

- next day after dinner (36 hours), a stool and better humor; evening of the eleventh day.
- . No stool the thirteenth day; solid and indolent stool, the fourteenth day.
 - . A troublesome feeling, as if still more would come after a thin pappy stool; the sixteenth day.
775. Stool in the morning after rising; the sixteenth day.
- . At three o'clock in the afternoon, a thin pappy stool, with dull pains in the abdomen; the twenty-third day.
- Urgency to Stool:*
- . Urging the whole day, stool at evening. 680.
 - . He feels continually as if he ought to go to stool. 739.
 - . A feeling like urgency to stool in the rectum, near the anus, more toward the perineum, after triturating it. *Zumbrock.*
780. Frequent urgings; the first hours; *t, Henke, a.*
- . Urgings, without evacuation. *Sundelin.* 11, 280.
 - . Frequent urgings. 861.
 - . Frequent urgings without stool; third day. *t, Henke, b.*
 - . Frequent inclination for a stool. 13.
785. Copious urgings, soon after taking two grains with four grains of sugar of milk. *Henke, c.*
- . Urging, wakes at night many times; 1368. Driving out of bed at six o'clock- 1393-4.
 - . Urging as for a solid stool, which was soft. 753.
 - . *Continuing urgency to stool without cause. *Williamson.*
 - . Feeling with the stool as if the bowels were indolent. 740.
790. *With a pappy stool the feeling as if it were solid.* 739.
- . A frequent transient urging; second day. *t, Henke, a.*
 - . Sometimes there is sudden urging, which passes by just as suddenly. *Henke, c.*
 - . At eight o'clock in the evening, sudden urging, passing away just as rapidly; at nine o'clock, diarrhœa. *Preu, b.*
 - . Sudden urgency, 757; with a liquid stool. 755.
795. Sudden urgency, in the morning on rising. 762.
- . Urging and straining, yet only flatus passes off. *N, a.*
 - . Compelled to stool and only passage of flatus. 587, 860.

- . Urging to stool and hunger, in the morning. 532.
 - . Urgency with a feeling of softness, without stool; the first day. *Preu, c.*
800. Urgency with movings about in the abdomen. 51.
- . At night, frequent sudden urging with gurgling* in the lower abdomen, passing off again just as suddenly; the first day. *Preu, c.*
- Straining at Stool:*
- . Pressing with a soft stool. 741.
 - . * Pressing and pain, with passage of flatus and stool. *Gosewisch.*
 - . After much straining, with flatus, a small stool, with much pressing, small and soft; the evening of the third day. *C. Hg.*
805. Fruitless straining and severe tenesmus in the rectum and passage of vigorous easily escaping flatus. *N, a.*
- . Tenesmus. *Honigberger.* * The same. Compare 539.
 - . Griping before the diarrhœa, tenesmus therewith. *N. T.*
 - . Straining with cessation of stool. 746.
 - . Frequent griping before the stool; therewith for the most part flatulence, sometimes also straining at stool.
- 810 Severe straining with the stool. *Williamson.*
- . Straining and burning in the rectum. 890.
- Dysentery:*
- . Urgency and straining, then after a few minutes a liquid evacuation with some blood and bloody mucus. *F. R. L.*
 - . I have read that Aloes has produced a fluxus hepaticus, also a bleeding from the liver, as Mercury can produce bleeding from the salivary gland. *W.*
 - . One runs the risk of provoking a bilious dysentery, if, as soon as the passage becomes bilious, it is not stopped or given in small doses. *W.*
815. *Bloody stool with severe abdominal pains. *Richter, 2, 341.*
- . *Dysenteries. *Raue, Value of the Homœopathic Method of Cure.* 1824.
 - . *Dysenteric stools. *Williamson.*
 - . *Bloody, spongy, slimy stools, with severe cuttings and tearings in the bowels, so that the patient cries out. *Williamson.*
 - . A boy twelve years old, with dysentery, who had not slept for forty-eight

* Gurgling is a sensation of rumbling, grumbling, as if a bottle were being emptied.

hours, and had a stool every fifteen or twenty minutes, every time with shrieking, after one dose of Aloes slept within ten minutes and for four hours, whereupon he was well. *Williamson.*

Stool, inert, unnoticed, with flatus and urine :

820. An inert stool, "the stool falls out." 765.
- . Some fœces pass contrary to will, with passage of flatus. 754.
 - . Thin, almost involuntary, stool. 944.
 - . The fœces escape almost without being noticed. *Williamson.*
 - . *Involuntary stool with passage of flatus.* 750, 754.
825. Fear lest a stool should escape with flatus. 751.
- . *Urgency to stool with passage of urine.* 745, and *Williamson.*
 - . Fœces and urine will pass together. 746. They escape together. 758.
 - . While passing urine, a feeling as if some thin stool would escape with it. 751, 763.

