Now, what they do in the manufacture of anti-toxine is simply to produce those same juices, of ten-fold virulence, may be a hundred-fold, and they have entirely left Pasteur's original idea which was a constant deteriorated culture, a starving out of the cell, making it less and less strong, and

less lusty, so to speak, until he got to the tenth culture, when its virulence was least. They have gone away from that teaching. Instead of decreasing or diluting these ferments they have simply increased them enormously. And yet they recklessly inject them into the system, and it is a wonder that anyone lives after it is once done.

That, I think, is a review of the origin of this subject. It arose from the silk worm disease; the investigation of that phenomenon led to the discovery of fermentation. The need of imitating these fermentative processes led to the search for suitable culture media. These culture media, beginning with filtered broths of different animal tissues, have finally included the flesh juices of living animals. The new chemical compounds resulting from these various cultures are of unknown variety, composition, and virulence. The inquiry beginning with the disease affecting a worm, has advanced through chicken cholera and sheep rot to rabies and the whole field of contagious diseases, until we have it in the anti-toxine for diphtheria, and that is the reason I say that considered from the analogy thus presented they are so far from limiting this thing, that they are going to increase it, and every contagious disease will have its inoculation.

From the review thus presented, it will be apparent that the whole phenomena of contagion and infection depend upon the presence in the atmosphere of living cells, called variously bacteria, bacilli, germs and other names, but which may be included under the comprehensive and self-explanatory term, *ferments*, and from *this* consideration it follows that we have only to *prevent* the entrance of these ferments and the individual remains well. Or, if they succeed in effecting an entrance and begin to propagate their species, with the result of producing various phenomena of sickness, we have only to select some germicide, some disinfectant, some ferment destroyer, and the patient is cured. To that end all the energies of the whole membership of the

dominant school of medicine, are directed. They have resorted to the various agents derived from the mineral and vegetable kingdoms with the view of "killing" these ferments. Failing with these they have entered the animal kingdom and sought there the needed means of conquering the enemy. The object of this new process was originally to start in the system a fermentation of the same order as the disease to be cured, which should consume in advance the pabulum upon which the disease would otherwise feed, and starve it out so to speak. The ferment thus artificially introduced, according to the original design of Pasteur, was less virulent than the disease ferment, having been reduced and enfeebled by successive cultures as already indicated in describing the method of dealing with chicken cholera. Uniform success has not, however, attended this method of treatment, and so a movement toward a culture of increased power has been inaugurated. Thus the idea of a ferment, whose virulence should be confined within the safety limit by repeated cultures, has been lost sight of, and a cell of increased venom and danger has been substituted.

In attaining this object no account has been taken of the powerful organic poisons which are the result of the nutritive processes of these virulent ferments. The poisons so produced are of unknown number and variety; of unknown composition and of an unknown toxic power, quite independent of the cells which accompany them and from which they derive their existence. Yet they are introduced into the circulation of human beings with a confidence that is surprising in view of the foregoing considerations. As a matter of fact instant death in more than one case has followed the subcutaneous injection of anti-toxine into children, who were considered either to have diphtheria or to be in imminent danger of it.

The great error in all this philosophy, lies in the assumption that these germs or ferments will equally affect all



people and the results will be uniformly similar, and that the behavior of the cells in organic fluids like grape juice or flesh juice is an accurate type of the action of disease ferments in the human body. But those who adopt these views are confronted with the fact, constantly observed, that with equal exposure to the same disease one man will take the disease and the other will not.

Ordinary plants, dying and falling into the plashy soil of a swamp, and with the stimulus of a hot sun, soon decay. That is, a ferment is fostered by such conditions which feeds on the plant and produces the products well known as swamp putrefaction. These products in turn give sustenance to the germ or bacillus or ferment of malaria, which absorbed into the human circulation locates itself especially in the liver, and thus we have the whole series of malarial diseases from intermittent to yellow fever. Exposed to the miasm, one man takes the fever and another one escapes.

Animal fluids lying accessible to the air with varying temperatures form favorable beds for the development of the putrefactive cell. Extracting from these substances its own nutriment, the terrible products of putrefaction with the characteristic stench, are produced. These products in turn give sustenance to the bacillus, or ferment of typhoid fever and kindred diseases. Two individuals are exposed to this disease; one takes it, the other is exempt. Why this difference?

The animal economy is created with a fine resistance to every destructive influence that may find entrance within it. In the original scheme of creation this resistance must have been almost invincible. The presence however of psora, syphilis and sycosis has put a limit to this resistance, of varying degree according to the degree of activity of the inherited miasm. This resistance is still further limited by such deteriorating influences as bad or insufficient food, exposure to weather and mental anxiety.

Diminished resistance results in changed and weakened function, and that leads to perverted animal fluids which form thus a favorable soil for the propagation of the disease germs. These germs are then but the products of disease and that is the stand taken by Homœopathy concerning the question.

To treat the germs with germicides is simply treating disease products and that the homœopathist regards as futile. Therefore, there is no place in our therapeutics for germicides and antitoxines. The proper treatment is the selection of the similar remedy by which the influence of the inherited miasms is counteracted, the perversion of the animal fluids into food for the disease germs is suspended, and thus there being no sustenance for the ferment it ceases to propagate and finally is dislodged, and the patient is cured.

Dr. Fincke — I wish to say with regard to these accomplishments of Pasteur, that there are great doubts about these statistics. Many say that his efforts were not as successful as is claimed.

Dr. James — I want to say one final thing, and that is, while there is no essential difference in the principle involved between vaccination and inoculation, on the one hand inoculation is an educated way of applying these ferments, and vaccination on the other hand, is a blundering, haphazard, empirical method, and that is about all the difference there is between them.

Dr. Thatcher — I think, in reality, we have got to get at this matter through political power. Behind the whole thing it is a political scheme; you can look to political power for it largely, not wholly; but it seems to me that this thing is all legislated for, and in order to stop the whole affair, or in any way check it, we have got to get at it in a political way. I know that the vaccine physicians in my district go around to my patients and to those of all other

doctors, and make the families understand that it must be done. They have nothing special to say against the family-physician, but of course it is a political job. The man gets paid for every vaccination he makes and it is to his interest to make as many as possible, and these men who have not a great deal to do are always glad to get the position of vaccine physician, for the sake of what is in it. They work it in the time they have at their disposal.

Dr. Fincke—If there is a smallpox scare how many dollars will it bring to the vaccine physicians in a city like New York and Philadelphia? That is a great item, and that forms a great objection to abolishing vaccination; besides, everywhere the vaccinists have their hands in behind the legislative bodies and the government; they are everywhere their private physicians and their clients believe what they say. People as a general rule are very stupid in medical matters, they believe what the doctor says, and for that reason there is no other way but to educate the people up to the great danger of vaccination, to talk and write and do everything to clear it up.

It was voted to have 5,000 copies of Dr. James' remarks printed for distribution.

#### THE DEVELOPMENT OF THE MATERIA MEDICA.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

The future development of our Materia Medica is a subject that cannot fail to interest every true Hahnemannian; under the necessity as we are of holding ourselves aloof from the traditional school of medicine, it doubly becomes our duty to develop our art to the highest pinnacle of perfection, striving to do this step by step in the true scientific spirit, thus gradually making our position unassailable.

The legacy which Hahnemann left us is predominately one of principles; however much our pathogenesis may be augmented, the underlying laws of its formulation and application remain substantially the same; grounded as we are in these fundamental principles which admit of extension only, the question naturally arises, what can be done towards perfecting our healing art?

The answer must naturally come through a proper estimate of individual capabilities combined with the spirit of advancement. The pathogenesis as it stands to-day in its immensity is but a fragment of what the future holds in store, much as it worries the chaff chaser now, he can not but view the future with the gravest apprehension.

The lines along which development must take place can be but dimly foreshadowed; from many natural orders we have as yet not a single proved drug; provings show the close relationship existing symptomatically between drugs related botanically, and the botanical and chemical range of the original Hahnemannian provings demonstrate the master's wonderful foresight. To him as well as to ourselves all nature lay as a partly open book awaiting the turning of the leaves to behold the hidden treasures as instanced by the great polychrest, Pulsatilla. Since his time have come to us Apis, Cactus, Gelsemium, Glonoin, and many other remedies of great power; shall we now halt and rest the sleep of death? Nature has no rewards for drones; a body at rest is dead morally as well as physically.

Every day shows us the effects of remedies of great power, but as yet unproven; as pointed out before we must explore the as yet unknown natural orders if we expect to advance the cause of truth; we must prove remedies to fill up many gaps in our therapeutics.

If I comprehend aright the spirit of the fathers, it was one of devotion to a law which each recognized as universal, but limited and hampered only in its application because of

the smallness of their recorded provings; they therefore strove uninterruptedly to increase the store, thus enabling us to now frequently cure with the similitum what formerly necessitated several similar remedies; this process therefore while increasing the number of symptoms, will nevertheless finally simplify therapeutics. We are, as it were, only on the borderland of the pathogenesis of the future.

The dictum, great poison, great remedy, has not seemed to be well substantiated, many apparently mild drugs having been found to have a long and deep action when potentized; that however does not alter the general proposition that remedies are useful only in proportion to their known effects.

Often we meet symptoms not at present contained under any remedy, yet the symptom may be, often is, the keynote to the case in hand; after its removal by a remedy corresponding to the remainder of the disease picture, are we justified in adding it to the pathogenesis? This question takes us into deep water at once when we consider its many ramifications; in a general way it may be said that when the symptom is in consonance or harmony with the well known action of the remedy its incorporation seems proper, if however, it fails in answering this requirement 'twere better to hold the matter in abeyance. This manner of augmenting the materia medica has been largely followed and has indeed given us very brilliant records, but after all the fact remains that many prescriptions based on these indications, are often either palliative or directly suppressive, for it appears that high potencies can also have a suppressive action. The other way of augmenting the records by new provings is the old and tried as well as true way, worthy of being followed, and will finally overcome all obstacles, especially in that we may confidently look to it to develop the much desired symptoms which now often puzzle us.

Many of the now well known remedies had already previous to their proving given hints of their future usefulness, their pathogeneses have amplified and developed them as well as shorn them of supposed laurels.

Among the drugs needing proving is *Echinacea angustifolia*. The eclectics credit this remedy with powers over septic processes, indurated tissues and adhesions; the latter claim I have good reason to believe is correct. If this be true, although so far it is only a pathological hint, yet it may point the way to valuable ground, especially when we remember that not a few of our present remedies came to us through just such vague hints and this very school.

#### BUREAU OF CLINICAL MEDICINE.

ANNIE LOWE GEDDES, M. D., CHAIRMAN.

#### CASE OF MISS K. J.

WM. L. MORGAN, M. D., BALTIMORE, MD.

January 30, 1896— I received a long letter from Miss K. J., with a description of her condition and a partial history of her symptoms and sufferings. The following is an extract from the letter: "There is intense soreness at a point near the right side of the end of the backbone, which seems to extend into the hip joint. The soreness causes much trouble with bowels and bladder, and what is passed from the bowels shows much inflammation at times, gas collects in quantities and flies to the hip, or presses from above everything into the sore place, much neuralgia exists. Purgatives affect the place and also certain foods, such as sweet things and acids, sometimes rendering it very sore. The nerves and muscles seem to be enlarged through the right side, and I have not been able to lie on that side for some years as it would seem to start up the trouble again if I had been better of it."

This is the description of her sufferings for a year or more before she came to Baltimore for counsel, except a reference to some pain in the region of the right kidney and crest of the right ilium, which, I thought, indicated an obstruction of the ureter. Another letter referred to passing calculi (gravel) at several different times. At no time in her letters or talks did she give an expression as ever having any symptoms of pain or trouble about the womb or ovaries.

She explained that when young she was troubled with diarrhoea and took a great deal of medicine. About six years ago she had a large tape-worm taken from her, and was given a very drastic cathartic immediately afterwards, which caused great straining of the bowels for a long time and left her with the above described symptoms.

About three years ago she came to Baltimore and consulted many physicians and visited several hospitals, and got many opinions and much advice from the highest authorities. Finally, she placed herself in the care of a gynæcologist of the highest position who assured her that the trouble was all in the ovaries and if they were taken out, she would be well and have no more of the trouble. She followed the advice, went into the hospital, and was operated on, the physician saying one ovary had a cyst on it. "Operation very successful." "Recovery good." She went home minus ovaries and much of her exchequer; but she had all the old pains just the same as before and menstruated with the same unvarying regularity as before. She stayed at home and suffered for nearly a year more, when she returned to the city and selected another physician and soon landed in another hospital to have the ovaries taken out. When the first gynæcologist was told that she still menstruated he wrote to her that some women had four or six ovaries. A very distinguished gynæcologist and official surgeon who took out another ovary and the uterus

promised a speedy recovery and pronounced it a beautiful and successful operation. Patient went home again relieved of the trouble of menstruation and surplus funds. Without any relief from former troubles she remained at home until January 31st, when she wrote to me the letter quoted above, which I answered by asking a description of her present symptoms.

February 3. Received a lengthy description of symptoms from which I was impressed with two, viz.: had taken much medicine; difficulty in passing even soft stool, with great pain and tenderness in rectum and hot flatus; sore irritable bladder, frequent passage of hot, stinging urine. Gave aloes soc. 10th trit., my own make, a very small dose in powder once a day.

February 11. Symptoms better. s. l.

February 25. First meeting. She is a little over medium height; slender; red hair and complexion; bright, penetrating eyes; very emotional; impatient; restless disposition and very changeable moods; well cultivated and intelligent.

Digital examination. Bladder very sore and tender, especially the urethra. Felt through the vagina where the womb had not been sore. Rectum through the vagina very sore to touch and appeared as a bunch of soft tissues. With two fingers in rectum the first three inches in good condition. The coccyx was long, broad and rigid in the last joint. By pushing back the tissues forcing my fingers high up the rectum they came to the bunch of tissues as felt through the vagina, which was very tender to touch but revealed the shape of the fold of the bowel from above down in the upper part of the rectum. It appeared the rectum was retained in its proper place against the sacrum higher up than I could reach, and a portion of the sigmoid flexure and anterior upper part of the rectum had slipped down into the rectum, which may be called an intussusception or

telescope, and as the posterior wall was held in place against the sacrum, the fold formed a pocket, which, when filled with faecal matter, by its weight and tension on the strangled vessels and sore tissues necessarily caused great pain and necessitated the recumbent position. She often said it felt as if it were filling and the fuller it got the more it pained until she could pass it off, then she would be easier for awhile.

Frequent passage of scalding urine. *Canth.*<sup>mm</sup>.

February 26. Urinary trouble better. Hot flatus. Brown pasty stool. Much pain. *Aloes* s. <sup>30</sup> once a day.

March 4. General improvement but slow. *Aloes*<sup>200</sup>.

March 7. Taken with grippe. *Arum tr.*<sup>45m</sup> one dose.

March 8. Grippe better. Great flatulent pain in stomach, with difficulty in belching. *Arg. nit.* <sup>45m</sup> Sk.

March 9. Stomach better. Hot flatus. *Aloes*<sup>30</sup>.

At this date she is thoroughly convinced by the explanations, verified by the improvement, that the diagnosis is correct and the only one which has been correct. Though convinced of improvement she is getting very impatient because of its slowness and even sent for one of her former physicians, the one who had performed the hysterotomy operation, to come and make a new diagnosis and cure her quicker. He talked to her awhile and then declined the case. So she continued to take advice and not follow it. I

went through many changes of symptoms and many remedies until many of the reflex symptoms disappeared, and left a good collection of symptoms based on the red head and emotional disposition. When on

March 24 she got *Pulsatilla* <sup>mm</sup> and s. l., which kept things quiet till

April 2. Great pushing down in rectum and a darting pain from rectum up into the abdomen. *Sepia* <sup>cm</sup>, s. l.

April 22. All symptoms doing well but exceedingly sensitive to damp days. A damp floor or street always makes her worse. *Dulcamara* <sup>mm</sup>, s. l.

May 5. Had felt great soreness and something appeared to give way and soon after a fleshy mass as large as her finger passed and left her feeling better. s. l.

May 18. Has a feeling of something drawing up and hurting as if tearing loose. She now sits up much longer and visits her neighbors and sweeps her room. Sour, greasy belching. *Pulsatilla* <sup>cm</sup>, s. l.

May 28. Still improved.

When in the city during February her host jokingly told her she was suffering from growing pains.

June 17. Her hostess received a letter from her saying: "Tell Mr. F., I am done growing. I have no more growing pains, and I am getting well. I visit my friends all over the city and enjoy myself. I eat what I want and it doesn't hurt me."

The same day she wrote me describing a visit to the country several miles out and over a very rough road which she made in reasonable comfort, which she had not been able to do for several years, and without any bad effects afterwards.

I think it safe to conclude that she will be well in six months more. *Pulsatilla* <sup>cm</sup> is still working.

I hope to be able to report this case to the finish at our next meeting.

## CLINICAL CASES.

ERASTUS E. CASE, HARTFORD, CONN.

COLIC. ®

Aug. 25, 1895. A dark haired man of twenty one years spent the day in dissipation, drinking lager beer freely. He dined on ham and eggs, lunched on crullers and cheese, and took ice cream in the evening. He awoke from sleep at 10 P. M. with colic pain and has had frequent paroxysms of it since then (one and a half hours). During an attack he

will bite others if possible, or, failing that, will set his teeth in his own arm until the blood flows. Three able-bodied men have been trying to control him with only partial success. Subjective symptoms cannot be obtained. Objective symptoms—during pain:

Face red.

Eyes shining, pupils widely dilated.

Pains seem to come and go quickly.

One powder Belladonna <sup>200</sup> B. & T.

Only one attack followed, so much less severe that the medicine was not repeated. He rested well afterwards and was at work the next day.

#### OTITIS.

A black haired boy of eleven years has had pain in the left ear for two weeks under eclectic treatment. He has been unable to sleep, except when under the influence of quieting powders.

Pains stitching, upward, through the internal ear—better from heat; worse from noise.

Soreness to touch all around the ear.

Swollen cheek in front of the ear.

Face very red.

Foul odor from the mouth.

Delirium during sleep and on first awaking.

Fever temperature 103 degrees.

Worse since 3 P. M. to-day.

Apr. 3, 1896—Evening. Four powders Belladonna <sup>200</sup>, one every three hours until better.

Apr. 4. He fell asleep within an hour after the first and only powder was taken and rested well. No pain or fever to-day. Careful investigation showed that there had been no discharge from the ear.

#### SUPPRESSED FOOT-SWEAT.

A black haired engineer, aged thirty six years, single, has had offensive foot-sweat since childhood, which would

destroy the texture of stockings and shoes. Six months ago it was suppressed by applications of boracic acid. Since then the feet have been very dry, and, although in good health previously, he has been under constant medical treatment. His ailments developed in the following order:

First: Constipation and hæmorrhoids with dyspeptic symptoms.

Second: Pain in the back and lower extremities.

Third: Ulcerated cornea.

Fourth: Dandruff and itching eruption on the skin.

The constipation seems due to a sensitive sphincter which will not permit the stool to pass, although it is neither large nor hard.

The hæmorrhoids are moist, itch in the night, and become sore if rubbed.

The pain in the legs is worse when sitting or standing still, better from continued motion and when warm in bed.

Itching blotches on the body, worse when in bed.

Nervous twitching sensation in the skin.

Trembling sensation in the muscles.

Sleepless until 2 A. M.

Peculiarly sensitive to a draft of air since the foot-sweat was suppressed.

Dec. 3, 1895. One powder Silicea <sup>c m</sup> F.

Dec. 23. All symptoms better, except constipation and hæmorrhoids. Feet sweat a little and are offensive. No medicine.

Jan. 23, 1896. Hæmorrhoids better and bowels in good order. <sup>®</sup>

Two weeks ago itching began on the inside of the thighs, voluptuous, aggravated when warm in bed; after scratching, bleeding and soreness.

Foot sweat continues, but less offensive. No medicine.

Feb. 24. Hæmorrhoids still itch in the night.

No eruption now except on the feet, especially under the toes.

The feet sweat by day, not at night. No medicine.

April 25. The patient is restored to health. The feet sweat, not excessively, and without foul odor. The worst part of this story is that the boracic acid was prescribed by a homœopathic physician who ought not to have been guilty of such malpractice.

## PTOSIS.

A stout, light haired woman of forty four years has had irregular catamenia for five years, but none for eight months.

Subject to vertigo during the climaxis, not at present.

Partial paralysis of right upper eyelid all of the time; worse in the morning and when tired.

Bloated around the eyes.

Margins of lids red, encrusted, burning, agglutinated in the morning.

Lachrymation; worse in the morning and when using the eyes.

Sensation of sand in the eyes.

Awakes in the morning with excessive pain in the vertex, aggravated by the slightest jar; better, or ceases, after arising.

Sleepless before midnight.

Used to have encrusted sores in nares, not recently.

Nov. 23, 1895. One powder Nitric acid<sup>cm</sup> F.

Dec. 7. Feeling better. One headache only, that one on Dec. 1.

Since the prescription the soles burn at night. No medicine.

Dec. 26. Better still. Burning of soles continues, with itching, at night. For two weeks itching all over the body. One headache since last prescription. No medicine.

Jan. 16, 1896. No headache in four weeks. Eyes are well. The soles continue the same. Itching of skin is worse. Faint at stomach and must eat at 11 A. M. One powder Sulphur<sup>cm</sup> F.

Feb. 12. Vertigo has been troublesome for a week (old symptom).

Sores in nostrils (old symptom).

Itching of body better, now most troublesome on elbows and feet. No medicine.

March 18. Vertigo gone. No headache in three months. Itching much better. Nose continues sore. No medicine.

April 22. Reports health perfect.

In this case there was a question whether it were wise to give the sulphur. Nature had responded to the nitric acid and thrown out an eruption upon the skin and the patient was improving. Generally I would await its action, but sulphur symptoms soon followed the administration of the nitric acid and became more urgent as time went on. The result was good, but I wish the opinion of the members of the I. H. A. as to whether the sulphur was necessary to the cure of the case.

## EPITHELIOMA.

A slender, black haired mechanic, aged forty seven years.

His mother died from cancer in the stomach. He has had epithelioma nearly two years under eclectic and allopathic treatment. Ointments have been applied daily, and strict injunctions have been given against touching the affected parts with water.

The sore is located upon the bridge of the nose, is three-fourths of an inch in diameter, and covered with a thick, yellowish crust.

The inflamed surface surrounding it and extending onto the cheeks and lower eyelids is of a bluish color and covered with a brownish scurf.

Burning, itching, crawling and pricking sensations are felt throughout the affected parts.

He is fond of salt and eats it to excess.

Malaria was suppressed by quinine a few months before this disease appeared.

Subject to neuralgic stitches in the left temple.

The palms and soles sweat freely.

Unable to urinate in the presence of others.

Oct. 22, 1894. Ordered to wash his face carefully and keep it clean, but to put no more ointment upon it. One powder *Natrum muriaticum* <sup>cm</sup> F.

Nov. 6. The inflammation increased for a few days, but it is now subsiding. No medicine.

Dec. 6. A decided improvement is manifest. The crust comes off the sore at intervals of from five to ten days, and bloody matter escapes. Burning sensation in it when uncovered. No medicine.

Dec. 31. Sore smaller. Thinner crusts are formed over it. Surrounding inflammation gone.

Jan. 29, 1895. Sore now two-thirds the size at first prescription and improvement seems to have ceased. One powder *Natrum muriaticum* <sup>scm</sup> F.

Feb. 12. Improving. No medicine.

March 18. Since the last prescription he gave the sore a hard rubbing in the night, increasing the inflammation. One powder *Natrum mur.* <sup>mm</sup> F.

May 1. The present crust has covered the sore for three weeks and is not very thick. No medicine.

July 10. His grandson cut the sore open with the edge of his hat brim on July 4th and more inflammation in it. No medicine.

Sept. 16. Sore smaller; some burning in it. One powder *Natrum mur.* <sup>mm</sup> F.

Nov. 1. Better; no burning now. No medicine.

Dec. 10. The sore is now a quarter of an inch in diameter. A thin, light brown crust covers a raw, moist surface. General health good. The nervous inability to micturate in the presence of others is gone. One powder *Thuja* <sup>cm</sup> F.

