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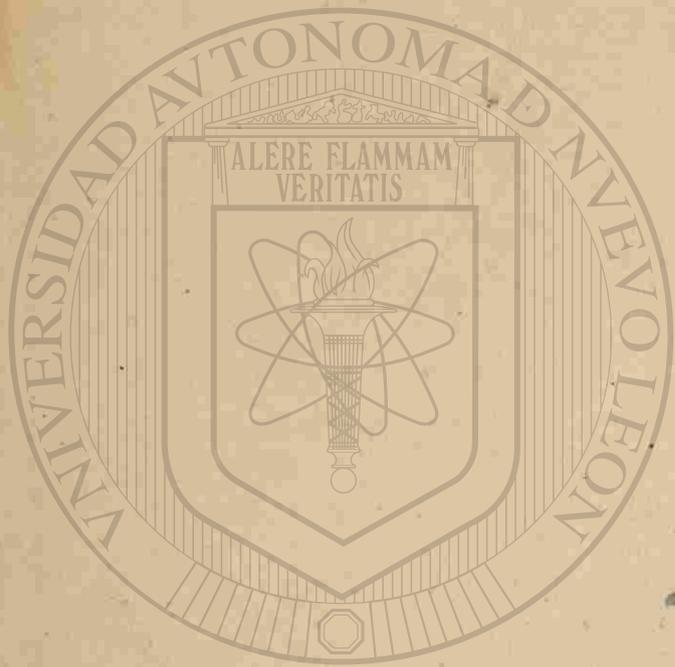
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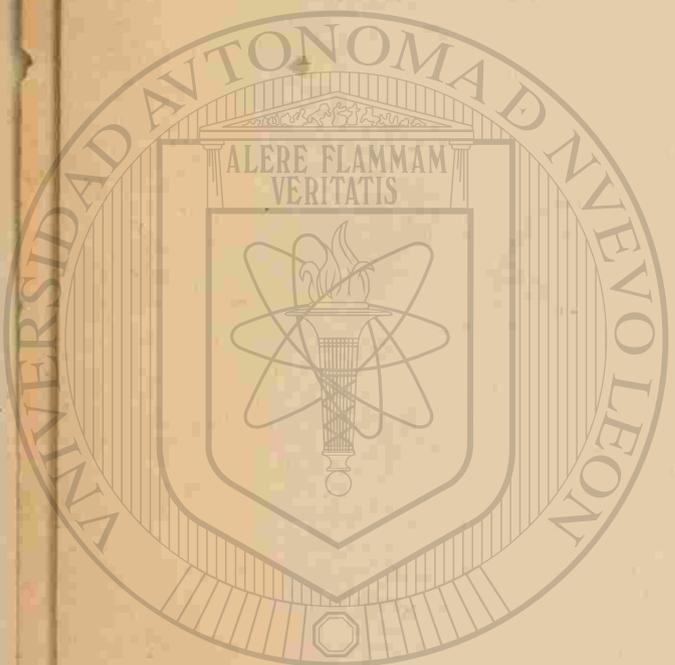


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THE

AMERICAN

HOMŒOPATHIC REVIEW.



CONDUCTED BY

P. P. WELLS, M.D., CARROLL DUNHAM, M.D.,
HENRY M. SMITH, M.D.

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THE
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Vol. V.

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No. 1.

RETROSPECT.

In the retrospect to which the commencement of a new volume of such a periodical as the REVIEW, naturally invites us, several important considerations present themselves. Going beyond the more immediate past and looking back to the earlier years of Hahnemann's life, we notice that for a long period after the idea of the homœopathic law and method became clear in his mind, he made frequent and very earnest efforts to commend this idea to the acceptance of his professional colleagues. Every form of argument and of demonstration was employed by him to persuade Hufeland and the profession generally, to investigate and to accept the homœopathic law of cure.

It was not until many years had been occupied with fruitless labors of this sort, not until, in response to these efforts, he had been ridiculed and branded as an infamous impostor, that Hahnemann separated himself from the body of the medical profession, and defiantly flung to the breeze the banners of his new school of medicine.

The earnestness and long continuance of his efforts to reconcile fidelity to his convictions of truth and harmony with his professional brethren, may serve to show us how

highly he prized this harmony. On the other hand, the unflinching determination with which to the end of his long life he accepted ostracism and contumely and personal suffering and poverty, when recalcancy to his convictions had become the only alternative, should make us bow with reverence before a devotion to Truth and Duty which has had no parallel among physicians.

We may, at this day, with profit, ask ourselves whether we estimate as highly and emulate as earnestly as we should do, this latter trait in Hahnemann's character.

The majority of Hahnemann's immediate pupils stood by him faithfully in his entire separation from the dominant school of medicine. Some, however, who adhered to the new system, deprecated Hahnemann's apparent hostility to the old school, and sought by every means to bridge over the chasm which separated the Homœopathist from medical men at large. That this was a very praiseworthy endeavor is not to be denied; for not less in professional than in social life is it a delightful thing for "brethren to dwell together in unity," but it should not be forgotten that the dwelling together is possible only where "unity" is possible—where this is unattainable there should be a wide and acknowledged separation.

The attempt to smooth over the radical and inevitable differences between Homœopathists and Allopathists led, at a very early period, to the ignoring of certain fundamental principles involved in the science of Homœopathy. This evil steadily increased, until, fifteen years ago, the practice of the great majority of Homœopathists bore very little resemblance indeed to that of Hahnemann and his stricter pupils, and their success was proportionably less; but little, if at all, greater in many respects than that of the best allopathic practitioners.

Hufeland declared that Homœopathy, if it should prevail, would "be the grave of medical science." This was the keynote of the objections made by Hahnemann's opponents.—And these objections had so great influence over many of his followers that they endeavored, in every way, to accept the

theories and philosophy of the old school while adhering to Hahnemann's practical method. The true and manly and safer course would have been to claim as Hahnemann did that, experience having shown the homœopathic method to be true, a philosophy of medical science with which Homœopathy is incompatible, must be, *ipso facto*, a false philosophy. We have gained nothing by our endeavors to conciliate the old school and to accommodate our doctrine to theirs. On the contrary, we have lost both the respect of the more enlightened Allopathists and what is infinitely more important, a clear understanding of our own position.

Hahnemann declared the pathology of his day to be an unsafe basis of medical treatment, and proved that Therapeutics could *never* be based on Pathology; for the reason that Pathology is a science of Hypothesis respecting the nature and processes of morbid action and must always be speculative and uncertain. Homœopathists were at once charged with ignoring or neglecting Pathology, and many of their numbers have been so intimidated by this hue and cry as to resort to very painful, almost ludicrous exhibitions of a devotion to pathological science as a source of indications for treatment, which would be absolutely incompatible with true homœopathic practice. For, a Therapeutics based on pathological indications must, of necessity, be a system of broad generalizations, while to the true homœopathic practice the strictest individualization is an indispensable condition.

Hahnemann gave us a *Materia Medica Pura*, in which the slightest effects of drugs, not merely those which could be observed by a looker-on, but also modifications of sensation, thought and emotion, perceptible only to the prover, were carefully recorded in such a way as to make the effects of each drug most clearly distinguishable from those of every other. A cry went up at once from the ranks of the old school, against the puerility of these alleged provings, and the absurdity of prescribing for serious diseases on the strength of such "trivial" symptoms. It was affirmed that subjective symptoms of which the majority of each proving

consists, are almost valueless to the prescriber as an indication for treatment. A great many Homœopathists were deeply moved by these allegations and proceeded in various ways to expurgate the *Materia Medica*, striking out the subjective symptoms and seeking the characteristics only in the few objective symptoms which the provings contain. The injurious influence thus exerted on the practice of Homœopathy throughout the world has been almost inexpressibly great!

Hahnemann taught the efficacy of small doses. He showed that when drugs are prescribed according to the homœopathic law, it is indispensably necessary that the doses be small, and that *infinitesimal* doses are more efficacious than large ones.

Nothing has brought more opprobrium upon Hahnemann from the Allopathists, nor more ridicule upon his followers than this question of the dose. And many Homœopathists yielding to this clamor and shrinking from this ridicule, make a merit of disclaiming any fellowship with Hahnemann on this point and loudly proclaim their willingness, in the matter of large doses to "go as far as he that goes the farthest."

We have thus the spectacle of a large body of professed Homœopathists denying their master in the three fundamental points of his system—the indication, the remedy and the dose! And all this, as much through lack of moral courage to brave the obloquy which attaches to the strict Hahnemannian, as from honest difference of opinion.

All profess allegiance to the homœopathic law, "*Similia similibus curantur*," but the party of which we speak denies every one of the conclusions above alluded to, and to which this law conducted Hahnemann. An inevitable consequence has been a mournful deterioration of homœopathic practice, until now, save in the practice of the strict Hahnemannians, there is rarely seen an example of those rapid, almost magical cures which gained for Hahnemann and his pupils their world wide fame.

Thus it is ever that hesitation to proclaim and stand up for

the truth at whatever cost, brings along with it its own punishment!

It is a gratifying fact, that a marked reaction began about twelve years ago, and is now going on. Greater desire to thoroughly understand the science and art as Hahnemann taught them; greater faithfulness in the study of the *Materia Medica Pura*; greater boldness in professing the peculiar doctrines of Homœopathy, are manifest on every side. For much of this auspicious change we are indebted, before all, to the teaching by pen and by practical example of the lamented von Bœnninghausen; for much also to the faithful labors of Wurmb in the Vienna hospital, the results of which have been given to the world by Kaspar and Eidherr; and for much to the arduous labors of Dr. Drysdale in the compilation of the *British Repertory* and in the various essays in which he explains the nature and merits of that work, and urges the necessity of a faithful study of the *Materia Medica*. The change which a faithful study of Hahnemann's writings and especially of the *Materia Medica* will produce in the practical views of the student, is strikingly and happily shown by a comparison of Dr. Drysdale's Essays in the first volume of the *British Journal* (1843), with his remarks on the *Repertory*, in volume eighteen of the same journal (1860).

The direction which this reaction takes, in so far as the indication is concerned, is well expressed in the following words by Dr. Drysdale:

"No one has rightly understood the *Examination of the Sources, etc.*, nor the *Spirit of the Homœopathic Doctrine*,* who can imagine that the time has come, or can ever come, when clinical experience can supercede the pure symptoms as the final indication for specific Therapeutics. Nevertheless, the tendency of many is to go to this extreme; for, if we look through the homœopathic practical literature, both standard and periodical, we find that nine-tenths of the indications are

* Hahnemann's Lesser Writings, English edition, pp. 696 and 748.

merely clinical, and no pains are taken to bring out the correspondence of the pure symptoms. Whither is this tending? Let us see. Allopathy now a days is a very different thing from what it was; mainly, I think, from the indirect action of Homœopathy upon it and also from the borrowing, directly from us, many specifics which are used often in a simple form; also the use of specifics is partly acknowledged as a desideratum, and partly adopted practically under the names of tonics and alteratives; but the indications are always purely clinical and empirical. Now, in as far as we rely on clinical indication alone, wherein do we differ from the ordinary school? In no way, except that, being superior in numbers and having the command of more men of talent in hospitals, they will beat us with what were originally our own weapons. Our only resource, then, is to go back to the more diligent cultivation of our special field, viz.:—the *Materia Medica*. There we have scope enough to recover lost ground and get again far ahead; for, granting all that Pathology and clinical experience can teach us—and I would of course avail myself of it to the very fullest extent—how far does that bring us in determining the one right medicine required in a system of specifics? A very little way indeed. Very often it offers us a free choice of twenty to fifty medicines, all equally eligible—a kind of liberty and equality for which we may spare our thanks, as most likely only one or two of them can be specific. Let any practitioner seriously think over the cases that present themselves in one day's average practice, and tell us how many are well pronounced examples of pure inflammation of the large organs or other well-defined diseases whose course is definite and symptoms sufficiently fixed to enable us to fix the specific *ab usu in morbis*. A very small number it will be; and applying this to the practice of medicine at large, we come back to Hahnemann's proposition, that *no two cases are exactly alike*, a fact that strikes at the root of all attempts to perfect a system of specifics by experience in disease."

The same point has been discussed with great ability and

in a still more practical manner by writers in the *Allgemeine Homœopathische Zeitung*, and especially by its able Editor, Dr. Veit Meyer, whose published cases of diseases treated purely according to the totality of the symptoms, have given a peculiar interest to recent volumes of that periodical. D.

CHARACTERISTIC SYMPTOMS.*

BY PROF. DR. J. HOPPE, OF BASLE.

Homœopathy has not as yet given prominence and emphatic utterance to the fact that the decisive symptoms, in diseases and drug-provings, are, in many respects, insignificant—indeed *very insignificant* and *trifling*. Nevertheless Homœopathy has not been unaware of this fact; she has only not expressed it in sharp, clear words and thereby given a full currency to the importance and to the apparent unusual nature of this circumstance. For, when we are taught that, in examining a patient, we must go to work in a sharp and thorough fashion, and must investigate with indefatigable zeal until we find out the peculiar phenomena which give us our rule of action, it is clearly implied in this very teaching, that often these peculiar phenomena do not present themselves obviously in the foreground, but are, on the contrary, insignificant and *apparently* trifling.

And when, further, we are taught how to conduct ourselves when proving a drug, in order to allow the symptoms to develop themselves and not to pervert and cloak them by accidental phenomena, as well as to take cognizance of them undisturbed, the conclusion, in like manner, follows from this teaching that the *decisive, instructive* and *important* symp-

* "On the insignificance of those symptoms in a proving and in a disease which determine the choice of the remedy." By Professor Dr. J. Hoppe, of Basle. From the *Allg. Hom. Zeitung*, 68, 105, April 24th, 1864.

toms do not always stand, fair and square, full before the eyes.

In truth, it *has* been seen and felt that the determining symptoms present themselves in many respects insensibly. But every body has, timidly as it were, kept this fact to himself and not given prominence to it, as the *experience which furnishes the rule*; we have silently accorded to it an importance which we have not been willing to express publicly, aloud, clearly and boldly.

And we have been *timid* in this matter, *because* we have regarded it as a token of incompleteness and of unripeness, that we are obliged in many ways to avail ourselves of so insignificant and trifling symptoms. But he who has been initiated into this *open secret*, that the very determining symptoms are often insignificant, and has been in the habit of profiting by it—he has ever distinguished himself by an especial practical ability. Yet in doing so he might fall into the opposite danger, viz: of taking these insignificant phenomena in a subtler sense than the progress of science up to the present day enables us to do and justifies our doing—a misfortune which, where the investigations were truthfully made, may indeed damage the individual, but can only benefit the science.

Let us then say it—emphatically, loud and frankly—that the determining symptoms appear in many respects to be insignificant and unimportant, and let us proclaim it to be a requisite condition, that in proving drugs and in examining patients, the insignificant symptoms are not to be neglected, but even to be noted and regarded with *especial* care.

It is true, that which we here say. This truth has its analogy in every department of science. And this truth has its necessary fundamental basis.

A slight sticking or digging pain in the teeth, when proving a drug, a slighter increase of heart-beat, an inconsiderable pain in the throat, a somewhat unpleasant taste, which recurs only at long intervals, a slight change in the stool, a somewhat restless night, a slightly more abundant sweating,

a somewhat depressed or a somewhat exalted state of mind, etc., etc.—these phenomena are to be taken notice of; and it is, in good part, only when these are reckoned in, that the entire picture of the disease or of the drug-action is made out.

And has not also the diagnosis of diseases its difficulties and its subtleties? Is the diagnosis of iritis always so dazzlingly obvious; the diagnosis of pneumonia always so rudely palpable; the distinction between diphtheritis and catarrh always so striking, as it seems to be in very well developed cases?

There are, also in these cases, phenomena which appear insignificant and unimportant, but yet are so important that they *decide* the whole matter.

And as it is in diagnosis, so it is also in microscopy, so in all departments of medicine, so in all sciences, so also in all affairs of daily life.

Where no dazzling facts present themselves, the examination, the investigation must keep to the insignificant circumstances, and it lies in the nature of the thing, that these occur *more frequently* than the *striking* indications and are often even *more important* than the latter.

And if the grosser changes in and upon the tissues are often but little developed, *how much more may* this be the case in regard to such phenomena as present themselves only as the subjective expression of excited tissue-functions? For the insignificant and apparently unimportant phenomena, on which often so very much depends, are manifestations of the tissue activity—also manifestations which are as yet pretty much undisturbed and not yet covered over and concealed by the *results* of the excited or perverted tissue functions. They are *initial-phenomena* and they may easily be lacking *there*, where a process has become *developed* in its full extent; they are lacking, for example, in a fully developed pneumonia, whereas at the beginning of the same they may be still present and may indicate the peculiar character of the existing irritation.

The "peculiar," the "characteristic" symptoms—these are to be regarded as the determining ones; but we must, at the same time, never forget, and we must always say emphatically, that these symptoms may be *very insignificant ones* and that we have to seek them, for the most part, in the series of *little and unimpressive phenomena*. Accordingly, free from all feelings of timidity, we receive these *seemingly insignificant* phenomena within our field of investigation. What microscopic research is, in the case of small objects, the same, in semeiotics, is the scientific investigation of the trifling, unimportant, subjective and objective phenomena of disease, and he, who cannot labor in this field of the small and the few, can never be a master in either department of science. The riper spirit adventures into the depths, whose limits are immeasurable and whose products may indeed, to the uninitiated, seem insignificant, unimportant, trifling and profitless.

D.

THE QUESTION OF THE DOSE.

BY AD. LIPPE, M.D. PHILADELPHIA, PA.

This question which still remains open and awaits accumulated statements by the experiment is nevertheless approaching its final solution.

I agree fully with Dr. Wm. Arnold when he says in his article on the "Solution of the Question of Doses" in the *Homœopathische Vierteljahrschrift*, January, 1864: "When we investigate the question of the doses we must hold fast to acknowledged chemical, physical and physiological facts, etc."

Certain points have been clearly established by incontrovertible statements, and from them we can draw correct conclusions. These points are:

I. Cures related by the administration of low potencies and crude drugs.

II. Homœopathic cures related by the administration of the higher and highest potencies.

III. Comparative experiments related by Dr. Edherr—showing that the higher the potency given in pneumonia the shorter the disease, and the quicker the cure.

IV. That where low potencies did not cure but only aggravated the case, the higher potency cured.

V. When the high potency did not cure, the lower potencies gave relief.

I. Nobody can pretend to deny this fact. The first attempt to apply the homœopathic law to the curing of the sick was made by administering crude medicines, and had this attempt failed, had it not proved the correctness of this law ("Similia Similibus Curantur"), all further progress in the development of the new art would have been checked at the very outset. These first experiments not only proved the correctness of the fundamental law, but gave rise to the development of the most important homœopathic law—"the dynamization theory."

The *Materia Medica* which is the fundamental structure upon which our system of cure rests, was improved in the same proportion as we learned to observe the fact, that potentization develops new, before unknown, curative powers of the crude drug; and this we learn from the provings of potentized medicines on the well and the administration of the same preparations to the sick.

From the relation of cures by crude drugs and lower potencies, we are only aware that all cures that have ever been made, are now making, or eventually will be made, are according to our fundamental law, but further we learn nothing; these cases proving nothing against the theory of dynamization.

To show the correctness of my assumption I now return to Dr. Wm. Arnold's article above referred to, and his case of a cure of polypus of the nose in ten weeks by *Calcarea carb.*—*vulgo*, Lime water.

This case contains nothing instructive; we do not learn

why Calc. carb. was given instead of the other medicines known to have cured the same *disease* under *certain conditions*. Such a report we might reasonably expect from a physician who calls himself a Homœopathist. The logical conclusion the physiological school would arrive at is this: Lime water has cured a polypus of the nose; *ergo*, polypus of the nose must *always* be cured by Lime water—if strong enough.

The cure we do not doubt; but while it was not based on the acknowledged homœopathic principles, but was made according to a pathological notion, it is valueless; such is our fate if we treat the disease and not the sick.

The case *may* prove that the curative virtue of Calcarea carb. (and many other medicines) is not developed in the 3d potency; that if a higher, 15th, or 30th, or as high as the 200th, had been given it would not have been necessary to use Lime water for ten weeks.

II. We will continue to consider the Polypus, and the alleged proof by Dr. Arnold, that low potencies and even crude substances, are preferable according to his comparisons and experiences, and we will see what we can find in the homœopathic literature on the cures of polypus of the nose by Calc. carb.

Allgemeine Homœopathische Zeitung, Vol. 10, page 55.—Jahr relates: "A man suffered for five years with polypus of the nose; he had the polypus repeatedly extirpated, but it always returned; he sneezed frequently, and it was always accompanied by a profuse flow of mucus. Calcarea carbonica cured both polypi completely in *ten* days, and thirteen months later they had not reappeared."

Allgemeine Homœopathische Zeitung, Vol. 8, page 371.—Dr. Syrbius relates: "A child one year old had a polypus in the left nostril as large as a strawberry. Calc. carb." three doses, one every day, caused the polypus to disappear. After a year a similar polypus returned in the right nostril, and was soon cured by three more doses of Calcarea carb.", daily one dose."

Dr. Syrbius relates a case of a boy fifteen years old cured of polypus of the nose by four doses of Calcarea carb." daily one dose.

Dr. Speer relates the case of a woman, fifty years old, who for six years had a polypus in the left side of the nose larger during the full moon; three doses of Calcarea carb.", repeated after 21 days, cured her entirely.

These four cases were all treated with higher potencies, and the result does *not* prove Dr. Arnold's assertion. The cures were performed in a shorter time by higher potencies than was Dr. Arnold's case with Lime water.

Cases of polypus of the nose have also been reported to have been cured by Kali. bichr., Phosphor, Sulphur, Marum verum, Sanguinaria and Staphysagria. It would be more to the advantage of progressive Homœopathy if the learned Dr. Arnold had stated clearly and distinctly what characteristic symptoms induced him to select Calcarea carb. as the *only* truly curative homœopathic remedy; and he might have stated at the same time the characteristic symptoms that have and will again, very likely, indicate other remedies in the cure of the polypus of the nose. A cure can only be called a homœopathic one, if the characteristic symptoms of the remedy are similar to the characteristic symptoms of the disease (the sick).

Many such instructive cases have been published in the homœopathic journals, and in the same ratio, as the cure performed by the least medicines (the smallest dose of one remedy) have the cases been clearly reported and has the science gained by a confirmation of the provings and the practical rules laid down by Hahnemann. Every well informed member of the profession sees at one glance why that and no other remedy would cure the disease, and he thus adds to his stock of knowledge. On the other hand the cures reported to have been made by massive doses are wanting in accuracy, and are generally based on pathological notions; they carry no information with them, they are not even instructive, and lead to the belief that names of diseases can be cured instead of "the sick."

Of the cures reported by alternate remedies I wish not to say anything here, as they belong to *Eclecticism*, not to Homœopathy.

III. The same experiment has been made by many competent practitioners in private practice, and with precisely the same results; but the testimony of such men will not have the same weight as Dr. Eidherr's report, coming from a large body of physicians, and after the lapse of so many years.

The figures very clearly show that the duration of the disease was, under the 6th dilution, 19 days; 15th dilution, 14 days; 30th dilution, 11 days. Is it not reasonable to expect then that the same disease under a still higher potency would have lasted a much shorter time?

Should not Dr. Arnold make the experiment? He should if he would hold fast to acknowledged chemical, physical and pathological facts. But does he do so? In the article above referred to he says: "The medicinal power of the drug may be developed in the same degree if the first trituration is continued for six hours, instead of making six triturations, one in an hour. The first trituration, continued for six hours, must act *stronger*, because a larger number of fine particles of medicine act on the organism than in the sixth trituration, as there only the sixth part of *equally fine particles* comes to act on the organism."

Certainly Dr. Arnold cannot be in earnest! If so, where are his arithmetical calculations? Did he ever try to find how small the particles of the sixth centesimal trituration (made according to Hahnemann's advice) of Mercury, or any other metal, are; and how small, or rather how comparatively large, the small particles of the same substance in his first trituration, continued for six hours, are? The microscopic examination will give him light on that subject. Should he make the proposed examination, he will come to the conclusion that his proposition is false, and he will (may he!) doubt his own ability to make any further "observations and notes." It remains questionable what

general conclusions can be drawn from statements made by *such* observers.

IV. Under Article 3 we have already seen, by Dr. Eidherr's reports, that the higher potencies cure in a shorter time than the lower potencies. We find in the homœopathic literature cases published which go to establish this principle; and no observer was more apt to report correctly on this subject than the late Dr. Bœnninghausen.—(Vide his Three Precautions.) Hahnemann cured with the smallest doses decidedly quicker, better and surer than he did with the lower potencies. The evidence in this direction laid before the medical world is fast accumulating and remaining uncontroverted, and finally must become an established truth. The only admissible evidence *contra* would be to relate fully a case in which the truly curative homœopathic remedy has been selected, and when administered in a higher or high potency had not produced in a reasonable time any beneficial effect, and that the case, remaining unaltered was then promptly *cured* by a low potency, or the crude drug.

V. Doctor Dunham refers, in page 535, Volume IV. of this REVIEW, to a previously reported case—to *one* case in which a lower potency gave prompt and complete relief when the higher failed. Neither can this case, or an accumulation of similar evidence to the purpose, prove anything when we wish to settle the question, What doses are preferable in the (homœopathic) cure of the sick. Here is the question of cure (*sanatio*), not relief (*allevatio*); and when we discuss the one (*sanatio*), we only allude to, but do not discuss fully the other (*allevatio*). While the same laws hold good in the one as in the other, it is very likely that if the truly curative remedy can be found, a high potency will give prompt relief, and will be less apt to inflict lasting harm to the incurable case for which relief is asked; but this is at present an outside question and may be discussed later.

On page 202 of Vol. IV. of this REVIEW, Dr. Dunham in his articles on Doses, censures the "Radicals" severely, but undeservedly, and finally he says: "They seem to glory

not so much in the *truth* for the sake of which they separated, as in the mere fact of separation."

To my best knowledge, the "Radicals" have not separated from *Homœopathy*, but they are extremely anxious to hold fast to it, as Hahnemann left it to us, a legacy, and if possible unfold it through the same means by which the master developed the healing art. Those who deny all of Hahnemann's teachings and his practical rules, who slander and misrepresent his true disciples, and who prefer to coquet with the physiological school, have separated themselves from Homœopathy, and should not have the audacity to call themselves Homœopaths. What we could gain for our cause by clinging to them, or by compromising with them, history has taught us; and what we should do, *what we are now doing* with them, has been clearly shown by the sages of our school—(vide Bönninghansen's Three Precautions).

Those who have separated themselves may think better of it in course of time, and they may return or rather embrace Homœopathy which they have never before accepted, save in name and without a good cause; they will then learn that a relief is not a cure, and that the statements that a *disease* has been *relieved*, while a high potency *failed to cure*, is no link to the evidence against the doctrine that high potencies are preferable in the treatment of the sick.

How near are we to the solution of *this* question? This solely depends on the testimony to be offered by the man of low doses. As far as the present indisputable testimony goes, the higher potencies have the evidence in their favor, and should we draw no other conclusion from the testimony now accumulated in support of the correctness of the much feared potentization theory, our gains would indeed be very great. If that question is once settled beyond dispute—and I consider it so settled by the evidences before us—the denial of its truth will become equivalent to a denial of Homœopathy. And if further experiments for the solution of the question of doses are only made by Homœopaths, the testimony which will follow hereafter will all be of one kind.

THE BASIS OF TREATMENT.*

BY CARROLL DUNHAM, M. D., NEW YORK.

Hahnemann throughout his works takes every opportunity to urge the insufficiency of a pathological theory of the nature of a disease as the basis of the treatment. He everywhere urges that the only sure indication for every case is to be found in the totality of the symptoms which the case presents. One would think that nothing could be more clear and convincing than his arguments on this subject.

His opponents declared that his method ignored medical science, left no scope for pathology and diagnosis, and reduced therapeutics to a degrading mechanical comparison of symptoms. Very many Homœopaths have so far deviated from Hahnemann's method as to endeavor to blend, with the use of his doses and remedies, an application of pathology as a basis of treatment. This endeavor can never be successful, inasmuch as the function of pathology is to furnish, not an indication for medical treatment, but simply a means of elucidating and collating the symptoms. The result has been a sad falling off from the standard of success in practice which was established by Hahnemann and his pupils. The points at issue are illustrated by the following case:

Willie M., four years old, was brought to me December 3, 1863. He had been healthy since February, 1863, when he is reported to have had a long attack of gastric fever, from which he finally recovered with the affection about to be described. This was a dyspnoea and wheezing, distinctly perceptible at all times when the child was awake, and which, on making any exertion, were very much aggravated, and resulted in an attack of convulsive cough with difficult inhalation, the whole paroxysm resembling precisely what is described as Millar's asthma or *Laryngismus stridulus*. It was

* Read before the Hom. Med. Society of Oneida county, N. Y., June 21st, 1864.

remarked that the child seemed to be free from dyspnœa when sleeping soundly, but at no other time. On waking in the morning he had always a hard fit of coughing, during which he sometimes raised a little tenacious mucus. His appetite was good, though somewhat capricious. He was considerably emaciated; his spirits were good, and he often attempted to join in the sports of other children, but was obliged soon to desist, because of the dyspnœa and cough which every physical exertion caused and which greatly fatigued him. On percussion and auscultation the lungs were found resonant; the respiratory murmur was, of course, masked by the loud wheezing.

The child had been taken, in September, to Prof. A. Clark, of New York, who, after careful and repeated examinations, had given a written diagnosis—"Chronic Laryngismus."—He gave a very unfavorable prognosis and the advice to avoid all medication, save only a dose of some antispasmodic during the violent attacks of dyspnœa. This advice had not been followed. The child had been, throughout his illness, under what I regard as very skilful homœopathic treatment. I had once seen him in consultation, but had not been able to suggest anything that proved of service to him.

When now placed under my sole care, I well knew that the child had already taken, without benefit, every remedy which has symptoms at all resembling Millar's asthma or any spasmodic affection of the respiratory organs. And it was also evident, on even a cursory examination, that no one of these remedies was *clearly* indicated by the symptoms of the case.

I therefore resolved to follow, as implicitly as I could, the advice given by Hahnemann for the examination of the patient and the selection of the remedy. Dismissing from my mind, then, every notion concerning the seat and probable pathological nature of the disease, I examined the patient and made the following record of the symptoms which he presented.

1. Child emaciated, flesh soft, skin inclined to be yellow (naturally fair—a blond) and dry.

2. Appetite very good; always calls for food as soon as a coughing fit begins in the morning or forenoon.

3. The right hypochondrium hard, distended, tender to the touch, painful on exertion and when he coughs. The right shoulder is elevated and the spinal column laterally curved; dullness on percussion on the right side, extending three fingers' breadth below the margin of the ribs.

4. Distension of the epigastrium which is tympanitic on percussion, and tender to the touch.

5. Much rumbling of flatus in the abdomen.

6. Frequent ineffectual desire for stool; stool scanty and dry, occurring once daily or once in two days.

7. Cough dry; sometimes in the morning a very little tenacious sputa; always a coughing fit in the morning on waking; he has to sit up to cough; cough excited by eating and drinking, by rapid motion, by exertion, by crying or talking. The cough hurts his right side.

8. Constant wheezing and dyspnœa aggravated by exertion and by lying down, relieved during sleep.

The tender age of the patient rendered it impossible to obtain many subjective symptoms, such as usually facilitate the individualization of cases, and the determination of the appropriate remedy.

Before proceeding further in the narration of the case, I desire to say a word upon its pathology. The symptoms are before us: what shall our diagnosis be? Is the case one of spasmodic laryngeal disease, complicated by certain gastro-enteric and hepatic affections? Or, is it a chronic hepatitis, complicated by laryngismus? Which affection is primary, and which secondary? What relation do the groups of symptoms bear to each other? Prof. Clarke seems to have adopted the former view, regarding the gastro-hepatic troubles as secondary, if indeed he paid any attention whatever to this complication. The homœopathic physicians who preceded me probably adopted the same view and based their treat-

ment upon it. Now if in so doing they had happened to take a correct pathological view, the result *might* have been favorable; or if they had adopted and acted upon the second hypothesis, and this had chanced to be the correct view, the result *might* have been favorable.

But is it not obvious to every candid mind, that, in either case, success in the treatment based upon a pathological consideration of the case must depend on the correctness of the pathological hypothesis—a matter in which certainty can *never* be attained.

On the other hand, if we throw aside, as irrelevant, the entire series of questions as to which is the primary disease and which the secondary—which the original malady and which the complication—if we say to ourselves, “Here is a sick child; let us examine and record those points in which he differs from a healthy child,” we get the series of symptoms above recited, which are *facts*, indisputable, unmistakable, the result of pure observation. If now, without hypothesis or speculation, we seek to find and do find a remedy which presents a series of symptoms corresponding closely to those of the patient, experience justifies us in believing that we shall have reached the utmost possible certainty of correctly selecting the remedy.

Comparing the symptoms with the Materia Medica, we perceive at once that the remedies whose names are usually associated with Millar's Asthma, Laryngismus, etc., viz.: Sambucus, Spongia, Cina, Lachesis, Hepar, Stannum, Chlorine, etc., etc., do not cover the case, having but little correspondence with groups 1, 2, 3, 4, 5, 6.

Nux Vomica, on the other hand, covers these groups very well, as will be seen by comparing Materia Medica. In addition, it has violent paroxysms of cough in the morning very early (676 and 677), excited by motion and exertion (670, 671, 672), producing pain in the *epigastric zone* (689), and accompanied by a desire to eat (my own observation). It has also a well-marked dyspnoea.

The correspondence was so close that I had no hesitation in giving Nux vomica.

Dec. 9, four powders of the 200th were given, one to be taken every night, and the patient to report in ten days.

Dec. 21, the report was brought to me, that the child had no more wheezing nor dyspnoea; had been free from cough for five days, can play long and vigorously without inconvenience, is regular in his bowels, complains no longer of pain or tenderness in the hypochondrium—in fact seems to be perfectly well.

He deranged the digestion by eating candy at Christmas, and had a slight return of pain in the hypochondrium, which a dose of Sulphur relieved. He has ever since been entirely free from dyspnoea and laryngeal spasm, and is in the enjoyment of robust and perfect health.

If such a mode of practice as this be, as is charged, *unscientific*—if it ignore the sciences of pathology and diagnosis as bases of treatment—thus much at least may be said in its favor, that it far surpasses every other method in the facilities it affords for the fulfilment of one not unimportant object of the physician—the *cure of the patient*.

NEW TERMS IN HOMŒOPATHY.

In Dr. Fincke's article on Hydrocele, published in the last volume of the Review, some words in the manuscript were changed to accord with the usual form of expression, such as Homœopathists being substituted for Homœopaths, Allopathists for Allœopaths. In a letter to Dr. Boyce, Secretary of the Cayuga County Homœopathic Medical Society, before which the paper was read, Dr. Fincke objects to the alteration. We give an extract from his letter, as introductory to an article on the same subject, which we shall publish in a future number. He says:

"I prefer the word 'potentiate' to the formation 'potentize.' The latter is a crudity, and not in keeping with the genius of the English language, and it is etymologically incorrect. The former comes from the noun 'potency' (potentia—potentiate).

"The formation 'Homœopathist' is another of the words in use, which, if used by ourselves, would imply a want of self-respect, and a misconception of what we mean. If Homœopathy were a mere *ism* (Homœopathism), then the man who professes it would be correctly called a Homœopathist. It is well enough for traducers and cavillers to call us so; but our art and science is Homœopathic (Homœopathy—Homœopathics). Hence the physician who professes and exercises it, is more than a Homœopathist; he is a Homœopathician. The formation of this latter word is as correct and *English* as the formation—physician, mathematician, obstetrician, logician and a host of others.

"Let us all agree on this: our science is new, and like every new science, occasionally requires new words. And we must be careful, but not afraid to supply the want of new expressions; only in doing so, we must closely adhere to the genius of the language. The Germans never called a homœopathic physician a 'Homœopathist;' that would have involved derision. They always called him a 'Homœopath.' Generally speaking, the first translators into English, of the German originals on Homœopathy, were not sufficiently versed in the two languages to do justice to the matter; and if they were, they, in many instances, have not been careful and exact enough to render the true sense. Thus the young profession in this country, as well as in England, was often misled, even dangerously so, and mostly so in the *Materia Medica.*"

PROVING OF RHUS VERNIX.*

BY LYMAN CLARY, M. D., SYRACUSE, N. Y.

As by a rule of the society it is made the duty of every member to make some communication at each regular meeting, I shall comply by giving a proving of the Rhus vernix or Poison Sumach. This is a beautiful shrub growing in low swampy places to the height of from ten to thirty feet, and is indigenous to the northern and middle states. Rhus vernix produces much more powerful and poisonous effects than Rhus toxicodendron or Rhus radicans.

Though we have but few provings, I am satisfied, when they are more extended, we shall perhaps find it more valuable as a remedial agent than the other varieties. My experience in its proving was involuntary, precluding me from claiming martyrdom in the cause of medical science. It was brought about in the following manner:

On the 22d of November, 1863, a stick of Rhus vernix, as large as my wrist and two feet long, was brought into my office by my friend Dr. Hawley, that I might make a tincture, he having taken the bark from one half, for the same purpose.

I held it by the part which retained its cuticle for half a minute, handing it back, saying 'I was very susceptible to Rhus tox. Dr. H. shaved off a small spot of cuticle, from which exuded a globule of juice as large as a pinhead, which I touched with the tip of my tongue, remembering the teaching of the books, that it would protect against the poisonous effects induced by contact with the skin. These teachings, like many others from the same source, proved false, as I found to my sorrow. The stick was put away, and the occurrence passed from my mind.

On the 30th of November, eight days after the experiment, while at dinner, my tongue felt as if scalded, and during the

* Read before the Hom. Med. Society of the State of N. Y., May 10, 1864.

afternoon this feeling extended to the entire mouth and fauces, producing great dryness in the mouth, and stinging pains, which increased rapidly till I retired at night. At two o'clock next morning severe pains in the stomach and bowels came on, but being in a half-waking and half-sleeping state, I remained in bed about two hours, when I was suddenly forced from my bed, and had a large watery stool, passed with great force and attended with violent colicky pains. During the next two hours had three more profuse stools of the same character, and from that time the pain and stools ceased. In the morning I rose, feeling weak and as though I had taken a drastic cathartic—appetite gone and chills over the whole body.

During the day, December 1st, I often scratched my neck under my shirt collar, and on getting warm in bed I felt stinging and itching about my chest and back, as though some insect was biting me.

On the morning of the second, inspecting my face, I found the forehead swollen and red; during the day this extended to the whole head and face. The upper lip was terribly swelled and the itching greatly increased, especially in the septum narium; had burning pains and swelling in the eye. During this day hæmorrhoids came on, and four small tumors appeared, which remained out for several weeks, with extreme itching and burning. I had had nothing of the kind for more than two years. No movement of the bowels this day, but the itching extended to the whole body, though no eruption appeared. At night the itching was so great that I could hardly endure it, but up to this time, and until the next morning, the third of December, I had no suspicion of the cause. I had entirely forgotten the *Rhus*. I passed a sleepless night, and in the morning discovered the vesicular eruption characteristic of *Rhus*, showing itself on the forehead. Then for the first time occurred the idea that I had been poisoned. It may be thought that I was very stupid not to have sooner recognized the cause, and I must acknowledge it now appears so to me.

During this day, fourth of December, the eruption spread over the body and extremities, with a desire to scratch that was irresistible.

The scrotum, prepuce and glans penis, became covered with vesicles; transient, shooting pains in the sternum and chest, added to those of the preceding days, which continued in an aggravated form. Now lameness and soreness of the muscles came on, and I could hardly walk. The hæmorrhoids continued—nausea and loathing of food, with entire loss of taste and smell. The pharynx and œsophagus became so irritable that it was painful and difficult to swallow; food, in passing, caused pain and seemed to stop midway to the stomach; even cold water produced the same feeling that very hot tea would, and the same aching pain that is often felt after drinking very cold ice water, though the thirst was great.

December 5th dryness and pain in the larynx came on, with hoarseness and a harsh, dry cough, attended by stricture in the chest, and for more than two weeks there was pain over the sternum. I may also say that for the same time the itching, cough, lameness and hæmorrhoids all continued, and I was tormented night and day.

Now, gentlemen, if anything can be made out of this medley of symptoms, which shall add to the pathogenesis of the *Rhus vernix*, I shall rejoice, though sure am I that I shall not soon be induced to try the same experiment. I think I was not free from perceptible effects of this poisonous drug for six or eight weeks. Is it not remarkable that eight days should have intervened after the application of the virus to the delicate mucous membrane of the tongue, before the least symptom of its violent effects should have made itself manifest, and then that the tongue to which it was applied should have been the organ first to suffer? Where was this subtle poison all this time, which we will call the latent period? Was it coursing through the vascular system to the extreme capillaries, ready to bite and sting when that unruly organ, the tongue, should fire up and direct it?

I leave this for wiser heads than mine to solve, and would direct the question to our allopathic friends who have ascertained that touching the tongue to poison will prevent injurious effects upon the system.

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA.

History.—1782. As Aurum paradoxicum, Metallum problematicum, sent by Muller of Reichenstein, to Klaproth; it may be similar to Bismuth or Antimony, yet characteristically different.

1789. Determined and fixed by the latter.
1804. C. G. Gmelin's experiments on animals.
- 18... Its position and relations investigated by Berzelius.
1850. Tellurium obtained pure for the first time by Dr. Genth, of Philadelphia.
1850. The 26th of October, C. Hering's experiments with a low trituration. 1
1851. January 18th, Dr. Raue took the third trituration. 2
- At the same time Oscar Pietze took the same. 3
- Mrs. M. L. Cooms, through C. Hering. 4
- In April, Dr. Kitchen. 5.
- Dr. Gardiner. 6.
- Dr. Whitey, the 3d. 7.
- 27th May, Dr. Gosewisch, the 12th, prepared from Tellurium precipitated in the form of a powder. 8.
- June 6. By the above N. N. 9.
- " " Mrs. F. 6th. 10.
- Aug. 14. Dr. Metcalf, third trituration prepared from the precipitate. 11.
- 1852, March 26. Cure by Dr. Metcalf, published in the *N. A. Journal of Homœopathy*; thence in *Homœopathic Times*, 1853, No. 186; thence in the *Zeit. fuer Hom. Klinik*,

1853, No. 16; thence in *Hirschel's Archives*, 1855, p. 126. 12.

1852. Dr. Dunham's proving with the third trituration (prepared from the precipitate). 13.

Dr. Dunham's cures with the 30th. 14.

Dr. Wells' cures. 15.

1853, May. Liebig & Woehler's *Annalen der Chemie*, 86, p. 208 to 215. K. Hauser's experiments with tellurate of potash; thence in *Fechner's Central. Blatt*, No. 37, page 723; thence in *Zeit. fuer Hom. Klinik*, 1853; thence in *Hirschel's Archives*, 1855, p. 245, No. 22, p. 189,

K. Hauser,	16
Roeder,	17
Woehler,	18

INTRODUCTION (1854).—We, provers of drugs, occupy a singular position, such as has never yet been held by investigators of nature. A prodigious majority of physicians pay no regard to us; this indeed were nothing new; the like has often happened before, but has never lasted so long a time.

All investigation works first in a narrow circle; then in a wider, and finally wider and wider. Ours, however, is like the wave in a well, made by a frog that has jumped into it.

More than nine tenths, perhaps ninety-nine hundredths, of the physicians, set themselves, like slippery, algæ-covered stones, against all drug-provings. Every little minority which accepts these requires that great masses be swallowed after a violent fashion, and fixes its investigating eye upon the excrement, as the *non plus ultra*. Sweat, urine, intestinal and pulmonary excrement, have high seats of honor in their temple. They are masters, not upon the *professional chair* but *in the stool*.

If we come now to the school of Hahnemann, things are not much better. Nine tenths or ninety-nine hundredths of this minority are swayed by the fashions, being also adorers of fence-rail doses; the frog which jumps into the well must be at least a bull-frog.

The very worst resistance, however, comes from those among us who—as the deer, according to Bechstein, nibbles

by preference at every new kind of tree and destroys it—also only desire the old-accustomed forest; it appears to them as a hankering for strange novelties or oddities, if one wants to go farther than in the old wood. One finds himself, therefore, in the awkward position of being compelled to ask a thousand pardons for proving something new, and spending one's life and body for the common welfare! While all naturalists, in every other department, receive every contribution, be it ever so trifling, with thankful acknowledgments—on the other hand, a prover of drugs is considered as a sort of a fool, even by those who recognize generally the importance of such provings upon the healthy, as soon as he proves something which they are scarcely able to remember, as having been a great rarity at the time when they were at college. I will now, therefore, discuss the reason why the proving of Tellurium was made and why it will become one of the most important provings. There were four principal reasons for it:

First. Because, in general, everything ought to be proved and must be proved; and, inasmuch as Tellurium also belongs in the category of "everything," there is already a sufficient reason for it *a priori*.

Second. Because everybody for whose silly brain this is too much, need only to jump over it with both his eyes—a very little trouble this.

Third. I have proved Tellurium because I had been longing to do so, ever since my provings of Selenium; why, will be explained farther on.

Fourth. I proved Tellurium on the same day, in the morning of which, for the first time in my life, I saw Tellurium and took it into my hands. Now, everything of that kind must, with me, pass as soon as possible over the mucous membrane of the tongue, mouth and pharynx; and I then listen with a more attentive spiritual ear than if a symphony of Beethoven were being performed. I listen eagerly to hear what kind of an answer may be forthcoming from the unknown depths of the human body and life.

All of these four reasons, however, will hardly satisfy a sprawling criticaster, because he has other ears which have no such longing. The following, therefore, may serve as a justification in the meantime.

Tellurium is such a rare metal, that the majority of chemists have never seen it. Although discovered since 1782, its ores are still rarities in the collections of minerals, and its artificial chemical preparations and combinations are still greater curiosities in the laboratories.

If, now, somebody should prove Tellurium for the sole reason that it is a rarity, there would indeed be something droll about him; but it will probably be conceded that he who does *not* want it to be proved because it is so very *rare*, must be taken to be much droller still!

Tellurium, judging by the sources from which it is obtained, is one of the neighbors of Gold. Gold is found only in elevated mountains, and moreover only near the surface, disappearing again in the depths. On the surface it has been laid bare here and there, and its surroundings have been destroyed by the influence of air and water. Gold is noble, i. e. durable; soft as love, and heavy as Earnestness; it has maintained itself through destructive centuries, and during the crushing storms of ages, it has remained just what it was; it only sank in the loose masses of stone and earth, and is now mostly found in the beds of rivers and in layers of sand, in the form of grains, scales and nuggets. There man, the greedy wader, washes it free from the mud and the sand, and collects it in little bags. Where man detects gold in its rocky veins, he takes upon himself the office of those centuries, and he throws the ore under the stamping mill, where, with all its associate ores and gangues, it is crushed in a shorter time, and where mud and rubble are separated from it.

Here we see the reason why the Tellurium which exists associated with the rare Gold, is still more rarely to be procured. The mills pound it and the washings carry it away; but the same has been done by the great washings of the

world; and in the deposits of the rivers, and, still more, of the oceans, there may, yea there must, be a great quantity of Tellurium.

Though I am by no means worthy to direct the attention of the provers of drugs to those muddy deposits of the sea, still I must here interpolate something, and remember my most esteemed friend, the Magus near the Elbe, who, on the occasion of my proving of Selenium, the near neighbor of Sulphur, thought of it, that the chemists had discovered Selenium in the mud of the factories of Sulphuric acid. I answered this in my own way, that is, by adopting *his* way. Is not mud similar to mud? And if diseases come from the one mud, and also out of the factories, why not fetch remedies out of similar mud and similar factories?

I have however, in truth, neither in the case of the Selenium nor in that of the Tellurium, once thought of the mud. But, speaking of mud, the most sublime contemplations suggest themselves. As Hamlet says: "To die; to sleep; to sleep! perchance to dream; ay, there's the rub; for in that sleep of death, what dreams may come, when we have shuffled off this mortal coil, must give us pause." But what kind of life may spring from this mud, that is the rub!

Mud is something universal. As the dust in the air, so the mud passes through the fluid, and with the fluid, everywhere and from everywhere, is deposited. Without mud no vegetable, no animal life. And what the chemists, up to the end of the first half of our century, have proved to be essential or accidental constituent elements of living bodies, is certainly far from being all, yea, those small quantities which at the present day "are comprised under the errors of observation," will become, every year, less and less, and many a thing may still reasonably be expected to be discovered in this region (compare Kirchhoff, 1864). Enough, the mud particles containing Tellurium have passed through the streams containing gold in $\frac{1}{1000}$, $\frac{1}{10000}$, $\frac{1}{100000}$, $\frac{1}{1000000}$, $\frac{1}{10000000}$, $\frac{1}{100000000}$, $\frac{1}{1000000000}$; have also passed through many which once contained gold; therefore, through nearly all of them; they have passed and pass into the ocean.

From this, however, among other things, come oysters and codfish, herrings and sardines, yea, codliver oil and foam of the sea waves which diffuse themselves all over hungry and bathing, healthy and sick mankind. Thus those small quantities reach, in a large and mighty circuit, the life of men.

Of all those who shudder at such millionth part contemplations as these, we may, as was done to the pharisees in the Scripture, "stop the mouths" by referring to the existence, the diffusion, the indispensableness of fluoric acid. The teeth, as is known, contain it on their surfaces, in the enamel; the whole existence of the teeth is evidently conditioned by it. The teeth inevitably hasten to their ruin if the fluoric acid be wanting; everybody knows the consequences hereof. But besides this, fluoric acid is also in all and every bone, and it must be there; all the firmness also of the bones must mainly be conditioned by it; there must be found Fluoride of Calcium in every bone; none can exist without it. Already twenty-nine (now thirty) years ago, I wrote to Stapf: Men have found at last Fluoride of Calcium in the bones of oxen; shall we wait till oxen find them in the bones of men?

Liebig finally found them in human bones, at least in those from Pompeii. But inasmuch as Fluoric acid must be found in all bones except it be wanting through the influence of disease—as sometimes, in an analogous way, iron is wanting in the blood (Manganese would be more analogous yet)—from what other source then, than from the plants, do the animals derive it? It therefore must be present in hay and grain, probably most abundantly in beans, peas and lentils. If now it is found in all these plants, it would be folly to assume that the plants only contain it accidentally, nay, even simply in order that it might be deposited in animals and men. Fluorine must also have a function in vegetable life; if then Fluorine has such a function, it would be equally silly to assume that, with animals and men, it has no other business but to make the enamel of the teeth harder; and as I may now, supported by the provings, maintain, also all the bones, surely Fluorine has still many other functions. All this is

taught by the provings upon the healthy, and by innumerable cures of the sick. Both the provings and cures of course are made only by potencies; for Fluorine likewise is always present in the body only in the state of diffusion, extension, tension, potentiation, and, *like only acts upon like*; this is an old axiom.

And if the physiological significance of one single $\frac{1}{1}$ is secured, no more reasonable objection can be made to the possibility of a significance also of others: and it would be nonsense if, after this is once secured, one should say: thus far and no farther the decimals of such like fractions in life shall have their value, and shall be allowed to act! It is a matter of course that it must go on, still much farther on, and $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, will soon have to be acknowledged, in healthy life, to be indispensable and physiologically necessary constituent elements.

A substance which has existence is also necessary; what was necessary was conditioned, and it, in turn, conditions again. That which conditions has a function, a purpose, and, if you please, a use, a destination. This destination must be found out; but this is only possible by presupposing it in general. That which is presupposed in general, however, can again, in special, only be found by investigation. Every stubborn resistance to progress, therefore, earns for itself the very same treatment which is the portion of the mules on Alpine roads; that is, incessant whippings from behind, till they move forward again.

The basis of all investigation into the significance and function of substances, is their influence upon man. Provings upon the healthy give us a portrait and knowledge of the corporeal and spiritual function of each. This we must, first of all, know before we can take a step further.

Therefore inasmuch as Tellurium exists, Tellurium must be proved. Tellurium may exist everywhere in millionths and billionths. Tellurium ought to be proved in $\frac{1}{1}$ and $\frac{1}{2}$, etc., even if it were never to become a healing medium. The doctrine of medicines must be conceived and built up as a

science, and as such it has nothing whatever to do with the art of healing. Its object is action of the substances, it being a matter of indifference whether a substance cause something to appear, to show itself, or whether it causes something to appear no more, to cease to show itself. And inasmuch as both of the causations are *action*, they both will be an object for science; whether such things be pleasing to the single individuals or not is a matter of indifference to science. But Tellurium promises to become a very important medicine, for it is one of the neighbors of Gold.

In my preliminaries to the "Pharmacology considered as a Natural Science" (not yet printed), I have pointed out the probability of a most important proposition which I discovered when treating lepra, in that all those earths which are associated as neighbors, also correspond with pathologically similar diseases or groups of symptoms; therefore, much as they may vary otherwise in their effects, still in this respect again they stand near each other, just as they had formerly been together in the rocks and gangues of the ore. Experience will soon show whether this be the case with Tellurium,

The very same is true of the plants which thrive chiefly on certain kinds of mountains. It is not by a mere accident, but in accordance with law, that Belladonna, which grows upon limestone mountains and cannot live without lime, is not only a good sequent of Calcarea (showing always a relationship), but also is so often useful in the same diseases in which Calcarea is indicated, that every practitioner, knowingly or not, gives these remedies to the sick, in succession. This therefore, already at the outset, gives a greater importance to Tellurium.

(To be continued.)

ALOES.

(Translated from *Hering's Amerikanische Arzneipruefungen*.)

BY T. F. ALLEN, M. D., NEW YORK.

(Continued from Vol. IV, page, 576.)

Abdomen:

- . Crawlings in the abdomen. 418.
- 480. Pleasant crawlings in the bowels and diarrhœic stools. 879.
- . Pricking in the intestines before stool. 669.
- . It produces local plethora in the hypogastric region. *Hahnemann Apoth. Lex.*
- . From long continued use: troubles, the result of the so-called plethora abdominalis. *Vogt. Pharmacodyn.*
- . Its whole action is apparently the result of congestion of the abdominal organs. *Pereira.*
- 485. Congestion of the abdomen. *St.*
- . Sense of fulness in the bowels. *B.*, in the abdomen, the second and fourth days. *t, Henke, a.*
- . It causes ebullition of the blood in the organs of the abdomen. *Gesenius Mat. Med.*, 124.
- . Anxious feeling in the abdomen. *Richter 2*, 342.
- . Enteritis from its long continued use. *Greenhow.*
- 490. Inflammation and ulceration of the intestinal mucous membrane. *N. T.*
- . Inflammation of the lower portion of the intestinal canal. 589.
- . Increased heat in the abdomen. *B.*
- . Unpleasant warmth in the abdomen, as well as also a throbbing. *W.* (With *N. T.* there was too pleasant warmth.)
- . Sense of fulness, distension, heat in the whole abdomen. *R.*
- 495. Burning throughout the whole abdomen. Δ *C. Hg.*
- . (Slight throbbing, like palpitation, in the abdomen, during rest, especially nights, lying down, sometimes also in the occiput,) after four weeks. *Helbig.*
- . Throbbing, boring, sticking in the umbilical region. *R.*

- . Griping of the bowels, with diarrhœa, after midnight. *t, Raue.*
- . In the morning on rising, severe raking in a small circle about the navel, just as if he had received a blow from a fist upon the abdomen. But he felt the pain plainly in the intestinal canal, and a pressure upon the umbilical region increased it very much. Therewith yellowish pappy, diarrhœa, and occasionally some nausea, the third day. *Helbig.*
- 500. Painfulness in the whole abdomen, especially in the sides and in front down along both sides of the navel, which parts also can not endure being touched; on making a false step on stone pavement it hurts very much in the pit of the stomach; many days. *Helbig.*
- . The abdomen is somewhat distended and tense, very sensitive to contact, even painful. *F. R. L.**
- . The abdomen is painful to pressure; the first day. *Preu. d.*
- * Attacks. After a chill, distension over the hips to the loins; there out come shocks, it aches and throbs like a felon, or like ebullition of the blood. The attacks always commence in the evening, are dissipated by walking, reproduced during rest. During the pain everything is repugnant to him; speaking impedes his respiration. In the night he wakes from sleep and starts up, so that he rises upright in bed. *Helbig.*
- . Its long continued use gives rise to dryness of the intestines, and paralytic rigidity of the muscular structure, especially of the colon and rectum, in consequence of which obstinate constipation is wont to ensue.—*Vogt pharm.*, 2, 341 (fabricated from Richters dryness of the intestines).
- 505. Swelling of the mesenteric glands, atrophy, and rachitis of small children, suffering from excess of intestinal mucus and worms. *Schreger.*
- * Indurations and obstructions of the intestines. *Hong.*
- * Swelling of the mesenteric glands, atrophy. *Schneider, Adversarie.*
- * Consumption of the bowels. *Ceste.*
- * Dropsy. *Greek Physicians.*
- 510. It is good in the commencement of dropsy, *T.*: especially in the beginning. *Schreger.*
- . Heaviness in the hypogastrium. 870; in the rectum. 871.
- . On lying on the abdomen, feeling of a stone in the abdomen; on lying on the side, in the side. 580.

(To be continued.)

* F. R. L. has been heretofore given E. R. L., owing to the occurrence of the mistake in the original: it means Fickel's Real Lexicon.—Translator.

MISCELLANEOUS.

MEETING OF HOMŒOPATHIC PHYSICIANS AT PHILADELPHIA.—Prior to the commencement of Vol. III. of the AMERICAN HOMŒOPATHIC REVIEW (the first volume under the present Editors), a meeting of the friends of the REVIEW was held in New York, for the purpose of discussing and agreeing upon the principles upon which the REVIEW should be conducted.

In June, 1863, the friends of the REVIEW were again assembled in council at Philadelphia. At this meeting, after the affairs of the REVIEW had been satisfactorily disposed of, other matters of general interest to the profession were brought forward.

Some interesting clinical effects of the *Caruba di Giudea* in Asthma having been related, it was resolved by gentlemen present to institute provings of that substance during the ensuing year.

The great need of trustworthy standard works on Homœopathy—as for example, a complete *Materia Medica*, a full and correct Repertory, a work on Characteristics, &c.—was freely expressed and appreciated. The difficulties of various sorts which have hitherto stood in the way of the publication of such works of the above character as are now ready for the press, or nearly so, were explained and discussed; and it was finally resolved to appoint a committee to report at the next meeting on the subject of the establishment of a Publishing Society for the publication of standard homœopathic works, and to devise a plan for the organization of such society, if such a step seem desirable.

On the 31st day of May, 1864, the friends of the REVIEW again met by invitation at the house of Dr. C. Hering, in Philadelphia. There was a large attendance, and much interest was manifested in the topics presented for discussion.

Stated business was postponed to the meeting of the next day, in order to give the members present an opportunity of listening to a statement of the recent changes in the Homœopathic Medical College of Pennsylvania, and the present condition of that institution. The Faculty has been completely reorganized; the professors without exception are strict and thorough Homœopaths, and really believe and practice what they profess to teach. They are moreover men eminent in their various departments.

It is a matter of sincere congratulation to members of our school everywhere, that the oldest Homœopathic college in the world, which started with such brilliant prospects of usefulness, but which, falling into unworthy hands, had sunk so low as to utterly lose the confidence and support of every Homœopathian, has been raised again to a condition in which it will certainly more than fulfil the brightest promises of the past.

With Drs. Hering, Raue, Lippe, Guernsey and Starkey, occupying the chairs respectively of the Institutes of Medicines, Diagnostics, *Materia Medica*, Obstetrics and Surgery, we have the completest guarantee of such a course as will qualify students to enter on their practical career with a thorough and

accurate knowledge of the science and art of homœopathic medicine and surgery.

The next day, June 1, 1864, the meeting reassembled and the stated business was called up.

Reports from those who had undertaken to prove the *Caruba di Giudea* made it seem probable that that substance will not fill an important place in our *Materia Medica*.

The committee appointed in 1863 to consider the subject of a Publishing Society, and report a plan for the organization of such a society, submitted a full report, together with a plan. This plan, after being modified by the Society, was adopted. It was as follows:—

Plan for the organization of a Homœopathic Publication Society, adopted at a meeting of Homœopathic Physicians held at the residence of Dr. Lippe, in Philadelphia, June 1, 1864.

The undersigned unite in organizing a Society, to be styled the "Homœopathic Publication Society."

1. The object of this Society shall be to facilitate and secure the publication of standard homœopathic works.

2. Homœopathic physicians, members of the American Institute of Homœopathy, of the Western Institute of Homœopathy, or of any State or County Homœopathic Medical Society, may become members of this Society on payment of the sum of One Dollar.

3. The officers of the Society shall be two Secretaries, one for the East and one for the West, a Treasurer and an Executive Council of five members, the chairman of which shall preside at the annual meeting of the society.

These officers shall be elected every three years, by ballot and by proxy and shall hold office until their successors are elected.

4. The fund resulting from the payment of fees by members shall be held by the treasurer to defray expenses of correspondence, &c., subject to the order of the executive council. The treasurer shall report to the yearly meeting.

5. Works prepared for publication may be submitted by the authors to the Executive Council, which shall report upon the works by circular to the members of the society. Works not accepted by the Executive Council may be presented to the society at its yearly meeting, and be by it referred to a special committee, which shall act, with regard to this work, in the capacity of the Executive Council.

6. When the Executive Council, or a special committee, as above provided, shall have accepted a work presented to them, they shall issue and circulate among the profession by means of the journals, or through the mails, or both, a prospectus of the work thus endorsed and accepted, stating its plan and scope and inviting subscriptions.

7. With this endorsement of the work, and with the subscriptions obtained in response to these invitations, the work shall be returned to the author that arrangements may be made by him for its publication.

The gentlemen present then signed the aforesaid document and became members of the Publication Society.

The election of officers being now in order, it was agreed that, inasmuch as the number of members present was very small in comparison with the number who might be expected to join as soon as the plan should be made public, the election should be for provisional officers, to hold office only until a general meeting should be convened after due public notice.

An election was then held for provisional officers, with the following results:—

Executive Council.—Drs. C. Hering, A. Lippe, P. P. Wells, H. N. Guernsey, C. W. Boyce. *Secretaries.*—For the East, Dr. Carroll Dunham; for the West, Dr. E. M. Hale. *Treasurer.*—Dr. Henry M. Smith.

The society then adjourned subject to the call of the provisional executive council. It is understood that the opening of the course of lectures in the Philadelphia Homœopathic College will be celebrated with ceremonies of unusual interest, and that Homœopaths throughout the country will be invited to attend; that this opportunity will be taken by the provisional executive council of the Publication Society to call a meeting of the members for the election of permanent officers and the commencement of business. Meanwhile, in order to bring the matter before the profession, and to invite the participation of homœopathic physicians throughout the country, the Executive Council issue the following

Circular.

DEAR SIR,—At a meeting of Homœopathic physicians held in the city of Philadelphia, June 1, 1864, it was

Resolved, That the want of good and reliable English literature on the subject of Homœopathy is generally felt; and that, to meet this want and to further the progress of our school, it is desirable to establish, at once, a Publication Society.

The physicians present formed a temporary organization, and elected a provisional board of officers, whose duty it is to call upon you, as one of the profession, and invite you to become a member of this Publication Society.

Members of the American Institute of Homœopathy, or of the Western Institute, or of any State or County Medical Society, may become members of the Publication Society by sending their names to the Secretary for the East, Dr. Carroll Dunham, 68 East 12th St., New York, or to the Secretary for the West, Dr. E. M. Hale, Chicago, Ill., and by remitting to the Treasurer, Dr. Henry M. Smith, 484 Broadway, New York, the sum of One Dollar.

As soon as a sufficient number of members shall have joined to guarantee the success of a permanent organization, each member will be notified by invitation to participate in the permanent organization of the society and in the election of permanent officers. At these elections members vote by ballot. If unable to attend the meeting in person, a member may vote by proxy. The officers will be elected for the term of three years, and will consist of one treasurer, two secretaries, one for the East and one for the West, and an executive council of five members.

The executive council will examine such manuscript as may be offered for publication, and will accept and endorse it, or reject it.

If a work be accepted, it will at once be announced to the members of the society, and this announcement will be accompanied by a request for a subscription for the work at a stated price. When a sufficiently large subscription list shall have been obtained, the manuscript with the endorsement of the executive council and the subscription list will be returned to the author, who can then make his own terms with the publisher.

If the manuscript should be rejected it will be returned to the author. But should the author be a member of the society, he shall have the right to present his manuscript again at the next annual meeting and to have it referred to a special committee.

Among other works which it is contemplated soon to publish is a complete and correctly translated *Materia Medica*.

(Signed,)

CONSTANTINE HERING,	} <i>Prov. Ex. Council.</i>
AD. LIPPE,	
P. P. WELLS,	
C. W. BOYCE,	
H. N. GUERNSEY,	
E. M. HALE, <i>Prov. Sec'y. for West,</i>	
CARROLL DUNHAM, <i>Prov. Sec'y. for East,</i>	
HENRY M. SMITH, <i>Prov. Treasurer.</i>	

Philadelphia, June 25, 1864.