Stool after Eating :

- . After breakfast. 741.
830. *He must go to stool soon after a meal.* *Helbig.*
- . Urgency to stool immediately after eating; the fifteenth day. *I.*
 - . Two hours after a meal an unusual stool. 738.

Stool on Standing :

- . * On standing, sensation as if a stool would pass. *Williamson.*
- . Immediately on rising a thin stool. 754.

Character, Color and Smell :

835. Yellowish, 746; yellow, 654-5-6; very yellow, thin, in children. 705.
- . * Want of color which the bile causes, 672; grow white, 673; pale, 649.
 - . Grayish yellow. 755.
 - . Peculiar "specific" smell. 688-9.
 - . Flat, 710; flat flatus. 860.
840. Every thing that the child had eaten was to be seen in the stool, 706; indigested 755.

Before the Stool :

- . Griping, grumbling. 582-3-4, 689 or 90, 944.
- . * Pain around the umbilicus. *Williamson.*
- . Burning and pricking. *F. R. L.* Prickling in the intestines. 669.

With the Stool :

- . Good appetite, in children. 332.
845. Eructations, 741; vomiting slime. 413.
- . Flatulence and straining, 532; passage of flatus, 757 and others; rumbling and moving about, 755; with griping, 757; sputtering, expulsion of flatus with thin fœces. 744, 746, 762.
 - . Pains in the abdomen even the twenty-third day, 776; griping in the intestines, with purging, 621, 757; *with bloody stools, cuttings in the abdomen, causing crying out. 818.
 - . With pressing the abdominal muscles pain, 1111; at first like stretching the rectum. 715.
 - . Pains in the back, *Williamson*; feeling of coldness. 747.

After the Stool :

850. Disturbance of mind; 738. Headache until a second stool follows. 121, 680.
- . Hunger; 341. Cuttings around the umbilicus; 588. Griping in the abdomen and headache. 680.
 - . After breakfast, pain in the bowels. 573, 5, 670.
 - . Passage of flatus. 532, 556, 576, 741, 758, 764.
 - . After a hard stool, burning in the anus. 88.
855. Mornings, sticking in the anus; 894. Itching into the perineum; the fourteenth day. *III.*
- . Feeling in the rectum, as if still more should come. 757, 769, 774.
 - . Urging afterward; 714. Straining, fruitless; 760.—Straining. *B.*
 - . Itching of the prepuce; 1027. Increased passage of pale urine. *N., b.*

(*To be continued.*)

MISCELLANEOUS.

HOMEOPATHY IN CAYUGA Co., N. Y.—Thirty-eight years ago Dr. Gram from Germany, first introduced the system of homœopathic treatment of diseases in this country, in the City of New York. For several years the new system made little progress and few converts; but gradually and, at that time, slowly advanced. After a few years labor of the indefatigable Gram a few scientific members of the medical profession took courage to examine its claims upon the profession, and at once put the system upon the test of experimentation. In this manner, after the most rigid examination, Homœopathy triumphed, took deep root and made permanent hold upon the people, as well as upon those who tried the experiment.

Notwithstanding all the opposition of the old school and the limited works then published, Homœopathy spread rapidly, extending its practitioners to Philadelphia, to Boston and Albany. In 1840, Dr. Beigler, of Albany, removed to Rochester, N. Y.

Dr. Robinson, formerly of Connecticut, but then in Yates Co., N. Y., became acquainted with Dr. Beigler, and his exposition of the principles of Homœopathy induced Dr. R. to examine and test its claims upon the profession.—During this investigation and experimentation, Dr. R. became converted to the new system and relinquished the old school in which he was educated and had practised for fifteen years, and in May, 1841, took up his residence in Auburn, Cayuga Co., and commenced the practice of Homœopathy. Dr. Robinson formed a partnership with Dr. Humphrey, who was then physician to the Hospital in the Auburn State Prison, and as Dr. Humphrey was ignorant of Dr. Robinson's change of professional "base," he did not hesitate to take a trip to New York and leave the professional business to the care of his partner.

It might not, perhaps, be uninteresting to the members of this society, if I should give in detail the first case treated homœopathically in Auburn. The next day after Dr. R. arrived in Auburn, Dr. Humphrey invited him to visit a patient with him, the son of Mr. B. then one of the most influential and wealthy men of the place. The patient was a boy about ten years of age, who had been sick between seven and eight weeks of a fever, supervening on measles. Drs. Pitney and Bigelow had seen him in consultation with Dr. H., all their prescriptions were unavailing in subduing the fever. The patient had no pain, a dry hot skin, a tickling cough, no expectoration, no soreness about the chest, bowels constipated, pulse about 120, small, wiry; constant thirst, no appetite, and very much emaciated. The second day after this consultation, Dr. H. left for New York and Dr. R. took charge of the patient. For fear that he should be detected in something that was not strictly orthodox, he stepped aside, dissolved a few globules of *Aconitum nap.* in half a tumbler of water, and directed to give the patient a teaspoonful every four hours. In thirty-six hours, under the action of *Aconite*, his fever was entirely reduced. *Hepar sulph.* was given in the same manner, this also changed the character of his cough, so that *Pulsatilla* and *Chamomilla* quieted the bronchial irritation; appetite improved, the

bowels became normal, and in eight days the patient was dismissed cured. Upon Dr. R.'s last visit, he told Mr. B. that it would not be necessary to visit him again. Mr. B., says to him, "Well doctor as you are a stranger in this place, this will be a great feather in your cap." Well, Mr. B., do you know what system I have practised in order to produce such results?" "No! any thing new?" "Yes, in this place; this is Homœopathy." "Well, if Homœopathy will do that, I will go it," and he did; for the old school never had an introduction in his house after this.