Jan. 23, 1896. A dry crust only one-eighth of an inch in diameter remains. No medicine.

March 28. The nose is now healed and is natural in appearance except that the blood vessels are visible on the scar.

## LARYNGISMUS STRIDULUS.

While attending the I. H. A. meeting at Watch Hill in 1890, Dr. Fincke presented me with a vial of *Lachesis* <sup>12mm</sup> with the request to try it and see if any curative power still remained in that high potency. On the second day of the following September, a boy of two years was brought to the office, who had been afflicted with spasm of the glottis for ten days, the attacks increasing from day to day in frequency and severity. Soon after falling asleep, whether by night or day, he was awakened by a paroxysm. They occurred at no other time. No symptom save the time of aggravation was prominent. Here was a good opportunity to test *Lachesis* <sup>12mm</sup>, and a few pellets of it were placed on his tongue. There were two more attacks that day and none afterward. That potency has been used several times since then, always with good results.

## GANGRENA ORIS.

A dark haired girl of eight years has suffered with gangrene of the mouth for five days, under the care of an allopathic physician.

The ulceration covers the gums and inside of the cheeks.

Tongue ulcerated; so swollen that it protrudes from the mouth.

Saliva profuse, flowing from the mouth.

Fetor of breath intolerable.

A bluish tint on the skin shows blood disintegration.

Sleeplessness.

Exhaustion.



In earlier practice cases of this disease were cured by teaspoonful doses of an aqueous solution of Kali muriaticum crystals. In this critical condition, the first of the kind since adopting pure homœopathy, there was a temptation to go back to old methods. Then the question arose—If the high potency can cure diphtheria better than the low, why should it not be efficient here also?

Aug. 25, 1895. Four powders Kali mur.<sup>200</sup> B. and T., one every three hours.

The patient was better the next day, and the mouth was healed in a week without further medication. The recovery was more rapid than I had ever seen under the influence of the crude drug.

#### RENAL COLIC.

At 4:30 A. M., Apr. 8, 1896, a man awoke from sleep with a disagreeable sensation in the left side of the abdomen and faint sickness in the stomach. While wondering what was disturbing his anatomy in so unusual a manner, the cause was declared by a cutting pain in the region of the left kidney, the pain extending to the left testicle and to the glans, accompanied by a burning pain in the meatus, like an ineffectual desire for micturition. This soon caused a flow of cold perspiration, especially upon the forehead and lower extremities, together with great nausea. Although a man of fortitude, he groaned aloud because of the severity of suffering. Renal colic was recognized, and inasmuch as the patient was ordinarily troubled with flatulency, he received one powder Lycopodium<sup>40m</sup> F. The pain was soon relieved, leaving a sensation of pressure in the kidney, with an occasional twinge of pain, each arising from a point nearer the bladder than its predecessor. At the end of half an hour from its onset, the trouble was ended and the patient asleep. He attended to business on the following day with no reminder of the early morning experience.

“This is the disciple (of Hahnemann) which testifieth of these things and wrote these things, and we know that his testimony is true:” and it giveth him great joy to proclaim openly the wonderful anodyne quality of the dynamized homœopathic remedy.

#### DISCUSSION.

Dr. Campbell—Speaking about that case which you wanted criticised, I want to know what I am to do in the future; whether in taking the case we should not get the similimum and stick to it; or if we do not, if we merely get a palliative, and then have to change and give another drug afterwards, which was the similimum, the first or the last? There is a principle involved, and I think, either, we do not get the similimum at first, and we do at last, or we do get it at first and do not wait for developments. I have been exercised upon this subject for a good while, and am very glad it was touched upon.

Dr. Wesselhœft—It seems to me that the case could not have been treated any better than it was. I do not believe that we get, even with the most careful examination, *always* the similimum in the case, but we get that which is near to a similimum; therefore it is necessary, as has oftentimes been the case with the very best prescribers, to use a succession of remedies for the cure of a disease. In this case, I think it is very evident that the first remedy did all it could. New symptoms came up which pointed strongly to sulphur, which either did not exist or were not recognized at the first examination.

Dr. Case—They were not present at the first examination.

Dr. Wesselhœft—Consequently the picture of a case in treating it, changes. A remedy cleans as much as it can and no more. Then, in the second examination, that is, the second picture we get, we will have to be as careful as with the original examination. Many years ago, when quite a

young man, and soon after the provings of apis were published, I had the good fortune to cure a young lady, who at every menstrual nusus was insane, with this remedy. I reported the case to Dr. Hering and Dr. Lippe, and asked them what I should have done if apis had not come to our knowledge. Dr. Lippe replied: "You would probably have 'zig-zagged' her into health by pulsatilla, sulphur and graphites, which would have taken much longer, and you would have probably got there in a year instead of two months."

Dr. Allen — There is one very pertinent question in our therapeutics which has not only perplexed a great many of us, but it perplexed Hahnemann before us, and he laid down rules which are probably our best guides to-day. A second prescription is often the most important one, and very often the most difficult one, to make in the treatment of a case. To know definitely and exactly when the action of the first remedy has been expended, and to know definitely and exactly the call for the next one, and when to repeat or when to give a new one, is a very important question, and a question frequently, that if properly decided cures the case permanently. If improperly decided it sometimes mars the progress of the case very materially. Now, in this instance reported by Doctor Case, the symptoms called for nitric acid; it was the only picture he had. He could not have given anything else, and when this picture passed away, Hahnemann says he must take the next picture that comes to the surface. It is the totality of the symptoms that must always be our guide.

Dr. Clark — Go to Hahnemann and you will find that he has something to fit the case. He says, I think it is in the Lesser writings: "So long as the remedy which we have chosen for the positive, curative treatment excites no new symptoms, provided it has been properly chosen in the first place, it is the remedy for the case and should not be inter-

fered with"; but here in this case, we see there were new symptoms which came up, and unquestionably it was the only thing for the gentleman to do.

Dr. Custis — The Doctor's experience has helped me to answer some questions; when we ought to make a second prescription, and when we ought to go outside the prescription for the relief of our patients. I have been attending this Association for a long time, and I failed to meet to-day many friends that I have made. Unfortunately some of these members have fallen by the wayside, and do not prescribe as well as they used to. The question is often brought to me, why so many good Hahnemannians fail after awhile and go away off, and I think it is because they expect too much of their remedies without looking all over the case. That is only under certain circumstances. I will explain myself. I was very much pleased with Dr. James' remarks this morning. It showed that many of the physicians here do keep abreast of the times, and keep posted on all that is going on.

I have recently had two cases that applied to me for ptosis and accompanying paralysis of the side of the face. The first case was a boy about ten or eleven years of age. His mother brought him in and the first thing that attracted my attention when he entered at the door was the drooping of the eyelid. She told me that she had noticed Robbie could not talk plain; that when he laughed one side of his mouth went up. Afterwards her attention was called to the eye. I went all over the case carefully, as I thought, and got all the symptoms that I could, and prescribed for him. He came back in two days a little worse than he was on the first visit. I then went into the history of the case carefully and found that he had recently had a tooth filled for toothache, but there had been no return of the toothache, though that tooth was sore to some degree on touch. I went all over the symptoms again and prescribed for him, and on

the next visit he still showed no improvement. I made three prescriptions and the boy was no better. I was not tempted to give him toothache drops or anything of that kind, but I sent him back to the dentist and the dentist reported that there was nothing the matter with the boy's teeth, that he was all right. I went all over the case again, and decided that I did prescribe right; that there was something the matter with the boy or something the matter with the dentist; there was not any fault on the part of the doctor. I sent him to another dentist who was a friend, and told him the history of the case, and asked him to go over it carefully, and if there was the slightest suspicion of trouble in that tooth to take the filling out. He took the tooth out and found that the original filling had pressed on the pulp, the nerve pulp, that he had a very sensitive tooth and very sensitive nerve pulp. He sent the boy back with that report. I thought to myself I am going to learn something from this case, and am going to give him sac. lac., and I kept him on sac. lac. two weeks, and he recovered entirely. If I had expected to cure that child entirely with remedies I would have failed, and some other physician, who did not have as much faith in the remedies as I have, would have commenced to give him something to put him to sleep, and something to do this and something to do that. We must not expect to do everything with the remedies; we must always try to find the cause and remove that.

The next case that came also had a tooth filled recently but that was cured in two weeks with the first prescription, though the improvement was very gradual. The trouble was all on the left side. The lady had lachesis symptoms, with which you are all familiar. That was all that was necessary in her case, though I did not see the improvement for some days after I made the prescription. I had her case examined by the same dentist, and having faith in his judgment, allowed the fillings to remain and she was cured by

the remedy. The whole point is that we ought to have faith in our prescriptions before we make them, and then because we do not find the improvement, do not find fault with ourselves or our methods. Let us have faith in ourselves and in our remedies, and if they do not cure do not take the blame upon ourselves. Tell the patients that it is their fault if they do not get well; we then save our own reputations and we won't be tempted to use other means.

Dr. James—Sometimes in a case like that reported by Doctor Case, the sulphur may occasion the eruption to disappear, and then the old symptoms may return. Of course the proof of the pudding is the eating of it; consequently as the doctor succeeded with the sulphur it is all very well, but I am exceedingly careful when I meet with a case where an eruption comes out, I am careful how I make my next prescription. I am very unwilling to prescribe for an eruption on the skin following such a condition. I remember some years ago a case that had been for some years under the care of Doctor Lippe. He declared it to be cancerous ulceration at the pyloric end of the stomach, and the patient had an intense pain, some little vomiting of blood and occasionally of exceedingly acid fluid, and inability to take any kind of food except about five o'clock in the afternoon, when she would take a little toast and tea; then no more food until the next afternoon at five o'clock. Any departure from that rule was followed at once by intense suffering. Dr. Lippe being ill, and I having charge of his practice, the lady came to me for treatment. I gave her bichromate of potash, which relieved her very much. Of course I made a record of the case and left it there in the office, and Doctor Lippe kept up the treatment for seven or eight years longer. During all that time the pain was always kept under. He gave remedies as they were indicated, but always had to come back to bichromate of potash. Finally Doctor Lippe died, and then the patient came to me and asked me to take

charge of her, which I did. In the summer following Doctor Lippe's death, she came to me again and said that she was going to Europe and would I be willing to treat her across the water. The fact is, she was a German lady, and was born in Munich. She wanted to know if I would treat her in Munich, which I of course agreed to do, but I pointed out to her the long delays, especially in the winter season. She said she didn't care for that but must have that kind of treatment. She had immense suffering in Munich and I prescribed remedies that gave her more or less relief. Finally on a certain Thursday afternoon at four o'clock there came a letter to my office from her; it was in the winter time, and the letter was two weeks old. The suffering described in that letter was something frightful, and she absolutely refused to have any other treatment, or to have any physician in Munich. It ought to be said of her that she was a strict homœopathist and understands it. You cannot fool her with *sac. lac.*, and it is not worth while to do it, and she refused to have these physicians because she said they would not give her strictly homœopathic treatment, and they would not give potencies. She would not have palliative treatment, recognizing that her condition would be infinitely worse. That was her own argument. She wrote this letter to me and I was so distressed by it that, although it was two weeks old, I sat down and studied the case from four o'clock in the afternoon until seven o'clock in the evening. I came to the conclusion that *hydrastis* was the remedy, and went to the office and telegraphed a cable message, "*hydrastis*". It had only the one word, *hydrastis*, and my signature. She received that the next morning and took it to a pharmacist in Munich, who said that he knew about high potency homœopaths and knew of me, and he could put up the same kind of medicine. He did give her the thirtieth potency of *hydrastis*, and it gave immediate relief. She wrote a jubilant letter about the relief.

Then came another letter; an eruption had occurred on the right side of the body and was very severe indeed. The agony was something intense—pricking, stinging and itching as she described it. She said "I have been urged to put something upon this to relieve the itching, if nothing more, the ordinary baby powder, and she said I will not do so until I hear from you" I then wrote her a very strong letter protesting against it, and telling her that I feared to prescribe for the eruption, and predicting that if it were left alone it would gradually cease and that she would be free from pain, and true to the prediction, she did get over it. It got less and less—she wrote me every week, and finally it disappeared altogether, and the pain did not return for nine months. The next I heard of her she was in Paris. Then the pain came again, and she went back to Munich, and I gave her arsenicum album, and later arsenicum rubrum, and then yellow arsenic; the three arsenics, white, red and yellow, following one after the other, as they seemed to be indicated, sending her little vials of the medicine, as I knew that she was perfectly competent to be trusted with the medicine, relieved her absolutely. The eruption showed a disposition to come back; I warned her against prescribing or putting the slightest thing on it, even soap and water, thinking of a possible repression. The result was that the eruption died away of itself. The next I heard of her she came into my office smiling about a year ago, offered both her hands to me and declared that she was perfectly well. She is now in Philadelphia, and, as far as I know—I have heard of her within a few weeks, she has had no return of it.

Now, there is a case where I think I could have kept her permanently sick if I had prescribed any remedy for that eruption. I don't know that there is any parallelsim between that patient and that of Doctor Case, but it seems to me there is enough to warrant a suggestion at least, that it is at all

events a risk to give a prescription for an eruption that comes as a result of a fine homœopathic prescription.

Dr. Allen — I don't think it ever should be done.

Dr. Custis — I should like to make one exception. If, after prescribing, the eruption appears, and by examination of the history of the case you can satisfy yourself as to the remedy that would have been called for in the beginning, you are justified in giving it. I have had some cases of this kind particularly one where a lady who had been suffering from chronic rheumatism for a considerable time, was totally unable to walk. I prescribed for her and, after a time, an eruption appeared. Upon question I found that she had had that eruption or a similar one in the beginning of the disease, which had evidently on that occasion been suppressed. I was satisfied in my own mind that if she had had tellurium as the first prescription, she would not have had this long train of symptoms. I did prescribe tellurium, and she was able to look after and run after a child in two weeks. If you can satisfy yourself of the remedy that would have been called for in the beginning of the case, you are justified in prescribing it in a case where an eruption appears.

Dr. James — As long as Doctor Custis has spoken of a tooth case, I would like to tell a tooth case I had. I don't know whether it is really pertinent to Doctor Case's paper, but he gives the suggestion, and so I would like to tell it. I think it is a striking thing.

A gentleman, sixty-six years of age, who did not believe in homœopathy, and never had tried it, or certainly never anything like true homœopathy, went into his dining room in the middle of April when a cold snap came on, after fires had been banished for the season, and felt a chill. He had on the left side of his upper jaw the first molar tooth in a disordered shape, and the chilliness caused him to take a cold. The cold located itself at the apex of this tooth and inflammation with intense pain set in and a terrific abscess. This

abscess gave him excruciating agony. His gums swelled up, the hard palate swelled, and the outside of the face on the left side swelled enormously. Then he went to his dentist, and this dentist, instead of going to the root of the difficulty, which was the root of the tooth, concluded the thing to do was to lance. He did not seem to know where to lance, but he could lance, and, as there was a swelling, he plunged into that. The old gentleman told it very graphically; how he had gashed and gashed and gashed, thrusting the lance into the gum a distance anterior to this first molar tooth. Great quantities of dark blood came out; in fact, it was black, and came in strings, and the pain of the tooth was supplemented by the terrific pain of this gashing, as he called it, which did no good. Then the dentist gashed some more. This time he selected the median line of the hard palate, and there he gashed, and gashed and gashed, and this time he let out such a quantity of blood as to get scared. He communicated his fright to the patient, and the patient immediately became very much excited about it and went home. Then, when he got home, suffering terribly, he refused to see a physician, although his wife importuned him to have one. His physician was a celebrated allopathic one of Philadelphia. She wished him to have a homœopathist, but he would not have *any* physician. His servant however, offered him a glass of "salts" in water and he took it without hesitation. Immediately cholera morbus set in, with vomiting and purging, high fever, redness of the face and the top of his head, with severe indescribable pain there. Then he consented to see me. I came in and found first this cholera morbus condition. Not much account was made of the tooth by him because the pain had subsided, a very dangerous symptom. Then he consented to take medicine from me. Seeing the condition of cholera morbus I prescribed arsenic with immediate relief of the vomiting, and relief of the abdominal symptoms generally. Then I

saw his face was beginning to swell up again, but there was no pain, and I thought that very dangerous. The next thing I knew he began to twitch. These twitches began in the arms: then the muscular system began to twitch all over. He very soon was in an awful condition of convulsions—the convulsions of lock-jaw—with complete consciousness, and his face swelled more. I asked to examine his tooth, and I found it slightly loose; I gave it a twist with my finger and thumb, and burst the abscess. Immediately a profusion of pus flowed down on all sides around the tooth, and hung in drops from its crown. I then asked him to have the tooth out. He would not have it; he said it was necessary to fasten the plate of some false teeth. I felt that it was absolutely necessary to have this tooth out. The absence of pain had frightened me very considerably, and my fright was developing into a full fledged panic when I saw the convulsions, for I realized that I was dealing with impending lock-jaw. He began to strangle; he declared there were wheels going around in his throat, all the time he was conscious. After an hour of hard talking, I induced him to see a dentist. Meanwhile I had spoken to the dentist, and when his consent was secured, within twenty minutes the dentist was there and, talking to him. He finally interested the patient for he is a highly intellectual man and likes scientific subjects. The dentist began to describe to him a scientific way of pulling a tooth out, showed him how to put on the forceps, and said you just twist this way and that, and the tooth comes out, and there is not much pain with it. I warned the dentist that he didn't dare give any kind of anæsthetic, even nitrous oxide. Then the gentleman said, "well, you may pull it out," and the dentist said, "I have done so." "How," said he, "I didn't know it." Said the dentist, "here is the tooth." The patient was so benumbed that he didn't realize when that tooth was pulled; the dentist describing the thing and suiting the action to the word right along had drawn the

tooth. The pus rushed out of the antrum immediately, but still the convulsions kept up, and the case was getting rapidly desperate. With the help of Doctor Knerr's Repertory, which I consider a great book, I selected Valeriana for these two symptoms; *convulsions with full consciousness; convulsions of the extremities, in which he is perfectly conscious, able to use these extremities for any service that he wishes to put them to; has full command of his will power over his muscles to reach anything, or lift himself up from the pillow, but the instant that the will is taken off from the muscles, these convulsions return with great violence.* I gave him Valeriana officinalis in the hundred thousandth potency, putting it in water so that he should have some four or five doses. In three hours his convulsions were much worse; then I knew I had selected the right remedy and that there was aggravation. In twelve hours the convulsions had ceased entirely. From that time he made a rapid recovery, and finally became practically well. Meanwhile he had a brother who is a medical man, who became highly indignant because he had a homœopathic physician, although it was a matter of his own life. This brother is an invalid, is under the care of an allopathic physician, and the latter laughed at the case, sneered at the prognosis and sneered at me, suggesting that I was not fit to be a practising physician.

*Second Day—Afternoon Session.*

President Fincke—I wish to announce the appointment of Doctors Clark, Powel and Wesselhœft, a committee of three, for the purpose of considering the question of establishing a journal of the International Hahnemannian Association.

Dr. Clark—The auditing committee are glad to report that the Treasurer's account is found correct. Report accepted.

The Treasurer's report was then accepted.

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## A FEW SUGGESTIONS ABOUT MERCURIAL FILLINGS FOR TEETH.

WM. P. WESSELHÆFT, M. D., BOSTON, MASS.

Early in the sixties I had my first practical experience with these fillings. A middle aged woman doing housework in a neighbor's family asked me to cure a sore tongue from which she had been suffering several months. On examination I found a gouged out ulcer on the left side of the tongue, which lay against, and partially around a molar tooth. This tooth had been filled and built up with a grayish, glistening mass and had done good service for nearly eight months. In those days lunar caustic was the proper thing to touch all ulcers with, which would not heal, and she had been cauterized several times, each time leaving the ulcer in a worse, and more painful condition than before. I treated her as carefully as I knew how at that early period of my professional experience, but without any apparent change in the very sore tongue. After six weeks of treatment I persuaded her to have the tooth drawn, which she very reluctantly consented to, and I accompanied her to the dentist's chair the same day.

The tongue was thickened, the edges of the ulcer felt very hard to the fingers, and the pains were often sharp darting, but she complained chiefly of soreness which made eating, and talking even, painful. I suspected malignant disease.

The removal of the tooth was soon followed by improvement, and in a very few weeks the tongue was healed.

I firmly believe the ulcer was caused by the contact with the filling. Some people may disagree with me and exclaim *post hoc ergo propter hoc*. The woman, however, got well after the removal of the cause whatever that may have been in the minds of other people.

The second instructive case occurred in 1883. A young man twenty-four years old had to leave his studies on account of inveterate dyspepsia. He was taken to Europe after having finished with all sorts of drugging in this country, and went through the usual Carlsbad cure, where he only grew worse, and then was sent to Ragatz "to build up on the waters and the Swiss altitudes." He did not build up at all, but instead his stomach caused him more and more pain. When he came to me the main symptoms were as follows: Dull aching pain in pit of stomach, extremely sensitive to touch and pressure of clothing; Is usually relieved for a short time after eating; continual raising of gas, which gives only temporary relief; worse sitting up, better lying flat on back; General times of aggravation between 10 and 12 A. M., and again after 4 P. M.; Great aggravation from cold drinks.

This case I treated for over a year with what is usually called success, so that he could take up his studies again after a few months. Nevertheless, there remained constant recurrences of the old symptoms. One day he came in and asked me to look at his throat, as he had felt alternately cold and hot with intense pain on swallowing. When I looked into his throat, I saw a very decided follicular tonsillitis, but what interested me much more, was about two square inches of mercurial fillings staring me in the face. I gave him a remedy for his tonsillitis, and told him that I should decline to treat him after this unless he had every mercurial filling removed. This he did immediately, and I think he spent the most of three weeks in the dentist's chair. The fillings had been put in when he was about fourteen years old. The result of the removal of the fillings was a perfect, and permanent cure of his chronic gastritis.

In Dec. 1885, a young lady of twenty-seven years presented herself for a throat affection, which had existed for three or four months, for which she had been locally treated by a specialist, without relief. She had a fine voice, and



came to the city to pursue her musical studies. Her voice had so entirely failed her that she was on the point of abandoning her studies, and the specialist gave her little encouragement of a cure.

The symptoms were as follows: Sensation of a foreign body in the larynx, much aggravated by attempts at singing. After singing a few notes voice grows so hoarse that she cannot produce a tone. Has a constant desire to swallow this lump down. All symptoms of throat aggravated by any attempt to use the voice in singing. Is always much worse during damp weather. Has a slight post-nasal catarrh, with hawking up and drawing down of clear mucus. Is always better while eating, and then the sensation of lump entirely disappears. Has had much grief during the last two years. All functions normal, and she looks the picture of health.

On examining throat I found four molar teeth filled with mercurials.

I decided to try two remedies and if they acted palliatively or not at all, I should decline to go on with the treatment till the fillings were substituted by gold.

Ignatia helped her wonderfully for a week, then everything returned. Spongia relieved her for a few days only.

The fillings were removed, and one dose of Ignatia took away the lump and it has never returned.

I observed this case from December till May. From January 15 to May 14 she was able to sing, and had no more hoarseness, and made very satisfactory progress in her art.

A case of Ménière's disease treated by me during the last ten years is also instructive. I am fully aware what a vague term Ménière's disease is, and that it can convey no concise idea of the terrible misery this young school teacher was suffering from, till she fortunately came within the blessing of Hahnemann's teachings. It would be too long a story to relate here in detail. She had been a sufferer from intense vertigo, nausea and tinnitus, which came in paroxysms obliging

her to give up her occupation for weeks. During the intervals of freedom from vertigo etc., she was comparatively comfortable except a constant tinnitus, and dullness of hearing. She improved very much after Silicea, which was very surely indicated. Still occasional occurrences of entire incapacity to perform her duties recurred year after year during which time she reported every six to eight weeks without thoroughly eradicating these attacks. At one time she obtained almost two months of freedom after a dose Kobaltum given after the symptom of stinging pains from soft palate into left ear. The tinnitus, however, remained. Two years ago I had over a dozen amalgam fillings removed. When one of these fillings was opened to the base, a horrible odor came from the cavity; her dentist told her he had never smelt anything more foul, and dentists ought to know what a foul smell is.

