

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 preceeds 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. Wesselhoef—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 ^{cm} 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.

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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 ^{cm} 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 ²⁰⁰ 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 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 ^{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 ^{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 ^{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