It is most earnestly hoped that this effort may result in the publication of works of solid merit and correct execution—works on which the practitioners may rest in confidence that their statements are correct, and that they comprise all that is known on the subject. To this end it is necessary that physicians throughout the country give their hearty support to the enterprise. The only payment required is the initiation fee of One Dollar to defray the expenses of correspondence, circulars, etc. When a work is ready for publication and accepted, members will be called upon to subscribe for it at a stated price. No such call will be made unless the work is actually ready for the press. Those who are familiar with the studies in *Materia Medica*, which Dr. Hering has been making for thirty years past, who know the extent which he has gathered and collated all that is known of our remedies, adding to what has been already published in books and journals, vast quantities of observations never yet made public—who know, too, that in no other way save through the medium of a publishing society is this treasury of knowledge likely ever to be opened to us—will most gladly take part in the permanent organization of this Publication Society.

It may not be improper to state that the first part of Dr. Hering's work is now prepared for the press, and will be laid before the executive council as soon as permanent officers shall have been elected. How soon this will be must depend on the alacrity with which homœopathic physicians respond to the invitation to become members of the Society. C. DANHAM, M.D., *Sec.*

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.—The tenth annual meeting of this society was held at Chicago, May 18th and 19th. The following members were present, besides several gentlemen not members of the society:

Drs. W. C. Anthony, Princeton; G. D. Beebe, Chicago; L. C. Belding, Milledgeville; J. C. Barbank, Polo; D. A. Cheever, Pekin; D. A. Colton, Chicago; H. L. Foster, Joliet; R. Ludlam, Chicago; E. M. P. Ludlam, Chicago; E. McAfee, Mt. Carroll; A. Miller, Chicago; J. Moore, New Rutland; L. Pratt, Rock Creek; E. Ransom, Chicago; J. Schofield, Viola; A. E. Small, Chicago; D. S. Smith, Chicago; F. H. Van Liew, Aurora; J. T. Temple, St. Louis; C. A. Jaeger, Elgin; A. W. Burnside, Belvidere; W. H. White, Chicago; E. H. Kennedy, Argo; E. R. Paine, Burlington, Iowa; W. W. Munn, Peru, Illinois; W. W. Wolf, Dayton, Ohio; J. N. Boshier, Dayton, Ohio; W. Webster, Dayton, Ohio; G. R. Sweeting, Berlin, Wisconsin; T. Waldher, Gayotte, Iowa; L. E. Ober, La Crosse, Wis.; C. A. Wilber, Chicago; C. R. Swanway, Chicago; — Messie, Marengo, Ill.; R. Welch, Chicago.

The association was called to order by the president, D. S. Smith, M.D., of Chicago. The president congratulated the association on the evidences of prosperity exhibited in the large number of members present at the opening of the tenth annual session of an institution so well calculated to foster the interests of true medical science. He congratulated them on the fact that no death had occurred among their members during the year past, and that while the members of the old school of medicine are so vindictive and abusive in their assault on the homœopathic profession and practice, members of the homœopathic school were always calm, dignified and self-possessed, and fully able to acquit themselves in the defense of their claims in the public journals and as skilled witnesses in the courts of justice.

The board of censors reported on examination of the claims of the following gentlemen, and recommended that they be admitted as members; the report was adopted and the candidates admitted.—E. J. Franzer, Chicago; N. C. Banker, Waukegan; L. D. Hemingway, Sandwich; C. F. Reed, Kenosha, Wis.; J. Antis, Morris; L. H. Holbrook, Chicago; T. Putnam, Chicago; L. Kendall, Chicago; L. E. Ober, La Crosse, Wis.; E. R. Paine, Burlington, Iowa; N. C. Burnham, Chicago.

On motion of Dr. Ludlam, it was resolved that the physicians present, not members of the society, be admitted to seats in the convention and entitled to take full participation in the proceedings.

Miscellaneous business and general discussions were then in order, and filled up the balance of the time allotted to the morning session.

Reports of committees on scientific subjects were then made the special order of the day for the afternoon, and an adjournment was taken to half past two o'clock.

Afternoon Session.—The convention came to order at three o'clock. The chairman called for reports of committees, in concurrence with the order of the morning.

Dr. A. E. SMALL, reported on catarrhal affections during the past year. He premised that the mucous membranes were the seat of these diseases, and were abnormally excited by changes of temperature. The French physiologists spoke of catarrh as including affections of the mucous membrane in any part of the body, but in this country the term was limited to affections of the superneal air passages. Nasal catarrh (coryza) was caused by excitement of

the pituitary passages; in itself it was of little consequence, but often led to inflammation of the eyes and ears. It should therefore be looked to. Catarrhs implicating the trachea, larynx and bronchial tubes are more complex in their character, and have been prevalent during the past year. It was epidemic in this city about the time of the Northwestern Sanitary Fair; hundreds were suddenly affected with it, owing doubtless to unusual exposure to variable conditions of the atmosphere. It was marked by a feverish dryness of all the pituitary passages, accompanied by tickling. The succeeding stage was in many cases marked by feverish inflammation, and in some there was marked congestion. Aconite in the invading or dry stage was generally successful. But as aid was not often called in this stage, Aconite from the first to the sixth attenuation, followed by Belladonna, was found to be effectual in the second stage. Phosphorus and other remedies were administered in divers cases: homœopathic treatment was almost uniformly successful. Another form of catarrh at the same time was marked by irritation of the eyes, ears, nose and all the respiratory passages, with dyspnoea. Had it occurred early in the season it might have been mistaken for summer bronchitis, a disease with which many are afflicted in the month of August. The committee had no doubt that it was caused by the inspiration of decomposing flowers. Silicia had been found very effectual in preventing recurrence of the malady; it should be used from the thirtieth to the two-hundredth attenuation. Any form of catarrh, by negligence or bad treatment, may become chronic. The report spoke lightly of Lycopodium in cases of deep-seated catarrhal affections and their sequelæ.

The report was received and referred to the publishing committee, on motion of Dr. G. D. Beebe, who referred to a remarkable case of coryza during pregnancy; in which the mucous emissions were very persistent and rapid. The case seemed to resist Silicea, Arsenicum, Pulsatilla and other usual remedies. *Alium sepa* was finally prescribed, and was followed by almost instantaneous relief; the remedy was comparatively a new one; it had been used by him with great success in other cases of bronchial affection.

Dr. I. S. P. LORD spoke of the causes of catarrh: he saw no reason why one form of the disease should be referred to general causes and another to a specific cause; neither did he see how it was that general causes should produce specific results.

Dr. L. C. BELDING reported a case of catarrhal affection of the eyes which had yielded to homœopathic treatment when other means had failed; Arsenic was used; in some cases the *Mercuris solub.* had been of great efficacy, especially where the burning of the lips was present.

The secretary called attention to the necessity of appointing a committee on surgery. The history of surgery was one of struggle against heroic medication; until very lately it had not been placed on a proper basis, but it had recently received due attention. He wished to present an improvement in the method of reducing fracture of the shaft of the femur in young children. When called to any case of fracture in the femur, he would seek to give a fixed location to the tibia and spinal column, which would necessarily give the settled direction of the intervening thigh bone. A splint made of tin is placed on the outside of the limb, (can be made in about

half an hour). The fracture in children is usually transverse, hence extension and counter extension are not so necessary as with the adult. The limb should be flexed, as that is the natural position of the limb in children. He had treated three cases during the past twelve months on this plan, each of them very successfully. One of them was a very singular case of spontaneous fracture, while the child was in good health. The predisposing cause of the fracture was scarcely rhagades ostium, as the connecting links were rapidly supplied. He thought that the cause was rather to be found in the variable preponderance of earthy over the cartilagenous matter as exhibited not only at different ages, but in different individuals at the same age. Symphytum seemed to be very favorable to the formation of the connecting cartilage in cases of fracture.

Dr. G. D. BEEBE then exhibited a model of his appliance, fitted with a ratchet for use in case of oblique fractures as are usual with adults, where extension and counter extension are needed to be applied with greater force to prevent shortening by over-lapping. The principle idea of the method seemed to be the *flexure* of the limb making the pelvis and the lower limb fulcra of extension as well as points of support.

Evening Session.—In the evening the chair was taken by Dr. E. M. P. Ludlam, the third vice-president.

Dr. R. LUDLAM proposed that a discussion take place regarding that catarrhal or bronchial affection which has been so prevalent during the winter, being almost an epidemic, and which has frequently been mistaken for actual pneumonia. The cases commenced generally with remittent fever, with good deal of respiratory oppression and slight vomiting, though generally almost an entire suppression of the mucous discharges of the chest. This condition often would last for twenty-four or thirty-six hours. It would not be marked by hepatization, all discharges being connected solely with the bronchial tubes, after that time there would be an excessive mucous discharge. But there would be no hepatization in the second changes, which are characteristic of pneumonia. Phosphorus, Aconite or Belladonna he considered to be the proper remedies to break up the complaint. In very stubborn cases he found Gelesmium efficacious. In the case of adults some very sudden deaths had occurred from a real overflowing of mucus on the lungs.

Dr. L. C. BELDING, Milledgeville, thought the cases quoted very similar to some that had occurred with him. In advanced stages he frequently used Tartar emetic, or some similar drug, to stay the mucous discharge: he called the disease a bilious intermittent fever.

Dr. L. PRATT, of Rock Creek, also had several examples of a like nature, and had great faith in Tartar emetic. When an Allopathist, he noticed the extraordinary effects of this remedy in bronchial catarrh, but did not then fully appreciate its properties. He used a few grains dissolved in half a tumbler of water, and a teaspoonful or so every three or four hours.

Dr. M. D. COX mentioned a case of chest affection, somewhat analogous to those noticed, where, in connection with the lung affection, there was a severe dropsical effusion. He used Apis, Arsenicum and other similar drugs. Among the symptoms was a severe hacking cough, when she expectorated a quantity of

serum, and also a large discharge of pus. At the cessation of this discharge hæmorrhage set in, and death immediately ensued.

Dr. G. D. BEEBE, of Chicago, gave some of the *post mortem* symptoms of this bronchial catarrh. A short time ago, a man in this city was taken suddenly ill late one evening, and died within ten minutes in severe pain. At a *post mortem*, the whole of the nobler organs, except the lungs were in an abnormal condition. The lungs were thoroughly saturated with an excessive effusion of mucus.

Dr. R. B. CLARKE, of Racine, had found that whenever Tartar emetic or crude antimony failed, Ipecac answered well, and, indeed, worked like a charm.

Dr. D. A. CHEEVER, of Pekin, treated the majority of his cases with either Aconite, Phosphorus or Tartar emetic. When these remedies failed, he found Bryonia and Ipecac to be excellent remedies.

Dr. R. LUDLAM said that often pneumonia was considered to be secondary with measles. It was called lobular pneumonia, but he did not believe that it was pneumonia at all.

Dr. TEMPLE considered that the affections in children frequently called pneumonia was ever confined to the bronchial tubes, and that Tartar emetic was about the only safe remedy.

Some discussion next ensued as to the manner of applying remedies. Dr. R. Ludlam considered it safer to keep to one remedy as much as possible, so that its action may be fully known.

Dr. C. F. REED, of Kenosha, had tried several interesting experiments regarding the proving of combined remedies, which he thought more often produced effects when single remedies failed to bring about the required results.

Dr. SCOFIELD found that generally one remedy is the best, though often when these failed combined ones were needed.

Dr. L. C. BELDING did not believe in combined remedies either administered simultaneously or in succession when the physician could see his patient frequently.

Dr. C. A. JAEGER also considered one remedy to be best. He had seen a case where physicians caused a young child to take seven remedies in less than fifteen hours. He did sometimes give an alternation of two remedies; but then he ordered one remedy to be given for ten or twelve hours, and then before he gave the second ordered a perfect cessation for about the same time. Dr. Temple thought that when the symptoms of a case were rightly got, one remedy only was required. The patient need not be seen every few hours, for if the case is rightly understood, the effect is anticipated. Combined remedies were not the result of the truths of Homœopathy.

Much discussion of a like nature followed, most of the gentlemen present giving their various experiences. Cases also somewhat foreign to the subject were mentioned illustrative of the beneficial effects of simple or united remedies by their respective supporters.

Second Day—Morning Session.—Dr. P. S. SMITH, the president of the association, took the chair and called the convention to order.

Dr. J. C. BURBANK reported two cases of *phthisis pulmonalis*, which he had cured by the continuous use of loaf sugar. In the one case the patient came from a family predisposed to consumption, and in her own person exhibited all the ordinary incipient symptoms of that disease. At one of the meetings of the association he had heard some physician recommend the use of sugar, and had resolved to try its efficacy. He prescribed it in doses of two ounces, taken morning and evening, and also for the first few days of the treatment gave Phosphorus of the third attenuation. The patient improved rapidly, her dangerous symptoms disappeared, and she is now apparently entirely recovered.

The other case was similar in its general outlines, and he pursued the same treatment with so far very similar results. This patient is still under his care, with every prospect of ultimate recovery. Dr. Burbank was not prepared to say whether the sugar or the Phosphorus effected the cure.

Dr. D. S. SMITH said that he had cured a woman of the same disease by administering a single dose of Phosphorus. The patient in that case was the daughter of a homœopathic physician, and there were no allopathic prejudices to overcome, which might account for the rapidity of the cure.

Dr. LORD said that accounts of cases and statements of cure reported from memory were extremely unsatisfactory. He had found this in his own experience.

Dr. TEMPLE asked if sugar was a medicine, and if not a medicine, how it could cure disease.

Dr. BEEBE said that carbonaceous preparations had been used for the cure of pulmonary diseases from time immemorial. Cod liver oil had been and is still used to a considerable extent, as well as Bourbon whisky and other alcoholic preparations. He thought these remedies acted as palliatives. They were taken into the stomach, and carbonic acid gas evolved, which acted in some sense as an anæsthetic. The question to be considered was, whether some carbonaceous preparation could not be used, which would produce desirable results, without the objectionable effects of Cod liver oil and whisky, and whether sugar were not that preparation.

Dr. LORD thought there was no such thing as chemical action in the living man. Action of remedial agents was purely mechanical.

Dr. LUDLAM read an interesting paper on Physiological Infidelity, which we synopsise as follows:

"Physiological infidelity implies a lack of knowledge, and of faith in the laws which govern the animate creation. As it concerns human physiology, this unfortunate scepticism is manifested in a variety of ways. Objectors to its practical value file off into three lines: those who will not accept the teaching of physiology because their professional predecessors deemed them unworthy of trust; those who object that its tenets are constantly changing, and who are too indolent to keep pace with its development as a science; and those who refuse to adopt or to endorse it because such a course would of necessity, modify those views of the treatment of disease to which they are so closely wedded."

After insisting that a practical want of familiarity with the laws and pro-

cesses of life was a frequent fault of both schools of physicians, Dr. L. offered and defended the following proposition:

"The more thorough the physician's familiarity with the functional processes and susceptibility of the human organism, the milder and more cautious will be his treatment in case of disease. This affords the reason why young physicians, recent graduates, give comparatively more medicine than their elders in experience. And this is why the best physiologists and pathologists of the day are not the strongest advocates of the old style heroic treatment. Dr. Hammond, the talented author of the 'Physiological Memoirs,' was too well acquainted with the delicate organic susceptibilities of the species to sanction the mercurialization of our brave soldiery. He must show his heart if he lost his head! The witty Wendell Holmes has a textural and ingrain aversion to drugs, which is in exact ratio with his knowledge of anatomy and physiology. Bennett is acute and honest enough to realize, and honest enough to teach that bleeding in pneumonia only subtracts from the chances for recovery, and really makes his words felt in opposition to the exploded idea that of late years the type of disease has changed, and consequently a modified treatment is requisite. Flint insists that a sound special pathology can only be based upon a detailed history of cases in which none of the symptoms presented could possibly have originated from drugs that have been taken.

"Having insisted that an excellent test of a physician's physiological knowledge is found in his treatment of zymotic diseases, or those which result from blood-poisoning, there follows a plea for the superiority of the homœopathic method of treatment, based upon the ground of the few and trivial sequelæ which are apt to follow. Who ever saw a case of deformity after articular rheumatism which had not been treated other than homœopathically? Or who an example of chronic diarrhœa supervening upon typhoid fever; or of lobular pneumonia, falsely so called, after measles; or of considerable and chronic effusion after acute inflammation of the pleura, the peritoneum, or even the pericardium, where the treatment had been as above? Compare the frequency of deafness, of dropsy, of incurable heart disease, of a dreaded discrasia, after scarlatina, under the same beneficent management, and under the ancient method of medical practice!"

Concerning the prevalence and treatment of puerperal fever, as illustrating his general theme, the committee remarks:

"In the city of Chicago there are at present thirty homœopathic physicians who are engaged in the practice of medicine. Nearly all of these practitioners are fully persuaded the puerperal fever has not been epidemic in Chicago during the past year. Only two sporadic cases have occurred in their united experience. The question is pertinent. How does it happen that physicians in the same city, with patients perhaps next door, should have such varied experience? Our allopathic brethren have declared this disease epidemic, or at least more than usually prevalent among us. Can it be possible that patients of one faith in medicine suffer in every case, while others escape; or that Drs. D. or M. should have treated every example of this disease, while none of my thirty brethren had any such experience?"

"The chief cause of the alarming and fatal cases which have and do so

frequently occur, is believed by the essayist to be the habit of prescribing cathartics for women in child-bed. This practice, which 'has nothing but tradition to recommend it, no sanction but usage, and no history but that of harmful and evil consequences,' is severely and yet justly criticised."

The paper closed with a strong appeal for the necessity of a thorough familiarity with, and development of the sciences collateral to medicine.

Dr. LORD reported the recent death of a lady in the West Division in child-bed from the use of Lobelia and other "regular" remedies. She was killed, in his opinion, *secundem artem*.

Dr. LUDLAM reported a case of erysipelatous affection of the rectum, which he thought was induced by the use of cathartics in child-birth.

Dr. BELDING related his experience in the use of cathartics as an Allopathist and as a Homœopathician; his experience was vastly in favor of the latter mode of treatment.

Dr. PRATT had lost a patient afflicted with puerperal fever, because the nurse had, unknown to him, administered a cathartic.

Dr. OBER had generally discarded the use of cathartics in cases of child-birth. He had endeavored to assure his patient that an immediate movement of the bowels was unnecessary. In some instances his patients had taken mild cathartics without disastrous results.

Dr. PRATT reported a case where movement of the bowels did not take place for two weeks after delivery, and yet the patient recovered.

Dr. ANTHONY thought that if patients would take cathartics they should do so upon their own responsibility.

Dr. REED said that physiological infidelity in obstetric practice was not confined to the treatment of mothers. The innocent child often came in for a large share of the evil resulting from the allopathic mode of treatment. Dr. Temple, in his remarks upon the subject, said that the mortality reports showed that at least one half of all deaths reported were among children under five years of age, and charged that this was the result of criminal allopathic practice. It was an abominable system, in his judgment.

The convention continued the discussion in this same strain till the hour of adjournment.

Afternoon Session.—The convention met in the Lecture-room of the Hahnemann College, at two p.m., according to the terms of adjournment. In the absence of Dr. D. S. Smith, the president, Dr. W. C. Anthony, second vice-president, was called to the chair.

Dr. E. M. HALE read a strictly professional paper of some length, upon the history, cause, symptom, and diagnosis of retroversion of the uterus. He gave the latest teachings concerning the pathology of this painful and often intractable disease, and entered into a general resume of the best methods of treatment adopted by the homœopathic and allopathic schools. The treatment, according to Dr. Hale, consists of proper mechanical appliances to restore the uterus to its proper position, and to maintain that organ in its normal place in the pelvic cavity. The medicinal treatment, sanctioned by the experience of the homœopathic school, together with some original suggestions, was given in general terms. It was claimed that this method was very suc-

cessful in the treatment of this disease and its various sympathetic symptoms. The report of Dr. Hale was received and referred to the committee on printing.

Dr. COLTON then read a paper on external remedies and mechanical appliances in the treatment of diseases. He said that under certain conditions—heat and cold are powerful therapeutic agents. The human organism is sensibly affected by changes in the atmosphere, acting primarily upon the skin as well as through the passages. The respiratory influence of heat is observed in the relaxation of the respiratory processes, while cold produces the reverse condition. Water as an adjunct is equally necessary and useful. Blisters, setons, issues, etc., have been in use a long time, and their abuses are no less palpable than the poisons poured down the throats of the innocent victims to unscientific professional treatment. He did not say that vesication is never useful, but in ninety-nine cases out of a hundred, better measures are at hand. To think of a seven by nine plaster of Spanish flies over the chest, accompanied with a pill of blue mass internally, every two hours, for simple pleurodynia, made him shudder, though it was years ago that they were administered to him. Homœopathicians had found a better remedy in Nux or Arnica, which effectually removes the difficulty in a few hours.

The doctor then gave an elaborate anatomical description of the skin, and argued the question of cutaneous absorption, at some length, and arrived at the conclusion that agents may affect the system through the skin in three different ways: 1st, by simple contact with the sound skin; 2d, by forcing the substance through the cuticle by means of friction; 3d, by bringing the matter to be absorbed in contact with the deeper portion of the skin after the superficial layer or epidermis is removed. The application of external remedies the speaker showed to have been recommended by the ancients by Hippocrates down.

Although Hahnemann finally proscribed the use of all external remedies, except it might be an extremely limited number, many of his followers, without the least disrespect to him or his memory, have seen fit to adopt them. The doctor then narrated the different external remedies used by the profession, and briefly recounted their operation. The report was received and ordered printed.

The secretary announced the presence of C. W. BOYCE, M.D., of Auburn, New York, who was duly accredited as delegate from the New York State Homœopathic Society. Dr. Boyce, was admitted as a member of the convention.

The following officers were elected:

President—W. C. Anthony; *Vice-Presidents*—R. Ludlam, J. C. Burbank, E. McAfee; *Recording Secretary*—G. D. Beebe; *Corresponding Secretary*—D. A. Colton; *Treasurer*, L. Pratt; *Board of Censors*—Drs. Ober, Small, Foster and VanLiew; *Delegate to N. Y. State Medical Society*—G. D. Beebe.

Evening Session—The convention was called to order by Dr. Anthony. The special order of the hour was the report of Dr. E. M. P. Ludlam upon Remittent Fever. Dr. L. reported two cases, and the treatment in each.

Dr. BURT, of Lyons, Iowa, reported a case of tracheotomy for diphtheria

and presented a section of trachea, showing the incision of the windpipe and the exudation of the false membrane, resulting disastrously. He also presented a tape-worm forty feet long, expelled from the stomach of a boy four years old. The remedy used in this instance was pumpkin seed tea.

Dr. BEEBE also related an interesting case of tracheotomy, resulting in full recovery.

Dr. ROGERS presented a foetus, supposed to be five months old, without brain or spine; and also a foetus of full age, to the back of which was attached a sack filled with gelatinous substance. Both specimens were presented to the museum of the college.

A discussion followed upon the use of Lachesis, in which Drs. Beebe, Hale and Boyce participated.

Dr. BURT asked if in croup the false membrane extended to the cavities of the heart.

Dr. LUDLAM said he had never observed anything of the kind.

Dr. BELDING said he had a knowledge of spotted fever fifty-one years ago. He had seen many a person apparently well and hearty in the morning, a corpse before evening. He once had the fever himself. Out of one hundred and forty cases forty died. The usual condition was cold and chilliness, pain and distress, and mind wandering. After a few hours they would be covered with red spots, which became purple before death. The epidemic lasted about six weeks. Every day was cloudy, and every night clear and brilliant. When the weather changed, and the sun came out, the disease abated. Since that time, and until this last winter he had seen no instance of this disease. He related several cases which had recently come under his observation. The remedies he used were Aconite, Belladonna, Bichromate of Potash and Eupatorium.

The discussion was further continued by Drs. Ober, Small, Frazer, Hale, Beebe, Ludlam, Cheever and others.

The chairman announced the following gentlemen to act as chiefs of but reaus:

Surgery, Dr. Beebe; Theory and Practice, Dr. Cooke; Obstetrics, Dr. R. Ludlam; Materia Medica, Dr. Hale; Anatomy, Dr. Colton; Chemistry, Dr. Welch; Physiology and Pathology, Dr. Reed.

After a vote of thanks to the president, the convention adjourned without date.

THE

AMERICAN

HOMŒOPATHIC REVIEW.

Vol. V.

NEW YORK, AUGUST, 1864.

No. 2.

SCABIES.*

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

Most modern authors attribute this disease solely to the ravages of an insect called the *Acarus scabii*, while other observers, equally sagacious and profound, in many instances have utterly failed in detecting the parasite, after the most critical inspection, and regard its presence rather as a morbid product than a cause.

On the part of the former it is remarkable that (with the single exception of Dr. Adams' testimony, which we will consider farther on) they have so signally failed, after cautiously transplanting the insect, in producing any results except the development of a few transient vesicles accompanied by cuniculi, all traces of which spontaneously disappeared at the end of a few days.

Erasmus Wilson, in his valuable work on Diseases of the Skin, page 246, relates five experiments reported by Albin Gras, a pupil at Saint Louis Hospital, where the acari were placed in favorable positions upon the skin, and carefully protected there. In none of these experiments did they succeed in establishing but slight local irritation; in every

* From the manuscript of an unpublished work on Skin Diseases by Dr. Morgan.

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instance but one, where the acari were artificially destroyed upon the seventeenth day, all evidence of both insect and disease disappearing in a few days, in spite of careful nursing.

All the direct evidence which has ever been produced by any author that we have seen, to prove that general or universal scabies has followed transplanting the acarus, is from the work of Dr. Adams on "Morbid Poisons," published in England in 1807, and the testimony in that case is decidedly doubtful, as may be seen by reviewing it. His observations upon the subject were made at the island of Madeira, where he encountered a parasitical disease called by the natives *ouçoes*.

After describing minutely the severe constitutional symptoms which accompany this disease, he goes on to give several positive reasons why it cannot be mistaken for common itch or scabies, and says: "The natives of this country are much offended if suspected of having the itch (*sarna*), but think little of *ouçoes*." "The nurses and mothers who are sufficiently at leisure to attend to cleanliness, search the skins of their children for *ouçoes*, as regularly as the hair for lice, and by extracting them early prevent the spreading of the disease."

He also relates the following case: "My friend Mr. Banger was so well acquainted with it, that during his voyage to Lisbon he was sensible, by his feelings, that he had an *ouçao* somewhere under his skin, and when he had leisure after his landing to search, he readily extracted it and cured himself." You will observe that Dr. A. uses the word *ouçao* in the singular number; also bear in mind that Mr. Banger must have been several days in making the sea voyage, and he cured himself by extracting a single *ouçao*. Would this be likely to be the case if the insect was a genuine acarus?

Dr. Adams, in describing the experiment upon himself, which has been so generally referred to by authors to prove the inoculability (if I may be permitted to coin a word) of scabies by transferring the insect, made early in June, 1800, says: "For more than three weeks after the *ouçoes* were

planted between my fingers, little or no inconvenience was felt; from that time began frequent itchings in different parts of the body and arms, but no eruption could be discovered. In less than a fortnight afterwards (five weeks from commencement of experiment) my arms and belly were covered with a general efflorescence, but few vesicles appeared. At this time two *ouçoes* were extracted from my arm, but not from the vesicles." In August he states that his whole body, arms and thighs, were covered with an efflorescence; at the same time "but few vesicles appeared." In genuine scabies this efflorescence is not a legitimate concomitant, while the characteristic vesicles are about the only positive indication of the disease.

Compare this with the experiments of Albin Gras upon himself and others, and we find a vast difference in the phenomena presented. With the latter, severe pruritis and the development of numerous vesicles appeared within a few hours after the transfer.

Dr. Adams describes his constitutional symptoms thus: "In the meanwhile my health suffered exceedingly, not only from the inconvenience produced by the itching, but about noon a quotidian fever began, with slight shivering, and was succeeded by a headache, dry heat, thirst, loss of appetite, and considerable exacerbation of the itching," for which, he tells us, he was obliged to resort to "bark." In another place he says: "the appearance of this eruption is constantly attended with symptoms of fever."

He describes the insects as being of considerable size, easily detected and extracted, their removal entirely arresting the disease. This is unlike scabies, the eruption of which often continues long after the acari are destroyed. He also speaks of seeing them "crawling on his nail," and distinctly remarks this peculiarity, "there is a power of leaping with a force not less than a flea—such was the case with one while I was examining it under a convex lens. Whilst we were expressing our surprise, the old woman, our tutoress, appeared unconcerned, and assured us that the event we had witnessed

was by no means uncommon." And as if to corroborate his own observations upon this point, he continues: "I have collected the same account from several other people."

Singular as it may appear after the above relation, we have, accompanying Dr. Adams' work, what purport to be two drawings of the ougoes, which in fact are two very excellent illustrations of the *acarus scabei*—these illustrations showing the insect to be deficient in the anatomical organization necessary to such an effort as jumping.

Dr. Wilson, very summarily and evidently to his own entire satisfaction, disposes of Dr. Adams' statement in reference to the saltatory power of the insect by the simple sweeping assertion, "in this he is entirely mistaken."

Whence does this confusion arise? Is the carefully-detailed history of the disease, and the minute description of the insect, given by Dr. Adams, to be cast aside as entirely erroneous, or have these drawings of the acarus, by some strange *locus pocus* managed to creep into a false position? He gives his positive and distinct testimony to the fact of the existence of both scabies or itch and ougoes at Madeira, as separate maladies.

Dr. E. Wilson, Dr. Rutherford Russell and other writers, quote him as their authority to prove that scabies is produced by transplanting the acarus. Dr. Adams says no. Now, to whom are we to give credence, the acute observer upon the spot or those magnanimous gentlemen who, thousands of miles away, take the liberty of manipulating questionable evidence to prove a favorite theory? We are profoundly impressed with the necessity of dealing in unmistakable facts, especially in such investigations, and cannot avoid feeling as though the testimony of Dr. Adams is involved in too much uncertainty to be regarded as conclusive. If the champions of the acarus doctrine were able, with any kind of uniformity, to produce scabies by transplanting, they would unquestionably do so, and substantiate, beyond cavil, their position.

Attempts have also been made to convey scabies by inocu-

lation of the fluid from the itch vesicle (see Dr. Freytag on Scabies, *North American Journal of Homœopathy*, Vol. XI., p. 197, and Dudgeon's Lectures, page 274); this plan has also utterly failed. Then how is this disease communicated? Everybody can testify to its exceedingly contagious character.

If it can neither be conveyed by transplanting the acarus nor by inoculation of the fluid from the vesicle, we have no other alternative to fall back upon, than the hypothesis of an itch miasm on the one hand and the existence of a peculiar morbid susceptibility upon the other. Where this susceptibility does exist I see no good reason why the disease might not be conveyed during the process of transplanting, not owing to the procreating power of the insect, but to the concurrence of these two conditions, viz.: miasm and susceptibility.

This brings us to the consideration of the much-misunderstood and oftentimes vilely derided psoric theory of Hahnemann. From his first recognition of the great law, *Similia similibus curantur*, up to the fuller developments of its universal application to the cure of disease, he was exceedingly puzzled to account for the obstinacy of chronic diseases, and he devoted, with unflagging energy, all the powers of his remarkable mind to its investigation.

He observed that many non-venereal chronic patients had suffered from a previously-existing cutaneous disease, and that they dated their sufferings from the original appearance of that eruption. He and others had noticed the fact that many serious maladies succeeded the sudden and violent suppression of those eruptions, and also that severe internal complaints were often speedily relieved by the development of an eruption upon the skin, and at length came to regard those cutaneous manifestations as the "mildest form" of that "internal enemy" which he designated by the general term *psora*, and says "it may exist either with or without an eruption upon the skin" (see his *Chron. Diseases*, p. 21).

The word *psora*, which he selected to represent the almost

universally prevalent morbid base of chronic diseases, is from the original Hebrew—*tsorat*—signifying venom or malignity; this term the Greeks, in their translations from Hebrew writings, rendered into *psora*, the original meaning of which, during the lapse of time, degenerated first into cutaneous diseases generally, then into itch. This error, creeping down through translators who did not clearly interpret or comprehend the true idea which Hahnemann intended to convey, has unjustly become a libel and reproach upon the accuracy and intelligence of the founder of Homœopathy.

It makes but little difference what name we bestow upon this something—this morbid tendency—whether the devil, king's evil, scrofula or psora; it is a terrible and inevitable penal compensation for violated law; it is no respecter of organ or tissue; it attacks all, creating and complicating cutaneous diseases, depositing tubercle, forming tumors, bursting out in abscess and ulcer, producing caries and necrosis, gangrene and death, modifying every known form of disease, developing new features, and transmitting its baneful influence to the child unborn.

His grand argument—that chronic diseases arise, and derive their obstinacy, from some inherent abnormal taint or tendency, and that this may exist in a latent form, constituting a state of peculiar susceptibility or *receptivity*, as Hempel styles it—is eminently rational and sound; but that suppressed scabies is the cause of this condition, as some physicians have falsely or ignorantly urged, is an idea too palpably absurd to have emanated from the clear and logical brain of our illustrious author.

In 1792, some thirty-six years previous to the publication of his famous psoric theory, in an article printed in a German medical journal (see *British Journal of Homœopathy*, Vol. XXI, p. 670), Hahnemann accurately describes the “itch-mite,” thereby setting at rest the fact of his knowledge of that insect.

In his citation of cases where repelled eruptions were succeeded by serious results (see his work on Chronic Diseases),

he enumerates, besides the general term *itch*, “pustules or herpes,” “tinea,” “tinea capitis,” “moist tinea,” “herpes,” “moist herpes,” “itch upon the face and pudenda” (localities which true scabies never invades), “porrigo,” etc., etc. Now, is it not reasonable to suppose that if he had intended to convey simply the idea that scabies, *sui generis*, was the terrible hydra which he had discovered, he would have employed either the Latin term *Scabies*, the German *Kratze*, or the French *Gale*, all of which were perfectly familiar to him. Instead of using either of these terms, he employs the word *psora*, evidently with its ancient Hebrew signification of venom or malignity.

Itch vesicles ordinarily make their first appearance between the fingers and in the palms of the hands, and are accompanied by a violent stinging and itching, which is increased at night. Dr. Freytag says: “At night the parasites are in full activity; they seek each other for impregnation, and cause insufferable torture to the poor patient.” *Mirabile dictu!*

This seems very much like the work of a fertile imagination, when we remember that the anatomical construction of the acarus renders it exceedingly doubtful whether it is capable of performing locomotion in any direction except *en avant*, that it is almost universally solitary, and snugly ensconced at the termination of a minute burrow, and that the itching so characteristic of the disease frequently extends all over the body, and in localities far remote from any signs of the acarus; also from the fact that the itching is frequently fugitive, abating under the finger nails in one spot and instantaneously springing up in another, leading the nimble fingers rapidly from clavicle to last terminal phalanx. We would rather attribute the evening exacerbation to the changes of temperature to which the little pest is subjected during the process of undressing and exposure of the skin to the air, as well as getting warm again in bed. This stimulates the acarus to unusual activity.

The vesicles are prominent, and where the skin is thin, as

between the fingers and upon the inside of the arms and thighs, are cone-like in shape, quite firm to the touch, and filled with a transparent fluid which often becomes milky or puriform.

As the disease progresses, the skin becomes rough and scaly, with numerous scattered vesicles, and is often complicated with other vesicular pustulous or papulous diseases; indeed it is not unusual, after the characteristic appearances of scabies have disappeared, to find other forms of cutaneous maladies established in their stead.

Frank, Biett, Cazenave, Grisolle and others admit but one species of scabies, with its specific vesicle; they regard the appearances of papules, pustules or other vesicles, as *accidents* complicating the original malady.

To the suppression of these eruptions are attributable most of the evil results heretofore charged upon scabies. The acarus is never found in the vesicle, neither does it bear any numerical relation to the number of vesicles. The insect is sometimes found upon the hands, and no where else, while the patient is suffering from itching vesicles distributed over the body.

Wilson describes the location of the acarus, at a small dark point at the end of a whitish line, called the cuniculus, about a quarter of an inch in length, and leading from one of the early vesicles; this point is usually somewhat elevated above the skin, and upon inserting a needle therein, the parasites may be withdrawn clinging to the instrument.

Nearly all writers unite in the opinion that scabies will not cease spontaneously, although its violence may be partially suspended during severe attacks of other diseases; the acarus, under such circumstances, seems to become torpid.

Differential Diagnosis.—Scabies has isolated accumulated vesicles occurring upon parts where the skin is thinnest. Lichen and prurigo are papular, and occur upon the outside of the limbs, back and shoulders, where the skin is thickest. Eczema and herpes present their vesicles in clusters, more or less flattened or globular in shape, and upon an

inflamed base. In scabies pustulosa, the fluid in the vesicle turns into sero-purulent matter; it is not pustulous at the beginning.

Treatment.—Much discredit has attached itself to Homœopathy for its apparent inefficiency in the treatment of the itch; this has resulted from fastidiously adhering to an exclusively internal treatment. There are individuals suffering from mental ankylosis so complete that they deem it rank treason to Homœopathy, to employ any curative means which do not come under the immediate scope of the law, *similia similibus curentur*. This is a great error. *Similia similibus* is a universal law, but not an *exclusive* means of cure. We cite merely one instance as a brief illustration of this truth:

Suppose a case of poisoning by Arsenic; the sesqui-oxide of iron will antidote the poison, and save the patient's life; yet the provings of iron will not produce a pathogenesis similar to Arsenic. The condition remaining after the poison is antidoted, is a legitimate subject for homœopathic treatment.

In reference to the treatment of scabies, using the language of a highly distinguished colleague (from private correspondence), "I do not hold myself bound by Halmemann's general doctrines about psora, to abstain from directly killing vermin of any and every kind. I order lice to be combed out of the hair, and then crushed *secundem artem*, and I order acari to be smeared to death.

"Inasmuch as I am well persuaded that there is something (a taint or what you please) which causes the hair of some persons, and the skins of others to be a specially favorable *nidus* for the development of the ova of lice and of the acari, respectively, whereas in other persons they find an uncongenial soil. I regard this taint as the legitimate subject for an internal treatment, and give, accordingly, in the case of lice, psorine, and in the case of itch, whatever anti-psoric may be indicated.

"For a case of itch, as soon as I discover the presence of

acari, I order inunction for three days with lard, which *Hebra* has found quite as efficacious as any medicated (Sulphur or Mercurial) ointment—after the third day a warm bath—for ten days or two weeks repeat this process, at the same time prescribe according to the indications.

"I do not know that itch is cured by any other means. I saw *Wurmb* try, with internal medication, to cure a case of true itch, for four months, with no relief at all to the local affection; one course of inunction with lard cured the patient in the space of seven days."

Dr. Freytag (see *North Am. Journal of Homœopathy*, Vol. X, p. 193), in an able paper on "Scabies, its nature and treatment," read before the Homœopathic Society of Leipsic, relates his experience in the following language: "I commenced by a purely internal treatment, I had occasion to use all the more important remedies recommended in our literature, and believe that I was careful to choose each remedy according to indications. Sulph. I used for months at a time, commencing with the lower dilutions, omitting them for a time; went over to the higher and the highest, and again discontinued them; but *in no single case was a cure effected*. All other internal remedies were used with the same result. It was always necessary to fall back upon some external application, though it might be only *Sapo nigra* or *tinctura Sulph.*," which promptly relieved his patients; but "for the sake of experiment I am still retaining exclusive internal treatment in two patients, one having been sick ten months and the other eight."

In Jahr's "Clinical Guide or Pocket Repertory," under the head of itch we find the following: "This acarous itch admits of a more external treatment with the Sulphur ointment, without exposing the patient to the danger of contracting secondary diseases. Of course I do not wish to be understood as if I would sanction the treatment by external applications, of the various itch-like eruptions where the acarus is not present. These are the eruptions to which Hahnemann's psora doctrine should be applied, and the suppression of

which, by washes and salves, will induce the various secondary eruptions enumerated by Hahnemann and Autemeith.

It would be useless to multiply the testimony upon this subject; even the faithful Hartmann was obliged to resort to the use of nearly crude Sulphur internally, and the external use of Sulph. tinct. before he could cure the itch (see his *Chronic Diseases*, pp. 16, 17, 18).

We have heard intelligent physicians declare that they could and did cure scabies with Sulphur thirtieth and upward. With all due respect for the integrity of their opinions, we are compelled, through much vexatious experience, to doubt the correctness of their conclusions. They may have erred in diagnosis; they may have been deceived by their patients, who clandestinely resorted to other means, and secretly laughed in their sleeves at the mistaken exultation of the physician, or they may have been called upon to treat the secondary eruption which sometimes appears after the parasites have been destroyed; this form easily yields to treatment.

Let the question be as it may in the private judgment of each individual, whether the acarus is the sole cause of the itch or merely a morbid product—whether we are able to detect its presence in all cases or not—let us abandon this false squeamishness in reference to the use of proper external means, and henceforth do justice to our patients, common sense, ourselves and Homœopathy, by curing scabies.

Dr. Freytag got excellent effects from ablution with the suds of strong alkaline soap.

Dr. Bourquignon recommends as thoroughly and speedily fatal to the acari, and as otherwise beneficial, an ointment made of three parts of powdered *Staphysagria* (stavesacre) to five parts of lard, applied four or six times per day. He says this will frequently cure the disease in from four to five days.

The pathogenesis of Staph. presents a pretty fair picture of the itch.

Prof. Requin speaks highly of the use of equal parts of Oleum terebinthe and sweet oil, as a local applicat'on.

Common lard, in most cases, will destroy the parasites; it is doubtless the chief agent in all the various ointments, and kills the acari by sealing up the pores of the skin, and depriving them of air.

After the acarus has been destroyed, attenuated remedies, if well chosen, will speedily complete the cure, and among them Sulph. stands preeminent; this remedy has been much abused by both schools—by the old, in its universal extravagant and detrimental administration when not called for, and by an opposite extreme in the new.

Some of us have imbibed strong, bitter and groundless prejudice against its use in low potencies, and oppose its employment in the crude form, *under any circumstances whatever.*

I should apprehend no absolute danger from its careful use in the form of an ointment, in cases of recent itch, uncomplicated with other eruptions, although inunctions with simple lard, if equally efficacious, are preferable, thereby avoiding factious dispute.

Cases of long standing can rarely be conducted to a favorable termination without the internal use of Sulphur; the higher attenuations, thirtieth and two hundredth, as is also the case with the other remedies, have proved most satisfactory to me. The question of attenuation to be employed is one which belongs to the private judgment of each practitioner; and as long as human knowledge and capacity are limited, and human judgment fallible, just so long will men honestly differ in this matter.

The principle of Homœopathy consists in an adherence to the central law, *similia similibus curentur*; and not in an exclusive and bigoted devotion to any particular potency or dose. The horizon of each varies according to the altitude of his standpoint! a man should not be censured because his best telescope has an inferior range.

The other remedies most frequently applicable are Calc. c.,

Caust., Carbo. veg., Clem. erect., Graph., Hepar, Lachesis, Ledum, Merc., Mez., Nitric acid, Puls., Rhus, Sepia, Staph. and Sulph. acid.

It will only be necessary to caution the tyro against carelessness and haste in the selection of the internal remedy; it will only be after the most careful analysis, searching inquiry and critical comparison, that he will be able to select the proper agent from almost the entire list of our materia medica.

RETROSPECT.

(Concluded from page 71.)

As regards the remedy, the reaction to which we allude is not yet so decidedly manifested among Homœopaths. The disposition early shown to expurgate the Materia Medica, as it was called, and to exclude from it most of the subjective symptoms, reducing each proving to a collection of objective phenomena, led to the re-provings of drugs by the Austrian Society. This labor was unquestionably undertaken for the purpose of showing that Hahnemann had been very loose and unguarded in compiling his Materia Medica, and that many symptoms therein contained were untrustworthy. By the admission of the Austrian provers themselves, the result was a complete vindication of Hahnemann. The effect on the school at large was an increased respect for Hahnemann, and a greater confidence in his teachings and provings.

The studies of Materia Medica by Dr. Roth, which are now appearing in the *Vierteljahrsschrift*, have a similar object; they are monuments of industry, and will certainly do much good; chiefly, however, in a direction the very opposite of that in which their author intends them to operate. Dr. Hering has already exposed the inaccuracy of many of Roth's criticisms on Hahnemann's provings; but the very barrenness of the state to which he would reduce the Materia Me-

dica, making it a mere collection of objective symptoms of results of pathological actions, deprived of all the characteristic individuality which subjective symptoms give, shows to the intelligent student, that such a *Materia Medica* can never meet the needs of the prescriber. A similar result attended the labors of the compilers of the so-called "*American Materia Medica*," which appeared in the *North American Journal*, but came to an end, we believe, at the time of the secession of its chief fabricator, Dr. Peters. The revulsion from these attempts to eviscerate Hahnemann's *Materia Medica* has been a powerful agent in the reaction we speak of.

But the impulse towards such a reaction has been, most of all, the result of a reaction, in opinion and practice, respecting the third topic of which we have spoken, viz.: the *dose*. In the matter of the dose, Homœopaths had widely diverged from Hahnemann, a large majority holding, as some even now affirm, that the dose is a matter of no importance, provided the remedy be well selected. A marked difference was observed between the success of Hahnemannians, and of what were called Rational Homœopaths, the difference being all in favor of the former. The most obvious and superficial difference in the respective practices of the two parties being, of course, the *dose*, attempts to imitate the successful practice of the Hahnemannian would naturally begin with the adoption of his doses.

But so intimately connected and mutually dependent are the Hahnemannian doctrines of *dose*, *remedy* and *indication*, that it is impossible to succeed with Hahnemann's *doses*, unless we study our *remedy* and fix upon our *indication*, in the way which he employed.

Experiments with small doses, then, have led and will always lead honest-minded and capable men, to return to the strict practice of Hahnemann and his pupils. The reaction in the matter of the dose may be said then to have led, in some measure, the reaction in other matters.

In 1850 the long-continued success of von Bœnninghausen had already created a profound impression among Homœo-

pathicians. Dr. Meyer, of Leipzig, was an earnest student, at that time, of the whole subject we are discussing. Dr. Wurmb, at the same period, was successfully treating acute diseases in his hospital at Vienna, with the thirtieth decimal potency. He had determined to make his hospital the gathering place for facts which should aid in determining the vexed question of the dose. He *hoped* that subsequent trials might show the superiority of lower dilutions; his hope was not realized. The records of the hospital show a clear superiority of the high over the low potencies, in the treatment of acute affections. Dr. Wurmb's frank publication of this result, which overthrows his own speculations regarding the dose, has exerted a marked influence throughout our school.

On every side, in every country, there are eager inquiries concerning the high potencies and the proper method of using them. Countless experiments are instituted, and in the main with favorable results.

It might prevent disappointment, however, if experimentors would bear in mind that the high potencies will not succeed unless the remedy has been selected, not upon the basis of a pathological theory, but on a similarity of its symptoms with the totality of the patients' symptoms, and that, in collecting the patients' symptoms, the first rank must be accorded to those symptoms which are peculiar to the individual, and which are, therefore, characteristic of the case.

We have seen that in three fundamental doctrines the majority of Homœopaths set themselves in opposition to Hahnemann, influenced thereto by the clamor of the Allopaths. We have seen that thereby the practical success of the homœopathic school was made materially less than that of Hahnemann and his strict adherents; we have seen that, constrained by this practical result, many Homœopaths are seeking to regain the path which Hahnemann indicated, but from which they had strayed. But for this wandering and the failures which followed it, how much more firmly might Homœopathy have been, at this time, established in the world. And how great a weakness was it thus to wander!

Natural laws never conflict. Truth is never inconsistent with herself. If the practical precepts of Hahnemann agreed among themselves and were confirmed by practical experiments, as they were in the treatment of the sick, what need his followers have been concerned, that they seemed inconsistent with other medical doctrines or made some medical sciences seem superfluous?

So much the worse for these sciences! It would follow, of necessity, that further investigations must reform these doctrines, and remodel these sciences into harmony with the newly-discovered truths. What if the new science *were*, to the Jews of that generation, "a stumbling block," and to the medical Greeks of the day "foolishness." How could they doubt, if they should continue in steadfast faith to develop and practise it, that it would be demonstrated, in due time, to be "the power of God and the wisdom of God!"

And now, while the majority of our school still reject Hahnemann's methods and precepts, though a few are turning back to them, the Allopathists are beginning to realize Dr. Drysdale's anticipations, and are beginning to "beat us with what were originally our own weapons."

From the standpoint of physiology and pathology, the very sciences in dread of which we have sacrificed some of our essential doctrines, Prof. Hoppe, the Allopathist, of Basle university, is demonstrating the correctness of Hahnemann's teachings, and is showing that Hahnemann's charlatanism consisted only in the fact that in pathology and in medical philosophy, as well as in practical tact and observation, he was simply two generations in advance of his contemporaries.

Prof. Hoppe states that the two great events in medicine since the early ages, have been these discoveries of Hahnemann:

1. "That for every individual case of disease, the specific remedy, the *individual-specific* remedy must be sought for and found, and that (thus) in every individual case of disease the process of cure is a process of discovery."

2. "The discovery of Hahnemann, that the remedy acts in small, very small doses, in smaller doses than any one has hitherto imagined, and that in these very small doses it may act more powerfully than in large doses,"—a discovery, says Dr. Hoppe, which surpasses in brilliancy all of Hahnemann's other achievements.

Prof. Hoppe proceeds to explain, on scientific physiological and pathological grounds, the necessity of the former doctrine of Hahnemann—the necessity of individualizing each case of disease, and of treating it as if the like had never before been met with. In so doing he demonstrates the impossibility of accurately prescribing upon knowledge of drugs derived *ab usu in morbis*. This leads him to demonstrate the necessity and advantage of drug-provings upon the healthy.

He does not hesitate to go wherever truth leads him, and to admit every conclusion that evidently follows from facts which observation has compelled him to accept. Accordingly, in a very remarkable article upon "Characteristic Symptoms," a translation of which appeared in the last number of this REVIEW, he demonstrates the value of trivial subjective symptoms, showing that they are, and by their nature, must be, of controlling importance in the indication of the remedy.

Far from dreading what the Mrs. Grundy of Pathology may say to this, he coolly "turns her flank," by bringing up a very strong and plausible physiological and pathological argument to his support—a branch of that same argument by which, a year ago, he sought to account for the action of infinitesimal doses.

On the subject of the dose he is not less master of the situation. Determined to accept whatever is demonstrated, and to keep his mind free from prejudice, he admits that the question of the dose is still an open question; but he avers that it is by no means unimportant. He affirms that while the thirtieth potency is sometimes unavailing, it is often too strong, producing unnecessary accessory symptoms, even

while it removes those for which it was administered. He declares that the balance of testimony is altogether in favor of those who use the potencies, that they effect a greater proportion of cures and do a less amount of mischief, and that those who refuse to use the potencies deprive themselves of a most important means of curing.

The improbability of the potencies possessing any power gives Prof. Hoppe no concern; the fact satisfies him. Nor is he at a loss to account, by a satisfactory theory, for the fact that the thirtieth potency is very often more efficient to cure than the third. It matters but little that he does not accept Hahnemann's theory of potentization, since he freely admits the facts. With one sentence of Professor Hoppe's remarkable publication we close these disjointed remarks:

"Hahnemann, as he studied the actions of remedies, could not fail to discover the aggravating effects of drugs, and to therefore diminish and diminish the dose, and thus at last to discover the efficacy of small doses and of the dilutions; but at the same time he discovered also the significance of the subjective symptoms, and through these he made it profitable for physicians, sensibly and profitably to observe the human body and to devote to it, chiefly and more than up to his day had ever been done, yes for the first time, a greater, exacter and more universal attention. Whatever, that is great, has been accomplished by the medicine of to-day, through material investigations, the same great results has Hahnemann attained in the way of the subjective symptoms, and both together constitute, for the first time, a *whole*; yet the significance of both the subjective and the objective symptoms is difficult to apprehend. *Auscultation* may leave matters as unclear as *pain* can. Whoever will only take the trouble to stand on his own feet, to observe whatever occurs, and to incorporate, as best he can, what he observes with the sum total of his knowledge, he will come into contact with subjective symptoms, and will learn to put a proper estimate upon them. It was not materialism that was the cause of subjective symptoms being neglected, but the cause

was the inherent difficulty of their study, and then, until Hahnemann raised them to their proper significance, the *objectlessness* of such a study. It was Hahnemann who first showed what purpose subjective symptoms might subserve, and thereby gave an interest to the investigation of them. xxxi.

"It is, therefore no *honor* to a man that he neglects the subjective symptoms, and that he understands and will understand nothing of the efficacy of the small doses and of the dilutions."

DUNHAM.

CATARRH.*

BY C. W. BOYCE, M. D., AUBURN, N. Y.

The Committee, having in charge the subject of Catarrh, finds itself, at the end of the second year, in the same condition as at the close of the first—able only to report progress. During the two years of its continuance, it has presented six written reports, four of which have passed into the literature of our school; in addition, several verbal reports have been made. These have comprised all parts of the body liable to catarrhal diseases, except the vesico-genital organs of the male. The committee, far from having exhausted the subject in these reports, feels that it has only made a beginning, the completion of which must be left to abler minds. By catarrh, or by this term, we express the idea of an inflammatory disease of the mucous membrane, generally caused by exposure to changes of temperature. Lately, however, the term has been more restricted, and perhaps justly, being used to convey the idea of an inflammation of the mucous membrane of the nasal passages, larynx and chest.

How common this inflammation is may be inferred from

* Report to the Hom. Med. Society of the County of Cayuga, N. Y., June 22d, 1864.

what Watson says: "There is scarcely one in a thousand who passes a winter without an attack." Such being the frequency of the disease, we may be pardoned if we trespass on your time by further consideration of it.

Let us review. Catarrh of the air passages is an inflammation of the mucous membrane, which is prone to pass, erysipelas-like, to other portions of the same, and which often implicates the whole of it. Strictly, the primary condition is one of decreased secretion. The membrane is dry and thick, even impeding respiration by lessening the size of the passages. The secondary condition is one of increased secretion, which is not, however, followed necessarily by relief; for the first flow is generally thin and acrid, poisoning all the parts over which it passes. Following this is a bland, thick mucus, which marks the period of improvement. The first of these periods is marked by fever, with its common accompaniments. This continues a longer or shorter time in proportion to the severity of the case and its extent; with the decline of the fever generally appears the increased secretion. We will pass over the treatment of the primary stage, as this, in the experience of the committee, is not generally difficult; but when the primary condition has not been cured, and the disease has passed into the secondary, uninfluenced by treatment, we have a condition which requires careful investigation.

The inflammation, from being acute, is now sub-acute with tendency to continue indefinitely; there is pain and soreness manifested on sneezing and coughing. All the sufferings are generally increased in the afternoon and fore part of the night, when the secretion is lessened, and the membrane becomes dry and thickened. The latter part of the night, and through the morning, all the sufferings are lighter, and there is a more or less free discharge of comparatively thick, yellowish mucus. Without comparing the symptoms and the pathogenesis of Pulsatilla, side by side, let us assume that the condition described and the effect of Puls. on the healthy are nearly the same; so much so, that perhaps no

remedy in the materia medica is so often prescribed for it as Puls. According to our law, Puls. ought to cure the totality of the symptoms, but in many cases, and perhaps in the majority, it fails to do so; nor have we any remedy in common use which has all the symptoms nearly as fully as Puls., Sulph., Calc., Hepar, Carb. veg., &c., in many things resemble the case under consideration, but none so well as Puls. One case of this kind, from practice, will bear detailing, and perhaps serve to express the view of the committee better than in any other way.

Mrs. Smith, fifty years old, had for years been subject to catarrhal attacks which came on early in the fall, upon the first change from warm to cold weather. These lasted until warm weather came again next summer. Any exposure, even the slightest, aggravated the condition severely. The result was that the lady was sick all winter; there was soreness and pain of the whole chest, worse at the superior portion; cough was more or less constant, but increased when lying or during exercise. There was shortness of breath; the cough was almost constant in the morning, attended by expectoration of slime and yellowish mucus of a salt taste. The cough was spasmodic and attended with retching and inclination to vomit; there was discharge from the nose of thick, yellow mucus.

This case was prescribed for repeatedly every year, and she got Puls., Sulph., Calc., Hepar. and several other remedies, with no decided benefit. The symptoms were palliated by Calc., but not cured. This was the history for years. The patient came to feel that there was no help for her, and that the end of her disease was consumption.

In searching for the curative, after many hours a remedy was found whose pathogenesis contains the following: "Scraping and dry feeling in the larynx, increased toward evening, and accompanied by hacking cough and hawking; cough which wakes him at six a. m., having remissions of a minute. It is at first dry, clear and barking; subsequently some thick mucus is detached, and the effort of doing this causes desire

to vomit, accompanied by an excoriated feeling in the throat, and pressive headache. Easy expectoration in the morning; expectoration of a yellow mucus of an acrid taste." These symptoms are found in the pathogenesis of *Coccus cacti*. Two grains of the Cochineal of the shops were triturated up to the third. Two powders of one grain each were given, one to be taken every evening. The first dose aggravated the case; consequently the second was not taken. After a few hours there was amelioration, followed by entire relief in two days. Mrs. S. has had no return of the catarrh for two winters.

Cases similar to the above have been common with us, and *Coccus cacti* has seldom failed to cure in the same prompt manner.

On the authority of Dr. Lippe, of Philadelphia, we recommend this remedy in the troublesome coughs of drunkards.

Another form of catarrh, which is new to the committee, has been observed during the past winter and spring. The symptoms defy classification, and appear without order or regulation. There would be excessive dryness of the mucous membrane lining the nose and soft palate; deglutition difficult from a feeling as if the soft palate were stiff like leather. Occasionally, with great effort, a piece of dried, hardened mucus would be discharged, looking like a scab. After this mucus was dislodged, the stiffness was somewhat less, but for a short time. The feeling of dryness became painful toward evening and at night; generally by morning the distress was little. The patient would feel nearly well, yet before night his complaints would be more than ever. Sometimes these spells of dryness and distress alternated with periods of entire relief several times a day. This peculiar type seems inclined to become chronic. No remedy seemed to be of decided benefit until *Sticta pul.* was used; this had a powerful effect, and in some cases immediate relief followed its administration. The first account of its use was in the *North American Journal of Homœopathy*. This was copied into the *London Homœopathic Review*. Mention of it was also made in the

AMERICAN HOMŒOPATHIC REVIEW. Some western physicians have used it, and given the results in the *Investigator* or *Observer*. It is undoubtedly a remedy of very great value in catarrhal difficulties. The committee desire to call your attention especially to this remedy, and to urge members of the society to prove it on themselves and others. Dr. Robinson has had some very pleasing results from its use, and perhaps by proper solicitation he might be induced to give the results of his valuable experience.

Another remedy of special importance in catarrh is *Kali. hyd.* Dr. Robinson, jr. being the special champion of this valuable medicine, we shall only point you to him as a source of information on which you can draw at sight, and the draft will not be dishonored.

PTERYGIUM CRASSUM CURED BY A SINGLE REMEDY IN A HIGH POTENCY.*

BY CARROLL DUNHAM, M.D., NEW YORK.

The following case is thought worthy of special notice for several reasons. It presents an instance of a diseased condition which, being on the surface of the eye, may be made the subject of constant observation.

Such a condition has never, so far as my knowledge goes, been produced by any remedy. It is not contained in any proving. A homœopathic prescription for it must therefore be based upon the general characteristic symptoms which the patient may present, and to which corresponding symptoms may be found in some drug-proving.

The writer had never treated a case before, and does not recall any record of a cure made by homœopathic remedies. He was not, consequently, influenced in the selection of a remedy by any knowledge *ex usu in morbis*.

* Read before the Homœopathic Medical Society of Cayuga County, N. Y., June 22, 1864.

The patient was not encouraged to expect a cure, but looked forward to a surgical operation as a matter of necessity. There can be no ground, then, for ascribing the cure to faith, the last resort of the credulous incredulous, to whom it is easier to believe that a grave and material disease can be cured by imagination, the intangible, than by a high potency, the imponderable!

The cure was effected by a single remedy, in a high potency, the 200th—(prepared by myself).

J. N. S., a farmer, aged 55 years—generally in good health—has had for three years a pterygium upon each eye. Starting from the inner angle of the eye, this morbid growth, which was thick, opaque, and richly supplied with large blood-vessels, and much resembled a strong muscle, extended over the sclerotic, had invaded the cornea with a thick, broad extremity, and now covered more than one-half of the pupil, rendering the patient nearly blind.

The conjunctiva of the remaining portion was deeply injected. The eyes were filled in the morning with a mucopurulent secretion.

The patient was unable to endure artificial light, and compelled to carefully protect the eyes during the day-time. Reading was out of the question at all times.

Within the last six months the growth of the pterygium had been very rapid.

The eyes were very painful especially in the evening and at night. The pain was in the the inner angle of the eye, a pricking, smarting pain, seeming to be situated deep in the globe. Dust in the atmosphere greatly aggravated the pain. In addition there was a very severe pressure *at the root of the nose* and across the supra-orbital region. There was considerable lacrymation, especially in the evening.

The effect of this disease was to entirely incapacitate the patient for every kind of business.

In this condition the patient placed himself under my care about the 1st of July, 1863. He had been advised that an operation for the removal of the pterygium was the only

thing to which he could look for relief, but had also been told that in the present inflamed condition of the eyes, and at the unfavorable season of midsummer, the operation would expose him to no inconsiderable danger of sequelæ that might be very disastrous. He had been counseled to endure his present symptoms until the weather should become colder and more favorable for the operation.

His motive therefore in coming to me was to get some palliation of his suffering, some temporary relief, that the summer months might be made more tolerable to him.

I gave him no encouragement to believe that I could do more than slightly palliate his sufferings; for, as has been already remarked, I had never treated a pterygium, and never heard of a homœopathic cure of one.

Seeking a homœopathic remedy for the case, as it has been stated, I could get no light from the objective symptoms, since no proving contains anything like them. Nothing remained but the subjective symptoms. Of these, the pain, smarting and pricking, and which was singularly confined to the inner angle of the eye and seemed deep seated, the pushing pain at the root of the nose, the marked aggravation in the evening—these symptoms together suggested *Zincum metallicum*

In the proving of *Zincum* we find (symptoms 194, 197, 205, 209,) biting, pricking and soreness in the inner angle of the eyes; lacrymation, especially in the evening; inflammation and redness of the conjunctiva, suppuration of the inner angle with soreness—many of these symptoms being aggravated in the evening; Symptom 248, "Pressure on the root of the nose, as if it would be pressed into the head, almost intolerable," together with 249-251 of a like significance.

The other symptoms of the patient being well covered by those of *Zincum*, I concluded to give this remedy.

I felt the more hope of some benefit from it, from the fact that my (allopathic) preceptor, who had much experience and success in the treatment of diseases of the eye, had often

said that Sulphate of zinc, applied externally, had a more beneficial effect in pterygium than any other astringent or caustic application.

Now as Sulphate of zinc is by no means so powerful an astringent or caustic as many other substances that are commonly used as applications in such cases, certainly the superiority of Zinc could not be attributable to its mere possession of these properties which it has in common with other collyria, as, for example, Nitrate of silver, Sulphate of copper, etc., etc. It must be due, then, to some specific quality of the Zinc. In passing, let me venture the remark, that in clinical observations like the above, made by sagacious allopathic observers, we may often find valuable hints to supplement our pathogenetic knowledge of drugs.

To return to the case, I determined to give the 200th potency of Zinc, the case being, as it seemed to me, a very fine one for experiment with a high potency.

I gave four powders of sugar of milk, each containing three globules of Zincum metallicum³⁰⁰, and ten additional powders containing nothing but sugar of milk—a powder to be taken, dry on the tongue, every night on retiring; the patient to report on the 14th day. No change to be made in diet, regimen, or occupation. No external applications to be made.

July 15. The patient presented himself and stated that on the third day after he began to take the powders he began to feel much better, and that now he was entirely free from pain and discomfort and from lacrymation. The morning secretion was much less. I thought the eye appeared less inflamed, but beyond this there was no change in its physical condition. I gave sugar of milk and requested a report in a fortnight, or sooner, in case the pains should return.

Aug. 1. No return of pain. The pterygium has certainly diminished in size; it is not so thick and luxuriant as formerly. Sugar of milk.

Aug. 10. The patient came to apprise me of a return of

the pains to moderate extent. I gave three powders of Zincum met.³⁰⁰, to be taken every night on retiring.

Aug. 20 The pains disappeared after the first powder and have not returned. The pterygium is evidently decreasing.

Twice again the pains returned, and on each occasion I gave a powder of the Zincum³⁰⁰. By the end of October, the time fixed for the operation, the pterygium had diminished so far that it was only a little colorless ridge in the extreme inner angle of the eye, the sight was entirely restored, the patient could use his eyes freely both by day and in the evening: there was no longer any thought of the operation; in fact, it would have been hard to find anything to operate upon.

At the present date there is no trace of the pterygium remaining upon the left eye. In the inner angle of the right eye there is a small speck yet visible.

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA.

(Continued from page 33.)

Tellurium is found in Transylvania in the pure metallic state, in veins in porphyry, the same formation which also contains pure gold, in quartz associated with pyrites and black blende; as leafy ore in veins in porphyry, especially in clay-porphry with Lead, Iron, Arsenic and Zinc ores; as type-ore in clayey syenite porphyry with calcareous spar, pyrites, gray copper, rarely with native pure gold; as white ore in porphyry in small veins with gold, blende, gray copper, copper quartz, quartz and pyrites.