Her health has markedly improved during the two years. The tinnitus she says is now "so far off" that she scarcely hears it. A ptosis of both eyelids has entirely disappeared during the last year. A chronic post-nasal catarrh gives her no more inconvenience. She told me a few days ago that she should never regret the inconvenience and expense of the removal of the old fillings, even if her head and ears had not improved, because she now felt that her teeth belonged to her and she could use them with real comfort, which was a new sensation to her. These fillings had been in her teeth since her girlhood.

I have several more cases, but I will only report one more. A young gentleman of twenty-five years appealed to me for the cure of an eczema which appeared chiefly on scrotum, pubis, and legs. As he lived in Brooklyn I advised him to consult one of our honored members, who I knew would take the case into careful consideration. The young man was tortured by the most intense itching especially at night, so that frequently he was kept awake three to four

hours. After nearly a year of treatment he derived no benefit whatever, and appealed to me again. After an examination of his case I came to the remedy which I thought surely indicated, but I knew that my astute friend in Brooklyn must have given it to him. Among other indications there was a fearful thickening and deformity of the nails of fingers and toes. Besides the eczema of scrotum, crotch and legs, he had a thick, crusty eruption on left ear, which was so disfiguring that he was obliged to throw up a lucrative occupation. On the left side of head above the ear a large crust had formed and the hair was closely matted down into this crust. The itching was intolerable in all parts of the body affected.

By the merest chance my attention was drawn to his throat, as he complained of some catarrhal irritation there. On examination I found a whole battery of mercurial fillings which he told me had rested there since his boyhood.

I knew the eczema was inherited as I had treated and helped his father of a similar eruption on the scrotum several years before. I knew also that my colleague in Brooklyn could recognize an indicated remedy far better than I could. I knew that the mercurial fillings were not inherited, and their existence had escaped the attention of my colleague who had treated him for months without benefit. I sent him home to Brooklyn with the order to remove every amalgam filling. I think he had sixteen removed. Then he came to our hospital as a private patient, as his appearance made it impossible for him to get into any other quarters, so repulsive was his condition. He remained here four months and I have the gratification to say that he is so nearly cured that he has resumed his work. The thick crust on ear has vanished. He sleeps eight hours every night. His finger and toe nails have improved wonderfully, and his mother sent me this message: "The Lord be praised that our son is again presentable through your ministrations."

Now this is all very fine and satisfactory. But I have something to offer per contra.

A young woman whom I have been treating for over a year for intense headaches, and an offensive ozæna, derived great benefit for the latter affection, but the headaches persisted although the remedies given were carefully chosen. She had a mouthful of amalgam fillings, which were removed at my advice six months ago. So far the removal has not in the slightest degree aided me in overcoming the headaches. She is still under treatment, but no better. I am, however, much more confident of ultimately healing her now that the amalgam fillings are removed.

*Per contra*, another case: A man of forty has had continual canker in his mouth, on tongue, gums, and cheeks since his boyhood. They have been especially persistent since a suppression of eczema fifteen years ago, since which time he has rarely been without one or two large ulcers in his mouth. I found he had a mouthful of amalgam fillings which he had carried since boyhood. They were all removed last October. I have treated him ever since and he is not one whit better since the removal and the treatment. Nevertheless I feel that I have removed a possible hindrance to his case, and if he "sticks" I hope to eradicate this psora from his system, which would probably be doubtful with the amalgams remaining.

The use of amalgam fillings dates back a great many years. No two are prepared under exactly the same formulas, but they are generally composed of silver, tin, zinc mixed with mercury. Some of them have platinum or copper also mixed with them to give them greater hardness, and to prevent their shrinking away from the margins of the cavity. Some are entirely of copper mixed with mercury, which gives the hardest kind of filling so far as saving tooth substance is concerned.

This paper is merely offered as a stimulus for further investigations. However, I advise you to look into patients

mouths if the indicated remedy fails, or acts only palliatively.

## DISCUSSION.

Dr. H. C. Allen—That is a very instructive paper and one from which we may learn a good deal. In my practice I am in the habit once or twice, or some times oftener every month, of sending patients to the dentist to have mercurial fillings removed. I have found that a great many cases of follicular pharyngitis, and many other affections of the throat, post-nasal catarrh, etc., are practically incurable until these amalgam fillings are removed. I have relieved chronic rheumatism many times after having the mercurial amalgams removed, and I think this is the experience of a great many in our profession.

I remember one case last winter, a lady about forty-five, a large, apparently healthy looking woman, came into my clinic with a very peculiar report. What she wanted to get rid of most was a tumor in the left side of the middle of the tongue, about as large as a walnut and hard as a piece of lead. On the upper portion of this was an ulcer, about as large as a dime; sharp, shooting, pricking, stabbing pains; profuse salivation; swelling of the carotid and sub-maxillary glands and, also, the cervical glands on that side. She had, I think, thirteen large amalgam fillings in her teeth and one tooth, a molar on this side of the mouth, almost entirely built up, the entire crown being of mercurial amalgam.

The first thing to be done was to send her to the dentist and, after two or three weeks, she returned with the amalgam fillings removed. Her case was then very carefully taken, and one peculiar factor in it, one peculiar symptom, was that for a number of years, since these fillings had been put in her teeth, she had only menstruated once a year. Psorinum was given her and pretty soon an improvement began, and within a month menstruation occurred, profuse, long lasting, painless, dark, offensive and clotted. This was

followed by a decided improvement, and in another month the tumor was nearly gone, and the ulcer, or whatever it was, healed up. She is still under treatment and far from well.

Dr. Clark—The experience of Doctor Wesselhœft goes to confirm the experience of all others who have given any attention to this subject. Doctor Gregg, of Buffalo, has given, or did give, more attention to it than anyone of whom I know, and some time before his death I wrote him regarding the subject, and he sent me a lot of literature on the subject including some of his writings. He had attempted to educate the public in Buffalo up to the point of avoiding amalgam fillings. He had written to the daily papers; there were quite a number of articles over his signature that he sent me. It is an important subject, and, as I said a moment ago, anyone who has given any attention to it will be able to confirm what Doctor Wesselhœft has had in his experience.

I had numerous instances of it. I remember particularly one young lady who was subject to attacks of pharyngitis. Ulcers would form; the medicine would help, and again another attack would come on. She had quite a number of amalgam fillings, and until they were removed she continued to have the attacks. So soon as they were removed the attacks disappeared and she has had none since. The difficulty is not confined to the throat, but there are symptoms in other parts, and it is always important to get rid of the amalgam before we will be able to do anything for the permanent relief of these cases.

Dr. Fincke—That reminds me of a case of a lady who was poisoned when picking raspberries in a wild place. Very soon a little greenish spot appeared at the second joint of the right little finger, which increased to an ulcer to such an extent that under the most excruciating pains she could find no rest night and day, and became so low that I

feared she would die. Finally a piece of flesh sloughed off, leaving the bone bare, and she gradually recovered. The tendon grew again and the finger was as limber as before. But the shape of the hand was afterward changed in so far as the middle finger was pushed forward toward the inside. Though this happened some fifteen years ago, there is still now and then a burning pain at the injured part, which is immediately relieved by a dose of Arsenicum a. 9c or 9m. When the ulcer was forming a great many tiny thorns could be observed at the place where afterward the flesh came off, but they were so small that they could not be removed. This was in August, but in May next my niece succeeded in getting out two small thorns from the fourth finger, which, when placed under the microscope, showed a fine barbed hook and after that such thorns came out spontaneously from different fingers of the right hand. What it was could never be made out. A farmer said there was a species of poison sumach which is more poisonous than the poison oak and poison ivy. The treatment was, of course, homœopathic.

Dr. W. L. Morgan—This discussion brings to mind an experience I had when I was practicing dentistry. There was a lady complaining of rheumatism or something else, didn't know what; had complained several years. She was limping a part of the time, walking on a crutch for a pain in the ankle without swelling, a simple pain, and described symptoms like headache. Finally she came to me to give some little attention to her teeth. I found three large amalgam fillings in the lower molars of the same side. She then told me about her trouble with the ankle, and after carefully investigating the symptoms all around I told her I thought those fillings were having a great deal to do with her ill health. Well, she said, take them out, then, and it did not take much persuasion till I took them out, and put in gutta percha filling. In about six weeks her ankle was well and

her headaches were well, and for three or four years afterwards she had good health and no trouble. Since that time I have always made it a habit to watch the mouth, when symptoms would appear that I could not get relieved by the remedies that seemed to be indicated, and I have always told them to go to a dentist and get the amalgam fillings taken out. I have found in a large majority of cases that it rendered the case curable, if it did not cure it without any other treatment. Only last week I directed one of my patients to have an amalgam filling taken out, on account of an earache and tonsilitis, with a swelling under the ear that resisted all treatment. I found a large amalgam filling on the lower second molar. I directed her to go and have it taken out and she did so just the day before I came away, so I don't know what the result has been.

## A CASE.

CAROLINE E. HASTINGS, M. D., BOSTON, MASS.

October 25th, 1895. V. S., a child about ten years old, came under my care, from the hands of an old school physician, under whose care she had been less than twenty-four hours. Yet in this short time she had been given twenty drops of the tincture of Digitalis in five drop doses. The physician had told the friends that the child would probably die. As she was in a boarding school, it had been decided that she must be removed to a hospital. The circumstances connected with the case made this necessity peculiarly hard and distressing, and I took the child into my own house, fully expecting from what was told to me, that the child would not live more than the day out. I mention this, simply to make it clear how it was that I was able to watch the case so closely. The night before the child came into my care she was very delirious. When I saw her she was semi-conscious, the left cheek fiery red, tongue coated

white, with red tip. Temperature 103, respiration about 40, pulse 120, slight cough, upper portion of right lung involved. Physically very quiet. Mentally very active. October 24, 12 M., gave Bry.<sup>m</sup> in water, and repeated once in two hours, three doses. After a few hours the child began to grow restless, the red tip of the tongue became triangular in shape. Cough, with rust colored expectoration. Temperature about the same, pulse and respiration more rapid, mental condition not improved. Gave Rhus. in water, three doses, at intervals of two hours. Result a slight amelioration in a general way, but nothing marked.

In the night (Oct. 25th) the patient began to scream, her face was very red, tongue dry, and she wakened out of a dozy condition, apparently frightened, tried to get out of bed, held the spoon with which liquid was given, between her teeth. Gave Bell.<sup>m</sup> three doses. On the morning of the 26th no amelioration of the symptoms, the cough was moist, rattling of mucus, but no expectoration. Mental excitement increasing. Gave Tartar Emet.<sup>m</sup> three doses. Result a decided amelioration of general symptoms, yet nothing marked. Repeated Tartar emet. one dose in water in the forenoon of October 27th. Soon after, the pulse dropped to 108, respirations less frequent, temperature not taken. Later in the day pulse 140, respirations 60, temperature 104, mental excitement very great, constant delirium, grasping, picking, and waving of hands; tongue dry and brown. No sleep for three days. On the night of the 27th about 10 o'clock gave Opium<sup>m</sup> Fincke, three doses in water.

Next morning October 28th, a decided amelioration of the symptoms, but no letting go of any of them. Noon of 28th gave one dose of Opium<sup>cm</sup> F. dry. A few hours later child is quieter, much less motion with hands, closes eyes as if to sleep, yet no sleep. Constant delirious muttering, respirations 60, temperature 102 4-5, pulse not counted on

account of the subsultus. Tuesday October 29th the improvement holds, but there is no gain. Gave Sulph.<sup>cm</sup> F. one dose dry, early in the day. By noon patient was much less active mentally and physically, hands quiet most of the time, pulse 100, respirations 40, temperature 101 1-2, quite drowsy. Through the afternoon the child slept for a few minutes at a time, but was tormented with a very peculiar cough. In the evening the temperature was normal, pulse 90, respirations 33. Would sleep but for the cough, which is very distressing and best described by the word screeching. No expectoration, but the effort to cough cost perspiration on forehead—forehead face and ears quite cool to the touch, pulse intermittent when asleep. Gave no medicine, but gave warm drinks. After midnight the cough nearly ceased, and child slept a good deal, and on the morning of the 30th was in an almost normal condition except for weakness. The tongue moist and clearing, pulse 75 and even, respirations 28 and easy. From this time the recovery to sound health was steady and rapid. The cough continued for a while, but gradually disappeared, and the child was quite as well as ever, and remains so to this time.

## DISCUSSION.

Dr. Hastings—I want this very freely criticised, because I gave a good many remedies you see.

Dr. Case—And cured the case.

Dr. Hastings—Was there a remedy that would have taken it from the start? Did digitalis complicate it?

Dr. Fincke—Suppose you had given digitalis in one hundred thousandth? <sup>®</sup>

Dr. Wesselhœft—I think the case was remarkably well treated, and we should not criticise it in any way. To give digitalis high, according to some, might have been the right course, but it was safer to give the best indicated remedy that she could find at each prescription. It was a masterly cure.

Dr. Clark—The giving of the various remedies reminds me of a case of acute phthisis. I have had but two cases of this malady in my experience, and strange to say, both started in the same place, Atlantic City. A young married woman about twenty-five years of age, while at Atlantic City on a Sunday was taken with a decided chill, with high fever, intense soreness from the top of her head to the soles of her feet. She came home immediately to Germantown; was unable to get a carriage from the station to the house, and walked perhaps three quarters of a mile. This was on Sunday evening. I was called to see her early Monday morning, and found her with very high temperature, I think it was 105, pulse between 140 and 150, great fetor of breath, intense restlessness, tossing about and continually crying for water. Of course the remedy was obvious, and I gave her one dose. I saw her again in the afternoon and there was no change. There was no question in my mind about its being galloping consumption. The only other case that I had ever seen had died, and I felt that certainly this would be fatal, the symptoms being so severe. But I knew nothing better than the remedy, so I gave her nothing more that night. On the next morning I went there, and instead of finding her tossing about the bed, she was lying perfectly still, intense pain in the chest, so painful that she could not move, and feared to take a breath, she still was thirsty, but there was no other change of condition so far as symptoms were concerned. What could have been done? Only to give the remedy that met that condition. In the evening there was no apparent change for the better. I went again the next morning; still the high temperature, high pulse and fetor of breath, in fact, every symptom was serious, but instead of being so quiet and not wishing to move, she was restless, but not the restlessness that had been present on Monday. Now she was like a child, throwing her hands about, unable to keep

quiet. Her condition reminded me very much of that of a naughty child whom nothing would suit. I gave her one dose of *Lycopodium* <sup>mm</sup>. In the evening the temperature was lower, the pulse was lower and, altogether, she was a great deal better. A nurse came from a so-called Hahnemannian college. On my entering the room after the arrival of the nurse, I found a decided odor of iodoform. I admitted plenty of sunlight and fresh air, and had the iodoform removed at once, and she made a rapid and permanent recovery. That is the only case of acute phthisis that I ever knew that got well.

Dr. Allen—What were the physical conditions, as to the lungs?

Dr. Clark—Intense soreness. The father died with tuberculosis and her mother is tuberculous.

Dr. Hastings—I don't think there were any indications whatever for *digitalis* high. Dr. Plummer reminds me that the child had pneumonia, when six years old and had been treated by the old school practice then, but had recovered; but perhaps she was bound to recover.

Dr. Wesselhœft—Perhaps she was bound to recover with any kind of treatment.

## PHLEGMONOUS ERYSIPELAS.

B. L. B. BAYLIES, M.D., BROOKLYN, N. Y.

On the night of Sept. 24th, 1895, I was called to Mrs. P., a stout, dark-haired woman, in a partially comatose condition, with rapid and feeble pulse, when aroused complaining of severe pain in the lumbo-sacral region, aggravated by turning in bed, lying most upon the left side. Yesterday morning she pricked a pimple, located immediately over the right tibia, and last evening had a general chill with sensation of internal coldness of the chest. After the chill, burning

heat, with disposition to uncover, drowsiness and lethargy  
 ℞ Bryonia 45<sup>m</sup> F., one dose, dry.

Sept. 25th. She has recognized no one to-day; restless and moaning, pulse weak and rapid. She wants to be covered. ℞ Arsenic. a. 5<sup>m</sup> F., one dose, dry.

Sept. 26th. Right leg erysipelatous, much swollen on the calf and inner side of the leg from the ankle to the bend of the knee. A flattened, circular, whitish spot, about one-half inch in diameter, at the middle of the tibia. The site of the original pimple was surrounded by dark-bluish discoloration. She has recovered consciousness, is still drowsy; the pulse somewhat fuller and less rapid. She dozed a little last night before midnight, and slept from 12:00 to 2:00 A. M. Head and leg pained on awaking; stings or stitches of pain in the side of the nape, between the head and neck, cause her to start at intervals. She likes the head elevated, the tongue trembles when protruded, the leg burns, aggravation from touch and pressure of the bed-clothes, but less painful under the blanket covering; aversion to milk and eggs. Much perspiration last night toward morning. No fever at present. ℞ Lachesis 40<sup>m</sup> F., one dose.

Sept. 27th. Pulse fuller, less weak, head dizzy the moment she raises it from her pillow; lower and more natural position of the head. Stings in the neck seldom; pain there starts her at times. Profuse sweat at night causes yellow stain of the clothing; diminished swelling of the leg. She was restless at 11:00 P. M.; took Ars. a. 5<sup>m</sup>, and slept after 2:00 A. M.

Sept. 28th. Was very restless all night, with much pain in the leg; the pain she said was "pulling, pulling all night"; rather more swelling and tension than yesterday; it seemed to her three times the natural size; color of inflamed region florid; aversion to being alone; tired of lying long in one position; relief from warm drinks; two or three mouthfuls at once enough. Respiration hurried. Leg re-

lieved by warmth and pressure. ℞ Arsen. a. 5<sup>m</sup> F., one dose.

Sept. 29th. Rested better; pain, redness and swelling diminished. No medicine.

Oct. 1st. Continued improvement; no suppuration; much sensitiveness of the leg.

Oct. 13th. Neuralgic pain at site of the former erysipelas. ℞ Arsenic. a. 5<sup>m</sup> F.

Oct. 15th. Absence of pain; general improvement; patient recovered strength.

Oct. 17th. No further treatment required.

#### PERITONITIS AND APPENDICITIS.

B. L. B. BAYLIES, M.D., BROOKLYN, N. Y.

Mrs. K., first seen by me February 1st, 1896, fifty-five years of age, had procidentia uteri and chronic bronchitis; the cough most troublesome and attended by most expectoration in the night, always obliging her to sit up in bed; was attacked two days before my visit by a chill followed by fever and inflammation of the bowels; the bowels were relaxed and passages most frequent during the night. I found her under allopathic treatment with three or more medicines, morphine, etc. There was general peritonitis and appendicitis, the abdomen acutely sensitive, pains shooting between the lumbo-sacral region and abdomen, and extending even to the nape of the neck; pain worse if attempting to lie on either side; she must immediately be raised to the sitting posture during severe paroxysms of pain, or cough, and expressed suffering in loud outcries. Fever with rapid, hard and irritable pulse; thirst for cold water: February 1st, Aconite<sup>200</sup> in solution with brief palliation of the restlessness and excitement.

February 3rd, Dioscorea villos. 45<sup>m</sup> F. without benefit.

February 4th, Pulsatilla 45<sup>m</sup> F. in solution, every three hours as pain might require. This arrested cough and

diarrhœa, and relieved the pain. Inflammation, distension and sensitiveness of the abdomen abated, subsiding last in the region of the caput coli, where a firm, indurated and sensitive swelling for some time continued. She had been unable to lie on either side, then could lie only on the right, finally at pleasure on one or the other, and rise in bed without assistance. The swelling in the region of the vermiform appendix gradually disappeared, and recovery was complete in the fourth week. She had during her illness repeated quotidian and tertian chills, commencing usually in the afternoon, followed by fever and sweat, and one preceded by profuse hot sweat, and suppuration was apprehended but did not demonstrate itself. Operation was considered at an early stage, but medicine preferred.

#### MEDDLESOME GYNÆCOLOGY.

P. C. MAJUMDAR, CALCUTTA, INDIA.

The more we study Hahnemann, the more we are struck with the sagacity of the great mind. His system of studying each case on its own merits, studying our patient on the one hand and materia medica side by side on the other is the true guide for the cure of patients. There is, according to him, no disease to treat, but patient to cure.

This is very nicely represented in cases of the female organs of generation. These delicate parts are susceptible of all kind of ailments from the slightest deviation of their natural function. These organs have great physiological functions to perform and in the right performance of them no artificial means are necessary unless we depart from the dictates of nature.

The less we tamper with them, the fewer will be the diseases of these organs. As it is in the healthy state, so to a great extent it is in disease. Very little interference,

either physical or dynamical is necessary to set the diseased parts right. Here our potentized, highly attenuated remedies are far better than the heroic doses of the old school physicians.

Manual interference is also little required if we know or try to know how to treat them. In India we have repeatedly observed how little instrumental help is necessary for these purposes. In this country our women scarcely allow a physician, even a woman, to examine their delicate parts, not even for operations and other manual interference. This fares very well with them, generally speaking. Instrumental gynæcology was almost unheard of before the advent of European physicians in this country. Hindus never allowed their women to undergo any kind of those operations which are of every-day occurrence in the western countries of the world. They almost invariably cured their women's diseases with appropriate remedies which are of immense value even at the present day. Strange to say, Hindu mid-wives had good medicine even for tedious labor.

I don't mean to say that our people never required any mechanical means and appliances for female diseases and safe deliveries. They sometimes required instrumental help. I merely wish to say that they are of rare requisition and applicable in extreme cases only. People in this country, and especially the older generation, have a strong conviction in their minds that since the introduction of European gynæcological arts various diseases of women are on the increase. They believe this is owing to undue interference and meddlesomeness on the part of European physicians and surgeons. They observe with deepest concern that modern allopathic medicines are quite helpless in dealing with female complaints; in fact they have no medicine except some irritating lotions and ointments, pessaries, etc. These, instead of doing good, are a source of great evil.

Though we are not totally of the same opinion with our older friends and relatives, we yet cherish an idea that there



is a great deal of truth in it. In our younger days when we were fresh from college (allopathic) we used to entertain an idea that our people know nothing about surgical art and science, so they dread manual interference in diseases of female generative organs, but since our conversion to homœopathy, a true Hahnemannian homœopathy, we come to know how beautifully these cases are curable by well-selected internal remedies alone. Many of our best homœopathic physicians know how nicely they can cure cases with the highly potentized homœopathic remedy according to strict indications. The conviction is gaining ground in this country that homœopaths have good medicines for female diseases, so they don't require undue interference.

Some years ago I was called to see a young lady with prolapsus of uterus. She had been under allopathic treatment for a long time with pessaries, injections and so forth without any benefit. She told me, after continual use of pessaries for a month she noticed the protruded parts inflamed and ulcerated and that caused her a good deal of pain and suffering. Her attending physician with a consultation declared that she will have to use these all her life, permanent cure being out of the question. I took down all her symptoms and with a dozen doses of *Sepia* 30, brought her right permanently. The allopathic physician in charge of the patient was quite struck with the marvellous effects of my medicine.

Another young Hindu lady had an attack of pelvic cellulitis after child-birth. She was under allopathic treatment for a whole year. An abscess formed, which burst of itself. All kinds of lotions, injections and external means were tried. Tonics and stimulants in abundance to no effect. Fistulous openings formed, through which pus used to come out freely, debilitating the patient to the extreme. Ovarian irritation resulted with intense pains and suffering, especially in the right ovarian region. A few doses of

*Palladium* 6 gave my patient rest and respite from pains, subsequently I administered *Hepar sulph.* 30 with marked effect. Pus gradually decreased; fistulous openings closed up and the patient was cured in a month and a half. I sent her up to a bracing climate and she was all right.

I think if I had gotten this case earlier, I would have cured it with homœopathic remedies without pus and fistulous openings. These cases show clearly how our medicines are of immense value in even obstinate female diseases. I had an occasion when in America to see an operation for extraction of ovaries in a poor woman by an eminent gynæcologist. I took down the history of the case and was told this woman had severe neuralgic dysmenorrhœa and was treated homœopathically for some time without benefit. The surgeon told me that she must have some serious disease of the ovaries. After operation we found nothing the matter, only a slight congestion and enlargement of the ovaries. I remarked at the time that this case might be safely and permanently cured with well-selected homœopathic remedies. I was then told that she had a few doses of *macrotine* 3rd trituration and that appeared sufficient homœopathic treatment. I regret to notice such things.