This case produced considerable excitement in the town, being so promptly cured after three of the most popular old school physicians had pronounced it a doubtful case. The success attending the homœopathic treatment gave confidence, calls became more frequent and the people began to enquire about this new system. During Dr. Humphrey's absence to New York, Dr. R. took charge of the hospital in the prison. As all the prescriptions were recorded, most of them were allopathic; occasionally a case would be treated with a mild form of medicine and all with satisfactory results. On Dr. Humphrey's return he resumed his business in the hospital. In the month of August, while Dr. Humphrey was in the hospital, there were seven or eight cases of cholera morbus brought in, the doctor prescribed and left for his office. He was soon sent for, the cases multiplied rapidly. Those for whom he had prescribed, first, had not improved but grew worse; Dr. H. sent a messenger for Dr. Robinson and he, learning the trouble, took his case of medicine. He found eight cases (the first that were taken) in a critical condition, cold extremities, cadaverous countenance, pulse almost imperceptible, thin watery evacuations. By this time about forty cases were brought in and the number was increasing. Dr. R. took charge of the eight cases and gave Dr. H. medicines and directions how to proceed with the others. The first eight under the action of *Arsenicum* and *Veratrum* soon improved, and at four o'clock, p.m., there had been treated 136 cases, and at six o'clock, the time for locking up, all but eight went to their cells, and the next day all were out of the hospital and soon went to their work. This is on the Hospital Register of August, 1841. It has been published in the *British Journal of Homœopathy* to the credit of Dr. Humphrey, although he had nothing to do with choice of remedies in the cases.

In July of 1841, Dr. Robinson was called to see a patient of Dr. McCarty and Dr. Clony, of Throopsville, a Mrs. H., who had been confined to her bed for a few months of an affection of the lungs. Dr. McCarty was present at this visit and, unlike the majority of old school physicians, was anxious to see the effect of homœopathic remedies in her case, although he said it would not be a fair test as he considered her case incurable.

After Dr. R. got through with his directions, he invited Dr. McCarty to visit the patient at his leisure and watch the progress of the case; he did so, and expressed his astonishment at the improvement, for it was clearly marked and permanent. In about six weeks from the commencement of the treatment, she was dismissed cured. The success of the treatment, in this case, convinced the candid mind of Dr. McCarty that Homœopathy was not a "humbug."—He at once commenced the study and farther examination of the new science to him, which resulted in the complete conversion to Homœopathy of which he

soon became a successful practitioner. This was the first convert to Homœopathy after Dr. R. came to Auburn that occurred in this country. Dr. M., however, became a Homœopathician and the next year removed to Utica. The opposition of the old school was bitter and malignant, nothing that they could invent was omitted, including misrepresentations and threatened prosecution.

In order to try the law, Dr. Peterson, of Springport, a lawyer by profession, imagining that he could do more good and serve humanity better by practising Homœopathy than he could by the practice of law, supplied himself with some books and medicine and commenced the examination and practice, visiting patients and taking fees for the same, without a diploma. They began with him, commenced a suit; his trial took place in Auburn before a jury of six men, and after a full and fair trial, the jury retired and, in about twenty minutes, they came in and reported a verdict of three-quarters of a cent to the plaintiff and donated their fees to the defendant. This ended their legal proceedings.

In August, 1841, Dr. R. was called to Moravia to see a patient of Drs. Bennet and Cator. This was a case of tuberculous phthisis, and beyond the reach even of homœopathic remedies. The treatment relieved her very much and made her much more comfortable, and for several weeks she improved so far as to take courage and hope. This improvement, and a conversation between Dr. Robinson and Dr. Cator, induced the latter to put his wife under Dr. R.'s treatment, and, if successful, he pledged himself to study Homœopathy and practise it. Mrs. Cator's case was a severe and aggravated case of gastritis; she had taken all the drugs that her stomach would retain and more, for she vomited the most of the time. The principal remedies were Bryonia and Pulsatilla. She improved rapidly, and in three weeks Dr. Cator acknowledged himself convinced and commenced the study at once, as Mrs. Cator was restored to good health. This was the second convert from the old school which occurred in this county. After the conversion of Dr. Cator, and his successful trials with the homœopathic remedies, Dr. Bennet, his partner, thought it no disgrace for himself to venture the experiment. When he had given the subject a just examination he became convinced of the great truth of "Similia Similibus Curentur."