Dr. F. A. Genth, in North Carolina, about five miles N. W. of the Washington mine, in Davidson County, found Tellurium as an associate of a gold vein, in small masses reaching the size of a nut, partly in quartz, usually with

Manganese ochre, partly oxidized as tellurous acid. Keller's *North American Monatsbericht*, Vol. I, p. 165.

In the second volume, p. 249, Genth reports that the telluric ore, which he discovered, is Tetradyrite or $\text{Bi S } 3 + 2 \text{ Bi Te } 3$. There is found with pure gold, in a quartz vein, associated with oxidized Tetradyrite, magnetic ore in octahedrons, iron ochre, Malachite, Sillimanite and Pistazite. Out of this North Carolina Tetradyrite, Dr. Genth prepared metallic Tellurium. In this way I got into my hands, for the first time, Tellurium, in the pure metallic state, as a rarity which I had never seen before. My first thought was, instantly to take a powder of sugar of milk out of my pocket, to open it and to rub the shining cake of metal, as large as a dollar, upon the sugar of milk, and to shift it thereon to and fro until the white sugar began to assume a grayish hue. This was the treasure which I carried home and which I triturated, in a new mortar suitably prepared, until the grayish hue disappeared under the addition of more sugar of milk in the proportion of about one to ten thousand. I have treated other metals which were difficult to obtain in a pure state, such as Cadmium, Antimony, metallic Arsenic, etc., in the same simple way, and if our only purpose is to make preliminary experiments, I think it quite unnecessary to insist upon a trituration of strict quantitative accuracy. The first experiments were made with this trituration. And inasmuch as they had very peculiar results, and I desire to make comparative experiments with pure bismuth, Dr. Genth complied with my wishes and prepared some Tellurium in the form of a powder, which should be entirely and decidedly free from bismuth. *Tellurium which had already been purified and reduced to the metallic form, was dissolved in hydrochloric acid, precipitated by sulphate of ammonia and thus obtained in a fine powder; but it was not made red-hot. In this preparation, then, the last trace of bismuth was removed.* All later experiments have been made with this Tellurium in the form of powder. I have given it to Bericke and Tafel for exchange and sale.

The action of Tellurium upon man had not been investigated at all, when the following provings were made. All that we knew of its action, was what could be learned from C. G. Gmelin's experiments upon animals. He gave the oxide of Tellurium, which had been prepared from the leafy ore according to Klapproth's method. In a rabbit which swallowed four grains, and the third day ten grains, and which was found dead the fifth day; on opening the abdominal cavity, an odor like garlic was diffused (p. 44) which Gmelin, however, (p. 46) describes as being like that of the radish. It was believed at that time, that the oxide of Tellurium on evaporation gives out an odor similar to that of the black radish. But Berzelius has pointed out that this odor proceeds from Selenium, which is its common associate in the ore.

This "association with each other," and likewise what the chemists call the "obstinate adhering together," might also, according to my theory, become important. So far as the present experiments and comparisons of the remedies go, it is, like the already mentioned neighborhood of locality in which substances are found, an assurance that the remedy would be serviceable in the same families of disease, i. e., in similar groups of symptoms which are in close relation; the other fact, the "obstinate adhering," seems to me always to point to a great concordance in the effects, together with essential differences (compare Selenium and Tellurium). The chemical affinity likewise indicates similitude in the substances, yet more in the physiological departments and always with characteristic contrasts; for instance, in the sides of the body, in the times of the day; in anticipating or postponing, etc.

In Gmelin's experiments with animals, the liver appeared as if bestrewed with red inflammatory spots, the lungs showed only a few red spots. From this the conclusion was drawn, that Tellurium acts pre-eminently upon the liver. Further experiments with both may decide whether this was more the effect of the adhering Selenium or of the Tellurium. Selenium had a quite peculiar and very decided action upon the

liver (compare *Stapp's Archiv.*, 12, 3, p. 195, symptoms 36 and 37). It is not merely the fact that Selenium is found in the neighborhood of Tellurium and the fact of its "obstinate adhesion" to the latter metal, but also their relatively near position among the elements that makes these remedies akin. In the electro-chemical grouping of the undecomposed substances, Leopold Gmelin puts Tellurium into one group with Sulph. and Selenium, whilst he associates the Antimony with Phosphorus and Arsenic, and places Bismuth near Plumbum and Argentum. But Tellurium has otherwise, according to its chemical relations great similitude with Antimony and Bismuth.

According to Berzelius, the salts of the oxide of Tellurium taste almost like those of the oxide of Antimony; according to Kœlleuter their action is emetic. L. Gmelin *Handbuch d. Chem.*, Vol. II, p. 874, 5, Berzelius remarks: "Tellurium is, like Oxygen, Sulphur and Selenium, an amphigenic element which forms acids and bases; therefore, chemically, a great curiosity."

As a remark for future times, the relation of the stœchiometrical numbers may here be given:

Oxygen, Sulphur, Zincum, Tellurium, Antimony.

The next proving after those of Selenium and Tellurium, should be that of the pure metallic Antimony. It might then be possible to give a very beautiful comparative group.—After that might then follow the oxides and acids, particularly the latter.

C. G. Gmelin's experiments 1824, p. 43. Three grains of the oxide of Tellurium prepared, according to Klaproth's method, were introduced into the stomach of a very lively dog of medium size, together with some meat. After twenty-two minutes, vomiting of a watery slime ensued; the animal lost its liveliness, and would not eat, but drank much water and passed much urine. After four hours the vomiting was repeated several times. After eight hours the appetite returned, and the next day the animal was quite well.

A rabbit was forced to swallow four grains of the oxide of Tellurium made, by means of gum arabic, into six pills. Immediately after swallowing the oxide, the rabbit ate with appetite, and was perfectly well the next day.

On the third day the same rabbit was forced to swallow ten grains of the oxide of Tellurium, made into ten pills with gum arabic (at three p. m.). Immediately after swallowing the pills, the animal lost its liveliness for a time, but soon recovered it and ate with appetite. Also the next day it ate, and there were in general no particular accidents; even in the evening of the same day the animal was lively. On the morning of the third day it was found dead.

On opening the abdominal cavity a peculiar odor was perceived, which reminded one of the odor of garlic; this odor developed itself in laying open the intestines still more. The intestinal canal showed, except distended bloodvessels, nothing particular. On opening the stomach, a thick, white, frothy slime made its appearance, in which the mucous membrane of the stomach, which everywhere came off with the greatest facility, seemed to be, as it were, dissolved. An inflammation proper had not taken place. Near the pylorus a quantity of black, ink-like slime was found, which filled all the small and large intestines entirely, as far as the rectum.

This slime was washed off with difficulty, and gave out very strongly the mentioned odor. The rectum itself was void and contracted. The liver was bestrewn with red, inflamed spots; the gall bladder was full of green bile; kidneys and bladder were sound; the ventricles of the heart were filled with a polypus-like coagulum of blood. The serum, not only of the heart but also of the remaining organs, as liver and kidneys, had a violet hue. The heart was not inflamed; the lungs showed, some red spots excepted, nothing particular.

The small quantity of Tellurium which was at my disposal prevented me from making more experiments. Such experiments are, moreover rendered difficult by the circumstance that Tellurium cannot well be given in a suitable form.

Thus much, however, appears from the experiments above described, that Tellurium, even in the form of the oxide, exerts a depressing action upon the canine nervous system, and occasional violent vomiting. With rabbits, the effect indeed is much slower, which may be ascribed either to the insoluble form or, in part also, to the circumstance that these animals have their stomachs constantly filled. The oxide of Tellurium produces a destruction of the mucous membrane of the stomach, and seems to be reduced thereby. The third experiment at least points to this fact; the *radish-like* odor and the ink-like slime diffused throughout the intestinal canal. At the same time it seems to act preeminently upon the liver (!). So far Gmelin. To this it must be remarked: in the above passage the same odor is called "*radish-like*, which in a previous passage reminded one of *garlic*. Now since Selenium appears in connexion with Tellurium, and adheres to it "obstinately;" since Klaproth's method of preparation of Tellurium, before the discovery of Selenium, could not take this latter element into consideration; and since Selenium has an odor like radishes decayed, it is, no doubt, Selenium which here co-operates, and to which also the action upon the "liver" may be due; because Selenium is one of the greatest "liver remedies," a fact which the *Symptom-coverers* knew after the first reading; the "*Science-savers*," however, of course did not. Whoever had learned to read "lists of symptoms" saw it at the first glance; but he who wants first to hatchel, to curry and to comb them, and who goes a hunting with the critical comb, he of course does not see it but something else.

(To be continued.)

POISONING BY MYGALE AVICULARIA.

The following case of poisoning from the bite of the Cuban black spider may not be uninteresting at the present time, when the profession in Europe are making experiments with Tarantula, by which name, we believe, the Mygale is also known in the West Indies.

In a letter from Dr. J. G. Houard, of Philadelphia, he encloses the following, from his brother, Dr. I. E. Houard, Cienfuegos:

"I was called to visit a gentleman who had been bitten on the 5th ult. (May 1864), by a spider (*Mygale avicularia*), on the instep of the right foot. I saw him about thirty minutes after he had been bitten. The local inflammation was very extensive, leaving a large violet spot, which changed, in a few hours, to a greenish color. He experienced the following symptoms:

When I saw him he had a violent chill which lasted about half an hour; then a high fever set in with trembling of the whole body—pulse 130. Violent, pulsating pain in the foot, which extended up the limb as far as the right groin. Respiration difficult, anxious expression of the countenance, fear of death.

At five o'clock, p. m., delirium set in; he spoke of his business, and became very restless. Prescribed Aconite, Guaco, each in a half-tumbler of water, a teaspoonful every hour alternately.

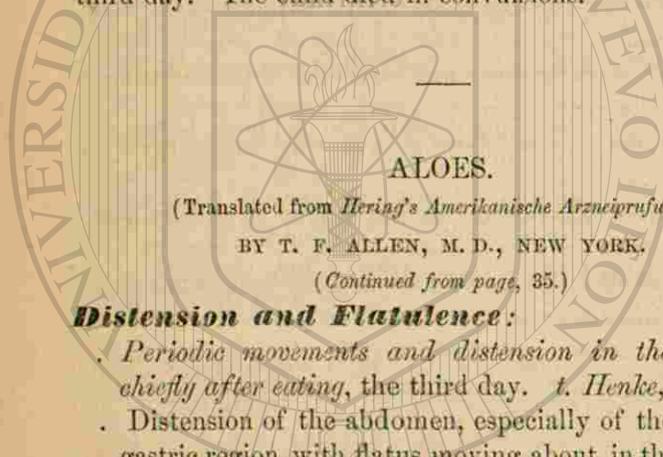
Visited my patient again at six o'clock, p. m., nine hours from the first time I saw him; improving, fever less, pulse 120, delirious occasionally. Continued same medicines.

6th. Found my patient much improved; no fever, pulse 85. All the rest of the symptoms improving; continued Guaco.

7th. Improving rapidly; he complains only of soreness in the right groin. Inflammation of the foot about the same, but the pain much mitigated. Continued Guaco.

8th. Found the patient doing quite well this morning. The discoloration of the foot, and the swelling much less; all the other symptoms have disappeared.

I was informed by a gentleman to-day, that he had seen a child six years old, who had been bitten by the same kind of spider, and that he experienced about the same symptoms as in the case mentioned above, terminating fatally on the third day. The child died in convulsions."



ALOES.

(Translated from Hering's *Amerikanische Arzneiprüfungen*.)

BY T. F. ALLEN, M. D., NEW YORK.

(Continued from page, 35.)

Distension and Flatulence:

- . *Periodic movements and distension in the abdomen, chiefly after eating, the third day. t. Henke, a.*
- . Distension of the abdomen, especially of the whole epigastric region, with flatus moving about in the abdomen; the third day. *Preu. d.*
- 515. Flatulent distension, along the colon, seated especially in the left part of the transverse colon, with a pain which presses outward, is increased by motion and suddenly disappears on passage of hot flatus; morning of the second day. *Preu. a.*
- . Distension of the abdomen, moving about along the intestinal canal; the fourth day. *Preu. d.*
- . Distension of the bowels, *B.*; of the upper part of the bowels; the second day. *Preu. a.*
- . After a meal, flatulence distends the abdomen; the fifth day. *Preu. a.*
- . Mornings, flatulent distension of the bowels, especially in the hypochondrium; the third day. *Preu. c.*
- 520. Flatulence moving about in the abdomen, which is distended; the first day. *Preu. d.*

- . Flatulent distension during menstruation. 1063.
- . Some flatulent distension, with predominating ill-humor, the second and third days. *Preu. b.*
- . In the evening, copious passage of flatus, every time after distension, moving along the colon; the seventh day. *Preu. d.*
- . Moving about of flatulence in the abdomen; the second day. *Preu. c.*, and 444, 446, 451, 454, also 514, 516, 520 and 523.
- 525. Transient moving about and writhing in the intestines; the second and third days. *Henke c.*
- . Moving about in the bowels, with continued urging to stool. *N. a.*
- . * Feeling of flatulence moving about in the bowels. *Williamson.*
- . Moving about in the bowels toward the lower part especially in the lowermost parts. *N. a.*
- . Soon after supper, growling moving about in the abdomen as if griping of the bowels would take place; the sixth day. *I.*
- 530. There is moving about in the bowels frequently audible to him, swashing and gurgling; the twelfth day. *I.*
- . At six a.m. moving about in the umbilical region, with urgency to stool and hunger; second stool, with flatulence and a kind of tenesmus; the fourth day. *II.*
- . Sometimes growling moving about in the bowels; the tenth day. *I.*
- . Gurgling in the bowels and rumbling or blustering. *B.*
- . Growling in the bowels with constipation. 762.
- 535. Growling in the abdomen before a thin stool. 944.
- . Gurgling in the abdomen, 801; in the small intestines, with cuttings. 597.
- . Growling of flatulence; the first and second days. *Preu. c.*
- . Growling here and there in the abdomen; the fourth day. *Preu. a.*
- . * Rumbling in the transverse and descending colon. *Williamson.*

540. It drives away flatulence. *W.* Passage of much flatus. *B.*
- . Frequent loud flatus, without smell, during the tenth day; the morning of the eleventh day. *I.*
 - . Passage of flatus after every meal; the third day. *III.*
 - . In the mid-day repose, flatus with little smell; the first day. *III.*
 - . In the evening, copious passage of flatus; the third day. *Preu. c.*
545. Frequent and loud flatus, evening and morning of the third day. *III.*
- . Offensive flatus with the stool. 738.
 - . Very offensive burning flatus. 587.
 - . Throughout the whole day, passage of much offensive flatus. *St.*
 - . In the evening, much offensive flatus, with relief; the first day. *Henke, c.*
550. In the evening, much offensive flatus, loud and still. *C. Hg.*
- . After the mid-day nap much offensive flatus, just the same toward evening; the ninth day. *I.*
 - . In the evening loathsome smelling flatus; the third day. *III.*
 - . After dinner much offensive flatus; the sixth day. *III.*
 - . Copious offensive or inodorous flatus; the eighth day. *III.*
555. Offensive smelling flatus after eating; the fifteenth and eighteenth days. *III.*
- . After the stool, much loud, long, lazy flatus, with an uncommonly strong, loathsome, offensive smell, which diffuses itself very rapidly; the nineteenth day. *III.*
 - . The whole day, very much offensive flatus, mostly in the morning. The harder and more delayed the stool, the more copious; the more copious and easy the stool, the more seldom; the twenty-third day. *III.*
 - . Passage of hot flatus; the first day, *Preu. c.*, and, 515 burning in the anus. 587.

- . Relieved by the passage of (hot) flatus upward and downward; the third day. *Preu. d.* Compare 860.
560. Copious passage of hot flatus; the eighth day. *Preu. d.*
- . Only wind from an attempt to go to stool. 797.
 - . Much flatus and little fæces. 748, 749.
 - . Much wind with evening stool, 707; between the stools. 749.
 - . * Much passage of flatus with stool. *Williamson.*
565. Easy passage of flatus, with inclination as for a soft stool; 5 p.m. *N. a.*
- . Vigorous passage of flatus, evenings. 751.
 - . Very copious passage of flatus, during the whole night. *N. a.*
 - . Relieved after passage. 515, 549, 559, 587, 860.
 - . After passage of flatus, the distension in the hypochondria, and the pains in the left hypochondrium disappear. 426.
- Abdominal Pains:**
570. Cuttings in the abdomen, after a powerful dose. 636.
- . Griping of the bowels, as after taking cold. 680.
 - . Severe pains in the abdomen. *F. R. L.*
 - . Sensation as if he had taken cold in the bowels, after the morning stool; the third day. *II.*
 - . Dull abdominal pain, as after taking cold morning and evening repeatedly, still without inclination to stool; the twenty-third day. *III.*
575. Griping in the abdomen as after taking cold, from ten to twelve o'clock, a.m., after a thin stool; the first and second days. *Rauw.*
- . A feeling of weakness in the abdomen as if diarrhœa would result; not until after eight hours, a copious evacuation amidst the passage of much flatus. *Preu, a.*
 - . The pain in the abdomen compels one to bend the body, which nevertheless aggravates the sticking pain through the left breast; the third day. *Preu, d.*
 - . Immediately painful sensation in the abdomen. Yellowish diarrhœa toward morning. Dull pain across under

the ribs, with distention, as if it were too narrow. There- with some headache in the forehead from two grains; noon. *Helbig, c.*

. In the morning after waking, aching in a large spot in the middle of the abdomen. Thereby he is compelled to lie bent, and to press upon the abdomen which relieves it. After rising, the pain passed into mild cutting, and he had two naturally colored pappy evacuations. On the morning succeeding an afternoon dose of five grains. *Helbig.*

580. Aching in the bowels, partly across the upper part, partly in the middle, going downward. If she lies upon the abdomen, there seems to be a stone therein, and it hurts. On lying on the side, the stone seems to be in the side. She sweated very much through the night, and on the next day was taken with dry coryza and diarrhœa. Front rubbing the tincture on the abdomen. *Helbig.*

. Griping pains. *Gren's Pharmacod.*, 3d edition, p. 18.

. Some griping in the abdomen often precedes the stool, sometimes with straining at stool. *W.*

. Griping before going to stool. *B.*

. Griping in the abdomen before, with and after the stool, with the stool loud flatus; the sixteenth day. *III.*

585. In large doses Aloes produces small stools, but very troublesome abdominal gripings. *Hahnemann Arznei- schatz*, note p. 66.

. A twisting and griping pain in the upper abdomen, soon after dinner and supper; the first day. *t, Henke, b.*

. A twisting and griping pain in the upper abdomen and around the umbilicus, compelling to sit bent up which relieves, therewith repeated urging to stool but only flatus passes off, which is very offensive and produces burning in the anus, with short relief from the pain; the second day. *t, Henke, b.*

. It gripes sometimes in the umbilical region, with shivering through the whole body; first day. *Henke, c.*

. Copious cutting in the abdomen, with watery long con-

tinued diarrhœa, not seldom also with passage of flatus, tenesmus and inflammation chiefly of the lower part of the intestinal canal. *Vogt Pharm.* after large doses.

590. Cuttings in the abdomen, as from taking cold. By a mesmeric woman. *Helbig.* Compare 573, 4, 5.

. Drawing, cutting pains, across through the abdomen, the whole day, with ill-humor, fretfulness, anthropophobia; *not disposed to go into the open air, although it is even made better thereby;* the third day. *Preu. a.*

. Cutting in the abdomen is very severe, after eating food containing some vinegar. *t. Henke, a. Helbig.* Compare 100, 359.

. In the afternoon slight cutting in the upper abdomen, which, by means of motion, especially by stretching the body outwardly, is increased; it is relieved by sitting bent; the first day. *Henke, c.*

. Fine cutting in the upper abdomen. *t, Henke, a.*

595. Frequent cutting and twisting about the umbilicus, so that she lies upon the abdomen; but she cannot remain lying quietly, because the pains do not decrease in severity. *F. R. L.*

. Cutting pains in the small intestines; the second day *a;* the first day *c;* the second day *c;* the first and second days *d;* *Preu.*

. Cutting and gurgling in the small intestines the second day; cutting pains the third day. *Preu, d.*

. Cutting about the umbilicus after going to stool; the the second day. *Henke, c.*

. Unendurable tearing and tension deep in the bowels; sometimes single transient stitches through the abdomen. *F. R. L.*

(To be continued.)

MISCELLANEOUS.

PROPOSAL TO PUBLISH A STANDARD WORK ON MATERIA MEDICA.—The original observations on which our materia medica is based, the results of provings as well as the results of practice, are scattered about in our literature. Since Hahnemann gave us his "Arzneimittellehre" in six volumes, and its continuation in the four volumes of his "Chronic Diseases," no larger work has appeared; and after Hahnemann's death no new edition of any of his works was published.

In the meantime Homœopathy has had a great number of journals, besides hundreds of smaller and larger works; has spread from Germany to France and Italy, to England and Spain, and has particularly been adopted by thousands in America. Provings have been made, and re-provings (nachprüfungen); but all these valuable observations are scattered about in journals and books. The difficulty which homœopathic practitioners experienced in getting "posted up," increased from year to year until it became an impossibility.

Extracts took the place of the original and complete reports of provings; the period of Jahr, Noak and Trinks, Possart and the period of repertories set in.

The intention of all such books was to enable physicians to find, for each case before them, the nearest corresponding medicine, as the one which would most likely cure. They not only collected what was scattered and inaccessible except to the few; they also shortened and condensed. They aimed to make it easier, but in this the same mistake was made that physicians make in ordering the extract of a pound of flesh, supposing that, if swallowed, it would give the same nourishment as the same pound of flesh properly prepared, cut, chewed and gradually digested by the stomach. It never will do such a thing, and never has done it. Besides that, the experience of the last twenty-five years has more than sufficiently proved, not only how incomplete and inefficient all such books are, but also, how injurious to our art. The period may have been a necessary one, an intermediate transition state of our art, but it has decidedly not favored mastership in the materia medica of our school.

All such books were shorter, and of course ought to have saved time; but, on the contrary, it took more time to find in them what we wanted. A large dictionary, well arranged, saves time, while with a condensed smaller one we lose time by fruitless search.

All such books seemed also cheaper, but still our literature became more and more expensive through them; when editors and publishers made arrangements to save a few dollars in the printing of them—for instance by letting the symptoms run on in the same line, or by a horrible number of abbreviations—our eyes and our minds were tortured by using such books, and we not only lost time, but even our willingness to look over the mass, and to compare and become familiar with what is the most important in our art, i. e. with the minutiae.

Whereas our eyes could glide over the large number of symptoms, if singly printed, with the same ease with which a bird, soaring in the air, views the field and its furrows, we *now* stumble along and totter about, more like turtles ashore or terrapins on ploughed ground; and when once we fall on our back it is hard work to get upon our feet again.

But the worst of all is the dependence in which we are placed. We depend upon the views and notions of the individual who prepared the extract. We are, in this respect, like birds caged in and hung up against the wall, to be fed with whatever our master pleases to let us have.

A Homœopathician will never learn to master the materia medica, overlooking and commanding the whole, as a general does the regiments of his army, as long as he is dependent on such extracts.

Thus it is a large work that we need, containing all that has been obtained thus far, and as complete as it can possibly be made, spaciouly printed, arranged for the eyes, facilitating the operation of the mind through them, and enabling everyone to look over it quickly and with ease, and to find particulars when wanted.

Having been engaged for the last twenty-five years, by daily additions and arrangements, in the preparation of such a work, we presume that the main objection—in fact the only one—to publishing it, might be the high price.

Books for everybody are cheap; books for a minority, and therefore for physicians in general, must bring a higher price; books only for a minority among the physicians, consequently, the highest. Thus no publisher could undertake a work of such extent. The only way is to do without a publisher, to have it printed for subscribers, and at their expense, and in order to avoid all risk, the first edition of at least five hundred, if possible one thousand copies, to such only as prepay. This will make it one of the cheapest books of its kind. Thus, under the following

Conditions.—Every subscriber giving his full name and residence, and paying in advance not less than five dollars, receives a check, and for every additional five dollars a separate check. For such checks every agent of the work is bound to give to bearer, at any time when presented, as many sheets of the work as have been printed after the date of said check, for *cost price*, free by mail, in the form of a journal or newspaper. Said *cost price* consists of one per thousand, or in case of a smaller number of subscribers, one and a half or two per thousand of (the cost of) stereotyping the plates for each sheet, and the price of paper and printing, and the mailing of it by sheets. If binding is ordered, the original cost of the same is added. An account of expenses in full is to be given on the cover.

Every subscriber will receive as many sheets as are paid for in advance, and a notification of the period when his subscription runs out. No credit to be given, not even to the publisher himself, who must pay in advance for every copy he wants besides the proof sheets.

No free copies shall be sent to editors or publishers. The trade price afterwards is to be double the cost price, the plates and copyright becoming the property of the editor. Every subscriber is invited to send by mail, in legible letters, his views, propositions and preferences; every such letter will be duly acknowledged and answered on the cover.

Additions from trustworthy collaborators are welcome, and will be added; contributors receive a fee after the publication of the work is secured, by checks for the work, not cash.

The Plan of the Work.—The work will be published in monographs, the main medicines and the most proved each in a separate volume, and the clinical experience given separately.

The smaller, less known medicines are to be given in families and the clinical observations united with the symptoms in the same schema. When the smaller provings make it desirable, the symptoms of several families with their more or less known drugs shall be placed together in one volume. The main rule shall be to publish what is ready for the press as soon as the money for printing has been advanced. As nearly as possible the order is to be the following: a chemical drug, a plant and drug of animal origin, alternatively, and in each kingdom to follow the natural order.

The whole work will, even in a few years, show, like the map of a newly discovered world, how far our explanations have been extended and what still remains for us to do.

The first number will contain the schema, fully elaborated, in German and English, serving as a key to the whole work and at the same time as a glossary to settle all the difficulties of translation. As the majority of provings thus far were originally written in German, and as now the majority of homœopathic physicians speak the English tongue, it has been thought best to use both languages in opposite columns, facilitating at the same time a familiarity with both languages.

The first volume will contain Sulphur, all the symptoms given by Hahnemann, by the Austrian provers and others, arranged according to the schema, like all other drugs afterwards.

As another series of monographs, which will be separately announced as soon as a sufficient number of collaborators are secured to be able to continue the publication with an equal promptitude to that which can be promised in regard to the first series, a history of each of our proved drugs will be given, in the manner first introduced by Dr. Stapf and afterwards adopted by Dr. Franz, Dr. Seidel, Dr. Noak and particularly by the Austrian provers; a history containing the introduction of the drug into *Materia Medica*, its application according to the different opinions of the older schools and cases of poisoning, if there are such, etc. To this will be annexed all the day-books of the provers as far as they can possibly be obtained.

Such a work would be a real basis to *Materia Medica*, as a science, in the same measure as our first series will be the basis of our art as an art of healing.

Repertory.—A repertory according to the same schema has also been in preparation for several years, based upon the manuscript of the *Materia Medica*, and shall be printed in parts according to the main divisions; the first part, containing the mental symptoms, will be arranged by Dr. Raue as the most efficient collaborer in this psychological part, and shall be printed as soon as finished. It will be considered as belonging to the *Materia Medica* and will be sent to all the subscribers without further notice. Notwithstand-

ing the high prices at this moment, the work may be delivered to the first thousand prepaying subscribers, in the large dictionary size, like Allibone's Biographical Dictionary, at an approximately (not binding) estimated cost of one sheet for ten or fifteen cents; for five dollars prepaid the subscriber may receive at least thirty, or if the number of subscribers amount to one thousand or if paper becomes cheaper, as many as fifty sheets. Renewing the subscriptions once or twice every year, within a few years every subscriber will be in possession of the completest work on *Materia Medica* which has ever appeared, and of which the trade price may be very nearly one hundred dollars.

A homœopathic practitioner will not be considered as fitted out for his profession without this work.

Philadelphia, July 4th, 1864.

CONSTANTINE HERING.

CONNECTICUT HOMŒOPATHIC SOCIETY.—On the fifth of June the Legislature of Connecticut passed the following act, incorporating this society:

SECTION 1. That the physicians and surgeons now members of the "Connecticut Homœopathic Society," of the State of Connecticut, and all physicians and surgeons duly licensed by some incorporated medical college or society, who shall become associated with them, in pursuance of the provisions of this act, shall be and remain a body corporate and politic by the name of "The Connecticut Homœopathic Medical Society," and by that name they and their successors shall and may have perpetual succession; and shall be capable of suing and being sued, pleading and being impleaded in all suits of whatever name or nature; may have a common seal, and may alter the same at pleasure, and may purchase, receive, hold and convey any estate, real or personal, to an amount not exceeding one hundred thousand dollars.

SEC. 2. There shall be an annual meeting of the society, to be held in the cities of New Haven or Hartford, or such other place as may be fixed by a vote of the society, on the third Tuesday of May, unless a different time shall be determined by a vote of the society. There shall be chosen at the first meeting of this society, and at each annual meeting thereafter, a President, Vice-president, Secretary, Treasurer, Librarian and five Censors, and such other officers as may be required by the by-laws of the society, which officers shall hold their offices until the next succeeding annual meeting, or until others shall be chosen in their stead. This society shall be organized within two months after the passage of this act.

SEC. 3. The society, at its organization under this act, or at any annual meeting thereafter, may make such by-laws, rules and regulations as may be deemed expedient for the government of the society, and for the promotion of the objects of the same, not repugnant to the constitution and laws of the United States, or of this state. The society may levy a tax, by a vote of a majority of the members, not exceeding five dollars a year on each member, to be collected by the Secretary and expended by the Treasurer, under the direction of the society, for the benefit of the same.

SEC. 4. The society shall have power to establish a Homœopathic Medical Institution, and appoint the requisite professors for the purpose of educating

medical students for homœopathic practice, and may confer the degree of doctor in medicine on the same term of study and attendance on lectures required by the Medical Institution of Yale college. A board of nine trustees shall be chosen by the society, for the government and direction of the Medical Institution, when established. The society may also grant licenses to practice physic and surgery, to candidates found duly qualified on examination by the censors of the society.

Sec. 5. The society hereby incorporated, shall have and enjoy all the powers, privileges and immunities heretofore conferred by law and now enjoyed by "The Connecticut Medical Society," "The Connecticut Botanic-Medical Society," and by "The Connecticut Eclectic Medical Association." This act may be altered, modified or repealed, at the pleasure of the General Assembly.

A special meeting of the society was held at the Tremont House, New Haven, June 21st, to reorganize under their charter. A constitution and by-laws were adopted, and the following officers elected in accordance with their requirements: *President*, E. T. Foote, M. D., New Haven; *Vice-president*, G. S. Browne, M. D., Hartford; *Recording Secretary*, E. C. Knight, M. D., Waterbury; *Corresponding Secretary*, H. E. Stone, M. D., Fair Haven; *Treasurer*, S. C. Sandford, M. D., Bridgeport; *Librarian*, G. H. Wilson, M. D., Meridan; *Censors*, W. E. Buckley, M. D., Danbury, W. W. Rodman, M. D., New Haven, J. T. Dennison, M. D., Fairfield, C. H. Skiff, M. D., New Haven.

The meeting adjourned to meet on the third Tuesday in November.

HOMŒOPATHIC MEDICAL SOCIETY OF CAYUGA COUNTY, N. Y.—This society held its fifth annual session at Auburn, June 22d, when it was our good fortune to be present, and much pleasure and profit did we derive from the occasion. We publish the secretary's minutes, from which it will be seen that most of the physicians in the county were present, and much interest manifested in the proceedings. There were present:

Drs. Robinson, Robinson, jr., Swift, Smith, Peterson, Fellows, Strong, Gwynn, Brewster, Boyce, and as honorary members and visitors, Drs. E. R. Heath, H. H. Heath, C. Dunham, L. Clary, A. R. Morgan, H. M. Smith, H. M. Paine. The following gentlemen were elected officers for the ensuing year: Dr. H. Robinson, Auburn, *President*; Dr. A. J. Brewster, Cato, *Vice-president*; Dr. C. W. Boyce, Auburn, *Secretary and Treasurer*. The morning session was spent in listening to reports on catarrh by Dr. Boyce; Kali hyd. in diseases of the throat, by Dr. Robinson, jr.; papers on Pterygium by Dr. Dunham; Calendula in erysipelas by Dr. E. R. Heath; report of a case of induration of the lip cured by Sepia 900, by Dr. H. H. Heath. Dr. H. M. Smith gave an account of the organization of the Homœopathic Publication Society. A paper was received from Dr. Fincke, on "some new terms relative to Homœopathics." Major J. M. Austin, Rev. D. K. Lee, Drs. H. H. Heath, Robinson, jr. and others spoke of the exclusion of homœopathic physicians from the army. During recess the society was invited to partake of a dinner prepared by the wife of the Hon. W. P. Robinson.

On re-assembling in the evening, a carefully-prepared paper on scabies was read by Dr. A. R. Morgan. Addresses were delivered by the Rev. D. K. Lee and Dr. Carroll Dunham. A very interesting history of the rise and progress of Homœopathy in Cayuga county was given by Dr. Robinson. Communications were read from Drs. H. D. Paine, Ad. Lippe, R. T. Richardson, P. P. Wells, B. Fincke and M. F. Sweeting.

Drs. A. R. Morgan, L. Clary, H. M. Paine, H. M. Smith and Rev. D. K. Lee, Hon. T. M. Pomeroy and Hon. W. P. Robinson, were elected honorary members of the society. A committee was appointed to act in conjunction with the Massachusetts Homœopathic Medical Society in regard to the introduction of Homœopathy in the army. Drs. Robinson, Swift and Smith, were elected delegates to the Onondaga County Society; Drs. Robinson, jr., Gwynn and Brewster, to the Oneida County Society, and Drs. Fellows, Gwynn and Brewster, to the Wayne County Society. The society adjourned to the second Tuesday of September. C. W. Boyce, Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF ONEIDA COUNTY, N. Y.—It was our pleasure to attend the seventh annual meeting of this society at Rome, on the 21st of June. There were present: Drs. L. P. Waldo, Vice-president in the chair, J. C. Raymond, L. B. Wells, W. Warren, S. O. Scudder, M. M. Gardner, H. M. Paine, C. W. Boyce, D. Chase, E. R. Heath, C. Dunham, H. M. Smith, H. Robinson, H. B. Fellows, W. A. Hawley, C. Hamilton, G. J. Jones. We extract the following from the secretary's minutes:

Reports from the following were received: Dr. C. W. Boyce, on epidemics in Cayuga county; Dr. L. B. Waldo, on diphtheria in Jefferson county; Dr. L. B. Wells, on the use of high potencies; Dr. M. M. Gardner, on stomatitis.

The following voluntary communications were presented: Dr. W. A. Hawley read a paper by Dr. A. R. Morgan of Syracuse, on skin diseases. The paper consisted of an extract from a work on diseases of the skin, soon to be published, giving a new and original method of classification. Dr. C. Dunham presented and read a paper by Dr. B. Fincke, of Brooklyn, entitled "Potencies." Dr. C. W. Boyce presented the history and treatment of a case from practice, by Dr. H. D. Paine, of Albany; also a case of gastrostis, by Dr. Ad. Lippe, of Philadelphia. Dr. C. Dunham presented and read a case of Pterygium crassum cured by a single remedy in a high potency. Dr. W. A. Hawley read a paper entitled "A Case of Phthisis."

Dr. H. M. Paine presented an incomplete report on the influence of meteorological conditions of the atmosphere in the production of disease. The report consisted of a monthly summary of meteorological observations in connection with a monthly summary of prevailing diseases, arranged in tabular form. We quote from the introductory remarks as follows:

"It is common to ascribe the source of a large number of diseases to atmospheric influences. What these influences are, and just how far they are really instrumental in producing the results ascribed to them, is not apparent.

"The accompanying tables are presented with the hope of calling attention to this department of medical science, so that new light may ultimately be thrown upon this important subject.

"It is intended to represent, side by side, in tabular form, so as to be easy for reference, a monthly report of the weather, and a record of the prevailing diseases occurring in the same locality and at the same time. Thus a convenient opportunity is afforded for comparing the monthly report of the wind, temperature and humidity of the atmosphere, with the diseases occurring in the same place and during the same period.

Dr. H. M. Smith gave a verbal statement of a recent meeting of homœopathic physicians in Philadelphia, at which a plan of organization of a Homœopathic Publishing Society was proposed; the recent organization of a Homœopathic Medical College for Women, and also the establishment of a Homœopathic Hospital for Women, both in the city of New York.

Dr. L. B. Wells presented the following resolution, which was adopted:

Resolved, That the Homœopathic Medical Society of Oneida County approves the organization of the Homœopathic Publishing Society, and would recommend the members and the profession to avail themselves of this opportunity to advance the homœopathic system of practice.

The secretary read letters from Dr. A. Lippe, of Philadelphia, Dr. B. Fincke, of Brooklyn, and Dr. C. Heermann, of Philadelphia.

The introduction of the homœopathic system of practice into the army was then considered. The liberality and intolerance that controls the allopathic school is, at the present time, strikingly illustrated in excluding the practitioners of the homœopathic school from the army. Our just claims are ignored, and our standing in the medical profession continually, impudently and wilfully misrepresented by the allopathic school, merely because we differ in opinion from them respecting the scientific application of remedies in the treatment of disease. This course is not only illegal and discourteous, but reflects discredit upon its authors, and will ultimately prove advantageous to the cause they evidently wish to weaken, and the class of the profession whose influence they fear and whose prosperity they desire to arrest.

The following committees were re-appointed: on epidemics, in Cayuga county, Dr. C. W. Boyce; in Onondaga county, Dr. W. R. Gorton; in Oneida county, Dr. E. A. Munger; in Herkimer county, Dr. A. Guivitz; in Jefferson county, Dr. L. P. Waldo; on drug-proving, in Jefferson county, Dr. D. D. Joslin; in Cayuga county, Dr. W. M. Gwynn; in Oneida county, Dr. G. Bailey; pathology and treatment of miasmatic fevers, Dr. W. B. Stebbins, diphtheria, Dr. M. M. Gardner; high potencies in disease, Dr. L. B. Wells; diseases of mucous membranes, Dr. W. Landt; special pathology, Dr. W. H. Watson; meteorological conditions of the atmosphere in connection with prevailing diseases, Dr. H. M. Paine; diseases of children, Dr. W. Warren; cholera infantum, Dr. J. C. Raymond.

Drs. J. C. Raymond, L. B. Wells, M. M. Gardner and H. M. Paine, were appointed delegates to the meeting of the Cayuga County Homœopathic Medical Society; Drs. W. H. Watson and E. A. Munger, delegates to the Wayne County Homœopathic Medical Society; Drs. L. P. Waldo, G. W. Bailey and H. M. Paine, delegates to the Onondaga County Homœopathic Medical Society.

The society adjourned to meet in Utica, October 18th, 1864.

H. M. PAINE, Secretary.

HOMŒOPATHIC MEDICAL SOCIETY, OF WAYNE COUNTY, N. Y.—The first annual meeting of this society was held at Palmyra, June 7th. Present, Drs. D. Chase, in the chair, M. F. Sweeting, O. C. Parsons, S. D. Sherman, A. P. Throop, A. G. Austin, E. H. Heath.

A constitution and by-laws were reported and adopted, and the following officers elected for the ensuing year:

Dr. D. Chase, Palmyra, *President*; Dr. M. F. Sweeting, South Butler, *Vice-president*; Dr. E. H. Heath, Palmyra, *Secretary and Treasurer*; Drs. Austin, Throop and Sweeting, *Censors*.

The members present reported the number of students they had, and some discussion arose as to the best mode of studying medicine and attending lectures. A committee was appointed to prepare a historical sketch of Homœopathy in the county, to report at the next meeting.

On re-assembling in the afternoon, diphtheria and cerebro-spinal meningitis being the subjects for discussion, the members related their experience. In the latter disease Lachesis had been more successful than any other remedy. The society adjourned to meet at Clyde on the sixth of December.

E. R. HEATH, M. D., Secretary.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—We have received the Fifth Annual Prospectus and Announcement for 1864-5, of this college. We observe no change in its faculty from last year. It is composed of: Dr. J. Beakley, Professor of Surgery; Dr. I. M. Ward, Professor of Obstetrics; Dr. S. R. Kirby, Professor of Medical Jurisprudence; Dr. E. Guernsey, Professor of Theory and Practice of Medicine; Dr. D. D. Smith, Professor of Chemistry; Dr. J. A. Carmichael, Professor of Anatomy and Physiology; Dr. S. B. Barlow, Professor of Materia Medica. The lectures will begin on Monday, October 19th. Dr. J. Beakley is Dean of the Faculty, to whom letters of enquiry may be addressed.

HAHNEMANN MEDICAL COLLEGE, CHICAGO, ILL.—We have received no announcement of the next course of lectures at this institution. We understand the lectures will begin on the 10th of October. The Faculty is as follows: Dr. G. E. Shipman, Emeritus Professor of Materia Medica; Dr. A. E. Small, Emeritus Professor of Theory and Practice; Dr. D. S. Smith, Professor of Materia Medica; Dr. R. Ludlam, Professor of Obstetrics; Dr. G. D. Beebe, Professor of Surgery; Dr. N. F. Cooke, Professor of Theory and Practice of Medicine; Dr. D. A. Colton, Professor of Anatomy; Dr. R. Welch, Professor of Chemistry; Dr. C. F. Reed, Professor of Physiology and Pathology. Letters of inquiry may be addressed to the Dean, Dr. A. E. Small, or to the Registrar, Dr. G. D. Beebe.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.—We are in receipt of the Seventeenth Annual Announcement of this college. As we noticed in our last number, this college has been completely re-organized, and under its new management is second to no medical college in the country. The Board of Managers say: "Men of thorough medical education and scientific acumen

no longer regard our homœopathic law as a mere speculation, but as the evidence of a more enlightened and progressive era in medical science. Allopathy, in all its varied forms, confesses its inability to produce any equally positive or accurate rule of practice; it can teach but the prolegomena of our own true doctrines. The principles of pure Homœopathy are implicitly relied on, and faithfully taught in our school; and every means of scientific research and learning will be proffered the student as collateral aid."

The faculty is composed of: Dr. C. Hering, Professor of Institutes and Practice; Dr. A. Lippe, Professor of Materia Medica; Dr. H. N. Guernsey, Professor of Obstetrics; Dr. C. G. Raue, Professor of Special Pathology and Diagnostics; Dr. G. R. Starkey, Professor of Surgery; Dr. P. Wilson, Professor of Anatomy; Dr. C. Heerman, Professor of Physiology. The chair of chemistry had not been filled when the announcement was published.

The regular course of lectures will begin on the second Monday in October. We learn that a spring and summer course will be given for female students. We hail this latter announcement as the harbinger of future success to this institution, the first to establish a course of lectures exclusively for women. The Cleveland college did, for several years, admit ladies to their regular course, but, we believe does not now.

NEW YORK MEDICAL COLLEGE FOR WOMEN.—The second annual announcement of this college gives us the assurance, with such men as Drs. Ward, Ellis, Andrews and Dunham, in the faculty, and Drs. Bayard, Bowers, Hallock, Ball, Marcy, Ward, Warner, Joslin, in the advisory council, that the teachings will be in accordance with the homœopathic law.

We congratulate the members of our school on the dawning of a new era in the science of medicine. We presume there are not many of us who would not willingly substitute educated women for those who, on account of ignorance of our system, are constantly interfering with our prescriptions and patients, and who, in our absence, are prone to suggest this or that little thing "that can do no harm."

On the other hand, we have met amateurs, with their cases and books who practice among friends, and meet with greater success than the regular old school physicians. We can only wish that such as these might at least receive those advantages that are afforded to many of the other sex who fail to appreciate them. The number of women who are determined to get a medical education is increasing, and it behooves us to see to it that they get the best.

In the augmentation and improvement of our materia medica, there is great need of woman's assistance, and a corps of able, intelligent, enthusiastic female provers would render us most efficient aid. We therefore wish the undertaking success, and ask in its behalf the assistance of everyone who desires the advancement of our system of cure.

The faculty is announced as follows: Mrs. C. S. Lozier, M. D., Professor of Diseases of Women and Children; I. M. Ward, M. D., Professor of Obstetrics; John Ellis, M. D., Professor of the Theory and Practice of Medicine; J. R. Andrews, M. D., Professor of Surgery; Mrs. Sarah M. Ellis, M. D., Professor of Anatomy; Jas. Hyatt, Esq., Professor of Chemistry, Mrs. Huldah Allen, M. D., Professor of Physiology; C. Dunham, M. D., Professor of Materia Medica.

THE
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NEW TERMS IN HOMŒOPATHICS*

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

Sunt certi denique fines.

HORATIUS.

As a new science is progressing, it perfects itself, not only in the matter and object of which it is treating, but also in the manner, in which the phenomena and facts have to be expressed. Thus, new terms are formed, according to grammatical rules, from old material of languages, which henceforth facilitate the working mechanism of science, and thereby introduce the science itself into the family of the other sciences, and make it accessible, in a certain degree, to everybody, by mere reference to the dictionary.

If we propose to discuss this subject for a moment with regard to our own science, Homœopathy, we do not pretend to urge upon the profession the immediate acceptance of the terms which we deem appropriate in our own case, but we would earnestly recommend the consideration of this matter, as representing a most necessary link in the chain of homœopathic progress.

Starting from the word *Homœopathy*, which means the art

* Read before the Homœopathic Medical Society of the County of Cayuga, N. Y., June, 1864.

no longer regard our homœopathic law as a mere speculation, but as the evidence of a more enlightened and progressive era in medical science. Allopathy, in all its varied forms, confesses its inability to produce any equally positive or accurate rule of practice; it can teach but the prolegomena of our own true doctrines. The principles of pure Homœopathy are implicitly relied on, and faithfully taught in our school; and every means of scientific research and learning will be proffered the student as collateral aid."

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Starting from the word *Homœopathy*, which means the art

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and science of curing the sick with remedies producing similar symptoms upon the healthy, we would first propose the general term

Homœopathics, answering the conception of *physics*, mathematics, mechanics, statics, dynamics, etc., in these sciences, as the science of *Homœopathy*.

From this would follow the new term of

Homœopathicity, as the property of being homœopathic;

Homœopathize, to render homœopathic;

Homœopathization, 1. The act and process of rendering homœopathic; 2. Medicating in a similar manner; 3. Medicating homœopathically.

There is a term, introduced into the English language and commonly used, *Homœopathist*, which is defined by Webster and others, a believer in Homœopathy. This word is well formed, and is designed to express what in Germany is called a "Homœopath." But neither of these expressions does exactly convey the meaning of a regular homœopathic physician, supplied with a diploma by a faculty, and practising under license of the government. Since we now have homœopathic colleges which, after due courses of lectures and attendance in hospitals, and after examinations, confer the degree of M. D. by law, and since no physician is licensed, at least in our State, except being duly qualified by the parchment, or by being a member of the legally organized homœopathic medical societies, the necessity arises, of separating a mere believer in Homœopathy, who is not necessarily a physician, from the regularly educated professional physician and scholar; and we, therefore, would propose the term

Homœopathician as designating, 1. A homœopathic physician; 2. A professional licensed physician, practising homœopathically, according to the art and science of Homœopathy.

This term, in a grammatical point, would recommend itself on account of its parallelism with words already in use, for instance physician, mathematician, theologian, logician, electrician and others, and is constructed upon the grammatical

rule laid down in Murray's English Grammar, York, 1808, p. 182: "Substantives which end in *ian* are those that signify profession, as physician, musician.

Homœopathist, then, would acquire a more distinct meaning, as being, 1. A believer in Homœopathy; 2. One who occupies himself with Homœopathy without making it his profession; 3. A homœopathic layman.

If we go on, and find in all sciences and in all nature the same laws which govern Homœopathy, we rise to the higher conception of

Homœology, as the doctrine of the similitude of things, quantities and actions, (similitude being a better form than similarity, and now more generally accepted in the profession); and

Homœomatics would be the science of the similitude of quantities, things and actions. From these we would have *homœological*, belonging to the doctrine of the similitude of quantities, things and actions, and *homœomathical*, belonging to the science of the similitude of quantities, things and actions.

Homœodynamics would be the science of similar forces, motions and actions.

Homœosis, 1. Universal Assimilation; 2. The principle of the mutual conversion of physical forces of matter into one another; 3. The equalization of bodies according to the ratio of their assimilability. From this we have *Homœotic*, belonging to homœosis.

Homœousian, a word which has already been used by theologians, would be, in our sense: being of similar nature or essence.

Homœonomic, being under condition of similar laws.

Homœoplasia, similitude of configuration.

Homœoplasticity, property of similar configuration.

Homœoschematism, 1. Property of being formed on a similar plan; 2. Signatura rerum.

Homœomorphic, being of similar form.

Homœopathema, similar affection or disease.

Homœopathology, 1. Homœopathic doctrine of disease; 2. Doctrine of the mutual action of the probative and curative process; 3. Doctrine of Homœopathy.

Homœopathogeny, 1. Production of similar disease; 2. Probation.

Homœopathoktony, 1. Killing of similar disease; 2. Cure.

Homœoma, 1. Homœomatic equation; 2. Result of the homœopathic treatment and cure in its perfection; 3. The product of Homœosis.

Homœogenesis, 1. Origin of similars out of similars; 2. Reproduction by similitude; 3. Development from the homogeneous to the heterogeneous; 4. The production of an organism in all its respects like its parent (Draper).

Homœomerism, property of compounds containing similar elements in similar ratio to exhibit similar qualities.

Homœomeria, introduced by Anaxagoras, would designate, 1. The similitude of the single parts to the whole; 2. The original elements of organisms forming similar parts of organisms.

Homœotachic, similar in velocity.

Homœorhythmic, similar in measure of time.

Homœorhopic, similitude of momentum of the remedial force.

Homœotropism, 1. Property of acquiring similar properties by an infinitesimal change; 2. The similitude of the specific direction of the several remedies or drug matters, compared with the equally specific direction of the several hypothetical nosopoeses or disease matters.

Homœoleptomera, fineness and infinitesimality of similar parts.

Homœogeneity, 1. Similitude of constitution; 2. Similitude of kind; 3. Law of nature by which things the most dissimilar must in certain respects be similar.

It is remarkable that many of these words derived from the Greek, and many others relative to it, had been in use in classical Greece, showing that the countrymen of Hippocrates had made more progress in Homœomatics, than the later ages.

The term *Assimilation*, from its hitherto mere grammatical and physiological senses, would, by its application to the

homœomatic doctrine, acquire a more extensive meaning: 1. The act and process of converting something similar and contrary into its own kind; 2. The process by which bodies, when they act upon one another in opposite direction, equalize their resistances by means of their infinitesimal constitution and of the Least Plus, and by which they become as similar as they can be without losing their identity; 4. The product of assimilation. From that we have *assimilable*, capable of being assimilated, and *assimilative*, capable of assimilating.

Furthermore, we need a distinct understanding about the term *potency* and its derivatives.

Potency, 1. Something producing an effect; 2. The result of an infinite number of infinitesimal processes of mutual actions, amenable to observation and experience; 3. The infinitesimal thing which, *ceteris paribus*, effects that which is called exertion of force; 4. A homœopathic remedy prepared by comminuting and refining a substance by means of a vehicle to such a degree that it is rendered assimilable by the organism. From this we derive

Potentiate, as 1. The act and process of rendering something capable of acting upon another; 2. The act and process of preparing a homœopathic remedy by comminuting and refining a substance, by means of a vehicle to such a degree that it is rendered assimilable by the organism.

There has come into use a hybrid derivation which is an abomination to etymologists, *potentize* and *potentization*. "Hybridism," says Mr. Latham in his celebrated work, *The English Language*, London, 1841, p. 347, "is a term derived from hybrid-a, a mongrel, a Latin word of Greek extraction."

"The terminations -ize (as in criticize), -ism (as in criticism), -ic (as in comic)—these, among many others, are Greek terminations. To add these to words of other than of Greek origin, is to be guilty of hybridism." And p. 348: "We are not at liberty to argue from the analogy of expressions like *witticism* and *tobacconist* (hybrid words in common use), in favor of fresh terms of the same sort."

"The etymological view of every word of foreign origin is, not that it is put together in England, but that it is brought whole from the language to which it is vernacular. Now, no derived word can be brought whole from a language unless in that language all its parts exist." And page 349: "In derived words all the parts must belong to one and the same language. Such is the rule against hybridism" From this it appears that mongrelism is as bad in grammar as it is in Homœopathy.

Now, *potentize* and *potentization* are mongrels, the root being taken from the Latin and the termination from the Greek. Therefore, these terms ought to be avoided on account of their hybridism.

High potency is, 1. Something of infinitesimal quantity, which is capable of acting, or acts upon others of finite quantity, so as to prove its own existence, reality and identity; 2. A homœopathic remedy prepared by comminuting and refining a substance, by means of a vehicle, to a higher degree than the thirtieth centesimal potency.

Dilution potency. A potency which is obtained by comminuting and refining a substance, by means of dilution with an indifferent fluid vehicle (such as water or alcohol), either after trituration with or without a vehicle (such as sugar of milk), or without it, thus rendering it susceptible and assimilable by the organism.

High dilution potency. A high potency, obtained by potentiating a dilution potency higher than the thirtieth centesimal potency.

Contact potency. A potency obtained by bringing one or more globules of a given potency into dry contact with a quantity of unmedicated globules contained in a vial.

High contact potency. A high potency obtained by making a contact potency from a given potency, higher than the thirtieth centesimal.

Comminution. 1. The act and process of reducing a substance to fine particles; 2. The comminuted substance.

Trituration. 1. The act and process of comminuting a sub-

stance, with or without an indifferent vehicle, in a mortar or upon a plate, by means of rotatory or linear friction with a pestle, the triturated substance.

Dilution. 1. The act and process of communicating the properties of a soluble substance to a fluid; 2. The diluted substance.

Solution. 1. The act and process of combining a soluble substance with a fluid vehicle, so that they cannot be discriminated afterwards from one another by sight; 2. The solved substance.

Specificum. 1. The required potency or force to effect a distinct, given action; 2. Unfailing remedy for a distinct, given group of symptoms; 3. The homœopathic remedy proper.

Specific. Distinct, distinguishing a thing from any other.

Specificist. A believer in specifics.

To these terms might be added the following:

Medium, as 1. That part between two things which is equally distant from either; 2. That part into which all parts of a thing enter, being in perfect proportion to one another; 3. That part of a thing from which all other parts are equally distant; 4. Means of changing the given state of the organism into its contrast; 5. Vehicle.

Remedium. 1. Restitution of the medium; 2. Means of cure; 3. Curative substance; 4. Homœopathic potency.

Intermedium. The Least Plus mediating all things and actions, large and small.

Least Plus. The infinitesimal quantity necessary to effect a change.

Infinitesimal. Less than any assignable quantity.

Infinite. More than any assignable quantity.

We do not want just now to reject these terms, infinite and infinitesimal for their contradiction in itself, because they are accepted universally for what their definition means to express in an illogical way. Being mere negatives, they have a mere psychological existence as imperfect notions, but nevertheless they actually stand for something real and positive, be it ever so small or large.

Force. The resultant of a series of equalizations of actions, and reactions, or of mutual actions of bodies, mediated by the Least Plus.

Dynamis. Force, power, potency, that which produces motion.

Dynamics. Science of motion, as considered by its cause, the force.

Mechanics. Science of motion, as considered by its effects, the action.

Thing. An aggregate of infinitesimal particles and actions.

Medics. Science of medicine, corresponding to the similar terms, mechanics, dynamics, optics, acoustics, etc.

Pathema. 1. Affection; 2. Disease; 3. Effect of pathopoesis.

Pathopoesis. The act and process, state and substance of producing disease in general.

Pathoktony. The act, process, state and substance killing disease.

Pathopœia. The art and science of applying the potencies upon the organism in the healthy state, and thereby converting health into disease.

Pathognosis. The knowledge of disease by scientifically comparing and contrasting, and carefully and cautiously grouping the different symptoms of the different remedies, according to the traits which they have similar and in common.

Pathognomony. Science and art of discerning the characteristics of groups of symptoms.

Pathic. Morbid.

Pathogeny. Production of disease.

Pathogenesis. Origin of disease.

Pathology. Doctrine of disease.

Diagnosis. Examination of the given case in all its details, considering the morbid symptoms of the organism, in its present state, as well as the aetiological symptoms of previous health, habit and disease, and including the physical method of inspection, palpation, pressure, succussion, percus-

sion, auscultation, mensuration, chemical and microscopical analysis and the like, and deriving therefrom the individuality of the given case.

Endeixis. Indication.

Hygiænsis. Getting healthy.

Hygiopoesis. The process, act, state, and substance of, making the sick healthy.

Hygiopœia. The art and science of applying the potencies upon the organism in its diseased state, and thereby converting disease into health.

Nosansis. Getting sick.

Nosopoesis. The act, process, state, and substance of, making the healthy sick in particular. This term might be more properly used for distinct substances producing distinct morbid symptoms, whilst Pathopoesis might be used, conveniently, more in the general way, signifying the making sick generally.

Pharmacopœia. The art and science of potentiating the drugs, or preparing the medicines for application upon the organism, so as to render them susceptible and assimilable by the same.

Anamnesis. The investigation of the causes of disease with regard to the previous state of the organism.

Actiology. The doctrine of the causes of disease with regard to the previous state of the organism.

Probatum. The act, process, state and result of proving drugs upon the healthy or sick organism, with the object of investigating their medicinal properties.

Probative. Belonging to probation.

Sanation. 1. Spontaneous cure; 2. Convalescence.

Sanative. Belonging to sanation.

Similitudo. 1. Equality of form with difference of quantity; 2. The property of quantities, things and actions, to be proportionate to one another, more or less; 3. The accordance of that by which the quantities, things and actions, are discriminated by the understanding, by means of a third (thing, etc.), e. g. a measure (of. Von Wolf).

The term similitude is preferable to similarity, in scientific language, being the Latin "similitas" and the German "Similität," and is getting into more common use now.

Equality. 1. Perfect similitude in quality and quantity, being the highest degree of similitude; 2. The property of quantities, things and actions, to be so similar that the one may be taken for the other; 3. The property of quantities, things and actions, to be so similar that they only differ by their identity.

Equivalence. Equality in quantity with difference in form.

Identity. The property of quantities, things and actions, to be they themselves and nothing else.

Equation. The proposition and formula of the equality of two quantities.

Difference. 1. The property of two contrasted quantities, things or actions, to be disproportioned to one another, more or less; 2. The property of two quantities, things or actions, according to which one is larger than the other. 3. The result of comparison of two unequal or dissimilar quantities. 4. The result of change from one thing to another.

Differentia. The attribute which distinguishes a given species from any other species of the same genus (Mill).

From this we have our

Characteristic as the specific difference, by which we recognize the individuality of a given case.

For, what in natural history and logic is species, in Homœopathy is individuality; and what there is genus, here is the similitude in groups of symptoms. Now then, the differentia in logic being the characteristic in Homœopathy—the logical characteristic being in fact the homœopathic differentia—must be added to the connotation of the similitude in the groups of symptoms, to complete the connotation of the individuality of the given case (Cf. Mills' Logic, p. 87).

Differentiation. 1. Finding differences; 2. Method of finding the differentials of a variable quantity for all possible cases; 3. Assumption of a variation of organic structure with new functions during development (Draper); 4. In-

crease involving modification of fabric with assumption of new functions (Draper); 5. A continued change of matter from the homogeneous to the heterogeneous, with corresponding new forms and properties under condition of certain laws; 6. Scientific arrangement of the pathic, pathogenetic and pathopoetic symptoms of the organism, and of the remedies, according to the various degrees of similitude and difference so as to bring out the individual character of the group of pathic symptoms of the organism (the pathogenetic picture or portrait), and that of the group of pathic symptoms of the remedies (the nosopoetic picture or portrait), in the given case.

Development. 1. A continued change from the homogeneous to the heterogeneous, with multiplicity of form and function; 2. A compound differentiation (Draper); 3. A differentiation of a higher order (Draper).

Ratio. The measure of two things, quantities or actions, with regard to their similitude and difference.

Proportion. The equality of two ratios.

Proportionality. 1. The property of quantities, things or actions to be in proportion; 2. The relation of quantities, things or actions, in general, inasmuch as they are parts of the universe, and in particular inasmuch as they are opposed to each other by nature or by experiment; 3. The accordance of the relation in which the parts of a whole are to one another and to the whole (Zeising).

Mutuality. 1. Equality and contrariety of action and reaction; 2. The property of the relation of two things or actions, according to which one is to another as the latter to the former.

Mutual action. 1. Action and reaction; 2. Action and passion; 3. Common resistance of two quantities, things or actions to each other.

Contrariety. The property of two quantities, things or actions, to be in opposite direction according to the straight line of their centres.

Homœopathic Contrarium. A drug opposed and contrary

to disease, when that is the given state of the organism, and equally opposed and contrary to health, when that is the given state of the organism.

Polarity. A property of quantities, things or actions, by which opposite and dissimilar properties and powers are developed simultaneously, by a common cause, in opposite and contrasted parts.

Conversion. Mutuality of relation and correlation.

Susceptibility. The property of being capable of assimilation.

Potential. Capable of acting.

Potentiality. 1. Possibility, not actuality; 2. The state of a thing with regard to its capability of action and reaction, representing a variable value depending upon its own constitution, and upon its relation to other things; 3. The amount of action and reaction of which the organism is capable (*Leistungsfähigkeit*).

Affinity. 1. Mutual relation of opposition between two different bodies and particles of different nature to one another; 2. The propensity of natural selection, by which the minutest particles of different kinds of matter unite and combine with each other exclusively or in preference to any other connexion—by some called the attraction of dissimilar matter at insensible distances, or molecular attraction; 3. Relationship.

Micrologia. Science of the minute things.

Microdosis. 1. The fine dose; 2. Doctrine of the fine doses.

Metaphysics. Science of the comprehensibility of physics.

Metachemics. Science of the comprehensibility of chemics.

Chemies. Science of chemistry.

Chemistry. The investigation of the phenomena of composition and decomposition, which result from the molecular and specific mutual action of different substances, natural and artificial (Comte).

Physics. Science of natural philosophy.

Natural philosophy. The investigation of the relation of masses to one another (Draper).

Metagenesis. Development of properties by potentiation.

We close this sketch, which is more designed to awake an interest in the proposed subject, than to give a perfect exposition of our views, with another suggestion in regard to the rendering of our *Materia Medica* into good English, in such a manner that it would be the correct and exact representative of the genuine original, where it is given in a foreign tongue.

So far, the most valuable contributions to the *Materia Medica* have been furnished in the German language. This language is peculiarly rich in the expressions of feeling, sensation and intellect, as the observed symptoms abundantly show. There are, in fact, many words which so far have not been rendered in English with the original sense, because no such words in the English language are in use. But if we are rightly informed, these expressions could be more easily acquired from the old Anglo-Saxon tongue, the common mother of the present English and German.

Now it is self-evident how important it is to agree about those grammatical terms in the *Materia Medica*, in order to convey the exact original meaning. Therefore, as a preliminary to the great undertaking, to bring out a great original work, containing all the original provings with diaries in their original tongues, and translated carefully and cautiously into English, we would suggest the discussion of those terms in our journals and meetings, publicly and privately, in order to arrive at a perfect understanding and at the truth of the matter.

WHO IS A HOMŒOPATHICIAN? *

BY ALFRED C. POPE, M. R. C. S., YORK, ENG.

In the July number of the *Monthly Homœopathic Review* (London), I see an article from the pen of Dr. Lippe, of Philadelphia, reprinted, at the request of Mr. David Wilson, from the AMERICAN HOMŒOPATHIC REVIEW. To the question therein addressed to me regarding some observations I published in the English journal under the title "Who is a Homœopathist?" I now propose to reply.

In the course of his critique, Dr. Lippe frequently writes of "Mr. Pope and his friends;" a description which seems to imply that I have officiously thrust myself forward to express, not only for myself but on behalf of others, views for which I alone can be held responsible. This I most certainly have not done. At the same time I have good reason to believe, from intercourse with homœopathic practitioners since that paper was published, that I am by no means singular in the opinions I entertain.

With this personal explanation given, I will proceed to the consideration of Dr. Lippe's queries.

By the phrase "aggravation of the disease;" I do mean "aggravation of the symptoms," or to be plainer, the increase in intensity of the expressions of disease, of those altered sensations by which we, in a great measure, judge of the nature of disease. I do not see how the symptoms could be rendered more perceptible if the morbid process giving rise to them was not itself increased or aggravated. It was, I have always understood, the fact of the symptoms becoming aggravated, in some cases, after a large dose—such an one, for example, as would be needed to carry out an antipathic theory—of a homœopathically selected remedy; together with circumstances regarding the dispensing monopoly of

* We have substituted the term *Homœopathician* for "Homœopathist," as it was in the author's manuscript. For reasons given in a previous number, we shall hereafter adopt this term as being the correct one. [Eds

the German apothecaries, that led Hahnemann to employ extremely infinitesimal doses. So far as my experience has gone, aggravations rarely occur either with the first, second or third dilutions. Dr. Cockburn, of Glasgow, says, "that he has seen sharp aggravations follow unmedicated globules." This is assuredly the unchecked progress of disease. I can readily believe that such aggravations frequently follow the higher and highest dilutions.