These I consider as meddlesome gynæcological interferences.

Another effect of meddlesomeness in female diseases consists in propagating one woman's disease into another by means of instruments and fingers of the operating surgeon. These are to a great extent remedied by scrupulous cleanliness and other precautions, but still we have no doubt there are chances of them.

We often found constant examination and handling of the parts, merely to satisfy idle curiosity of diagnosis, brought on bad consequences. By these procedures chronic irritation, inflammation and subsequent induration of the parts take place. When these bad consequences

happen the case becomes incurable. I had the painful duty to see a rich and elderly lady suffering from all kinds of ailments of her system. She had simple leucorrhœa. Constant examination of the parts by a mid-wife, who was retained in her service solely, produced irritation of the parts and inflammation resulted. This inflammation was treated by injections of various kinds and purgatives. Leucorrhœa was, no doubt, stopped at the beginning, and what happened? A hydra-headed monster chronic disease with various off-shoots appeared, and ended the earthly existence of the poor lady.

Another rich lady came under my treatment last winter, with a large uterine fibroid and lots of other complaints. I treated her for leucorrhœa long ago with somewhat satisfactory result. She also had a retained woman doctor at her service. I interdicted all undue manual interference by her. She grew dissatisfied with me and the treatment was changed. A peculiar, unknown medicine was given to her, the leucorrhœa stopped then and there, and was followed by a dire disease which led her to the grave, and ended her mortal suffering.

It is for these reasons I say undue interference and meddlingness, both manual and external in cases of gynæcology, produce more harm than good. We Hindus do not allow our women to be ransacked in this merciless way under the garb of science of healing. I say we are perfectly right in many cases and I beseech all our American and English homœopathic gynæcologists to search after a similitum in preference to the the knife, syringe *et hoc genus omne*.

## DISCUSSION.

Dr. Hastings—I think that a foreigner in using our language often gives us a peculiarly fitting use of a word which we are not in the habit of giving. I do think that word "ransack" is especially fitting in this instance.

## ERYSIPELATOUS ARTHRITIS.

FRANCOIS CARTIER, M. D., PARIS, FRANCE.

All the general and infectious diseases may be accompanied with articular manifestations more or less acute.

The prevalent infections, blennorrhagias and scarlet fever, are the infectious arthritic diseases most commonly observed, but erysipelas as a complication is rare, and I seized the occasion of a case under my observation in the hospital of St. Jacques to compile these few notes.

My patient, a young woman of eighteen years, had a serious erysipelas of the face and scalp. Temperature vibrated between 39 and 40 degrees. Intense delirium, jumped out of bed believing herself in the street. Many times the nurse found her in the middle of the room, the prey of this delirium.

Apium virus was given during the entire illness. Little by little the temperature diminished, the delirium ceased and the patient entered upon her convalescence.

Two days after the fever had ceased the young patient felt in almost all of the articulations a general relaxation, and a quick, sharp pain at her neck and elbows. Motion was very painful at the neck and the symptoms resembled those of torticollis. There were no swellings in any of the joints, and at the end of eight days, with Bryonia as a remedy, the phenomenon of articular relaxation disappeared. As Bourcey has well demonstrated in his study of pseudo-infectious rheumatism, this has nothing to do with true rheumatism. The arthritic disturbance arises from the primitive infection or from a secondary associated infection; which is established more conclusively each day by bacteriological and clinical evidence.

In their evolutions the articular localizations clothe themselves with two forms. 1. Very light, transitory, entirely ephemeral—like my personal case. These are the simple

arthralgiæ, excessively acute in some cases, but accompanied almost never with deformity of the articulations, and they get well without leaving any traces. 2. When the first illness is in its decline one or more of the articulations are inwalled by enormous inflammatory swellings, becoming very painful and at the end showing fluctuations; it produces one of several pyarthroses (prevalent arthritis), susceptible of causing articular disorders and necessitating arthrotomy.

Between these two extreme forms of arthritic infections you may find another variety called "plastic." This is very frequent in the course of blennorrhagiæ but manifests itself more rarely in the other infections. It can, however, show itself in the case of erysipelas. The Grandmaison reports a typical case. The pseudo-rheumatic erysipelas, like the pseudo-blennorrhagic rheumatism does not localize itself necessarily at the articular surfaces. It can, however, encroach upon the sheaths of tendons.

Arthritis as one sees it is not always of the suppurating variety. The streptococcus is not inevitably destined to produce pus, besides in erysipelas it engenders only a strong exudation, sero-fibrinous in its nature with Diapedése Leucocyttique very abundant, but not the true suppuration. Side by side with this infectious agent it is necessary to admit that the soil is a predisposing cause for this arthritic erysipelas; however, my patient had never had pseudo-rheumatism.

#### KEYNOTE SELECTION OF REMEDIES.

J. P. VAN EVERA, M. D., PASSAIC BRIDGE, N. J.

We have before us an eruptive disease extending over the entire body including forehead and scalp, coming in successive crops. It has the appearance of arsenicum poisoning

yet arsenicum does not cure. We learn that the trouble is specific, yet mercurius has no curative effect. By careful observation and visiting the patient at *night* we find a symptom and have struck the key-note: The *patient cannot sleep at night without apples*. Inexpressible and unconquerable desire for apples; no other fruit would do. After a diligent search we find the symptom among the provings characteristic of antimonium tartaricum and antimonium tartaricum only, so far as I can find. *Query*: Why did not *apples* make the cure as did the drug producing the symptoms? The many remedies having similar symptoms did not make a cure, while the remedy with a symptom belonging only to itself did the work to the end.

It is my opinion that sulphur in any form aggravates a case of this kind, unless it may be hepar sulphur and then only after salivation by mercury. A case treated homœopathically, in my opinion, should never have the latter.

Next we come across a woman with real or imaginary uterine trouble. She has had local treatment and medicine from both schools. She has had no miscarriage but has done almost everything to prevent conception. She is suffering from nervous prostration. She wanted local treatment because she thought a constant leucorrhœa called for it. Absence of the characteristic odor of kreosote threw the attending homœopathic doctor off the track, but a constant complaint of a pain "like a ball of fire" in the abdomen led to the selection of Kreosote, and that remedy alone made a cure in three months, to the great astonishment of all concerned.

Another patient can retain food of any nature for about two hours; then begins vomiting with intense burning of œsophagus which extends to the stomach. This condition lasted for months; the patient became emaciated and the doctors despairing and undecided as to diagnosis, whether cancer or ulcer of stomach. This case responded in a

marvelously short time to Nitric acid and went on to complete recovery, no other remedy was given.

All remedies given in the 200th potency.

Dr. Hastings—Has not aloes also that desire for apples? It is my impression that aloes has that.

#### ALERE A CASE OF DROPSY.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

Mr. J., about seventy-two years old, moderately stout built, blue eyes, dark brown hair, active for one of his age, had been a hard working farmer all of his life until three or four years ago; had been troubled with rheumatism more or less for some years, accompanied with indigestion (stomach would fill up with gas after eating) and an occasional attack of diarrhœa. The rheumatic troubles were mostly articular, worse in the hip joints, sharp, quick, stabbing pains. He was taken with a severe attack of diarrhœa, from taking cold or eating something that had disagreed with him more than common. I received a letter from an attendant giving his symptoms on September 1st, 1895, saying he had taken cold or eaten something that had given him a fearful diarrhœa. He had considerable pain in the abdomen, a kind of a sickening sensation, and at stool a severe sickening feeling about three inches (or seemed to be) up the rectum. A large amount of gas would pass off with the stool with very loud noise and a force which would scatter a watery stool all over the vessel, a brownish, watery offensive matter which was very small. He had to go at once as soon as the sensation came on, and could not tell whether it was fecal matter or gas which had collected, so he had soiled himself several times. I was asked to telegraph the remedy. I did not send a dispatch but wrote them a letter as what I wished to say would be too long. But before I got their letter the friends got alarmed and called in an allopath, so I did not hear anything further for

about two weeks, when they said that they had called in an allopath and he had checked the diarrhœa, but what he had given they did not know, and that now he was all bloated up. His legs, feet, thighs and abdomen were just as hard as they possibly could be, and he could not lie down but had to be propped up in a large chair, for if he attempted to lie down he would smother so that he would have to get right up again. As it was he had to sit stooped over and gasp for breath. If they would press the thumb or finger on the leg it would be some time before the dent would again fill up. The allopath said that nothing more could be done for him, that he could not live more than two days at furthest, as no one in his condition had ever got over it; all had died. I sent him one dose of Nux v. <sup>1m</sup> to be taken dry at once, also seven powders of Blatta orien. <sup>6m</sup> to be put in water, and after waiting four hours to give him one teaspoonful every two hours until better, then to cease as long as the improvement should last. Previously he would not pass more than a small teacupful of urine in twenty-four hours, which was very dark colored and of a strong odor. The first day he passed more, and they kept on giving the Blatta for four days, when they could see a decided improvement. In a week he could lie down, but must have two pillows under his head. The allopath and his friends said that "he could not get well but would be taken off very suddenly." In two weeks he could walk about the house. By this time they thought that the improvement had ceased, and they prepared another powder and gave it the same as at first. In three weeks he could put on his boots and go out on the street. The fluid had been absorbed, his appetite was good, and he said that he felt no inconvenience. He has had no trouble of the kind since or I should have heard of it. The allopath still says that it is only temporary and that he will go off suddenly without notice. My reply was "please keep your hands off and I will run the risk."

## DISCUSSION.

Dr. Hastings — What was that remedy ?

A Member — Oriental cockroach.

Dr. Baylies — I used it successfully in a case of ascites with general dropsy, complicated with albuminuria many years ago. The man was at the same time very sallow and jaundiced. The remedy had a progressive, recuperative effect, and no other medicine was required.

## CLINICAL CASES.

B. FINCKE, M. D., BROOKLYN, N. Y.

I. *Constipation.*

Mrs. McCormick fifty-odd years, 1867, Nov. 29. Pains all through her. No rest, no appetite. Constipation, had no stool for three weeks. The piles came down, as large as hazelnuts, stinging, she counts five of them. Red flies through her sight. Staggers in the street and cannot see because the pavement looks like splashing fire. Cold runs down her back like a splash of cold water. A pain comes from the womb up to the heart, then she must hold on to something and shakes. Sometimes pain before passing water and then the urine looks reddish. Menstruation twice a month. Copious leucorrhœa in the intervals. She was led here by the hand because she could not walk alone. 10 A. M.  $\mathcal{R}$  Nux vom. 94m, one dose.

Dec. 3. After the dose of Nux 94m at 4 o'clock in the afternoon patient had a pretty natural stool and also yesterday. She was very bad on Saturday and Sunday and thought she could not live, because she had very painful uterine cramps but now she is better. Noise on top of head, can see well, the fiery sparks are gone. But she staggers from one side to the other. Pain starting from abdomen to heart like wind. Frightful dreams of bad people, dead

people. Tired and weary. Feet swelling. Some leucorrhœa.

$\mathcal{R}$  Sepia Cm.

Did not see her again but was told that she was well.

II. *Vaccinosis.*

1885. W. G., a boy seven years old, was vaccinated a year ago. The wound in the arm did not catch and healed up. But a pustule appeared at the foot which became very sore and would not heal for a long time. After that he suffered from similar eruptions on his body and extremities with general weakness. His legs and forearms are now covered with a flat pustular eruption with a red halo and a depression in the centre which when drying up itch. When scratching them they form sores. When one heals another comes.

$\mathcal{R}$  Variolinum 9 c three powders, one every night, dry.

Cured in a short time.

III. *Indigestion.*

1861, August 28. Mrs. S. Indigestion from new potatoes. Accumulation of saliva in mouth. Nausea. Pressure in epigastrium.

$\mathcal{R}$  Alumina 2500, two globules.

After this dose eructation of air with relief in epigastrium and sensation as if everything were diffusing. In the night cutting pains in bowels and one loose stool. After that well.

IV. *Scanty urine.*

1861, Aug. 31. Mrs. S. Swollen heavy. Some pressure in stomach. Urine scanty. ®

$\mathcal{R}$  Terebinthina 1m.

Sep., 2. Next day easier. Now as before. The urine had increased but now is scanty again.

9 P. M.,  $\mathcal{R}$  Terebinthina 2c.

Went to bed at 9 P. M. and woke at 11 P. M. with burning across the renal region, radiating toward the umbilical

region and like false labor-pains with tenesmus recti and vesicæ, followed by discharge of a little burning urine. Then three or four times loose stool each following the described symptoms and thirst without drinking. Some pain on top of head. Weak, but easier in stomach.

Then she was well.

V. *Diarrhœa.* The same.

1862, March 19. Burning in sacrum going toward the abdomen and watery diarrhœa. Chilliness.

9 P. M., R Pulsatilla 7m two globules.

She had no more diarrhœa.

The next day it went under the shoulderblades, then under the right shoulderblade with stinging through the chest anteriorly and sometimes worse on breathing, feeling like an ulceration underneath. This passed off soon and she was well.

VI. *Rhus-poisoning.*

1874, June 15. Mr. G., twenty-seven, tall, florid complexion, black hair and beard.

Was poisoned on decoration day, May 30th, probably by coming in contact with poison-ivy. After about five days little pimples broke out at the right forearm about its middle which since this day a week got very large. Dr. E. gave him powders which had no effect. They were very hot and burning. He pricked the blisters and patient afterward pricked them every night and morning. Then he put on cosmoline but all to no purpose. The burning is intense. There was one large blister as large as a pigeon's egg which he pricked twice as it filled again. The place occupies the lower end of the forearm and the whole wrist and has a bad angry look, there are large and small water-blisters on a shrivelled brown surface. The pain goes up the arm.

R Cantharis 90m in one-half tumbler of water, one teaspoonful every three hours, and Cantharis 50m one powder in

a glass of water, to be applied externally by means of linen rags wet with it.

June 17. The sore travels toward the hand. The large blisters being in front. It pains now only when moving the hand in pronation and supination. Sleep and appetite good again. Left cheek red, right one pale. Though everything is better he is discouraged because I promised a speedy recovery.

R Rhus tox Cm in water, a teaspoonful every three hours.

After a few days he returned and apologized and was very happy at the speedy recovery.

#### DISCUSSION.

Dr. H. C. Allen—It is a peculiarity which I have noticed a number of times in poisoning by *Rhus radicans*, and I don't think it is recorded, and that is the annual reproduction of the symptoms at the same time of the year for a number of years in succession. One of my colleagues was poisoned ten or eleven years ago on the San Jacinto river in Texas. He had a very severe attack at the time, taking him some weeks to recover, the swelling completely closing his eyes and mouth. Every season since that, in the same month, and generally about the same day of the month, he has had a recurrence of the symptoms. I attended him during one attack, and it came on very suddenly. His face was greatly swollen, the eyes were closed for three or four days. I would like to know whether any member of the association has ever noticed a recurrence of toxicological symptoms annually, under the poisonings of *Rhus tox*.<sup>®</sup>

Dr. Taft—I would like to ask the association where I can find a proving of *Rhus radicans*. I have had several cases where *Rhus tox*. seemed indicated, and when given in varying potencies, seemed to do little apparent good; then I changed to *Rhus rad.* and cured the patient. I have felt that *Rhus rad.* was a deeper acting remedy than *Rhus tox.* and would be glad to find a good proving of it.

Dr. Fincke—You might find it in Yahr's Symptomen Codex.

Dr. James—Doctor J. W. Thompson, of New York, has a very high appreciation of Rhus rad. and I have heard him lately several times complain of the Guiding Symptoms for not having Rhus rad. included. The editor of the Guiding Symptoms, now speaks of getting up an appendix which shall include the remedies which have been previously omitted; that is, those that are sufficiently well proved, and they will then be accompanied by a repertory on the same plan as this new repertory of the Guiding Symptoms.

Dr. Allen—I would like to ask Doctor Fincke if he has ever met with annual reproductions of the eruption in poisoning by Rhus tox. I have met a great many cases of Rhus rad. poisoning that had this annual reproduction of the symptoms, but in nearly every case I found it occurring in a patient of a tubercular inheritance.

Dr. Campbell—I don't see how you are going to tell whether it is Rhus rad. or Rhus tox.?

Dr. Allen—You very rarely find Rhus rad. and Rhus tox. growing in the same locality. Rhus rad. usually grows in a different soil.

Dr. Fincke—The late homœopathic apothecary Mr. Smith, in Brooklyn, could not even touch a bottle containing a tincture or potency of Rhus tox. without being seriously affected by it. His son, Albert, went to the New Jersey swamps to collect poison-oak plants for the preparation of the tincture. Both his hands got into a fearful state, being blistered all over. He applied camphor and everything he could think of in the store but he got no relief and no sleep at night. Then he asked me to prescribe for him and Rhus tox. 80m soon helped him and cured him in one dose. The case was published some twenty years ago in the Medical Investigator.

Dr. Campbell—Are we to understand from Doctor Allen's remarks that when the symptoms recur we are to

give Rhus rad. instead of Rhus tox.? I have a patient that does not need to go into the country to have the symptoms recur, if she goes where it grows, even without coming in contact with it, she always has the erysipelatous itch. Do you mean to say that Rhus rad. will prevent the recurrence?

#### CASES FROM MY NOTE BOOK.

R. E. BELDING, M. D., TROY, N. Y.

Madame J., æt. twenty-four, married nine years, slender, brunette, considerably deaf since childhood, was confined with her first child eight years ago. She seemed well during her pregnancy but when confined, although she talked rationally, she had no knowledge of what happened for the twenty-four hours preceding delivery. Soon after the birth of the child violent eclampsia set in, characterized by cold sweat over the whole body with desire to be uncovered. After the administration of several remedies, *Secale* <sup>200</sup> was given, which seemed to be just the remedy desired. She recovered her wonted health but was two days more in coming to a recollection of matters, and it was months before she could believe that she had been confined and that the child was her own. Later she was delivered of two children, then of a pair of twins, and last of all a single child was born to her in July, 1895. Nothing unusual occurred with her confinements, after the first, until this last one. With this she seemed to do very well for a few weeks until from overwork and a surplus of milk she weakened mentally and physically, becoming helplessly sick. An intermittent fever set in, characterized by much thirst for a little water at each draught and great restlessness about midnight, for which she received a powder of *Arsenicum* <sup>10m</sup>. Her fever left her and it was followed by profuse perspiration and restlessness with illusions of fancy. She wants no one near her, hates her

husband; calls him a liar; is cross and fault-finding; seems as if in a dream; fears she will lose her reason; fears her babe will starve. She is as deaf as a post to outward sounds but her own voice sounds to her like an organ. She has vertigo on sitting up and falls all of a heap or pitches headlong on the bed when attempting to lie down. She has no appetite but drinks greedily. The tongue is white coated, with red edges, indented, and feels as if pricked by needles when swallowing. The bowels were loose, but now are constipated with no desire for stool. Later she manifested no interest in her babe and would roll upon it if left to herself. She has had no sleep for several nights. Her pulse is 105 and weak. The babe was taken from her and she was given one dose of Calcarea 7<sup>oo</sup> (Fincke). Next day I found that she had slept two and one-half hours. A steady improvement set in and in a few weeks she was her old self with her hearing as before her illness. Her friends had no expectation of her recovery and thought it a marvel that her reason was restored, as they predicted permanent impairment of the mind.

Ethel B., æt. three years, a blonde, always delicate, has gradually acquired the following symptoms: frontal headache; irritability of temper; stuttering, stammering, nasal, hoarse, husky, whizzing speech. She is slow to begin her speech; cannot get out the first words except she sings them. Spasmodic opening and shutting of the eyes; rapid winking; moaning in sleep and starting. Is hot at night and restless, with a poor appetite, and constipation with large stools in balls like marbles, packed together. She cries out during defecation. She often falls while at play and is very cross. I gave her Sanicula 5<sup>om</sup>, two doses within twelve hours, on March 4th, 1891.

On the 18th, she had improved in many respects, not winking so much, and her speech was much better. She was still suffering from constipation and her temper was no

better. She sleeps well. No medicine was given. April 2nd, the report was that she had been better but now has a partial return of winking, stammering and constipation, and she is very sensitive to censure. She grieves and cries at the least harsh word; rolls her eyes in sleep, which is very restless. A dose of Sanicula was given each day for seven days and on the 12th day of April she was reported no better. Lac Caninum <sup>cm</sup> was given in a single dose and May 11th her mother said she had been much better. Her symptoms are returning somewhat and she has bleeding with the hard stools and cries out at the time in great pain. Lac Can. was again given, a dose every five days, and this was the last of her trouble until the next March when the symptoms appeared in a less degree, when I gave her Sanicula 5<sup>om</sup> one dose, since which there has been no return.

Kitty B. æt. thirty years, has astigmatism of the left eye requiring to correct it a.-67, cy., axis 90, glass. Menses always scanty, colorless, preceded or followed by pain in sacral region, vertex and occiput. Heat on the vertex. Cannot turn over in bed when the pain is in the sacrum. Dislikes heat. She has a pain in the dorsal region which is worse about 4 A. M., and is of a burning character with a heavy feeling. A mild, milky leucorrhœa is worse after the catamenia. There is a whirling vertigo from any excitement, and a want of breath when ascending stairs. She is constipated with bleeding and itching at the anus. There is a feeling as if a ball lay against the rectum. Her hands and feet sweat profusely, but the sweat is not offensive. There is a scaly condition of the palms of the hands. The remedy chosen was Sepia <sup>cm</sup> one powder. In one month she reported herself as cured and took to herself a husband.

Mrs. E. P. D., on November 7th, 1891, who was the mother of five children while but thirty-three years of age, of slight build and of short stature, a blonde, awakens in the morning with the head thrust backward into the pillow, with



a drawing, pressing feeling in the occiput, and a burning smarting the whole length of the spinal column. She is somewhat improved by moderate exercise. She has had a leucorrhœa ever since she first menstruated. Her feet are cold and sweaty and offensive, with a tendency to blistering on soles and between toes. If she hurries she feels as if everything in her head was in a whirl, one thing going over another, and her hands become icy cold. She has complete relief after taking one dose of Syphilinum <sup>1m</sup>.

#### REMINISCENCES OF CURES WITH HIGHLY POTENTIZED MEDICINES.

W. E. LEDYARD, M. D., SAN FRANCISCO, CAL.

##### WARTS.

*Case I.* Girl about ten years of age; red hair, freckles. Hands, on dorsums and palms, almost covered with rough looking warts. *Calcarea carb.* <sup>200</sup> one dose dry.

In about two weeks, the warts had decreased in size fully one-half. The dose was then repeated, and in two weeks more, the warts had completely disappeared, leaving nothing but faint marks.

*Calcarea carb.* produces, and is therefore capable of removing many small warts that appear on various parts of the body; also warts which are round, present a soft base, are similar in color to the surrounding skin. The upper surface is hard, rough, whitish and horny. The *Calcarea wart* may appear, itch, bleed, and quietly disappear. Again it may inflame and sting; or it may even go on to suppuration and break down into an ulcer.

"*Calcarea* will remove warts from the mouths of sheep, when present in large numbers."

*Case II.* Man aged thirty-four; blue eyes; brown hair; of stout build; sweats easily and soon gets chilly; is subject to heartburn. Wart on nape of neck, the size of a large pea; hangs loose, attached only by the skin.

It swells and becomes very sore, if chafed by the collar. To-day it is black and raw-looking. As this case was being treated by correspondence, I applied for more symptoms and on the 13th of May received the following:—

"My husband laughed at the idea of sending to San Francisco for medicine for a wart. He was using *carbolic acid* to try and kill it. The wart is still sore, like a little bit of raw flesh; bleeds and *maturates*. Nothing is now applied but *sweet oil*, to keep the rag from sticking."

##### ANALYSIS OF SYMPTOMS.

1. Warts bleeding; *Cinnab.*, NITR. AC.
2. Warts suppurating; *Ars.*, Bov., *Calc. c.*, CAUST., HEP., Sil., *Thu.*
3. Warts pedunculated; *Dulc.*, *Lyc.*, Pho. ac., Staph., THUJ.
4. Warts inflamed; *Amm. c.*, Bov., CALC. C., *Caust.*, Hep., *Lyc.*, *Nitr. ac.*, Rhus t., *Sep.*, SIL., Staph., *Sul.*
5. Warts large; *Caust.*, DULC., Nat. c., NITR. AC. Nitric acid<sup>cm</sup> (Swan) one dose, dry, to be taken at bedtime. Sent by mail to Santa Ana.