In the fall of 1842 Dr. Cator left Moravia and located in Syracuse, where he introduced Homœopathy which soon got a permanent place, and has extended its benign influence over the county of Onondaga. Dr. Bennet wishing to extend his sphere of usefulness, removed to Rochester, N. Y., where he resides at the present time.

Dr. Smith, then a student in the office of Dr. Bennet and Cator, thus left by his preceptors, assumed the practice of Homœopathy and remained in Moravia in the southern part of the country, until within the last two or three years, when he removed to this place where he still resides.

In 1844-45, Dr. E. C. Witherill, of Cincinnati, and Dr. C. E. Swift completed their term of studentship and went forth in full confidence and with success.

In 1846, Dr. George Allen commenced his professional studies with Dr. R. Although in very feeble health, yet he passed through the course and located in Port Byron, where he secured the esteem of a large circle of acquaintances,

but his health soon failed him and he gave up the profession, returning to his father's home where he soon paid the debt of nature. He died February 14th, 1850. While these new laborers were preparing and qualifying themselves for the important work of healing the sick and relieving the distressed, without increasing their sufferings, Homœopathy was spreading its genial influence over the country and its neighboring hills and plains.

In the winter of 1847, Dr. C. W. Boyce came to Auburn and commenced the practice of Homœopathy. Thus in six years from the introduction of Homœopathy in Auburn were the following practitioners: Dr. McCarty, of Throopville, his ride extending all through the north part of the county; Dr. Peterson, of Springport, taking the west and south west part of the county; Dr. Smith, of Moravia, the south; while Dr. Robinson and Dr. Boyce were practising in Auburn and vicinity. Homœopathy in this place, like all other places, commenced in the most influential families, and has continued to spread its healing influences in that direction, until it has obtained a fast hold upon the intelligent and philosophical beyond the power of Allopathy to shake it for a moment, and in defiance of all their misrepresentations and ridicule is like gold tried in the furnace, coming out brighter and brighter.

In the spring of 1851, Dr. Robinson, jr., and Dr. H. Sheffield graduated at the Western Homœopathic College, at Cleveland, Ohio; and in 1852, Dr. Barr received his diploma. Dr. Robinson, jr., commenced the practice in Auburn, where he has remained up to the present time. Dr. Sheffield resides in Nashville, Tenn., and Dr. Barr at Ludlowville, Thompkins Co., each enjoying the confidence of the people and in successful business. About this time Dr. H. R. Gorton located at the village of Skaneateles, Onondaga Co., thus relieving the pressure of business in that direction.

Not only was the harvest ripening and the laborers increasing, but the resources of the medical student were improving. The literature of the school was very limited, but few works, comparatively speaking, were then translated into the English language. New works, new translations, revisions of Jahr's New Manual were published, new remedies were being proved, thus giving the student an opportunity of benefiting by the advancement of the literature of our schools and the experience of our senior practitioners.

In 1853 or 1854, Dr. Brewster located in the north part of the county. He soon acquired a good practice, and yet the call was for more homœopathic practitioners. Notwithstanding the opposition of the old school, the scoffs and sneers of the adherents of the old lapidated system of the empirics, Homœopathy maintained its integrity and grew stronger by the opposition. Dr. Hewet, about this time, removed to Genoa, in the south part of this county, where he is now, meeting with good success.

The intercourse between the members of the profession throughout the county was of the most amicable and social character. Each striving to assist the other, and advance the cause in which they had enlisted and which they cherished with so much satisfaction.

County Societies were formed, auxiliary to the State Homœopathic Society, but these were all without legal authority and consequently did not elicit so much enthusiasm and energy as could be expected or desired.

In 1856, Dr. Strong, then in Sennett, commenced the investigation of Homœopathy, and from a clear examination and experimentations he became satisfied of the merits of the new system and adopted it as his future practice, afterwards removed to Owasco village, where he now resides blessed with an extensive ride and a successful practice.

In 1857, the Legislature of this State granted a Charter to the State Homœopathic Medical Society, and in May, 1860, the Cayuga County Homœopathic Medical Society was established according to the requirements of the Statute, and has been in successful operation ever since.

Dr. Fellows, of Sennett, and Dr. Gwynn, of Throopsville, have received their diplomas, and have established themselves in their respective locations with profit to themselves and honor to the profession. Dr. Heath also graduated in one of the best colleges in the State, and is now doing an extensive and successful business in Palmyra, in Wayne County. We have up to this time, 1864, eleven homœopathic practitioners in this County, and yet there are several locations where a good physician would have a lucrative business.

