

from the West." This will be news to many of our readers, who may wonder what Eastern journals this speaker is in the habit of reading!

"We, here in the West, pay tribute to New York city." This used to be the cry of the *South*, but New York city always thought she gave an equivalent for what she received, and was never conscious of compelling any other section to contribute unwillingly to her exaltation.

"As Western men, we have long paid tribute to the East, and have received little credit for it." Now, if there is *anything* which the West has received from the East, it is "CREDIT," and many a poor fellow in Wall street, whose pockets are full of worthless Western bonds, would be glad to know that the West has ever "paid" anything—even tribute, whatever that may be.

Who are these "men of the West" who propose to "cut loose" from the East and establish their journalistic independence? Was one of them born in the West? Was not every one an Eastern lad? Franklin's very name shows that some distant ancestor was a freeholder in the Saxon heptarchy. Helmuth, we believe, is from Philadelphia, in which city Small passed no small part of his life, and Hale hails from New Hampshire, we think.

Hitherto these Eastern offshoots, our colleagues of the West, have been too busy, in practical ways, to devote themselves to stated literary labors, but while thus engaged they must have gathered rich stores of knowledge and experience. It will be an exceeding profit and pleasure to us at the East, that they have now attained to a position of leisure and of strength that enables them to enter upon the field of journalism, in which, if they please to take it, we shall willingly concede them leadership. If we can fabricate any original matter which they would like, we shall be very happy to furnish it for their pages; we shall willingly serve them in any way, and have no objection to paying tribute to the West. "He that would be the greatest among you, let him be your servant."

The contents of this excellent number are: 1. Practical Remarks on Enterocolitis of Children, by Wm. H. Holcombe, M. D. 2. Fistula in Ano, by E. C. Franklin, M. D. 3. A Case of Fistula in Ano, &c., by T. G. Comstock, M. D. 4. Life, by T. P. Wilson, M. D. 5. On the Abuse of Local Treatment in Ulceration of the Os Uteri, by R. Ludlam, M. D. (a most valuable and convincing paper.) 6. A Medico-Botanical Study, by E. M. Hale, M. D. 7. Pulsatilla nutalliana, by W. H. Burt, M. D. 8. One of the Obstacles to the Progress of Homœopathy, by F. A. Lord, M. D. (very able). 9. Editorial, Review, Notices, Selections, &c.

HALE'S NEW REMEDIES.—We learn from Dr. E. M. Hale that he is preparing a new edition of his work, which he hopes to have ready for the press in a short time. He wishes physicians to report their experience with one or more remedies, which, if sent to him before January 1st, 1866, will be published and for which due credit will be given. In reporting cases he wishes the following to be observed: *First.* The symptoms removed by the medicine, especially the characteristic ones. *Second.* Only report the cases wherein the remedy was used singly and alone. *Third.* Give the size of the dose, and the frequency of its repetition. *Fourth.* Write plainly and only on one side of the sheet. Dr. Hale's address is, Box 550, Chicago, Ill.

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FIDELITY.*

BY A. R. MORGAN, M. D., SYRACUSE, N. Y.

In discussing the subject *who is a Homœopathician*, we find a wide range of opinion, ranging from that requiring absolute fidelity to each and every ripe idea held by Hahnemann, down to the frivolous pretext that the mere use of homœopathic medicines is sufficient.

The Anti-Hahnemannians have, so far, utterly failed in demonstrating any material error in the mature convictions of that grand old man. They have manipulated his ideas to suit their equivocal ends, confounding his first immature impressions (when dazzled and bewildered by the sublime conception just dawning upon his mind, of the newly discovered principle of cure) with the more advanced convictions of his deliberate judgment.