May 26th. Received the following: "the wart is smaller and has stopped bleeding, but is now surrounded by large pimples, which look almost like warts coming."

June 6th. The following was sent: "My husband thinks his wart will be all right now. It is almost gone; looks like a little callous spot."

In the pathogenesis of *Nitric Acid* we read: "Warts; sticking and pricking; wart on upper lip smarts and bleeds on washing, painful to touch; soft, with a thin epidermis, and moist; large jagged, often pedunculated, exuding moisture and bleeding readily."

##### ABSCESS OF LABIUM.

*Case III.* In a young woman, of light complexion and slender build, one of the lips of the vulva became suddenly

affected with *intense pain, heat, redness and swelling*. A few doses of *Belladonna* <sup>200</sup>, and the occasional application of *hot water*, caused the swelling to suppurate, discharge and disappear in an incredibly short time.

*Suddenness of onset and intensity of pain* are very characteristic of *Belladonna*.

## GUM-BOIL.

*Case IV.* A young man, of dark complexion and brown eyes was affected with a *sudden and exceedingly painful* swelling of the gum, the pain being speedily relieved and the swelling quickly disappearing after one dose of *Belladonna* <sup>200</sup> dry.

*Case V.* A young man scratched the head off a small pimple above the knee. The vital force resented this interference with her work, and re-opened the safety-valve with a bang, in the form of an enormous *erysipelatous swelling of a bluish color*, with intense *soreness, burning* and great *uneasiness*.

Here was a perfect picture of our invaluable friend.

*Rhus toxicodendron*, which he received, at first, a *single dose of the 200th, dry*, followed, when the amelioration ceased, by *the same in solution every hour, for three doses, stopping if better or worse*. The case was virtually cured in forty-eight hours.

*Case VI.*—Tumor of eye-lid. Small sebaceous tumor, for many years located on the margin of inner canthus of right eye, *disappeared within a week after the administration of a dose of Calc. c.* <sup>200</sup>.

*Case VII.*—Tumors of eye-lids. Chinaman, aged about twenty-four; cook; very intelligent. Sebaceous tumor, *size of a small marble*, on left upper eye-lid, and on left lower eye-lid one the *size of a pea*; the former first noticed seven weeks ago, the latter three weeks.

*Heaviness* in left upper eye-lid, evening until bed-time; aggravated by gas light; slight aching in the tumors, with a

tired feeling in left eye, and the desire to shield it from the light.

*Calc. carb.* 200, one dose, dry.

In a week: No change in tumors. Morning, *nose-bleed, right side*; *yellow mucus* in inner canthus, occasionally.

*Puls.* 200, one dose dry.

A week later, reported as follows: Tumors look less red; *epistaxis of bright red blood* (right side) every morning but this morning, *while washing the face*.

1. Epistaxis while washing; Amm., c., Dros.
2. — in the morning; Amm. c. and many others.

*Ammon. carb.* 200, a dose, dry, at bed-time.

After another week, tumor in upper lid became red, swollen and painful until yesterday afternoon, when a little blood escaped. Now: There is *no pain*; the *swelling is less*; *soft and suppurating*, pointing, with small *yellow crust*. The tumor on the lower lid is smaller.

He had *no more nose-bleed after taking the dose of Amm. c.*, although he had been subject to it for four or five years, but more in summer than in winter, and sometimes in the evening as well as morning.

Report at the end of third week:

Tumor on upper lid much smaller, while that on lower lid is nearly gone.

Some months later reported that *the tumors had completely disappeared*.

*Case VIII.*—Sprained ankle joint.

A young laboring man "turned" his ankle, which became *extremely painful*, and, with the adjacent parts, soon became *much swollen, black and blue*.

For the greater part of a day a liniment was used, which had little or no effect in lessening the pain.

A dose of *Rhus tox.* <sup>200</sup> was given dry, and within forty-eight hours the patient was walking down the road without a limp, and positively asserted that he was perfectly

well. He may have also taken *Rhus* <sup>200</sup> in solution, three doses, at intervals of an hour, but I cannot positively remember his having done so.

*Case IX*—Stiffness removed from finger-joint.

Right fore-finger stiff and bent for twenty years. This happened after the reduction of a dislocation, which bent the finger back on itself, so that it lay on the dorsum of the hand.

Extension or flexion of the finger was impossible.

*Rhus toxicodendron* <sup>200</sup> was given, dry, on the tongue, and the patient was given the 500th, 1,000th and the 10,000th, to be taken, also dry, *in rotation*, once a week.

A week after taking the last powder, the finger was all right, and could be extended and flexed at pleasure—at least this was the report of the patient, who was a sea-faring man, on returning from the sea-voyage. He substantiated the same by showing the finger, and moving it in a perfectly natural manner.

His business would also incline one to think of *Rhus*.

*Case X*—*Apis Mellifica*.

While driving the writer was stung by some insect on the right lower eye-lid.

At once took a dose of *Apis* <sup>1000</sup>, dry. In about fifteen seconds the stinging had disappeared, leaving an intense smarting which lasted about the same length of time, when all pain had subsided, and not a vestige of the trouble remained.

*Case XI*. A cat kittened and lost her kittens. Some time after she mewed piteously and incessantly. On examination, the drugs were found to be swollen and hard.

After one dose of *Pulsatilla* <sup>200</sup> the mewling ceased, as if by magic, and her felinship was apparently well.

*Case XII*. A young puppy, taken from his mother and fed on undiluted milk, had passed no stool for several days, but urinated very frequently.

After urinating, he stretched out and lay limp, as though dead.

In thinking over the case, it occurred to me that *Veratrum album* had exhaustion after stool, or after a violent paroxysm of coughing, etc.

According, I gave one dose of the 200th potency. In a few minutes he was as lively as ever, and in fifteen minutes he had passed a stool.

He has been perfectly well ever since.

The "regulars" would have given "a good, strong purgative," thus removing the effect, not the cause. The mental symptoms improved first, as must always be the case in a true cure.

*Case XIII*. Woman about forty-five years old; florid face; stout; blue eyes.

She informed us that she was pregnant and engaged our services for the coming *denouement*, nine months or so hence.

The time at last arrived when the patient, believing herself to be in labor, sent for us.

As twenty-six years had elapsed since her last labor, we thought it prudent to go armed with a pair of obstetric forceps.

The woman was as large as at "full term," and appeared to be in labor.

A vaginal examination revealed nothing but an empty womb.

Percussion over the abdomen showed a large area of dullness extending from the left ovarian region.

The only symptom I can now recall was burning in the left ovarian region, which induced us to give *Bromium* <sup>200</sup>.

After a few doses and the lapse of probably not more than two months, the swelling and dullness completely disappeared, and our patient became as flat as in the unimpregnated state.

*Case XIV*. Diphtheria.

Cured by one dose of *Lac Caninum* 200.

Young woman nearly twenty years of age, small for her age, with light complexion and blue eyes, lay in an atmosphere of carbolic acid and chloride of lime.

She presented the following symptoms of *Lac caninum* :

Fever sores on lips.

*Throat* : in capitals, we have

Tonsils : soreness ; aggravation from swallowing ; and membrane in small patches.

The following in italics :—

Dryness : rawness ; pains extending to ears ; left side, and constant inclination to swallow. While the following occur in Roman type :—

Burning, cutting, fullness ; excessive discharge ; membrane scant, white, yellowish ; ameliorated by cold drinks ; aggravated by swallowing solids or saliva ; aggravated by touching neck. *Mental symptoms ; italics* ; fear of death ; restlessness.

Sleep : Profuse sweat during sleep. Restless with bad dreams.

This case began with menstruation. Under *Lac can.* we also have the rubric : "Sore throats are apt to begin and end with menstruation."

I haven't heard that the above case ended with menstruation. I have just learned that menstruation returned for one day, a week from the time the throat trouble appeared.

*Case XV.* Some time ago, we had a case of sore throat in a nursing woman. *Lac caninum* being indicated, was given, and cured the throat but almost dried up the milk.

This effect of *Lac caninum* is referred to in Hering's Guiding Symptoms.

*Case XVI.* For pain and swelling in the breasts where the milk continued to be secreted after weaning, a few doses of *Lac caninum* 200 speedily removed all trouble.

## REPORT OF CASES TREATED AT THE NEWTON REST-CURE.

JULIA M. DUTTON, M. D., NEWTON, MASS.

A year ago last May a private house in the suburbs of Boston was opened as a small sanitarium. It was planned for cases of neurasthenia, which it was proposed to treat by the methods of Hahnemannian homœopathy, Dr. William P. Wesselhoëft kindly consenting to act as consulting physician.

Realizing that the influences of nature contribute largely to recovery in nervous diseases every effort was made to obtain a suitable situation, and in this we consider we have been unusually fortunate. Only nine miles from Boston and six minutes walk from the railway station we yet have all the advantages of a country life. On a hill shaded by tall elms our house stands with an outlook over the distant hills and the wide kingdom of the sky. The air is pure and sweet and all the influences speak of "rest which is born of nature for healing." It is still the day of small things with us. We have but eight beds and these are not often all full. We have however been able to pay our running expenses every month but the first, and we recently have had a bed endowed by The Woman's Educational and Industrial Union. The work of their Befriending Committee brings them in contact with self-supporting women, many of whom need the rest and medical treatment our house gives in order to gain strength enough to fall in line again with the workers in the world. ®

We believe, Mr. President, your society will be interested in our efforts to prove, even on so small a scale, the advantages of pure homœopathy in nervous diseases. The year's record is not without its disappointments. The maladies of the master system of the body are often so complex and obscure that the search for the indicated remedy ends in

failure. "Why we failed" might be the title of an interesting paper, reporting these cases on which far more time and effort have been expended than upon the successful ones.

Among those which have come to happier issue a case of Ménière's Disease is related for description.

#### MÉNIÈRE'S DISEASE.

Miss A. E. H., æt. fifty, small of stature, so deaf conversation with her was difficult and so thin that one could count all her bones. Weight seventy-eight pounds. The deafness dated back ten years and during this time began troublesome ringing in the ears which still continued. Two years before, without any history of the suppression of a discharge from the ears, she began to have new and, to her, alarming symptoms. Often, on rising from lying down, but sometimes when walking she would be seized by vertigo, so intense it seemed to her as if the room went round like a squirrel cage, as she expressed it, followed, as she imagined, by a blow on the head which felled her to the ground. She did not lose consciousness, and when assisted to rise intense nausea and vomiting set in, which often lasted twenty-four to forty-eight hours. Under the impression that "these troubles all came from her stomach," as she expressed it, she limited her diet most rigorously, taking nothing but bread and milk, and very sparingly of them until, as her appearance and weight showed, she was in a semi-famished state.

What was the diagnosis? Ménière in 1861 collected a large number of cases and established the fact that patients, suffering from diseases of the ear, presented symptoms which seemed to originate in the cerebrum such as vertigo, uncertain walk, turning and fall, accompanied by nausea and vomiting. Syncope rarely followed. Usually the patient could give a perfectly intelligible account of the symptoms. When but one ear was involved the patient turned toward

the diseased side while if both ears suffered he fell forward. Many autopsies confirmed Ménière's diagnosis of disease of the semi-circular canals, and shortly after his paper Vulpian submitted to the *Societe de Biologie* the history of a cock who received in a fight, a violent blow on the head. The fowl was at first stunned but recovered temporarily enough to walk, but only in turning about in circles toward the injured side. Dying six weeks after the accident the autopsy showed a necrosis of a large part of the temporal bone of the right side, the semi-circular canals having disappeared. Charcot gives several interesting cases of Ménière's disease and points out the very similar symptoms which occur, first in cases of diseases of the ear, second in vertigo originating in the stomach and, third the vertigo which, in elderly people, often is the preliminary symptom of accidents involving the cerebral blood-vessels. Charcot emphasizes the number of mistakes he had known to be made by physicians who have failed to recognize the vertigo *ab aure laesa* and cites several cases in illustration. He grants the difficulty sometimes involved in deciding about obscure cases, but claims that the vertigo with deafness and disease of the ear, joined to a peculiarly sharp sound in the ears like the whistle of an engine, should always suggest Ménière's disease. As further characteristics he adds the pale face covered with sweat, looking more like syncope than apoplexy, the sudden falling to the ground, though consciousness is retained and the end of the crisis marked by intense nausea and vomiting.

Our diagnosis then seemed plain to us. It was, however, a very different matter to persuade the patient to accept this opinion. At great personal sacrifice she had formerly gone to Philadelphia to consult Dr. Weir Mitchell. When told that her trouble began in her ears, and not in her stomach, she said, "Oh, Dr. Mitchell told me that, but I knew better." So firm was her conviction of the necessity for the greatest care about her food, that it is doubtful if she could have been

made to eat, had she not been under immediate supervision at every meal. Her big eyes in their wasted sockets would follow the food about at table with the expression one sees in the eyes of a half-starved dog, yet so did her prepossession rule her instincts, food had really to be forced upon her.

Homœopathically the case was a simple one. Nux Vomica and Sulphur in high potencies were used while at the sanitarium. Good food, the absence of crude drugs and the homœopathic remedies combined enabled her to go home, after two months at the Rest-Cure, much improved in appearance, having gained ten pounds in weight. Silicea we believe to have been the similimum. With the use of these three remedies the attacks have entirely disappeared and the patient has resumed active work. Charcot says Ménière's Disease is incurable.

#### EPILEPSY (PETIT-MAL).

Miss N. M. W., aged thirty. Her inheritance is unfavorable. Her father and mother were cousins and there are tuberculosis, insanity and epilepsy in the family. All her brothers and sisters are invalids and several have died. Two years ago, under the strain of nursing her grandmother day and night, she had several attacks of unconsciousness which she described as lasting from a half hour to two hours. During this time she went about her accustomed duties, doing them with exactitude, but automatically. When spoken to she answered at random. The attacks past and consciousness returning, she resumed a sentence, broken off an hour before, as "I will go——and get your gruel" and was amazed to be told that not only had she got the gruel, but that she had gone through all the usual evening work of the sick-room, such as changing her grandmother's clothing, re-making the bed, and filling the hot water bottle.

Some time had passed after the death of the grandmother before the patient came to the Rest-Cure. In the interval

complete rest had aided her recovery from the exhausting effects of day and night nursing. What remained of her periods of automatism was simply an occasional loss of the last half of a sentence. Expressing herself haltingly and with effort all the time, occasionally a look of distress would pass over her face and she would stop abruptly. As the French graphically express it "she was absent." These periods of unconsciousness lasted only half a minute to a minute, when she would resume what she had to say where she left off. These attacks were so little noticeable that the other patients in the house spoke of her as "slow of speech," and thought no more of it. Beside these symptoms there were indications of mental disease. There were delusions of persecutions with unreasonably dislike and suspicion of the relatives who were supporting her. What was the diagnosis?

Trousseau in his *Clinique Médicale de l'Hotel Dieu* reports several similar cases which he calls "epileptic vertigo," and draws attention to the frequency with which physicians misunderstand these attacks of unconsciousness, considering the gravest disease by which one can be attacked, as a slight and unimportant affection. Dana in his text books on nervous diseases, alludes briefly to these rare cases in which the patient passes into a somnambulistic state during which he performs accustomed acts automatically and naturally, such as driving and walking, and says they may then be considered as a "psychical epileptic equivalent." Among Trousseau's cases, let me recall the priest who, while officiating at the altar, in swinging the censer, turned his head and made grimaces at the bishop, or in the midst of a sermon, interrupted himself to sing a few staves, he would then resume his discourse, entirely unconscious of what he had done; or the judge who rose from his seat, went into an adjoining room and talked incoherently for a moment, then, returning, reseated himself and continued his argument with perfect lucidity. Both unfortunate men were obliged to renounce

their profession on account of these seemingly slight disabilities. We must conclude then that our patient has a rare form of epilepsy, probably *petit mal*.

As regards treatment the homœopathic remedy was clearly indicated. Rarely does one get so many symptoms under one remedy it seems to me. Some of them were a cold patient, sense of a lump of ice between the shoulders; relief from heat; much exhaustion in the morning; anxious to conceal her confusion of mind; must hold on hard or would lose her reason; apprehensive, anxious, sure some misfortune was about to happen; terror of thunder storms; profuse and painful menstruation followed by great exhaustion; feet cold and damp; great aggravation on going upstairs, from sun, always chooses a dark day to go out; *Calcarea ostrearum* has been used at long intervals and in varying potencies eleven months, and it does not seem to have exhausted its healing power yet. The relief has been marked. When the patient is not so well we get a return of the same symptoms and so far they have always seemed to demand *Calcarea*. Her present condition, improved in all respects, shows the most marked gain in the mental sphere. A weight seems to be lifted from her brain. She talks as rapidly as most people do now, and only forgets single words when much tried. Her suspicions have vanished. She is good humored and light hearted. She walks erect and one hardly recognizes in her the stooping, hesitating figure of last summer. Though all symptoms are relieved the probability is they will recur in time, or under unfavorable circumstances. Certainly the interval is too short to consider a cure proved, though homœopathy has done much to relieve this interesting case of epilepsy.

The third case I do not label with a diagnosis. I am not sure. I leave this interesting but unimportant process to be completed by each hearer as he may see fit. Mrs. L. E. F., æt. thirty-six, has six children. The menstrual flow has

always been profuse. When a young girl at school it was thought she would bleed to death. After the birth of her first child, seven years ago, the flow became more profuse, being hæmorrhagic in character. Soon after the birth of her last child, a year before she came to the Rest Cure, severe rheumatic inflammation developed in the right wrist, pronounced gonorrhœal by the attending physician. The child also had an attack of ophthalmia considered gonorrhœal by other physicians at the hospital where she was. A year had passed since the birth of the child before the patient came to the Rest Cure, but she still had a stiff wrist and partially disabled hand.

Treated by an allopathic physician during the first violence of the attack, she had later had *Medorrhinum* in a variety of potencies with apparently little effect on either the hæmorrhages or the condition of the wrist. A physical examination showed a uterus measuring three and one-half inches and a spongy endometrium. An allopathic physician pronounced it a case which nothing but curetting could cure.

The symptoms were debility and great pallor, anæmia, catarrh, a profuse yellow green discharge drops from the posterior-nares into the throat; a leucorrhœa of similar pus like character, sweetish offensive odor, abundant in amount; a profuse hæmorrhagic flow lasting ten days and coming every two weeks, soaking through thirty-five towels. Probably fungoid growths on the endometrium. Shooting pains all over, worse at night. Would wake about 3 A. M. with these pains. Sleepy and tired at the time to rise. *Thuja*<sup>cm</sup>.

The next menstruation was after a period of thirty-six days; the flow decreased two-thirds. After two months interval hæmorrhagic flow returned and *Thuja* had no effect, indeed the symptoms had changed completely. Entire separation from a bad husband was ordered and a fresh start made in studying the case. After menstruation the

patient had an attack of tonsilitis with rise of temperature 100 degrees; the hair fell out and an eruption appeared on the palms of the hands, and the back between the shoulders. Hardly visible in the day, it came out at night, itching violently. Macular in character at first, it became quickly papular. The hair fell out abundantly. What was the diagnosis? The situation of the various disorders suggested specific disease, but the most important tests were lacking. The eruption itched violently and showed no tendency to take a circular or crescentic form, there were no enlarged glands, and the throat affection did not look in the least like mucous patches. While it was impossible then to establish the diagnosis, the symptoms looked at from a homœopathic standpoint unmistakably called for Mercurius. Notice the increase of suffering at night, the eruption itched only at night, worse from the heat of the bed, pains in the limbs worse in bed, falling out of the hair, fungoid growths in the uterus with profuse menstruation. Mercurius<sup>cm</sup>. A relief of all symptoms followed which lasted for three months. Then came an outburst of sulphur symptoms with a profuse eruption. I gave Sulphur<sup>2mm</sup> mistakenly as I suppose. At least, a lower potency would probably have cured more safely and gently. The patient had a serious aggravation—a profuse catarrhal discharge, heat and pains all over, an attack of tonsilitis going from the right to the left side. Since recovering from this the patient has been well enough to work and support herself. Menstruation is more nearly normal, than it has ever been in her life.

Other cases had been selected from the records of the Newton Rest Cure for report, but the three most important ones have taken so much space we must trespass no further upon your time.

## A BRYONIA CASE.

E. W. BERRIDGE, M. D., LONDON, ENGLAND.

January 28, 1896. A young lady had the following symptoms. Very great urging to stool, but cannot get relief, though she tried three or four times. Afterwards stool so hard and thick that it could not pass; she had to break it off. Tearing in anus and rectum during stool, and on the slightest forcing, even when passing wind. Anus very painful on the least touch, it is so sore. After stool, burning and throbbing at anus, relieved by sitting in hot water. Occasional itching of anus. After stool, blood comes away. Great pain on inserting the tube for an enema; it felt as if a number of pins were pricking all around anus.

*Bryonia*<sup>103m</sup> (F. C.) cured promptly.

The symptoms "stool must be removed mechanically" is recorded under *Aloes*, *Calc.*, *Sanicula*, *Selen.*, *Sepia*. This case adds *Bryonia* to the list.

## CLINICAL CASES.

JEAN I. MACKEY GLIDDEN, BUTTE, MONTANA.

## PYROGEN.

Mrs. E.—aged twenty, psoric diathesis.

Has been subject to sick headaches and sour stomach. Suffered greatly during each menstrual period, with dark coagulated flow. Pains like labor pains during whole period. Menses incline to anticipate. During period of pregnancy, has been well—with exception of burning in stomach which was greatly relieved by Sulph.<sup>55m</sup> one dose.

On March 9, '96 she was delivered of a fine baby girl—labor normal with exception of bringing the head through the lower strait with forceps—good hard pains, having no apparent power to move it. A slight laceration was at once



repaired and gave no further trouble. Everything progressed well until the evening of the second day when she began to chill and complain of frontal headache, dull, became restless, pale, anxious, pulse 120, temp. 101. Sharp, shooting pains through abdomen. Pyrog.<sup>50m</sup> was given in water, three doses one-half hour apart. The next morning she seemed well and continued so until the morning of the seventh day. Her husband on the third day after her confinement was taken sick with scarlet fever. The house was an apartment house and no room could be gotten for him. And no place in the city was willing to receive him so he occupied another bed in the same room. On the seventh morning after confinement the mother took two powders of Belladonna<sup>cm</sup> that had been left in the room. One-half hour after the first dose, she began to chill. One hour from the first dose she took the second but chilled for two hours, very cold from head to foot, before hot applications had any effect. At the time of the chills her head began to ache, so that she clasped it with her hands as if it had been suddenly struck and cried "Oh my head, nurse my head." She became very restless, said she was going to die and did not want the baby, of whom she was very fond, near her. I was called at 4 P. M. Her countenance was pallid and she had a strong smelling perspiration, sticky, —abdomen was very tender to pressure, lochia ceased, scarcely any milk, thirsty for small drinks and often. Pulse 140, weak and small, temp. 103. I gave Pyrog.<sup>cm</sup> six doses in water one-half hour apart. At 12 M. I called again and found her sleeping, apparently much improved. I did not disturb her. At my morning call the next day I found her in excellent spirits, weak but with no complaints to offer. She made a good recovery, although her strength returned very slowly. I believe the second condition was caused by disturbing the action of the remedy first administered by the Belladonna. Has any of our experienced and venerable members any experiences to offer in this line?

Is my conclusion right? I have many times seen the bad effect of a too hasty second prescription, but never to my mind so pronounced.

## VOMITING OF PREGNANCY. CALC. C.

Mrs. S., age twenty-six—medium height and weight, milky complexion and very fair hair. Six weeks pregnant. Is "deathly sick" at stomach, has been so now for two weeks, but getting worse every day. Last two days has retched almost constantly. Has eaten nothing. Cannot bear the mention of food, the thought or sight of it. Cries and retches if food is mentioned to her. Wants to lie on her back perfectly still. Sacral region aches, ameliorated by hard pressure, burning in region of stomach and sour taste with the retching. Burning in palms of hands and soles of feet—dry. Has always suffered great pain, like labor pains during whole of menstrual period. Before menses appeared—felt very ambitious, wanted to do everything and be working all the time. Menses every twenty-five days—rather scanty. Digestion usually good except for fats, which she dislikes. Calc. c.<sup>15m</sup> was given. A few minutes after the powder she said, "Could that medicine help me so soon? I believe I feel better." She made continuous improvement.