In the next paragraph Dr. Lippe misquotes an extract I made from Dr. Constantine Hering's preface to the American edition of the *Organon*. Dr. H. writes of the "practical rule" of the master.* Dr. L. makes this "practical rules" a widely different affair. Hering here obviously alludes to the law "Similia similibus curentur;" and to that law only. To the practical rules of the chronic diseases he makes no reference.

In disputing the accuracy of my statement that "Homœopathy consists simply and solely in prescribing for disease such remedies, and such remedies only, as produce similiar disease in a healthy person," Dr. L. makes what appears to me a very puerile play upon words. He asks "has (sic) Aconite, Bryonia or Phosphorus ever produced pneumonia." I reply, Aconite produces an aconite disease; Bryonia, a bryonia disease; Phosphorus, a phosphorus disease; and, further, that these diseases resemble, among others, certain forms of pneumonia, that they are therefore homœopathic to them, and consequently curative of them.

Dr. Lippe next takes exception to the proposition that the "dynamization theory may be true or false and Homœopathy remain unaffected,"—most unquestionably such is the case. The truth of Homœopathy does not depend upon the provings of *Carbo vegetabilis* being correct or otherwise. How the symptoms alleged to have been produced by this medicine were obtained, I am not aware, never having read the original experiments, but I do know, *ex usu in morbis*, that some of the symptoms, at any rate, said to have occurred from persons taking it in some form or other are correct. I

do not deny that prolonged trituration may, in some drugs, develop power to affect the human organism; but no evidence that I have ever seen proves that it does so in all, neither can we show to what extent it does so in any. Dr. Lippe adduces nothing to prove that the dynamization theory is an indispensable part of Homœopathy—he merely says that it is so; and this has been already done *ad nauseam*. That such a theory is not indispensable has on the other hand been shown often enough by perfect cures having resulted from the use of crude crugs in small doses, prescribed on the homœopathic principle.

“It has been proved many a time and oft, that a low dilution or the pure substance has succeeded in curing where a higher dilution has failed.” In commenting on this passage from my paper, Dr. Lippe asks for the minute record of a case illustrating the truth of what I state. I confess that I can see no advantage that would be derived from such a detail. If my word that I have seen such cases, that medical friends of mine have seen such cases, is not sufficient evidence on which to ground this assertion the report of a case by me would be equally valueless.*

Dr. Lippe asks what I understand by a cure; the *Imperial Lexicon* “interprets a cure”—“a restoration to health from disease, and to soundness from a wound.” I think that definition as good as any that could be given.

Dr. L. tells us that an Allopathist cures an accelerated pulse dependant on organic disease of the heart by *Digitalis*. I never heard of an Allopath pretending “to cure anything” of the kind. Relief for a time from organic disease of the heart, some may endeavor to secure from the antipathic action of *Digitalis*.—But none but a quack or an ignoramus would ever presume to describe such an achievement, if effected, as a cure.

Not having seen the experiments of Dr. Eidherr, I am unable to express any opinion regarding them.

* See Dr. Diller on “Diphtheria.”—*Western Homœopathic Observer*, March, 1864.

Dr. Lippe now writes as follows: “That crude drugs and low potencies cure, and cure according to the homœopathic law of cure no one ever denied, and if this had not been the fact we would not have had Homœopathy.” This is what I have, in the paper to which Dr. Lippe takes so much exception, endeavored to enforce: and, as a natural consequence, that the man who so practices is a Homœopathician. “Oh! but,” says Dr. Lippe, “high potencies cure where the low do not.” Perhaps they do; but the cases illustrating this assertion are marvelously few; and were they legion, would not affect the argument one iota. Since the man who uses the crude drug according to the homœopathic law, is every whit as much a Homœopathician as he who prescribes the higher potencies according to the homœopathic law.

Dr. Lippe then remarks “that in every instance in which a lower potency has ever relieved, not cured, a case to which a higher potency of the same remedy had been given without success this relief has proved to be only the palliative effect, not the curative action of the remedy.” This is simply a round-about way of saying that where relief only has been given by a medicine, that medicine has only palliated the patients sufferings. This I apprehend applies equally to high and low dilutions where a cure is not effected, but some ease to the patient, some mitigation of pain, etc., only secured by the drug used.

What I understand by Homœopathy I have stated, as clearly as I can, in the third paragraph on the eighth page of the January number of the *English Review*. I cannot do so more explicitly and therefore must ask Dr. Lippe to read this paragraph again. Having read the sentence referred to, I would like Dr. Lippe to tell me whether I, holding the therapeutic views therein expressed, am a Homœopathician or not; and if I am not so, what am I? I care not one jot what I am called so long as I cure my patients, or how I cure them so long as I do so in the quickest, safest and pleasantest manner known to me.

I find no fault with Dr. Lippe for his faith in potentiza-

tion; for supposing that a case of intermittent fever of some standing is curable in three or four days with as many globules of the 2000th dilution of Belladonna; or with Mr. Wilson for imagining that Lycopodium²⁰⁰ cured a case of pneumonia all but moribund before that marvellous agent was, through the medium of *aqua pura*, introduced into the patient's organism.

What I do object to is the arrogance, the presumption which demands for those, for those only, who credit such extraordinary—I had almost written supernatural—assertions, the exclusive right to a title for which they can show no special or peculiar claim. What I still more object to is, that with so much remaining to be done in sifting the *Materia Medica*, with the urgent call for accurate translations of original provings, with the need so frequently expressed for an examination of the relations borne by well proved medicines to clearly defined forms of disease, with the whole superstructure of the science of therapeutics waiting its erection on the foundation laid by Hahnemann and his early disciples, that while all these works are unaccomplished, men, who, we would trust, are competent to assist in carrying them out, should expend their time and strength in dilating on the supposed extraordinary merits of 2000th and 10000th dilutions; and still further exhaust their energies in unmeasured abuse of all who will not accept their *post hoc* for *propter hoc*.

With the Wilson-Hempel dispute I have nothing to do. Doubtless in a work of such magnitude as the *Symptomen Codex* there are errors; but in spite of them, I feel that I am, and I think all English-reading homœopathic practitioners ought to be, extremely grateful to Dr. Hempel for his untiring industry in placing before us in an English dress the records of the actions of many valuable drugs. If Mr. Wilson and those who have joined him in raising this hue and cry about Hempel's imperfections had only done one-fiftieth part of the work that he has accomplished, Homœopathy would be much better understood, much more widely and success-

fully practised than it is. These gentlemen are critics and nothing more. They find fault with the work of others and do none themselves. But it is "never too late to mend," and if Mr. Wilson really believes that Hempel's errors are as general and as serious as he has represented them to be, let him put his shoulder to the wheel and give us "a revised edition" of the *Symptomen Codex* "corrected from original sources;" such a work, well done, will earn Mr. Wilson the cordial thanks of all English Homœopathicians; and further a great good will have grown out of a discussion, which hitherto has been productive of more evil to the progress of Homœopathy than any other that has ever taken place.

With one more reference to Dr. Lippe's article I will bring this paper to a conclusion.

Dr. L. complains that Dr. Hempel, when in a witness box, swore to having given one-fifth of a grain of Arsenic in cholera; that the patients did well; and that in prescribing, his habit was to endeavor "to stop short of symptoms of poisoning." Of course all this is to Dr. L. very objectionable; Dr. H. is objectionable; the fifth of a grain of anything, as a dose of medicine, is objectionable; but to state that any case of disease was ever cured by such a dose is in the highest degree objectionable; it is utterly subversive of all Dr. Lippe's ideas on the subject of Homœopathy.

The most singular passage in this attack upon Hempel is that which declares that the symptoms characteristic of Arsenic, and those which are so of Asiatic cholera, are so very different, that "but in very few and very exceptional cases Arsenic may become the curative remedy in the above-named disease." I would here ask Dr. Lippe whether he has ever seen a case of arsenical poisoning, whether he has ever stood by the bedside of a cholera patient? Or has he ever studied the published details of an instance of either? That he can have done so, and have failed to recognize the similarity of the two conditions seems almost impossible.

Dr. Rutherford Russell, an authority on the subject of Asiatic cholera, by virtue of his extensive clinical observations,

his pains-taking investigations into the nature and treatment of the disease, writes thus: "Arsenic is the remedy in which we have far the most faith after the period for the administration of Camphor has passed away." *Epidemic Cholera*, p. 213. London, Headland, 1849.

The dose employed by Dr. Hempel was unquestionably larger than is ordinarily necessary, and possibly a less quantity would have been equally successful in his cases; but the fact remains the same, that what was given was successful—no small merit in any medicine in such a disease as Asiatic cholera.

By the phrase "we endeavor to stop short of symptoms of poisoning," I apprehend Dr. Hempel to mean that while he prescribes sufficient medicine to compass his object—the cure of disease—he does so without risking the chance of an aggravation from giving an excessive dose—a contingency always to be kept in view in prescribing a homœopathically selected remedy. The phrase is certainly a bad one, but clear enough in its meaning, to all who understand Homœopathy, and are free from any desire to misrepresent its author.

I trust I have now been sufficiently explicit to enable Dr. Lippe to understand what I mean by a "Homœopathician."

CASE OF PHTHISIS PULMONALIS.*

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

I suppose every man, who has undertaken to practise the art of healing, feels at times a want of satisfaction in the use of remedies, and a sense of uncertainty as to the curative action of drugs, such as to lead him sometimes, perhaps often, into a condition of skepticism in regard to medicine which makes

* Read before the Homœopathic Medical Society of Oneida County, N. Y., June 21, 1864.

his daily labor a weariness to the flesh. Sometimes, however, he is permitted to witness such brilliant and indubitable effects that he gets courage and strength on which he labors for many a common day. And not only does he find encouragement from such cases in his own experience, but it is an aid to his hope and a stimulus to his industry to get authentic reports of such cases in the experience of others. It is this consideration which leads me to give you to-day a report of such a case from the records of my own practice.

On May 5th, 1861, I was called to see E. S., a little girl of some nine or ten summers. An examination resulted in the following notes:

Great irritation, with excessive paleness and dinginess of the skin; dry hacking cough; dullness on percussion, quite marked over upper part of right lung, complete over the base and slight over upper lobe of left lung. Bronchial respiration in upper part of both lungs, very marked in the right, with perfect silence at the base. Respiration hurried and performed entirely by the chest muscles; hectic chill every day followed by considerable fever; most profuse sweat on sleeping, day or night; listlessness with no disposition to play like other children; tongue clean and pale; appetite variable; desire for acids; bowels regular; urine scanty and high colored with whitish mucous sediment on standing; pulse 124 and very small; nails hooked; the fingers looking as if terminating in balls, *very marked*. A symptom, by the way, which is always regarded as certainly diagnostic of confirmed phthisis, and which I never before saw cured.

After a considerable study of the case I prescribed Ars.⁶ and Phos.⁶ in alternation once in two or three hours. The next day, the sixth, continued the same. Visiting her again on the seventh and finding no improvement, I gave her Sulph.⁶ once in six hours for two days, followed, on the ninth, by China⁶ once in two hours for two more days, when the Sulph.⁶ was resumed and continued till the fourteenth, when, still getting no positive mitigation of the symptoms and feeling that the indications were, if possible, to control

the excessive prostration and sweating, I went back to Ars.⁶ once in two hours. This was continued, with a relief from the chills and perhaps a little mitigation of sweating, up to the twentieth, still there was no such improvement as to give me any encouragement and with a feeling that the case was almost, if not utterly, hopeless, I carefully restudied it and concluded to give her a single dose of Sulphur¹⁰⁰, followed by Sac. lact. once in two hours and await the result. In a very few days I had the satisfaction of seeing a most marked improvement. The sweats ceased, the lungs began to be cleared out, and all the symptoms were so much improved that on the twenty-eighth she walked to my office, a distance of at least half a mile, and back. Continued the Sac. lact. till June 1st when, the improvement seeming to have ceased, she got another dose of Sulph.¹⁰⁰ with Sac. lact. till the sixth when, complaining of some return of the chills, she had a single dose of Ars.²⁰⁰, which was repeated on the eleventh and was the last medicine she had. About July 1st she was discharged cured. Her cough gone, her respiration perfect, flesh restored, fingers tapered off nicely, nails straightened, and she is playful as other children of her age. I have frequently seen her since, and to-day she is as healthy looking as any child you may meet.

This case seems to me beautifully to illustrate the wisdom of allowing remedies to exhaust their action before repetition in such chronic cases, as well as to demonstrate the efficacy of high attenuations, even when the lower have failed. It is to such cases as this that one can always look back in hours of despondency and doubt, and find encouragement for renewed application and labor. If it shall give like encouragement to any others, the object of this writing will have been fully accomplished.

DISEASES OF CHILDREN.*

BY C. E. SWIFT, M. D., AUBURN, N. Y.

In reporting on diseases of children I present a few cases that I have treated, and which I deem of sufficient interest to present to the society.

Diphtheria which has caused so much anxiety and careful watchfulness among both parents and physicians, and which has proved so fatal in some parts of our State should be noticed. I need not take up time with a history or description of this disease, for we all understand what the disease is; although I fear that we do not all know how to cure it in all its forms. My object, at this time, is to make a statement of a few cases which have come under my care, and in which I have found the action of the medicine so prompt in each case, that I feel it a duty I owe to the profession to report them to this society. I would first call your attention to the successful treatment of diphtheria with Muriatic acid.

I was called, on Wednesday, September 16th, 1863, to see a child aged eight years, who was taken the day before with diphtheria. The symptoms were as follows; pulse accelerated; slight fever; both tonsils and uvula red, congested and swollen with patches of false membrane on both tonsils, of a cheese-like appearance; general prostration; tongue coated yellowish white; no appetite; slight thirst. I gave Belladonna² and Mercurius protiod.³, in alternation every two hours. Next day (17th), no change, treatment continued.

18th. Patient seemed somewhat better.

19th. Found the child worse and the disease tending toward the putrid type. Trembling of the hands; nose bleed, blood dark and putrid; great prostration; restless, with slight delirium; very little rash and the peculiar putrid smell which always attends this disease in its worst form. I prescribed Muriatic acid, in solution, five drops to a quarter of a tumbler of water, a teaspoonful every hour.

* A report read before Cayuga County Medical Society, N. Y., June 23d, 1864.

20th. Patient improved, treatment continued, dose every two hours.

21st. Still improving, medicine continued.

22d. Improving finely, dose every three hours and I gave no other medicine but the acid, until the patient was dismissed. I never saw a more marked and prompt action of a remedy in this disease than was obtained from Muriatic acid in this case, and I have no doubt that it saved the life of the child.

February 1st, 1864, I was sent for to visit two patients in the same family, the father aged 45 years and the son 12 years of age. About a week previous a little daughter had been taken with diphtheria, was treated by an allopathic physician and had died that morning. She was then lying in the house. The father and son had been sick some two or three days. The father I found in the following condition:

Slight fever; pulse slow and weak; little thirst; tongue coated, thick yellowish white; uvula and tonsils swollen, red and covered with a thick whitish false membrane; putrid smelling breath, with sordes on the teeth; a complete sore or scabby condition of the lips, enclosing the mouth; more or less rash on the body and limbs; nose bleed every few hours; blood dark and fetid. I gave Muriatic acid¹, in solution, a dose every hour. Next day (April 2d), symptoms about the same, continued same treatment.

April 3d. Decided improvement, medicine continued, a dose every three hours.

4th. Doing well, same treatment.

5th. Improving fast; a dose every few hours, medicine the same.

6th. Patient convalescent and discharged next day cured.

The boy's symptoms were as follows; considerable fever; red and swelled uvula and tonsils, with slight membranous deposit; pulse weak and rather quick; bloated face; pain in the lower limbs; feet swelled and painful; no rash. Prescribed Belladonna² and Mercurius protiod.², in alternation, every two hours.

April 2d. Less pain in the limbs and feet, but restless;

throat somewhat better; less redness; some appearance of rash. Gave Mercurius protiod. and Rhus tox., in alternation, every two hours.

3d. Found the patient as follows: breath putrid; nose bleed; blood dark and fetid; dark crust upon the lips, and a light scarlet rash upon the whole person; great prostration and slight thirst. I prescribed Muriatic acid¹, in solution, a dose every hour.

4th. Patient much better, treatment continued.

5th. Boy doing well, medicine the same, dose every three hours.

6th. About well, same treatment, discharged on the seventh cured.

I have no doubt from the success that I have had with Muriatic acid in diphtheria, that it is one of the best remedies we have in the treatment of this disease, when its tendency is to run into the putrid form, and I feel safe in recommending it to the members of this society who have not already tried it.

Congestion of the Brain.—In the summer of 1860 I was called to see a child, aged about fifteen months, which had been treated by two allopathic physicians for acute inflammation of the brain. The child had been under their care for some ten days and they had given it up to die, and told the parents there was no help for it. I found the child lying upon its back, boring with the head into the pillow; the pupils dilated and insensible to the sight; head hot; much thirst; clawing of the head with the right hand and knitting of the brows, had laid in this condition for several days. I prescribed for the child with great reluctance, and told the parents that I did not think I could save it but would try. Gave Belladonna³⁰ and Helleborus³⁰, in alternation, every three hours. Next day no change, continued same treatment, in forty-eight hours found a slight improvement; the third day, decided change for the better, child could see and all its symptoms better. Continued the Bell. and Hell., at lengthened intervals, until the child was dismissed cured.

Hydrothorax.—Three years ago I was sent for to visit a boy, about 12 years of age, and found him with the following symptoms: he was troubled with a dry cough; the lips bluish and bloated; could not lie down; difficulty of breathing, with effusion of water in the chest. I gave Arsenic, Helleborus and Digitalis without any marked effect. Then I prescribed Apis mel.², in two drop doses, every two hours. In twenty-four hours some little improvement, in forty-eight decidedly better. Same medicine continued, and a dose every four hours, and in the course of two weeks I dismissed the patient cured.

Post-Scarlatina Dropsy.—About the 10th of March, 1864, I treated a child, aged three years, for scarlet fever, and dismissed it the latter part of March. On the first of April was called again to see the same child, and found him with anasarca. I learned upon enquiry that, during the afternoon before, the child had been suffered to lie upon the floor with the door and window open, and, draft of air blowing upon him, he had taken cold. His condition was as follows: pulse quick and feeble; urine scanty; inability to lie down; dyspnoea; abdomen distended; great prostration and general dropsy. Gave Ars. alb. and Helleborus, for twenty-four hours, without relief. Then prescribed Apis mel.², in solution, every hour. Patient relieved after the second dose, which improvement continued under the use of Apis mel., at lengthened periods, until the child was cured.

CLINICAL REMARKS ON CANCER.

The following discussion, at the Meeting of the Vienna Society of Homœopathic Physicians, February 24th, 1864, is of such practical interest that we give it a prominent place.

“Dr. Wurmb narrated the course of a case of mammary cancer in a lady at the climacteric period. He was called

about six years ago to this lady who, though appearing to be otherwise in good health, was suffering from a cancerous degeneration of the glands of the left breast and axilla.—The whole left upper extremity was very much swollen and œdematous and painful; the patient was obliged to lie upon a sofa, almost unable to move. At the same time, the lady was visited by a professor, who gave an unfavorable prognosis, and said the patient had not long to live. During these six years Wurmb gave her hardly anything but Ars.²⁰ During the whole period she preserved her appearance of general health; the mammary gland sloughed away gradually and in its place an entirely healthy skin has now formed.

“Dr. Watzke narrated likewise a case of mammary cancer which he had had opportunity to observe and in part to treat. The patient was a lady, 40 years of age, who suffered from a nodulated degeneration of the mammary gland, that had been diagnosticated as cancer. She had severe pains in it and had been allopathically treated for three months, without any effect whatever. He and another colleague then undertook the treatment, and at the end of two years the entire gland had disappeared and its place was occupied by a skin, which to all appearance was entirely normal.—This lady was generally looked upon as cured, and she herself believed in her complete recovery. In two years, however, this newly formed skin broke out without any special cause and a carcinomatous ulcer formed, which, after a long time, cicatrized, broke out again and finally healed. Dr. Pandolfi, who was at that time in Vienna, believed he could completely cure her, in which however he did not succeed.

“After repeated cicatrizations and breakings out again, she finally died in the twelfth year of her disease. He desired, by the history of this case, to establish, that one should never, in a case of this disease, rejoice too soon and that the patient should never be regarded as radically cured, even when the morbid product has been removed, and a healthy skin had been developed in its stead.

“Dr. Tedesco has at present under treatment, a lady, who

six years ago received a blow upon the breast, always afterwards felt pains in it, subsequently observed a nodule in it, but from prudish considerations abstained from mentioning the fact to any person, until the tumor had attained a considerable size. A Professor diagnosticated the nodule to be a cancerous degeneration and wished to remove it by a surgical operation, to which, however, the patient did not consent. For three months no external change was perceptible, only the pains became less severe. Gradually atrophy of the mamma set in, but, at the same time, the patient began visibly to collapse and at the present time there is frequent vomiting.

“Dr. Watzke has now under treatment a lady with a mammary cancer. Under *Conium* the gland is constantly disappearing and the pains also have become less.

“Dr. Wurmb, hereupon, was led, by analogy, to speak of tuberculosis. We often see it appear, then come to a standstill; an aggravation occurs, which is followed by a temporary amelioration, until finally the patient becomes a victim. Even if we cannot cure it, we are often able by means of our remedies to arrest its rapid progress.

“Dr. Watzke is of the same opinion. At the least, he believes, that our remedies are much more beneficial to the patient than *Opium* which is so commonly given in such cases.

“Dr. Tedesco observed that the Allopaths now frequently give—both externally and internally—*Silicea* for cancerous ulcers. Whereupon Dr. Wurmb replied that Prof. Schub, when writing his book on ‘*Pseudo-plasmen*,’ explicitly confessed therein that his attention had been called to this remedy by a homœopathic cure with *Silicea*, of which he had himself been a joint observer.”

* * * * *

At the meeting of March 15th, 1864, “Dr. Wurmb added to the narrative of a case of mammary cancer related by him at the preceding meeting, the fact that the spot on the mamma has completely cicatrized, and that the axillary glands were likewise beginning to fall away.

“He believed he might the more confidently rely upon the sloughing away of these glands, from the fact that this had already happened to the much larger mammary gland. The patient still takes *Arsenicum* internally; externally, to remove the offensive odor, charcoal powder is sprinkled upon the ulcer.”

He then related the following case: “A man, 76 years old, got a small ulcer on the little toe of the left foot, to which he paid no attention, but continued to walk about. All at once he got a phlebitis which extended over the whole foot, and a swelling of the inguinal glands with strong fever and delirium. On the outside of the foot an ulcer gradually formed, which extended over the whole dorsum of the foot. Fever, delirium, phlebitis and the swelling of the inguinal glands have, up to the present, disappeared and the ulcer above-mentioned has diminished in size, one-third. At first, Dr. Wurmb gave *Belladonna* and subsequently *Arsenicum*. He regards the cure of this case, as the more of a success, inasmuch as such cases, in a patient so advanced in years, are generally fatal.”

D.

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA.

(Continued from page 80.)

1. C. H—g took, October 26th, 1850, 7 45 p. m., an indefinitely large dose, as a preliminary experiment. After the trituration, the part which adhered to the mortar and pestle was washed off with some alcohol, and the blackish gray fluid mixed with some water, and then swallowed. Immediately a pressure upon a small place behind the vertex; soon violent pressing pain through the metacarpal bone of the right fourth finger, beginning scarcely a minute later and increasing; a confusion in the head behind at both sides and worse towards the backpart. Disagreeable sensation in

the stomach; something comes up as far as the pharynx, as though a wet eructation were about to occur, but nothing comes up; finally a difficult retching, then an accumulation of water in the mouth. After half an hour accumulation of water in the mouth, retching, then yawning; 8h. 3m., at the outside of the right knee) interiorly, a burning aching; 8h. 5m., a peculiar pain in the head, above the eyes, deep interiorly in a long line, like pressure from within outwards, worse on the right side; 8h. 15m., inclination to stool without straining and urging.

8.20. Pain in the right metatarsal bone, as if the bone were pressed. Headache continues.

8.30. Dullness in the head; headache has ceased; feels his fauces and pharynx; has at times a strange sensation, as if round waves pushed against the pharynx below. Feels strange and singular in his whole body, but cannot describe the sensation.

8.44. Violent linear pain in a small spot above the left eye, behind the brow; early in the evening sleepy; went to sleep while sitting. Then, at a late hour, ate soup with appetite, but had no desire to smoke. Went to bed early. Coitus normal. Afterwards headache. Toward morning, when waked up, the same headache internally in the left sinciput, in a small spot; it presses there like a hazel nut, continuing slightly through the morning.

Oct. 27. The second day, once again the same pain in the right metatarsus very distinctly. This morning, and several subsequent mornings, an external tensive headache over the whole left half of the head when lying on the right side, passing away when lying on the left side. Had, for weeks every morning, a stool, sometimes soft, sometimes harder, often with some blood. Since taking the Tellurium, also, every day a second stool like the first; so every following day for one week; later again, as had been the case some time before, every morning thin stool.

The same day, October 27th, very peculiarly stinking flatus, like a compound of hydrogen, such as he never smelled

before. After one week the same once again, not occasioned by the mode of living.

The fifth and sixth days, at the anterior margin of the left axillary cavity, a sensation as if it were thicker, as if there were a round tumor internally, and painful on pressure and by motion; it went away without becoming a boil.

He forgets and neglects much; also the writing down and even the observing of the symptoms; it is all too much trouble to him. When thinking of the one, or of any business, he forgets everything else, and on account of this, he neglects much that is necessary. A cough, which often came on by day or night in slight attacks, with a wheezing in the larynx without becoming loose, especially after smoking, drinking and much walking, or after going upstairs, came on again, and always toward morning, and with much violence; after a few days it became loose, and then ceased. After taking cold it came again, and then ceased permanently, so that even taking fresh colds did not bring it on again.

For one week a much more excited and powerful sexual instinct, but after that time this appeared to be entirely extinct; without any want of capability thereto, he renounces its indulgence for weeks without missing it. For six weeks continued sweat of the feet, especially anteriorly at the toes, somewhat ill-smelling. During the first week, and now and then during the following, a peculiar twitching and distortion of the left facial muscles, often when speaking; the left angle of the mouth is drawn to the left, and upwards.

The "first right, then left" was exhibited in several pains, which, however, were so fugitive and indistinct, for example, in the right side and shoulder, that he recorded nothing of them.

2. Dr. Charles G. Raue took, on the 18th of January, 1851, at 10.30, p. m., a few grains of the same original trituration, third centesimal. A little rough, scratchy sensation in the throat, not passing off by swallowing; sensation of coolness in the mouth and pharynx, as after having peppermint lozenges in the mouth, very distinct on drawing in the air.

Jan. 19, 10 a.m., a few grains of the third trituration. In the afternoon, a prickling itching at the scrotum; worse on the right side; then on the inside of the left thigh, high up; then low on the right side of the abdomen; then on the left side; later between the buttocks. After having been, during the forenoon, in sharp, cold air, slight burning sensation in the lips during the afternoon. Towards evening dull headache over the whole head. In the evening, about 10 o'clock, a few grains.

Jan. 20, in the morning, much secretion of slime from the posterior nares, of a saltish taste, like smoked herrings. Pressure of incarcerated flatus under the last ribs, first on the *left* side, then on the *right*, an hour and a half after breakfast.

12.30 p.m., one grain. In the afternoon burning in the middle of the upper lip.

Jan. 21, fasting, one grain. Early in the morning painful pressure or pain as if beaten in the os sacrum, worse when stooping, but not ceasing on getting up again; it extends, after a time, into the renal region, abating by walking in the open air, but returning after a short time when sitting. In the afternoon headache worse on the left side. At six p. m., headache worse in the fore part of the head. Nausea before the evening meal, ceasing by eating, together with the headache.

Jan. 22, in the morning, a prickly sensation of dryness in the fauces, worse on the left side. The left nasal passage is stopped; from the right a quantity of slime is secreted, towards behind. The pain in the sacrum begins again when standing in a stooping posture; is better when walking. After breakfast, the prickly sensation of dryness in the fauces is better. The pain in the sacrum is worse when lying upon the back; but when lying on the left side, it is worse towards the right. No stool for two days. To-day, 11 a.m., a stool, not hard, composed of crumbs enveloped in some brown reddish slime. The whole forenoon, the left nasal passage is stopped from the right one; slime is running off

by the posterior opening. 5 p.m., sensation of dryness in the throat. Very tired in the knees and lower legs; worse on the right side; the whole evening, drawing in the right leg posteriorly from the right posterior superior spinous process down to the calf; worst in the kneeholder. In the left forearm and hand heaviness and sensation of numbness, about ten p.m. The pain as if beaten across the sacrum; the drawing in the right leg, and the tiredness after lying down (11.30 p.m.) are so hard, that for awhile it prevents him from getting asleep, and compels him to frequently turn and twist. The sleep is very good, with amelioration of all the pains.

Jan. 23, morning. The pressing across the sacrum comes again immediately on stooping, and becomes almost intolerable when the stooping posture is persisted in. The sensation of dryness in the fauces, worse on the left side, comes again also in the morning, but is milder. In the forenoon it seems to him as if his ears were suddenly stopped. Whilst walking in the open air, and after doing so (11 a.m., to 12 m.) the sensation of dryness in the fauces on the left side ceases; in its stead the right side becomes painful—worse on empty swallowing; the pain at the same time extends into the right ear, which feels internally as if stopped. The pains in the sacrum and leg cease by motion in the open air; sometimes itching in the ear, with secretion of a thinner ear-wax than usual. Stool in the evening, the first part like that of yesterday, the last part softer. After the stool itching in the rectum. When pressing to stool, the pain in the sacrum increased; also when coughing and laughing. The pain then extends from the sacral plexus through the large foramen ischiaticum, along the great sciatic nerve down into the thigh; worse on the right side. About ten p. m., sensation of obstruction in the ears; worse on the left side. The sensation of dryness is always perceptible morning and evening.

Jan. 24. Wakened with sweat about four a. m. The slime in the posterior nares has been deposited as a yellow reddish rosin, which is hawked out in the morning. Sensation of dryness, involving the whole fauces, but worse on the

right side. Obstruction of the right nostril; prickly soreness in the fauces when swallowing; worse on the right side. When walking in the clear, fresh air (11 a. m., to 12 m.), a fluent coryza develops itself, with hoarseness and watering of the eyes, with short cough and pressure in the middle of the chest, under the sternum; after being for some time in the open air it goes away again. About ten p. m., pinching in the abdomen; better after passing wind.

Jan. 25. On awaking, much thick slime in the nose; during the night he had breathed through the mouth. The nose sometimes stopped, sometimes free. Again, about eight a. m., pinching in the abdomen and stool, first thick, then diarrhœic. On pressing to stool, on coughing and on laughing, aggravation of the pain in the sacrum, extending into the right thigh. On going out into the open air (eleven to twelve a. m.), again violent coryza with hoarseness, as yesterday. Towards evening dryness of the fauces.

Jan. 26, ten, a. m. Diarrhœic stool. After stool urging in the rectum for awhile, with some burning; thereupon stronger retraction of the rectum. Sometimes, for an instant, a sensation as if air catches itself in the left eustachian tube. On taking a pinch of snuff, and on eructation of wind, the air catches itself in the left eustachian tube, as in a sac.

Jan. 27. Several times catching of air in the left eustachian tube, as yesterday, when eructating or on taking snuff. In the evening sore throat, worse on the left side on empty swallowing. The pain and the sensation of dryness in the fauces go away when eating or drinking, during the entire proving.

Jan. 28. Pain in the first phalanx of the little finger of the left hand, as if he had fallen upon it; on touch and pressure no sore spot can be discovered; on moving it, it is painful; sore throat on empty swallowing, evening.

Jan. 30, 11.30 p. m., whilst going asleep, sudden desire for apples, which makes him wide awake again. Towards evening, in the left upper eyelid, toward the inner canthus, itching and pressure, as if a hair had grown in the wrong direction.

(To be continued.)

ALOES.

(Translated from Hering's *Amerikanische Arzneipruefungen*.)

BY T. F. ALLEN, M. D., NEW YORK.

(Continued from page, 87.)

Abdominal Pains, continued:

600. Severe pressing in the left side of the chest, across over to the umbilicus. *F. R. L.*

* Cutting and tearing in the bowels, to crying out, with bloody stool. 818.

* Pain in the bowels with fever. *Hong.*

* Colic and diarrhœa. 693.

* Colic, with constipation or with flatus. *a, a.*

605. Gripping and three soft stools through the day, before the menses. 1061.

. Boring pain in the umbilical region. *St.*

. Dull stitches in the umbilical region, sneezing. *B.*

. Stiches from the rectum up into the abdomen. 864.

. Periodic drawing in the right inguinal region. *t, Henke, a.*

External Abdomen:

610. Abdomen painful, especially in the umbilical region. *III.*

. The abdominal muscles pain, when rising from a recumbent posture, with pressing to stool. *III.*

. Abdomen very sensitive to touch. 501.

. Itching at the umbilicus. 1488.

. Blotches on the abdomen. 1495.

Inguinal Region:

615. Pain as if tired, in the inguinal region. 1188.

Pain in the groin and heaviness in the uterine region. 1036.

. Shocks from the hips towards the inguinal region, preceded by chilliness. 503.

. Pains in the groins and abdomen. *Hong.*

Intestinal Evacuation:

. Almost never causes more than one stool, which seems to consist merely of the evacuation of whatever chanced to be, at the time, in the large intestine. This Aloes does in very small doses. I have seen the same result in innumerable cases from one to two grains, and if the dose be

increased twenty-fold, the effect is just the same. *Cullen, Materia Medica*, 2, 583.

620. It almost never produces more than one stool; it may be given in one or two or even in ten-grain doses; if the dose is larger then it purges, but with griping of the bowels. *Hahnemann's Apoth. Lex.*

It is the same as regards the time of appearance of the purgative action, whether it is taken in the morning or evening, before or after eating. *W*
Its (purgative) action rarely appears sooner than ten or twelve hours

Cullen.
Its action, certain as it is, is yet always slow, and seldom follows in less than ten or twelve hours. *Hahnemann's Apoth. Lex.*

The action on the stool is not easily apparent under eight hours, often not till after twelve hours, whether it may have been given in smaller or larger doses. *W.*

625. Purgation seldom takes place sooner than four hours, mostly in six to eight hours; many times still later. *W.*

In two cases purgation set in after eight hours. *W.*

Persons in other respects well, who take aloes for constipation only, can determine precisely the hour of evacuation. *W.*

The stools appear not until five, generally from eight to twelve, or even twenty-four hours after taking it; after a powerful dose it is only watery. *K.*

Once after one scruple the stool did not appear till after forty-eight hours. *Giacomini.*

630. There is scarcely ever a liquid stool from a dose of less than twenty grains; then always with pain in the abdomen and griping. *Cullen.*

One to two grains of the watery extract suffice to drive the evacuation through the anus. *W.*

Once a boy took over one ounce, whereupon he had no evacuation till the next day, and not until then did he feel any bad effects. *W.*

I have seen six stools result from half a grain; on the contrary others can take from a half to a whole scruple before a like action results. *W.*

I can give a case in which as much as an ounce weight was taken within twenty-four hours, without opening the bowels, indeed without scarcely any perceptible change. *W.*

635. It acts on the stool, in all persons in health; the more powerfully so, the more inclination existed in the constitution to bilious diarrhœas and other troubles proceeding from too great secretion of bile. In such a case a half grain operated very powerfully. *W.*

It only purges in very large doses, of from ten to twenty grains, with cuttings in the abdomen, and at the same time passage of blood. *Th. Schreger.*

In cases where injections with Aloes were retained, purgation took place about eight hours later, as if Aloes had been taken internally. *W.*

Injections with half an ounce of Aloes in lukewarm water produced no more effect than injections of clear water, even in a man who suffered from hæmorrhoids. *W.*

- Used on carious ulcers; it purges. *Monro's Works*, p. 306. 1781.
640. Applied to a blister; it purges. *Mem. de la Soc. Roy. de Med. de Paris*, II. p. 162.
- Rubbing on a salve of Aloes and ox gall purges, according to *Strumpf*, 2. 238.
- *Lembert, Gerhard (London Med. Jl., 1831, Feb.)*, *Chr. Wisbach (Cyr. VI., 5)*; *Romberg (Casp. Wöchenschh., 1833, I., 251)*; *Natorp (the same)*, *J. A. Hofman (Hufel. Jour. 76, 2, 62)*, observed very copious evacuations from endermic use. Only *A. L. Richter* doubts, after a conscientious proving of the endermic method! *Berlin, 1835*, p. 119.
- In ulcers, in caries, used externally or employed as Aloe pills in issues, it produces the same results as in the stomach. *W.*
- Every healthy person is purged by a sufficient quantity. *W.*
645. The chief action, promotion of evacuations from the bowels, does not fail, even if the medicine be used for a year. *K.*
- It is seldom suitable for those in whom it, in moderate doses, does not open the bowels; then it is heating. *Weikard.*
- So long as Aloes produces no bilious evacuation, it produces no belly-ache, no urging to stool. The patient feels as if he had taken nothing at all. But if a bilious passage results, then these other conditions set in and become very troublesome. *W.*
- As soon as a bilious stool makes its appearance, the dose of the Aloes must be much diminished or given at longer intervals, in order that severe purgation should not set in. *W.*
- Most useful in constipation with pale color of the faces, with a jaundiced appearance and digestive troubles. *Fechner.*
650. Generally (useful) in an energetic (this is probably a misprint for atonic) condition of the rectum, sometimes in old people in whom the sensibility is much blunted. *J. A. Schmidt, Mat. Med.*
- It expels offensive slime or bile and black bile, and is, moreover, very good for cold and diseased livers. *Diascorides.*
- *Status pituitosus feigidus*, glairy mucus of the intestines. *K.*
- It produces evacuations, it purges bile and mucus. *T.*
- It purges away yellow fluid and acrid excrement. *Schroeder.*
655. It always colors the stool yellow. *Boerhave.*
- The stool on the following morning is golden yellow; after the fourth. *Gosewisch.*
- *Arctæus* prized its action in evacuating the bile. *Antyllus* also prescribed it for evacuating yellow bile. *Strumpf.*
- It evacuates only what was in the intestines and prima via; the yellow fluid and acrid excrements are not so colored by the bile, but by the medicine. *Schroeder.*
- Bilious evacuations. *B.*

(To be continued.)

MISCELLANEOUS

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—“The New York Homœopathic Physician's Society” in July 1843, in view of the benefit to be derived from a mutual cultivation of the art by the various members of our school throughout the United States, appointed a committee to draft and send suitable invitations to them. They performed the duty assigned them, and on the 10th of April, 1844, a convention of the practitioners of Homœopathy of the United States took place in the City of New York, at the Lyceum of National History, upon the anniversary of the birth of the illustrious Hahnemann.

Dr. Constantine Hering, of Philadelphia, was elected President; Dr. Josiah F. Flagg, of Boston; Dr. Wm. Channing, of New York, Vice-Presidents, and Henry G. Dannel, Secretary.

A preamble and resolutions in these words were adopted, viz.:

Whereas, a majority of allopathic physicians continue to deride and oppose the contributions to the *Materia Medica* which have been made by the homœopathic school; and, whereas, the state of the *Materia Medica* in both schools is such as imperatively to demand a more satisfactory arrangement and greater purity of observation, which can only be obtained by associate action on the part of those who seek diligently for truth alone; and inasmuch as the state of the public information respecting the principles and practice of Homœopathy is so defective as to make it easy for mere pretenders to this very difficult branch of the healing art to acquire credit as proficient in the same:

Therefore, Resolved, That it is deemed expedient to establish a society, entitled “The American Institute of Homœopathy,” and the following are declared to be the essential purposes of said Institute:

1st. The reformation and augmentation of the *Materia Medica*.

2d. The restraining of physicians from pretending to be competent to practice Homœopathy, who have not studied it in a careful and skilful manner.

Dr. John F. Gray was elected General Secretary of the Institute, and Dr. S. R. Kirby, Treasurer. The convention then adjourned.

The first session of the American Institute of Homœopathy was organized immediately after the adjournment of the convention on the evening of April 10th, 1844, at the call of the General Secretary elect.

Dr. Flagg, of Boston, was chosen, *viva voce*, Chairman for the session; Dr. A. G. Hull was elected Provisional Secretary.

The Institute then adjourned to meet on the second Wednesday of May, 1845, in the City of New York.

The above is part of the record of the organization and the first session of the Institute; the oldest National Medical Association in the United States.

Yearly meetings were held in the cities of New York, Philadelphia, Boston, Albany, New Haven, Baltimore, Cleveland, Buffalo, Washington, Chicago and Brooklyn, successively until the year 1861, when the eighteenth session which had been appointed to be held at Cincinnati was, at the generally expressed

desire of the members, deferred on account of the disturbed state of the country, growing out of the existing war for the suppression of the Southern Rebellion. This same condition continuing to exist, no meeting of the Institute has since been called.

Much good to the cause of Homœopathy and much profit to the individual members, unquestionably resulted from the meetings of the Institute. The published transactions contain papers of permanent value, the reading and discussion of which led to fruitful interchange of ideas and of experience, mutually beneficial to all concerned.

The meeting of large numbers of homœopathic practitioners, in the larger cities of the Union, made our method more widely known and more highly esteemed in the community.

The organization of the Institute led to the formation of branch societies in the various States, and in the larger cities and more populous rural districts. These societies embracing often a circumscribed territory, gave facilities for frequent meetings of the practitioners within their limits, formed a bond of union among these practitioners and afforded a field for many co-operative labors, which had for their object the improvement of our art and, chiefly and of first importance, the augmentation and perfection of our *Materia Medica*.—The reading of reports from these branch societies formed a most interesting feature in the proceedings of the annual meetings of the Institute.

But while these and other advantages have certainly resulted from the existence and meetings of the Institute and have endeared it to our school, experience has shown its organization to be, in some respects, defective and incapable of realizing for us certain important advantages which might reasonably be anticipated from a well planned National Society. The defects referred to are identical with those which were first apparent in the operations of our State and County Societies and which, in many of these, have already been remedied with very happy results.

All of these societies were, originally, as the Institute still is, voluntary associations for the advancement of our science and art. Physicians who chose to take part in their proceedings might do so and receive much good. Beyond this and the indirect influence upon the community which a public meeting in any town may exert, the societies were powerless. They resembled voluntary associations for the prosecution of natural science.

But practitioners of medicine are something more than voluntary students of natural science. They hold certain relations to the community which are sharply defined by statute law. They are amenable to many special laws governing the practice of medicine and surgery, and their professional conduct is subject by law to the supervision of various officers of the civil government. They enjoy, moreover, sundry valuable rights, privileges and immunities under the laws of the land.

The equilibrium of these relations can only be justly maintained and these rights and immunities preserved through the action of organized societies which properly represent the medical practitioners of the State or County.—Hence the statutes which regulate the practice of medicine and surgery provide for the organization in every State and County of representative medical soci-

eties, to which are granted certain definite powers for the enforcement of the law, and the preservation of the rights of practitioners.

When the Allopaths, who were of course a majority in every County of the State of New York, undertook, in 1839-46, to expel all Homœopaths from the County Societies and thus, of course, from any representation in the State Society, thus practically affirming that a "Homœopathician has no rights which an Allopath is bound to respect," the injustice and helplessness of the position in which practitioners of our school were thus placed, having liabilities and privileges under the law, and yet deprived of any representative organizations for the just regulation and preservation of either, were so manifest as to cause the Legislature to pass the existing law, authorizing Homœopathic County Medical Societies with the same organizations as the existing allopathic societies.

Our State Society was at that time an association, similar in all respects to the Institute—voluntary in its membership— itinerant as regards its places of meeting—not recognized by the law and wholly powerless so far as any influence upon the Legislature was concerned. Yet it was manifestly proper that the whole body of Homœopathic practitioners in the State, whose relations to the community are regulated by the acts of the Legislature, should have some well organized representative association as a medium of communication with the Legislature as well as directly with the people by whom the Legislature are elected and to whom they have to give account.

These considerations led to the reorganization of our State Society on its present representative basis as a part of the government of the State, a step which has greatly increased its usefulness among the profession.

Considerations altogether similar apply to the American Institute. This is a voluntary, itinerant association. Its influence is that of its individual active members. These members are clothed with no representative authority. Whatever resolutions the Institute may pass, whatever action it may take on any subject, could not necessarily be regarded as the opinion or action of the entire homœopathic school of the United States, but simply that of a greater or less number of individuals. Recent events connected with the relations of homœopathic practitioners to the government and public service, have shown how very necessary it is that we should have some national organization which shall represent the Homœopaths throughout the United States, just as the State Society of New York represents the homœopathic physicians of each County in that State, and therefore of the entire State.

It has been thought desirable and feasible so to modify the Constitution of the Institute as to convert it into such a National Representative Society, and, in view of the probable meeting of the Institute in June next, the subject is here laid before the profession, and their views are asked respecting the plan itself as well as the manner in which, if approved, it shall be carried out.

The necessity and advantage of thus converting the Institute into a National Representative Society were first pointed out by Dr. H. M. Paine, of Clinton, Oneida County, N. Y., the indefatigable Secretary of the New York State Homœopathic Medical Society, to whose untiring industry, and talent for organiza-

tion we owe the establishment and very much of the usefulness of our State Society.

In the following letter to Dr. G. D. Beebe, of Chicago, Dr. Paine indicates a plan, which it is to be hoped he may be willing to work out in detail in the form of a Constitution for the New National Society, and respecting which we earnestly desire an expression of opinion on the part of our colleagues generally.

CLINTON, ONEIDA CO., N. Y., June, 1864.

"Sir: It is now fourteen years since the Homœopathic Medical Society of the State of New York was first organized. It was then composed of members of the profession at large throughout the State. This form of association lacking the stimulus existing in organizations formed upon a representative basis, soon expired. Within the past three or four years, a successful effort has been made to revive the society and organize it, in accordance with existing State laws, upon a basis of representation. The admirable working of this plan is abundantly evident throughout the State. A new interest in the advancement of Homœopathy and the science of medicine has been awakened.

"The primary organizations are local, composed of one or more counties, and embracing territory, so limited in extent, that each member can readily attend the meeting, at least once a year. These meetings contribute largely to the cultivation of mutual acquaintances, and in many other ways promote the objects for which they are designed. The county or local societies are represented in the State society by delegates elected once in four years, and these delegates are so classified that one-fourth annually go out of office.

"At the meeting of our State society held last week in Albany, there appeared to be a very strong desire on the part of the members present, either to revive the American Institute of Homœopathy and reorganize it upon a representative basis, or form a new National Association to be composed of delegates from the State and County Homœopathic Medical Societies in this country. A committee was appointed to present the subject for consideration at the meeting of the Institute about to be held at Cincinnati.

"Allow me to suggest the importance of presenting this subject for discussion at the meetings to be held this week in Chicago. We cannot doubt that such an association would strengthen and encourage all our State and local societies, whereas under the old form the effect would be rather to weaken them.

Yours respectfully,

H. M. PAINE, M.D."

WESTERN HOMŒOPATHIC INSTITUTE.—The second annual meeting of the Institute was held at Chicago May 19th and 20th. There were present: Drs. C. J. Hempel, President, in the chair, Colton, Smith, Mohr, Beebe, Anthony, Pratt, Cooke, Burbank, Hale, Scofield, Ludlam, S. M. Pratt, Cheever, Small, Belding, Miller, L. E. Ober, C. F. Reed, J. S. Douglass, J. T. Temple, W. T. Helmuth, E. C. Franklin, S. R. Beckwith, besides many others not members of the association.

Dr. C. W. BOYCE, of Auburn, N. Y., represented the New York State Homœopathic Medical Society.

After transacting the regular preliminary business and reports of committees being in order,

Dr. S. B. BECKWITH made a report upon the treatment of fractures. He stated that he had paid much attention to the subject for the last two years. It is well known, said the doctor, that for the first two days no changes can take place in the fractured bone. The old plan was to apply tight bandages immediately, with cold water dressings. His plan is to make slight extension for the first twenty-four hours, and apply cool applications for the first five days in a child, seven days in an adult, and ten days in an old person. By this plan the inflammation, as well as sloughing, is prevented. Not until after these several periods does he apply permanent dressing. During these periods, when we wish to prevent inflammation he applies lotions of Arnica, Aconite and cold water, giving the same internally as well. One of the greatest improvements of modern surgery, he believes, is absence of permanent dressing for the first five, seven or ten days. He advises straight splints in all cases, and deprecates the use of the double inclined plane.

He then entered into an elaborate description of the mechanical appliances he had adopted in the treatment of fracture, and claimed for his peculiar and novel method greater success than could be attained in any other way. He referred to the subject of the union of fractures, and stated the fact that in some constitutions it was almost impossible for union to occur. This was not the fault of the surgeon, but the condition of the patient. He had found internal remedies useful, particularly Calcarea phos. and Silicea. They were valuable in getting up the proper conditions favorable to union. The usual plan is to rub the ends of the fractured bones together. This is not always successful. His plan is to cut down upon the bones, and fasten the ends together with silver sutures. The object is to get up an inflammation stimulating the *first* inflammation, which is a necessary adjunct to proper union. He gave his plan for the treatment of various other forms of fractures.

Dr. R. LUDLAM said that he had been asked in court, if a state of inflammation was a condition precedent to the union of fractured bones, to which he replied in the negative. He asked Dr. Beckwith if his answer was correct.

Dr. BECKWITH said his own opinion was that no fracture can unite without inflammatory process.

Dr. LUDLAM stated that in his opinion real inflammation was not necessary to the union of fractures. There is such a thing as physiological injection, which is a normal state necessary to the formation of a healthy plasma. This is to be distinguished from the pathological state which we call congestion. The term congestion should not be applied to a nominal physiological injection, such as obtains during digestion, etc.

Dr. E. C. FRANKLIN read an interesting paper upon Articular Re-section consequent upon gunshot wounds. The first case of re-section noted in the annals of surgery was performed by Dr. Filkins in 1762; this case attracted a great deal of attention. A few years later Mr. Parks, a surgeon of Liverpool, repeated the operation, but it was strongly opposed and denounced by the

profession, who always oppose any innovation in the arts of medicine and surgery. Later several surgeons performed similar operations, some of them of a bold and formidable character.

Even as far back as the time of Hippocrates, it would not be difficult to prove that re-section of bones was practised. So in the time of Celsus it was occasionally performed. But this operation never became established until the time of Liston and Syme. At this day re-section has been followed with such success that it is being adopted generally by the best surgeons.

Dr. Franklin then announced the particular topic he had selected for discussion, viz: "Re-section from gunshot wounds." He had reached the conclusion, after long service in the army, that gunshot wounds are formidable in ratio to the injury done to the large articulations. Other conditions had much to do with the mortality of the wounded. The most dangerous gunshot wounds of the extremities are those of the knee and elbow joints. The smallest fractures made in the knee joint often prove fatal. Extensive wounds of large joints generally prove fatal, unless re-section is resorted to. Even the apparently slight wounds of large joints were fatal unless this operation was followed. Tetanus often results from injuries of the ginglymoid joints—rarely, if ever, from injuries of the ball and socket joint. The treatment of gunshot wounds of the lower extremities should be quite different from that of the upper. Re-section is generally resorted to in the latter, and amputation in the former.

Dr. Franklin presented several drawings of an interesting character, illustrating cases of re-section of joints. Primary re-sections of the hip joint are never successful, and only a few recover when operated on secondarily. Open wounds of the knee joint are more favorable than closed wounds. When the joint is laid open recovery is more likely than when wounded by a minie ball. It is a good practice to make a fresh incision into the knee, to convert a closed into an open wound. Re-section of the knee joint, for gunshot wounds, is not advisable; it generally proves fatal, and is not countenanced by the best army surgeons. Amputation is the best mode of procedure. An artificial limb is better than a limb after the operation of re-section, even if a good recovery takes place. He advised that the surgeon should try to save the limb if possible, and only resort to amputation secondarily.

In re-section of the joints of the foot, this rule should be adopted: save as much of the foot as possible. Gunshot wounds of the clavicle often demand re-section. This operation is very successful in the shoulder joint. A remarkable case is related by Baron Soway, where a heavy cannon ball passed near the shoulder, and although the cuticle was scarcely discolored, the head of the humerus and clavicle were so shattered that re-section had to be resorted to. The patient recovered. Soway performed this operation nine times, with four deaths.

Dr. Franklin stated that he had performed eleven cases of re-section of the shoulder, with two deaths. Re-section of this joint should be attempted as quickly as possible after the injury. He laid down some very important rules to be followed: Make the incisions for exposing the joint in the direction opposite the main bloodvessels and nerves, to avoid injury to the vital parts; make

the incisions free, giving ample room for manipulation and turning out the head of the bones. Make the incisions in the line of the wound, terminating them so as to permit a continued draw from the joint. Remove as much of the synovial membrane as possible, but preserve all the periosteum; one leads to inflammation, the other to production of bone. He gave his unqualified adhesion to the recommendation of *Calendula* tincture for the suppurating surface. For the introduction of this valuable cure to the profession, the credit is due to Dr. Temple, of St. Louis.

In conclusion, Dr. Franklin declared that his superior success in the treatment of surgical cases was due to the application of remedies upon the homœopathic law—*similia similibus curentur*.

Dr. J. S. DOUGLASS, chairman of the bureau on drug-provings, reported at length. The paper concluded by recommending the adoption of a resolution making it the imperative duty of every member of the Institute to contribute a proving of one or more drugs for the enlargement of our materia medica. This resolution was modified and adopted.

A brief discussion followed, in which Drs. Reed, Franklin, Beckwith, Smith, Hale, Pratt and Cheever, participated.

Dr. E. M. HALE, of Chicago, chairman of the Committee on Homœopathy, presented a report on the present condition of the therapeutic doctrines of that system of medicine. Dr. Hale said, "Homœopathy, although in its infancy, is already too vast a science for your committee to make any general report as to its condition in all its connections."

"The law of *similia similibus curentur* has been, and must ever be, the great therapeutic law of Homœopathy. There can be no other law of cure, and if in certain instances it appears that other laws have been efficient means in directing the curative power of remedies, it will be found to be an illusion, and a close investigation will show that the law of *similia* was, after all, at the bottom of the process. But with the inevitable progress in all the arts and sciences, and the wider scope and application given to all fundamental and natural laws, it would be surprising if this law should not be extended so as to meet the demands which are made upon it by the discoveries in physiology, pathology and kindred sciences. A materia medica founded upon physiology and pathology, as well as symptomatology, would be one of the grandest movements of the age. If our materia medica is now so valuable and useful, how much more valuable will it become when we not only know the symptoms which a drug will cause, but also the pathological changes which they are capable of causing in the various organs and tissues! How much more valuable would *Belladonna* become, for instance, did we know what structural as well as functional changes it caused in the brain, spinal cord and other tissues?"

"Next in importance to the law of cure is the discovery of Hahnemann, that the influence of successive and trituration develops the curative power of drugs to a large degree. Our great founder taught that these processes liberated the dynamic principle existing in all remedial agents—that the dynamic power was the true curative power; and the more this influence was attenuated, the more powerful the curative agent became."

Dr. Hale concluded a very interesting and popular view of his subject as follows: "In conclusion, your committee consider that they have every reason to congratulate the members of the Institute on the present condition of Homœopathy in this country, and particularly the West. Our system of practice has kept even pace with the growth of the flourishing cities, of which Chicago is the type. It keeps pace with the intellectual development of the population of the western states. Wherever a community exists, noted for its intellectual culture, its educational advantages, and its popular refinement, there you will find that Homœopathy is appreciated and adopted. This is one of the great truths of the age, and we confidently call upon our opponents to prove to the contrary, well knowing that they dare not attempt it. The future of Homœopathy will be in every way grand and triumphant, if its adherents work diligently and honestly for its elevation and progression. The fate of our system is in our own hands. We are confident that no true homœopathic physician will do aught to discredit a system which has in it the elements of so much that is capable of elevating the physical condition of the human race.

Dr. S. R. BEEB reported extemporaneously his experience in tracheotomy in cases of diphtheria. He was, by vote of the Institute, directed to commit his remarks to paper, that they might be placed upon the records.

Dr. WM. TOD HELMUTH, of St. Louis, from the Bureau of Anatomy, read a paper upon the manner of preparing bodies for dissection, with the appropriate means for preservation and disinfection. Dr. Helmuth also reported to the Institute, a very elaborate and minute process for the preservation, by embalming, of the dead subject. This process of embalming is now of great interest to the profession, as during the war thousands are anxious to have the bodies of their friends embalmed on the battlefield, previous to their removal to the homes they had left.

Dr. C. W. BOYCE, of Auburn, N. Y., read a very interesting paper upon the use of *Lachesis* in bronchial catarrh.

HOMŒOPATHIC MEDICAL ASSOCIATION OF THE STATE OF OHIO.—A call for a meeting of the homœopathic physicians.

We, the undersigned, impressed with the importance of securing a thorough organization of the homœopathic practitioners of the State of Ohio, in order that they may be mutually benefited by such association, and that their influence may be felt as a united body representing a great and widely spreading medical reform, and, furthermore, that they may, in the power which unity of purpose and unity of action ever exert, demand a consideration at the hands of the National and State authorities of the claims of Homœopathy to a representation in the army and navy, as well as the various local public institutions of the land—do hereby invite our brethren throughout the State to meet in convention, in the City of Columbus, on Thursday, the 13th day of October, 1864, for the purpose of organizing a Homœopathic Medical Association for the State of Ohio.

J. Bosler, A. Whipple, E. C. Witherill, Robt. R. Lynd, C. M. Kramer, Jas.

G. Hunt, A. Bauer, T. C. Bradford, F. B. Fesler, G. W. Bigler, D. R. Kin-sell, Jno. B. Hall, Prof. A. O. Blair, Prof. John Ellis, B. Cyriax, D. H. Beck-with, John Wheeler, J. B. Hutchinson, W. J. Clary, G. W. Barnes, E. G. Painter, B. Bryant, J. H. Briscoe, Seth Freeman, L. W. Sapp, Prof. T. P. Wilson, Charles Cropper, W. Webster, E. B. Thomas, M. H. Slosson, W. C. Leech, J. H. Pulte, Jesse Garretson, J. M. Terry, G. S. Blackburn, C. Ehrmann, D. W. Hartshorn, Prof. H. B. Gatchell, Prof. John C. Sanders Prof. Geo. W. Betteley, J. T. Westover, G. S. Hill, Prof. Alex. W. Wheeler, G. Lind, C. Morrill, Prof. C. Brainerd, Charles Osterlew, J. B. Massey, G. W. Storm, P. Mathinet, Prof. S. R. Beckwith, C. C. Olmstead, P. B. Hoyt.

VEREIN DEUTSCHER HOMŒOPATHISCHER AERZTE AMERICA'S.—At the last meeting of the Western Institute of Homœopathy, in Chicago, the German physicians in attendance called a meeting on the evening of the 20th of May, for the purpose of organizing an association composed of the German Homœopathic Physicians in America. A temporary organization was effected, with Dr. J. Ulrich, of Chicago, as President, and Dr. C. A. Jaeger, of Elgin, Ill., as Secretary. Resolutions were passed to invite all German homœopathic physicians to meet in Chicago, on the 16th of November, 1864, and that four weeks previous to the said meeting a circular should be issued giving full particulars, etc., etc.

All physicians interested in this association are requested to communicate either with Dr. Ulrich, Chicago, or Dr. Jaeger, Elgin, Ill., and also to forward the names and localities of German homœopathic physicians to them. We may add here that at the preliminary meeting in May last, there were physicians present from Ohio, Indiana, Wisconsin, Iowa, Minnesota and Illinois.

JAEGER.

OBITUARY.

ROSA.—Died, at his residence, Painesville, Ohio, May 3d, 1864, of typhoid fever; Dr. Storm Rosa, aged 72 years.

When a good man falls from our ranks, it becomes us to pause in our career and spend some moments in contemplating the virtues and deeds of our brother who has fallen. Should we not gather from the lives and actions of our friends, motives for the imitation of whatever was good in their lives, and for greater exertion in the paths of goodness and usefulness toward our fellow-beings? Truly, our brother, Dr. Storm Rosa, whose recent decease engages my present thoughts, was "a prince and a great man."

Storm Rosa was born in Coxsack, New York, July 18th, 1791. His father's name was Isaac Rosa; his mother's name before marriage was Agnes Storm. Of his early life and of the educational advantages he enjoyed, I have but very slight knowledge. He read medicine with Dr. Farr, in Greene, Chenango County, N. Y.; with Dr. Thompson, of Broome County, and with Dr. Doubleday, of Catskill, N. Y. He was licensed as a practitioner of medicine and surgery in Ovid, Seneca County, N. Y., in 1815. About 1818 he

settled in Painesville, Ohio, where he continued engaged in an active and remunerative practice for about forty-six years, until death severed the connexion with the people and the place, having grown up with them. It can almost be said he was of the place from its first settlement. To the growth and prosperity of Painesville, Dr. Rosa had contributed, indeed, liberally, for he was truly a liberal man in all the acceptations of the term. He was married at Madison, Geauga (now Lake) County, Ohio, April 30th, 1818, to Miss Sophia Kimball, a noble woman, wife and mother, who still survives him to bless all with whom she is acquainted and to honor the memory of her excellent husband. Two children blessed their happy union, a son and daughter. They are both dead. Three grandchildren remain, all females, to cheer their surviving grand-parent in her sore bereavement.

In 1841 Dr. Rosa's attention was drawn by very impressive and forcible circumstances to the subject of Homœopathy. He went at once with all the alacrity and ardor which were his characteristics into a laborious investigation of its claims to notice, aided somewhat by the present writer, who still feels no small degree of pride in being able to consider him and call him an *élève* of his. He was soon convinced of its efficacy and superior claims to merit, and as early as 1843 entered vigorously into the practice of the new mode. His success, which had been at all times great, was now largely increased. Controversy with the old and stationary, so called regular system of medicine, became now the order of the day and he soon became more widely, perhaps more favorably known and the recipient of increased renown and honors.

In 1849 the Eclectic Medical Institute of Cincinnati, desirous of giving to the students of that popular, growing and really useful school the benefits of the knowledge of Homœopathy, generously established a chair of the "Principles and Practice of Homœopathy." The Institute issued, in June, 1849, an invitation to the homœopathic physicians of the United States, to unite in recommending some able exponent of the system to fill the chair thus liberally provided. A convention of homœopathic physicians assembled at Cleveland, Ohio, June 26th, 1849, unanimously recommended Dr. Storm Rosa to fill the chair, and he was elected to fill the place to which he was thus recommended. The Trustees in issuing their Fifth Announcement, say, "In announcing this appointment (Dr. Rosa's), the board would congratulate both the friends of the school and the friends of Homœopathy upon the judicious choice of Dr. Rosa—a gentleman so highly esteemed by the homœopathic profession, possessing an extensive knowledge of both homœopathic and allopathic medicine, and a mind matured by thirty years experience in allopathic and homœopathic practice." In the session of 1849-50, Dr. Rosa taught with great acceptance to the students, the faculty, the trustees and to the friends of the united schools in all parts of the State and of the West. But the doctor's connection with the Eclectic Institution was destined to be of short duration. Dissatisfaction, more outside than within the school itself, induced the Trustees, before the next annual announcement was issued, to abolish the Chair of Homœopathy; in doing which the Trustees in their Sixth Announcement, speak as follows: "In abolishing the homœopathic professorship, it is not designed to cast any censure upon the late occupant of that chair, Prof. Rosa, whose relations with the

college, the faculty and the class have been those of mutual kindness and courtesy, etc., etc." At the close of the session, the class by a committee appointed for that purpose, under date of March 2d, 1850 :

"Resolved, That Professors Rosa and Gatchell, by their assiduity for our improvement, their kindness and gentlemanly deportment, combined with their suavity and magnanimity, have merited and now receive an expression of our highest esteem.

(Signed),

J. C. BATES,

J. DALBY,

B. F. HATCH,

J. TAPPE,

N. L. VANSANDT,

Committee."

In the meantime the Western Homœopathic Medical College at Cleveland having been founded and organized, Dr. Rosa was called to the Chair of Materia Medica and Therapeutics; he entered that Institution, where he remained, teaching to the universal satisfaction of the Board of Management, the Faculty and the Students for, I believe, five sessions, to wit, 1850 to 1855.

As a citizen, neighbor, friend, husband, father and physician, Dr. Rosa had and enjoyed, for a life-time a reputation which few attain to and of which any man, even he who sets the standard of this good name ever so high, might well be proud. After he had finished his course of public teaching, he devoted himself to the care of his family and to the ministration of his office as a skillful, attentive, faithful and "beloved physician," until his last illness which terminated his useful and somewhat lengthened life on the 3d of May, 1864, aged 72 years, 9 months and 15 days. His disease was typhoid fever, of which he was ill fifteen days. He had the best medical aid obtainable in the section of the State in which he lived, being waited upon by Drs. Wheeler, of Cleveland; Storm, of Willoughby, and Stockton, of Painesville. His funeral was largely attended from St. James' Episcopal Church, in Painesville. He fell asleep in the fullest hope and assurance of a blessed resurrection with the just, in the day when "Jesus shall call his sleeping saints."