A generous spirit of magnanimity has been at times tortured into admissions of doubt regarding principles already well established in his own mind. They sneer at his philosophy of dynamization—miscomprehend or misrepresent his theory of chronic diseases. They ignore his unmistakable

* Address before the Onondaga Co. (N. Y.) Homœopathic Medical Society, 1865.

final decisions in favor of the single remedy and warp a few premature expressions into a permanent and unqualified endorsement of polypharmacy. They disregard his earnest admonitions, and looking backwards, shout, "Great is Diana of the Ephesians." They exhume decayed fragments from the tomb of Old Physic, and offer them as vital principles to weaken and invalidate his doctrines. They prate of joining the living to the dead, in short, of compromising with Allopathy.

Dr. Fincke has thus defined the terms Homœopathician and Homœopathist.

"*Homœopathician*.—1st. A homœopathic physician. 2d. A professional, licensed physician, practising Homœopathically, according to the art and science of Homœopathy."

I confess I see no reason for two definitions of the word; the second definition includes the first, for it is self-evident that one cannot be a homœopathic physician who does not practise according to the *science* of Homœopathy; as to the *art*, we will consider that topic farther on.

"*Homœopathist*.—1st. A believer in Homœopathy. 2d. One who occupies himself with Homœopathy without making it his profession. 3. A homœopathic layman."

From these definitions it will be perceived that the use of homœopathic medicines alone does not constitute one even a Homœopathist, much less a Homœopathician.

In pursuing our inquiry it will be necessary to analyze somewhat the framework, and see how the new edifice is built. The word Homœopathy, we all know, is derived from two Greek words *Homion Pathos*, literally signifying *like disease*; this term was adopted by the author as the most appropriate and comprehensive monogram to designate its primary principle. This primary principle is more fully expressed by the formula *similia similibus curentur*, and is the key stone to the arch of the new dispensation of medicine; it binds the rudimentary edifice together; without it all collaterals become useless; without it we can have no permanent arch, no temple, no Homœopathy.

In proceeding with our symbol of the arch, let us carefully observe its construction. First, we require a foundation on the two sides; these are necessary before the key stone is needed. So with Homœopathy. Our arch is based, one side upon the phenomena presented by the sick man; the other upon drug provings; these, perfectly united by the law *similia similibus curentur*, form the entrance into the temple. Without these three features, squarely recognized as the basis, and observed as guides in practice, no man is prepared to set out in the new undertaking. These three features constitute a therapeutic trinity, one and inseparable; each must be maintained in its integrity or the whole scheme fails. He who fails in making an exhaustive analysis of the condition of his patient, is necessarily incompetent to select the appropriate remedial agent, and he who lacks in his knowledge of the pathogenesis of drugs is as impotent as one who has never heard of the new *science* of cure.

We use the term science as distinct from that of art, in its relation to Homœopathy, because art is human, arbitrary, capricious, fitful, fleeting, and depends solely upon the personal creative genius of the artist, while science is based on fixed, undeviating and eternal principles in nature. Man, in developing science, does not originate, but merely discovers, works out and adapts what has always existed behind the veil of human ignorance. Discoveries in science are but occasional glimpses at the methods of the great Creator. Science is inflexible and omnipotent; it is the economy of the Supreme Intelligence. Science does not spring suddenly into full maturity, like Minerva from the brain of Jove, for it extends to the infinite, and demands the arduous, patient, persevering labor of lives. We advance in its light just in proportion to our opportunity and ability to seek out, grasp and retain truth.

Before the time of Hahnemann, the practice of medicine was properly denominated an art, and so blind, uncertain and inexplicable were many of its mysteries "in ye olden time," that eminent physicians were often suspected of being in.

league with the devil; indeed they were accused of practising the *black art*; at a later day conscientious men who have acquired illustrious and enduring fame, like John Mason Good, exclaim: "I am weary of guessing;" while Homœopathy, with its simple, efficient, fixed and clearly defined law of cure, has higher claims, and legitimately aspires to a rank among the sciences.

As before stated, the symptoms of the sick man and drug proving are the foundation, and *similia similibus curentur* the key stone to the arch, but high above the arch are other important symbols—the illuminated windows, the carved cap stones, the decorated cornice and the ever-shining dome.