In my rather limited experience of ten years practice—my observation leads me to believe that the deeper the psora we find in individuals the more we may look for abnormalities in what should be normal conditions, and the constitutional remedy is the one that will eradicate the trouble because it reaches the cause. I would like to hear the question discussed.

## CLINICAL EXPERIENCE.

T. S. HOYNE, M. D., CHICAGO, ILL.

In a practice extending over many years one has many queer experiences, and recalls with pleasure the cases which

were successfully treated, or at least recovered under his guidance. Those which resulted disastrously, in spite of the utmost care on the part of the doctor, are also remembered with sorrow. A few examples will illustrate.

Mr. S., ex-mayor of Chicago, a fine gentleman of about sixty-six years of age, had been afflicted many years with valvular disease of the heart following an attack of acute rheumatism. Occasionally the heart symptoms were unusually troublesome, but yielded to the remedies given him by his former homœopathic physician (Dr. D. S. Smith).

At the time I was called to take charge of his case, the patient was unable to lie down, but sat in his chair day and night laboring for breath; his limbs were enormously swollen and were constantly oozing a sticky fluid which ran down to the feet in large quantities. Gangrene set in in both legs and feet. Several eminent physicians (both homœopathic and regular at the request of friends) were called in consultation and all agreed that death would result in a few hours.

I cut away the gangrenous tissue from the limbs and the feet, exposing the bones in several places, and had the parts thoroughly washed with carbolized water daily on account of the stench. Spongia was given internally for a time and later Carbo-veg. I had no expectation of accomplishing anything in this case, but a continuation of this treatment for a few weeks was followed by a great improvement.

One day the patient told me he was sure he would recover because his finger nails were again growing and they had not grown a particle for over three months. To make a long case short, after eight months of constant care, the patient was able to lie down and sleep, to walk out daily unattended and to pursue his usual avocations. Four months later, after unusual exercise in walking up a hill in St. Paul, his old heart symptoms returned and he died in two weeks, something over a year after his first serious illness.

The year was of benefit to him, inasmuch as he was enabled to make many arrangements for the future welfare of his family. This case teaches us that no matter how desperate the outlook the physician should not despair, but call into play all his faculties for the best interests of his patient.

A Miss R. annoyed me greatly, always complaining of little worms under the skin, which squirmed about and gave her no rest day or night. I asked her if they ever came through the skin, and she answered that they often did and that she had captured a great many of them. I greatly desired to see one and she promised over and over again to bring the next one she caught to my office. Remedies carefully selected did not seem to do her any good. One day she brought wrapped up in tissue paper what she claimed was one of the worms. Upon examination it proved to be a little sebaceous matter which she had squeezed out from her thigh. I appeared to be delighted with the worm, and said that I would now give her something to poison them. A few sac. lac. powders in pink papers had the desired effect.

One hot afternoon I was summoned to attend a stranger in my neighborhood, a married lady about twenty-five years of age. She kept crying all the time "I am dying! I am dying!" Could get nothing else out of her. An eminent physician of the regular school (Dr. Brock McVickar) who had also been summoned, entered the house soon after I did and we agreed in the diagnosis that the case was one of hysteria. There was no history of previous illness that could be learned and the patient would say nothing except "I am dying!" Ignatia was administered twice, about twenty minutes elapsing between the doses, and in one half hour the lady was dead. No post mortem was made.

At four o'clock one morning I was sent for to see a man in my neighborhood said to be having a hæmorrhage from

the lungs. I found the patient undressed in bed and unconscious, but nowhere could I see a spot of blood. The wife said she had changed his clothes when he came home. A regular physician in the neighborhood (Professor Roswell Park, now of Buffalo, N. Y.) was also called and arrived about the time I had decided to administer a dose of Belladonna for the, to me, apoplectic symptoms. His opinion was that the man was dying of shock, the result of an accident and insisted upon giving a hypodermic of brandy. The man died before or just as it was given. We agreed not to sign a death certificate without a post mortem examination, as foul play was suspected from what few facts we obtained. Neither of us did sign the certificate but the man was buried, the family having obtained the necessary papers from the regular family physician, who actually knew nothing about the case.

The facts gradually leaked out afterward that this gentleman had spent the evening gambling at cards and in the quarrel that naturally ensued, he was struck a violent blow which occasioned epistaxis and possibly hæmorrhage from the lungs and then unconsciousness. He was taken home in a cab, his wife informed that he had had a hæmorrhage from the lungs and then the parties disappeared, and thus no one suffered for his murder.

At the last meeting of this association I reported the case of a lady who predicted that she would die during confinement, of hæmorrhage, and fulfilled the prediction. This recalls another case where nothing serious seemed to be the matter aside from an ovarian pain. This patient, whenever she needed a physician, had employed the late Doctor Reeves Jackson, the accomplice of Mark Twain in his travels. One evening Dr. Jackson had been sent for on account of an intense pain in the left ovarian region, and not arriving soon enough, I had been called. All the patient complained of was this pain, but she kept saying

that she would die soon if not relieved soon. I had prepared but had not given Belladonna when Dr. Jackson entered the room. Being his case I resigned in his favor, but upon his invitation awaited the result of his examination. She died before a dose of medicine had been given, or in fact before anything had been done for her. The diagnosis was not made and no post mortem examination was allowed.

It was in 1872 or thereabouts that I was hastily summoned to a Mrs. H., a few doors away, said to be a woman sick at the stomach. I found her white as a sheet of paper, but while I sat looking at her I heard a dropping like water on the floor. I soon discovered that it was blood that was running through the sheet and mattress to the carpeted floor, where there was quite a puddle. Nausea was present, hence the husband had not lied. I asked who was the cause of all this and was informed that Dr. — had produced the abortion. I ordered him sent for at once and then went to work to keep the patient alive until he could get there. Ipecac. controlled the nausea and the flow, and when the doctor did arrive he was almost as white as the woman he had nearly butchered. With careful nursing and watchfulness the woman's life was saved. The doctor had a salutary lesson—which I believe he has not as yet forgotten.

## CLINICAL REPORT.

T. M. DILLINGHAM, M. D., NEW YORK CITY.

*Case I.* April 11, 1894, Mr. A., presented himself to me for what he called "flatulent stomach" after eating. He had had this trouble for four or five years, accompanied once or twice a month with severe vomiting attacks, the matter ejected always containing more or less blood. His ailment has taken such hold upon him that he has given up all business and is devoting himself to getting well. In fact, he is

entirely unable to attend to business, or even walk the street without liability to a sudden attack of vomiting, which has led even his intimate friends to believe that he is a confirmed drunkard.

During the year previous to his coming to me, he was hunting health in Europe, but did not find it. He was under the care of the most eminent allopathic physicians, who examined his blood every month, finding too little of this and too much of that, and who promised him after his return from Europe, he would be better from the treatment he received; an experience which he did not enjoy while in their society.

After five years of suffering, the last one in Europe under experienced physicians, he decided to try Homœopathy, and came to me. Several remedies were given him between the 11th of October, 1894, the date of his first coming to me, and January, 1895, when I discovered Bryonia to be his remedy. Now, whenever I find Bryonia strongly indicated, I suspect a suppression of some kind. I was unable to discover anything, however, in this patient until six months ago, when after general improvement, and almost total disappearance of his stomach trouble, gleet made its appearance. Then I learned that seventeen years ago, the real cause of his trouble occurred in Germany. While a student of law at Heidelberg, he was treated in the usual brutal manner, supposed to be cured; until the trouble appeared in his stomach, nearly costing him his life.

It is impossible to make the predominant school understand this sort of thing, but my patient understands it, and truly appreciates his deliverance.

*Case 2.* A gentleman of Southern birth, a resident of New York, came to me on March 1, 1892, in a most pitiable condition. He came to this city a perfectly well man five years before and became actively engaged in business, and is an exceedingly bright and interesting man (unmarried).

Three years ago, he acquired his first and only gonorrhœa. He immediately applied to his physician, a young allopath, also a Southerner, who gave him the usual treatment. Very severe strictures followed, and he was sent to a surgeon. Dilatation, after the most approved method, was now employed. After some months, very serious nervous disturbance began to manifest itself. After the use of the sound, spasms of vomiting occurred, which could only be controlled by heavy doses of morphine. A few months of this sort of thing reduced him from 140 to 120 pounds, and produced an irritability of the stomach, which was truly alarming.

When he came to me, the first attack, under my care, of intense retching lasted him more than a week, in spite of all that I could do, ice being the only thing the stomach could endure. Of course, I stopped the use of the sound, which was followed by a return of the stricture, and between the devil and the deep sea, I was in doubt about pulling him through. At least half of the time for two years, he was absent from his place of business. One year of that time under my own care. At the end of his first year with me, he was so discouraged that when he suggested returning to the use of the sound and his allopathic physician, I hadn't the heart to discourage him. After a month of it, however, he returned to me and is still my patient. During 1894 he gradually improved, the attacks of vomiting being rather less severe and of somewhat shorter duration. I prescribed as carefully as possible for apparently well indicated symptoms, but it seemed to be one of those cases, which are so complicated by a psoric diathesis, that to accomplish anything was really accomplishing a good deal.

Now, whether I failed to get the exact remedy in the beginning of this case, or whether it really required a series of remedies, which seems probable, it was not until I gave him Magnesia phos., that the cloud lifted and his vital force seemed to gain possession of him. The marked symptom

always was constant nausea, aggravated on the slightest motion; violent hiccoughs, most painful and lasting for hours; unable to take any nourishment without great aggravation; the stomach would tolerate only particles of ice, as dissolved in the mouth, and even this after a time was rejected. Much restlessness, with relief from heat, but no matter how restless, or to what part of the bed he went during the attacks of distress, he took the hot water bag with him. Since the first dose of magnesia phos., which speedily relieved him at the time, he has had no attacks of vomiting, has passed a very busy winter, is gaining in strength and flesh, and the strictures have so ceased to trouble him, that he does not mention them, except in reply to my inquiries.

Here is a suppressed disease, which requires magnesia phos., before I could cure it, just as the former one required bryonia. Of course, this man had bryonia, and for a time it was the only remedy which gave him any relief, and did much, I am sure, towards curing him.

*Case III.* On January 3, 1894, Miss V. A., a native of Ohio, at school in our city, came to me for treatment of the ears. Both drums were destroyed, and each ear held a ball of cotton to absorb the profuse discharges. These balls of cotton were supposed to slightly increase her hearing. The left ear contained a polypus, which was receiving local treatment twice a week, in the form of cauterization. The trouble originated eight or ten years before, after scarlet fever. She was very deaf, so that she could do no work in the classes with other scholars, practically requiring private tutelage. She had been constipated all her life, so far as she knew; had always taken physic; had headaches, a wretched complexion, and very offensive foot sweats; really a most unfortunate young woman. I gave her Nux vomica. Of course, it is not necessary to mention the potency. I think it is generally understood, or I might say fully understood that, unless otherwise mentioned, the

higher potencies, the single dose, or one or two repetitions are understood. There was no especial effect from this remedy, and I only gave it because she had been so dreadfully dosed. She got nothing more until March 20, when I gave her Silicea. Some improvement, probably having taken place under the last remedy, in a general way. No special result was observed from silicea. The polypus was growing quite alarmingly, and because she had been cauterized so much, I gave her Causticum. During all this time I had kept the ears perfectly clean by the use of absorbent cotton, which I applied myself three or four times a week, the patient using it night and morning in addition. Occasionally I used also very hot water. All this, however, had no apparent effect on her hearing, or on the polypus. After giving her causticum in December, 1894, a most remarkable result took place. The polypus entirely disappeared, and her hearing returned to such a degree, that she really hears to-day ordinary conversation without any difficulty, and her general health has improved quite as much as her hearing.

*Case IV.* Mrs. W., aged thirty-eight, broke down ten years ago from overwork of a mental character. Five years ago she commenced flooding. This was soon after the death of her husband. She had all sorts of treatment of a local character, and finally came to New York and had been under the care of one of our celebrated specialists for three years. Curretted five times during this period. At first with great relief, lasting for months. The second currettling was followed by less improvement and so on down to the fifth, after which she was really much worse, and the extirpation of her insides advised. Being rather timid, this alarmed her and she decided to try the treatment of her childhood, homœopathy.

She had flowed sixteen days, when I first saw her, profusely; was suffering from intense headache over the left eye. Never has any thirst; goes weeks at a time without

a drink of water. For some reason which I have not recorded, I gave her China, and in four days the flow had ceased. Careful examination showed nothing abnormal about the uterus or ovaries. This was in March, 1894. She got no more medicine until December, when she had another flooding, lasting twelve days, the first since the one previously described. At this time I gave her Nux vomica "Fincke." She was so excessively nervous, and had such volumes of symptoms and conditions, that it was very difficult to find a remedy satisfactory to myself. She spends many hours a day writing, and has for years. Is very active mentally, desires, and is relieved by warmth and quiet. February 18, she reported that the last menstruation was entirely normal, consequently she got no more medicine until December, 1895, when I gave her Sulphur "Fincke," as the frightful headaches occasionally return. This cured the headache, but gave her sore eyes, which she is still carrying about with her. Otherwise, well. Of course, she is not cured, but so wonderfully improved under the few remedies given, that she will get no more medicine for some months to come.

*Case V.* Mrs. W. C., came to me in 1893, age thirty-seven. Three living children. Has always menstruated entirely through her pregnancy, losing very large quantities of blood. Kept in bed entirely through these pregnancies. Curretted many times, but with no longer anything but aggravation after them. A weak, miserable, pale looking little woman; nervous, cross, cries constantly, and living in continual fear of another pregnancy. I made no examination in this case, because as her husband was much prejudiced against homœopathy and considered himself a most important member of society, I took all possible advantage of him by avoiding in every possible way anything that an allopathic physician would do. He had made up his mind that she would die under allopathy, and his friends forced him to come to me. In addition to the monthly hæmor-

rhage, she had a white, thick, excorating leucorrhœa. She first got Nux vom., and her husband a wholesome lecture, with direct orders of what to do and what not to do, which would probably have driven him away, except for her immediate improvement. Sepia seemed to be her remedy, and I gave her Swan's preparation. I do not recollect all of the symptoms for which I gave sepia, probably because there were so many. This was given her three months after she had the Nux vomica. Before the end of the year, less than twelve months treatment, her menstruations became perfectly normal. The leucorrhœa and headache also disappeared; her vital force gained control of her mind and body, and I never in my experience had a more satisfactory case.

*Case VI.* The Danger of Diagnosis. On the 4th of March, 1895, an apparently healthy young woman, for many years a book-keeper in a large establishment in this city came to me with a constant cough, caused by irritation in the larynx, and accompanied by profuse frothy expectoration. She seemed to cough all the time, night and day. She had always had homœopathic treatment, and why she deserted her old physician I do not know, but she had not seen him for several years. Several times during her life she had had some slight trouble with her throat, but nothing to mention. She improved somewhat during the first two weeks and then relapsed. Instead of sticking to my homœopathy, I was fool enough to have a microscopical examination of the sputum made. Tubercles were reported in small numbers. I told her she must give up her work entirely and go to a milder climate for the winter. This she said she could not do under any circumstances, so I went on treating her for two weeks more, when I had a second examination made, when no signs of tubercles could be discovered. I gave her tuberculinum. Whether this remedy had any effect or not, I do not know, for in the meantime I had lost my patient.

Her entire family were allopathic in their ideas, and insisted that she have one of that school to treat her. A few days ago she came into my office, entirely recovered, and told me the following story.

Her father's physician was called, declared it to be undoubtedly tuberculosis, but upon examination of the sputum found nothing. He obliged her to give up her work; sent her to a neighboring town with a trained nurse, filled her full of medicine, and within a month had her in such a deplorable condition that she could not leave her bed from weakness, and still coughing incessantly. She was then placed in the hands of another physician, who again insisted upon tuberculosis, but could find nothing under the microscope. She continued to fail, and allopath No. 3 was called. He started out on the same theory, but the microscope revealed nothing, so she was taken to her home and two trained nurses employed. This allopath No. 3, not being able to find anything in the sputum, examined her blood, and lo and behold, found it loaded with "sewerage gas". This last man, I understand really to be an eclectic physician, who knows "how to cure malaria better than any man on earth," but refuses to tell what he gives. I should really like to know, and if possible shall ascertain, because in three months time, he made a perfect cure of the case. She also told me that for ten years, several times in the month, the cellar of the building where she worked was flooded with sewerage water to such an extent that she could always tell it was there by the odor which pervaded the building.

About all I learned from this case is not to be disturbed by conditions which the microscope pretends to reveal, and second is, to prescribe according to the symptoms, and not for the name of the ailment, as I certainly did in this case.

*Case VII.* Mr. G., age sixty, a remarkable specimen of the American business man, both mentally and physically,

so far as results go, came to me early in 1892, complaining of intense nervousness in his head and legs, as he termed it; very restless and very irritable, and gave me the following history.

Since he was a boy he had had a very extensive eczema, covering at times his arms and legs below the knee. Seven years ago, having made all the money he wanted, he took his family to Europe, and for four years did little or nothing but place himself under the treatment of every celebrated gout or skin doctor of any importance, with the hope that his eczema could be cured, but it was all in vain, for he returned, after spending many thousands of dollars, without the slightest beneficial effect to his eczema. He was more successful, however, in New York, for he found a quack in the lower part of the city, who covered him with some sort of a preparation, which caused the eczema to disappear. Soon after its disappearance, the nervousness and irritability presented itself, and he did not know until he came to me, sixteen months before his death, that the suppressed eczema was the cause of his anguish, for such it was. I showed him that nothing could be done to give him relief, or even save his life unless the eczema were driven to the surface again. After thirteen months treatment, and I am told he never remained with any physician half that length of time before, the eczema re-appeared and he was relieved. During the Spring he insisted upon going South, and met at his hotel the patient of a mongrel homœopath, who told him of something that he had used for his eczema, by the advice of his physician, which had cured it, and he only came South to get over his cough. Mr. G. wrote me, giving the name of the preparation, and of the able mongrel homœopath who had prescribed it. I positively forbade its use, and by return mail was warned that if I did not give my permission, he should go to the aforesaid physician. I wrote him to go and be hanged, and he did. He used the

stuff, became rapidly worse, went to twelve physicians during the next three months, and then gave up the ghost, with what was said to be cancer of the stomach. Two days before his death, he sent for me, and now comes the interesting part of the case.

Immediately on using the first application, the eruption disappeared, but within ten days, he began to vomit. This led him to leave the mongrel homœopath, and he went to a stomach doctor, who laundried his stomach in the most approved fashion, but with unsatisfactory results. The trouble was then declared to be in the liver, and he called a liver doctor, who declared the trouble to be cancer. This made him angry, and he called another liver doctor, who said it was not cancer. This led him to call in a general pathologist, who thought it was his kidneys. So they called in a kidney doctor, and so on, until the job lots gave him up to die from incessant vomiting which they could not control. At this stage of the game it was impossible for me to do anything for the patient, except to assure him that "I told you it would be so." However, I held the fort, and as all these men were anxious for a post mortem, I consented. Now, one curious feature of this case is that during all the confusion which followed so many doctors being present at once in the house, a member of the family took a lock of his hair to a Root and Herb Spiritualist Doctor, somewhere in the region of the Five Points. This man went into a trance, the hair was placed in his hand, and he described accurately the symptoms of the patient and stated that there was an ulcer in the second stomach. I knew nothing about this statement given to the family by the Clarivoyant until about to enter the room with the other physicians, where the post mortem was to take place. I was requested by the wife of the deceased not to open the letter or speak of it until after the other doctors had expressed their opinions, and the post mortem had been completed. There were seven or eight physicians, besides myself, present at the

post mortem. One man said it was cancer of the liver; another man swore that his liver was perfectly normal; another man said the trouble was in the kidneys; some did not say anything, and so on through the list. I asserted that it was the suppressed eczema, but where it could be found, or in what form, I would not undertake to say, as I had not been with the patient during any of the disturbance following the suppression of the eczema. One of the physicians ventured the suggestion that my ideas were damn nonsense; another physician remarked that the aforesaid physician was a damn blatherskite. Finally, after searching each organ, an ulcerated patch as large as a silver dollar was discovered well below the stomach. I then informed the gentlemen that I held a diagnosis in my hand, which was to be read at this time, and to our utter surprise, the clarivoyant had exactly described the state of affairs, to the disgust and annoyance of the learned faculty.

I have no doubt had the man followed my instructions, he would have continued to improve and avoided his premature and painful death.

*Second Day—Evening Session.*

The Secretary read a letter from Dr. Maro F. Underwood of San Francisco, Cal., announcing the downfall of an Eclectic Homœopathic Hospital in that city, as a direct result of the progress of Hahnemannian Homœopathy among the people in San Francisco.

BUREAU OF SURGERY.

HOWARD CRUTCHER, M. D., CHAIRMAN.

A CASE OF WARTS.

A. MCNEIL, M. D., SAN FRANCISCO, CAL.

A. M. N., fifty-four, portly, vigorous, every function is performed without a jar. He is bald on vertex, anterior thereto his hair is thin and gray.



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A. M. N., fifty-four, portly, vigorous, every function is performed without a jar. He is bald on vertex, anterior thereto his hair is thin and gray.

Two warts appeared on the vertex at first. Soon others followed till he had twenty-five. Of these, twenty are on vertex, two near the forehead where the hair is thin, two on the right side of the chin in his full beard and one on the rim of left ear. I am only mentioning the large ones. There were whole groups too small and too numerous to count. The large ones were pedunculated and what are popularly called seed-warts. His health being so good there was but little on which to prescribe, only he was irritable and thirsty at night.

I first gave Thuja<sup>200</sup> one dose before the great increase in numbers. All this did was to remove an offensive sweat on the toes. But the warts grew in size and number. I then took one of Yingling's Checking Lists, and Bœninghausen's Pocket Book and worked out the case thereon. The result pointed to Sepia of which he took one dose of the 200th.

At the end of two months only two remained and they were much smaller. As there was a halt, I then gave Sepia<sup>500</sup> one dose, and in a month no trace of the warts remained. This was six months ago and no return and perfect health continues.

What would have been the result if they had been removed mechanically? I boldly assert that impaired health would have followed it. The vital powers were vigorous and removed the disease to the skin where it was innocuous. But surgery could not by the means at its command have cured the miasm or diathesis which produced the warts. The disease would then be lurking in the system and if anything should weaken any of the vital organs there the disease would fasten. And it is not probable that it would again assume the comparatively innocent form of warts. And this is true with more important diseases. Nature or the vital powers as a conservative measure drives the enemy as far from the vital centres as she can. This may be in the

skin, mucuous membranes, glands, bones, or in an organ of second or third rate importance to the system, and thus it does not interfere with the action of the vital organs, viz., heart, lungs or brain, and the patient may enjoy comparative health. But if these morbid manifestations are suppressed by local treatment or by the removal of the morbid product, nature can no longer keep the enemy at bay and the result is usually fatal. We should always bear in mind Hahnemann's precept "*That there is no local disease except recent injuries.*"

I heard at a so-called homœopathic society meeting, the attendant and consultant coolly tell how they had caused the death of a patient. The attending doctor related that he had been consulted in a case of polypus of the ear which had been removed either by torsion or escharotics. He then removed it again the different way from what the allopath (the honest one) had done. The polypus returned and was twice more removed by him. After nature had been thus thwarted four times she was unable to hold the disease at bay any longer. Cerebral symptoms soon after set in resulting in death. The consultant and attendant made an autopsy and found the bones of that side of the skull necrosed so that they would hardly hold together. And yet these men did not know that they by their ignorance had caused the death of a human being. Such cases remind me of a friend of my boyhood who studied medicine who was endowed with but a small stock of brains and still less education, whose preceptor was asked if Walter would not kill his patients. "Yes!" the preceptor replied with more wit than reverence, "Of course he will but some preacher will give out the hymn 'Jesus calls them to his arms' and it will be all right."