Dr. Rosa has been said by some to have been the first homœopathic professor in any college in this country; but, much as I could have wished for the truth of that assertion, it must be concluded otherwise, for the Homœopathic College at Philadelphia went into operation with a full corps of professors in 1848. There had, it is true, been some teaching of Homœopathy by way of lectures, in the North American Academy of the Homœopathic Healing Art, which was founded and went into operation at Allentown, Pa., in 1835, but this was, I believe, a voluntary association and not an incorporated college, and was of short continuance. An introductory lecture by Dr. Rosa entitled "The History of Medical Science," was published at Cincinnati, Ohio, in octavo, 1850, pages twenty, other than which I do not know that the doctor published anything. He has left valuable writings on Homœopathy which I have hope to see at some future day.

S. B. BARLOW, M.D.

THE
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Vol. V.

NEW YORK, OCTOBER, 1864.

No. 4.

SCABIES.

BY JAMES B. BELL, M. D., AUGUSTA, ME.

The interesting article of Dr. Morgan, in the August number of the REVIEW, effectually explains the vexed question of psora, and disposes of the not less troublesome question of the treatment of scabies.

In blind and unreasoning devotion to the master, some have not hesitated to deny the existence of the acarus entirely, while others have been driven to the fable of spontaneous generation. It is not thus that our cause is served. A weak point renders the whole armor weak, and those who so easily refute these views think they have refuted Homœopathy and shown Hahnemann to be a charlatan; and they have; indeed, given us a dangerous shot, if these representations of the master's doctrines were true. But happily there are many men at the present time whose broader views and closer insight enable them to demonstrate the complete harmony between the homœopathic and other scientific discoveries, and to inspire, therefore, a deeper respect for that far seeing intellect which looked so deeply into nature's mysteries; and I believe that thus all the chief Hahnemannian teachings will be found to harmonize with the added facts (not fancies) of science.

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What is simpler than that the acarus or its ova should be transplanted from person to person, and should impart to each a specific poison—a miasm—and that the death of the acarus does not destroy this miasm, which continues to act under the name of psora until met by specific homœopathic remedies. I believe the acarus to be the source of the psoric miasm, and that all the various eruptions and other consecutive effects accompanying and following scabies, are due to a specific poison imparted to the organism by the acarus scabiei. If Psorin is to be used in medicine, therefore, I believe it should be prepared from the acarus, as the Apis is from the bee, Cimex from the bed-bug, etc., instead of from the secretions of scabies.

I confess I do not fully understand Dr. Morgan's views with regard to the communication of scabies. I think there can be no doubt that it is transmissible by the transplanting of the acarus or its ova, and, only thus. I know it is not communicable by contact. I have seen from three to four hundred cases of scabies in the clinic of Hebra in the space of three months, and there was scarcely one I did not have my hands upon, and the only precaution I took was to take care not to receive any of the cast off scales or scabs, in which the ova and sometimes acari reside, upon my person.

It is the opinion of Hebra that not only the ova but also the acarus may retain life for months without nourishment, and be capable, of course, of reproducing the disease whenever they meet with the necessary conditions, viz.: living human epidermis and time to get under it.

That the disease is conveyed by the acarus and only thus, Hebra regards as a fixed fact, but I have not the means at hand to detail his experiment in proof of it.

There is *one point only* in diagnosis, and this is not rendered sufficiently prominent nor correctly stated by Wilson. The acarus burrows along the skin between the epidermis and its basement membrane, feeding upon the secretion that would otherwise form epidermis. This burrow raises the epidermis immediately over it, somewhat above the sur-

rounding surface, causing the scales to separate and to dry, producing the following appearance:

A somewhat *wavy* line, of the diameter of a coarse hair and one-fourth to one half-an-inch in length, and of a *dark color*, not *whitish* as Wilson states. The color is owing to foreign substances or, in other words, dirt among the loosened scales of epidermis, and is never wanting because not easily removed by ordinary washing. The burrow or canicula terminates in a little papula, out of which a colorless fluid can be pressed. Here resides the acarus, and the papula and the fluid are both results of the irritation caused by his presence. These caniculæ or burrows are best seen in the thin skin between the fingers, or better still if the case is several weeks old, and a male, upon the penis, which is the favorite resort of the acarus. It is easily mistaken for a scratch and thus generally overlooked, but once seen and recognized there is no longer any difficulty in diagnosing scabies. *The canicula is the diagnostic sign of scabies.* Those who claim to have cured scabies by the internal administration of remedies in dilutions (and, therefore, not in sufficient doses to reach the animal through the circulation and poison him), must first prove to us the presence of this diagnostic mark in the cases thus cured and that they use no mechanical means, such as through washing with soap and nail brush, which are sometimes sufficient to destroy the acarus. There can be no better treatment than that of Dr. Morgan—first, kill the acarus then treat the miasm.

Hebra of course denies the psora theory, but his views of the pathology and treatment of skin diseases generally are even more inimicable to the old school theories than to ours, and his ridicule of the routine treatment is very cutting.

He regards all skin diseases as local lesions, accompanied by more or less systemic reaction. In combatting those troublesome popular ideas, imbibed from the allopathic practice, of the necessity of "physicking the blood," "drawing out the humor," etc., etc., no better language could be used by us than that of this high authority in the allopathic school.

His ideas would be regarded as decidedly heterodox by our allopathic neighbors if they came from us. I have heard him address the following language to a large class of physicians and students: "The prevailing pathology and treatment of skin diseases may be summed in two words *shaerfe* and *sheissen*."* "All laxations of any kind, all saline and other purgatives have an injurious effect upon skin diseases." "All counter irritations, sinapisms, vesications, etc., are nonsense and stupidity (*unsinn und dumtheit*). If you must use them, apply them to the patient's seat, for there they will do little harm and the scars will not be seen."

"Not Homœopaths, but Allopaths and humanity should raise Hahnemann a monument three times higher than St. Stevens. Had it not been for him we should now be sunk in such a *swamp of dosing* that a thousand hangmen could not free us from our debt to humanity."

ENLARGEMENT OF THE MATERIA MEDICA.†

BY H. B. FELLOWS, M. D., SENNETT, N. Y.

In accordance with an appointment by the Cayuga Co. Homœopathic Society to communicate with the State Society in regard to the enlargement and improvement of our *Materia Medica*, and, in accordance with my own convictions of the necessity of some action in this department, I present this paper to the State Society for its consideration. It contains some of the reasons why we should be more active in proving new drugs or reproving old ones. Time will not allow a full discussion of this subject in all its bearings on the necessity of the movement, whether it should be a movement to reprove old drugs, or prove new ones, and how the provings

* Acridity and evacuations.

† Read before the New York State Homœopathic Medical Society.

should be conducted. In fact it naturally divides itself into several heads, each of which would make a communication of itself. I shall, therefore, attempt only a brief discussion that I may call the attention of the society to it, in the hope that some action may be taken in regard to the matter.

Impressed with the importance of as extensive and exact a *Materia Medica* as it is possible to have, I must urge upon the attention of the society the necessity of action in subjecting one or more drugs to careful provings. And it is of the utmost importance that this action be general and concerted. Should this be undertaken generally, the facts would accumulate with sufficient rapidity to make the value of the drug soon known; on the other hand, if there are but one or two who undertake a proving, but little can be accomplished. No one person can produce a perfect proving, even should he spend a series of years in the attempt. One thing essential to any proving before it can be considered complete, is that the effects of the drug on different constitutions, ages and sexes shall be observed. It is, therefore, necessary for a number of persons to prove a drug and that they shall act in concert. If a hundred persons in the State of New York were to begin the proving of a drug, each independent of any concerted action, it is not at all probable, it is hardly possible, that the hundred fragmentary provings would ever be collected; and until this should be accomplished the knowledge gained of the drug would be of comparatively little value to each prover, even though each proving should be carefully conducted. Should this society take hold of the matter and each member not only prove the drug chosen in his district upon himself, but induce some member of his household or some of his friends to do the same, a very complete set of provings might be the result. We have the elements in and under the control of the society, if we but use them to advance the science of medicine; and in no more important way can we serve the cause of Homœopathy and humanity than by making our *Materia Medica* as perfect as possible. If, in any branch of the science of medi-

cine, the homœopathic physician should make greater exertion than in another, it is in this. However accurately he may diagnosticate a case and explain its pathology, if he does not know its corresponding homœopathic remedy, his success can be but partial, and he will frequently fail where he might have succeeded. If the proving of the remedy is so incomplete that it does not point out the homœopathic relation it holds to the disease, the result will be the same and the physician must fail, or only gain success by accident. These accidental cures are familiar to every physician, and teach us the necessity of proving the drug more thoroughly. The following case may serve as an example:

Mr. M., a young man of 21 years, had served through the Peninsular campaign and before Washington, when he was taken with a chronic diarrhœa and was discharged from the army. He returned home and was then treated by both schools with no success. He was then induced to take an infusion of a plant in the vicinity (the botanical name I can not at present give), being encouraged by the history of several cases cured that appeared similar to his own. In a very short time his improvement was marked and decided. His appetite and digestion became good, he gained in flesh and strength, a troublesome cough left him, and to-day he looks and feels as well as ever. Several cases similar to this have fallen within my observation, and though they were treated with rather large doses were effectually cured.

From the cases I have known I can not tell the characteristic of the remedy, and could not use it with any more scientific precision than the quacks who advertise their "cure alls." That the plant has a good deal of medicinal value there can be no doubt; but it must remain almost unavailable until it is properly proved. What I feel in reference to this plant, is felt by every physician in reference to some other drug.

The result of three thousand years experience is an advance of the science of medicine in almost every other branch greater than in this. Anatomy is almost perfect, if we

except its nomenclature; physiology has advanced until the various organs of the system have had their action traced down to the primal cell; pathology now analyses almost every diseased action till it is as well known as are the functions in physiology, and for these results we are in a great measure to thank our brethren of the allopathic persuasion. These branches are based on facts which required only patient observation and study to determine, and so far they have been faithful and we have profited by their industry. But when we leave these and the other collateral branches of medicine and enter the domain of therapeutics, their experience facts avails but little, for therapeutics is not a series of observed facts merely. Therapeutics did not advance with the other branches of the science of medicine until the great governing law, announced by Hahnemann, became known and formed the ground-work of the study. Before this, facts had been loosely observed and conclusions drawn by false reasoning, as we see in the use of such enormous doses of Opium in delirium tremens, and of Mercury in syphilis. When this law of "similia similibus" became known, it was found necessary to reconstruct the entire *Materia Medica* that therapeutics might advance towards perfection, then for the first time possible. The *Materia Medica*, at that time, was a mass of rubbish, much of which could not at all be used in the new structure which was about to be erected, and nearly all the remainder was so imperfect that it would prove almost as valueless. The reconstruction of the *Materia Medica* to be available for the newly discovered law of cure, required that the effects of each drug should be accurately and minutely ascertained by proving it upon the healthy, and from this resulted the *Materia Medica Pura*. Hahnemann and his immediate followers deserve the greatest praise for the energy and perseverance with which they set about and followed up this reconstruction. But they could not accomplish the whole work, and those who have followed in their path until the present have not been able to complete this great work of reconstruction. If we would maintain a suc-

cess and make an advance such as is worthy of the followers of so great a master as Hahnemann, we must take up this work where our predecessors left off and continue it.

By what means can this work be carried on most successfully? Not, as we have endeavored to show by individual effort alone, but through the instrumentality of organized bodies of provers. The County and State Societies and the American Institute of Homœopathy, if that organization still exists, furnish the organizations that should be available for this purpose.

As small bodies of men work together more earnestly than larger ones as a general rule, each County Society should constitute itself a Prover's Union, and use all its powers to ascertain the effects of the drug chosen for investigation. In those counties where there is no society organized, let those physicians who are willing to assist in this work act together by some common argument. These various results should be placed in the hands of the committee on *Materia Medica* sufficiently early to arrange for the meeting of the society, at which the report is to be presented. After its presentation to the county society it should be forwarded to the committee constituting the Bureau of *Materia Medica* of the State society, and I would suggest that the original record of the daily provings should be sent, and not any abstract of them. At least one district should be engaged in proving one drug, and each county should send its report to the member of the Bureau for that district in which the county is situated, to be arranged with other reports for presentation at the meeting of the State society, and subsequently for publication. By this method the provings of several drugs might every year be added to our *Materia Medica* by this State alone; and if other States would adopt a similar course of proceeding, our *Materia Medica* might be rapidly and reliably enlarged. Should the American Institute ever resume its meetings and several States devote some effort to proving drugs, these results could be collected and published under the superintendance of a board of editors appointed by that

body, and a year book of provings furnished that every homœopathic physician would find it difficult to get along without.

This is a brief statement of a method by which it has seemed possible that a worthy result might be accomplished. The details will readily suggest themselves to those who will give the subject a thought. For it I claim no particular originality, and I would willingly adopt and assist, as far as in my power, to carry out any other that will promise as much.

In considering this method, it has appeared that the apathy in this department, not so much from a lack of devotion to their chosen calling on the part of the homœopathic physicians of this State, nor to the unwillingness to subject themselves to the slight inconvenience of proving a drug in the cause of Homœopathy and suffering humanity, as to the fact that it has not generally been carried on so as to assure the aggregation of the individual result. As soon as the profession at large shall be made to feel that this work shall be taken up in earnest under the direction of earnest workers, I think there will be no lack of proving, and for one I am willing to pledge myself for, at least, one proving every year.

WHO IS A HOMŒOPATHICIAN?

BY AD. LIPPE, M. D., PHILADELPHIA, PA.

In the August number of the London *Monthly Homœopathic Review*, Mr. Pope's reply is a mere repetition of a negation-argument, whereas I had asked for a more explicit and positive definition of the position he assumes.

Where I spoke of Mr. Pope and his friends, I did not mean to imply that he officiously thrust himself forward to express, not only for himself but for others, views for which he alone can be held responsible, but I addressed myself to him and such Homœopathicians as, like himself, assume that name under the same erroneous views and false conceptions. By

his own statement Mr. Pope includes among his friends Dr. Hempel, who assumed to define Homœopathy under solemn oath at Toronto, C. W., on the 8th day of April, 1859. His testimony went for naught, the prisoner, in whose favor he testified, was found guilty and confessed his crime before he was hung. So much for the personal explanation.

A remedy can never, under any circumstance, aggravate the disease; nor can a remedy ever cause a disease. There is the same great and important difference between a natural and a medicinal proving creating a change of sensational and even functional disorders, that there is between a progressive disease and the symptoms caused by the remedy administered in the largest or smallest dose to cure the natural disease. Both the symptoms of the prover and the symptoms generally termed "medicinal aggravation" cease of themselves, and if this "medicinal aggravation" occurs, in a curable case after the administration of the smallest possible dose, and it does often occur, this phenomenon is a certain and positive indication that the remedy was rightly chosen, and the improvement will follow without the slightest doubt; this improvement will not follow should the remedy be not rightly chosen—not homœopathic—and the progressive disease will further develop itself in spite of repeated or larger doses.—The remark that the "unchecked progress of disease" frequently follows the higher and highest dilutions is perfectly gratuitous, and if Dr. Cockburn reports to have seen sharp aggravations follow unmedicated globules he does not state what followed—the sharp aggravation was then undoubtedly the unchecked progress of disease and not what is understood among Homœopaths under homœopathic aggravation.

That Dr. Hering does not mean under "rule," or as it should read "rules," the law of cure, the axiom *similia similibus curentur*, is self-evident. A law can never be a rule. A rule is the manner, the means, by which the law is applied. In the preface above referred to, Dr. Hering says "We may differ in regard to the theoretical explanation of

the law *similia similibus curentur*." What can be theoretically explained can not be a *rule* and still less a *practical rule*; therefore it is self-evident that Dr. Hering could not refer to the law of cure, or the axiom expressing that law as a "rule."

In the last paragraph of the same preface, Dr. Hering says, "There will always be a large number of physicians who either do not understand, or will not learn, how to select for each particular case the only proper medicine, and such always find it more comfortable to employ massive doses. There will always be, perhaps, as large a number on the other hand, who will, by and by, know how to hit the nail upon the head, and they will learn to prefer the high potencies." I hope that Mr. Pope who quotes this same preface as an authority to sustain his position, does not mean to adopt this comfortable system of practice. Dr. Hering obviously alludes to those physicians who employ massive doses, as men who think more of comfort than of troubling themselves to understand or seek for the proper medicine adapted to each particular case. "The dynamization theory may be true or false, and Homœopathy remain unaffected." Such is the opinion of Mr. Pope. On this point we differ entirely. The dynamization theory is true and essential to Homœopathy, true in theory and proved so in practice. This theory, is now, and will remain, the test by which we know the true Homœopathician from the pretender.

"The truth of Homœopathy does not depend upon the provings of *Carbo vegetabilis* being correct or otherwise," says Mr. Pope. I called his attention to the provings of *Carbo vegetabilis* as the point (time) when Hahnemann in his onward course developed before and communicated to his pupils, this dynamization theory which he had for years kept prudently to himself, awaiting further proofs of the correctness of the discovery. To doubt the correctness of this theory is to give proof of a shaken and weak faith in the experimental provings above mentioned. Mr. Pope acknowledges "that some symptoms at any rate, said to have occur-

red from persons taking it in some form or other, are correct," and adds that "he is not aware how the symptoms were obtained." It is to be regretted that Mr. Pope knows no more about the history of Homœopathy. In the introduction to *Carbo vegetabilis* Hahnemann says, "A considerable quantity of Charcoal in the crude condition can be swallowed without causing a change in the sensation." The inference from this remark must be, that the provings were not made with the crude substance, and when Hahnemann in the next following sentence continues, "only by rubbing the charcoal, as also other medicinal substances, apparently inert in their crude condition, with a non-medicinal substance, as sugar of milk, and by dissolving this preparation and by *potentization* (shaking) of the solution, the hidden, and in its raw condition, latent, so to say slumbering, dynamical medicinal power is awakened and becomes alive, while the material external disappears," he gives utterance to the dynamization theory. If, as Mr. P. further says, "some drugs by prolonged trituration develop power to effect the human organism," why do not all have the same power, and if not all, which of all? and, if to any extent, where is the limit?

We arrive now at a point of logic which baffles my comprehension of a learned man.

Mr. Pope claims that the man who practises giving crude drugs is a Homœopathician and, as the inference, that the man who gives potencies, and above all high potencies, is not a Homœopathician. Both, certainly, can not claim to belong to the same school, as it becomes evident by the very explanation consequent upon the attack, illiberal and unprovoked as it is, made by Mr. Pope and his friends on the followers of the immortal master, Hahnemann, that this very question of the dynamization theory forms the barrier between the Homœopathicians and the pretenders. As to Mr. Pope's logic—It is admitted that crude drugs cure according to the law of cure. It is asserted and proved that Hahnemann after he became convinced that he had found the true and only law of cure, did also, after becoming more intimately acquainted

with the effects of medicines on the human organism, find it necessary at first to diminish the quantity of medicine, and later discovered the dynamization theory which opened a new era in the cure of formerly incurable diseases. The law of cure and these practical rules were the foundation of Homœopathy. Mr. Pope stands at a great distance from these developed truths and claims to have as good, nay a much better right to be a Homœopathician than those who have accepted the practical rules of the master; he claims the right to ridicule and, if possible, to expel men who have become convinced, by experiment, that Hahnemann's practical rules, one and all, are correct; he claims the right to deny the correctness of these rules without having made the experiment, to make which, indeed, he clearly proves by his own confession that he lacks the requisite knowledge. Mr. Pope says in answer to my declaration "*high potencies cure where the low do not,*" perhaps they do, but the cases illustrating this assertion are marvelously few, and, were they legion, would not effect the argument at issue. Dr. Eidherr's reports, of *marvelously many* cases, remains a closed book to Mr. Pope; and why? If such proofs are not admitted, all argument ceases. If Mr. Pope will not condescend to give the world one single case well stated, in which he has selected the truly homœopathic remedy, and has then administered a high potency according to the homœopathic (Hahnemannian) rules and, the case remaining unchanged, has then given with success the same remedy in its crude state, this *one* solitary, only single case would be the beginning as an offset to the evidences fast accumulating on the other side. Mr. Pope's word is not doubted; he and his friends may think they have seen what they state, their observation may turn out to be an optical illusion, and we must insist on knowing what he or his medical friends profess to have seen so that they may be able to establish their claim as proper judges and witnesses of and in the question at issue. But while we have his own admission that there are cases known establishing my above assertion, and while the cases of Mr.

Wilson's cure of a dangerous pneumonia by *Lycopodium*²⁰⁰, and other cases of the kind, and Dr. Eidherr's report remain on record uncontroverted, and not one single stubborn fact is quoted proving the contrary, I shall insist upon it that "high potencies cure where lower ones do not." I defy Mr. P. and his friends to prove to the contrary, how can it be true that crude drugs cure as well as potencies? I repeat again that no one ever, and in any way, has denied that crude drugs when applied according to the homœopathic law of cure, have cured diseases. But if it is true, as Mr. P. says, and I hold him to his own declaration, *London Monthly Hom. Review*, Vol. 8, p. 8, "It is further necessary that the amount of drug given to cure be less than that required to produce disease." I ask, does Mr. Pope know how the provings of the known drugs were made? how the most characteristic and thereby valuable symptoms which guide us in the selection of the truly curative remedy have been obtained? has he ever investigated the comparative value of the symptoms produced by crude drugs and those produced by potencies? He certainly cannot have done so! Sulphur, for instance, would give him a good opportunity. He would see what were the results of the provings with the crude substance, the lower potencies, the thirtieth potency, and which of the symptoms produced by any of these doses guide him in the selection of Sulphur as a remedy. If he then finds that he is now guided by the Sulphur symptoms obtained from the thirtieth potency, he can no longer administer the crude drug, but by his own admission must give less than was required to produce disease. If he will follow this rule only, we will say, under *Lachesis*, or *Natrum mur.*, or *Lycopodium*, or *Silicea*, or *Carbo animalis* and *vegetabilis*, or *Arsenicum met.*, or *Lachnanthes tinctoria* or any other proved remedy, he will collect sufficient material and will be compelled against his will to prove my proposition correct, his logic erroneous and his assertions unfounded.

When I further say, "that in every instance in which a lower potency has even *relieved*, not *cured* a case to which a

higher potency of the same remedy had been given without success, this relief had proved to be only the palliative effect, not the curative action of the remedy"—I mean this and and take no round-about way of saying anything else. I meant further—but did not wish to be rude, depending on the expected good sense of Mr. Pope, who would see at a glance, that I do mean; that when he and his friends assert that they have cured a case with a low potency (or as he has it, "crude drug") where a high potency of the same remedy had been given without effect, this assertion or statement is erroneous, such boasted *cure* invariably, will and must, has been, and ever will be, but a *relief*. As these boasted *cures* do not exist, of course they can not see daylight. Give us one case.

Mr. Pope says he has given *his* definition of Homœopathy on the eighth page of the *Review*, and that he can not be more explicit, for which I am very sorry indeed. The historical development and the consequent fundamental laws with their practical rules are so plain that there should be no dispute about them among the followers of Hahnemann, who all, of course, acknowledge them; nor can one rule be set aside without disturbing the harmony of the whole structure. According to their development they are

1. *Similia similibus curentur.*
2. Provings of drugs on the healthy (creation of a *Materia Medica*).
3. The medicinal powers (curative virtues) of medicines are developed by potentization.
 - Then follow the practical rules,
 - a. The examination of the sick.
 - b. The choice of the remedy (only one at a time no alternations).
 - c. The administration of the remedy (no repetitions before the dose administered has exhausted its action).
 - d. Preparations of medicines (dynamization).

If Mr. Pope would read the *Organon*, Hahnemann's *Materia Medica* and *Chronic Diseases*, and then make the experi-

ment as taught by the master, he may correct the definition and we might continue the argument.

When Mr. Pope says in the next paragraph "I find no fault with Mr. Wilson for imagining that *Lycopodium*²⁰⁰ cured a case of pneumonia all but moribund before that marvellous agent was, through the medium of *aqua pura*, introduced into the patient's organism," I am inclined to think that Mr. P.'s imagination is too fickle. The case in question has been discussed in the reviews, both in England and the United States, and the evidence is so overwhelming against Mr. Pope and the men who think as he does, that as a last resort the truthfulness of the case is denied. There is scarcely a case on record on any of our medical journals that is so full of corroborating evidence as that of Mr. D. Wilson, and so full of *instruction*. The experiment convinced Dr. Bayes that he had assumed a wrong position and he acknowledged it. The experiment must decide.

Mr. Pope objects "to the arrogance and presumption which demands for those, *for those only*, who credit such extraordinary—I had almost written supernatural—assertion, the exclusive right to a title for which they can show no special or peculiar claim." Mr. Pope, who has proved himself a stranger to Homœopathy, its *Materia Medica*, its fundamental doctrines and the literature of the day, is certainly very polite in expecting the followers of Hahnemann who, he ought to remember, are on the defensive only, to retire leaving the field to himself and his friends. But what he still more objects to is "that with so much remaining to be done in sifting the *Materia Medica*,* with the urgent call for accurate translations of original provings, with the need so frequently expressed, for an examination of the relations borne by well proved medicines to clearly defined forms of

* "So much remains to be done in sifting the *Materia Medica*." By what persons and when has the *Materia Medica* been sifted already, and what remains to be sifted? We cannot strike out one solitary symptom. The question of sifting the *Materia Medica* has been fully discussed and Dr. Ruth's propositions have been well sifted in the *Vierteljahrsschrift*—vide the *Chesmore*.

disease, with the whole superstructure of the science of therapeutics waiting its erection on the foundation laid by Hahnemann," or in fewer words he demands,

1. A correct translation (into the English language) of the *Materia Medica*,
2. The adoption and classification of well proved medicines in their relations to pathological forms of disease.

The first demand has been made, and the necessity for it has been proved by the very men whom he and his friends oppose and prosecute—his friends are more anxious to have a *Repertory* from the imperfect material before them.

The second demand is an absurdity. Even the progressive physiological school teaches the duty of the physician is to treat *the sick* and not to treat *diseases*. Homœopathy has enlightened these progressive opponents on that point, and positively teaches that we must select for each individual case the truly curative remedy according to *the law of cure*.

The English reading homœopathic practitioners should thankfully receive the reviews of the shamefully false and erroneous translations of our works, by men who are competent to make them. If Mr. Pope were a reading and enquiring disciple of Hahnemann, he would know that, for the last decennium, the short comings, the wilful perversions, errors, and omissions of Hempel as a translator have been published and proved. Does Mr. Pope know where to find in the British homœopathic literature the confessions that the old disciples of the master cured more diseases than the present homœopathic physicians, such as call themselves so, do.

That the present discussion has been productive of more evil to the progress of Homœopathy, as understood by Mr. Pope, is an unlooked for acknowledgment, but we are glad of it. The class of physicians who think, write and practise like Mr. Pope and are termed his friends, Hempel included, are well aware that the attacks made by them, in private, on the Hahnemannians remained deservedly and with propriety unnoticed by the true Homœopathicians, who solely relied upon the results of their practice. Taking this silence as an

evidence of weakness, they resorted in their blind opposition even to the journals and text books (*vide* Hempel's *Materia Medica*). If argumentative answers were offered, they were treated as the great truths of the great master are treated by the Allopathists, with ridicule. *Vide* the *London Monthly Review*, Vol. 8, No. 5, p. 296.

The present discussion has been productive of the extension and proper comprehension of true Homœopathy. Should this discussion be carried on in the same spirit in which Drs. Dudgeon, Pope, Hempel and others have carried it on, their victory, if victory it be to be allowed to have the last word, must end in a through defeat. I did *not complain* that Hempel, while under solemn oath, testified that he gave one-fifth of a grain of Arsenic in cholera—but *I quoted his testimony* and repeat it as before: "In homœopathic treatment, I have given as much as one-fifth of a grain of *Arsenic* in the Asiatic cholera, and have repeated *that* dose from twelve to fifteen times in forty-eight hours. The patients have done well and recovered." The judge and the jury paid no attention to this testimony which was a contradiction to all scientific experiments, to all the accumulated testimony collected in medical jurisprudence, to all the works of Toxicology, but above all to the testimony deposited by Hahnemann in his *Chronic Diseases*, and particularly in his introduction to Arsenic.

I have attended cholera patients, never lost one. I have seen cases of poisoning by Arsenic, and have diligently studied its effects, but must lament the gross ignorance of Mr. Pope who, for a moment, can see a similarity in the symptoms characteristic respectively of cholera and Arsenic.

The Cholera patient is resigned and takes no interest in any thing.

The Arsenic patient is restless, tosses about, has fear of death.

The Cholera patient has much thirst, for large quantities of water.

The Arsenic patient drinks little and often.

The Cholera patient is averse to being covered.

The Arsenic patient is relieved by heat.

The Cholera patient has a clean cold tongue.

The Arsenic patient has a hot tongue, at first red on the edges and on the tip, later white all over and finally black.

The Cholera patient wishes to lie, can scarcely be persuaded to sit up and to take a deep inspiration, which relieves him.

The Arsenic patient does not lie quiet and taking a deep inspiration does not relieve him.

The Cholera patient vomits large quantities and has then rest for some time.

The Arsenic patient continues his fruitless efforts to vomit.

The Cholera patient has spasmodic pain in the abdomen.

The Arsenic patient has burning pain in the intestines and anus.

The Cholera patient has his abdomen relaxed, fallen in.

The Arsenic patient feels a continued tension in the abdomen.

The countenance is different, etc.

The symptoms of fatal Arsenic poisoning are of little, if any, therapeutic value, we meet them in the last stage of fatal disease, and Arsenic then never produces any effect.

My time is too valuable to enlarge further on the subject; if I have proved to Mr. Pope the necessity of reading first the standard works on Homœopathy, of learning and applying the practical rules of the master before he again asks the question "Who is a Homœopathician?" I shall consider myself well rewarded for having defended the cause of Homœopathy. I might almost hope that my efforts might be successful did I not find Mr. Pope, who writes for the party that has adopted the offensive, so utterly devoid of the knowledge of the history and literature of Homœopathy. And here while I take leave of Mr. Pope I must at once express my utter abhorrence of the manner in which he slanders our immortal master on the first page of his paper. For it is a slander to say that Hahnemann adopted the extremely infini-

tesimal doses partly in consideration of the dispensing monopoly of the German apothecaries. Hahnemann knew no fear, he threw down his glove before the mighty and influential opposition, he never yielded one iota to interest and prejudice, and the great and good master lived long enough to see his disciples promulgate his newly discovered art in all countries of the globe. Homœopathy, progressive, will finally overcome, and is now overcoming, all and every effort to destroy it by assimilating it with false and erroneous teachings of the opposition, by the allopathic school and the psuedo-Homœopaths.

COFFEA IN ODONTALGIA.

BY E. M. HALE, M. D., CHICAGO, ILL.

I have lately had occasion to verify a curious clinical fact in relation to Coffea, and deem it of sufficient importance to give it to the profession.

When I was a student of medicine in the office of Dr. Blair, of Ohio, a man came to consult him for a severe pain in a decayed tooth. He stated that he had ridden about twelve miles since the pain commenced, and the only relief he got was from holding cold water in the mouth. The instant the water became warm, the pain was renewed! He had carried a jug of water with him during his drive, replenishing it at farm houses along the route.

Dr. Blair prescribed a single dose of Coffea¹ (centesimal dilution) a single drop. In twenty or thirty minutes the pain abated, and in less than an hour had ceased altogether, and the patient left the office blessing Homœopathy.

The incident left a lasting impression on my mind, and I treasured it up for future use. Six years afterwards I was called to see a lady suffering from prosopalgia, which extended to the molar teeth of the right side (it might have

originated in the teeth). She was very irritable, sensitive and moaning from the distressing pain. She held in her hand a bowl of crushed ice and was engaged in eating small pieces, stating that she felt relief from the pain only when the ice was in contact with the painful teeth.

I remembered the case above alluded to, and gave her a spoonful of a solution of a few pellets of Coffea² in half a glass of ice water. In about half an hour the pain had nearly left her, and in an hour she fell asleep.

The second case which came under my treatment was that of a old lady in feeble health, whom I was treating for climacteric difficulties. She sent for me one evening, stating upon my arrival that she was suffering intensely from pains in the right molar (upper and under) teeth, the pain extending to the head and ears. She obtained momentary relief by holding in her mouth the coldest water she could procure. The pain had lasted all day. Here, I thought, was a good opportunity for testing the high potencies. I dissolved a few pellets of Coffea³⁰⁰ (Lehrmann's) in half a glass of water, and ordered a spoonful every half hour until the pain ceased. The next morning the patient stated to me that after the first dose the pain was slightly ameliorated; after the second, considerably relieved; and after the third, ceased altogether.

It will be admitted that the above are notable cases, in which the symptom "relieved by cold water" was the characteristic indication. But the strangest part of the matter is that this symptom is *not* found in any pathogenesis of Coffea. Even the symptom "pains relieved by cold applications" is not to be found. Coffea has proved curative in "*toothache with restlessness, anguish and whining mood especially at night and after a meal,*" and "*jerking in the teeth, also with tearing.*" Is it possible that Coffea cured the above cases by reason of other indications? Was the peculiar symptom alluded to of no importance?

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA, PA.

(Continued from page 130.)

Dr. Reue's Proving, continued.—February 4th. He wakened early with a pale red, dropsical, biting, itching, swelling in the left upper eyelid; rather towards the inner angle. This swelling secretes some fluid; after a few days a scab forms.

5th. A scratchy feeling in the throat, worse towards evening.

6th. Coryza with thick mucus; hoarseness, early in the morning, after rising. The eye is worse; the globe also is reddened; the chest is oppressed.

3. Oscar Tietze, son of the well known homœopathic physician, took the above described third trituration and reported as follows:

First day. Drawing and dull pressure at the right scapula; soon afterwards also upon the left. Dull headache and dullness of the head. A sensation between roughness and pressure in the region of the larynx, which generally provokes a cough, passes gradually into a pure tickling. Slight stitches in the chest, transient, more on the left side. The dullness of the head becomes more perceptible. Internal chilliness with single shudders. Pressure at the tonsils. Drawing, cutting pain around and in the left nipple, extending towards the scapula. Single pressure like stitches anteriorly at the forehead. Stitching pains lasting from three to ten minutes above the fifth rib, on the left side. The headache becomes more and more pronounced and consists of that unpleasant pressure above the eyes which is commonly felt after having been awake for several nights. Unpleasant drawing in the right hand, later involving the whole forearm. Sometimes tearing pains towards the elbow and in the palm of the hand towards the thumb-joint. Sensation as if the skin of the hands, especially of the right hand, were con-

tracted, from the tips of the fingers downwards, so that it seems as if, on extending the fingers, one must stretch the skin forcibly. At the same time there was experienced in the ends of the fingers a kind of sensation as if dead.

Second day. The pains in the head have, for the most part, disappeared; but a coryza seems to set in. Afternoon, the coryza has set in—it is dry—after a few days it ran a natural course; it is only to be remarked that it appeared worse at irregular times.

After about five days, there appear on the left hand small red points, shining through the skin, which sometimes itch. The feet also itch, especially the left one, as though there were some heat-vesicles there. After the lapse of several days, there appeared, first on the calves and then extending up to the thighs, similar small red isolated points, which itch like those on the hand. The itching is especially in those spots where the skin perspires most. The abdomen seems not to be affected; but, after a few days, a number of similar pimples, itching like the others, appear in the epigastrium. On rubbing the parts that itch, these points become more visible. The itching is not unlike that caused by bed-bugs. From the epigastrium the eruption extends towards the left nipple; and lingers here as well as at the epigastrium longer than on the before mentioned localities; and it finally turns towards the left axilla. At the same time, also, it itches in various parts of the back. Meanwhile a spot is remarked on the right side of the forehead which is sore when pressed upon, as if a blow had once been received there, which he does not remember to have been the case, neither is there any red or blue spot to be seen. The itching now begins at the head, only at the posterior and superior parts, not towards the anterior part. When working quietly (sitting with the head bent forwards) without any provocation whatever, a sudden rush of blood towards the head, with perceptible reddening of the face, recovering irregularly, but almost daily twice, now in the morning, now in the afternoon. The itching at the head lasts about fourteen days and the rush of

blood to the head recur for about the same period. At the same time, a peculiar kind of vertigo sets in, every evening while getting asleep, about a half hour after going to bed—a sensation as if he were wafted and drawn forth very quickly in the direction of his legs.

He is always awakened by it. It never returned later in the night. On the contrary, one day when he had gone to bed earlier than usual, about half-past eight o'clock, the sensation appeared in like manner, about a half-hour after he had lain down and when he was first getting asleep. This vertigo kept coming for eight or nine days, was interrupted at one time by two days of quiet sleep, returned and then ceased altogether. During the whole time, a good appetite and a disposition to drink a glass of beer oftener than common which always tasted good. Both later ceased.

4. Through C. Hering. A well educated woman took Tellurium², January 18th, at ten, p.m., on going to bed. After about one hour she felt a dull pain, deep internally in the whole length of the right thigh; later for a short time in the head, above and behind the left ear; then a pain in the pelvis at the left side, while the pain in the thigh continued. A sharp pain passed quickly over the toes of the right foot, then into the heel. She got asleep, lying on the left side, and awakened once in the night with a dull pain in the region of the heart, which passed away when she lay upon the back. No change of position had any influence upon the pain in the thigh.

19th. Very frequent urging to pass water, and a very unpleasant sensation if she can not yield to the urging. Sudden cold weather had formerly a similar effect upon her, but to a far less degree. She walked to-day eight or nine miles and felt the effects so sensibly that she stopped taking the Tellurium until the fatigue should have passed over.

20th. The menses appeared in the afternoon, one day too early. She felt the effects of her walk, more particularly in the shape of a sticking pain through both temples, a pain from hip to hip and in both acetabula, for a whole day. On

the left side, in the region of the uterus, across, in the groin and towards the hip violent stitches or cuttings.

21st. Frequent stitching pains from the middle of the pelvis across towards the left side, in attacks, during this day and a part of the next.

25th. She took again the third trituration in the evening. The first noticeable symptom was a pain in the back at the upper end of the sacrum which extended upwards.

26th. Took a dose again in the morning. Whenever she has no pain, there is yet a sensation of weakness in the back, the whole day long. Ten, p.m., another dose. After lying down a throbbing on the right side, superiorly in the pelvis.

27th. About ten, a.m., a pain above the left eye; it came suddenly and went as quickly; it seemed to have been caused by a sudden rush of blood thither. As it was passing off, the pain was accompanied by a sensation not easy to describe, along the left side of the neck, as if the blood there had suddenly been retained in one of the large veins, or had streamed backwards. Next followed a feeling in the stomach like weakness or faintness and a pain in the left chest.—Throughout the whole day, constant pain in the chest, anteriorly in the middle, sometimes extending backwards between the shoulders and a dull unpleasant feeling in the head especially above the eyes. The weakness and the pain in the back continued.

28th. The pains change their locality more frequently this morning than yesterday; mostly on the left side of the chest, only now and then in the right chest and over the right eye; once or twice in the right shin. An hour and a half after dinner, heat of the face; the sinciput is hot; the gums bleed so that the mouth is full of blood.

She had already had these symptoms previously before the proving, but not lately and not in such strength. She had been reading the evening before until a late hour, which she was not in the habit of doing. The pains in the back and in the chest are quite unusual. They were so continuous and so violent that the prover was compelled by reason of them to remain at home in the afternoon.

29th, nine, a.m. Pain above the right eye after going out; the pain goes toward the temple; then in the flanks below the ribs, then in the right side of the pelvis, the right shin, then over the left eye, left ear, then into the right eye; at the same time she is chilly.

30th. Return of most of the earlier symptoms but with less severity. The parts which had been attacked with pains now pain as if beaten or sore.

31st. Some heaviness above the brows. Ten, a.m., an attack of sneezing lasting several minutes. Had this frequently after rush of blood to the head.

February 3d. Some pain above the left eye after lying down.

4th. Constant pain in the region of the heart. Now and then pain over the left eye. She ceased to record the symptoms, but was never free from them for two days in succession.

The next menstrual period came three days too early; the first day the usual quantity, later less than usual.

Latest, the pain over the eye and in the heart ceased, if, indeed, they do not again return. From the 21st to the 25th February no pain in the heart. This pain appears to be in the apex of the heart. She had something similar five or six years ago, but was then much more seriously affected. Some symptoms may have been produced by her occupation as public teacher, others may depend upon her age, forty years. She has a long walk to her school and labors there six hours a day. In the forenoon, in school, she had always a fullness and oppression in the epigastrium and was obliged to open and loosen her clothes. Ate much less, was obliged to lie down after eating, which however gave no relief; the oppression became indeed rather worse. The left thigh upon which she lay became numb and her feet cold. At last she took *Nux vomica*, lay down again and then slept better.

The symptoms, especially the attacks which compelled her to lie down, were more violent the first Tuesday after taking the medicine, came again the two following Tuesdays, but

with less violence. The fourth Tuesday she was quite free, but they came again on Thursday and somewhat changed.

She reports on the 2d March that, several days previously, she had put on a somewhat tight petticoat, this was very uncomfortable and caused a return of the pain in the left groin which she had had several weeks before.

She should have mentioned that the disposition to become easily faint in the region of the stomach had often recurred. During the latter part of the proving, whilst having the pains in the heart, she had a great disposition to bend over forwards even so as to lie upon the face without being able to go to sleep in this position or without experiencing any relief from it.

5. Dr. Kitchen, of Philadelphia, took the third trituration. Pain in the left flank within the crest of the ilium. Pain in the sacrum, worse on stooping or when rising from a sitting or a recumbent position. The pain passes down in the right thigh in the direction of the sciatic nerve. It is, therefore, almost impossible for him to press when at stool.

Restlessness, fullness in the region of the upper part of the abdomen and of the liver. The pain in the sacrum and in the sacral ligaments was sometimes, when moving, like a stab with a knife. He had erections all night long, a thing which had never before happened to him.

6. Dr. Gardner, sen., took the third trituration, evening and morning. He dreamed at night of smoking cigars, a thing he never does. In the forenoon, when sitting, a burning in the right of the hepatic region and, later, a heavy painful pressure. The next morning, while dressing, a very violent attack of vertigo, which became much worse after walking out; he could hardly stand, was compelled to lie down and to remain at home several days. The vertigo caused nausea; after eating rice he was obliged to vomit. At every motion while he was lying down, even when he turned his head, still more on sitting up, the vertigo returned. At the same time, the pulse was more frequent. He had previously had similar attacks, also one severe after *Glonoine*. On other occasions

Aconite had always helped him. This time it did not. Nor did Glonoine, nor Belladonna. It gradually passed away after three or four days.

7. Dr. Whitey took the second trituration, several grains, night and morning. In the fauces above the larynx, an itching and a kind of burning, as if he had scalded himself with a hot drink, lasting several days. After two or three days an eruption makes its appearance, such as he had never had. Small red pimples, very bright red and very sharply defined with minute vesicles upon them, first on the lower extremities, then also upon the upper, most on the left side; they began first on the outside of the calves, and then on the inside of the forearms, above the wrist, and spread from that point, caused very severe itching day and night, but worst at night after going to bed.

8. Dr. Gosewisch took the twelfth May 27th, 1851, at four, p.m. After supper very full in the abdomen, but not bloated. When lying on the left side, a throbbing sensation on the right side under the ribs, somewhat towards the epigastrium, as from wind balls, undulatory. In the morning, it is as if, when lying on the right side, wind had accumulated in the corresponding spot on the left side. Flatus does not pass off so freely in the morning as is customary and the hitherto rather diarrhœic stool intermits. Latterly the flatus became stinking. When lying on the left ear, a kind of sharp pressing pain from the neck into the left ear. After a few days, an eruption; small red papules, which itch very much, on the abdomen, on the inside of the thighs and on the perineum. The itching is worse in cold weather.—Almost every remedy that he had ever before proved, gave him headache; this, however, did not. During and after the proving, his disposition much more quiet; for generally he is much disposed to fly into a passion.

Through Dr. Gosewisch, in June, 1851, took at five, p.m., a drop of the sixth potency of the latter preparation from the precipitate as before described. Slight dull toothache on the left side in teeth that had been filled with lead. Sensa-

tion of numbness in the abdominal walls, as if it were in the flesh, began below the umbilicus on each side of the same and extended around and upwards to the ribs, while he lay on the sofa after supper. Slight feeling of suffocation in the upper part of the throat. Palpitation of the heart and general throbbing through the whole body, with fullness of the pulse; after it had lasted an hour, copious sweat for an hour and a half. A metallic, earthy taste in the mouth. Feels empty and weak in the stomach, yet without appetite. Dull pain in the middle of the back between the shoulders. Sensation of numbness in the occiput and nape. Heartburn, a sensation of warmth, as after spirituous drinks, in the epigastrium and on both sides of the same. General sensation of warmth in the abdomen, as if after spirituous drinks. Expectorates white mucus, which is easily discharged. For a few minutes, itching at the anus. The next morning, the customary stool was lacking. Urine transparent, dark, easily evacuated, without pain. The sleepy, heavy condition, in which he was for several days before he began the proving, has vanished; instead thereof, a feeling of restlessness on going to bed. Some pain in the middle of the sternum. Some dull pain low down above the pubic region and anteriorly on both sides of the abdomen. Pain in the clavicle. After supper, he took a walk; on returning to the house, his knees, hips, elbows, and shoulder-joints were as if sprained and beaten. On every moment the brain felt as if bruised. Eructations, tasting of the food. Some pressure in the left chest above the first rib. In the morning, after deep sleep, with bad dreams, he felt heavy and dull. Skin hot and dry, sensation as if over-strained, as if bruised, as if he had taken cold after severe exertion. At the close of urinating, burning in the orifice of the urethra. The mouth feels pure and moist; he has again the natural taste.

10. Through Dr. Gosewisch, F., an educated woman, took the sixth, in drop doses and made the following report:

Lassitude and weakness, then pains in the elbows, ankles and various parts, sharp and quick. Singular contracting sen-

sation in the epigastrium as if the parts were folded together. When this sensation passed away, there remained a pain and soreness in the left side. Her disposition is particularly quiet being otherwise very lively, anxious and full of care. After she has, for some time, remarked nothing further, a pain and sensation of soreness began in the regions of the kidneys. This extended downwards and over towards the abdomen with a pressing down as if by a weight, which increased during the whole night. Nightmare during the night. In the morning, the kidney pains were still worse, especially the sensation of soreness. She was also attacked in the right side of the abdomen, but, worst of all, low in the back, which continued several days, with gnawing, *rubbing* pains in the abdomen. The next day the head was heavy, full and sleepy. Constipation with much wind. Blind hæmorrhoids. Pimples in the face.

(To be continued.)

ALOES.

(Translated from Hering's *Amerikanische Arzneipruefungen*.)

BY T. F. ALLEN, M. D., NEW YORK.

(Continued from page, 133.)

Intestinal Evacuation, continued:

650. Only effective as a purgative, if the bile is excreted in the right way, etc. If there is no bile, it irritates the intestines little or not at all. *W.*
- Patients in whom it did not operate were jaundiced, in whom the secretion and excretion of bile had nearly entirely ceased. *W.*
 - The more a person is inclined to copious secretion of bile, the more Aloes affects the evacuations. *W.*
 - The purgative action shows itself the stronger in patients in whom the liver is more active in secreting bile, or the more irritable it is. *W.*
 - It must increase the secretion of bile, in order to be able to purge. Why? Because bile is nature's purgative. But the purgative power of bile is increased by Aloes. *W.* believes this, forsooth, because the stool and flatus smell so characteristically of Aloes. But this position finds no support in bilious diarrhoea, which Aloes does not produce, so long as it purges away no bile. *W.*

665. If it were then found out, as the old *W. Wedel* extolled it, that it is a cholagogue, to me belongs the (very agreeable) discovery that it must act as a cholagogue, in order to purge. *W.*
- Four drachms, with some alcohol, mixed with an ounce of water, injected into the vein of a horse, showed no action other than the evacuation of a great quantity of urine. The fæces were coated with a pellicle of altered intestinal mucus. This was examined after the death of the animal, which took place three days after the injection and showed no trace of bile in its composition. *Memord. Vet. Pharm., p. 26.*
 - The evacuations are not watery, and seem to come alone from the large intestines. *W.*
 - The evacuation is feculant, bilious, and has a very peculiar characteristic odor. *W.*
 - Not seldom, after previous prickling in the intestines, one or even more easy, copious stools follow, for the most part accompanied by flatus, and consisting of soft, yellowish brown fæces, with a very strong and characteristic odor; after eight to ten hours from one to three grains. The action is not increased by eight to ten grains. *Giacomini.*
670. Feculant, yellowish, not watery, not copious, peculiarly offensive-smelling evacuations. *N. T.*
- *Bilious stool, which is not watery and has a completely characteristic odor. R.*
 - Lack of that color of the stool which it received from the bile. *W.*
 - The excrement was gray or white, now and then transiently more or less yellow, greenish or brown, in which case also the usually-odorless flatus had a feculant smell. *W.*

Soft Pappy Evacuations:

- Inclinations to soft stool. *N. a.*
675. After three hours a second soft stool; after eight hours a third. One half a grain taken in the forenoon. *I. C. Hg.*
- Two pappy passages; the second and third days. *t, Henke, a.*
 - The stool after twelve hours was thin and pappy, repeated in three hours, the first day; three pappy stools the third day. *t, Henke, b.*
 - Stool at an unusual time, ten hours later, and pappy, the first day. *Henke, c.*
 - Stool twice, entirely unusual, more pappy, the second day. *Henke, c.*
680. Urgency to stool at nine o'clock in the morning, after half an hour a small thin stool, then griping in the bowels for a few hours as after taking cold, and subsequent

headache. The next day without repetition of the dose, stool repeated at the same hour, pappy and less than the urgency seemed to indicate, with subsequent pain in the bowels; the third day, slight urgency to stool the whole day, until the ordinary urgency to stool follows at evening; after the $\frac{1}{15}$ taken five times. *Rave.*

. Thin pappy stool, in the morning. 1361.

. Five stools the tenth and twelfth days, he could have gone still oftener. 741, 749

Watery and Diarrhœic:

- . Two liquid stools, after fifteen grains; the second day. *Giacomini.*
- . Copious evacuations of the rectum, with severe purging. *Schæpf.*
685. Watery stool, after large doses. 628.
- . Watery, long continued diarrhœa. 589.
- . (Evacuations are not watery.) 667, 670, 671.
- . Copious watery evacuations from the bowels mixed with blood. *N. T.*
- . Yellow pappy diarrhœa, and pain in the umbilical region increased by pressure. 499.
690. Fluid stool with griping. 630.
- . She is wakened, after midnight, with gripings in the bowels, diarrhœa yellowish, green, with pains before and after. *t, Rave.*
- . Pappy stools, after abdominal cuttings. 579.
- . * Colic and diarrhœa. *Muhlenbein Archive* 6, 3, 78. 1826.
- . It is exceedingly injurious in bilious diarrhœas, bilious dysentery and cholera, and scoffs at the laws of Hahnemann's Homœopathy. *W.*
695. Diarrhœa the next day, and dry coryza. 580.
- . Diarrhœic evacuations, with pain in the hyponchondria and chilliness. 434.
- . * Diarrhœa, with pains in the back. *Williamson.*
- . Diarrhœic stools, with burning in the rectum. 879.
- . Passage of blood, with diarrhœa. 589.

700. Blood with watery stools. 688.
- . Thin or soft stools mixed with blood, entirely ceased the first two days, they then return less often and after four to six days, are of a natural consistency. *C. Hg.*
- . Yellow diarrhœa, toward morning. 578.
- . Copious pappy evacuations, mornings; the second day. *Preu, d.*
- . Diarrhœic stools on the morning of the seventh day after daily doses of a small quantity. Δ *C. Hg.*
705. Easy and copious stools in the morning. *Williamson.*
- . At nine to ten o'clock in the evening, a diarrhœic stool, then again the next day more frequent in the afternoon very thin, very yellow; every thing that the child had eaten could be seen therein. From sucking Aloes. *C. Hg.*
- . Two pappy yellowish stools, with much passage of flatus; the same evening after taking the $\frac{1}{15}$ at ten o'clock in the forenoon. *N. a.*
- . In the evening, a diarrhœic stool; the second day.—*Preu, c.*
- . Eight hours after taking it (at five in the evening) again, indeed, a small thin stool, something entirely unusual; followed by more fullness and pressure in the anus. 3. *C. Hg.*

Hard then Soft:

710. At first hard, then fluid stool, which seems to be very hot. *F. R. L.*
- . The first part of the stool is hard, the latter part thin, pappy; very often, for many weeks. *II and III.*
- . At first hard, then, toward the end, diarrhœic. *III.*
- Solid, Hard, Retained:*
- . Late in the evening a copious evacuation of the bowels, though more solid, occurring in addition to the usual forenoon one; the first and the same on the third day; *Preu, d.*
- . Scanty, crumbly evacuation, with a feeling as if more ought to come; after one hour. *Hencke, c.*

715. There is a daily stool indeed, but yet it is difficult to pass, it distends the rectum at first. *Helbig*.
- . Two days constipation follow a pappy, diarrhœic stool. *Helbig, c*,
 - . Hard stool; fifth and subsequent days. *t, Henke, a*.
 - . No stool; the fourth day. *t, Henke, a*.
 - . The stool ceases, after a small quantity, $\frac{1}{3}$. *C. Hg*.
720. Hard lumpy stool, then obstinate constipation. *N, b*.
- . Constipation with indolence and loss of irritability of the abdominal organs. 145.
 - . The stool is wanting, and an unendurable condition of mind. 24.
 - . Cessation of stool; the eleventh day. 772.
 - . * Sluggishness and constipation of the abdomen. *aa*.
725. To people, who eat and drink well and exert themselves little, who sit much immediately after a meal, generally enjoy excellent health, who are not very sensitive nor inclined to colic and diarrhœa, but in whom abdominal disturbances appear by reason of infrequent stool, which often takes place only every two or three days and is not passed without very great exertion, Aloes in small doses is exceedingly suitable. *J. A. Schmidt Mat. Med.*
- . * Constipation from a torpid atonic condition of the intestinal canal, especially in sedentary, old, and people who perform much intellectual labor. *K*.
 - . In habitual constipation with a want of secretion of bile, torpidity of the lower intestines, especially in hypochondriacs and people who have little physical exertion. *A*.
 - . In dilatations in the intestinal canal, where all tone is not yet lost, it should call forth contraction and so expel the accumulations of fœces. *Huebner Gastric Diseases, Leipsic, 1844, in A. Z. f. H. Vol. 2, pt. 3, p. 610*
 - . * Accumulations of fecal masses in the colon, in females. *Copeland Dict. Pract. Med. Article, Colon*
730. * The leading indication for Aloes is, constipation from a deficient secretion of bile, or insufficient irritability of the bile, or from atony of the colon and rectum. *W*.
- . Habitual constipation. *Hong*.
 - . Constipation generally results if one ceases to use Aloes after having used it somewhat. *Hahnemann in Cullen Mat. Med., 2, 584*.
 - . Used for constipation the latter always returns. *Cullen*. I also can testify to this. *S. Hahnemann*.
 - . Obstinate constipation. *Richter*.
735. After the use of Aloes, moderate constipation remains. *Arnemann, sixth edition, p, 419,*

- . In some, constipation should certainly result from the purgative action (from dryness of the intestines), after too long a use especially in large doses. *K*.
 - . Constipation and straining at stool. *Honigberger*.
- Various Symptoms from One Prover:*
- . 1. At two o'clock in the afternoon, an unusual time, a stool too small, in disconnected small pieces, with much offensive flatus, two hours after dinner during a disturbed state of mind, which was still increased after the stool; after three hours.
 - . After the morning stool, the feeling many times as if he ought to go again; at four in the afternoon, a thick pappy, natural stool with the sensation as if it were solid; the second day.
740. A stool at ten o'clock in the evening, thirty hours after the previous one, less than usual, with the feeling again as if it came indolently, it does not present itself in a right way; the fourth day.
- . In the morning, before eight, after breakfast, a disconnected soft stool, with pressing, passing flatus and eructations, at ten o'clock in the evening another stool, soft, disconnected and copious; the sixth day.
 - . A stool at three, p.m., and nine in the evening; the eighth day.
 - . A stool at six and eleven o'clock in the evening; the ninth day.
 - . A stool at six o'clock in the morning, after getting up, small, thin, pappy, easy; the same again at noon and at three in the afternoon with sputtering, that is, with gushing flatus and thin fœces. Just the same in the evening at six and before ten o'clock; could have gone still oftener; the tenth day.
745. Urgency to stool on passing water at night; the tenth and eleventh days.
- . At nine o'clock in the forenoon a second stool, small yellowish, slimy, with much sputtering flatus, with some tenesmus, he dreaded lest he should let fœces and urine both go together; whilst he would force out yet at the

same time he held back, at eleven in the forenoon again; the eleventh day.

- . Cold feeling, with a soft stool; the eleventh day.
- . A stool at three and six o'clock in the afternoon and nine and eleven in the evening; with the last, much loud flatus with very little fœces; the eleventh day.
- . At seven in the morning, immediately after rising, another stool as yesterday; five times through the day, sometimes, only flatus with little fœces, also many passages of flatus besides; could have gone oftener; the twelfth day.

750. Must take care that he does not have an involuntary stool when passing flatus; the twelfth day.

- . Stool five times up to three o'clock in the afternoon, then again five times; continual passage of much flatus, wherewith he must fear that a stool will escape with it; in the evening he could pass flatus loud and strong, without being obliged to fear this; the thirteenth day.
- . A stool at eight in the morning, the same at noon, then indeed twice, just as liquid, though less flatulence; the fourteenth day.
- . Straining as for a solid stool, which was then soft or liquid; the fourteenth day.
- . On rising, he must immediately go to stool, thin, and so indeed three times; much flatus besides wherewith some stool easily escapes involuntary; the fifteenth day.

755. Four copious stools sometimes appear undigested; the sixteenth and seventeenth days. In the forenoon, copious fluid stools within three hours, after hasty urging, greyish yellow, undigested, with much growling about in the abdomen; the eighteenth day.

- . Thin stool mornings, till the twentieth day.
- . 2. At three in the morning he awakes with hasty urgency to stool, dull gripings; movings about in the abdomen, thin, pappy evacuations; afterwards a feeling as if more ought to come; the second day.

(To be continued.)

CLINICAL CASES AND OBSERVATIONS ON HIGH POTENCIES.

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

FIFTH SERIES.

"I approve much more your method of philosophizing which proceeds upon actual observation, makes a collection of facts, and concludes no further than those facts will warrant."—DR. FRANKLIN TO ABBE SOULIAYE.

The cases here reported were treated with High Dilution Potencies of my own preparation, carried up by further dilution on a new plan. The notation is on the centesimal scale. Every thousand is denoted by the letter "m," e. g. Apis mel. $\frac{1}{2}$ m. means two pellets of the forty-two thousandth potency of Apis mel.

The success obtained by these potencies not only confirms the observations made in the first series,* but also establishes the fact, that the action and efficaciousness of homœopathic potencies is not limited to 20000 or 40000—the highest made by Jenichen—but evident even in higher centigrade dilutions as in the 42000 of Apis mel., in the 50000 of Nux vom., and in the 55000 of Sepia.

The question, then, where by potentiation, the terminus of medical action for homœopathic remedies is to be found, at all, is still an open question.

The experience in case number eight settles the fact, that our high potencies, and more particularly doses of a third Globule Dilution Potency of a 10000 centesimal potency, preserve their medical properties, and exert their curative action, when prepared and prescribed in America, mailed in a letter to Europe, and taken at Dresden in Saxony.

In the observations subjoined we commence summing up. When the first series was published (March, 1860), von Bœnninghausen did them the honor of noticing them, publishing a translation and glosses of his own, cordially approving and supporting the views advanced.† Now, before the last series reaches his eyes, they are closed forever. The great master of our art, the champion of true Homœopathy, the standard-bearer of High Potencies in Europe—he is no more.

With feelings of gratitude I cherish, personally, the memory of him, who by words of encouragement and assurance strengthened my purpose when I first professed Homœopathy. "Man kann Alles lernen," he said, in true Frank-^{linian} terseness.

But with deep sadness comes the thought, that his powerful aid should be withdrawn now, when we most need it, to put down the false prophets, criticasters, double-dealers, and disunionists, who by supercilious misrepresentation and disparagement of Hahnemann's labors, betray and endanger the good cause. Oh, that he were still with us in the coming battle, to be fought on the true ground of Infinitesimality, which is finally to decide, by the high potencies of scientific truth, the final triumph of genuine Homœopathy!

* "American Homœopathic Review, Vol. 2, p. 282."

† "Allgem. Hom. Zeitung," Vol. 61, pp. 63, 134, 140, 159, 164.

CASES.

1. ANGINA. OPHTHALMIA.—Therese S., 7 years and 9 months old, of German descent, dark complexioned, at a time when diphtheria was prevalent in the neighborhood, presented the following symptoms.

December 28th, 1863, three, p.m. High fever with dry burning skin; aching in the forehead; maturating of the eyes which stick together, so that she can hardly open them; swelling of the throat on the left side, with pain in swallowing; nausea; pains in all her limbs; sent her one dose of Apis mel. $\frac{1}{2}$ m.

29th. The fever had ceased very soon after taking the medicine. Otherwise she is about the same.

30th. Much better. The swelling went from the left to the right side. Tonsils very red, swollen, looking as if scratched.

January 1st, 1864. Stench from the throat in speaking. Lachesis $\frac{1}{2}$ m.

21. The swelling goes down. Two days after she was well.

2. HERPES CIRCINATUS.—Same patient.

February 13th, 1863.—Ringworm, red and burning, as large as a copper cent under the lower lip, for a week. Sepia $\frac{1}{2}$ m.

After that the eruption subsided within a fortnight.

3. INDIGESTIO.—Mary S., sister of the same, 10 years old, blonde hair, blue eyes, short, fat.

December 7th, 1863. After eating potatoe-salad and pork, vomiting early in the morning in bed; diarrhoea with tearing pains in the bowels; sour taste; coated tongue. Aluminium met. $\frac{1}{4}$ m. Soon relieved.

4. ANGINA. OPHTHALMIA.—Same patient.

December 30th, 1863. Headache, both eyes watering and latterly maturating. Apis mel. $\frac{1}{2}$ m.

January 1st, 1864. Watering and maturating of the right eye; gum-boil. Belladonna $\frac{1}{8}$ m.

January 3d, 1864. The right eye maturating yet; fever, red swollen cheeks; pain on swallowing in the throat on the left side, externally and internally; no appetite. Apis mel. $\frac{1}{2}$ m.

4th. Slight fever in the night; slept but little; throat red, swollen; left tonsil swollen; pain on swallowing still; right eye maturating; no appetite; little thirst. After a day or two well.

5. HÆMORRHOIDES CŒCÆ.—Mrs. N., American, blonde hair and blue eyes, 30 years old; after the loss of a valued friend. February 27th, 1864, complains of aching in the lower part of the back, followed by blind piles with stinging pains; stool regular. Used to have piles when pregnant, which she is not now. Neck and shoulders rheumatic. She is unable to walk. Great depression of spirits. Took Opium 200 (Lehrmann) herself without effect. After Nux vom. $\frac{1}{3}$ m., in some sugar of milk, she got well and went the next afternoon some distance to church. She said, "it acted like a charm."

6. RHEUMATISMUS.—Ch. F., boy 10 years old, dark complexion.

February 4th, 1864. Rheumatic pain in the right knee on walking. Bryonia 40 m, some pellets.

5th. The pain disappeared in the morning after taking the medicine, and returned in the afternoon. Bryonia 24 m., some pellets.

6th. The pain was gone.

7. ABLACTATIO.—Mrs. B., of French descent, dark complexion, well formed, was, March 1st, 1864, delivered of a healthy child. She did not want to nurse the child, although she had nursed her previous children, and was in good condition to nurse again now.

March 4th. Breast very sore, swollen as far as the left arm; pressure and soreness in motion and on touch. The milk is running out. Bryonia 40 m., some pellets, to be dissolved in about one gill of water, and one teaspoonful to be taken once in three hours.

5th. She is doing well. The swelling went down; but still the milk is being secreted and oozing out. Pulsatilla 51 m. in solution as before.

9th. The milk is gone; the breast is quite natural. She has no more uneasiness about it.

14th. Patient called at the office, reporting herself perfectly well.

8. HERNIA INGUINALIS.—J. F. F., of Dresden, Saxony, 75 years old, fat, middle stature, in

August 19th, 1861, during a walk, got stinging pains in the right inguinal region, shooting over into the right hip and the right thigh with difficulty in walking. Coming home, he noticed a swelling just above the pelvis near the hip. After Aconite 30 it disappeared, but afterwards it returned. He then must pass water more frequently than usual. The spine is curved on the right side in such a way that, when sitting, the lowest ribs touch the right hip-bone, the ribs having already assumed a corresponding curvature. Thereupon mailed him three doses. 1. Nux vom. $\frac{1}{2}$ m. 2. Nux vom. $\frac{1}{3}$ m. 3. Rhus tox. $\frac{1}{6}$ m, to be taken dry, successively one a week.