The true Homœopathician does not halt at the threshold, but advances patiently, loyally and earnestly, to the consideration of all questions which bear upon the noble cause he has espoused. Potentization, alternation, repetition, etc., instead of bugbears, become subjects of liberal and candid thought and experiment.

Mere topics will be considered at another time. The primary step of the Homœopathician is to make a proper examination of his patient; each case must be individualized as though no such malady had ever before existed. A thorough understanding of the pathological condition is indispensable as an aid to a correct diagnosis and sound prognosis; it also gives us a general idea of the disease under consideration, but in a therapeutic sense is of less importance than an accurate comprehension of the subjective symptoms, their peculiar features and character, the time and causes of their appearance or aggravation, the means and modes of their amelioration, a knowledge of temperament, disposition, moral characteristics and disturbances, hereditary tendencies, etc. It is also often the case that single and apparently insignificant symptoms are of the first importance.

The next step requisite is a thorough knowledge of the action of drugs; this must be obtained from provings upon the healthy and from clinical observations upon the sick; it presents a scene of action so vast, and as yet so compara-

tively unexplored, that it is impossible to estimate or limit either its prospective field of usefulness, or the amount of labor which lies in the pathway and demands the attention of every faithful follower of our indefatigable master.

We have among us a turbulent class who vehemently denounce as chimerical and unreliable all experiments with highly dynamized substances, and who clamor loudly in favor of provings obtained by crude drugs; they seem to be oblivious to the fact that several of our most potent remedies are powerless, or have no marked medicinal properties in their crude state, as for instance, *Silex*, *Carbo veg.*, *Natr. mur.* etc. These men rarely or never resort to dynamized drugs in practice and are therefore incompetent witnesses. They delight in seeing, feeling, smelling and tasting the remedy; they turn their backs to the proffered manna, and hanker for the leeks and onions of Egypt; they attribute all effects to the material action of the drug, to the greater permeating power of the attenuated atom; they are incapable or averse to recognizing the dynamic theory of Hahnemann; they have no conception of the potency of spiritual forces and, in the face of abundant and capable affirmative testimony, they offer about as reasonable a general denial as the old man in the familiar story, who knew the world did not turn round, because, if it did, the water would spill out of his millpond.

Every careful observer of the influence of potentized drugs has seen, not only curative effects, but also under their action, has witnessed the development of new phenomena modifying the previous condition of their patients.

The writer has met instances in sick persons, and in persons apparently in the enjoyment of perfect health, where the thirtieth and lower attenuations (no other were tried at the time) of different drugs produced pathogenetic symptoms so positive and marked, that the individuals were able to detect and identify the medicines taken, even when efforts were made to lead the mind in other directions. Provings by attenuation as well as crude drugs, are advocated and vouched for by the best and highest authorities in our school.

In studying the *Materia Medica*, particular attention should be paid to what are termed *characteristic* symptoms. Characteristic symptoms are those which distinguish each drug from all others. Taking two or more drugs, capable of producing nearly the same general effects, you will find among them some dissimilar feature which serves to distinguish each one; this dissimilar feature is its characteristic. To illustrate, *Pulsatilla* and *Cyclamen* bear a close resemblance to each other, except as regards the mental phenomena presented; under *Puls.* we find a mild, yielding, weeping disposition, while under *Cyc.* we find the patient obstinate, irritable and fault-finding, and these features are the *characteristics* which should decide us in the choice of either remedy.

Again, under both *Rhus. tox.* and *Rhododendron* we find "rheumatic and anarthritic drawings and tearings," "aggravated by repose." Now, how shall we decide in a given case where these symptoms are present, which remedy is required?

If upon farther examination we find "the pains relieved after movement," we also find the same characteristic in the pathogenesis of *Rhus. tox.*, and know that *Rhus. tox.* is the remedy; if, on the contrary, we discover that the patient suffers "*great dejection and painful weariness after the least exercise,*" we find this latter characteristic is the proving of *Rhododendron*, and *Rhododendron* is the remedy.