I have given you as correct a history of Homœopathy in this County as I could give from memory. Should there be errors discovered I hope some more competent pen will correct the error that it may stand a true history of the past. In the bright sun light and clear sky of the past twenty-three years, there have but two clouds past to obscure the bright horizon. The first was that of the death of Dr. George Allen, on the 14th of February, 1850. Dr. Allen, after receiving his diploma, settled in Port Byron, where he succeeded in a short time in making many friends. His health was very feeble during his term of studentship, and it appeared like folly to spend his time in acquiring a professional education when the mark was so visible upon his whole constitution, predisposed to consumption. Kind and affable, quick in discriminating, he made a successful practitioner the short time allotted him, which was only about two years. Again, in July, 1863, we were called to pay the last sad duties to our much esteemed friend and co-worker Dr. Lewis McCarty, who died of a carcinomatous tumor involving the whole of the right parotid gland, the submaxillary and a portion of the thyroid gland; this was superinduced by an injury received on being thrown from his carriage. Dr. McCarty needs no eulogy from me. He was too well known by all the members of this society and by the profession in central New York. He was strictly a Homœopathician. Studious and possessing a good memory, close in his examinations and strict to the law *similia similibus curentur*. His prejudices were strong and lasting, whether for friendship or eternity. His whole soul was bound up in Theology and Therapeutics. His Theology was of the school of Alexander Campbell, known as Disciples. His Therapeutics of that of Hahnemann. Alexander Campbell was his guiding star in Theology, so was Samuel Hahnemann in Therapeutics. He was a faithful servant to either Master. Naturally of a strong and enduring constitution, he seemed to require but little sleep or quietude. He had an extensive ride through the whole northern part of the county. With all his energy and perseverance, his iron constitution yielded at last, and he sank into a premature grave, lamented by all who knew him.

H. ROBINSON, M.D., Auburn, N. Y.

ADMINISTRATION OF HIGH POTENCIES.—*Correspondence*.—The questions contained in the following letter, recently received, represent a class of queries that are frequently propounded both orally and in correspondence. It has appeared not inappropriate to publish a general reply to these and similar questions:

“ ———, October —, 1864.

“ *Dear Sir*: I recently had brought to my notice your two articles on “The Use of High Potencies in the Treatment of the Sick,” which appeared in the AMERICAN HOMŒOPATHIC REVIEW, for December, 1863, and January, 1864.

“ If you will pardon me for intruding upon your time, I will take the liberty of putting a few questions to you in order to gain a little information.

“ I have never used the thirtieth and higher potencies in the treatment of acute diseases, simply because I was afraid to trust them.

“ Since reading your articles, however, which I did with great pleasure, and, I trust, profit, I have fully determined to give the high potencies a fair trial; in fact I can not do otherwise when I behold such powerful testimony in their favor. Now allow me to ask you:

“ 1. In what form do you use these potencies, in the shape of pellets or liquids?”

“ 2. Do you use the *decimal* or the *centesimal* scale in the preparation of the high potencies?”

“ 3. Do you repeat the high potencies in rapid succession in acute diseases, as you do the *low* preparations?”

“ 4. If you use pellets, do you consider them perfectly reliable? and how many, as a general rule, constitute a dose, either dry or taken in water?”

“ 5. Do you alternate the high potencies, or do you rely upon the single remedy?”

“ 6. Do you believe that the high potencies, from your own experience in the use of them and from what you have beheld in the practice of others, are far superior, in all respects, to the low preparations as remedial agents?”

“ Some of these questions may seem in themselves to be insignificant, but I do not consider them so, for in making my first trial I wished to *start right*, that the experiment may be made fairly, with a sincere desire to know the truth, the whole truth and nothing but the truth.

“ In conclusion let me say that you may rest assured your answers to this communication will be kept perfectly private, and no publicity (as coming from you) given them.

“ Permit me to repeat that it is only a sincere desire to seek out and find the truth that has led me thus to trouble you.”

We heartily respect our correspondent's earnest desire to get at the “whole truth,” and to “start fair” in his experiment; and we respect his hesitation to use the high potencies until he should have a reasonable assurance that, in so doing he would not be hazarding the interests of his patients. We take this public manner of replying to his questions, partly with a view of convincing him that we have no *wish* that our “answers to this communication” should be “kept strictly private.” On the contrary we should be glad to have “publi-

city (as coming from us) given them." For they are expressions of our honest convictions, the result of as careful observations and as cautious and complete experiments as we have up to the present time been capable of making. They express our present opinion, those views in accordance with which we shape our daily practice.

But we hold ourselves bound by them only so long as they shall continue to be our honest convictions. Should farther observation and more extended experience satisfy us that any of our present positions are untenable we shall gladly abandon them for others, and shall then, likewise, be not only willing but anxious to have "publicity (as coming from us) given" to these new views. The object of our professional life is to find out the truth and to shape our practice accordingly. Consistency to this object is *true consistency*—while consistency to any form of opinion or doctrine that may at one time have been supposed to be the truth and proclaimed by us as such—consistency to such opinion merely because we may have once publicly uttered it, this is the basest and most ignoble bigotry and cowardice.