June 1st, 1862. Patient reports, that the remedies had acted successfully, when by a sudden and violent motion in bed he got a relapse. The next physician on hand was called in, and he declared that it was an inguinal hernia which, besides the bowels, contained also some omentum; he then reduced the hernia and put on a truss. Mailed a powder with a quantity of pellets of Rhus tox. 10 m. $\frac{1}{3}$,* with the direction to take three pellets once a week.

November 23d. Patient reports that the hernia had no more protruded behind the truss as often as before, and that, whenever it occurred, it was hardly to be distinguished from a fold of loose skin.

April 3d, 1863. Mailed some more pellets of Rhus tox. 10 m. $\frac{1}{3}$, three once a week. (R)

December 7th, 1863. Received the good news that the hernia had come down no more, that there was no more any difficulty about it, and that patient had stopped taking medicine.

March 12th, 1864. Patient reports that the hernia did no more protrude.

OBSERVATIONS.

"E paucillis atque minutis."—LUCRETIVS.

It remains, to gather the consequences and proper deductions, for general science, to be drawn from the facts and observations collected in the preceed-

* High Globule Dilution Potency, see the "American Homœopathic Review," Vol. 3, p. 88.

ing articles, and also to sketch the position which Homœopathy, especially as determined by high potencies, deserves to occupy among the sciences. But we must here limit ourselves to the following suggestions:

1. The high potencies which form the basis of our observations, are fully known as to their preparation and elements, all having been carefully registered in our books, and the clinical effects of them having been taken from our journals. So there is no mystery, nor uncertainty, about these high potencies and they, at least, claim immunity from the sweeping objections by which heretofore even Goullon, Meyer and others, actually, excused themselves from considering high potencies at all.

2. The general principle of potentiating remedies appears to be a working out of the old theorem: *corpora non agunt nisi soluta*.

3. From the views presented in the observations, it results, that homœopathic remedies are agents and reagents, and more particularly that they are as homœodynamic with the organism in its actual condition, as the organism is homœopathic with them in their proper application. Hence, when they are indiscriminately termed homœopathic, it is done metonymically.

The organism in its healthy condition is by homœopathic remedies always similarly affected, as it is in its diseased condition by the disease, and it is always contrarily affected by them in either condition.

A further result is, that homœopathic drugs are, likewise and contrariwise, morbid and curative, pathopoetic and hygiopoetic, pathogenic and pathotonic, pathic and antipathic, nosantic and hygiantic, according as they are applied to the given state of the organism.

Conformably to these views, the character of homœopathic remedies is always *pathematic*, and at the same time always *homœomatic*, and always *dynamic*. It might be aptly designated as equally *homœopathopoetic* and *homœohygiopoetic*, equally *homœopathogenic* and *homœopathotonic*. Such, or a similar terminology would seem to be serviceable for a short-hand description of the peculiar and distinctive nature of medical *Homœodynamicity*, in which we recognize the basal principle of that Homœopathy and Potentiation which were both discovered, and established, by Hahnemann, the true son of Hippocrates, the equal of Columbus upon the vast ocean of Medicine. These discoveries, being positive enrichments science, form his highest original merit, his *monumentum aere perennius*!

4. Inasmuch as the direction of the action of our remedies in relation to the organism, and its constituent or integrant parts, is in every case distinct, and peculiar, and unerringly specific, as has been recently so well elaborated by von Grauvogl; it is certain, that their effort is always specific in each individual case, where it is properly administered and proves curative; and in this sense a homœopathic remedy is a *specificum*.

But this would seem to be about all that is tenable of the theory of the specificists and of the schools which enjoy the delusion of being orthodox. There is no such thing as a *specificum* for any generic class of diseases, unless it means only a generalization and abstraction of pathognomonic symptoms of single remedies—*Organon*, 5th ed., § 147.

5. The specific direction of the several remedies, or drug-matters, compared with the equally specific direction of the several hypothetical nosoposes, or

disease matters, presents again a similitude and, on account of it, another property of homœopathic remedies, which is recognizable in that they are *homœotropic*.

6. In relation to *Therapia* the inferences from the views developed in the observations, do not here need any more explicit elaboration. Generally these observations may contribute to a correct understanding of what Paracelsus described as the pith of our art, in these words: "*Summum artis mysterium erit in naturæ et remedii convenientis cognitione*."

7. Inasmuch as each homœopathic remedy has, and, especially in its high potencies, maintains, its own, and peculiar, pathematic sphere, and its own pathognomonic character, reflected in the pathogenetic picture,—the old *Nosology* will not be sufficient for any thing else, than a mere nominal index.

But a better system of Nosology, that is, a true and real Pathology or *Pathognosis*, might be built up on the basis of scientifically comparing, and contrasting, and carefully and cautiously grouping, the different symptoms of the different remedies according to the traits which they have similar and in common. This might be done by combining the true pathognomonic symptoms with cautious and correct generalization, in which already Hahnemann, von Bönninghausen, Hering, Lippe, Jahr and others have succeeded to a great extent. The nomenclature, then still desirable, would most naturally be taken from the names of the drugs which produce the same or similar symptoms; *e. g.*, Aconitism, Carbonism, Digitalism, Helleborism, Iodism, etc.

Such a Pathognosis would mainly depend upon the study of high potencies, because they, as is confirmed by Jahr, "present the real, proper and peculiar characteristics of the remedy."

True, such Pathognosis would certainly presuppose considerable help from micrological, microscopical, anatomical, microchemical, and other exact observations, finer than those hitherto made by physicists, chemists, and physiologists. Yet it may confidently be hoped, that, as science and arts proceed in their onward march, they will, with a fuller appreciation of the throughout micrological character of *all* matter, and of *all* natural processes, find, and acquire, those finer methods and instruments which are required to elucidate, palpably, what Homœopathy, without them, has already commenced to secure by her experience and observations, and by her operations with finest substances upon the fine organization of the human body.

8. Inasmuch as the true *Remedium* is that drug which in quality, substance, and effect, is *contrary* to the given state of the organism, or its concerning organs, therefore capable of unmaking the disease in the sick, and making the disease in the healthy organism; and which, at the same time, in relation, quantity, form and modality, is conform and equal, ergo *similar*, to the given pathopoesis or morbification, and most nearly so, and in the exactest possible proportion unto the quantity and form of the disease; and which is, therefore, *homœotic*, or capable of assimilating the disease; and inasmuch as the corresponding pathopoesis, or morbid agent, must be *equally homœotic*, or capable of assimilating the drug, or hygiopoesis; it is clear, that such a *remedium*, necessarily, is thorough, direct, positive, radical, and precise in its effect, and that any other drugs, selected and administered after other theories, can only be

more or less indirect, negative, palliative, or alterative, and uncertain in their action—*Positivity of Homœopathy*.

9. The correlation of physiological and pathological Assimilation in the view we have taken, will find its illustration in an examination into the effects of our best known remedies from which we select Arsenic as an example.

The pure metallic Arsenic undergoes no oxydation in the alimentary canal, is eliminated in its pure metallic state, and not poisonous. (See Schmidt and Bretschneider in *Moleschott Untersuchungen*, Vol. 6, p. 140.)

The arsenious acid, if taken in large and massive doses, terminates life more or less rapidly, and is one of the most formidable poisons.

The same arsenious acid is taken habitually and regularly, in small doses, by mountaineers, in some places, for the purpose of improving their "wind" and of preserving and bettering their general health. And there its effects are, that the people who make a regular practice of Arsenic eating, with certain precautions, grow upon it sleek and fat and red-cheeked, and their appearance improves generally. Likewise it is given to horses, cattle and hogs for the purpose of fattening them up. And we are informed that in the Styrian stud of the King of Prussia it is made a rule to give Arsenic to the horses. Thus Arsenic serves as a nutritious element.

The same arsenious acid is, in some places, taken regularly, and in small doses, by persons who are connected with the manufacture of Arsenic, for the purpose of avoiding the deleterious effects of the fumes of the poison, and this is done not only with impunity, but with marked benefit, as it preserves their lives. Thus Arsenic serves as a prophylactic, and at the same time as a remedy and a nutriment.

The same arsenious acid, if taken in infinitesimal quantities, cures such complaints as are similar to those produced by it in large doses. Thus Arsenic serves as a true *remedium*, and is one of the most efficacious remedies in our *Materia Medica*.

Arsenic, therefore, stands as full proof for the fact that the same substance may be indifferent, poisonous, nutritious, morbid, or curative, as the case may be; the effect depending upon the mutual action of the organism and the drug, according as it is assimilable in different degrees.

We are aware of the objection against considering arsenious acid as a nutriment, on the ground that it diminishes the ordinary waste of the tissues and causes an amount of fat and albuminous substances, equivalent to the repressed carbonic acid and urea, to remain in the body and to increase its weight, when the animal receives at the same time a sufficient amount of food. (*Schmidt and Sturzwege Jour., f. pr. Chem.*, 1859, Vol. 78, p. 373.)

But this objection rests on the narrow view physiologists take of assimilation. The arsenious acid must be assimilated by the tissues in some way or other, if it is to diminish their waste. And, that it is so assimilated, is conclusively proved by the chemical test in post mortem examinations.

10. Hippocrates already observed the correlation of physiological and pathological assimilation, and laid down illustrations, and rules drawn from it for practice, in various passages of the books which we have under his name. His

views in this respect are concentrated in this sentence: "For any other thing is food to one and injurious to another." (*de morbo sacro. ed. Adams 2, p. 843*).

But this, like many other good things, was mostly neglected by his epigones and so it is, that the profession generally, even homœopathic physicians, still cling to the untenable definition of a "remedy" which assumes it to be unassimilable matter.

It must be acknowledged, however, that Falck, of the physiological school, refers to the difference in the effects of toxication as depending upon the dose and the state of the organism. But he, too, completely ignores what, before him and in the very same direction, was observed by Hahnemann and others, and what might be well made available for *Toxicology*.

11. With that understanding of remedial action, which is adopted in our observations, Boërhaave's, "*Idem remedium aliter afficit sanum hominem, quam aegrotantem,*" and Hartman's, "*Corpus etiam aegrum longe alium ac sanum a medicamento effectum experitur necesse est,*" are easily reconciled and scientifically confirmed. Of course the same drug operates differently upon different states of the organism. And by our Homœopathy it is proved that it operates contrariwise as well as similarly.

Of the Holmesian witticism, "that, what is injurious to the healthy, must be injurious to the sick," it is hardly worth while to say more, than that it is, at best, an injury to logic.

12. In regard to *Biology* our theory of homœopathic high potencies leads to the following views:

Nutrition is the result of *assimilation of nutritious matter*, contained in the particles of food, comminuted and refined by mastication and digestion, and combined with indigestible matter which serves as a vehicle to keep the nutritious matter in the required condition of fineness and comminution.

Nutrition is thus carried on by *potentiation of nutritious matter* in the organism, rendering it assimilable by the concerning parts or organs of the system.

Every part of the organism assimilates of the nutritious matter, presented to it in a variety of forms, whatever is affined to its own substance, and nature, and required to meet its wants.

Consequently, any food which by such assimilation contributes to the self-preservation of the organism, is proper nutriment.

As there is an assimilation of nutritious matter, so there is an *assimilation of noxious matter*, and whatever does not tend, or contribute, or agree to, or concur with, the self-preservation of the organism, is noxious to it.

The indigestible matter of the particles of food which, as a vehicle, keeps the nutritious matter suspended in a state of comminution or fineness, forms one source of assimilation, of noxious matter, being itself comminuted and refined by the process of digestion, in such a manner, that its assimilation is facilitated, which again is *potentiation*.

The ingestion of poisons and drug-matter in a crude state, by their contact and chemical action upon the organism, forms another source of assimilation of noxious matter.

The ingestion of nutritious matter, when nutrition is deranged, forms a third source of assimilation of noxious matter, the nutriment, thus ingested,

itself becoming noxious to the organism, by virtue of its chemical and physical properties.

The perversion of nutrition, taking place where the self-preservation of the organism does not require nutrition, and being contrary to self-preservation, forms a fourth source of assimilation of noxious matter.

The ingestion into the healthy organism of drug-matter in a condition of comminution or refinedness, obtained by high potentiation, forms a fifth source of assimilation of noxious matter.

All this taken together, it will be perceived, that all matter assimilated by the organism, through its various parts and organs, stands in the signification of nutriment or noxious matter, conversely, as the case may be. And whether it act as the one or the other, depends upon the place, and upon the part in the organism, where the assimilation is going on, and upon the velocity of the assimilating process, as well as upon the (infinitesimal) comminution, or fineness, of the matter, and, of course, upon the affinity of the assimilating particles to those assimilated, and *vice versa*.

Noxious matter may be assimilated, and by nature prevented from exerting its specific action, by being enveloped with indifferent tissues so as to remain indifferent, or innocuous, to the self-preservation of the organism for a longer or shorter time. *Innoxious assimilation of noxious matter.*

Assimilation, everywhere, is accomplished by *potentiation*, that is by rendering the infinitesimal particles of matter susceptible and active according to their inherent affinities.

Disease originates in the specific action of noxious matter which is either produced within the organism, or brought in from without, and it is always carried on by a process of assimilation.

As homœopathic remedies are obtained by potentiation, that is by comminuting and refining drug-matter, by means of a *vehicle* easily assimilable, so nutritious matter appears to stand as the vehicle in the natural potentiation of those noxious materials which the organism itself prepares as remedies for its own self-preservation.

As the whole organism draws upon digestion, as the source of its nutrition, so every part and particle of the organism draws upon the various materials successively worked out by the different processes of animal chemistry for its own proper nutriment, and assimilates them for its own particular use and subsistence. Thus the lacteals draw upon the chyle prepared by digestion; the lymphatics upon the transudation of the capillaries; the blood upon the fluids of either of these; and the nerves upon the blood.

Those parts of the organism which do not satisfy their wants and requirements by this intra-organic nutrition alone, assimilate from the outer world, whatever is necessary, not only for their own existence, but also for their cooperation with others and for the self-preservation of the organism. Thus the blood assimilates oxygen from the air; the eye light; the ear sound; the nose olfactory matter; the tongue gustatory matter; the skin surfaces; the brain and nerves phosphorus; the mind operations of other minds by means of the senses, and so on; the organism, in fact, continually assimilating from the planet and the universe as long as it lasts. Consequently, the whole organism

is the product of assimilation of matter, and its action is the results of potentiation of matter. And so is disease. And so is health. And so is all life.

The hypothetical ether is, possibly, infinitesimally comminuted matter in space, forming, as it were, the reservoir of the high potencies required for the *Universal Assimilation or Homœosis*, which is continually going on and mediating all life in the world.

13. The inferences for *Aetiology*, to be drawn from the above advanced biological views, are easily understood.

Inasmuch as the properties and effects of homœopathic remedies are similar to the properties and effects of what we must conceive to be the causes of the diseases which they cure, it would not seem unlikely that the material substance, or nature, of both, the drug-matter and the disease-matter, should be also similar.

And, if so, it would give an important addition, if not a new basis, to *Aetiology*, which, therefore, will have to direct its attention to the homœopathic *Materia Medica*, and complete its investigations by the results of the homœopathic provings which are, in fact, as many *ætiological* studies.

The probative process is the reverse of the curative process, and there is no reasonable doubt, but that by proving the disease is produced under the same laws of nature under which the disease is produced otherwise.

14. The *homœotic hypothesis* proposed in the course of these observations and deductions, is an unpretending effort of harmonizing, and subsuming under one common head, many important physiological and physical phenomena, which appear to bear near relation and resemblance to the healing process by homœopathic high potencies.

It can hardly be denied, that the homœotic nature of our healing process shows itself in the fact, that the remedies, in different degrees of potentiation, exert their natural selection and affinity for certain parts and conditions of the organism in different degrees of intensity and susceptibility.

Considering, that the conception of *Mutuality* of action is, indeed, as Herbart observes, transferable and applicable to *Chemical Affinity*; believing that the character of our *Homœosis* corresponds to Newton's "*propensity of nature to transmute everything into its contrary*," and to Leibnitz, "*harmonie preestablie*," and remembering Kant's conception of "*chemical interpenetration*" which Herbart once thought, deserved to be made the foundation of all natural philosophy;—we may feel assured, that further examination will be accorded to this subject, for the purpose of more fully elucidating its comprehensive relations to science; and that it will ultimately lead to good practical results.

As it is, our *Homœosis* presents a generalization and combination of Grove's and Faraday's *universal correlation and mutual conversion of the physical forces of matter*, and of Herbart's "*concurus incompletus*," applied to *Physiology*, *Pathology*, and *Therapia*.

The homœomatic idea in general is proverbially expressed in Pope's sentence: "All nature's difference makes all nature's peace;" and poetically rendered in the lines of Tennyson:

"Nothing in this world is single,
All things, by a law divine,
In one another's being mingle."

It is classically depicted by Goethe's master hand in the words:

“ Und es ist das ewig Eine,
Das sich vielfach offenbart,
Klein das Grosse, gross das Kleine,
Alles nach der eignen Art,
Immer wechselnd, fest sich haltend,
Nah und fern, und fern und nah,
So gestaltend, umgestaltend,
Zum Erstaunen bin ich da!”

And, it is, with characteristic emphasis and precision, embodied in Faust's exclamation;

“ Wie Alles sich zum Ganzen webt,
Eins in dem Andern wirkt und lebt!”

But the practical realization of this homœopathic idea, and its application to medicine, is properly due to Homœopathy.

BOOK NOTICE.

NEW REMEDIES: *Their Pathogenetic Effects and Therapeutical Applications in Homœopathic Practice.* By E. M. HALE, M.D., Etc., Etc. 8vo., pp. 447. Detroit, Mich., E. A. LODGE. 1864.

This work of Dr. Hale, which has been looked for with no little impatience, will be welcomed by our colleagues. Many Homœopaths hear much talk about a variety of remedies in more or less common use in this country, and particularly in the Western States, but respecting which they have little or no knowledge and no means of acquiring any. Dr. Hale has undertaken to collect into one volume all that has been published and all that his own investigations and those of his immediate associates have yielded respecting a number of those “indigenous” vegetable drugs. Much of what he offers us is sifted from the publications of the Eclectic School, by which chiefly these drugs have hitherto been used. To what he has gathered from this source, Dr. Hale has added a number of provings by himself and his colleagues, and a host of more or less interesting clinical records and observations from Homœopathic, Eclectic and Allopathic sources.

The work hardly deserves the title which the outside of its cover bears—“New Homœopathic Provings”—since in the sense in which we have been accustomed to use the word “proving,” most of these are nothing of the kind. But, as collections of all that is known, in an empirical and clinical way, of substances that must prove to be valuable drugs and richly deserving of a thorough homœopathic proving, these essays are certainly valuable and highly suggestive. That this view is taken of them by the author himself is evident from a portion of his preface: “I do not claim that this work is *complete*. Indeed I shall be satisfied if it is only pronounced by the profession as *eminently suggestive*. Many of the provings are very imperfect, and some of the clinical remarks are open to criticism. Let the wheat be separated from the chaff by the inextinguishable test of honest trial.”

If the volume prove really so “*suggestive*” as to induce exhaustive provings, especially on women, of such remedies as *Caulophyllum* and *Cimicifuga* and *Phytolacca* seem likely to prove, it will have accomplished a great good

The scope of this volume and the animus in which its preparation was undertaken may be gathered from the following sentences of the preface:

“The causes which led me to investigate the properties and virtues of the remedies mentioned in the following pages, will be patent to every progressive mind. After using for many years those invaluable remedies found in our standard *Materia Medica*, most of which were handed down to us by Hahnemann and his colleagues, I found that although their curative scope was very wide, it did not apparently include many symptoms and diseases.” We believe that the careless construction of a sentence or, more probably, an error of the printer, has made Dr. Hale say what he could hardly have intended to say.—For, assuredly, the curative scope of the remedies in Hahnemann's *Materia Medica* does “include” very “many symptoms and diseases.” We suppose he meant to say, “although their curative scope was very wide there were nevertheless many symptoms and diseases which, apparently, it did not include.” He proceeds: “I was led to investigate the field of indigenous remedies for these reasons: First, the suggestion of Teste that plants are adapted to cure the diseases which infest the same localities; and, second, the many cures which had come under my observation made by these remedies in the hands of eclectic and domestic practitioners.”

Reason first, is rather fanciful. The same Providence which created plants to serve as remedies for diseases, gave to man the intellectual faculties necessary for the discovery and application of remedies for sicknesses, and also inventive genius which supplies him with the means of traversing the globe in search of whatever may minister to his needs. It would be a very narrow view of Divine Providence to suppose, for an instant, that the Creator meant the enterprising inhabitants of Michigan to sit down upon that peninsula in close communion, their every want supplied, and every craving satisfied by the productions of its bountiful soil or its stores of subterranean wealth. While he caused *Phytolacca* to grow in their fence rows, a ready cure for their diphtherias, and *Baptisia* for their fevers, he also designed them to rely on their wide-searching and adventurous energy to seek out and procure the Mercury of Idria or of Nevada for their dysenteries, the Aloes of Socotra for their hæmorrhoids, and the *Croton tiglium* of Ceylon for the camp diarrhoea which is decimating their brave regiments in Virginia.

The second reason is as good as could possibly be given. Dr. Hale continues, “After several years spent in the investigation and study of the new remedies, publishing, from time to time, items from my experience with them, I was induced to attempt the work of collecting all that had been published concerning the indigenous plants of this country, and to add to such all the knowledge, clinical and theoretical, which could be gleaned from my colleagues, together with my own.” For this much desired knowledge, so acceptably offered, we present hearty thanks to our colleague and we shall best show our appreciation of the service he has rendered us all, by laboring diligently to make more complete and exact the provings he has given us.

In hastily looking over Dr. Hale's book, we are surprised to observe that under *Arum triphyllum* he has omitted all notice of the great use made of this remedy in scarlatina, by Drs. Hering and Lippe, and of which Dr. Lippe pub-

lished a brief account in the AMERICAN HOMŒOPATHIC REVIEW, Vol. 3., pp. 28, *et seq.* Dr. Lippe says, "This very valuable medicine was first introduced as a remedy in scarlet fever by Dr. C. Hering, and the attention of the profession was first called to it in number nine of *The Homœopathic News*. Since then many cases of malignant scarlet fever have been successfully treated by this new remedy, and some indications for the administration of this medicine can now be given. * * *

The most indicative symptoms for Arum are the great sore feeling of the mouth, the redness of the tongue, the elevated papillæ, the cracked corners of the mouth and lips and the stoppage of the nose without much coryza. Urine very abundant and pale, the submaxillary glands swollen. The eruption all over the body, much itching and restlessness. Arum very often caused a great hoarseness and while other symptoms will improve, the hoarseness will become much worse if the medicine is continued too long."

Dr. Hering, who is quite Hahnemannian in his views and practice, has been regarded as altogether an "old fogy" by some of our "progressive" colleagues, especially those in the West, who, little knowing the wide range of his observations and his untiring labors, represent him as quite ignorant of, and indisposed to employ the more recently discovered remedies and which they suppose him to contemptuously designate "new fangled remedies."

In view of this fact it gives us pleasure to point out that Dr. Hering, the "old fogy," was the first to introduce to the homœopathic school, fourteen years ago, a remedy now again introduced as a "new" one, by a Homœopathician who seems to have overlooked the fact that *this very new fangled remedy*, has to the "old fogy" been an "old story" for many a day.

We should have expected also to see in this work the proving of *Lachnanthes tinctoria* by Dr. Lippe, recently published in this REVIEW.

In typographical execution the book bears evidence that, in Detroit no less than in New York, the pressure of the war is severely felt, deranging every form of industrial labor. Errors of the compositor and lapses of the proof-reader are very numerous, though not very often likely to lead the reader astray. We could have wished, however, that the proof-reader had not perverted Walter Scott's famous line,

"Oh! woman in our hours of ease,"—*Scott's Marmion*.
into "Oh! woman in our bowers of ease."—ascribing it to *Milton!*

D.

MEETING OF THE HOMŒOPATHIC PUBLICATION SOCIETY.—A Meeting of the Homœopathic Publication Society will be held in Philadelphia, October 10th, 1864. At this meeting a permanent organization of the society will be effected. Members of the society and the profession generally are invited to attend. By order of the Executive Committee,

CARROLL DUNHAM, M.D., *Secretary for the East*

THE

AMERICAN

HOMŒOPATHIC REVIEW.

Vol. V.

NEW YORK, NOVEMBER, 1864.

No. 5.

HAHNEMANN'S THREE PRECAUTIONS.*

BY DR. C. VON BËNNINGHAUSEN, MUNSTER.

The now deceased author of Homœopathy in his works the *Chronic Diseases* (Vol. 1, page 146, and also on the following pages of the second edition) has especially laid down "Three Precautions," and recommended them in the most urgent manner to his followers and disciples, designating the neglect of them (page 149) as the greatest error that the homœopathic physician could be guilty of. These cautions are as follows:

1. To suppose that *the doses* which after many experiments and compelled by experience I have moderated even up to this present time, and which I have pointed out under each antipsoric remedy, *are too small*.
2. The improper selection of a remedy.
3. Hastiness in not allowing each dose sufficient time to develop and exhaust its action.

Whether it is superfluous and out of season to remind Homœopathicians again of these teachings and warnings of the great acknowledged observer, I will certainly leave to the judgment of all true Homœopathicians, for it is an acknowledged fact that these three precautions, especially

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the *first* and *third*, constitute the difference and contradiction of the practice of the present day with the original doctrine.

When, some years ago, the lamented separation among Homœopaths took place, and when it seemed probable that Griesselich and Co. were already gaining a complete victory in the dubious specificism over Hahnemannism, that portion of the Homœopaths who had adhered to the revealed truth, hoping for more enlightened times and tired of the literary cudgalings, retired for a period from the scene of action, and abandoned the field to the loquacious scribes and leaders of this newly established school, who seemed to take pleasure in exercising their ingenuity in the denial of the doctrines and practical rules established from long years of experience by the founder of Homœopathy. In the place of the *Organon* which the conscientious and qualified Hahnemann had uninterruptedly for the space of thirty years, purified and remodelled, they read the *Organon* of Rau, which having started up like a fungus disappeared as fast, and in the place of the doctrines contained in the work on *Chronic Diseases*, results of twenty years experience, they studied the hypotheses and contradictions promulgated in the ephemeral pages of the *Hygea*. Who can deny, or be astonished, that in consequence of the pernicious doctrines of that journal, the homœopathic school in Germany lost a considerable portion of the ground which the original disciples of Hahnemann had conquered with so much honor and perseverance; for almost every homœopathic practitioner was more or less carried away by the whirlpool, and I myself am indebted for a speedy return to the doctrines of true experience and science to the warning of my deeply regretted teacher and friend, who faithfully and in an uninterrupted series of letters helped me to distinguish truth from falsehood by careful experiments, comparisons and unprejudiced observations.

Many must have shared my doubts, but have probably been freed from them more slowly than I. The number of those who repel the errors that have been introduced in our school, and who defend them against the original and only

true doctrine of the master, is increasing from day to day. A year ago and scarcely any one dared to speak in their favor; the impertinent, bold and frequently vulgar tone of the Specificals had intimidated the most capable and even the most experienced disciples of Hahnemann to the extent, that they finally kept their better convictions to themselves, and the Editor of the *Archives* is at liberty to impeach my veracity if I here deviate from the truth, but, out of fear of the strong dose men, they did not hesitate to advise that great cures by means of the smallest and rarest doses should be kept concealed.

During this period of weakness and ignominy when I should have been proud to struggle openly for the truth, together with other honorable men who shared my faith and convictions, circumstances unforeseen prevented me from fighting the battle for truth and justice. My contributions to some numbers of this journal had therefore to be published anonymously.* This induced a few mean opponents, although the Editor of the *Archives* gave my name afterwards as the author of those publications, to doubt the truth of my simple narrations, although I can at any time prove the facts by my journals. If I felt grieved by the proceedings of my opponents, it was not that the attack could injure either my honor or good name, the only sorrow felt was the evidence of the great decay of true Homœopathy in Germany, where cures were doubted which had formerly been credited, even at a time when the homœopathic doctrine was less advanced than it is now.

Unless the signs deceive me, we are at the commencement of a new epoch, marked by the death of a master, whose genius hovers to inspire us, an epoch when the unity of the school shall be restored, when the excrescences shall be

* They are all signed Dr. B., at D., and I make this remark to prove that even in small matters I respect the truth. D., Darup, is my country seat, three and a half leagues from Munster, which I visit almost every week for a few days of relaxation and, where, not pressed by patients, I found more leisure to pen these contributions and give my time and attention to the study of Homœopathy without molestation.

chopped off, and the genuine metal separated from the dross, which up to this time has been a check to the progress of the science. We must henceforth be more firmly united. Let all who desire the good, exclude from the ranks, and with unrelenting severity, those who ridicule the great cause, schismatics and all who attempt to substitute opinions and hypotheses for careful observations. But we may at the same time honor the memory of the great reformer in medicine, in a manner both practical and respectful, by subjecting the doctrines of a man thus gifted with rare talents, and who devoted fifty years to close observations and study to leave us the results, if after repeated and comprehensive examinations and trials, we candidly communicate our own experiences one to the other. This would be the best mode of preparing the monument which the great man has merited by the services he has rendered to humanity.

After this digression which time and circumstances have caused me to make, I return to my original proposition.

PRECAUTION No. 1. *Smallness of the Dose.*—The debates relative to the smallness of the dose are further than ever from being considered closed. The more that has been written on that subject for some years past, the more contradiction has been heaped upon contradiction. A truly remarkable circumstance in this discussion—a circumstance which is by no means creditable to the opponents of the small doses—is the fact of the manner in which Hahnemann gradually arrived at the introduction of the small doses in practice, from repeated trials, observations and experience, and which seems to have been either forgotten or entirely ignored. It is therefore quite time to recall the precepts and opinions of the old master once more to mind.

My readers will certainly save me the trouble of showing by the *Organon*, from the first to the fifth edition, that it is experience only which led the carefully observing author of that immortal text book step by step to the minuteness of doses, which has now become an object of derision to the Specificals. As I may presuppose that this book is in the

hands of all those who merit the name of Homœopaths, it will be easy to find in sections 275 and 288 (fifth German edition) what has been said on the subject. I can not with the same certainty expect that Hahnemann's work on *Chronic Diseases*, and especially the second edition, should be in the hands of every one, because at that very period views were expressed, to illustrate which is not the place here, and which two years later were alluded to by the author and will be fully understood by those familiar with the history of Homœopathy when reading the preface of the third volume published by another publisher. It will, therefore, be advisable to quote the very words of the experienced investigator.

After Hahnemann had spoken of the homœopathic exacerbation, he says, in the second edition of the *Chronic Diseases*, "If the original symptoms of the disease continue with the same intensity in the succeeding days as in the beginning, or if this intensity increases it is a certain sign that, although the antipsoric remedy may be homœopathic, yet the *dose was too large*, and it is to be feared that no cure will follow. The remedy by the magnitude of the dose is able to produce an effect in some respects similar, but in consideration *that the medicine by its too powerful action develops by its similarity not only effects extinguishing the disease, but also an unsimilar chronic disease in place of the natural disease*, establishing a more painful and severe disease without curing the former.

That portion of the preceding quotation printed in Italics, embodies great truths which have never been denied, and which have been abundantly confirmed by the numerous results of the allopathic treatment of chronic diseases, and is therefore well worthy of attentive and serious consideration. Such results are even witnessed in the comparatively easy treatment of syphilis from abuse of Mercury, which is then termed secondary syphilis; but especially do we witness them in the treatment of primary itch with the simultaneous use of Sulphur internally and Mercury externally, which begets a monstrous chronic disease, and in most cases would even be inaccessible to Homœopathy without Causticum or Sepia.

Hahnemann continues afterwards: "This pernicious effect of too large a dose may be observed already in the first sixteen, eighteen, or twenty days of the action of the remedy administered in too large a dose. In such a case it becomes necessary either to give an antidote, or, if the antidote should not be known, to administer a very small dose of such an antipsoric as corresponds most homœopathically to the symptoms, both to the artificial and natural disease. If one antipsoric should not be sufficient, another one of course should be given after being selected with the same care.

To confirm this rule, and as a proof that it has been drawn from experience, the acute observer adds in a note: "The accident, above alluded to, which is very much in the way of a cure and cannot be sufficiently guarded against, I have witnessed in my own practice, at the time when I was not fully acquainted with the power and strength of the action of the remedy. I administered *Lycopodium* and *Silicea* in the billionth potency, in doses of four and six small pellets.—*Dicite moniti.* What Specific, endowed with the acute powers of observation which characterized the genius of Hahnemann, has ever been able to give the lie to his master's teachings in regard to the magnitude of doses, by defeating Hahnemann's experience by his own! As long as Hahnemann has not been convicted of error, I should say that it is a gratuitous and foolish indiscretion to substitute a different practice for his, and even to demand that the experience of a few rash innovators should be credited more than that of Hahnemann, backed by the experience of a host of able and devoted practitioners of the homœopathic healing art.

How little an excessive dose is capable of displaying its full curative powers, may be seen from the following remarks of the author of *Homœopathy*: "The excessive action of the otherwise homœopathic remedial agent having been subdued by the proper antidote or by antipsoric remedies, the same agent may be exhibited again if homœopathically indicated, but of a much higher potency and in a more minute dose." But this agent would have no effect, if a first powerful dose

of it had accomplished in the beginning all the good that the agent was capable of.

"Finally," Hahnemann observes (page 149), "Nothing is lost by giving even smaller doses than those which I have indicated. *The doses can scarcely be too much reduced*, provided the effects of the remedy are not disturbed by improper food or any other counteracting influences. The remedial agent will act even in its smallest quantity, provided, always, that it corresponds perfectly with all the symptoms of the disease and its action is not interfered with by dietetic transgressions. The advantage of giving the smallest dose is this, *that it is an easy matter to neutralize its effects should the medicine not have been chosen with the necessary exactitude.* This being done, a more suitable antipsoric may be exhibited."

This advice ought to be carefully considered especially by beginners, together with the warning which Hahnemann has expressed in the preface to his work on *Chronic Diseases*. "What would they have risked, if they had at first followed my indications, and had employed small doses? The worst which could have befallen them, would have been that the doses would prove of no avail. It was impossible that they should do any harm. But instead of exhibiting small doses, they employed, from a want of sense, and from their own poor knowledge, too large doses for homœopathic use, thus endangering the lives of their patients, and arriving at truth by that circuitous route which I traveled over before them with trembling hesitation, but the end of which I had just reached with success. Nevertheless, after having done much mischief, and having squandered the best portion of their time, they were obliged, when really desirous of curing a disease, to resort to the only true method which I had demonstrated to them without reserve, candidly and openly, a long while ago."

I should weary the patience of my readers if I were to continue this subject still further. He who is desirous of having an accurate knowledge of my views about the matter

of the doses, may read my work entitled *Homœopathy for Intelligent Laymen*. Page 203 of this work, a special chapter has been devoted to the "smallness of the doses," which I feel bound to approve of even now, after many years of experience, and after having suffered myself to be carried away for a time by the hue and cry against small doses, and having also prescribed larger ones with much less success, especially in the treatment of chronic diseases. The reasons for my adhering to the small doses may be found in my journal, which has now grown to the number of fifty-five large quarto volumes, and also in my communications to the *Archiv.*, signed Dr. B., of D. I should observe here that Hahnemann has never deviated from this practice of giving small doses, even in the last years of his practice; and the insinuations of the Specificals to that effect are totally without foundation. These insinuations are not only contradicted in the preface to the *Chronic Diseases*, which was written at the end of 1838, but I can likewise show their falsehood by the letters which have been exchanged between Hahnemann and myself without any interruption, from the middle of the year 1830 until two months previous to his death, evidently proving that, so far from increasing the doses, Hahnemann had, on the contrary, steadily diminished them progressively until the last moment.

Inasmuch as we know but little of the cures performed by our late master, with the exception of the two cases reported in the preface to the second volume of the *Materia Medica Pura*, and a few more facts which have been but slightly touched upon, I may perhaps afford a pleasure to most Homœopaths, by communicating two extracts from Hahnemann's Journal, which he sent to me on the 24th of April, 1844, as proofs of the efficacy of small doses. Whenever the potency is not distinctly indicated in these two reports, the reader will please understand the sixtieth.

Case 1. Julie M., a country girl, 14 years of age, has not yet menstruated. September 12, 1842. Sleeping in the sun, a month ago. Four days after having slept in the sun, she

imagined she saw a wolf; six days after this she felt as though she had been knocked on the head; she became delirious, frantic, wept a great deal, sometimes breathed with difficulty, spit up white mucus, was unable to express what she felt. She took Belladonna in seven tablespoonfuls of water, after shaking the dilution; mixing one tablespoonful of it with a tumbler full of water, taking one teaspoonful in the morning.

16th. More calm; was able to blow her nose which in her frenzy was impossible; she is yet delirious, but does not gesticulate as much, had wept a good deal the night previous. Stool normal. Sleep pretty good. Is yet restless but was a great deal more so previous to taking Belladonna. The capillaries of the eye are considerably injected. Appears to have a pain in the nape of the neck. One teaspoonful from the tumbler in which one tablespoonful had been mixed was poured into a second glass of water, and taken every morning from two to four teaspoonfuls of the second mixture, increasing the dose by one teaspoonful every morning.

20th. Much better, speaks more rationally, wants to do something, calls me by my name, and wants to kiss a lady who is present. This was the commencement of a sort of sensualism which now manifested itself. She is easily irritated, fault-finding, sleeps well, weeps very frequently, gets angry about trifles, eats more than usual; when she is in her senses she likes to play, but like little children. Belladonna, one pellet, to be dissolved in seven tablespoonfuls, one tablespoonful of which to be mixed in another tumbler full of water, taking one teaspoonful a day, early in the morning. ®

28th. Considerable irritation on the 22d, 23d, 24th, day and night; great lasciviousness in manners and words, raises her frocks and wants to touch the genitals of other persons; gets angry easily and strikes every body. Hyosciamus X°, prepared as the Belladonna, one teaspoonful.

October 5th. Had not been willing to eat any thing for five days past; complains of colic; is less angry and lascivious, more rational. Stool very soft, itching over the whole

body, especially in the region of the genital organs. Sleep sound. Saccharum lact., for seven days, one teaspoonful as above.

10th. On the 7th she had a violent fit of anger, wanted to strike every body. Next day, fit of fear and tendency to start, as at the commencement of her disease (fear of an imaginary wolf); she imagines she is going to be burnt. Since then she had become calm, and had talked rationally and with perfect propriety for the last two days. Sacch lact., etc.

14th. Feels well and is rational.

18th. The same, has sometimes a little headache; disposition to sleep in daytime; less cheerful. Sulphur, one pellet in three successive tumblers; one teaspoonful early in the morning.

22d. Feels very well, has very little headache. Sulphur, next lower potency, in two tumblers.

She used Sulphur occasionally until November, and remained a healthy, sensible, lovely girl.

Case 2. O., actor, 33 years old, married.

January 14th, 1843. Has been frequently troubled with an affection of the throat for several years past; has a new attack, which lasted already for a month. When swallowing saliva, he feels a stinging sensation, tight and sore feeling.

When the throat is not affected, he suffers with a fissure in the anus, painfully smarting; the anus is then swollen, inflamed and narrower than usual; the expulsion of the feces is very difficult under those circumstances, and is accompanied by the protrusion of hæmorrhoids. Bell. X^o dissolved in seven tablespoonfuls of water, one tablespoonful to be mixed in a tumbler full of water, one teaspoonful of this last mixture at a dose.

15th. The sore throat was worse in the evening.

16th. The sore throat had disappeared, but the affection of the anus had returned. Painful stool in the evening. He confessed that he had had a chancre eight years ago, the removal of which by cauterization had been followed by the above named symptoms.

On the 10th of January, he took Merc. viv., one pellet prepared and taken as above.

20th. Sore throat had almost gone. Anus improved;—feels yet some soreness after the stools; pulsations, swelling and inflammation had disappeared. The narrowing was less. Merc. viv., one pellet, ($\frac{2}{3}$) of the second higher dynamization, prepared in the same way as before, and taken in the morning.

25th. Throat almost well, but smarting pain and *violent stitches* in the anus, violent pain in the anus after stool, some narrowing and heat.

30th. Last dose (one teaspoonful) in the afternoon. On the 28th the anus was better, the *sore throat had returned*; the smarting in the throat was pretty violent. One pellet in sugar of milk, dissolved as above, and taken for seven days, one teaspoonful a day.

February 7th. Considerable ulcerative pain in the throat. Colic, good stools, but several in succession, with great thirst. Anus is perfectly well. Sulphur $\frac{2}{3}$ in seven tablespoonfuls, as above.

13th. Had an ulcerative pain in the throat, especially when swallowing the saliva, which he now secretes in abundance, especially on the 11th and 12th. The anus has become a little narrower, especially since yesterday. Smelled of Mercury, and took Merc. v., second highest potency, one pellet to be dissolved in seven tablespoonfuls of water, to which was added half a tablespoonful of brandy; mix one tablespoonful in a tumbler full of water, and take one teaspoonful as above.

20th. The throat has been better since the 18th; great pains in the anus; stool is painful when passing it; thirst decreased. Sugar of milk in seven tablespoonfuls, etc.

March 3d. No sore throat. When passing the stools, an empty hæmorrhoidal tumor makes its appearance, with itching of the part (formerly with burning and smarting).

Smelling of Ac. nitr, and sugar of milk, in seven tablespoonfuls, etc.

20th. The pain after the stool has almost gone; yesterday he passed some blood with the stool (old symptom). The throat is sound; there is a slight sensation when drinking cold.

Smelling of *Ac. nitr.*—(Smelling is performed by opening a little vial containing one-half ounce of diluted alcohol or brandy, and smelling for one or two moments of a pellet which had been dissolved in it.)

Remained well ever since.

Hahnemann designates these cases as not being the most instructive. Leaving both the Hahnemannians and the Specificals to comment upon them, I pass to the second precaution.

(*To be continued.*)

PATHOLOGICAL CONDITIONS NO INDICATION OF TREATMENT.

BY AD. LIPPE, M.D., PHILADELPHIA, PA.

The angels in heaven rejoice over the conversion of every sinner, and so should we, wishing and striving to procure happiness to suffering mortal humanity. The first step after an offence, when the desire becomes irrepressible to reconciliation, is *confession*. Such a confession we find in Nos. 22, 23, Vol. 68, of the *Allgemeine Homœopathische Zeitung*, and this confession is made by Dr. Heinrich Gottfried Schneider, Magdeburg. His confession is embodied in an article on diphtheria and consequent paralysis observed on himself.

The article undoubtedly has been written by the learned author with the desire to convince all such of his colleagues as have fallen, or are in danger of falling into the error of believing that we can ever find a specific remedy for a pathological condition or name of disease, that it is an impossibility, and that the practical application of such erroneous doctrines must lead to very disastrous if not fatal results. The learned doctor does not *express himself exactly thus*; but his deduc-

tions from the case as he states them will allow the interpretation that his great modesty prevented him from contending for a much higher principle which should be adopted in the homœopathic treatment of the sick, viz.: that the pathological condition does not indicate the treatment, and that by following strictly the practical rules laid down by Hahnemann and confirmed by so many experiments, especially the rule that the truly curative remedy, in a given case, must be similar in its characteristics to the characteristic symptoms of the patient, we shall—instead of disappointment and disastrous results following the selection of a remedy according to pathological notions—meet with most astonishing results in the way of cures.

We will now give a concise translation of Dr. Schneider's article and his own "epicrise," and conclude with the deductions we draw from the facts as related by himself.

Dr. Schneider says, "I have enjoyed, generally, very good health, and during my practice in the country from my 29th to my 46th year, and in the city from my 46th to my 63d year, I have been obliged to stay at home from inability to practice, only ten days, when suffering from dysentery during the cholera epidemic of 1855.

I was attacked by diphtheria in the night, from the 13th to the 14th of October, 1863, without any premonitory symptoms; I suffered from fever and accelerated pulse; took *Aconite*.

October 15th. During the night which was similar to the previous one, the right tonsil became painful with retarded deglutition. The examination in the morning showed swelling and redness of the right tonsil and a diphtheritic patch on it. A moderate fever continued. *Belladonna*.

From the 16th to the 18th of October. Enlargement of the diphtheritic patch towards the uvula, the patch began to ulcerate; gradually increased inflammatory condition of the mucous membranes of the bronchial tubes. The fever remained the same, profuse offensive nightly perspirations with increasing debility. *Mercurius, Apis, Nitr. acid.*

19th. Till now I had been able to lie on the sofa during the day, but could not do so any more. The diphtheria had extended to the point of the uvula, voice hoarse, speech difficult, much expectoration of mucus. Fever and night sweat increased. Three physicians were now visiting me, and declared the uvula in danger. They ordered a solution of Kali chloricum, every two hours one tablespoonfull; which I took.

20th. No improvement, the same remedy to be continued, but I could not possibly take it regularly, as it irritated the throat and larynx in a very unpleasant manner.

21st. The diphtheria is also extending downwards, towards the larynx; there were also some spots in the pharynx, great debility, very disagreeable taste, like decomposed brine of herring; expectoration, hawking and coughing up of great quantities of mucus. Entire aversion to eating and drinking, the only thing I could swallow with great difficulty was some light beer, when swallowing I had a pain as if rows of large needle-points were driven into the fauces—no stool—urine dark, putrid smelling, no sediment. I now declared to my three colleagues, this morning, that I did not wish to take any more Kali chloricum, but would take Arsenicum, and they assured me that I had anticipated their proposition. I took, then, every two hours, a few pellets of Arsenic^o. My colleagues demanded that I should submit to the external application of Argentum nitricum, and have the diphtheritic ulcers touched by it. I then asked to have the opinion of my friend, Clottar Mueller, of Leipzig, who was summoned by telegraph and met the three colleagues at half-past nine, p.m.; he declared that he fully agreed with the treatment, which was continued on the 22d of October.

23d. The diphtheritic ulcers have a better appearance, and new spots have not appeared; but the bronchitis has become worse, causes much rattling of mucus in the chest, and I am afraid of paralysis of the lungs. I, therefore, took Carbo veg.^o, in alternation with Arsenic.

24th. Some improvement, the diphtheritic ulcers look cleaner, so that my colleagues consented to desist from the

painful application of Argentum nitr. The bronchitis is no worse. Continue the same medicine.

The diphtheritic ulcers healed towards the end of the month, the bronchitis was better, the fever left me, the night sweats were less and I slept better, while I continued to take the Arsenic since the 25th. The uvula alone remained affected by diphtheria. I could eat soups, roasted meats and compote, and drank claret with sugar and water, and even a glass of champagne noon and night, although it caused me some burning on the throat.

In the beginning of November I was so far convalescent that I could dress myself, walk about the room and attend to my correspondence. I have yet to remark that I felt a sensation of numbness in the skin of the exterior side of the upper leg during the second week of my sickness, and also the same numbness with tingling in the points of the fingers, at first in the thumb, then in the index finger and later in the toes, beginning in the big toe; this remained unaltered until the end of December.

The convalescence was interrupted in the middle of November by renewed fever with night sweats; by renewed but now paralytic difficulties in swallowing, with catarrh of the mouth, larynx, stomach and bowels, also of a paralytic nature. The vocal muscles and the muscles of the alimentary canal participated in it.

I could only swallow one teaspoonful of fluid, at a time and had then to be very careful, if I swallowed more it escaped from the nose; solids remained before the velum and had to be hawked out again with much difficulty. The uvula was hanging towards the left side. I had a nasal voice, if I spoke I soon became hoarse and even lost the voice, could not modulate my voice. I could perceive no motion in the abdomen, no eructation, no noise, no flatulency, no stool.—When I finally had a passage after an enema of soap-water, oil, molasses and salt, I felt so debilitated and exhausted that I feared to die. With it a great aversion to eating and drinking, so that I had to force myself to take something and

when I took any thing I felt nothing of it in my stomach. Nothing had its natural taste, I had a decided sensation of tingling and numbness in the mucous membranes of the mouth and the saliva which was very profuse, tasted salty, sour and putrid. While in this condition my nourishment consisted, in the morning, of a few small crackers soaked in cocoa; at noon, I took six to eight small English oysters and the same at night, and then I drank a small glass of champagne in very small sips, besides that I consumed during the day one pint of water and claret, with sugar.

All the medicines that I took, *Nux vomica*, *Phosphorus*, *Plumbum*, *Arsenic* and *Carbo veg.*, had no effect; *Arsenic* seemed at times to relieve very violent fever.

The consequence was great emaciation and, up to the 1st of December, a weakness which made it very evident that I was growing worse and would soon succumb to marasmus.

I did not grow worse on the 3d of December, I felt less debility and, for the first time during my illness, my urine became turbid and formed a sediment which continued to the middle of December.

This was the turning point and I now gained slowly both flesh and strength, while the developed paralytic symptoms diminished; but my hopes soon to recover were not realized, for at the end of the year a new ailment showed itself.

The sensation of numbness and tingling in the fingers and toes remaining after the diphtheria and which had increased but a little, became now much stronger, extended itself and was accompanied by motory paralysis.

January, 1864. Hands, forearms, feet, lower legs feel as if they were asleep, the same sensation less intense in the upper parts of the arms and legs. When these parts are touched, a burning and tingling pain; and when moving the hands and feet a sensation as if the nerves were exposed and covered by coarse felt. Hands and feet somewhat swollen (not œdematous), and they with the forearms and lower legs inclined to be cold and to perspire. I could neither walk nor stand, nor make the necessary use of my arms. I could not

sit down without help, nor lie down without being assisted, and my position had to be changed when I could endure it no more; the hands refused their service for eating and drinking, the appetite was better, but the stool sluggish. I did not feel what I touched, could not hold any thing, and dropped every thing I touched.

This helpless condition lasted during all January; I took *Nux vomica*, *Secale corn.*, *Cocculus* and *Rhus* during the first half of the month without any benefit. Later I dispensed with the use of all medicines. During February, while I took proper diet, I gained somewhat, and the improvement continued so that I could resume my practice in March. Some symptoms (those I had at first, numbness in finger-points, tingling and numbness in the toes) still continue while I write this, May 7th, but I hope they will soon leave.

Epicrise.—1. There is nothing exceptionable in naming diphtheria as we do exanthemas, as they resemble other things (measles, scarlatina, rash) according to the locality in which they appear, if it does not lead us into the error of looking upon the local affection as the ultimate consequence of the disease, and the point to be attacked by our therapeutic action.

The appearance of the local affection, in my case over twenty four hours after the beginning of the disease, and the serious consequences not to be explained by the diphtheritic local affection, prove with all certainty that the local affection was not the ultimate consequence of the diphtheria.

The diphtheria began with me by purely primary fever symptoms. The centres of the trophic nervous system were at first protopathically affected by the disease. *Ubi irritatio, ibi irritamentum.*

The ganglions of the trophic nervous system can only be attacked protopathically through an abnormal irritation in the arterial blood which communicates it to them, there is no other possibility, and such an abnormal irritation which is present in the arterial blood and circulates with it, can

only be a dynamic virulent irritation; because a mechanical irritation can neither be present everywhere in the arterial blood nor can it circulate with the blood. Out of this I draw the conclusion that the cause of the disease of diphtheria consists in a specific poison in the blood, and that the ultimate result of this is a blood poisoning; and this assertion is confirmed by the contagious eruptive diseases analogous to the diphtheria. The diphtheritic local affection is, therefore, the result and effect of the localized poison.

2. One of the primary effects of the cause of disease was in my case also a change in various nerves ascending from the periphery, which only further developed itself in the various nerves, not simultaneously, but after the disease, and showed itself as paralysis. I cannot, therefore, think with Eisenmann, who considers thrombosis to be the cause of paralysis, which frequently develops itself after diphtheria during the convalescence; because then the first indications of paralysis in the sensitive fibres of the affected nerves could not have preceded for weeks the further development and progress of the paralysis of the other nerve fibres. How it happens that the diphtheritic paralysis develops itself during the convalescence and that then, as in my case, eventually different parties of nerves consecutively become paralyzed remains a problem.

3. The diphtheria reached its acme on the seventh day. It is not likely that this could have happened sooner, as it takes three or five days in lighter cases, and whether it would have taken place without the aid of medicines, or would have been a fatal case remains doubtful, as that depends on incalculable conditions; it is certain that my disease did not progress any further after I began to take the Arsenic, and ceased after taking it and for a few days in alternation with Carbo veg., and that these medicines may have been the cause of it. That Kali chlor. did not relieve me, is also acknowledged by the colleagues who prescribed it for me. Similar experiences have been made at Berlin during an epidemic there.

4. The burning of the diphtheritic ulcers with Nitrate of silver, which was considered necessary by my physicians, to prevent the ulceration from spreading into the larynx caused me much pain. I could not believe that I would obtain a corresponding benefit from it, because this was contrary to my scientific convictions; nevertheless I submitted to it in my dangerous condition under the advise of four colleagues in whom I had confidence.

My scientific conviction has since been strengthened by the experiences of an allopathic colleague on the North Sea, who observed, during an epidemic of diphtheria, that cauterization was more injurious than beneficial, because it favored the development of other ulcers in other places, and also by the experience of my friend Fielitz, who has seen very bad diphtheritic ulcers become cleaner and finally heal under the alternate use of Arsenic and Nux vomica.

5. The homœopathic remedies which I took for the paralysis, which gradually developed itself during convalescence from the diphtheria, proved to have exerted no favorable influence, and after these paralytic conditions had remained at their height, they gradually retrograded without any aid. Similar experiences have also been made under allopathic treatment. This confirms to me the opinion I have expressed above, "that the paralysis which develops itself during the the convalescence from diphtheria depends upon a material change of the respective nerves, which is, a remnant of the effects of the cause of the diphtheria, a residuum of the disease and therefore—as the main disease itself—can only be conquered by the effort of nature, and certainly is conquered if it does not result in death!"

Reviews and Deductions.—We shall understand Dr. Schneider's position perfectly, and shall be able to account for those singular statements if we read his *Hand Book*, of which he published the first and only volume in 1853. Dr. Schneider attempted to arrange the *Materia Medica* according to the physiological effects of the medicines, and tried to make the provings subservient to this mode of classification,

entirely forgetting that we have nothing to do with forms of diseases, but with characteristic symptoms.

Dr. Schneider relates that he had diphtheria, and for that disease he and his colleagues prescribed. In the symptoms, as related, we find nothing characteristic except that the diphtheritic spots and consequent ulceration began on the right side, and from there spread to the left side. None of the remedies taken had a similarity to the symptoms, they all and many more, and indeed almost every remedy, may cure a case of diphtheria provided its characteristic symptoms are similar to those of the patient. In this case, to judge from the few symptoms given, Belladonna should have been followed by Lachesis and the later followed by Lycopodium, on account of the direction the disease had taken, from the right to the left side, and not by medicine chosen for the pathological condition, which erroneous proceeding finally led to the administration of Kali chloricum in large doses, and produced only increased suffering instead of relief or a cure. Then Arsenic was taken in the sixth every two hours for many days, while the diphtheritic spots were touched by Nitrate of silver. From the relation of the case there appears no indication for either remedy, save that other cases of diphtheria had been reported to have been cured by one or the other of the two heroic medicines.—

Nitrate of silver, as is often the case improved (dried up) the ulcers, but the bronchitis became worse, the disease extending where the cauterization could no longer molest it. The paralysis which now followed was plainly the effect of the repeated doses of Arsenic, and had nothing to do with the diphtheria; the first premonitory symptoms appeared soon after Arsenicum was beginning to show its effects, they developed themselves fourteen days later, and again ceased as is the case in all well conducted and good provings of medicines, returning after the lapse of twenty-one days; they were not affected by any medicine and ceased of their own accord; they disappeared in the reverse order in which they had appeared, and the symptoms remaining were the same as at first after taking Arsenic.

By comparing the effects of Arsenic as Hahnemann gives them in his *Chronic Diseases*, the symptoms 796, 803, 886, 892, 955, 956, 957, 958, 959, 979, 1020, 1021, 1024, 1025,* most certainly corroborate my views of the case.

The narrative of Dr. Schneider is exceedingly instructive, and although we much lament his long protracted and unnecessary suffering, we may learn from it,

1. That the pathological condition does not indicate the curative remedy.
2. That cauterization only destroys the product of the disease and does not cure.
3. That crude drugs if not homœopathically chosen do not cure (Kali chloricum).
4. That the symptoms caused by long repeated doses of a remedy will cease of themselves, like those of a proving on the healthy.
5. That the diphtheritic patches are only a product of the disease, not the disease itself.
6. That the paralysis was not a remnant of the disease, but the result of a remedy.
7. That we must follow strictly the practical rules of Hahnemann if we expect to cure successfully, and we cannot set them aside or improve on them.

* As many of our readers may be unable to turn to the original of Hahnemann's provings of Arsenic for the purpose of making the comparison which Dr. Lippe suggests, we give a translation of these symptoms:

796. The hands are stiff and without feeling.
 803. Strong creeping in the hands at night.
 886. Numb pains in the right foot; when sitting she is able to raise it high up with the aid of the hands.
 892. Swelling of the feet.
 955. Sinking of the forces.
 956. General debility, especially in the legs, which are scarcely able to be moved.
 957. The forces continue to sink.
 958. Debility, as one suffered from want of force, through lack of nutriment.
 959. The power of the hands and feet is as if lost to him; they are tremulous, early in the morning.
 979. Emaciation.
 1020. As if paralyzed in all the extremities; he can not step aright.
 1021. Paralysis, could not walk any more.
 1024. Paralysis of the lower extremities.
 1025. Paralysis of the lower extremities, with loss of sensibility. [Eds.

COFFEA IN ODONTALGIA.

BY T. C. FANNING, M. D., TARRYTOWN, N. Y.

March 6th, 1863. Mrs. A., called at my office for some medicine for her daughter Mrs. B., who was suffering from toothache. Gave her Chamomilla²⁰⁰, to be dissolved in half a tumbler of water and a teaspoonful taken in one or two hours, according to the severity of the pain.

8th. I was called to see Mrs. B. and found that the Chamomilla had rather aggravated than relieved the pain. I found her a young woman, aged 26 years, with dark hair, dark eyes, rather dark complexion and lively, cheerful disposition. Some days previously she had had a number of teeth filled, which was followed by odontalgia and facial neuralgia, the pain being of an indescribable character, throughout the jaws and face, worse when lying down and at night, and only relieved by holding cold water in the mouth, the relief ceasing so soon as the water became warm. She had been similarly affected after having teeth filled; each year about the same season for three years. Prescribed Merc. sol.²⁰⁰ to be taken in the same way that the Chamomilla was taken.

9th. No effect was observed from the Mercury. Gave Pulsatilla in the same manner. Mrs. A. asked me if I could not give her daughter something to make her sleep, as the pain prevented her from sleeping at all. Thinking that Coffea might relieve the nervous excitability which was present and enable her to sleep, especially as she did not use coffee as a beverage, I gave some pellets of Coffea²⁰⁰ to be dissolved as the others had been and a teaspoonful taken every half hour for two hours after going to bed, if the pain should not be relieved by the Pulsatilla before that time. No effect was observed from Pulsatilla, but after the second dose of Coffea she slept nearly twelve hours, awoke free from pain and had no return of it.

Surprised at the entire removal of the pain by Coffea, I searched the Materia Medica (Trinks) for any indications of

relief of any symptom by cold applications, but found none either in the proving or clinical records of Coffea.

Fear of offering something to the profession which might be considered of no value, or, on the other hand, be known to every one but myself, prevented me from sending a report of this case to the REVIEW, until Dr. Hale's cases appeared. It then occurred to me that I might, without impropriety in reporting the case, urge others to learn wisdom from my experience and never hesitate to report a case in which a single remedy has evidently removed any well defined symptom or condition, which may or may not appear in the proving and has not already been abundantly verified clinically. As, in this instance, the first report will doubtless frequently elicit another to corroborate it. Such reports are especially desirable at this time when Dr. Hering is preparing his *Materia Medica* for publication, and every true Homœopathician should consider it a duty, as well as privilege, to contribute any thing in his power to the perfection of that work.

POISONING BY PHOSPHORUS.*

BY E. R. HEATH, M. D., PALMYRA, N. Y.

Having just prepared some tincture of Phosphorus, I took five drops about five o'clock in the afternoon. Thinking no more about it, I finished my business for the day and retired about ten, p.m., but was unable to sleep. The desire to sleep was very great but I could not find a comfortable position. Felt an uneasiness accompanied by drowsiness which was unusual. My mind was greatly oppressed with melancholy. Tears would start without cause. A feeling of dread, as if awaiting something terrible, yet unable to resist or move, overcame me. Sometimes it seemed as if I was beginning

* Read before the Homœopathic Medical Society of the County of Cayuga, N. Y., September 13th, 1864.

to bloat, and then I could hear a multitude of voices saying, in high glee, "fill him up a little more and he will burst," followed by demoniacal laughter which made the cold chills run over me. Darting, cutting pains gave me much distress, starting from one point and flashing over the whole abdominal region, each one having a separate starting point.—I imagined myself an Aurora Borealis, and could distinctly hear voices shouting, "beautiful! oh, was that not splendid!" as the pains became more severe and lasting. Soon, however, the agony became so great that it threw off in a measure the stupor that clouded my senses.

Springing from the bed I hastily attired myself and set down to collect my scattered and various thoughts. My fingers were all thumbs; I felt a numbness of the whole body accompanied by a pricking sensation, as being encompassed by innumerable needles that just touched and, on the slightest motion, entered my body, at first severe then followed by vibrations of less distinctness. My throat felt dry and parched; it seemed as if a flame of fire was passing through me. Rising, I attempted to walk; my feet and limbs seemed swollen and glued to the floor. The slightest motion caused great pain. With great exertion I reached the vessel; the moment the bowels began to move the pains assumed the form of cramps. The passages were like the scrapings of intestines and almost constant, attended with tenesmus for upwards of two hours, at the end of which time I lay down upon the bed weak, sore and almost helpless.

Abdomen sore, but not tender to the touch; thirst intolerable; drink did not quench it, but caused drops of cold clammy sweat to exude from the pores of the skin the moment that water entered the stomach. My wants were numerous and changeable; my lungs felt clogged up; dyspnoea troublesome; pleuritic pains through the thorax extending into the throat and down the right arm; vertigo; cephalalgia; sense of suffocation and *involuntary passages on the least motion*. Urine suppressed with a constant desire to urinate. I lay in this condition for nearly eight hours when

the passages changed to mucus and mucus mixed with blood and slime, still involuntary. The muscles became flabby; the skin dry and wrinkled; tongue coated with a thick fur, dark centre and red edges; sordes on the teeth; breath offensive, even to myself; at no time was I free from pain; could not extend my limbs but lay with them drawn up; motions involuntary and uncertain as one attacked with palsey. The exertion or an attempt to move my arms, hands, or even turn myself produced great prostration; countenance peritonitic.

At the end of twelve hours, passages began to become periodical at every half hour and then every hour, still involuntary with tenesmus at least an hour after each passage when they became as far apart as two hours. The rectum lost its sensibility; the sphincter became paralyzed, and I had a slight prolapsus ani after each passage. About six, p.m., or eighteen hours after I began to be troubled, the passages of urine became frequent, copious, scalding, high colored with a strong ammoniacal odor. Dull heavy pain in the region of the kidneys. After this the symptoms began to abate. Appetite ravenous but the smallest quantity of food, the moment it entered the stomach produced vomiting and passages from both bowels and bladder. My mind now became very clear. I could remember with the utmost distinctness my past life. Orations delivered during college days, I could rehearse word for word and tell the day and circumstances attending their delivery. Lectures I had heard years before came before my mind. As the darkness of night began to enclose the earth, my peace was disturbed by the most frightful visions and thoughts. Constant fear of death, with an almost uncontrollable desire to commit suicide.—Pulse intermittent, thready and varying from 53 to 135.

During the night I was compelled to use the vessel a number of times, making my calculations to have a passage every two hours, as they were involuntary the moment any thing entered the rectum. This condition lasted me for two days, obliging me to go to stool as often as every three hours. The next morning, about thirty hours, I dressed myself with

difficulty and went to my office. I was as weak as one suffering from a long and severe fit of sickness. I then took eight pellets of Camphor^r; this being the first I had taken, the attack being so sudden and prostrating, I was not able to help myself to medicine or call assistance.

During the whole time the passages were odorless, except a slight mouldy smell. At the expiration of three days the pains seemed to leave my bowels and settle in my joints, producing a crackling noise on motion. Every time I went from a warm room into the open air my bowels would move. Could eat but little food, as a few mouthfuls satisfied my ravenous appetite. I was not able to assume an upright posture while walking or endure much fatigue for some time, nor did I become free from the effects for more than two months. I regained my strength very slowly and could eat nothing but the most easily digestible food. Spiced food and pastry invariably producing looseness of the bowels.

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA, PA.

(Continued from page 174.)

11. Dr. J. W. Metcalf took one grain of the third trituration of the precipitated Tellurium, in dust form, prepared by Dr. Genth, August 14th, 1851, at five, p.m. After fifteen minutes, drawing, cramp-like pain, as it appears, in the supinator longus of the left arm, just below the bend of the elbow, and lasts half an hour. General warm sweat over the whole body, when sitting, while writing. The afternoon was cool, and a pleasant sea breeze swept through the room.— Fine, sticking prickling in various parts of the skin, the whole afternoon and evening, very annoying; it compels him immediately to rub the spots. Nine, p.m., a second grain.