Upon critical examination, it will be found that each remedy in our *Materia Medica* is attended by its own peculiar characteristics, a complete recognition of which is indispensable to the successful practitioner. These peculiarities are so boundless that no one human mind is capable of retaining them; therefore the genuine Homœopathian is unavoidably a laborious student. It was never possible to practice intelligent Homœopathy without constant recourse to the provings, and we deem that spirit both cowardly and imbecile, which keeps the physician away from his books and prompts him to make off-hand, shabby prescriptions, for fear his patients will charge him with ignorance.

It sometimes appears to me that we have grown too rapidly

in public favor; the demands upon us for professional services leave scarcely any time for self-improvement or the development and perfection of our science. Flattered by pecuniary success, we have grown vain, careless and superficial; we forget that he who devotes his energies to fortifying and building up our *Materia Medica*, and thus establishing and extending our sphere of usefulness, deserves a more exalted position than he who is actuated solely by mercenary motives. One will merit the gratitude of the world, while the other moulders forgotten in spite of the dross he has accumulated.

So exact and definite is our system of cure, that the scientific Homœopathian is able, long before the advent of an approaching epidemic, to predict, with almost absolute certainty, the remedies best adapted to meet it. Hahnemann thus anticipated Asiatic cholera, while it yet raged with terrible fatality in India. He proclaimed that Camphor, Cuprum and Veratrum album would stay the ravages of that fell destroyer, and the splendid results of homœopathic treatment in that disease arrested the attention of the civilized world and vindicated the soundness of his philosophy.

If such accuracy was attainable in the infancy of our science, how vastly superior, with our relatively increased knowledge, should be its scope to-day, and, if thus powerful in the growing strength of our stalwart youth, who shall predict or venture to bound its future? It promises dominion over disease, so complete and absolute as to almost realize that long sought for restorative of the ancients—the fabled fountain of youth.

With these brief reflections in our mind, the duty of the sincere Homœopathian is clear; it may be summed up in the single word, *fidelity*, *fidelity*; and we cannot look with lenient eye upon those professional parasites, the best part of whose Homœopathy is usually inscribed on their "shingles," and who delude the public confidence and unjustly bring odium upon the cause, by deliberately making a promise to the ear only to break it to the hope.

ALTERNATION.

BY W. A. HAWLEY, M. D., SYRACUSE, N. Y.

I have read with a great deal of interest, I trust with some profit and I sure with not a little amusement, the discussion of this subject which has been called out by my article, published in No. 8, Vol. V, of *THE AMERICAN HOMŒOPATHIC REVIEW*. That article was written for our County Homœopathic Medical Society with the purpose of provoking, if possible, some discussion there, and was allowed to be published with the hope that it might elicit some more public discussion and, at the same time, perhaps allay somewhat the rancorous spirit with which discussions on this question have, for the most part, been carried on. The first part of that object has been much more generally accomplished than I had dared even to hope, while it has, I think, not entirely failed of the second. Still there are some who cannot approach this subject except in an angry spirit, and I have yet to learn that that spirit ever in any way promoted science.

In that article it was assumed that all science is based upon *facts*, and the advocates of both sides were called upon to observe and bring forward facts. At the same time it was admitted that my own predilection, and I might have said practice were in favor of the single remedy. Some *facts* observed in my own practice were given, the like of which, it was presumed, have often been observed by others. No conclusions were drawn, except that, for a given prescriber, in certain contingencies, alternation might be better for *him* than the single remedy, and that the question is still an open one. That any one, on either side, should have regarded it as conclusive or have supposed that the writer so regarded it, or was by it in any way committed to the alternation of remedies, seems ludicrously absurd. That it has been so regarded seems only to be accounted for on the supposition that the Alternationists were so sadly in want of something to quiet their uneasy questionings, and the strict Hahnemannians so

over zealous to defend their cause, that neither party read the article further than to see, the one, what crumb of comfort they could find and, the other, what there was to fight. The one, amusingly illustrated by the avidity with which the London *Homœopathic Review* seizes upon and quotes the article to support its own conclusions, far beyond anything intended by the writer; and the other, still more amusingly illustrated by the fiery zeal with which a writer in *The Hahnemannian Monthly* "pitches in," with the apparent intention to annihilate not only the doctrine of alternation, but the author of said paper and even the London *Homœopathic Review*, itself. His modest threat to keep a "standing article" in said *Hahnemannian Monthly* till all this is accomplished is very funny, and makes one feel like saying something to him as Job said to his friends: "Doubtless ye are the people, and wisdom will die with you."