In the articles to which our correspondent refers, we had no object but to express frankly and plainly the views which govern us in the practice of medicine. We would call his attention to the fact that the greater part of the articles consisted of citations of the opinions and experiences of other practitioners whose conclusions were but corroborated by our own.

1. *In what form do you use these potencies, in the shape of pellets or of liquids?*

As a matter of fact, we use them in the *form of pellets*. As a matter of faith, we know no difference between pellets, pills, triturations or liquids. The pellet is merely a convenient means for dividing a drop of liquid into a number of equal parts, and it is for this object that we use them. We have been in the habit of buying unmedicated pellets or globules at Smith's Pharmacy, and medicating them with liquid potencies of our own preparation. Pellets thus medicated we find retain their remedial powers for several years *at least*,—exactly how long we cannot say. They are so much more portable and more convenient to administer than liquids, that this furnishes us a sufficient reason for preferring them to the liquid form of prescriptions. A writer in the *British Journal of Homœopathy*, some years ago, published an essay on the Globule versus the Pillule, making out a very bad case for the unlucky globule as calculated to bring Homœopathy into contempt in the eyes of persons not indoctrinated. There is something laughable, if it were not deplorable, in this argument, the pith of which is this: "We give small doses to be sure, but let us not, by using the pellet, *appear* to give small ones; let us use as big a pill as any body that we may not *seem* to give a small dose, and may not rudely jostle the prejudices of our patients." But surely, if contempt would have damaged Homœopathy, this luckless science, despised, scorned, ridiculed and, scores of times, extinguished by Homeric laughter, should have been done for long ago! To adopt and defend this much contemned science, and yet to shrink from the obviously smallness of a pellet-dose—is not this "to strain at a gnat and swallow a camel."

Nothing will gain the confidence of a patient so surely as *success*! His confi-

dence, once gained by *success*, cannot be shaken by the form of your dose! Yes, it may though! If he see that while your doctrines require you to give small doses, you yet dissemble and juggle, and, by using large pills and lozenges and mixtures, try to make it appear that you are giving as large doses as your old school neighbor, he will suspect that your faith in the system you profess is not really strong, and he will have doubts of both you and your system. The sick man who feels that you are *curing* him cares not a straw for the logical improbabilities of your doctrines, nor for the scientific difficulties attending the explanation of the action of your little dose. Large or small—much or nothing—if, under your auspices, his health return, he will have faith equally in yourself and in your methods.

We have been amazed at much that has been said and written on this subject. Our own patients have rarely remarked upon the pellet. One, who had never seen them before, once said to us, "Do you really hope to cure me with those tiny pills?" "Yes, certainly." "I should not believe they could possibly have any power." "Why? Because they are so fine and small for pills?" "Yes." "Then, my dear Sir, instead of regarding them as '*fine pills*,' consider them to be very *coarse granular powder*, and you cannot fail to be impressed, a priori, with their immense power!" He perceived the absurdity of his objection, which was to the outward form and not to the inherent power. The *success of the prescription* satisfied him of the virtue of little pills.

Another patient objected to the very small vials of my pocket case. I replied, they were a matter of convenience to me, but if he would be better satisfied I would, next day, bring his dose in a quart bottle and pour out the same quantity (pellets). He also perceived that his objection was frivolous and was content.

2. *Do you use the decimal or centesimal scale in the preparation of the high potencies?*

As a matter of fact, we used the *centesimal scale* in preparing the high potencies and all the potencies which we use, and have used since we began to practise medicine. As a matter of opinion we see no reason to prefer the decimal. It does not ensure a more uniform gradation as has been claimed. The use of it leads to confusion and is to be regretted. We prefer adhering to Hahnemann's scale. It is easy to convert the one into the other in reporting cases or in reading reports. If our correspondent will refer to the articles which prompted his letter, he will note that in the treatment of pneumonia, Wurmb and Eidherr used potencies prepared on the decimal scale, which fact we there stated and we reduced their numbers to the corresponding ones of the centesimal scale. In general in this country where the facts are not specifically stated, it is understood that the centesimal or Hahnemannian scale is intended.

Our own preparations were made in strict accordance with Hahnemann's directions and so are the high potencies of Lehrmann, as we have learned from Dr. von Bœnninghausen, who directed their preparation, and from Lehrmann himself.

3. *Do you repeat the high potencies in rapid succession in acute diseases, as you do the low preparations?*

How shall such a knotty question be unrivalled? It involves two assumptions two beggings of the question, viz.: 1. That we do repeat the low potencies in rapid succession in acute diseases; and, second, that we make any such distinction between acute and chronic diseases, as to admit of a radical difference in our principle of prescribing.

1. We recognize but one rule touching the repetition of the dose. It was laid down by Hahnemann and is as follows: Do not repeat the dose of the remedy given until the effects of the previous dose shall have ceased to be evident. Our most grievous failures have come from a violation of this rule.—Our most brilliant and complete successes have coincided with a strict observance of it. If we are *sure* that our remedy has been rightly selected, we sometimes direct, particularly in cases that have been actively treated by allopathic physicians before we were called and in which we apprehend a sluggish response to remedies, a repetition of the dose every few hours, until some amelioration or decided aggravation appear, but we always order a suspension of the remedy as soon as *either is manifest*.