August 15th. 6.30, a.m., a third grain; 10.30, a.m., a fourth grain. Already at 10.20, a.m., the fine sticking prick-

ling came again; like flea-stings, here and there, during the whole day. Although no more Tellurium was taken, this itching sticking continued and became at many times very annoying, especially during repose. Not until after several weeks did it gradually vanish.

24th. The ninth day after the last dose, there appeared on a small spot on the forehead a ring-worm (herpes circinatus) just above the external angle of the right eye about a half inch above the brow. The prover does not remember ever having a similar affection. It was at first a small group of round vesicles upon a red areola. The vesicles dried up into small scabs and extended gradually at the external circumference; it itched and pricked but little.

31st. The spot is now completely circular, a half inch in diameter, consists of a ring of larger or smaller vesicles upon a red base which surrounds an areola apparently deeper,* a red, desquamating spot without vesicles. It itches but little and produces thin white scales which detach themselves. The urine is acid, in smaller quantity, 17½ ounces in twenty-four hours, dark red, sp. gr. 1030.

September 1st. The itching stinging became very troublesome, continued the whole evening and wandered over the entire body. A similar herpes to that on the forehead, appeared with intolerable itching on the left side between the last rib and the crista illii; it forms about three quarters of a circle and is not so regular as that on the forehead.

2d. The urine the same as before, 22½ oz., during the day. The analysis gives:

Fluids	930.10		
Solids	69.90	therefore almost	$\frac{1}{17}$.
Urea,	30.06	37	3
Uric acid,	.80	1	$\frac{1}{2}$
Incombustible salts,	19.40	24	2
Organic constituents,	19.64	24	2

* The Areola (Hof.) means here the spot encircled by the eruption; otherwise it is like the halo around the moon, that what encircles the eruption.

The coloring matters were in very marked excess; hydrochloric acid produced striking changes of color.

25th. During the last week, the sixth from the first dose, the sticking pain in the skin was much less; but it was followed by a constant itching upon the scalp which compelled him to continually scratch it. This itching seems to come from an eruption; very small fine vesicles upon small and somewhat reddened spots, dry up within a few days and leave little white scales behind. This eruption is most frequent on the occiput, in the nape, at the margin of the hair, behind the ears, and on the posterior surface of the conchæ. The itching has been constant for a week past and very annoying, and seems disposed to continue. The ring-worm on the forehead is diminishing; the ring has several open spots, is about three-quarters of an inch in diameter. But exactly above it another has appeared just like it, but smaller.

October 1st. The eruption on the head is almost gone; the itching has well nigh ceased; the first ring-worm on the forehead has disappeared, save that the skin where it was is still a little red. That on the side has also gone. But the second one on the forehead is still on the increase and forms about two-thirds of a circle. Now and then, though seldom, stitches in the skin. The urine is normal.

8th. The herpetic spots have all vanished; no further symptoms.

12. Tellurium was given with good results in several cases of ring-worm. Only one of these cases is here given.

March 26th, 1852. P., a boy, three years old, lay on his mother's lap when I saw him, was very restless with great heat of the skin and full pulse; complained of thirst and headache; the whole body was covered with ring-worm, consisting of red elevated rings which were very distinctly marked, especially on the lower extremities. These spots appeared the evening before for the first time, the child having been ailing for a few days previously. The vesicles are very distinctly perceptible, even on a cursory observation. The rings intersect one another at the most various angles

and are in many places so close that the circular form can hardly be appreciated. I gave Tellurium[†] in water, a teaspoonful every two hours.

27th. Every thing had disappeared, but the skin was still rough. The child is no longer hot and restless and makes no complaint. After a few days the patient was playing about as usual, and from that time continued well. *Dr. Metcalf.**

13. Dr. Carroll Dunham, New York. The preparation used was the fourth centesimal trituration, prepared from some of the third trituration procured in 1852, from Bœricke and Tafel, and stated by them to be part of a specimen received by them from Dr. C. Hering, and the same which Dr. Metcalf used in his proving.

The original records of this proving were sent, some years ago, to a former Secretary of the New York State Society and, unfortunately, lost by him. The following is a summary (from memory and a few imperfect notes) of the most striking effects. The statements of the time at which the symptoms followed the doses taking in the proving and of the order in which the symptoms occurred, must be regarded as only approximately accurate. The symptoms, it is believed, accurately stated.

A grain of the fourth trituration was taken every night on retiring for about five days; nothing more for three months.

About fifteen or twenty days after the first dose, the left ear began to itch, burn and swell. There were aching and throbbing pains in the external meatus, and, in the course of three or four days, there was a *copious watery* discharge from the ear, smelling like *fish pickle*.

This discharge was acrid and caused a vesicular eruption on the lower lappet of the ear and on the neck, wherever it touched the skin. The inflammation of the ear, generally, was not vesicular. The color was a bluish red, and the ear had the appearance of being infiltrated with water.

[†] What is stated at second hand in *Hirschel's Archiv*, 1, 121, concerning Metcalf's experiments, must be corrected by the above in particulars which to us are very essential.

This eruption which was very troublesome from its itching and burning, and from the copious, offensive and acrid discharge, lasted for a long time; if memory be not in error, nearly three months.

During the second month of the proving, the spine, from the last cervical to about the fifth dorsal vertebræ, became very sensitive and the seat of a peculiar sense of irritation which made the prover dread having the part touched or even approached. This dread was disproportioned to the actual sensibility of the part when pressed or rudely touched, for this sensibility was not really very great.

From the vertebræ before mentioned, a peculiar irritation seemed to radiate upwards into the neck outwards into the shoulders, and forwards through the thorax to the sternum.

The distress caused by this sensation was aggravated by fatigue, but only partially relieved by repose. It was great and very annoying and lasted, as I remember, nearly two months.

On two subsequent provings with the same preparation, made within two years after the above, the same symptoms, substantially, were reproduced.

14. Cures with Tellurium³⁰ by Dr. Carroll Dunham.

I have given the thirtieth potency of Tellurium in at least six cases of swelling, eruption and discharge from the ear, resembling the symptoms obtained in the above proving and attended by more or less deafness.

The curative action was very marked and rapid, no other remedy being needed to complete the cure.

In one case of spinal irritation the symptoms of which resembled the above, Tellurium was given with good effect.

15. Cures by Dr. P. P. Wells, of New York; Dr. Wells, to whom Dr. Dunham's proving was shown about the time it was made, has given Tellurium³⁰ with satisfactory results in several cases of ear-affection resembling those described in the proving.

(To be continued.)

ALOES.

(Translated from Hering's *Amerikanische Arzneipruefungen*.)

BY T. F. ALLEN, M. D., NEW YORK.

(Continued from page, 180.)

Intestinal Evacuation, continued:

- . On passing water in the morning, a second, at eleven in the forenoon, a third stool with flatulence; the third day.
- . After waking, at three o'clock, a copious, thin pappy stool without straining.
- 760. At seven o'clock, a third stool with straining; when he thought he had finished still more came. At eleven in the forenoon, a fourth stool; the fourth day.
- . At five in the morning a regular stool, with passage of urine; the fifth day.
- 3. On rising hasty, urging to stool; with continued rumbling in the abdomen; sputtering with the stool; the second day.
- . *Every time on passing urine, the feeling as if some thin stool would escape with it;* the third day.
- . The afternoon stool, small, little soft pieces, with flatulence; the third day.
- 765. *The stool passes without his needing to make any exertion, it falls, as it were, out of the intestines;* third day.
- . Only one stool, in the morning; urine normal; fourth day.
- . Urgency to stool in the afternoon and evening, at nine in the evening a second indolent passage; the fifth day.
- . Urgency to stool at times in the evening, which he can overcome; the sixth day.
- . *With the stool, there is always the feeling as if still more were at hand;* the sixth day.
- 770. Two movements of the bowels; the eighth day.
- . A stool at two o'clock in the night, solid, toward the end pappy, diarrhœic; the tenth day.
- . After a remission from two o'clock at night until the

- 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 589.
 - . Gripping before the diarrhœa, tenesmus therewith. *N. T.*
 - . Straining with cessation of stool. 746.
 - . Frequent gripping 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. *Raué, 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; rambling 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.

HOMŒOPATHY 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 gastrostis; 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 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 Homœopatay 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 eurentur*. 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 lackless 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 tubercles. 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.

THE HOMŒOPATHIC PUBLICATION SOCIETY.—In accordance with the call of the Executive Committee, this society met in Philadelphia on the evening of the 10th ult., at the Homœopathic Medical College, in Fifth Street.

The meeting being called to order by the Provisional Secretary for the East, Dr. Wells was called to the chair.

It was stated that the notice of the meeting had been so brief as not to afford time for a majority of the members of the society, who live at a distance from Philadelphia, to make arrangements to be present or to send their proxies for the proposed election of permanent officers. It was very desirable that the meeting at which permanent officers were to be elected should be as full a meeting as possible, and that ample notice of its time and place of assemblage should be given throughout the country.

In view of these considerations, it was moved and seconded that the election of permanent officers be postponed to a meeting to be held in June, 1865, at the call of the Executive Council. Carried. Meanwhile it was announced that according to the Constitution of the Society, the provisional officers possess all the power and can exercise the functions of permanent officers. The business of the society need not therefore tarry for a permanent organization.

Dr. Martin, for Dr. Gregg, of Buffalo, detained at his hotel by illness, stated that Dr. Gregg had a work which he desired to lay before the society. It was moved, seconded and carried that Dr. Gregg be invited to communicate concerning his manuscript with the members of the executive council resident in Philadelphia.

Dr. Hering reported progress respecting his work on the *Materia Medica*. The bulk of one volume is ready for the printer. It will appear in Royal octavo form, and will be put to press as soon as the cash subscription list shall warrant the undertaking.

Inasmuch as Dr. Hering is himself chairman of the executive council, he availed himself of the article of the constitution which provides for a special committee when the author shall desire it, and moved that a special committee be appointed to revise the translation, into English, of his *New Materia Medica*, and that said committee consist of Drs. Wells, Danham and Fincke. Seconded and carried.

A number of gentlemen present added their name to the list of members, of whom they are now about 45.

On motion the society adjourned to meet in June, 1865, at the call of the executive council.

CARROLL DUNHAM, M.D.,

Provisional Secretary for the East.

THE

AMERICAN

HOMŒOPATHIC REVIEW.

Vol. V.

NEW YORK, DECEMBER, 1864.

No. 6.

THE DOSE.

BY P. P. WELLS, M.D., BROOKLYN, N. Y.

CORRESPONDENCE.—“*Dear Sir*: Your articles in some back volumes of the REVIEW, upon diarrhœa, dysentery, rheumatism, pneumonia and typhoid fever, have claimed my careful and repeated study, and have given me a *great deal* of satisfaction. Will you do me the great favor of supplying what seems to me to be the only omission by informing me what potencies you have fixed upon as the best in each of these diseases? Every man must indeed decide this question for himself but it is a graver matter than any merely scientific question, for it has to do with human life, and what others have thought and done, is a great element in the decision. Every physician should settle the matter as soon as possible for himself, that he may feel that he is doing the best that can be done for his patient, particularly in those diseases, as typhoid fever, diphtheria, &c., where death must be met and conquered. By the way will you not do the profession the favor of adding to those articles soon, one upon diphtheria?”

“Respectfully yours,

“_____, Oct. 12, 1864.”

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The "omission" was not an accident. In writing practically on the diseases named above, the object was to deal with general principles and their practical application to the treatment of the sick, rather than to exhibit the writer's method for imitation. The dose was left in silence, not because unimportant, nor from a want of opinion on the part of the writer, as to the principles involved. One reason for this omission was his conviction of the little value which can attach to the example of any man in this matter of the dose, both as to quantity (or potence) and repetition, aside from the principles which underlie and dominate the whole subject. Aside from these it was of little consequence what he had done. He did not forget that in all the public discussions of this subject which he had witnessed, the burden of them had been, that the speaker had in given circumstances done so or so, and that such had been the result, and that this had been repeated by the different speakers to the end, and nothing was nearer settled, as to principles, when they were through than when they began. The interest of the whole from the beginning to the end was in the knowledge that these gentlemen had done what they said they had, and for the doing of which they had given no reason founded on any principle in nature, and that the doing was followed by the declared result. It is possible that some master mind might from a sufficient number of such loosely observed and related facts, deduce some general principles by and bye. It is certain they have very little practical value except as materials for such a generalization. The controversial writings on the subject have not a much better, or a very different, result to show. It can hardly be said of them that they have settled any one principle which all are ready to receive, and from which all may the better advance to the discovery and establishment of others, till the vexed question shall be decided. The statement of the practice and experience of the writer of these papers, as to the dose, would only add another example of this almost worthless testimony.

Another reason for the omission was the known fact of the

wide difference of opinion, on this matter of the dose, entertained by members of the profession, and each claiming to be earnest and honest in his own, each relying on his own experience to sustain the preference which he declares. And farther, that this difference is not unfrequently accompanied by so much prejudice in favor of such opinion, that other opinions can hardly be fairly examined or judged. That there is a peculiar sensitiveness with many on this matter of the dose, which will hardly tolerate good-naturedly even the mention of opinions, or listen complacently to the statements of experience, which differs from their own. There is certainly no reason why this should be the case, but so it is. The explanation of the singular fact is not difficult. It is sufficient to say, that a similar irritability is not found in relation to different opinions and experiences on other subjects, when these are founded on known facts and principles. In view of this state of things, it was thought as well to leave the dose to a future occasion, as to state facts to which prejudice would not listen, or to add to the sum of individual experiences, which have hitherto settled so little.

Another reason for this omission was the desire of the writer to gain, as far as possible, the attention of the profession to the principles he advanced, and to the practical application of them he recommended. He was unwilling to risk aught of success in this by mixing with them, in any degree, a matter on which he knew there existed far more of prejudice than knowledge, and on which he oftener met earnest effort to sustain or defend prejudice than to add to knowledge. This he felt to be, to too great an extent, true of all parties. For however much good men and true may regret the fact, it is true that parties do exist on this subject, and that there is met in its discussions, quite too often, more of the spirit of party than of true philosophy. It is not a little strange that this should be so. For what has party to do with a matter like this, which, if it have any foundation whatever, it must be of ascertained truth? This truth must exist, if at all, in the very nature of things, and not in the mere opinions

or prejudices of any individual or party. And, we may add, if we are in any degree desirous of its discovery, and willing to engage in honest efforts to this end, we shall have laid aside one of the greatest impediments to success when we have wholly discarded the spirit and feeling of party. It can never be a help, but only a hindrance, in the pursuit of any truth, and that which will ultimately be found to decide this whole matter of the dose is no exception. The reason of this is obvious. The very centre and soul of party spirit is prejudice, and the first effort of prejudice, in the investigation of any party question, is to extinguish both light and eyes, and failing in this, to admit light only through its own spectacles.

Another reason for the omission was a purpose of the writer to discuss this subject of the dose in a paper devoted exclusively to its consideration. The request contained in the communication at the head of this paper has decided him to enter on that duty now. And the first remark he has to make is, that the whole matter *must* be one of *law* and not at all of mere *opinion*, of law constituted of definite principles, fixed in their character and in no way subject to change, that they may meet the varying intelligence, opinions or prejudices of men. Like other laws of divine enactment, this will stand a fixed truth, whether it be brought to light and made an instrument of practical good, or left in darkness with the unknown; whether it be received or rejected. In this, as with other divine laws, rejection is no repeal. As with other divine laws, rejection may be followed by consequences the responsibility of which we may well dread. If this be true, then the whole duty of practical men is to ascertain the nature of this law and comply with its requirements. Criticism of the law of God in the place of obedience is no more becoming in the material than in the moral world.

We have said this matter of the dose, in the treatment of the sick, is one of law. It can hardly require argument to prove this. It follows almost of necessity from that law of cure which we all recognize. It can hardly be otherwise than plain that that power which established the curative relation-

ship between drug agencies and diseases, and regulated this by law, should at the same time, and in the same manner determine the quantities and methods of their administration. If this be so, then the idea of our correspondent, that this matter of the dose is one which "every man must decide for himself," is strictly negatived, if by this is meant more than that each must be his own interpreter of the law, which is certainly true. But before he can interpret the law he must acquaint himself with its principles and relations. To endeavor to elucidate some of these will be the object of the remainder of this paper.

In attempting a discovery of the principles which constitute the law under consideration, we are first to get a clear view of the elements of the problem. These are of two classes. Those which belong to the sick man, and those of the drug. In considering the first of these, the first important fact, which we meet at the threshold of inquiry, is that we are to deal with a state of things wholly, or in part, preternatural. The natural relationship between the organs of the body and their accustomed and appropriate stimuli is perverted. The susceptibility of these organs to impressions from these stimuli is exalted, depressed, or extinguished. It may be exalted in relation to some, even to the extent of intolerance, while depression as to others permits only the feeblest response to their impressions, others seem incapable of exciting any living perception of their presence. In addition to these there are new susceptibilities to impressions from their external agencies not found at all, or not existing to the same degree, in the healthy. The sum of these changes constitutes a class of facts the most important in our investigation, and also to a proper understanding of the condition of the sick. For our present purpose it will only be necessary to consider such of these changes as have reference to impressions from drug agents. In a given case of disease the patient is often found to be preternaturally sensitive to the smallest quantities of some drugs, while there is an equal insensibility even to large quantities of others. This is a com-

mon experience. Why is it so? If we are not mistaken, a satisfactory answer to this question will be little less than an exposition of the law of the dose. These changes of susceptibility then, constitute the first class of the general elements of our problem. Those of the second belong to the drug.

These consist, in general, of that power which belongs to drugs to produce disturbances in the actions of the living forces so that these no longer move in that harmony which preserves the comfort and safety of the individual. It is this power so to act that constitutes any substance a drug. And it is with this power so to affect living organs, in special conditions of susceptibility, that we have to do in determining the dose in a given case of disease, and also the law which dominates the dose in all cases. That is to say, after having settled the first question, in all cases of prescribing, what is the remedy? this degree of special susceptibility in the organs, in the given case, is just that which decides the next question, how much of this remedy is required to restore the lost balance of the vital forces in that case, which constitutes the whole problem of cure. How can the degree of this special susceptibility to the action of the selected drug be ascertained before its administration? Simply by an extension of the same process of inquiry that resulted in the discovery of the true remedy. The result of that inquiry answered the question, *what is like?* That is, what is the drug, the action of which on the healthy living organism is most like the phenomena of this lost balance, the disease. An extension of the inquiry, *how much is it like?* when answered, determines the quantity of the drug required, this being in the inverse ratio of the similarity. And this we unhesitatingly declare to be the law of the dose as to *quantity* or *potence*.

If this be admitted, as it may be for the sake of examination, the questions which naturally follow are, what is the definite meaning of degree of similarity in this connection, or of the question *how much is it like?* and how can this degree of similarity be determined? and these questions ought to be answered. In order to a clear understanding of the

proposition, we must go back of its announcement, and examine the meaning of its terms. *Like—Similarity*. What do we mean by these terms, when we refer to the remedy and the dose? Evidently that similarity which is the essence of the law of cure which we all recognize. And what is this? We have endeavored to point this out in a previous paper, very briefly. But, in order to a clear statement of the view we wish to present of the law of the dose, we shall be compelled to repeat a part of what was there stated, that we may show its connection with our present subject. In brief terms then, the like which cures is the resemblance of the characteristic symptoms of the drug to those of the disease. By characteristic symptoms of the drug and the disease is meant those symptoms which belong to each as individuals, and impart to them their individual character, not at all those which belong to these in common with the other members of their class. In the examination of a case of disease with the object of discovering its curative, we shall find presented a class of symptoms which we have met often before, and to the group they compose we have, for convenience, given a name, and this name we use whenever we meet the group, and by this the group is understood to be represented. These are the generic symptoms. A careful examination will discover other symptoms which are not met in all the members of the class; they make no part of the defining group, and perhaps, indeed very likely, some of them have been found only in the case under examination. These are the specific, or characteristic symptoms. In a case of dysentery, for example, the frequent, painful discharges of blood or of bloody slime, with tenesmus and fever, are symptoms common to the members of the class we call by that name, while pains extending to the back, pain and tenesmus ceasing, for the time, with the discharge, the pain in the back more particularly in the lower lumbar vertebræ, are symptoms which do not belong to the class but to individuals, and when met are characteristic of those individuals. So in examining the pathogenesis of drugs there are found symptoms

which are common to many, and some to most drugs. These of course cannot be characteristic of any individual. How many drugs will cause pain in the head, loss of appetite, thirst, diarrhœa, vomiting, &c. These, with drugs, are the equivalents of the generic symptoms of the disease. Of the many drugs which cause pain in the head, but one, so far as I know, causes a violent, throbbing pain, with sense of fullness and distension as if the head would burst, turgid redness of the face, and all aggravated intensely by the slightest motion. The loss of appetite is only in some cases accompanied by loathing, or by nausea, or it may disappear on tasting food, or it may be only in relation to particular kinds of food. The thirst may be for cold drink or warm; for large or small quantities at a time; for drink at long or short intervals; or it may be for only particular kinds of drink; or be limited to some particular hours of the day or night. The diarrhœa may be watery, slimy, feculent, or mixed; the discharges excited by various causes, and accompanied by very different phenomena, and occur most frequently at, or be limited to, certain hours in the twenty four. The vomitings may be of substances of very different character, accompanied by different phenomena; aggravated or relieved by different circumstances. These are the equivalents of the specific or characteristic symptoms of disease. These are the elements which characterize the action of different drugs, and so enable us to select that which is the most certain cure in a given case. It is the likeness of these specific symptoms of the drug to the specific symptoms of the disease which the law of cure demands, while resemblance in those symptoms which are common to the class is of very little worth as indicative of the specific remedy.

With this view of the law of cure, and this explaining of the term characteristic or specific (we use the terms interchangeably) we are prepared to answer, first, the question, *what is the like which cures?* The similarity of the characteristic symptoms of the drug to those of the disease, and not at all of those which are generic. And second, what we

mean by the question, *how much is it like?* How great is the *number* of the characteristic symptoms of the disease which find their counterpart in those of the drug selected as the curative, and how exact is the resemblance of those of the one to those of the other. By a comparison of the two classes, in these two particulars, we learn the degree of resemblance which is undoubtedly the exponent of the law of the dose, which we have declared to be, as to the quantity of the drug, or potence, inversely as the similarity of these two classes of characteristics. That is, the greater the number of the characteristic symptoms of the disease found represented by similars in those of the drug, the less quantity (higher potence) of that drug is required for the cure. The degree of the exactness of similarity of these symptoms of course, enters into the account in determining the question of compliance with the law of the dose as here declared.

The whole relationship of drugs, as curatives, to the diseases which afflict our race, exists in the one fact of susceptibility. If the drug be without power to affect the disturbed actions of the vital forces of the patient, it can have no power to cure. If in the patient there be wanting a susceptibility to its impressions this relationship, as to this drug, does not exist. On what then does this susceptibility depend? On this very similarity of those elements of the disease, which declare its specific nature, to those which are distinctive of the drug. And the degree of susceptibility must, it seems self-evident, be in the direct ratio of the degree of this similarity. In perfect health a man may swallow one or more grains of Ipecac. without danger, or discomfort, possibly. But if the same man be suffering from violent dyspnea with sense of constriction of the throat; tickling which extends from the bifurcation of the bronchi to their extremities, exciting violent spasmodic cough, cold dampness of the skin, cold sweat on the forehead, and restlessness which compels to violent tossing from place to place, and finds rest or relief in none; he will realize such effects from a much smaller dose as will be quite conclusive of a difference of susceptibility to the ac-

tion of this drug, when he is, from other causes, experiencing sufferings so characteristic of its action. A quantity much smaller than might be swallowed with impunity in health, in these circumstances might be speedily fatal, certainly would leave in the patient slight disposition to repeat the experiment. The difference is merely one of susceptibility, and this is but the necessary result of the similarity we are discussing. In case of a patient presenting this group of symptoms, the merest tyro in prescribing could not hesitate as to the remedy. There is but one. And now, what shall be the dose? Let him apply the law we have declared and he will have no reason for dissatisfaction. The resemblance of the group to the characteristics of the drug is great, and therefore by the law, if he prescribes best, he will give a small quantity, *i. e.* a high potency rather than a low, and the result will justify the practice. Indeed, in such a case we have no doubt the cure would be prompt, even from the highest of those which have been employed, nor that the cure would be more speedy and complete from this than from a lower number.

But instead of this group, suppose we find great dyspnoea with hot, dry, turgid skin; restless agitation and loud complaining; a sense of fullness and pressure in the chest, which seems to prevent the air from entering the lungs; a tensive pain across the forehead just above the eyebrows; we have a group differing in its characteristics from the first supposed, though it would be called by the same name. In this Ipecac. would not be so dangerous in moderate quantities nor curative in any quantity. The whole group would be called asthma in both cases, and yet in their curative relationship they have nothing in common. This difference it is which constitutes our guide in the selection of our curatives; while the degree of resemblance of the characteristics as explained above decides as to the dose. But why would not Ipecac. be hurtful or curative in this group? Because of the absence of that similarity which is the essence of curative susceptibility to the action of drug agents upon the sick.

If it be objected to this exposition of the law of the dose, that the difficulty of its practical application is great, because of the required intimate knowledge of the *Materia Medica*, and therefore its truth is improbable, or its practical value of little worth, the difficulty is admitted, while the conclusion drawn from it is denied. We can see no good reason why this should not be met like other difficulties, to be overcome. The difficult application of a law can neither disprove its existence, nor effect its repeal.

If we have been successful in so stating the principles of the law of the dose as to make them and their application understood, we believe it will be plain at once why it is that cases are occasionally met in which high potencies cure where low have failed and the reverse. The explanation is found in the degree of susceptibility of the patient to the action of the drug, and this is in the direct ratio of the similarity of the characteristics of the drug and the disease. Where the susceptibility is great and the quantity of the drug relatively great, it is not difficult to see how its direct action, being so like to the action of the disease it is intended to relieve, may so, by this action, oppress the vital forces as to render them incapable of a curative response; or so intensify the diseased action, as to increase pain and danger, without any corresponding curative effort on the part of these oppressed forces; while, on the other hand, where the quantity (we use the word here as equivalent to potency,) is adapted to the susceptibility of the patient, this evil and disappointment are avoided, and the best result secured.

In conclusion we earnestly urge the attention of practitioners to that study of the *Materia Medica* which will make them familiar with the science in its characteristics. If this be difficult, this is no reason, it is submitted, why the difficulty should not be manfully met and overcome. We also urge the importance of the law which we have attempted to discuss as a means of extinguishing the party strifes which prevail too much on this subject of the dose, and which now are only a source of evil to our school of medicine. If the

dose be a matter of law, let this be known and strife on its account must cease. Put the matter to practical test and see if great similarity of characteristics does not prove great susceptibility to drug action, and great susceptibility is not best met and cured by high numbers or small quantities, as it should be by this law.

HAHNEMANN'S THREE PRECAUTIONS.

BY DR. C. VON BENNINGHAUSEN, MUNSTER.

(Continued from page 204.)

THE PROPER SELECTION OF A DRUG.—Let us first recall to our minds what Hahnemann says in relation to it, in his *Chronic Diseases*.

“The second fault, the improper administration of a drug, is generally owing to carelessness, laziness, and levity. Many homœopathic physicians, alas! remain guilty of these trespasses to the end of their lives: they understand nothing of the homœopathic doctrine.

“The first duty of the homœopathic physician who appreciates the dignity of his character and the value of human life, is, to inquire into the whole condition of the patient, the cause of the disease as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of the disease. This inquiry is made according to the rules laid down in the *Organon*. This being done, the physician then tries to discover the true homœopathic remedy. He may avail himself of the existing *Repertories*, with a view of becoming approximatively acquainted with the true remedy. But, inasmuch as those *Repertories* only contain general indications, it is necessary that the remedies which the physician finds indicated in those works, should be afterwards carefully studied out in the *Materia Medica*. A physician who is not willing to take this trouble, but who contents

himself with the general indications furnished by the *Repertories*, and who, by means of these general indications, dispatches one patient after the other, deserves not the name of a true Homœopathician. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper, and is obliged to leave this homicidal dabbler. It is by such levity as this that true Homœopathy is injured.

“This ignominious propensity for laziness, in the most important of all professions, determines these pseudo-Homœopathicians to choose their remedies *ab usu in morbis*, by the directions which are found recorded at the head of each medicine. This proceeding is entirely wrong, and smells strongly of Allopathy. Those general indications which are found at the head of each medicine in the different *Repertories*, only refer to special symptoms, and most of them have no other object, except to inform the homœopathic physician that certain medicines, the virtues of which have been tried upon the healthy organism, have been found curative in the diseases named in the *Repertories*. Alas! there are even authors who advise this kind of empiricism.”

These words of Hahnemann, together with what is taught in the *Organon* relative to the same subject, might be considered a sufficient demonstration in favor of the rule, but they imply likewise something favorable to the true disciples of our art, which it may be proper and expedient to mention, were it for no other reason than that of being impartial.

In glancing back to former years, we can easily find a period, when cases and cures were reported in a far different way from what they now are. A large portion of the results which have been obtained in later years, point to great uncertainty in the selection of remedies, which is not met in a like measure in the so-called infancy of Homœopathy; and, if we look at that difference a little more closely, we shall find that the progressively increasing magnitude of the doses, and the uncertainty in the selection of a remedy, go hand in hand. Can and ought this to be called

a progress?—And if this be no progress, what is the reason that this retrograding movement should take place?

The answer to this question is partially contained in the above-mentioned words of the author of *Homœopathy*, where he warns his disciples against incorrectness, levity, and laziness in the selection of a drug, and it is perfectly just that those who commit these sins, should be despised and disgraced, as men faithless to their art and high trust. But it would be unjust and uncharitable to impute to the will, delinquencies which are, to a certain extent, occasioned by a want of means; I am convinced that the imperfect development of our *Materia Medica* bears a considerable portion of the fault which I have just now charged upon practitioners.

Without expatiating upon the uselessness of most of our modern provings, fragmentary lists of symptoms, or the hypotheses with which treatises on the *modus operandi* of single remedies abound, I beg leave to offer a few suggestions regarding the arrangement of the *Materia Medica Pura*, suggestions derived from vast experience, and from a careful study of the *Materia Medica* during a period of fifteen years.

Every beginning homœopathic practitioner has probably shared the mistake, into which I, in common with many others, fell at the commencement of my homœopathic studies, to imagine that the homœopathic *Materia Medica* contained the symptoms of every disease. This allusion disappears after the differences of two or more remedies have been found out by a careful comparison of their symptoms. These differences are observed so much more accurately, when the remedies are to be applied; it is then that we perceive the incompleteness and uselessness of the present systems of pathology, which, at best, indicate in a very poor fashion the general character of the disease, but never point out the varieties and shades, according to which the remedy can alone be selected and administered with success. What allopathic physicians understand by the phrase "a remedy

is indicated," is altogether different from what we understand by an agent homœopathic to the disease. A number of remedies may be indicated in any given case of disease, and, indeed, a number of homœopathic agents may bear upon a disease; but only one remedy can be truly homœopathic to the disease, and correspond not only to the principal symptoms but to all the secondary circumstances and phenomena.

What I have here stated, is indeed nothing new, but it was necessary to mention it, because we may derive from it rules for the study of the *Materia Medica*, as well as for the selection of remedies. These rules are invested with peculiar difficulties, and have been rather neglected in modern times.

In comparing the known pathogenetic symptoms of drugs, we discover very soon a considerable quantity of differences, but they are not all of them equally useful. What is worse, in many remedies we have no point to start from in our comparisons. The drugs have not always been proved with reference to peculiar conditions, or for the sake of comparing their symptoms with the established analogous symptoms of other drugs. This deficiency has to be supplied by contrasting the totality of the symptoms of various drugs, and by studying the genius of a drug from its symptoms. This is rather a difficult business, and can only be accomplished by those who combine the requisite talent and perseverance in undertaking it.

To make my ideas the more intelligible, I will illustrate them by an example. Let us select the symptoms of *Asafœtida* communicated by *Franz* in the *Archive*, and, for the sake of brevity, let us select among those symptoms all those set down as *stitching pains*, (*stechende schmerzen*.) These pains, which are quite characteristic of *Asafœtida*, have not been especially marked out by the prover; I state this merely for the purpose of showing that a list of pathogenetic symptoms cannot be received with implicit confidence even when it comes from a distinguished man. In the *Manual* of the

homœopathic Materia Medica by Noack and Trinks, we find the stitching pains of Asafoetida recorded in this way: "*stitching pains*, pricking or boring as with a dull instrument, frequently accompanied with accessory sensations; —paralytic, pinching, cramp-like, pressive, tensive, darting, drawing pains easily passing over into pains of a different character." Jahr, in his new complete hand-book, mentions the stitching pains of Asafoetida in the following fashion: "*Intermitting, pulsative*, or pressive, lancinating, or tearing pains, from within outwards, either modified by contact, or transmuted into pains of a different kind, etc." Investigating the symptoms of Asafoetida a little more closely, one will find that, the stitching pains, which occur *most frequently* in the internal and external parts, are generally *dull* and *intermitting*, most generally, however, *burning*, more rarely *pressive* and *tensive*, most rarely *drawing* and *tearing*, and they are all characterized by the peculiarity that the stitches are directed from *within outwards*. The symptoms in the list furnished by Franz, ought therefore to be completed by having this peculiarity added to them. If no stitches have been recorded of the nose, ears, lips, teeth, etc., we ought not to infer from this, that stitching pains in these parts, provided they are characterized by the peculiarities of the stitching pains of Asafoetida, and are accompanied by the other accessory symptoms, cannot be cured by Asafoetida; I have cured speedily and permanently, burning pricking tooth, ear, and face ache, coming on in paroxysms and being felt only from within outwards, and accompanied by all the other characteristic symptoms, or, at any rate, without being accompanied by symptoms which seemed to counter-indicate the Asafoetida.

The exacerbation and improvement of the symptoms according to *time, condition and position*, is still more correct than the difference of the sensation and external phenomena. Many, or perhaps even all the drugs exhibit, when tried, all their symptoms, corresponding, in a greater or less degree, to all the ordinary symptoms of pain with which we are

acquainted; but still if we were limited to the literal expression of those symptoms, we should frequently be at a loss to find the true homœopathic agent. In such cases, the characteristic peculiarities of the drug will lead us to determine the Homœopathicity in the case. If it be therefore of the greatest importance, to consider with the greatest care the conditions under which an exacerbation and improvement by the drug may take place—indeed no record of symptoms can be considered complete and sufficient to the proper selection of a drug, without those considerations being indicated with great precision—we have, on the other hand, frequently to supply those conditions, when they are not expressed, by means of the knowledge which we have gathered of the curative genius of the drug from the totality of its symptoms.

In completing and determining with more care the symptoms which the drug has yielded in proving it, we have especially to observe three points. The first point is, that certain drugs do not manifest all their symptoms at the same time, but some symptoms at one time, some at another. For example, the head and chest symptoms of Amm. mur. have their exacerbation in the morning, the abdominal symptoms in the afternoon, and the symptoms of the limbs, skin, together with the feverish symptoms in the evening. The second point is, that when a drug produces opposite symptoms, we have to consider with great care, which of the two ought to be considered an exacerbation. Nux vomica, for instance, has most of its exacerbations in the open air. That form of coryza which is characteristic of Nux, frequently becomes a violent fluent coryza in a room, and, in the open air, is immediately changed to a dry coryza which is not very troublesome; dry coryza, and a suppression of the secretions in general, belong to the principal primary symptoms of this valuable drug; fluent coryza, of itself, ought therefore to be considered as an alleviation of the symptoms. A third point, which ought especially to be considered, when several remedies compete in a case, is the careful investigation of the spe-

cial parts, not only the general parts of the body, but even of every subdivision, organ, etc. (including the special functions of the mind,) upon which every drug seems to have a special action; this investigation is very difficult in the case of a number of drugs, and can only be accomplished with ease after long practice.

It is in this and no other way—if I am not mistaken, and if my friend and teacher Hahnemann has shown me the true path—that the *Materia Medica Pura* ought to be read and studied; and not till the beginning practitioner shall have diligently gone through that preparation, will he be able to prescribe promptly, safely and homœopathically, without being obliged to spell the symptoms into a group, as the child does its letters. He will then be able to discover the differences and characteristic peculiarities of the antipsorics which seem to be so much like each other, precisely because they correspond to a vast number of diseases of a similar origin, and will not be obliged to choose a new remedy all the time, whereas it is so essential to let the antipsorics act a long while. He will then not be obliged to busy himself in hypotheses, and to consult such works as Noack and Trinks', full of sounding names for which the remedies are recommended, one remedy for a score of names; or finally, to experiment upon patients and to take an allopathic drug in the place of a properly selected homœopathic agent.

I have now come to the "third precaution" of the old experienced master, "to let every homœopathically selected drug act, until it shall have accomplished all it can."

"The third great mistake which the homœopathic physician cannot too carefully avoid in the treatment of chronic diseases, is the too hasty repetition of the dose. This haste is highly indiscreet. Superficial observers are very apt to suppose that a remedy, after having favorably acted for eight or ten days, can act no more; this delusion is strengthened by the supposition that the morbid symptoms had shown themselves again on such or such a day, if the dose had not been renewed.

"If the medicine which the patient has been ordered to take, produces a good effect in the first eight or ten days, this is a sure sign that the medicine is strictly homœopathic. If, under these circumstances, an aggravation should occur, the patient need not feel uneasy about it; the desired result will be ultimately obtained, though it may take twenty-four or thirty days. It takes forty and even fifty days before the medicine has completed its action. To give another remedy before the lapse of this period, would be the height of folly. Let no physician suppose that, as soon as the time fixed for the duration of the action of the remedy shall have elapsed, another remedy must at once be administered with a view of hastening the cure. This is contrary to experience. The surest and safest way of hastening the cure, is to let the medicine act as long as the improvement of the patient continues, were it even far beyond the period which is set down as the probable period of the duration of that action.* He who observes this rule with the greatest care, will be the most successful homœopathic practitioner. A new remedy should only be given when the other symptoms which had disappeared for a time, begin to appear again, and show a tendency to remain or to increase in intensity. Experience is the only arbiter in these matters, and, in my own long and extensive practice, it has already decided beyond the shadow of a doubt."

* * * * *

"Generally speaking, antipsoric remedies act the longer in chronic diseases, the more inveterate these diseases are; and *vice versa*, etc." Hahnemann continues in a note:

"It will be difficult to induce physicians to avoid the mistakes which have been censured in these paragraphs. My

* *Note by Hahnemann.* In a case of chronic head-ache and which appeared periodically, and where *Sepia* was the truly antipsoric remedy, and much relieved it in intensity and duration, I gave another dose of *Sepia* when it returned, which suspended the attack for one hundred days. It then returned slightly, another dose of *Sepia* became necessary—the patient remained then well in all respects and had no further trouble for seven years.

doctrines in regard to the magnitude and the repetition of the doses will be doubted for years, even by the greater number of homœopathic physicians. Their excuse will be, that it is quite difficult enough to believe that the minute homœopathic doses have all the power to act upon the disease, but that it is incredible that such small doses should be able to influence an inveterate chronic disease even for two or three, much less for forty or fifty days; yea, that, after so long a space of time, important results should be obtained from those imperceptible doses. My proposition, however, is not one of those which needs to be comprehended, nor one which ought to be blindly believed. No one is bound either to comprehend or believe that proposition; I do not comprehend it, but the facts speak for themselves. The truth of my proposition is demonstrated by experience, in which I have more faith than in my intelligence. Who will undertake to weigh the powers that nature conceals in her depths? Who will doubt of their existence? Who ever thought that the medicinal virtues of drugs could be developed in an infinite series of degrees by means of triturating and shaking the raw materials? Does the physician risk anything by imitating a method which I have adopted from long experience and observation? *Unless the physician imitates my method* he cannot expect to solve the highest problem of medical science, that of curing those important chronic diseases which have indeed remained uncured up to the time when I discovered their true character and proper treatment. This is all that I have to say on this subject. I have fulfilled a duty by communicating to the world the great truths which I have discovered. The world was sadly in need of them. If physicians do not carefully practice what I teach, let them not boast of being my followers, and, above all, let them not expect to be successful in their treatment."

Page 156 of the first volume of the *Chronic Diseases* we read the following words well worthy of our serious consideration: "The whole cure fails, if the antipsoric remedies which have been prescribed for the patient, are not permitted to act

uninterruptedly to the end. Even if the second antipsoric should have been selected with the greatest care, it cannot replace the loss which the rash haste of the physician has inflicted upon the patient. The benign action of the former remedy, which was about manifesting its most beautiful and most surprising results, is probably lost to the patient forever."

"The fundamental rule in treating chronic diseases, is this, to let the carefully selected homœopathic antipsoric act as long as it is capable of exercising a curative influence, and there is a visible improvement going on in the system. This rule is opposed to the hasty prescription of a new, or the immediate repetition of the same remedy."

Considering that these remarks of Hahnemann, whose eminent powers as an observer no one will deny, contain truths which many of his best disciples have confirmed by their own experience, it is inconceivable that the doctrines of the specifics should have found such ready belief with beginners, unfounded as they are, and unsupported by experience. Why do not the older disciples of Hahnemann raise their voices against works, where the first or third trituration of Calc. carb., Caust., Graph., etc. is recommended as the proper potency, and it is advised to repeat the dose once or twice a day? The special symptoms for which the drug is to be used, are indeed indicated in consonance with Hahnemann's own teachings, but the doses and the duration of the effect which he recommends are not pointed out. Why do those Homœopaths who have studied and practised Homœopathy for years, and might furnish an abundance of illustrations to substantiate the doctrines of Hahnemann, remain silent in the presence of the clamorous attempts of the specifics to substitute their own speculations in the place of the true inductive principles, and to support them by reports of cures which cannot by any means be considered as exemplary? I ask the gentlemen specifics, who once were Hahnemannians as well as others, upon their consciences, whether they now cure truly chronic diseases more success-

fully, speedily, and permanently, than they did at a time when they were yet practising under the banner of Hahnemann?

I have stated above that I too was carried away for a time by the torrent, and was induced to give larger and more frequently repeated doses. It behooves therefore that I should communicate to my readers two cures which interest me personally very deeply, and which, together with many other cures which my friend and teacher Hahnemann reported to me occasionally in his letters, led me back to the true path, and warned me effectually against the sophisms of his schismatic adherents.

(To be continued.)

THE ALTERNATION OF ACONITE, AND BELLADONNA.*

BY AD. LIPPE, M. D., PHILADELPHIA, PA.

The characteristic symptoms of Aconite have already been brought before you, and will enable you to select and administer to advantage this much abused remedy. I will now proceed to caution you against the administration of Aconite and Belladonna in alternation, and I do so, because you will find this alternation recommended in the ordinary books on practice; you will also find cases recorded in which Aconite was administered in alternation with Belladonna, and when you see practitioners follow this mode of prescribing, giving as a reason, that it has been done by others, and quoting precedents, you might perhaps also fall into the same error. To enable you then to resist this wide-spread mongrelism, and to give your reasons for disapproval, and also to prepare you rationally and understandingly to combat this violation of

* A lecture delivered at the Homœopathic College of Pennsylvania, before the class of Oct. 14th, 1864.

our principles as well as of the fundamental rules of practice, we will first consider the error of alternating medicines in general, and then show in what particulars Aconite and Belladonna are similar or differ.

The question of alternating medicine has been brought before the profession from time to time, and but very lately an interesting paper "On the Alternation of Medicines" was read before the British Homœopathic Society by Dr. Drysdale, and published in the September number of the *Annals* of that society. As the paper expresses the opinion at present pendant among a large majority of the homœopathic physicians in England, we will here take occasion while considering this subject, to allude to it. The learned author of that paper, Dr. Drysdale, whilst saying that he does not give a preference to the plan of alternation, yet the bulk of said paper treats of the cases in which it is allowable. Without entering more fully on the fundamental ideas of Homœopathy upon which he bases his conclusions, and without here showing his misconception of Homœopathy and his false position, or questioning the admissibility of the authorities he quotes, taking the doubtful assertions of Trinks in preference to the sound and long accepted teachings of Hahnemann, we will deal with the question only as it should present itself to us as Homœopaths.

The alternation of medicines can occur in two different ways, *first an alternation a priori*, as for example the prescribing of Aconite and Belladonna in alternation, each remedy to be administered after a specified lapse of time, whether this time is numbered by minutes, hours or days is immaterial, the principle remains the same. Suppose then, that you are called upon to prescribe for a given case, and are, of course, believed to understand the homœopathic law of cure, the fundamental principles and practical rules left us by Hahnemann, and, acknowledged as the unerring guide, by all true Homœopaths and also to know the effects of the medicines, how can you ever be induced to violate one and all of the practical rules, and by prescribing two medicines in

alternation, give evidence of your want of accurate knowledge of the effects of either of them.

One of the great fundamental practical rules is, never to repeat the same remedy or give another medicine until the first dose administered has fully developed and exhausted its effects. *A priori* this knowledge is not in your possession. One dose of Aconite, for instance may develop and exhaust its effects in six, twelve, or twenty-four hours, or in one, two, three or more days or weeks, and in chronic cases may even act for a longer period of time; the symptoms then, according to which you have selected Aconite, although much diminished may not have entirely disappeared, but still they are certainly yet aconite symptoms, you must then repeat the same remedy Aconite, and probably with better results should a still smaller dose be given than the previous one. On the contrary, should the symptoms according to which you selected Aconite have disappeared, and others have shown themselves, in that case you have to take up a new, careful record of the symptoms, and select another remedy, again waiting for the effects of this second remedy, and neither repeating nor giving a new medicine until its effects are exhausted. This then is the only direct and reliable practice if we are guided by the practical rules. But, say the advocates of alternating medicines, in order that they may set aside these practical rules and the practice based on them, we can prove the correctness of our position by practical and clinical experience. We have cases reported by Dr. Cate* who brings forward inflammation of the mucous coat of the colon. When it extends to the peritoneal coat of the gut, he gives Mercurius corr. in alternation with Sulphur, corresponding to their specific action on their different tissues. Also in inflammation of the membranes of the brain threatening effusion, he finds Byronia alternated with Hellebore, more efficacious than either singly. In the analysis of Tessier's Pneumonia Cases by Dr. Bayes, we find several cases that improved rapidly under alternation of Phosphorus with

* We quote from the Annals, pages 376, 377 and 381.

Byronia, though the latter alone was not doing as much good as usual. Dr. Drysdale says of Dr. Cate's reported cases, "But this is already recognized in Homœopathy, without stepping into the doubtful regions of pathology." If then in the above cases the doubtful regions of pathology *do* not help us and *can* not help us to select any curative remedy, how can Homœopathy recognize such alternation based on nothing else than these acknowledged doubtful regions of pathology? Without in the least calling in question Dr. Cate's superior pathological knowledge and his ability to determine when the inflammation of the mucous coat of the colon extends to the peritoneal coat of the gut, or when the inflammation of the membranes of the brain *threaten* effusion, and without either calling in question Dr. Cate's superior knowledge of the specific action of remedies on different tissues irrespective of accompanying subjective symptoms; for argument's sake, considering the cases as he gives them, they do not in the least prove the correctness of the practice of alternating medicines. This practice never has been and never can be recognized by Homœopathy because medicines cannot be selected solely according to pathological indications, and if they could be so selected, no two distinct pathological conditions could be observed on one patient at the same time. Not only do Homœopaths treat only the sick and not diseases, but even the progressive allopathic schools have taught this great principle in practice for some time. But will you ask "how then do patients recover under this treatment by alternation?" Dr. Drysdale tells us "Upon the two principles—viz, the meeting of complications, and maintaining the susceptibility, rests the practice of alternation of medicines. And when used with circumspection, it is a practice that has proved useful, and developed the powers of Homœopathy." In every case we have to treat, we meet with complications, and what is generally understood under complications, are the unaccountable, often apparently small and trifling symptoms, not belonging strictly to the pathological condition present to the so-called disease, the class of symptoms that generally guide

us in the selection of the truly curative remedy; if we select a remedy according to these symptoms, there will be no need of maintaining the susceptibility. If, furthermore, we must use circumspection should this practice prove useful, we are much afraid that between the doubtful regions of pathology as a guide, and circumspection as a landmark, we shall lose our way; I would advise you once for all, to hold fast to certain fundamental rules laid down by Hahnemann, and guard against unmeaning phrases, which, with all circumspection, will lead you into doubtful regions. If a patient recovers under the treatment by alternate medicines, it is to be supposed that one of the medicines was homœopathic to the case, that the frequent repetition would have done more harm and protracted the recovery, had not the alternated remedy, being similar and therefore an antidote in that capacity, suspended and modified the action of the oft-repeated medicine.

As no two morbid states can exist in the animal organism, whether they are similar or dissimilar, without either the recent morbid condition silencing, at least for a time, the former morbid state or uniting itself with it, forming a double-headed monster, so can never any two medicines develop their effects separately on the healthy or on the diseased animal organism, without necessarily interfering and interrupting the action of both or at least of one. The knowledge of the effects of medicines is based upon the provings of drugs, and if so, who can ever have thought of proving two drugs on one and the same person, at one and the same time? As, for instance, Aconite and Belladonna. Aconite to be given and allowed to act, say for twelve hours, then Belladonna to be given and also allowed to act for twelve hours, and so they are given alternately, and what will be the result of this medication duetto? Will it end in a harmonious solution of the questions we asked of nature, viz.: how do Aconite and Belladonna effect the human organism? If the healthy organism will not give a satisfactory answer to our question, which it could only do if the two medicines did not interfere with each

other and the development of the altered sensations of each respectively; how much less can we suppose that the organism when effected by disease, will, under the double action of alternate medicines, respond and be beneficially affected by them? As two medicines cannot be proved at the same time in alternation on the same person, and as two distinct diseases cannot exist in the same person at the same time, so cannot two medicines administered in alternation affect the diseased organism beneficially.

Secondly. An alternation *a posteriori*, may be good practice in some few and rare cases, and in those, you will find that after the effects of the first dose of a well selected remedy have been exhausted, the patient may be quite in a different condition; and then after selecting another remedy and its effects being exhausted, you may find again, all the symptoms for which you prescribed it, have disappeared, and the case presenting precisely the same symptoms for which the first remedy was given, with the difference that they may not be quite so intense, then, of course, you return to the first remedy; if, when its action is exhausted, you again find the same symptoms, though most likely less severe than you found them before, when you selected the second remedy; you will give it again, and so continue as long as recurring circumstances require it and till your patient recovers. To fortify his position, *i. e.*, that alternation of medicines *a priori* is admissible, Dr. Drysdale quotes a case related by Dr. Hering and cured by alternate doses of Ignatia and Ruta because a liver-complaint and a jaundice both were present; the inference from this statement would be, that the two distinct diseases were present and demanded the alternation of the two medicines, one for each disease. The fact is this, Dr. Hering relates in the third part of *Archive*, vol. xiii, p. 68: "A very short time after I first became acquainted with Homœopathy in 1822, I cured permanently, in a few weeks, a patient attacked with jaundice and liver diseases, by giving every third or fourth day the tincture of Ruta and Ignatia". In this case Ignatia was first indicated by the symptoms of

jaundice, the patient, a lady, had suffered much from grief, and they disappeared under Ignatia, but other liver symptoms then appearing, Ruta was indicated and removed them, but the jaundice returning Ignatia was again given, and so the two medicines were taken in alternation, not for two distinct diseases, but for two distinctly different complexity of symptoms of one and the same disease of one patient. In 1822, very few remedies were proved, Dr. Hering had just become acquainted with Homœopathy and he relates this case as one of alternation and success; the practice of alternating medicines was then scarcely spoken of. Dr. Hering could not have given in this case, Lachesis, which he did not prove until 1833 and was therefore unknown to him in 1822. This is a case of alternating *a posteriori*, and does not sustain Dr. Drysdale in his efforts to uphold that mongrelism. The quotation of this case does not give color to the habitual practice of alternation common to most physicians calling themselves Homœopaths in England, and we must be allowed to draw the inference from this quotation, and their habits of alternating, that the author and those who sustain him are ignorant of progressive Homœopathy and are unaware of all the developments following the fundamental ideas since the year 1822; in fact the advocates of indiscriminate alternations of medicines, give full evidence of their lack of knowledge of our Materia Medica and refute the fundamental principles of the school to which they claim to belong. The appeal of this faction, to statements made in 1822, when Homœopathy was in its infancy, are only applied to suit their faction's retrogressive assertions, and not to accept the fundamental ideas on which the homœopathic practice was based then and has developed itself progressively and is still developing new truths. To quote what, since 1822, has been unsaid by the same witness, to accept his passing remark while he had but just become acquainted with Homœopathy, but ignore what he has said during the forty-two subsequent years, is to say the least, a deplorable resort to perversion and misrepresentation of our cause.

If it even admitted that the alternation *a posteriori*, is at times, but very seldom, admissible, it will also be acknowledged that this only allowable alternation proves that we have not chosen the only curative remedy for the patient; and we have not chosen it because it was not known to us, and it certainly might *not* have been known to us as our Materia Medica is far from being complete. The alternation of Medicines can never be excused on the plea that two distinct diseases existed which can never take place; it is in contradiction with true homœopathic practice as we have nothing to do with diseases or forms of diseases or pathological conditions, as indicating the curative medicine, we have but one patient who is sick, and we prescribe for the patient, not for the disease.

(To be continued.)

LACHESIS.*

BY L. M. KENYON, M. D., BUFFALO, N. Y.

Having been where I have not seen the REVIEW for two years past, and lately come in possession of the back numbers, I have noticed the discussion which has been carried on in some of its numbers regarding Lachesis, and if I am not too late, would like to add my mite in favor of this potent remedy. I will do so by detailing the following case, which I take from my note-book, dated Oct. 1850, simply premising that, up to this time I had never given a remedy above the eighteenth potency, and very seldom as high as that.

Mrs. O. aged 48 years, bilious, nervous temperament, has for many years, every spring and fall, had acute pneumonia, always been under allopathic treatment, and by a physician of the old heroic school, generally salivated, always bled,

* Read before the Erie County Homœopathic Medical Society, October 12th, 1864.

blistered, and purged, and is now a perfect wreck of her former self. I hardly find an ache or pain that human flesh is heir to, that she does not have. She now resorts to Homœopathy, at the earnest entreaty of friends, in hopes she may escape her usual fall attack. The more prominent symptoms requiring immediate attention at the present time, are as follows:

No sleep until after midnight, and frequently until daylight, great despondency and sadness, weakness of memory, headache when in the sun, with glimmering of eyes, swollen and easily bleeding gums, sore throat with sensation of fullness, or as of a plug in the throat, tonsils enlarged, constant dryness of throat, frequent entire loss of voice, burning pain in region of left ovary, menstruation irregular for ten months past, sometimes in twenty days, then passing by six to seven weeks, corrosive acrid leucorrhœa for ten days after menstruation. Every thing sours on the stomach, heartburn almost incessantly, violent pressing, burning pain in the top of the head, from within outwards, constant dry hacking cough, palpitation of heart from slightest causes, exercise or emotions, almost uniform constipation of bowels, coldness of limbs below elbows and knees.

This was the picture presented to my view, and in a patient who had been told by her family physician in whom she had trusted for over twenty years, that she would not probably live through another winter. After a careful investigation of her case, I selected and left her a few doses of Lachesis.

In the course of two hours I was sent for in great haste, to see my patient, and found that within half an hour after taking the first dose, she was taken with violent chill, more of a nervous shuddering, than chill, yet the skin was covered, even where she was warmly clothed, with the *cutis anserina*, great oppression of the chest, violent palpitation of heart, beats irregular and intermittent, pulse small, weak and tremulous, entire loss of voice, sensation of throat being entirely filled up, face livid, or almost purple, head confused, slightly delirious, tongue and fauces red and dry.

I was not disposed to give Lachesis credit for this entire condition, but administered Belladonna, which in a few hours gave her relief. From this time, for several days other remedies were given, with no perceptible effect, except that under the action of Sulphur⁸, she would rest quietly all night. Sulphur, of course, became a favorite remedy with her.

After reviewing the whole case again, I concluded to give one dose of Lachesis¹⁰, which was the ultimatum of high potencies with me at that time, and ten days after the former dose, I gave the one dose. In half an hour or less, almost precisely the same condition as followed its former administration, ensued. Belladonna, as before relieved her, and in fourteen days, I gave again Lachesis¹⁰, three globules and to my utter astonishment with the same result, only that the symptoms were more severe and urgent in their character. I could of course, doubt no longer that the remedy had aggravated the case, and having firm faith in our law of cure, determined to test the matter thoroughly. The aggravation was allowed to pass off under the administration of Sac lac., and she continued to improve for about a month, during which time I had obtained Lach.¹⁰⁰ (Jennichen's). She had vowed she would never take the remedy again knowingly. I gave her three globules of Lachesis¹⁰⁰ at bed time, at the time remarking, that I was very anxious she should sleep that night, so I believed I would give her a single dose of Sulphur. She expressed gratification because she always slept so well under that remedy.

When I went in the next morning, I found her speechless; but she wrote on a slate, "You thought you were going to cheat me finely last night, didn't you, but I knew in less than fifteen minutes after taking the dose that it was Lachesis." The aggravation was not as severe, producing only slight oppression of breathing, some dryness of throat and hacking cough, with loss of voice; no chill or palpitation of heart. This dose was allowed to act without interference, and a rapid improvement was the result, and with the repetition of

the same dose three or four times during the following six months, she was restored to perfect health. She has never had pneumonia since, and is now a strong healthy woman.

I give the case as it occurred, and leave those who do not get results from Lachesis, or who do not believe in the efficacy of high potencies, to draw their own inferences. I have always found Lachesis, when well indicated, to be a quick and potent remedy. I have many times removed all the premonitory symptoms of quinsy in persons very subject to it, with a few doses of the 30th, and always find it effectual in those cases of angina, where the pain shoots up from the throat to the ear, especially so, if it is a burning pain. And I have never found a remedy that would so universally relieve the burning pressure from within outwards, in the top of the head, which is frequently the only symptom females complain of at the climacteric period.

DIAGNOSTIC INDICATIONS OF THE FACE.*

BY C. G. RAUE, M. D., PHILADELPHIA, PA.

The face of a patient tells a long story, and it will be well for the student to observe closely its features, expressions, color, and temperature. The experienced physician reads on it, not only the degree of severity of an attack, but often also, its whole general nature. But this must be learned by practice. There are fine shades, which cannot well be described, but which, nevertheless, stamp upon the whole a peculiar character. I shall try to collect and delineate in rough outlines, what you will have to fill up at a later time, by your own observation and experience.

THE ASPECT OF THE FACE.—*a.* A delicate appearance, with long fringed eyelashes, often serves to point out the

* A lecture delivered before the Homœopathic Medical College of Pennsylvania, Nov. 11., 1864.

tubercular diathesis. *b.* The thickened *alæ nasi* and upper lip of scrofula are most marked in childhood. *c.* The pallor of anæmia is very important; it is waxy in chlorosis, and pasty in diseases of the kidneys. *d.* A puffy appearance about the eyelids, along with anæmia, is very generally the indication of albuminuria. *e.* A bloated, blotchy, face, generally indicates irregular habits of living. *f.* The features undergo remarkable changes in erysipelas, parotitis, facial paralysis, etc. *g.* A sunken face, indicates exhaustion either from too great exertion, loss of sleep, want of nourishment, profuse diarrhœa, or disturbed digestion. If it sets in suddenly during pregnancy, it is a premonitory sign of abortion. If you find it at the beginning of a disease, without previous weakening causes, it denotes a severe illness. If it sets in suddenly during a disease, without chill or spasm, by which it might be caused, it is a sign of extreme exhaustion or metastasis, mortification or apoplexia nervosa. *h.* The Hippocratic face is characterized in the following way: the skin upon the forehead is tense, dry or covered with cold perspiration; the temporal regions are sunken, the eyelids are pale and hang down, eyes are dull, without lustre, turned upwards and sunken; the *alæ nasi* are pinched together, and the nose very pointed, the malar bones stick out and the cheeks are sunken and wrinkled; the ears appear to be drawn in and are cold, the lips are pale, livid; the lower jaw sinks down, and the mouth is open. It is always a sign of extreme prostration of vital powers, and is found in cholera, in mortification, during the death struggle. *i.* A wrinkled face is natural in old age but in children it is a sign of imperfect nutrition, and is found in consequence of exhausting diarrhœa and atrophy. In boys and half grown lads, a wrinkled face is a sign of onanism.

The *linea ophthalmozygomatica*, is a line or fold, commencing at the inner canthus of the eye, running towards the zygoma, where it ends. It shows momentarily when children cry, but becomes more permanent in children with

affections of the brain. Its appearance in simple catarrh, is said to indicate the setting in of whooping cough.

The linea nasalis, is a line or fold, which commences at the upper part of the *alæ nasi*, and runs towards the *orbicularis oris* (the sphincter of the mouth), forming a more or less perfect half circle. This line, if found in children, denotes abdominal diseases, especially inflammation of the bowels, also rachitis, scrofula and atrophy. In grown persons it is said to have been observed as a concomitant symptom of albuminuria, ulcer and cancer of the stomach, and degenerations of the liver.

The linea labialis, is a line or fold, which commences at the corner of the mouth and runs down towards the side of the chin, where it ends, and whereby the chin appears to be elongated. This line is said to be a characteristic sign in children of inflammatory or chronic diseases of the larynx and lungs. It has been found very marked in grown persons, who suffered with ulceration of the larynx and bronchial affections, attended with difficulty in breathing, and much mucous discharge.

k. The risus sardonicus, a spasmodic distortion of the face, resembling a kind of laughing, is found in irritation and inflammation of the brain, in inflammation of the pericardium and diaphragm, in irritations of the intestinal canal, in abnormal condition of the menses; even after mental excitement, fright and depression of spirits.

THE EXPRESSION OF THE FACE is in health the reflex of the mind, and in disease it has a distinct reference to the nervous system. In general I may say: *a.* A rigid, staring, stupid, troubled, but sometimes also a smiling countenance is found in affections of the brain and typhoid conditions. *b.* An anxious, sad and restless expression is found in lung and heart diseases; and, *c.* A morose, long-faced and apathetic expression is found in abnormal disorders.

THE COLOR OF THE FACE.—*a.* Redness, if habitual, denotes a tendency to gout and hæmorrhoids, and is a sign of indulgence in spirituous liquors. Flying, often changing

redness is seen in children during dentition, in women before menstruation or after conception, and is also found in inflammation of the lungs. Bright vivid redness is found in nervous diseases, hysteria, and tendency to hæmorrhoids. Dark purplish redness is found in congestion and apoplectic and suffocative conditions. Redness, coming and going in spots. I have often found in brain diseases of little children. One-sided redness with paleness and coldness of the other side is in inflammation of the brain, according to Schoenlein, a sign of formation of pus in that half of the brain which corresponds with the red side of the face. One-sided redness is found also in diseases of the lungs, of the heart and abdomen. The circumscribed hectic flush is characteristic of phthisis. Redness of the cheeks with a white ring around the *alæ nasi* and the mouth. I have found in different exanthematic fevers.

PALENESS.—Sudden paleness, especially around the mouth, is found in children with colic, spasms in the abdomen. Great paleness, alternating with flushes of redness, is found in inflammation of lungs and brain, also during dentition. A pale peculiar white and wrinkled face is found in children with chronic hydrocephalus. A sudden paleness after an inconsiderable limping in children, combined with great lassitude is a sign of a lingering hip disease. In women paleness is a sign of profuse menstruation, or suppression or chlorosis. Sudden paleness during pregnancy prognosticates that metrorrhægia, or death of the fœtus, or coming on of abortus. Sudden paleness of the nose is in scarlet fever a bad sign; it denotes a metastasis to the brain; during the peeling off, it is a forerunner of dropsy. Sudden paleness after a fall indicates concussion of the brain. Pale lips are characteristic of chlorosis.

BLUE COLOR OF THE FACE.—It is found in organic diseases of the heart, especially dilatation of the ventricles and disorganization of the valves, whereby the oxygenization of the blood is interfered with. In the highest degree it exists in cyanosis. Blue face of new born children is found after labor, with face-presentation, or if the navel-string was wound round

the neck. If it lasts long after birth it denotes cyanosis. Livid greyish, lead color, denotes deep-seated organic diseases, scirrhus, gangrene

YELLOWISH COLOR of the face is found mostly in diseases of the liver. A yellowish or brownish bridge over the nose, indicates Sepia. The yellowness of jaundice varies from a pale orange to a deep green yellow. There is a certain yellowness of the malignant aspect, which is distinguished from jaundice by the pearly lustre of the eyes.

BROWN SPOTS in women are mostly signs of pregnancy or of irregularity in menstruation; they are also said to be found in liver complaints. Irregular brownish spots, a little raised above the skin and covered with small pustules, which sometimes discharge a bloody fluid, are in children a sign of congenital syphilis.

THE TEMPERATURE OF THE FACE.—*a.* Heat of the face is found in congestion of the head, in fevers, in inflammatory conditions, in coryza and other different complaints. *b.* Coldness of the face we find in chills, in spasms, exhaustion, in sickness of the stomach, in syncope. A deadly coldness in cholera, also in violent hysterical paroxysms. In inflammation of the lungs coldness of the face is a bad sign of commencing suppuration. Sudden coldness of the face in scarlet fever indicates the near approach of death.