At the same time he is so very complimentary to the article in question as even to treat it to a literary criticism, whereas nothing was further from the writer's intentions than a *literary* essay. He might be answered by a like critique upon his rhetoric, but all that is wholly irrelevant and seems entirely beneath the dignity of the subject. It is therefore allowed to pass with only the remark that it seems a pity that his definitions of such words as fact, theory, criticism, dogmatism, etc., so grandly, *sublimely*, *transcendently* lucid and conclusive, could not have been given to the world before the late revision of Webster's great dictionary.

All his criticism in regard to the indications for Arsenicum and China is also irrelevant, for it does not touch the facts. Here was a case of intermittent fever which, yielding neither to Arsen. alone nor China alone, promptly recovered under the alternation of those two drugs. Grant all that he claims, that one properly acquainted with the two remedies would never hesitate which one, if either, was indicated, yet the fact remains. An intermittent which would *not* yield to Arsenicum *nor* China, *did* yield *at once* to Arsenicum *and* China. He calls for the symptoms in this "rare case." They are of no

consequence so far as related to the present discussion. Suppose them given and all learning decided that neither Arsenicum or China was indicated, but some other drug. It makes no difference. The fact is still there. How account for it? What does it mean? Has it any significance or value? I neither assert or deny.

All his quibbling about *relief* and *cure* is simply an unmanly play upon words and argues nothing, unless it be the writer's conscious weakness.

It still appears that this question of alternation is to be settled, if at all, only by an appeal to facts. If to know my own opinion were of any consequence, I would not hesitate to say that I have no doubt such an appeal will sustain the doctrine of the single remedy, which certainly seems much more in accordance with the genius of Homœopathy, at least as at present developed, than the alternation of remedies. Nor is this a new conviction, as I have never alternated without the feeling that if I were as wise as I might be, or perhaps ought to be, I should not need to alternate. Yet I have sometimes alternated and cured, when my best efforts had failed without. And I suspect that even the learned writer in *The Hahnemannian* would admit that, if a man could cure his case by alternation when he could not without, he would better cure his patient.

In the article in question two facts were given which seem to sustain the doctrine of alternation. At the same time it was felt, and indeed hoped, that many others of an opposite character would be brought out which should more than sustain the doctrine of the single remedy. Such facts do come out from time to time (*vide* the case of Pterygium given on page 71, Vol. V, *AMERICAN HOMŒOPATHIC REVIEW*). One such *fact* is worth more to convince doubters than an age of mere ratiocination. Let than the *facts* come out. And in God's name let them be brought out in *charity*. All the honest men are not among the so-styled Hahnemannians. There are multitudes of Alternationists who are just as honest and earnest as they, who seek only to cure their patients and

in the best way. Vituperation and calling hard names never converts men. They are rather driven by it into a spirit of combat and led to maintain themselves in their position whether of truth or error.

I cannot close this article without expressing the great satisfaction I have felt in reading the papers on this subject, which have lately appeared in *THE AMERICAN HOMŒOPATHIC REVIEW*. They are admirable both in tone and matter, and if they are in any measure attributable to the fact that I have spoken, I shall always congratulate myself that I did not keep silence.

HOMŒOPATHIC TOCOLOGY.

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

"Multa experiendo confieri, quæ segnibus ardua videantur."—TACITUS.

It is known, that sometimes children are born "with a veil," or "within the caul," which means with a membrane covering the head and face, more or less, and considered to be a remnant of the broken amnion.