## CLINICAL NOTES.

G. G. GALE, QUEBEC, CANADA.

*Case I.* Paronychia of the left index finger; finger red, swollen and painful to the touch, formation of pus around the finger nail. After taking a couple of doses of *Gymnocladus* pain disappeared. Next day was at work of the roughest kind with no inconvenience. The whole morbid process disappeared without any discharge of pus.

*Case II.* A boy about twelve years of age had a *nævus* on the point of his nose about the size of a flea bite. At times it bled profusely. One dose of *Phos.<sup>cm</sup>* was given on the indication "Small wounds bleed much." The bleeding ceased and the *nævus* disappeared.

*Case III.* A young woman nursing a child complains of severe pains in the breasts whenever she nurses, feels as if the breast was being pulled out by the roots, i. e. pains run in the direction of the lactiferous tubes. She has been suffering in this way about three months.

*Phellandrium aquaticum*, one dose of *Jenicheu I m* cured her *at once*. See indication in Lippe's M. M.

*Case IV.* Young man aged nineteen suffers from large fleshy warts on his hands, in front of his ear, and also at the corners of his mouth some small ones are showing themselves. Says he has a tired, worn out feeling, no desire to do anything, listless and apathetic. *Phos. acid<sup>500</sup>*, one dose, removed his warts and apathy. His mental symptoms decided the selection.

*Case V.* A horse about five years of age has a very nasty warty growth about the size of a fifty cent piece on right hind leg on the inside, half way between the hock and fetlock. The owner tried many things to cure it, viz.: blue stone, nitrate of silver, etc. The wart is now large, prominent, red and raw looking, covered at times with a fetid, creamy discharge. The horse looks stunted in growth, is

narrow chested, has a large abdomen, with much rumbling of flatus; has an eruption on withers of a scaly, chalky nature. Gave three doses of *Calc. c.<sup>200</sup>* on bread about three or four days apart. In about one month wart was half the size, and in about three months it had disappeared altogether. The *calc. c.<sup>200</sup>* cured this case nicely. The diseased entity in the horse appeared to require nothing stronger than a few globules of the 200th potency, to set the curative process in motion.

## TRIED BY FIRE.

J. H. ALLEN, M. D., LOGANSPOBT, IND.

Margaret B., age seventeen, of Danish birth, a very beautiful blonde, and a nurse in a small family living at L. While burning some waste paper her clothes suddenly ignited, and the flames in a few moments reached her woolen undergarments, and before they could be extinguished she was severely burned, from the upper dorsal region over the whole surface of the back and extending over the hips and gluteal region, even to the knees. Water had been thrown on her by some one who had come to her assistance, as a means to extinguish the flames, which, of course, very much complicated matters.

I was called by 'phone and arrived soon after the occurrence of the accident, to find about one hundred people surrounding my patient; each, of course, very much excited, and clamorous with suggestions as to the proper thing to do for the suffering one. I quietly dismissed her neighbors and had her removed to her room, her garments removed—by cutting them when they could not be removed otherwise—and the burnt parts exposed, which were indeed frightful to behold. Large blisters had already formed, from the size of a half-dollar to that of a large saucer, filled with a yellowish serum. Around the waist, where the clothes were belted

tightly, the wounds were very deep, extending to the muscular tissue. Two places I noticed were fully five inches long and three inches wide. The pain and burning was very severe. She, being very sensitive to pain anyway, was screaming at the top of her voice. After cleansing the wounds I applied simple olive oil with an oil silk cleansing, and gave *Cantharis*<sup>tom</sup> every ten minutes for three times, then every thirty minutes for three times, then every hour until better. After the second dose she ceased screaming and in one hour she was asleep. She suffered more from mental shock after that, but at the end of the seventh week she went to work. No skin grafting was used, although I think it would have been better as the cicatricial tissue gave me some trouble afterward, which I think could have been much modified by skin grafting in the worst denuded spots. She was in perfect health at the time, which, of course, aided much in her cure.

This case occurred in a neighborhood where the law of cure had never before been demonstrated and, while it was an eye-opener to many, and a means of turning a number to my way of thinking, a great many would not believe but that morphine was administered to relieve that pain and suffering, although they would not doubt the word of the employers of my patient on any other thing. And how can they? Of those who are not educated up to such wonderful results as this it is beyond the grasp and is as much a miracle as any cure can be when such means are employed. It is so disrobed of the material that it cannot appeal to their senses; and if it does not appeal to their senses they can have no conception of it, as they have no understanding conception, and not being acquainted with law and its action, or of dynamics or the action of dynamics they have no starting point or basis of reason; therefore they must create an hypothesis of their own and base their judgment from that hypothesis, which must necessarily be narrow and prejudiced;

seeing no virtue can come from anything that does not partake of the material, judging from a materialistic standpoint of reasoning. The materialist views only from a mathematical standpoint, while the non-materialist from an algebraic. The first with definite quantities, the second with unknown quantities. The one is confined in the domain of the finite; the other has the freedom of the infinite. The one, having chemical or mechanical effects on life; the other, dynamical effects on life or on disturbed life. The former is in contrariety with life; the latter in harmony with life. The former is not in sympathy with life, but by its powerful and crude action suspends temporarily the reaction of the life forces; retarding cure, though it may modify pain and suffering; but the lay mind cannot analyze the phenomena, therefore it cannot be expected of it to understand the internal workings of an occult science, as it is not made apparent by mere inspection, nor deductible from what appears to be apparent to a mere superficial observer, but only by experimentation and a close study of its phenomena, through the inductive method of reasoning, in some simple disturbance of the life forces. Some allowance might be made for the quantity of medicine used, but here in my case the test is a severe one. It is a tried-by-fire, a proof test. If it has not the ring of pure gold we must recede from our lofty position in holding it up as a law universal; infinite in its circuit and deep in its action. But, thanks be to God, it is true; a law immutable, a science based upon one of the proximate principles of the universe, and the fire test is but one manifestation of its power. ®

"Will she live"? said an assistant, while dressing my patient's wounds next morning. "Can that back, that is scorched and crisped and parboiled flesh, be restored again to the normal, like the tender, soft and delicate tissue that surrounds it"? What shall be my answer? Then the thought comes to me, "You know the power of the law;

you have had the fire test before and it did not fail to be overcome by that Prince of Power, Similia. Shall we yield now, even before this jellied mass of dying tissue"? "Yes", I can answer this earnest inquirer, "*she will get well*; by a higher and mightier power, even the power of similia, that has power even over the Fire King, even to stay death." And by virtue of that inherent power in itself she lives to-day.

## DISCUSSION.

Dr. W. L. Morgan—I have used a solution of about the 30th potency of Cantharides, half a dozen pellets in half a glass of water, for small burns, and found a bath with that gives almost instant relief to a large majority of burns. I have used it for a good many years in all such cases, and have but in one case found it fail to give almost instant relief, and that the burn or sore gets well remarkably quick. It seems to be the real similitum in the case, both from the looks of the burn and from the results I have found to come from it. I had a little test of it myself at one time, by getting my hands scalded with boiling grease. It took all the skin off the back of that hand, and it was paining most intensely. The very first thought was that it was about like a fly blister, and I lost very little time in putting a few pellets in a wash basin of water and putting my hands right into it. It gave almost instant relief, and the hand got well without any trouble, or even making a sore. The skin all came off, but it never got sore. I have used it in all such cases since, and it failed to work in only one instance, and then I could not find any other reason except that the man had a large amount more of whiskey in him than fire of any other kind. That is the only way I can account for its not working.

Dr. Fincke—I think there is no better remedy than cantharis for burns; I have it in my house in every story—a bottle of a cantharis potency dissolved in water. An ounce of

prevention is worth a pound of cure. We use the remedy immediately when the burn is made and it cures it right up. I use generally the nine hundredth potency; the more severe the burn the higher the potency, 50m to Cm in water externally and internally.

I had a case once that I lost, of a young lady twenty or twenty-one years of age. She went to her room in the evening with a kerosene lamp in her hand. On reaching her room she let something fall from her hand and stooped to find it. Somehow the lamp set fire to her clothing, and immediately she was wrapped in flame. In a short time she was frightfully burned about the breast and abdomen, and the face and hands; the skin came off from her fingers like a glove. The poor thing was in a miserable plight. It was much worse being on the breast, for the back is not as sensitive as the front; I don't know what potency I took, but I did as the doctor says, dissolved it in water, and rags were moistened with it and laid on, and she felt relief from that; then we gave it internally, but she could not be saved. She died the next day. It was a terrible case.

Dr. Morgan—In Lynchburg, a colored man was burned by the explosion of a boiler, and the skin on his face and arms up to where his sleeves protected them, was scalded off; the upper part of his face was scalded, not only to a blister, but burned in. I went to my drawer and got out a vial of a dilution or alcoholic solution. I could find nothing but an old tin basin, when I got there, and the man was in terrible distress. I just poured in a portion from the bottle of this tincture, I suppose I put in a half a teaspoonful, stirred it up, and another man brought me an old shirt that was in the engine house. I tore it up and wet the strips with this solution, and put them on him and he was perfectly comfortable at once. I went home with him. His abdomen was badly scalded too. By the time I got home

he was suffering again. I fixed him up again and he got thoroughly well. When he got well the places that were burned were white, although he was a perfectly black man. When he got out, about three day's sunshine turned him black.

Dr. Geddes—I had a case of burn that cantharides would not touch at all. I treated with cantharides and it got worse and worse. It was the forearm; I had to bandage it and put it in splints to hold it in position. It was burned down to the deeper tissues and the tendons were involved. The third day she complained so of the stinging in this hand, she could not endure it any longer, and I gave one dose of Apis. She got well very promptly and there was no further trouble and no scar.

Dr. Stanton—Can anyone tell me the action of bicarbonate of soda in such cases? I have found that it relieves almost instantly.

Dr. Fincke—I have never tried it.

Dr. Campbell—It is an old fashioned remedy.

Dr. Wesselhœft—Saleratus.

Dr. Thatcher—Several years ago, I think it was Doctor Pusey's patient who was terribly burned deep into the muscles; there was a dreadful amount of sloughing, and no one thought it looked reasonable to suppose the patient could live. I don't know what remedy the doctor gave her, but I thought it would be interesting to relate what he did for her locally. He took castile soap and shaved it and boiled it until it was like thick starch, and applied it on lint to the surfaces piecemeal each day, and the patient made a beautiful recovery. Of course there were scars remaining because more than the two skins were destroyed; it was a very deep burn, and fully a third of the surface of the body was burned. That is the only time I ever heard of a dressing of that kind, and it certainly was very splendid in its result.

Dr. Wesselhœft—Yahr's Forty Years' Practice recommends that. I have used it very successfully in one or two cases.

Dr. Thatcher—He heated the soap then he made a paste of it. He let that remain on; dressed it, I think about every eight hours, and would only take off one little layer and immediately put another on. He dressed it by piecemeal so as not to expose any surface for any length of time.

## HAHNEMANN'S INFLUENCE UPON SURGERY.

HOWARD CRUTCHER, M. D., CHICAGO, ILL.

Samuel Hahnemann said very little about the practice of surgery, but what he did say is of the first importance as indicating the soundness of his reasoning and the value of his teachings.

In an original volume of the *Organon* published in 1833 ("The Homœopathic Medical Doctrine, or 'Organon of the Healing Art;' A New System of Physic, etc., Dublin: W. F. Wakeman, 1833.") I find the following in paragraph 183:

" . . . The treatment of these maladies belongs to surgery. So far as it is necessary to bring mechanical aid to the suffering parts in order to remove and annihilate mechanical obstacles to the cure, which can only be expected from the powers of the organism itself. Among these may be ranked, for example, the reduction of dislocations; uniting wounds by bandages; extracting foreign substances that have penetrated the lining parts; *opening the cavity of the abdomen either to remove a substance that is burdensome to the system, or to give vent to effusions and collections of liquids*; placing in apposition the extremities of a fractured bone, and consolidation of the fracture by means of an appropriate bandage, etc."

I do not know in what year these words of Hahnemann were written, but it should be a matter of profound pride that, as early as 1833, he advocated an operation which was

then almost unknown and which was opposed at that day by a great majority of old school surgeons. The first deliberate abdominal operation in the world was performed by Ephraim McDowell at Danville, Kentucky, in December, 1809, and it speaks volumes for Hahnemann's far-seeing sagacity that he is found advocating the operation twenty-four years later. It must be remembered that abdominal surgery was in its infancy many years after Hahnemann was in his grave. Instead of opposing the march of surgical practice, Samuel Hahnemann was one of the first to recognize its value and to advocate its adoption. It is a matter of profound regret that many of his professed disciples have not possessed the wisdom to follow in the footsteps of the great teacher.

Reasoning by analogy, it seems perfectly fair to conclude that if it be Hahnemannian practice to drain a peritoneal cavity, it is also legitimate to drain other cavities; that if it be proper to drain off serum it is still more proper to evacuate pus. Why should a dropsical effusion be removed from the peritoneum and a collection of foul matter allowed to remain in the triangles of the neck? For my part, I evacuate pus wherever it can be located, whether beneath the periosteum, or in the chest, or in the abdomen, or in the axilla. The same rule applies to certain unsightly tumors which are "burdensome" to the eye, if not to the system. Yet there are honest men and women who stand aghast at the opening of a felon, at the tapping of a hydrocele, and at the shelling out of a fatty tumor. It is to be deeply regretted that Hahnemann is so often quoted as being opposed to these procedures. In this connection I recall the fact that I was once roundly lectured because I wanted to open the bladder for exploratory purposes where remedies had been tried in vain for months.

There is enough reckless surgery, as all of us know, and against this kind of practice our voices should be raised in

season and out of season; but to suppose that Hahnemann, who was one of the greatest thinkers who ever lived, arrayed himself against the legitimate use of the knife is to defy the teachings of all human experience. The Hahnemannian surgeon, who is able to look beyond tissues to forces, is thereby enabled to steer clear of many of the pitfalls that lie in the path of his less fortunate colleagues. The medical history of many a patient will reveal the fact that he is not an ideal subject for a surgical operation. There is something more in the problem than dividing tissues, ligating vessels, and running the chance of bacterial infection.

Hahnemann taught clearly the necessity for legitimate mechanical work; he also exposed the absurdity of regarding a carcinoma as a local growth, and one day the world will come to view the pathology of morbid growths in the true light of the Hahnemannian philosophy. We have a great educational work to do along these lines. The pathology of malignant tumors is not understood by old school authorities, and with their present light they never can understand it. But the truth will stand revealed at last. And when the truth shall stand forth in its might and power, great will be the glory of Hahnemann, the pathologist, the healer, the surgeon.

## DISCUSSION.

Dr. Wesselhoeft—I think Dr. Crutcher has misquoted Hahnemann in regard to the opening of the abdominal cavity alone. He says, "The opening of the cavities of the body," I think, if I am not greatly mistaken. I have only this to say in regard to that paper; I am very glad that he has made out Hahnemann a good surgeon. I don't know whether he was or not, but I know that Hahnemann would never, even in the present day, have seconded Dr. Crutcher in saying, "I go for pus wherever I find it." We do not go for pus with a knife wherever we find it, as Hahnemannians.

We do not look upon pus as damnation or sure death if it is not evacuated. Many repeated experiences of others, as well as my own, have shown me that even large quantities of pus can be absorbed, and are absorbed without the slightest danger to the patient. Pus in itself differs very greatly. I know that the absorption of certain kinds of pus may be dangerous; I know perfectly well that the absorption of other pus is not injurious. The absorption of pus in a palmar abscess has not been dangerous, and the palmar abscess has been cured without evacuation. I know that bone felons have been cured by the appropriate remedy after pus had formed, without the loss of bone, or with the loss of bone *and the restitution of bone*. I have seen a phalanx, under my father's care, where the articulating surface of the phalanx protruded and the bone was entirely taken out, the periosteum uninjured, and the whole bone tissue re-established with perfect use of the joint. I saved that bone for many years, it being an absolute revelation to me. I could not believe that such a thing was possible. I remember very well this butcher boy with his felon. Here was an absolute reproduction of bone; half of the phalanx came out at one time, and the other half came out on the other end. I always cherished this specimen as one of the most wonderful results I had seen from the effects of homœopathic treatment. Of course those things occur and they do not occur; I have not opened a felon for the past twenty-five years. Others have. I do not know whose results are best, but I always feel as if I ought to respect a felon. I believe that a felon should be regarded as one of nature's kindest ways of expressing itself *externally*. I have had a good many experiences during the past thirty years that have convinced me never to open a felon again. I hope to convert others to the same opinion, but I have not succeeded as I wish to. I am now longing to get another palmar abscess, that I may have the pleasure of demonstrating it. Under my observation a palmar abscess

was opened, which was nine months in healing. I think under the most unfavorable conditions it would have taken perhaps three months under proper homœopathic treatment. It was one of the worst palmar abscesses I ever met with.

Dr. Fincke—I never have in forty years opened a felon and I have cured all except one, because the patient went away. She thought she could not endure the pain, and when in twelve days she was not cured, she went away and had four or five months more of suffering. When I saw her again a piece of bone had come out. All those I have treated I have treated successfully, sometimes almost without pain. In one mismanaged case the remedy (Hepar) produced sleep and healed without pain so that the patient thought I had given her opium. It sometimes takes the pain away like a wonder. What I have seen and done anybody can do if he pleases; that is my experience. A woman came to me with a felon and was in dreadful pain; I guess the physician, and he was a homœopathician too, got bewildered and stuck his knife in, and it made it very much worse. Of course that ought not to have been done. I treated her with high potencies and she got well without losing any bone, without any trouble.

Two years ago I reported the case of a young girl who had an encysted tumor under the right lower jaw. In five months by internal medication it receded and was no more seen. There was cancer in the family and therefore much apprehension.

Another one had a big tumor on the middle of her spine as large as a door knob, and it went away without any trouble, under homœopathic treatment with high potencies. Another one, a lady, years ago had a tumor on the head; she was the wife of one of our most celebrated physicians. He did not dare to tackle it; they did not want to cut it out. I gave her four doses of Baryta carb. 1m once a week. After the second dose it opened and discharged pus, and healed kindly up.



A little boy had a felon on the fore finger, and it was quite a severe one, I can assure you. The skin of the third joint with the nail attached, came off, and under that skin came a new skin and a new nail. If such things can be done we can do some other things, too.

My nephew was in the war, and his leg was shot off. They amputated it; half of the lower leg, then a second time a few inches below the knee. Then they fixed him up and after they thought he was sufficiently recovered, they put a plaster on and sent him home. There was an open sore which was offensive and gave him pain. I went to work and in the course of time two pieces of bone came away, first of the tibia and later of the fibula, and the flesh closed over without doing anything else but giving medicine. Of course the knee was stiff. Then I had a friend with a good, strong, magnetic hand to rub the knee, and make it limber so he could use it. What can we do in such cases? We have to decide in every case for ourselves and take the burden. If we trust to the powers of nature and to our medicines we get successes that are wonderful, and the allopathic surgeons cannot understand it.

An old man seventy-three years of age came to me with a scaly eruption all over the body which had been driven by former, mostly local medication from one part to another without getting rid of it. I gave him a dose of Sulphur Cm, after which the skin of the whole body turned the color of red wine with dryness much like in a case of scarlet fever when the skin is changed into a dry dark red covering, suspending the functions of it and leading to serious consequences, but there was no fever in this case. After a while it subsided without giving rise to inside trouble and the eruption began to decrease downward till it was confined mostly to the lower legs. There was on the right parietal bone a tumor as large as a walnut having the feel of a fatty tumor. In the course of treatment it became softer and smaller as if filled with

a semi-fluid substance and now a basin-like depression in the skull could be felt over which the tumor was located. The patient now remembered that the eruption started ever from the appearance of that tumor. There was no pain. Strange is the depression of the skull under the tumor and its softening with the decrease of the eruption. Treatment was of course highly homœopathic and patient promises well.

Dr. Wesselhœft—I wanted to make just one remark here in regard to Doctor Fincke's description of his nephew's condition after he returned from the war with a denuded bone, that afterwards sloughed off. That thing is not known to modern surgery. In amputations now we never see any sloughing of the bone afterwards. I used to see it frequently. I remember in four successive amputations, the bone sloughed off, but I have not seen such a thing in fifteen years; I don't think it is possible with present precautions.

Dr. Campbell—I would like to offer a tribute to hypericum. A lady came not long ago with a very sore thumb, caused by the prick of a needle. It was very sore and proved to be a felon. It was treated with the indicated remedy and got well in about two weeks. She had hardly left when another woman came with the same kind of a thumb and from the same cause. All at once it came into my head about Hypericum, the 9m of which was dissolved and applied. There was immediate relief, no return of pain, and the case dismissed in four days. In both cases a dark red streak extended from the thumb far up the arm.

Dr. Thatcher—Doctor Campbell reminds me of a young man that came into my office only three weeks ago, from Chicago, where he had been stopping at a hotel. He had a carbuncle, and it was very painful of course, and the doctor promptly opened it and charged him a good fee of eighty dollars and saw him three times afterwards. He came home as soon as he could stand the journey, and about half an inch from where he had the first one there was another one

started. I gave him a dose of Anthracine. He came back two days afterwards and the redness was all dispersed and the soreness gone. He thought I was entitled to the fee of eighty dollars but he did not give it to me.

Dr. Geddes—I had a case last winter; a young girl eighteen years old came with a large tumor on the left side of the neck under the ear. It was very hard. I gave Silicea two hundredth. In two or three weeks the tumor began to get very soft, and the point became discolored, and she wanted it opened. I said it would be a bad plan and tried to make her think it would be disfiguring. She got discouraged and went to another physician who told her she was in great danger and he opened the tumor. I have heard from her occasionally since. She is, I believe, in bed now, and very weak indeed. Before the time the tumor was opened she seemed in perfect health and had no pain.

Dr. Fincke—That was a glandular tumor. The one I mentioned was an encysted tumor. I thought it was really wonderful.

Dr. Geddes—Would it have been better to have opened the tumor?

Dr. Fincke—No.

Dr. James—Something like a year ago a wealthy lady asked me to attend a protégé of hers, a middle aged woman who was very sick, and she didn't know exactly what was the matter with her, but wished me to go and see her anyhow. The story of it was that this woman had taken a violent cold and had paid no attention to it. She had severe pain in the chest and suffered intensely, and yet went around the whole time, as the attack came on in very warm weather.

According to her own description she must have had acute pleuritis. It started in the left chest and then went to the right. She had people dependent upon her in one way or another and she had to exert herself considerably for them. Finally she was taken down to her bed, and then put

into a certain large hospital of the allopathic profession in Philadelphia, and then two fistulæ opened in the chest and pus began to exude. She was informed by the doctors there that they did not know what ailed her; they must certainly have known because it was a perfectly plain case. They had disinfecting solutions, germicides and what not, injected into her. The doctors paid comparatively little attention to her case; she got more miserable. Finally they discharged her and said she could not be cured. Meanwhile the fistulæ were discharging pus all the time. She took to a garret where she was found by my lady friend, who asked me to attend her. It was very remarkable the quantity of pus that flowed, especially from the left chest. The muscular tissue of the right chest around the fistulæ seemed to be denuded down to the rib, and the space between the ribs was composed of a thin membrane about the size of a silver dollar that I was afraid to touch for fear of tearing it completely open. It was purplish, and from both openings pus was constantly exuding. She was extremely sensitive to the slightest touch, and withal very helpless. I gave her Hepar sulphur, and then the pus began to decline, and she improved in health. It seemed to me, as I said before, that this space as large around as a dollar would burst open, and leave the whole space so exposed that I could see the surface of the lung, or at least the outer portion of the pleura where it is reflected upon the lung. I thought to myself, although I am a profound believer in the force of homœopathic remedies, that the only way to close up this gap would be to piece the skin by a plastic operation. I made no mention of my ideas to this woman, at all, and continued to give the remedy which seemed to be indicated, which was Hepar. She got better and better and then a curious thing happened. Nature began to shut up these three holes. The muscular tissue formed into a roll above the fistulæ and also below it, like that, and then

these gradually met one another, and finally they sealed together, and that hole was shut up. In a short time the pus was reduced to a mere drop in a day. Finally the sealing up was completed. The patient was a cultivated woman and in her surprise she said, "If anyone had told me that such a thing would happen from a remedy, I could not possibly have believed it." The membrane was completely covered up. That woman is comparatively well to-day.