2. We know of no clear distinction between acute and chronic diseases on which to base a difference in treatment. Indeed no difference whatever, unless it be one analogous to that which Hahnemann laid down, viz.: that chronic diseases are based on the awakening of miasms that had hitherto lain dormant in the system.

For instance, is scarlatina an acute disease? Assuredly it is so regarded. Yet, on the third day, scarlatina often shows that it has awakened and engrafted itself upon the scrofulous (or *psoric*?) taint in the patient's constitution and then, surely, it becomes typically chronic. This is an example of what we see happen in all forms of disease. It prevents an available distinction between acute and chronic diseases.

We can assure our correspondent that it is safe and advantageous to strictly follow the Hahnemannian rule about the repetition of the dose in acute no less than in chronic diseases. But let us anticipate a possible confusion in his mind. Some writers, Dr. Drysdale we are surprised to see among them, seem to think that Hahnemann, when he said, "wait till the first dose shall have exhausted its action," meant to say "do not repeat the dose until that period shall have elapsed which I have indicated in the *Materia Medica*, as the duration of action of each drug." This period for some drugs is several days, for others several weeks or even months. We do not so understand him. The duration of action of a remedy on the healthy subject (prover) furnishes no criterion of the duration of its action on the sick. Again, the duration of its action on one sick person furnishes no criterion of the duration of its action on another sick person. Surely the vital processes are much more rapid in acute pneumonia than they are in tuberculosis. Is it not probable that the duration of action of a dose of medicine would be shorter in the former than in the latter?

We suppose Hahnemann meant as follows: "If amelioration follows a dose of medicine, do not repeat the dose until the amelioration ceases to progress, Then, if the symptoms be the same as before, though mitigated in severity, repeat the dose. If the symptoms be different, study the case anew and make another selection of remedy. It is in this sense that we have understood and

that we apply Hahnemann's rule. Not pretending that we do not often, through errors of judgment, infringe it, we are sure that whenever we do so, misfortune follows, and that in proportion to our faithfulness, so is our success.

In respect of the repetition of doses, as well as of the form of the prescription, we have no difficulty with our patients. Patients are like soldiers, they believe in a man who believes in himself. We say this in all humility, for, in a matter of science, belief in oneself is faith in the laws one has undertaken to carry out in practice. And if the physician show confidence in his methods, his patients will yield themselves implicitly to his guidance. The prejudice in favor of large and many doses is a relic of past ages, when the practitioner was paid, not for his skill and personal services, but for the *medicines* he furnished, a barbarous usage which, along with slavery, we received from our British progenitors. Unlike them, we have discarded the former but not the latter.

4. *If you use pellets, do you consider them perfectly reliable?* Assuredly, or else we would not use them. We medicate them ourselves.

And, *how many constitute a dose?* If properly medicated, one is as good as *one hundred*. As there is a possibility that, in medicating several thousands at one operation, a pellet here and there may fail to get saturated, we usually give about four to six. We use the smallest pellets as most easily and surely medicated.

5. *Do you alternate the high potencies or do you rely upon the single remedy?*

Here again our friend confounds a *principle* and *quantity*. If it be right and advantageous to alternate the low, it is right and advantageous to alternate the high potencies. But, in fact, we do not alternate at all. We *always* rely on the single remedy at one time. Dr. Drysdale says that *everybody* alternates and, therefore, there must be some necessity for the practice. But his illustrations are so far-fetched, and his definition of alternation is so contrary to the conceptions which all other Homœopaths, from Hahnemann down, have had on the subject, that, notwithstanding our respect for Dr. Drysdale, we must repeat, in the very face of his learned paper, *that we do not alternate*.

Our understanding of the practice of alternation and our objections to it were stated, as well as we are able to state them, in the number of the REVIEW, June, 1863, Vol. III, No. 12.

We are opposed to it in theory and we abjure it in practice. It is an abominable heresy. As a shot-gun maims, where the rifle would kill, so alternation may change and modify and maim the disease, but it never does nor can effect the clean, direct and perfect cure that a single remedy, exactly homœopathic, will accomplish. As a relic of the polypharmacy which has been the stumbling block of the old school, we loath it. As a refuge of the careless prescriber, and slothful student, we despise it. As an anomaly in homœopathic practice, a fatal obstacle to progress in the clinical portion of our *Materia Medica*, we deplore it.

6. *Do you believe that the high potencies, from your own experience in the use of them, and from what you have beheld in the practice of others are far superior in all respects to the low preparations, as remedial agents?*

An affirmative answer is involved in the statement that we use the high in pre-

ference to the low preparations. For details we refer again to the articles which prompted our correspondent's letter. Personally we have suffered and do now suffer from chronic organic disease and from occasional very violent acute attacks. We always use the high potencies in these cases, preferring them to the low. We use them in our family and among our friends. We use them in general practice. Many of our friends and patients, non-professional persons, know the fact and freely say that they and their children are more speedily cured by the high than by the low potencies.