Popular superstition, more than the medical profession, attaches to circumstances of this kind peculiar importance. The medical profession, so far, does not seem to appreciate it, for it is not particularly treated in the text-books. Common people think that children born with a veil are gifted with a foreknowledge of coming events. They have this membrane carefully dried and pulverized, and then at a certain age give it to the child born with it. The time for this administration is, I believe, when the child is fourteen years old, but for what purpose they give it, I have not ascertained as yet. Others will have the caul destroyed, and say, if it be not destroyed, the disposition of the child will be so affected as to render it cross, unhappy and fretful. Frequently the caul is handed down from father to son, especially among sea-

captains, because, as I understand, it is believed that whosoever possess it is safe from drowning. It is even said, that the caul protects the crew and the vessel of the captain who possesses it. The high value set upon this membrane by seafaring men, causes the nurses sometimes to save it against the wish of the mother, who desires to secure to her offspring a pleasant disposition.

A case has come to my knowledge where a mother, residing in Philadelphia, preserved carefully in a box the caul in which her daughter was born. Whenever the membrane, which is generally smooth, shows wrinkles, she takes it as a sign of illness of her daughter who resides in Brooklyn. The latter, an accomplished lady, assures me that the indication never fails.

It is reported of Denmark Vesey, *Atlantic Monthly*, June, 1861, p. 733. "he was a preacher, was said to have been born with a caul on his head, and so claimed the gift of second sight."

Such superstition, though unjustifiable in the light of reason, yet frequently points to hidden relations, which requires patient investigation.

Some old physicians and nurses, also, call it "born within the caul" when in the course of natural labor the child is enveloped in its unbroken membranes as a whole ovum.

Such expulsion of the human ovum at full term is acknowledged to be very rare and is very seldom, if at all, taken cognizance of in tocological literature. And since it always presents a remarkable occurrence, I propose to discuss a few cases of the kind which partly fell under my own observation, and partly came otherwise to my knowledge.

CASES.

1. Mrs. N., an American lady, about 38 years of age, of medium height, charming disposition, excellent constitution, and form, though not robust, dark hair, blue eyes, fair skin, inclined to embonpoint, was pregnant with her tenth child.

During the first three months she experienced various little

ailments which were attributed to the painting of the house about the same time. No medical aid, however, was required until the latter part of June, 1860, in the eighth month of her pregnancy, when she complained of very sharp pain in the socket of her right hip-joint, as if a knife were stuck in, on rising from sitting, and of excruciating sharp pains deep in both sides of the abdomen, in two corresponding lines below the umbilicus about four to five inches in length on either side, as if a knife were cutting downwards, on turning in bed. She had a similar pain in a former pregnancy, but only in the left side, and she had it the first time, five years ago, when, hearing the croupy sound of one of her children, she suddenly jumped out of bed. The child's position is very low.

June 27th, 1860. *Rhus tox.* $\frac{2}{10}$ m. $\frac{3}{4}$ in Sacch. lact., six powders, one to be taken every forenoon.

July 5th, nine, p.m. Patient only took two powders because she then felt better. Yesterday slight pain came on again as before described. Severe pressure at the symphysis pubis. *Rhus tox.* $\frac{2}{30}$.

July 9th, m. The pain in the abdomen is very much lessened, sometimes altogether gone. That pain about the hip has disappeared. The pressure upon the symphysis pubis continues and is mostly felt on rising from sitting. *Nux vom.* $\frac{2}{30}$ m.

July 12th, nine, p.m. This afternoon, either when asleep or awake, she can not tell, patient felt a movement, as if a child was born. Since then pains in the back and symphysis pubis. If she had not had similar pains in former pregnancies, she would think to be at full term now. *Puls.* $\frac{2}{30}$ $\frac{3}{4}$.

July 16th. At about eleven, p.m., I found the patient in labor. The pains had commenced at seven, p.m., and continued coming on about every five minutes. The os uteri was dilated to the size of a dollar, the head was presenting in the left occipito iliac position. The foetal circulation was distinctly perceived in the left iliac fossa, not so very low down however as usually is the case at that time. She complains of a pain at the fundus uteri, as if the child would