Dr. Baylies—Last summer a lady came to my office with a small hard pimple just over the angle of the left jaw, affected with severe stinging pain. She had been treated previously for rheumatic pains successfully with rhus; I gave her a dose of rhus and she went away. She lived many miles distant, and for a week or two wrote that she was suffering acutely and that the swelling was much enlarged and very hard. As she was an old patient I went about forty miles to see her. She said that a neighboring doctor had said to her niece, "I am going to see Mrs. W., and I am going to cut her." Said she, "You had better not. She won't be cut unless Doctor Baylies consents." When I saw her there was a bluish swelling of stony hardness and extremely sensitive, a carbuncle, covering the greater part of the left cheek, overlapping angle of the jaw. I gave her a dose of Lachesis forty thousandth, and in the course of two or three weeks, I don't know precisely the length of time, it was entirely healed, and left hardly any perceptible scar, not more than could have been covered by a small French pea.

The president then announced his appointment of the following members as Chairmen of Bureaus for the ensuing year:

*Homœopathic Philosophy*—J. H. ALLEN, M. D., Logansport, Ind.

*Materia Medica*—WALTER M. JAMES, M. D., Philadelphia, Pa.

*Clinical Medicine*—L. M. STANTON, M. D., New York City.

*Obstetrics*—EDWARD RUSHMORE, M. D., Plainfield, N. J.

*Surgery*—THOS. M. DILLINGHAM, M. D., New York City.

*Necrologist*—STUART CLOSE, M. D., Brooklyn, N. Y.

In a supplementary report of the Board of Censors, the following were recommended for membership and they were elected by ballot:

ACTIVE MEMBER.

Frances M. W. Jackson, M. D., Emporia, Kansas.

ASSOCIATE MEMBER.

Theodora B. Wilson, M. D., East Orange, N. J.

The Association then unanimously elected the officers for the ensuing year.

WM. P. WESSELHOEFT, Boston, Mass. . . . . *President.*

Upon the announcement of the vote Dr. Wesselhoeft responded as follows:

"Ladies and gentlemen—I feel highly honored that you should have elected me to the presidency of the International Hahnemannian Association for a second time. It is with a feeling of great responsibility that I accept it, particularly as you tell me that you want a live man, somebody that is going to pull things together, and do all kinds of herculean work during the next year. I am very much afraid that I shall be too small a factor in that pulling together etc. unless I have all the co-operation that I can possibly get

from the members of the association. This association is very near at heart, and I hope that we will have at our next meeting, a representation which will be indeed an honor to ourselves, and to homœopathy. I hope that members who possibly can, will arrange to be present at our next meeting. This, I think, has been the smallest gathering we have ever had, and I feel convinced that it is not entirely owing to a lack of interest in the work this association is doing and has done. The selection of the place of meeting was an error (which I had a hand in myself). I believe our next meeting place should not be in the East, unless it be an eastern seashore, but I hope it will be the sense of the members present to have it in the West. The western members naturally feel aggrieved at our want of consideration for them, although they have never responded as largely as the eastern members have, even when meetings have been held in the west. I hope some place will be decided upon that is accessible for them as well as for us.

WALTER M. JAMES, M. D., Philadelphia, Pa., *Vice President.*

He responded with the words:

"Mr. President—This is decidedly an unexpected honor for me, and I must say that I feel very happy to accept it, and feel myself honored to stand in the shadow of so distinguished a man as our next President. It will afford me great pleasure to be at the next meeting, and I hope that he will be there to preside, that I may take my place as one of the ordinary members of the society for work.

ERASTUS E. CASE, M. D., Hartford, Conn., . . . *Secretary.*

FRANKLIN POWEL, M. D., Chester, Pa., . . . *Treasurer.*

MARY FLORENCE TAFT, M. D., Newtonville, Mass., *Corresponding Secretary.*

## BOARD OF CENSORS.

B. L. B. BAYLIES, M. D.,	. . . .	Brooklyn, N. Y.
L. A. L. DAY, M. D.,	. . . .	Chicago, Ill.
E. P. HUSSEY, M. D.,	. . . .	Buffalo, N. Y.
A. R. MORGAN, M. D.,	. . . .	Waterbury, Conn.
A. B. CAMPBELL, M. D.,	. . . .	Brooklyn, N. Y.

Voted that the next meeting of the association be held at Niagara Falls.

A vote was passed that Drs. Wesselhœft and Hastings be appointed a committee to express to mine host the satisfaction of the members with his well kept house and courteous treatment, and regret that the attendance was not larger.

Adjourned.

## ROLL OF HONORABLE SENIORS.

1891. \*Ballard, E. A. M.D.,  
Chicago, Ill.
1893. Hall, John, Sr., M.D.,  
P. O. Box, 35, Victoria, B. C., Canada.
1893. Seward, Stephen, M.D.,  
504 West Onondago Street, Syracuse, N. Y.
1895. Stow, T. Dwight, M.D.,  
Mexico, N. Y.
1892. \*Wells, L. B. M.D.,  
Utica, N. Y.
1891. \*Wells, P. P., M.D.,  
Brooklyn, N. Y.
1892. Wilson, T. P., M.D.,  
106 Euclid Avenue, Cleveland, Ohio.

## CORRESPONDING MEMBER.

1895. Banerjee, B. N. M.D.,  
34½ Beadon Street, Calcutta, India.

\*Deceased.

## ROLL OF MEMBERS.

1887. Adams, E. T., M.D.,  
36 Carlton Street, Toronto, Canada.
1890. Allan, Arthur G., M.D.,  
8 West Forty-ninth Street, New York, N. Y.
1880. Allen, H. C., M.D.,  
5142 Washington Avenue, Chicago, Ill.
1887. Allen, J. H., M.D.,  
517 Broadway, Logansport, Ind.
1887. Allen, John V., M.D.,  
4637 Frankford Avenue, Philadelphia, Pa.
1882. \*Arrowsmith, W. Lamb, M.D.,  
Wateringbury, Kent Co., England.
1880. \*Baer, O. P., M.D.,  
Richmond, Ind.
1887. Baker, W. H., M.D.,  
218 North Sixth Street, Terra Haute, Ind.
1889. Balch, E. T., M.D.,  
Summerland, Cal.
1880. \*Ballard, E. A., M.D.,  
Chicago, Ill.
1889. Banerjee, B. N., M.D.,  
34½ Beadon Street, Calcutta, India.
1881. \*Bayard, Edward, M.D.,  
New York, N. Y.
1887. Baylies, B. LeBaron, M.D.,  
418 Putnam Avenue, Brooklyn, N. Y.
1881. \*Bedell, R. H., M.D.,  
New York, N. Y.

1891. Belding, R. E., M.D.,  
2141 Fifth Avenue, Troy, N. Y.
1881. Bell, James B., M.D.,  
178 Commonwealth Avenue, Boston, Mass.
1880. Berridge, E. W., M.D.,  
48 Sussex Gardens, London, W., England.
1881. Birdsall, T. P., M.D.,  
Patterson, Putnam Co., N. Y.
1895. Boger, C. M., M.D.,  
Parkersburg, W. Va.,
1888. Brown, Phœbe D., M.D.,  
Irvington, N. J.
1881. \*Brown, Titus L., M.D.,  
Binghamton, N. Y.
1881. \*Bruns, F., M.D.,  
Boston Highlands, Mass.
1881. Butler, Clarence Willard, M. D.,  
Montclair, N. J.
1887. Butler, William Morris, M.D.,  
507 Clinton Avenue, Brooklyn, N. Y.
1886. Campbell, Alice B., M.D.,  
114 South Third Street, Brooklyn, E. D., N. Y.
1883. Carr, Allen B., M.D.,  
89 North Clinton Street, Rochester, N. Y.
1887. \*Carr, George H., M.D.,  
Galesburg, Ill.
1890. Case, Erastus E., M.D.,  
109 Ann Street, Hartford, Conn.
1887. Cash, Nathan, M.D.,  
Uhrichsville, Tuscarawas Co., Ohio.
1891. Chapman, S. E., M.D.,  
2512 California Street, San Francisco, Cal.
1881. Clark, George H., M.D.,  
4 West Walnut Lane, Germantown, Phila., Pa.
1888. Close, Stuart, M.D.,  
641 Willoughby Avenue, Brooklyn, N. Y.

1887. Cobb, Harriet Hodges, M.D.,  
49 North Avenue, Cambridge, Mass.
1889. Cohen, S. W., M.D.,  
Waco, Texas.
1889. Cowley, William, M.D.,  
6412 Penn Avenue, Pittsburg, Pa.
1880. Cranch, Edward, M.D.,  
109 West Ninth Street, Erie, Pa.
1892. Crutcher, Howard, M.D.,  
1102 Columbus Mem. Building, Chicago, Ill.
1881. Custis, J. B. Gregg, M.D.,  
110 East Capitol Street, Washington, D. C.
1892. Day, L. A. L., M.D.,  
103 State Street, Chicago, Ill.
1890. Defriez, W. P., M.D.,  
Brookline, Mass.
1889. Dever, Isaiah, M.D.,  
Clinton, N. Y.
1884. Dillingham, Thomas M., M.D.,  
8 West Forty-ninth Street, New York, N. Y.
1894. Donald, Alexander, M.D.,  
St. Paul, Minn.
1885. Drake, Olin M., M.D.,  
70 Huntington Avenue, Boston, Mass.
1882. \*Dunn, George, M.D.,  
London, England.
1890. Dutton, Julia M., M.D.,  
Newton Rest Cure, Newton, Mass.
1893. Dyer, C., M.D.,  
63 West Fifty-second Street, New York, N. Y.
1887. Eaton, Samuel L., M.D.,  
Newton Highlands, Mass.
1886. Ehrman, Albert H., M.D.,  
46 West Seventh Street, Cincinnati, Ohio.
1882. \*Ehrman, Benjamin, M.D.,  
Cincinnati, Ohio.

1882. \*Ehrman, Frederick, M.D.,  
Cincinnati, Ohio.
1891. Ehrman, George B., M.D.,  
46 West Seventh Street, Cincinnati, Ohio.
1894. Ellis, C. F., M.D.,  
Eureka Springs, Ark.
1889. Farley, Robert, M.D.,  
Phoenixville, Pa.
1881. \*Fellger, Adolphus, M.D.,  
Philadelphia, Pa.
1890. Fincke, B., M.D.,  
122 Livingston Street, Brooklyn, N. Y.
1892. Fitch, John H., M.D.,  
New Scotland, N. Y.
1889. Fitz, W. H. A., M.D.,  
819 North Twenty-fifth Street, Philadelphia, Pa.
1880. \*Foote, George F., M.D.,  
Marlborough, N. Y.
1893. Fowler, S. Mills, M.D.,  
1203 Columbus Mem. Building, Chicago, Ill.
1885. \*Gee, William S., M.D.,  
Chicago, Ill.
1894. Geddes, Annie Lowe, M.D.,  
Glen Ridge, N. J.
1891. Glidden, Jean I. Mackey, M.D.,  
P. O. Box 1175, Butte, Montana.
1881. Goodrich, Mrs. LaRen Dell, M.D.,  
93 Lake Place, New Haven, Conn.
1881. \*Gregg, R. R., M.D.,  
Buffalo, N. Y.
1891. Gregory, Edward P., M.D.,  
358 State Street, Bridgeport, Conn.
1896. Griffin, Louise A., M.D.,  
198 College Street, Middletown, Conn.
1881. Guernsey, William Jefferson, M.D.,  
4340 Frankford Avenue, Philadelphia, Pa.

1886. Gundlach, J. G., M.D.,  
Spokane Falls, Washington.
1881. Hall, John, Sr., M.D.,  
P. O. Box 35, Victoria, B. C., Canada.
1894. Hanchett, A. P., M.D.,  
Council Bluffs, Iowa.
1892. Harvey, Alvah, M.D.,  
137½ State Street, Springfield, Mass.
1888. Hastings, Caroline E., M.D.,  
160 Huntington Avenue, Boston, Mass.
1881. \*Hatch, Horace, M.D.,  
Washington, D. C.
1884. \*Hawley, William A., M.D.,  
Syracuse, N. Y.
1881. Haynes, J. R., M.D.,  
264 North Illinois Street, Indianapolis, Ind.
1885. \*Hockett, Zimri, M.D.,  
Anderson, Ind.
1887. Holmes, H. P., M.D.,  
De Kalb, Ill.
1882. Hoyne, T. S., M.D.,  
1833 Indiana Avenue, Chicago, Ill.
1886. Hoyt, Charles M.D.,  
Chillicothe, Ohio.
1886. Hoyt, William, M.D.,  
Hillsboro, Ohio.
1882. Hussey, E. P., M.D.,  
483 Porter Avenue, Buffalo, N. Y.
1883. \*Ingals, F. W., M.D.,  
Kingston, N. Y.
1896. Jackson, Frances M. W., M.D.,  
822 Market Street, Emporia, Kansas.
1881. James, Walter M., M.D.,  
1231 Locust Street, Philadelphia, Pa.
1889. Jameson, R. E., M.D.,  
28 Eliot Street, Jamaica Plains, Mass.

1891. Johnson, W. M., M.D.,  
70 State Street, Chicago, Ill.
1887. \*Keith, Theodore Scott, M.D.,  
Newton, Mass.
1885. Kent, James Tyler, M.D.,  
2009 Walnut Street, Philadelphia, Pa.
1880. \*Kenyon, L. M., M.D.,  
Buffalo, N. Y.
1882. \*Lawton, C. H., M.D.,  
Wilmington, Del.
1890. Ledyard, W. E., M.D.,  
223 Post Street, San Francisco, Cal.
1891. Leggett, S. L. Guild, M.D.,  
329 James Street, Syracuse, N. Y.
1880. Leonard, W. H., M.D.,  
408 Nicollett Avenue, Minneapolis, Minn.
1880. \*Lippe, Adolph, M.D.,  
Philadelphia, Pa.
1881. \*Lippe, Constantine, M.D.,  
New York, N. Y.
1886. Long, Samuel, M.D.,  
6 Livingston Avenue, New Brunswick, N. J.
1884. Lowe, J. N., M.D.,  
Milford, N. J.
1882. Mahony, Edward, M.D.,  
30 Huskisson Street, Liverpool, England.
1893. Majumdar, P. C., M.D.,  
Calcutta, India.
1889. Martin, James T., M.D.,  
Woodland, Cal.
1885. Martin, Leslie, M.D.,  
Baldwinsville, N. Y.
1890. McDonald, Overton F., M.D.,  
329 College Street, Toronto, Canada.
1888. McIntosh, F. L., M.D.,  
Newton, Mass.

1885. McLaren, D. C., M.D.,  
133 Maria Street, Ottawa, Canada.
1883. McNeil, A., M.D.,  
784 Van Ness Avenue, San Francisco, Cal.
1891. Morgan, A. R., M.D.,  
50 Leavenworth Street, Waterbury, Conn.
1891. Morgan, William L., M.D.,  
202 West Franklin Street, Baltimore, Md.
1881. Nash, Eugene B., M.D.,  
Cortland, N. Y.
1890. Oakes, Charles H., M.D.,  
Livermore Falls, Me.
1882. Payne, Frederick W., M.D.,  
Stone Building, Cor. Boylston and Exeter Streets,  
Boston, Mass.
1882. Payne, James Henry, M.D.,  
342 Commonwealth Avenue, Boston, Mass.
1880. \*Pearson, C., M.D.,  
Washington, D. C.
1891. Pease, F. O., M.D.,  
103 State Street, Chicago, Ill.
1883. \*Pease, George M., M.D.,  
San Francisco, Cal.
1888. Pierce, William A. D., M.D.,  
2004 Mount Vernon Street, Philadelphia, Pa.
1893. Pierson, Henry W., M.D.,  
6351 Stewart Avenue, Chicago, Ill.
1891. Plummer, Julia Morton, M.D.,  
160 Huntington Avenue, Boston, Mass. ®
1882. \*Poulson, P. Wilhelm, M.D.,  
San Francisco, Cal.
1887. Powel, Franklin, M.D.,  
S. W. Cor. Madison and Fifth Streets, Chester, Pa.
1895. Powel, Milton, M.D.,  
163 West Seventy-sixth Street, New York, N. Y.



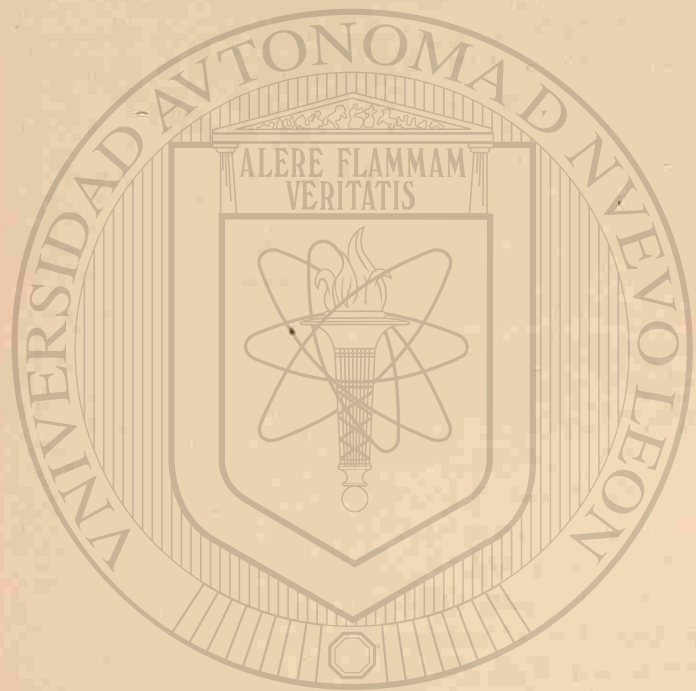
1891. Powel, William R., M.D.,  
Erie, Pa.
1882. \*Preston, Mahlon, M.D.,  
Norristown, Pa.
1886. Reed, William L., M.D.,  
4201 West Belle Street, St. Louis, Mo.
1892. Reininger, E. E., M.D.,  
353 South Oakley Avenue, Chicago, Ill.
1881. \*Robert, John C., M.D.,  
New Utrecht, N. Y.
1880. Rushmore, Edward, M.D.,  
429 Park Avenue, Plainfield, N. J.
1881. \*Schmitt, Julius, M.D.,  
Rochester, N. Y.
1886. Schott, A. H., M.D.,  
2848 Lafayette Avenue, St. Louis, Mo.
1894. Schussler, L. F., M.D.,  
Alton, Ill.
1890. Selfridge, Clarence M., M.D.,  
400½ Haight Street, San Francisco, Cal.
1885. Seward, Stephen, M.D.,  
504 West Onondaga Street, Syracuse, N. Y.
1882. Skinner, Thomas, M.D.,  
6 York Place, London, W., England.
1881. Smith, C. Carleton, M.D.,  
875 North Twentieth Street, Philadelphia, Pa.
1880. Smith, Thomas Franklin, M.D.,  
264 Lenox Avenue, New York, N. Y.
1881. Stambach, Henry L., M.D.,  
Santa Barbara, Cal.
1891. Stanton, Lawrence M., M.D.,  
132 West Fifty-eighth Street, New York, N. Y.
1892. Storer, John, M.D.,  
Cor. Green and Lamartine Streets, Jamaica Plain,  
Mass.

1886. Stover, William H., M.D.,  
Tiffin, Ohio.
1884. Stow, T. Dwight, M.D.,  
Mexico, N. Y.
1888. Sturtevant, Euphemia J. Myers, M.D.,  
362 West Nineteenth Street, New York, N. Y.
1886. Sutfin, John H., M.D.,  
2026 Vine Street, Kansas City, Mo.
1890. Taber, George A., M.D.,  
11 East Grace Street, Richmond, Va.
1889. Taft, Mary Florence, M.D.,  
19 Austin Street, Newtonville, Mass.
1893. Thatcher, J. E., M.D.,  
Dallas, Texas.
1889. Thatcher, J. W., M.D.,  
3500 Hamilton Street, Philadelphia, Pa.
1893. Thatcher, W. F., M.D.,  
Dallas, Texas.
1889. Tomhagen, J. A., M.D.,  
1203 Columbus Mem. Building, Chicago, Ill.
1891. Tompkins, A. H., M.D.,  
20 Seavernes Avenue, Jamaica Plain, Mass.
1893. Villers, Alexander, M.D.,  
Dresden, Germany.
1892. Waddell, W. E., M.D.,  
1203 Columbus Mem. Building, Chicago, Ill.
1881. \*Wells, L. B., M.D.,  
Utica, N. Y.
1880. \*Wells, P. P., M.D.,  
Brooklyn, N. Y.
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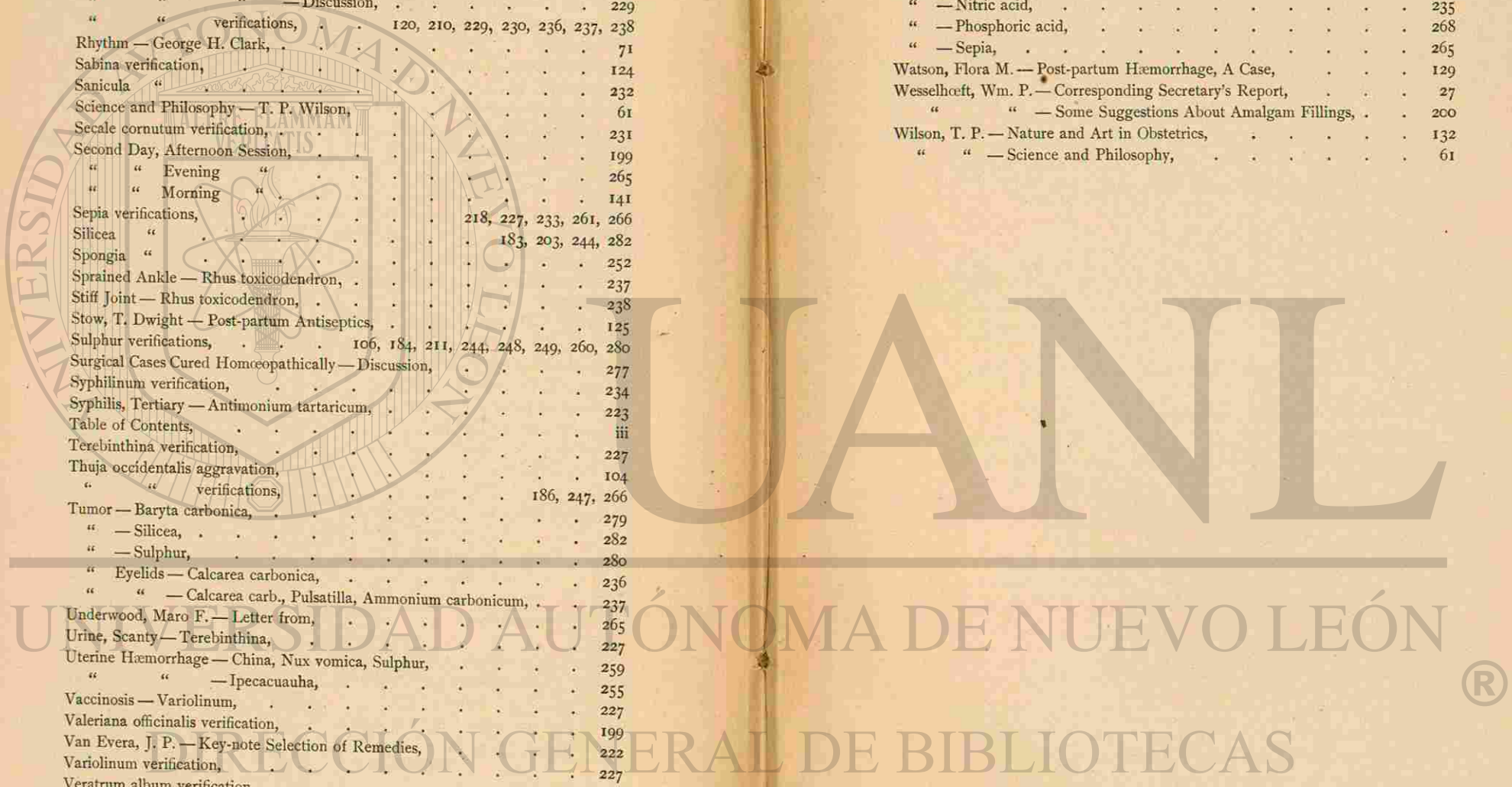
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