N.B. The imaginations of our friends aforesaid are not more lively than those of the average of other people. Indeed, they are plain matter of fact persons, possessing much common sense but, for the most part, no genius.—They prefer high potencies.

And now, having replied in detail to the queries of our correspondent, let us add a few remarks which we beg him to receive in good part.

To change the aspect of a case, to cause the original symptoms to be supplanted by other symptoms, this is no more a cure than "a strategic change of base" is a "victorious campaign." Yet this may be effected by repeated doses of a drug in a low potency, whether the drug be strictly homœopathic to the case or not. And a succession of such changes and supplantings may be effected, day after day, until finally the patient gets well or nearly so. Meanwhile the patient may be amused by the varieties which each day brings forth, and if he know nothing of a true homœopathic cure but have heretofore had only the heroic treatment, he may fancy he has been doing finely.

Now, in this way, with low potencies, a practitioner may do quite a business on a very slender capital of knowledge.

Not so if he use the high potencies. With these no change is effected in the case unless the remedy have been strictly homœopathic to the case. They are like the rifle ball—if they hit, they kill—if not, there is no record of the shot. There can be no good luck from scattering.

Now it will be perceived that the question of cures with high and low potencies is not merely a question of potencies, and our friend's trial will not be a fair one unless he make sure that his selection of the remedy in each case in which he tries the high potencies, is strictly homœopathic. If he make sure of this and be correct in it, then let him go on in confidence with his experiment. We bid him God speed.

D.

BRAITHWAITE'S RETROSPECT. Part 49. July, 1864. Published by W. A. TOWNSEND, 55 Walker Street, New York.

Desirous of keeping our readers advised of what is transpiring in the profession outside of our school, we have intended publishing occasionally a resume of the contents of the various medical journals. With each succeeding number of the REVIEW, however, a press of other matter has prevented our doing so, until after a lapse of six months, what we could have done but imperfectly is accomplished by Braithwaite, and to his Retrospect we must refer our readers for the details of much that is interesting. We have space for a few extracts only.

A short account is given of the *Trichinæ spiralis*. In October, 1863, the disease prevailed epidemically at Hettstædt, a town in Prussia, in consequence of the victims having eaten sausages made of pork, in which the worms were. The symptoms produced are very violent and the result is frequently fatal. Salting and smoking the trichinous meat does not destroy the worms. This can only be done by long boiling.

In fractures complete apposition and absolute immobility are secured by the use of iron pegs or nails, which are used by drilling a hole through the ends of both fragments and inserting a piece of wire or nail. In treating fractures of the leg, a pillow, bound firmly by straps, may be substituted for splints in all cases except those of extreme obliquity. The pillow causes no discomfort from undue pressure and produces neither abrasion nor irritation of the skin.

In treating burns, a free application of a solution of Nitrate of silver, ten grains to the ounce is recommended. Many homœopathic physicians have pursued this treatment for some time with great success and recommend their patients to have the solution of Nitrate of silver on hand as they do the tincture of Arnica. This treatment was brought to the notice of the profession by our colleague, Dr. P. P. Wells, in August, 1846. It is published as a footnote to a translation, by Dr. Wells, of Dr. Croserio's article on the "Connection of Homœopathia with Surgery," in the *Homœopathic Examiner*, new series, Vol. II, p. 19. As many of our readers probably have not seen it, we reprint the note in full:

"For the cure of scalds and superficial burns, there is no remedy which can compare with local application of a saturated solution of Nitrate of silver. It has been in use in my practice for the last six years, and its success has been such as to leave nothing to be desired more. In slight cases the cure is instantaneous. In more grave ones it is effected by a single application, and in a space of time incredibly short. A boy, five years old, received the boiling contents of a tea kettle on the top of his head. The scalp, face, arms, and upper part of the trunk, were frightfully scalded. The mother applied lamp oil, with no effect to relieve his pain. Immediately, on applying strips of muslin dipped in this solution, he became perfectly tranquil. He had neither pain, anguish, trembling, shuddering, nor cold extremities, all which previously had been extreme. The accident occurred at four, p.m. The next morning at eight, the strips were removed, and with the exception of a spot between the right ear, and two or three others on the left arm, of the size of a quarter of a dollar, where the oil prevented the contact of the solution and skin, the child was perfectly well. A servant girl thrust her hand and two-thirds the length of the forearm into a kettle of boiling mush. The fingers were swollen so as to be rigid, and small blisters covered the skin of the immersed part. The solution was applied with a hair pencil. The pain ceased instantly, and in three hours she was about her daily avocations."

Cases of small pox cured by *Sarracenia* are published. Many who before considered this substance inert will doubtless be induced to make another trial with it, without ascertaining any other symptoms of the disease than that it is small pox.