MISCELLANEOUS.

ELECTRO-MAGNETISM.—Read before the Onondaga County Homœopathic Medical Society, Oct. 25th, 1864, by Dr. H. C. Hubbard, Scott, N. Y.—As I have failed to meet the expectations of the society in presenting the report which was assigned to me to present, I will with your permission read a "proving," to in part atone for my failure. The proving to which I allude, are symptoms developed in myself by Electro-Magnetism.

In July, 1855, having under treatment a severe case of hemiplegia and having nearly exhausted my resources in vain efforts to restore the patient, I was iadvised by my friend Dr. Brown to resort to Electro-Magnetism with the hope that, by that means, the nervous system might be so aroused that, with the aid of other remedies afterward administered, the use of the paralyzed parts might be eventually restored.

In putting the machine and chemicals together for use, I took hold of the balls a few times, a few seconds at a time, to ascertain the strength of the current and regulate it to the required power, when the following symptoms were developed.

First application, July 15th, 5 P. M. Never before this had I applied this kind of battery to myself. The action was so prompt in developing morbid symptoms of a marked character that it surprised me. I therefore noted these symptoms the first evening. The second day I was too sick to write, so I had my wife note the time and order of the symptoms, after which I kept my own record.

Pricking pains in the fingers; pain in the head continuing for several hours. Dartings through the forehead, temples and occiput. Pain in the shoulders, elbows, wrists, hips and knees. Pain up and down the vertebral column, the whole length; but more severely in the dorsal and lumbar region. Pain in the chest and sternum. Pain affecting the whole muscular system, especially those of the back, and limbs, and the intercostal muscles. Dartings, jerking, dizziness and confusion of ideas. In an hour there had been two large and urgent discharges of urine.

The above were the immediate effects of the first trial, continuing with more or less severity for two hours; and up to the second trial in a diminished degree.

Second application, at 9.30 P. M. same day. An immediate revival of the above symptoms, with increased intensity. Rapid movement of flatulence, which exists in a milder degree after the first trial; but now frequent discharges of fetid and exceedingly offensive flatulence. Tumult of the bowels as though diarrhoea would come on. Retired to rest for the night soon after. Two or three violent beats of the heart at irregular intervals, fifteen or thirty minutes, or one hour apart. Restless sleep disturbed by nervous excitement.

Second day. No unusual sensation before rising, giddiness immediately after rising. Tumult and pain in the bowels while dressing. At six a.m.

copious diarrhœic stool and two more in rapid succession afterwards. General relaxation. Bad taste in the mouth. Loss of appetite. At eight, a.m. touched the balls again for a few seconds.

Third application. Increased sensitiveness to its effects, a renewed aggravation of all the first mentioned symptoms. Two copious watery stools immediately, in rapid succession. Uneasiness, could not collect my thoughts, could not keep quiet. Constant desire to change position. Soreness of the skin, pain all over. At nine, a.m. had to go to bed. Cold streaks here and there. Those symptoms I have observed in several paralytic cases. And I do not know that I have in this paper recorded any other symptom which I should recognize as peculiar to that disease. A sort of creeping tremor under the skin as though it shook or trembled without any tremor being perceived. Soreness of the nervous extremities that could not bear a light touch. Sudden jerks of the hands or feet if touched. Increase of coldness, chilliness runs up and down the back. Chattering of the teeth, *violent chattering of the teeth. Rigors. Paleness of the face, cold hands which are pale, with blueness of the nails.* Thirst with desire for cold drinks. Cannot refrain from groaning. *Boring* pain in the ears. I know of no better term to express the peculiar kind of pain experienced in the ears. It seemed like (as I would imagine) a small auger twisted in the ears or like a rough stick screwed violently into the ears. Toothache. *Pain in the wrists as if they would break.* Also in the elbows, hips, knees, and joints generally. Oppressed breathing. Rigors continuing one and a half hours. Sense of internal throbbing. A few irregular beatings of the heart, sometimes one, sometimes two or three heavy beats. Pulse, which ordinarily ranges from sixty-five to seventy beats per minute, rose to ninety and weak. Eleven, a.m. chills have nearly subsided, but little decrease of the pains. Head still confused, could not collect my thoughts. Pulse ninety-five, and gradually rose to one hundred and ten. Some redness of the face; increase of heat is but little above the natural standard. Increase of toothache. Pains in teeth which never ached before. Sensation as though plugs were in the ears; as though some hard substance had been crowded or *driven* with violence into the ears. Grinding pains in the ears. This "grinding," did not differ much from the "boring" mentioned above, but now had extended deeper and seemed as though the membrane of the ear was violently removed, and subsequently it was a fact, that the inner ear was excoriated as far as could be seen. No more difficulty in hearing than usual. Distressing uneasiness all over. Frequent feeling as though the bowels would move, but no more movements that day. 1.30, p.m. Sweat easily and profusely. Pulse one hundred and eight. Perceptible pulsations through the whole body. Sense of soreness of the skin in the dorsal and lumbar regions, nates and thighs. Pain continues in the head but less severe than formerly. Gradual decline of the symptoms the rest of the day. Great weakness of the voice. Speak as though the voice came from the chest. Exhaustion. Paleness. Sweat easily. During the day a sort of numbness blended with increase of sensibility, and as though this was deep under the skin.

Third day. Felt sensibly the effects of the previous day's suffering. Soreness of the teeth with constant pain (am not usually troubled much with tooth-

ache). Weakness. Unusual itching about the orifice of the ears. Pains continue up and down the back and limbs. Ears discharge much thinner cerumen than usual, with an itching and burning sensation.

Fourth day. One loose evacuation of the bowels to-day. But little disturbance except dull grumbling pains in the teeth. Burning and swelling of the lips with a profuse eruption of watery vesicles covering a large portion of the epithelium. Burning in and about the ears with discharge of a white, watery matter, and the ears became sore. Soreness of the inner orifice of the nose, with burning smarting pain. No evacuation of the bowels that day.

Fifth day. Feel well except the soreness of the lips has extended into the beard. The outer end and top of the nose is swollen and sore. And the same sense of burning soreness has extended to the eyes, more especially the edge of the lids which are somewhat swollen and sore. Ears less sore than yesterday.

Sixth day. Continued sore eyes, lips and nose, but improving. This was the time I first applied the battery to my patient. I was to have seen the patient on the sixteenth, but I had suffered so severely from the effects of my experiments that I was unfitted for the service, the patient being five miles away from me. At eleven, a.m. applied the battery again in the mildest possible form, so that the electric current was scarcely felt, for a few seconds only. Severe headache immediately, followed by pains again in the chest, and up and down the spine. Pain continued during the night. Three copious emissions of clear urine during the night.

Seventh day. One copious diarrhœic stool in the morning. Severe headache during the day.

CORRESPONDENCE, Drs. Lippe and Pope.—To the Editors of the AMERICAN HOMŒOPATHIC REVIEW:

Gentlemen:—The point at issue between Dr. Lippe and myself is simply this, I assert that the medical man who invariably, or as often as his knowledge permits him to do, or as the means at our disposal admit of his doing, selects his remedies for the cure of disease guided by the homœopathic law, is to all intents and purposes a Homœopathist, or in the phraseology of your journal a "Homœopathician." Dr. Lippe, on the other hand, regards no one as a Homœopathist or Homœopathician, who does not accept as absolute truth every thing propounded as well as every fact related by Hahnemann. Those who believe in the law of similars only, who doubt, even though they do not deny the dynamization theory, who have the audacity to question the complete accuracy of the itch doctrine, who presume to regard high dilutions as uncertain remedies, Dr. Lippe has the impertinence to style "pretenders," *i. e.* dishonest persons. In another part of his curious effusion, he describes such practitioners as pseudo-Homœopathicians, a term equally unjust. In all that Dr. Lippe has written, not one word has he uttered, proving that the physician who takes the homœopathic law as his guide in drug therapeutics, is not a Homœopathician. Though all he has published is utterly beside the mark, I will so far presume on your space, as to make one or two observations on what he does say.

We are told, that the morbid sensations produced during a proving do not constitute disease, because, forsooth, they disappear without requiring any medicinal remedy; but if no functional disorder is to be regarded as a disease which nature alone and unaided is able to shake off, some cases of pneumonia, to say nothing of catarrhs, diarrhœas, dyspepsias and many others will have to be removed from the catalogue of diseases. The symptoms produced by a drug must owe their existence to a definite morbid process, and must therefore constitute a disease.

If, when Hering writes of "the practical rule of the master," he does not mean the law of cure, what practical rule does he refer to? If the word *rule*, is to mean only the manner in which a law is applied, Hering does not seem to be aware of its interpretation. Dr. Lippe thinks, or rather says, that Hering ought to have written, *rules*. But that, after all, is Dr. Lippe's opinion, and not Dr. Hering's. To show that Hering here refers to the *law* when he uses the word *rule*, he couples it with our "our Materia Medica," regarding the two as constituting Homœopathy. In an earlier part of the same essay he writes of the law, the Materia Medica, and the single medicine as characteristics of homœopathic practitioners. Of course Hering was wrong, Dr. Lippe would say, in taking so narrow a view; but *it is his view*, and in my opinion the correct one.

The passage from the preface quoted by Dr. Lippe, merely tells us what we all know and regret, viz., that there are such persons in the world as careless practitioners. Though how such persons can expect to find comfort from employing *massive* doses I cannot see. Inasmuch as a massive dose prescribed without reference to the homœopathic law, and yet too small to have an anti-pathic action will have no more influence than a high dilution of an equally ill-chosen remedy.

Then with regard to Dr. Lippe's favorite theory—the theory on which he wants to make out that all true Homœopathy is built—the theory of dynamization, what is it? It is Hahnemann's mode of accounting for a puzzling fact. It is nothing more. The fact may be perfectly true, and the explanation of it just as false. The infinitesimal dose does act. I know it. But I have seen no clearly stated evidence either in Hahnemann's writings or elsewhere, that a supposed process of dynamization accounts for it. It seems somewhat probable that trituration does render some drugs more active, but it does not therefore follow that it does so in all. As a mere explanation or attempt at explanation of a fact, the dynamization theory, I repeat, may be true or false and Homœopathy remain unaffected by the result.

Dr. Lippe, not satisfied with making all sorts of charges against me, proceeds, and I regret to be compelled to say so, proceeds deliberately to misrepresent what I have written. He writes: "Mr. Pope claims that the man who practises giving crude drugs is a Homœopathician, and, as the inference that the man who gives potencies is not a Homœopathician." (The italics are mine.) Further on he suggests the existence, on my part, of a desire to expel those who prescribe high potencies. He doesn't say *whence* I wish to expel them. All this would be very amusing if it had the ghost of a fact to stand upon, but it hasn't. Dr. Lippe must have been dreaming of spirit-rapping when he deduced such an inference from anything that I have ever written.

In the January number of the English Review, p. 8, I find the following sentence in the first paper on this subject; "It by no means follows that a physician who avows his faith in Homœopathy, by so doing admits that all the *Organon* contains is absolute truth. Dr. Hewitt desires that all who believe in Homœopathy without regarding the *Organon* as pure infallible truth should be described by some other designation than by that of Homœopathists. The title is a matter of wonderfully little consequence, but if such members of the profession are to be styled something, what are they to be called, certainly not Allopathists, for [they do not practise allopathically. Dr. Hewitt does not like to be called a purist, a Hahnemannist or a high dilutionist, what is he then? He is certainly a Homœopathist, but he is something more." And again in my paper published in August, in reply to Dr. Lippe, I have said, "since the man who used the crude drugs, according to the homœopathic law is every whit as much a Homœopathist as he who prescribes the higher potencies according to the homœopathic law." Surely I have given Dr. Lippe and his friends, and the party for which he writes, as much credit as they are entitled to. Not only have I described them as Homœopathist, but I have given them the benefit, such as it is, of being something more; by this something more, I wish it to be understood that Dr. Lippe, his "friends" and the "party" all believe in the superiority of the high dilutions, (200, 800, 1000, 2000, 10000, etc.) that they have unbounded faith in the psora doctrine, and are deeply impressed with the vital importance of the dynamization theory, Are not all these virtues enough for them? As Dr. Lippe has gone rather extensively into the "critical business" of late, and probably purposes doing a little more yet, let me beg of him at least to be fair.

Dr. Lippe characterizes my expression of the need of a work on practical medicine, the therapeutical part being based on the homœopathic law, as an "absurdity." This assumption that I would have diseases treated according to their nosological type is simply groundless. I am fully as alive to the necessity of treating cases individually as he can be. But, nevertheless, I believe that such a work as I have named as "a want," would be invaluable, if well done. It could never supersede the necessity of studying the Materia Medica, but would be a most important assistance in doing so.

If instead of wasting ten years in detailing the errors of Hempel, in stigmatizing them by the most offensive of epithets, those who have been so employed had revised, retranslated and republished the Materia Medica, they would have had some claims to the gratitude of homœopathic practitioners. As it is they have none. Perhaps, however, they may, some of them, be disposed to work now; I hope they may.

Dr. Lippe objects to any sifting of the Materia Medica; his phrase is "we cannot strike out one solitary symptom." That may be true, but "pity 'tis 'tis true." Had we the records of the original experiments, the journals of symptoms, the scissors might doubtless be used with much profit in many instances I think it is Gross who tells us, that the chief part of the moral symptoms of several of Hahnemann's medicines, occurred in the person of a hypochondriacal fellow student of his. Are these all pure?

Dr. Lippe may find not only consolation, but matter for rejoicing that the

discussion raised by Mr. Wilson, Dr. Cameron and Dr. Cockburn has somewhat checked the progress of Homœopathy among medical men. If he fancies that the peculiar views on which he lays so much stress have gained ground by it, he is grievously mistaken. I cannot wonder that medical men who have meditated an investigation of Homœopathy, should, on reading the papers I have alluded to, have given up their intentions of doing so altogether. In so exaggerated a light have these errors of Hempel been exhibited, that some might have supposed our *Materia Medica* to be a tissue of fallacies, and as a perfectly rational inference, have concluded that all the cures reported to have been made by medicines selected on its authority have been so many therapeutic delusions. Those who have used these translations know full well that they are, in nearly all the emergencies we are called on to meet, perfectly reliable, but if errors do exist they should certainly be removed; even the most trivial should be corrected. The importance of a perfectly trustworthy *Materia Medica* cannot be overrated. If critics would turn workers, we might yet have this desideratum. But from such critics as we have had of late, I fear real work is too much to expect.

Dr. Lippe says that he has attended cholera patients, and never lost one! He must, I conclude then, have had either very few or only such as were comparatively mild in their nature. I suppose that even his patients die sometimes! A case of cholera which will run its course in four hours is not usually, if ever, amenable to any treatment at all. Perhaps Philadelphia people are tougher than such as are seized with cholera in London, Edinburgh, Liverpool, Hull or Newcastle. In these cities and towns, physicians who not only studied the *Materia Medica* but were possessed of a thorough knowledge of disease, (these two qualifications for practice do not always go together) found ample cause for gratitude that they were able to save seventy-five per cent of those attacked. For my part, I place more confidence in the statements of such men as Drysdale, Russell, Atkin and Yeldham, than I do in those of practitioners who profess never to lose any cases of a disease so rapid in its progress as cholera.

If Dr. Lippe doubts the homœopathicity of Arsenic to the advanced stages of cholera, let him study the records of this medicine's action on the healthy, given by Dr. Black in the *Hahnemann Materia Medica*. But whatever may be his doubts, its value here has been clinically demonstrated to be greater than that of any other medicine, Veratrum and Cuprum perhaps excepted. If it does not then cure homœopathically, how does it cure?

I owe you an apology for taking up so much of your valuable space. On this subject, however, I do not intend again to trouble you, so that if Dr. Lippe likes to have the last word, he is welcome to it. Thanking you for your courtesy,

I am, Gentlemen,

Your obedient servant,

ALFRED C. POPE

York, Eng., Nov. 1, 1864.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ONEIDA N. Y.—
The eighth annual meeting of this society was held in the city of Utica, Tuesday, Oct. 18th, 1864. The meeting was called to order at 12, M. by Dr. L. B. Waldo, vice-president.

The following physicians were present: Drs. L. B. Wells, J. C. Raymond, J. A. Paine, E. A. Munger, G. W. Bailey, W. Warren, M. M. Gardner, H. M. Paine, G. B. Palmer, L. B. Waldo, W. B. Stebbins, J. W. Mower, Wm. Landt, A. R. Morgan, A. J. Bigelow, W. H. Hoyt.

On motion of Dr. Wells, Drs. Morgan, Bigelow and Hoyt, were elected honorary members.

On motion of Dr. Gardner, the reading of the minutes of the last meeting was omitted.

Dr. Munger made a brief verbal report on epidemics in Oneida County.

Dr. Bailey presented a report on drug proving, consisting chiefly of trials of *Baptisia* by Dr. Hadley, of Booneville. His daughter was relieved of a troublesome cough while proving it. The proving shows that *Baptisia* has a decided action on the *right* lung. Dr. Bailey was never able to get any symptoms on himself, from the drug. He has taken it in doses of, from a few drops to six hundred.

Dr. Munger remarked that he had used it in typhoid fever, with satisfactory results. In his clinical experience he has found it a valuable remedy.

Dr. Palmer has taken *Baptisia*, in doses of from fifty to two hundred drops, frequently repeated; but has failed to elicit any symptoms. He has noticed, that the tinctures prepared at the west, have a deep indigo color, while those procured at the eastern pharmacies, have a dark amber color.

Dr. Munger related the history of an incurable case of chronic ascites, in which Arsenicum 200, afforded very marked relief. Nux. vomica 3000, at night, and Opium 1000, in the morning, were given for constipation, also a troublesome symptom, with temporary relief. Lower potencies of these and many other remedies had frequently been given without benefit.

Dr. Wells related the following cases: 1st, Chronic Iritis, in which *Clematis*, 200, always relieved the pain. 2nd, Megrin, burning pain in the left temple, eye, and left half of the forehead, commencing daily about eleven, a.m. and passing off in the evening. A few doses of Arsenicum 200, speedily and permanently removed the disease. Arsenicum 6, previously given had caused a decided aggravation. 3rd, Hydrothorax, incurable on account of organic disease of the heart. Was frequently and very greatly relieved by Aurum 200 and Arsenicum 200.

Dr. Munger related a case of ovaritis of the left side with hæmorrhoids. There was a constant pain in the region of the left ovary, but no perceptible enlargement. Calcarea 2000, was given in daily doses. Pulsatilla 1000, occasionally for the severe pain, and Sulphur 3000, a dose twice a week. The cure was effected in the course of six or eight weeks, and remains permanent. He is quite confident that better effects can be obtained from high potencies, than from the low, especially in the treatment of chronic diseases.

On motion of Dr. Munger the usual order of business was suspended for the purpose of listening to the report of the nominating committee, which was then

presented and the following officers were elected for the ensuing year: Dr. Hiram Hadley, Booneville, *President*; S. O. Scudder, Rome, *Vice-President*; M. M. Gardner, Holland patent, *Secretary and Treasurer*. Drs. D. D. Joslin, W. H. Watson, G. B. Palmer, A. Guiwits, *Censors*.

Dr. Munger called attention to the importance of increasing the number of delegates to the State Homœopathic Medical Society, and with that purpose in view, he urged the immediate formation of societies in all the counties of this state, where there is the requisite number of homœopathic physicians. He hoped this Society would commence the work by appointing committees to effect the organization of societies in Madison, Herkimer and Jefferson counties, in season to secure a representation at the next meeting of the State Society, in February, 1865.

Afternoon session.—Dr. Wells presented the following resolutions which were adopted.

Resolved, as the sentiment of this society, that the efficiency and usefulness of the American Institute of Homœopathy would be largely increased by changing its form of organization to that of a representative body, composed of delegates from the several State and County Medical Societies in this country.

Resolved, that the members of this society, who are also members of the Institute, and who may be present at its next meeting, be requested to advocate such a change of organization, and to act as representatives of this society.

Dr. Raymond reported an interesting case of congestion of the brain with paralysis.

Dr. W. H. Hoyt, of Syracuse, read a communication by Dr. Boyce, entitled, "Indications for the Administration of Spigelia." The pathogenesis of the remedy clearly indicates its utility in several common forms of neuralgia of the face, eyes, and forehead, even when attended with considerable congestion.

Dr. A. R. Morgan of Syracuse, read a communication, giving in detail a clinical case from practice.

Dr. Warren presented a paper, entitled, "A Case of Accidental Poisoning by Phytolacca decandra."

The secretary read a letter from Dr. C. Dunham, urging the members to aid the publication of the forthcoming work on *Materia Medica*, by sending their subscriptions to the author, Dr. C. Hering.

Dr. L. B. Waldo stated his experience in the treatment of epidemic dysentery, recently prevalent in Jefferson county.

Dr. H. M. Paine, presented a report, entitled, "Nosological Classification of Disease. Monthly Summary of Prevailing Diseases, in Connection with a Similar Summary of Meteorological Observations during the year 1862. By Drs. W. H. Watson, of Utica, and H. M. Paine, of Clinton." The report is to be published in the Transactions of the State Homœopathic Medical Society, and will soon be ready for distribution to the profession throughout the state.

On motion of Dr. Palmer, the society adjourned to meet at the "Benton House," Little Falls, the third Tuesday (20th) of June, 1865.

M. M. GARDNER, *Secretary*.

A TREATISE ON DIPHTHERIA: *Its Nature, Pathology and Homœopathic Treatment*. By WM. TOD HELMUTH, M. D. Second edition revised and corrected. 8vo., pp. 136. St. Louis, H. C. G. Luyties, 1864.

In his second edition the author has "endeavored to make such alterations and corrections as the present state of our knowledge of Diphtheria demands, and has expunged and modified other portions of the work according to the experience of the best practitioners of the homœopathic school."

Dr. Helmuth has carefully collected all that has been written on this subject and in the history, symptoms, and differential diagnosis his work is minute and full. An important addition is of chapters on the manner of recovery and the unfavorable symptoms and manner of death. Among the latter are mentioned the invasion of the larynx and trachea as evidenced by the croupy cough; ulceration of and discharge from the nostrils, particularly when fetid and acrid to such a degree as to cause excoriation; hæmorrhage from the nose and mouth; coldness of the surface, and albuminuria. Death is frequently sudden even when patients appear to be recovering satisfactorily.

The chapters on the divisions, communicability, causes, eruptions, concomitants, pathology, sequela, autopsies, experiments upon the membrane, composition of the membrane, deductions, etc., are interesting but they are familiar to all and we have no space for any extracts.

The chapter on treatment to which we turn for some practical information is a miserable compilation of expedients taken from several sources. The author is not in favor of topical applications but says "as many practitioners are in favor of adjuvants, and in deference to the position occupied in our school by those who recommend them, it is proper that such should be herein enumerated." He mentions as used by homœopathic physicians, tincture of the muriate of iron and glycerine, sulph. acid mixed with honey, alum, sulphate of copper or zinc, separately, or in combination with tincture of myrrh, catechu or the like. From allopathic sources he mentions spirits of turpentine, alum, tannin, oil of pennyroyal, iodine, tar, tannic acid, chlorate of potash, etc. Another topical application which the author thinks deserving of some attention is a solution of chlorinated soda. For the internal medication, slight indication are given for the following remedies; generally or several in alternation. Gelsem., Aconite, Bell., Canth., Crocus, Hamamel., Liquor Ferri persulph., Merc. prot., Kali chlor pura, Kali bichromat., Arsen. alb., Arsen. iodat., Apis mel., China, Ferri pyro phosph., Acid. hydrochlor., Argent. nit., Cupri sulph., Am. caust. pura, Baptisia tinct., Brom. One homœopathic physician "prescribes, at the outset, Beli. and Caps. in alternation every two hours; if the disease advance, the Iodide of merc. in alternation—one day with Bell., the next with Caps.—giving one dose of the mercurial to two of the other remedies, the interval being two hours between the doses. If the exudation appears, he uses Nitric acid 1, in four tablespoonfuls of water, in alternation with Bell. and Caps. as above noted, etc., etc."

The above is a fair sample of what Dr. Helmuth considers correct treatment, and after quoting the practice of many physicians, not known to

us as very successful homœopathic practitioners, he speaks thus slurringly of the practice of one or two well known Homœopaths, and here we conclude. "But the most extraordinary treatment of Diphtheria is that of Drs. Hering, Lippe, and Reichelm, of Philadelphia, as reported by the former to the American Institute of Homœopathy, and handed down to posterity in the published records of that society. The medicines were *Belladonna*, then *Bryonia* and *Antimonium crudum*—the latter, it is alleged, suited the *genus epidemicus* exceedingly well. If the throat presented great sensibility to touch, without swelling, *Lachesis* was administered. If the diphtheritic patients had *dark hair* and *black eyes*, Iodine was exhibited—and Bromine cured the *blue-eyed* and *blond-haired* sufferers. Dr. Hering, then says, that no other medicine seemed to him indicated and, least of all, the *Iodide of mercury*. But there is yet the most important point to be considered. The *lowest* potency used was the 200th of *Senichen*, generally, however, the higher, and every single dose of medicine, even in the worse cases, was allowed to ACT twenty-four hours before any change was made.

"We would beg the reader to contemplate seriously the nature of the disorder which we have been endeavoring to portray, and then to examine his *Materia Medica* for the recorded symptoms of the medicines that have been so highly lauded by Dr. Hering, and, if afterward, he desire to exhibit potencies of the medicines, so highly attenuated as the 200th or the 2000th; in the name of common humanity, to record the symptoms of the disease, and the result of the treatment in each individual case, for the benefit of those who have not yet discovered in the Homœopathic *Materia Medica*, a true specific medicine for the malignant forms of Diphtheria."

THE HOMŒOPATHIC THEORY AND PRACTICE OF MEDICINE. By E. E. MARCY, M.D., and F. W. HUNT, M.D. 2 Vols, 8vo., pp. 944 and 952. New York, W. Radde. 1864.

From the publisher's circular announcing this new work, we learn, that it is intended to "illustrate the practical workings of the Hahnemannian Law of Similars, on a scale sufficiently extensive to furnish important aid to the student, as well as to the practitioner; to place within the reach of the intelligent inquirer after scientific truth, a readable exposition of the laws of health and disease, the principles of true hygiene, and the rules of treatment of such extensive application, that the lay-practitioner as well as the physician, may employ them with safety and success."

The attempt to publish a work that shall serve the triple purpose, of a manual for the layman, a text-book for the student and a work of reference to the practitioner, generally results in an abortion. Had we not previously purchased a copy of the work, we should not have been induced to do so by reading the above. No mention, however, is made by the authors, of this universal adaptability, and we presume the publisher's eagerness to increase the sale of his book lead him thus to stigmatize it.

For the "condensed abstracts of the latest views of investigators of every

school, on physiology, pathology, dietetics, and the various collateral sciences connected with medicine" we are under obligations to the authors, and thank them for sparing us the labor of poring over the works of Watson, Wood, Dickson, Bennet and others, in quest of information heretofore attainable in no other way.

Of the *practical* use of such works, however, we have our doubts. We do not clearly understand how the allopathic theory of disease is to assist in the application of the homœopathic law of cure. We think the tendency is to bewilder with the pathological nomenclature of the old school, what, thanks to Hahnemann, has been rendered clear and simple. To be a successful practitioner, one must possess such a knowledge of the *Materia Medica* as will enable him to detect the resemblance between symptoms presented by his patient and the pathogenetic effects of certain drugs.

A great part of the present work is a reprint of a work published fourteen years ago by Dr. Marcy. Since that time, considerable advance has been made in the science of Homœopaths. Many who were formerly regarded as exponents of the homœopathic law, and considered as authority in our school, are looked upon as such no longer. Hence the following views on alternation, published in 1850, and receiving their endorsement, are not accepted now as in accordance with our law, particularly as Hahnemann's opposition to this practice is being daily confirmed by the experience of our most successful practitioners. We quote from page 153, of the present work, and pages 121 and 122, of the first and second editions of *Marcy's Theory and Practice*, as follows:

"In all cases of urgent acute disease, in which we can find no single remedy which corresponds to the symptoms, it is necessary to select a second remedy which shall cover the remaining symptoms, and administer it in alternation with the first. Pneumonia is often accompanied by cerebral inflammation; typhus fever, with serious disorder of the intestinal canal, the lungs, the brain, and nervous system; intermittent fever, with enlargement of the liver, jaundice, cough, etc., and other maladies with affections in other parts of the body, which are not strictly connected with the original complaint. In examples of this kind, the alternation of remedies is both proper and necessary; at the same time it must be remembered, that it is far more desirable that a single remedy should be chosen which covers all the symptoms of the disease."

"A large proportion of homœopathic physicians, both of Europe and America, now advocate a frequent repetition of doses in acute diseases, and in many instances, alternations of the remedies. Some of those who have expressed themselves decidedly upon this point, are, Drs. Gross, Schmidt, Rau, Fleischmann, Reiss, Rueckert, Lobethal, Hartmann, Russell, Hull, Neidhard, Gray, Curie, Trinks, Griesselich, Madden, Dudgeon, Quin, etc."

"The erroneous ideas which were formerly entertained respecting the alternate employment of remedies, are at present nearly abandoned. So long as the opinion prevailed that our medicines could only operate in a kind of spiritual manner upon certain mysterious appendages of the organism termed, vital properties; it was deemed unsafe to administer two remedies in alternation, for fear of creating confusion among these dynamic influences;

but since the laws of medicinal action have become better understood, there is no longer hesitation in alternating medicines whenever symptoms appear to require it."

Again on the subject of the dose, many who formerly used the lower alternations exclusively, are now using with increasing satisfaction, the high potencies, and it is hardly just to quote, as present opinions, views that were entertained when the old editions, above referred to, were published. From page 147 of the new, and page 118 of the old edition we quote the following. The italics are our own.

"Dr. E. F. Ruckert, of Germany, also writes as follows: 'I am satisfied that the system (Homœopathy) is still progressive, and has by no means attained perfection. In respect to doses, most generally, I make use of the first dilutions, and never exceed the twelfth, giving them in increased volume, and repeating them frequently. I have been more successful in this course of treatment than formerly in the use of smaller doses.' Similar views have recently been promulgated upon this subject by G. Schmidt, Trinks, Griesse-lich, Watzke, Madden, Bigel, Drysdale, Russell, and indeed by a majority of our school both in Europe and America."

Much of the new matter bears evidence of Dr. Hunt's labor and research. In addition to Dr. Macey's previous work, there are copious extracts from the various medical journals of the day, particularly the homœopathic. Much, that was severely and justly criticised in the old editions, remains in the present work, and is as fairly open to criticism now as then.

It has not been our intention to review this work, but merely announce its publication. A more extended notice of it will appear in a future number, prepared by one of our regular contributors, to whom a copy of the work was presented by the publisher for this purpose.

PERSONAL.—The Homœopathic College of Pennsylvania, in Philadelphia, conferred the degree of Doctor of Medicine on D. Wilson Esq., M. R. C. S. E. of London, July 26th, 1864.

OBITUARY.

WURMB.—Died at Vienna, Oct. 9th, 1864, Franz Wurmb, M. D., of pulmonary tuberculosis, after an illness of nearly two years duration. With great sorrow and a sore sense of personal bereavement we announce the death of our highly-honored friend, colleague and teacher. Dr. Wurmb was the President and the acknowledged leader of the Vienna Society of Homœopathic Physicians who have labored perseveringly and with such self sacrifice, to perfect our science. He was the founder and director of the Leopoldstadt Homœopathic Hospital of the Sisters of Mercy at Vienna, which has been in successful operation under his care for sixteen years. Since the death of Von Böninghausen, Wurmb was the most profound master of our *Materia Medica* in Europe. So industrious and honorable a life requires more than a mere passing notice. In a future number, we shall speak at greater length of the character and labors of our departed colleague.

D.

THE AMERICAN HOMŒOPATHIC REVIEW.

Vol. V.

NEW YORK, JANUARY, 1865.

No. 7.

SCARLET FEVER.

BY P. P. WELLS, M. D., BROOKLYN, N. Y.

In the numbers for January, February and March, of Vol. iv. of the REVIEW, were given some observations on the treatment of this fever, with the object, if possible, to develop a better method than the habitual or empirical employment of certain remedies, supposed to stand in specific relation to it, irrespective of the resemblance of the characteristic symptoms of the case under treatment to those of the supposed specific drug, which the law of cure requires. A protest was then entered against this practice of habit, which so signally disregards the demands of the law, the truth and importance of which is freely admitted by those, who thus in their practical duties disregard its claims. Instead of this practice, one founded on a strict individualization of the case, after which only can a specific remedy be found, was urged, and then the subject was farther considered, especially in the variety so rapidly fatal, characterized in all its elements by extreme torpor, destroying life by a speedy paralysis of all its forces, and generally so little amenable to remedies. New remedies for this variety were suggested; and then the consideration of the variety more particularly characterized by violent inflammatory action, especially of the brain, was entered on.

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SCARLET FEVER.

BY P. P. WELLS, M. D., BROOKLYN, N. Y.

In the numbers for January, February and March, of Vol. iv. of the REVIEW, were given some observations on the treatment of this fever, with the object, if possible, to develop a better method than the habitual or empirical employment of certain remedies, supposed to stand in specific relation to it, irrespective of the resemblance of the characteristic symptoms of the case under treatment to those of the supposed specific drug, which the law of cure requires. A protest was then entered against this practice of habit, which so signally disregards the demands of the law, the truth and importance of which is freely admitted by those, who thus in their practical duties disregard its claims. Instead of this practice, one founded on a strict individualization of the case, after which only can a specific remedy be found, was urged, and then the subject was farther considered, especially in the variety so rapidly fatal, characterized in all its elements by extreme torpor, destroying life by a speedy paralysis of all its forces, and generally so little amenable to remedies. New remedies for this variety were suggested; and then the consideration of the variety more particularly characterized by violent inflammatory action, especially of the brain, was entered on.

This was continued so far as the examination of Aconite and Bryonia, with a view to develop their exact relation to this variety, when the discussion was suspended by other duties, though the intention to examine other remedies, in relation to this and other varieties of this disease, was not abandoned. It is now proposed to resume the subject, and as far as possible, to endeavor to give signs by which these relationships may be recognized. In entering on the subject anew, we shall, in the first place, according to our purpose already declared, examine, so far as related to our subject, the elements of that drug, more often misused, and from which, notwithstanding many failures, more is still expected, than from the use of any other. Of course we refer to

Belladonna.—In the numbers of the REVIEW above mentioned, while protesting against the indiscriminate use of this drug, we have endeavored to call attention to a class of cases in which it can, seldom if ever be found otherwise than hurtful, and to show that this must ever be true from the nature of the case, the class being characterized by torpor, or depressed action of the vital forces, while the effect of this drug, on these forces, is to produce the exact opposite, viz.: an exaltation of their action. Consequently the relation of the remedy to this class is never homœopathic, but always antipathic, and hence the result of its use must be, by the law of drug relationship, in its secondary, or reactive effects, to intensify the morbid state which was to have been moderated and controlled by its use. But in that variety characterized by excessive action of these forces, especially as affecting the brain, the case is different. In this variety the drug under consideration is often of the greatest value, it may be even indispensable. For some of the symptoms of a representative case of this class the reader is referred to page 387 in vol. iv. of this REVIEW, and he is requested to compare these with the following symptoms of Belladonna, and also these last with those of cases which he may be called to treat practically, and, where similarity of these groups do not obtain, to avoid carefully the use of this drug, if he is

desirous of making a homœopathic prescription and cure. The following is a translation of the symptoms which are likely to meet their counterpart in cases of the fever under consideration. That many of them are strikingly like those often met in practice is obvious. That they sustain the assertion of the active, demonstrative character of the action of this drug, as found in the records of its effects on the healthy, which we have here and elsewhere insisted on as characteristic, cannot admit of a doubt.

Convulsions.—with outcries and loss of consciousness—with delirium—with distortion of the eyes—especially affecting the flexor muscles—with jerkings, especially of the hands and feet, loss of the sense of touch, and loose rattling of mucus in the bronchi. Rigidity with bending of the body and head backwards, or to the left side. Attacks of rigidity or immobility of all, or of a single limb, sometimes with loss of sensation, distended superficial veins, red and turgid face, full, quick pulse and copious sweating.

Trembling of the limbs, also with convulsive shakings; with weariness; in the heart, forenoons.

Restlessness.—Great restlessness of the limbs, especially of the hands and feet, and also of the head, compelling a constant moving and change of their position.

Skin.—Scarlet spots and scarlet redness, especially on the face, throat, chest, abdomen and hands, with acute swelling of the parts; sometimes with rapid small pulse, tightness of the chest, violent cough, delirium, increased activity of the memory, rubbing of the nose, and distended pupils. Erysipelatous inflammations, also with swelling, or even with gangrene of the parts. Redness, inflammation and swelling of the entire skin of the body.

Glands.—Swelling of the glands, painful or suppurating.

Sleep.—Coma. Stupefying coma, like lethargy, with deep sleep and moaning respiration, lying motionless, occasionally opening the eyes with wild look, or jerking of the tendons; pale, cold face, cold hands, and hard small pulse, wakes with a start and fright especially on going to sleep, sometimes

with sweat on the forehead and epigastrium, and fear as if something under the bed made a noise. Restlessness and tossing.

During Sleep.—Outcries. Sighings. Jerkings, which wake the child up, also on falling asleep. Singing and loud talking. Suffocating snoring during inspiration. In the evening when falling asleep, he feels as if swimming in the bed. On closing the eyes to sleep, immediately there are frightful visions and jerkings. Anxious and frightful dreams. Dreams of falling.

Fever.—Dry burning heat. Internal or external heat, or both at the same time.

During the Heat.—Delirium and redness of the face. Throbbing of the carotid and temporal arteries. Redness and swelling of the face. Pulse strong and rapid, or small and quick.

Disposition.—Unwillingness to speak. Indifference. Apathy on which nothing makes an impression. Answers only with anger and outcries. Increased susceptibility of all the senses; all impressions on these are too strong. Howling and outcries for the merest trifles, increased by being spoken to.

Intelligence.—Insensibility, with convulsions, especially of the arms. Loss of consciousness. Stupidity. Insensibility, as if in a dream, also in the evening in bed. He neither sees nor hears. He recognizes no one, even his relations, especially by the sense of hearing. He does not know whether he sleeps or wakes. Illusions of the senses, and imagination. Delirium, especially at night, with a staring look. Murmuring delirium. Vertigo with trembling of the hands; with dullness of the senses; with nausea.

Head.—*Heaviness* of the head. In the forehead, especially over the eyes, with pain in them when touched, and difficulty of opening them especially in the morning, on waking. *Pressing heaviness* in the occiput, or towards the temples, with diminished hearing. Heaviness in the head like drunkenness, with vertigo. *Outward pressure* in the

head, with sensation of bursting, especially in the forehead, as if all would come out forwards. *Tearing* in the head, especially in the forehead over the eyes, in the vertex (Scheitel). *Shootings* to the temples outwards, or in the temples. Pressing shootings in the temples, or to all sides of the brain. Cutting shootings, as if with knives, especially evenings, in the whole head, or only in the occiput. Shootings from one temple to the other. *Throbbing* in the whole head, after pressing cutting. Pressing throbbing in the occiput. Strong pulsation of the arteries of the head, especially of the forehead and temples, or with sensation in the bones of the forehead as if they were raised up; or in the morning after walking, with pulsations in the whole body. *Heat* in the head. Painful sensibility of the hairy scalp to the slightest touch, even of the hair. Convulsive shaking and bending backwards of the head.

Eyes.—Red, injected conjunctiva, also with shootings and tears. Spasms of the eyelids. Eyes opened wide. Eyes prominent. Immovable. Sparkling, brilliant, distorted, or in convulsive motion. Glassy. Red. Great sensibility to light, with spasmodic turning of the eyes from the light.

Ears. Deafness, as if a membrane (Felle) were drawn over the ears. Increased sensibility and repugnance to sounds.

Face.—Burning heat and redness, especially of the cheeks, as if after drinking wine, with congestion of blood to the head, or with violent headache and ice cold extremities. Red, scarlet spots on the face, also with strong pulse. Convulsions of the lips. Distortion of the mouth. Lips dark red and dry.

Mouth.—Great dryness of the mouth, extending to the throat; the larynx as if constricted, hindering swallowing, also with or without thirst. Bloody froth at the mouth, with grinding of the teeth and shaking of the head. Mouths of the salivary ducts excoriated, as if corroded. Sticky slime in the mouth for the most part with sensation of dryness. Foul smell from the mouth, as if from disordered stomach.

Tongue cracked, red, hot and dry. Papillæ bright red, inflamed and swollen. Trembling of the tongue. Heaviness of the tongue. Paralytic weakness of the organs of the voice. Difficult and stammering speech, also like that of drunkenness, with full consciousness and dilated pupils. Nasal speech. Loss of speech.

Throat.—As if raw and excoriated, especially when swallowing, touched with the tongue, or chewing. Burning in the tongue and fauces, especially when swallowing food or drink. Shootings and pain as if swollen, only when swallowing, turning the neck or feeling of the throat. Inflammation, swelling and redness of the throat and fauces, palate, uvula and tonsils. Swallowing painful, difficult, or entirely prevented, even of fluids, which often return through the nose. Impossibility of swallowing, with aversion to all liquids, even to madness. Dryness of the throat and mouth prevents swallowing.

The above are literal translations of symptoms of Belladonna, as found in the first volume of Jahr's Codex. The translation has been made from this, rather than from the *Materia Medica Pura*, or other volumes of provings, because of its character, being a compilation from the various provings in existence when it was prepared, as presenting a wider range of symptoms than is found in other works. For this reason this has been selected, though the writer was fully aware of the rather frequent witch-work this compiler is in the habit of making with symptoms of original provers, by reducing two or more of them to one, or dividing one into two or more, or of omitting parts of symptoms, altogether, to bring the whole into a state and dimensions better suited to his notions of what symptoms *ought to be*. For the purposes of the present paper, notwithstanding this unpardonable defect of the work, the wider range of the Codex presented advantages which have been availed of to gather in one view the symptoms which are scattered through other works, and by which the drug is related to the disease under consideration. There may be other symptoms under other

rubrics in the pathogenesis of the drug, which may find their counterpart in cases of the fever, but the object was to present those which are oftenest repeated in cases affecting severely the brain and throat, through one or other of which attacks are oftener fatal than through destructive processes in other parts of the body. And first let us examine those indicative of brain affection, and see if their character sustains the judgment expressed, that the action of this drug on the brain is characterized by excess of action as opposed to torpor.

In the first rubric, *convulsions*, every fact sustains this view, if we except the paralysis of sensation and mucous rattle, which are not incompatible with it, being both often met in the last stage of what has been unquestioned inflammatory condition of the brain, though both symptoms are also met in cases of torpor or paralysis of this organ.

In the second the relation may be to the first stage of the inflammatory state or the torpid; the symptom being of that general character which may be found in a great variety of affections, and hence as indicative of specific character of either drug or disease is not of the first importance.

In the third there is certainly less of specific likeness to the peculiar eruption of the fever than might have been expected from the almost universal use of the drug, based largely on the scarlet quality of the eruptions it has produced. There is none whatever to the eruption of the fever, as oftenest met at the present day, in its severest manifestations, except in the one item of color. There are here three forms of scarlet eruption, all of them attended by swelling, which the eruption of the fever is not; one of them by gangrene, which the scarlet rash is not likely to be, though a peculiar affection of the throat, to be noticed by-and-bye, may be thought by some to negative this. The first is certainly attended by many phenomena often met in the fever which characterize it as well as the drug, and which it is likely have much to do with the curative relation of the drug to the disease, notwithstanding the swelling, which the fever rarely

shows, except of the glands and the cellular tissue about the throat. After a careful attention to the skin affections of Belladonna, these three are all by which it can be said to be related to the fever by the law of similars, it can hardly be supposed that these alone were the reasons for elevating this drug to the dignity of a supposed general specific for scarlatina. There must have been other and stronger resemblances in other elements of drug and diseased action.

Of the *sleep* there is nothing very peculiar. The coma is not so characterized as to declare it more like that of scarlatina than of any one of the numerous affections of which it may be found a symptom. So of waking. These symptoms are met in scarlet fever as well as in other affections, and are indicative of active rather than torpid state of the vital forces of the brain, though coma belongs to both. The same observation it will be noticed is equally applicable to the symptoms during sleep, and to those of the fever, and disposition, if, in relation to this last, it be remarked, that *apathy* may belong to the early stage of either torpor or inflammation.

The developments of the effects of the drug in the modifications it produces of intellect, are of the highest interest and are without exception similar to those which often result from inflammation, though insensibility and loss of consciousness may be met in states of torpor.

Of the symptoms of the head, all belong to the inflammatory condition, while only vertigo and heaviness are common to this, and torpor; while those of the eyes, ears and face are all strictly inflammatory in their character, those of the mouth are mixed. All may be attendant on some stage of inflammation, while some of them are often met in states of torpor. The symptoms of the throat, it will be observed, are all subjective, except the redness and swelling, and all such as characterize common phlegmonous inflammation of the parts, of an acute character. The absence of those symptoms which characterize the class of cases so often fatal through destruction of the tissues about the throat, internal

or external, is note-worthy. There is nothing of the foul smell, and tenacious, offensive, and often, excoriating secretions which are constant concomitants of the internal sloughings of the throat, or of the hard and immense swelling of the exterior cellular tissue which so soon sloughs and discharges externally, if its progress be not checked; after which, how generally fatal these attacks are, we all know too well. The pathogenesis of Belladonna will be searched in vain for good and sufficient reasons for its use in these sad cases. There are no such reasons, and yet it has been given again and again, and though it has often failed of giving the least aid to a cure, it has still been the one great resort, as though, the case being scarlet fever, it must somehow benefit. Such prescriptions must have resulted from some such reason (or unreason) as this, for in the pathogenesis of the drug, the only true foundation for specific prescribing, it has no support. Its administration in such cases, where it must almost always be out of place, is not merely attended by a loss of time, where the loss can be so ill afforded, and where there is always so little to lose, but the drug, by its antipathic relation, must often inflict great and positive mischief on the poor patient, which he has little power to resist. We have protested against this course of prescribing, and again, with this protest, we declare that it cannot be too carefully avoided. In any case where the practitioner is tempted to give this drug, let him look carefully to its pathogenesis, and if in this he finds the resemblance to the characteristics of his case which the law of cure requires, the result will not disappoint him. But if this resemblance be wanting let him avoid its use as he would a certain evil. If he can do no better than this, by all means let him leave his patient to his God and the powers of recuperation He has given, for, in these circumstances, this is his highest duty, humiliating as the declaration may be.

There is another condition in which Belladonna has often been given without the benefit following which was expected, and which a hasty examination of its pathogenesis might de-

clare was reasonably anticipated. We refer to the stupid, comatose state which is sometimes developed even early in the history of the case, at other times only later. Belladonna seldom relieves this, though we have both coma and stupidity in its pathogenesis. And so clear and positive is the expression, that the seeming is still, after frequent disappointments, that it must relieve, at least this next case, notwithstanding the previous failures. The explanation of these disappointments is not difficult. It is found in the fact, already sufficiently insisted on, in this and the paper on Typhoid Fever, that Belladonna is not homœopathic to a condition of torpor. And the coma and stupid dullness which belong to scarlatina, to which we here refer, are of this condition. Its action, if it act at all in cases of this description, must be antipathic, and therefore not curative. If given in larger doses, there may possibly follow a palliation which can only be of brief continuance. Opium or Stramonium will more likely be in place in cases of this kind, the preference being for Opium in those where these symptoms are simple and strongly expressed, and for Stramonium where there is mixed, so to say, somewhat of activity with the torpor:

(To be continued.)

HAHNEMANN'S THREE PRECAUTIONS.

BY DR. C. VON BENNINGHAUSEN, MUNSTER.

(Concluded from page 262.)

The first case concerned myself. At the end of February, 1833, I began to feel indisposed. I had undergone excessive mental exertion; had sat up many a long winter night on account of my official labors, which were then yet incumbent upon me, and which left me scarcely any time, except the hours of night, to pursue my favorite studies of Homœopathy and botany. My appetite was gone, I lost my flesh, the stools were very sluggish, etc., and yet I was not sick, prop-

erly speaking. The symptoms being so little marked, I took no medicine, and simply changed my mode of life, in the supposition that my ailments had been brought on by my irregularity. My expectations, however, were not realized: my pain increased from day to day, and was made worse by the supervention of a spasmodically constrictive, violent pain in the right side of the abdomen, accompanied by violent distention and constipation. I smelled of Nux³⁰, without obtaining the slightest success, the symptoms even became worse. My sufferings increased from day to day. I had not had any passage for eleven days past; the horrid pains in the side of the abdomen, and other symptoms, distinctly showed that I suffered with a sort of *Ileus*, intussusception of the intestines. This condition was the more despairing, since the list of symptoms which I had continued to note down as they appeared in the course of the disease—and which I have lost, unfortunately—did not correspond to any of the remedies which I had hitherto successfully used against that disease. At this period, when my sufferings had reached their climax, I was visited by two older physicians, of whom I had made converts, and by two distant befriended homœopathic practitioners; all advised me to use Nux in large doses, this being the remedy which had done the greatest good in the affection with which I was suffering. I followed their unanimous advice against my own conviction, and on the evening of the eleventh day, I took a whole drop of the 12th potency of Nux, but not only without obtaining any success, but causing a positive aggravation of my sufferings by the appearance of new symptoms which were evidently medicinal, and showed the injudiciousness and impropriety of my proceeding. My friends returned the next day, and seeing the mistake which they had made, advised a drop of the sixth potency of *Cocculus*. This drug, which did not correspond to my symptoms, had no more effect than Nux, and when my friends returned again in the afternoon and advised me to try other drugs, I declared emphatically that I should take no more medicine unless I was in the first place convinced of the

perfect homœopathicity of the drug. This was the state of things on the evening of the twelfth day. Having almost no hope of preservation, I made an almost superhuman effort, in spite of my increasing and excessive sufferings, to find out a remedy which would correspond to the symptoms of my case, and I was determined to persevere in my endeavors unto death. At midnight I at last discovered the remedy which was homœopathic to my symptoms, it was Thuya. I had my medicine chest handed to me, containing pellets which had been medicated years ago, and smelled of Thuya once with each nostril. After the lapse of five minutes my sufferings in the right side of the abdomen decreased, and after the lapse of ten minutes, I had a copious evacuation after a constipation of thirteen days. Shortly after I fell into a sound and refreshing sleep, of which I had been deprived so long. My improvement continued without taking any more medicine, and in a few days I was able to inform my friend Hahnemann of the danger to which I had been exposed, and from which I had been so happily delivered.

Before concluding my communication, I shall take this opportunity of furnishing to the followers of Hahnemann a new proof of his rare insight into the nature of disease and its relation to remedial agents. The letter which I sent to Hahnemann reached him in Cœthen, at a time when he was suffering with a severe illness, so that he was not able to send me an answer till the 28th of April, which I received in the first days of the month of May. He uses the following language in reference to his and my own disease:

"However much I was on my guard against the consequences of the anger I felt on account of —, * nevertheless it may have been one of the exciting causes of a suffocative catarrh, which attacked me seven days before the 10th of April.† A fortnight after the tenth I was at-

* I do not feel authorized to mention names.—Bœnninghausen.

† Hahnemann's birth-day.

tacked with fits of intolerable itching in the larynx, which threatened to bring on spasmodic cough, but merely resulted in arresting the breathing which was restored by retching brought on by inserting the finger into the throat. There were other bad symptoms, such as difficult respiration (without asthma,) total want of appetite and thirst, aversion to tobacco, sensation of faintness in all the limbs, and as if they were bruised, constant sopor, inability to perform the least work, apprehension of death, etc. The people of the neighborhood showed much attention to me by constant inquiries into my health. It is now four days since I have felt out of danger, owing to my smelling twice of *Coffea cruda**, afterwards of *Calc.*; *Ambra* has likewise done some good. The Guardian of truth and goodness will grant to me, as much life as he may deem proper in his wisdom."

"I have felt heartily sorry that you should have been so sick, and * * *† If you will permit me to give you my advice respecting the restoration of the activity of your intestines, I shall call your attention to *Conium* and *Lycopodium*; I also recommend frequent walks in the open air. I am glad that you should have done justice to the eminently useful *Thuya* by your example."

A few days after the sending of my letter, in which I neither asked for advice nor said a word about the after-treatment which might be necessary in my case, I had taken *Lycopodium*, which was homœopathically indicated; I had likewise taken *Conium*, eight days previous to the reception of Hahnemann's letter, taking one smallest dose of the highest potency (30) of those drugs. This is all that I ever took for my affection, except one other dose of *Lycopodium* about the same period in the year following. What extensive observation, what richness of experience, and what a rare divinatorial power are required, to enable one, by simply knowing the outlines of a disease, and the first good effects which a remedy had produced, to name in advance

† Modesty forbids my communicating the remainder of this sentence. Bœnninghausen.

for the completion of a cure, two remedies which were so decidedly homœopathic, that none of the other remedies bearing upon this disease were required, and that those two remedies had already achieved the cure before I received Hahnemann's letter.

The second case concerns my oldest son, born on the 15th of September, 1814.

A few months after his birth, a sort of crusta lactea broke out in his face, which increased very speedily, and soon covered the face with a thick crust; it was a case of crusta lactea of the worst kind. At the same time the mother was affected with suppuration of the mammae, which it took a long period to cure; still the cure was an imperfect one.

At that time the homœopathic treatment of such diseases was not yet known. Knowing however several instances where the removal of such an eruption by external applications had done vast injury, I resisted their use in the case of my child with all my might. Nevertheless, in spite of my warnings, and very often against my knowledge, several honest and clever physicians recommended all sorts of remedies, decoctions of herbs "for the purpose of cleansing the blood," "innocent" ointments of oil and cream, cathartics "for the purpose of killing the worms," baths "strengthening the skin," etc. etc., and these preparations were often employed by way of experiment. The eruption, however obstinate it might be, finally yielded to such a host of opponents, to the great joy of his excellent mother. But this joy did not last long. A few months after the suppression of the crusta, and when the red spots which the crusta had left upon the skin began to assume a natural flesh color, the child was attacked with oppression of the chest, the attacks being at first slight, then more violent, and increasing in violence to such an extent, at the end of six months, that the death of the child was constantly expected when an attack came on, which generally lasted from eight to fourteen days.

Both celebrated and non-celebrated physicians were re-

quested to relieve this affection, but in vain. The attacks returned with the same violence every fortnight, and although they only occurred once every four weeks in later years, they now lasted six, eight, and more days, during which time the sufferer was only able to breathe in a sitting posture, and with the greatest exertion, the face being covered with the sweat of anguish. He was then not able either to speak, or to move in the least without aggravating the spasmodic asthma, as the physicians called it; and had to sit upon his chair during the whole period of the attack, with his body inclined forwards, and without almost any sleep.

Whilst I was borne down by the wretched condition of my then only son, who, even if he should survive his misery, seemed nevertheless doomed to live through a future full of woe, his sufferings bidding defiance to art, I was overwhelmed by a second misfortune; a cancer was forming in the breast of my wife. All the physicians whom I consulted on the subject, decided that the exsection of the cancer should be performed as speedily as possible, "in order to prevent the bad humors, (generated by the cancer?) from spreading, and making the evil incurable." I knew indeed that it was impossible to heal a scirrhus of the mammae by extirpating it with a knife, but being unable to point out a better remedy (I was ignorant of the homœopathic practice at that time) I suffered that which was unavoidable to be done. The result was as usual; after the lapse of eighteen months, I was a widower, and the father of a boy whose death I apprehended every three or four weeks.

I pass over a period of several years, during which I had again married, had become the father of several children, and had been placed in circumstances which brought me in contact with many allopathic physicians whom I consulted about my son, whose asthmatic condition had remained the same; all was fruitless.

At last, in the year 1828, I was fortunate enough, not only to hear of the advantages and cures of Homœopathy, but to

be snatched from the clutches of death by means of its aid, whereas the most distinguished allopathic physicians had given me up. There were no homœopathic physicians in my place of residence. The allopathic physicians showed a decisive and persevering repugnance to the new art, of which they understood nothing; so that, after having made repeated attempts to induce one of our resident allopathic physicians to study the new doctrine, nothing was left to me, except to devote all my leisure hours to the study of that great science. I had indeed prepared myself for that business by studying with great care the natural sciences and even the old system of medicine.

The time was approaching when my son was to frequent the university. I had given him a few remedies of short action by way of experiment; but inasmuch as they remained without success, the affection was still the same, and I had become convinced that the cure of my son could not be accomplished without subjecting him to a careful and persevering treatment; I determined to postpone the treatment until he should have returned to his family, and I should have so far acquainted myself with Homœopathy as to be able to conduct the treatment without making mistakes.

When this period had arrived, the doctrine of the large and oft-repeated doses had invaded Germany. It was a misfortune for the country, and I too had become its victim. I gave my son Phos., which was the specific in this case, a dose of a lower attenuation every eight days. But although this drug corresponded perfectly to all the symptoms, yet the large doses had not only no effect, but produced even considerable exacerbations and artificial symptoms, with which my son had never before suffered. I may point to the following symptoms, contained in the second edition.* Sadness in twilight, some evenings in succession, at the same hour. Frequently recurring attacks of slight anguish, as if she were sorry for something. *Apprehensiveness as if misfortune*

* Hahnemann's *Chronic Diseases*—Phosphorus.

would happen. Anguish, without knowing why. Out of humor; men and noise especially are repulsive to him. *Slow ideas; emptiness of mind. Obtusion and heaviness in the fore part of the head, which inclines to bend forwards; diminished in the open air, and by knitting the brow, returning in the room and when stooping.* Early in the morning when rising, he is unable to collect his senses; his head feels giddy, heavy and painful, as if his head had been lying low in the night. Feeling of vertigo in the afternoon, as if the chair upon which he was sitting were much higher, and as if he were looking down from a height, followed by a hypochondriac mood, with drowsiness and weakness, until nine o'clock in the evening. Headache early in the morning, recurring when beginning to walk, and during other slight movements. *A number of scales on the hairy scalp, which occasionally itch.* The eyes run easily in the open air. Clots of hardened mucus in the nose. Dryness of the lips and palate, without thirst. Dryness in the mouth, with very cold feet. *Want of appetite, no hunger; eating is entirely indifferent to him; he would not eat but for the hour of the meal having arrived; he neither relishes food nor drink; the aliments he takes have too little taste, they almost taste alike; spirituous drinks taste like water, and he has lost his usual desire for smoking.* Pressure on the chest, and shorter breath after a meal. Oppressed breathing after the slightest meal. Difficult stool. *Stool feels hot during the passage.* Protrusion of varices during stool, painfully burning when touching them. *Much desire for stool and micturition.* The emission of urine is aggravated by a dull pain in the abdomen, early in the morning when in bed, preventing him from emitting the urine to the last drop; after a short pause, he constantly felt a new desire to emit urine, when only a little was passed, and drop by drop. Emission of urine when coughing, a few drops. The urine has a strong ammoniacal odor, becomes turbid and deposits a white-yellow sediment. Erections in the day-time and during the night. Nightly pollution, without any lascivious dream. Frequent sneezing. Water runs

out of the nose in the open air, without any mucus. Frequent alternation of fluent and dry coryza. Hollow, generally dry cough, with pressure in the pit of the stomach, which hinders sleep all night. *Cough, causing a colic so that she is obliged to hold her abdomen, from pain. Fatiguing cough, bringing on an expectoration of tenacious mucus. Cough, with expulsion of flocculi of pus, with burning behind the sternum, as if the parts were raw. Arrest of breathing, when walking fast. Difficult breathing in the evening, in bed. Shortness of breath and vertigo. Sensation across the chest as if the clothes were too tight. Spasm in the chest, constricting the chest for several days in succession. Spasm in the calf. Icy cold feet, which do not even get warm in bed. When crossing the legs, the left foot goes to sleep. He feels better in the open air. Heaviness of mind and body. Walking fatigues him a good deal. At night, he is not able to rest except on the right side. Spasm of the chest at night; he imagines he will suffocate. Restless sleep, with dreaming and tossing about, with anguish in the whole body when waking. At night he lies on his back, with his left hand under his head. In the morning he feels as if he had not slept enough. Stretching the limbs and expanding the chest, early in the morning, when in bed. Throbbing of the carotids.* Before he took the Phosphorus, the chest-symptoms did either not exist at all, or but very slightly during the attacks; now they continued almost uninter- ruptedly.

I was indiscreet enough to continue my treatment for two months; then only did I perceive the great error into which I had fallen. What bitter repentance might have been spared to me, if I had been warned by a faithful friend. The illness of my son had been made much worse by my fault, and it is perhaps owing to the increased frequency and violence of the attacks, which overwhelmed my mind with anguish, that I so soon discovered my mistake. May kind Providence preserve every Homœopathician from the remorse I suffered during the period of my transgression! Would

that I had had more confidence in my never-to-be-forgotten friend and teacher, Hahnemann, with whose doctrines and principles I was fully acquainted, but whom I did not dare to inform of my sins, lest I should have to blush in his sight.

The first question now was to repair the injury which had been inflicted. Repeated doses of Coffea, Nux, Ipecac., Chin., Verat., and Ars., did something, but very little after all, towards effecting that result; many months elapsed before all the accessory symptoms which had never existed previous to the administration of Phosphorus, had disappeared, and the original asthma had resumed its former appearance.

When this condition of things had set in, I left my son without any medicine for three months in succession. The treatment was recommenced after the lapse of this period with a small dose of Sulphur^o, acting four weeks, and a dose of Nux^o, acting a fortnight. I then took another record of the symptoms and found it to concord perfectly with the one which I had taken a year previous. This was a sure sign not only that Phosphorus was still indicated, but also that the repeatedly given large doses of that drug had availed nothing. Not without fear of producing too great an exacerbation, and with trembling, I gave to my son, shortly after a new attack of the asthma, Phosphorus^o.^{*} The result showed that my apprehensions were not unfounded. Five days after the administration of the drug, a violent paroxysm of the original sufferings set in again, accompanied by the re- appearance of all those symptoms which are printed in italics. However, this homœopathic exacerbation only lasted a short while; shortly after it was followed by a visible improvement, progressing for upwards of three months, with only a few slight interruptions, and with constant decrease of the ordinary asthmatic fits.

^{*}I always give two pellets, not because I deem one pellet insufficient, but because it may happen that when a number of pellets are saturated together, one pellet may remain unmedicated. B.

Phosphorus, which had inflicted such great injuries upon my son on account of having been administered in too large doses—although infinitely small compared to the doses of the old school—proved nevertheless the only true homœopathic drug, and showed the truth of what the father of Homœopathy teaches in the first volume of his work on chronic diseases.

Phosphorus remained the specific in the case of my son until the termination of the treatment. It was administered in very small doses, one every three or four months, with occasionally an intermediate dose of Nux v. and Hep. s., highest potency. In one year and a half my son's affection, for which Allopathy could do absolutely nothing, was so completely and permanently cured, that not even the remotest trace can be discovered of it. He is now able to undergo every exertion, journeys on foot, hunting, dancing, etc., he may become hot or may catch cold, he may drink a glass of wine in addition to his usual allowance, without suffering from it in the least, although formerly the slightest exposure and irregularity would bring on the asthma. Even the characteristic appearance of asthmatic persons, sunken chest, drawn-up shoulders, stooping with the upper part of the body, etc., had disappeared so entirely during the treatment, that none of those who had seen him before, can realize that he should have suffered with such a severe affection in his former years.

* * * * *

This may suffice to show the unprejudiced reader that it is not without some good reason that I cling to the three precautionary rules of the experienced master of Homœopathy. Posterity will decide whether the opponents of true Homœopathy, especially the specificists, have as good reasons to reject, as the true disciples of Hahnemann have to cling to his rules of practice. One thing is evident, that there is not the slightest reason why we, the conscientious and faithful followers of the original doctrines of our great teacher, should be persecuted on that account with derision and scorn, and

should be required to side with the schismatics, before they have demonstrated and substantiated the superiority of their wisdom. We have as perfect a right to show the weak points of our antagonists, as they have to attack us; we have a right to demand facts in the place of bold assertions, and not to take any notice of insulting jests or impertinent personalities as long as they are offered in the place of argument. On the other hand, we shall never shun an open and manly fight for Truth; for it always triumphs against opponents, and we know that it is on our side. May the champions of the true homœopathic art never forget the motto of our old master: "Aude sapere!" [A. L.]

THE ALTERNATION OF ACONITE AND BELLADONNA.

BY AD. LIPPE, M. D., PHILADELPHIA, PA.

(Concluded from page 269.)

The practice of administering medicines in alternation is wrong, but to alternate Aconite and Belladonna is simply ridiculous, and to substantiate this assertion let us now investigate in what particulars these two remedies are similar and in what they differ, and when you know these differences which, in some instances as under fever, become opposites, it will be an easy task to decide which of the two medicines is homœopathic in a given case; you will not remain in doubt, nor hesitate, and above all you will never alternate.

We begin with the mental symptoms and follow the arrangement of symptoms adopted in our *Materia Medica* by Hahnemann.

Mind and Disposition.—Aconite has inconsolable anxiety with a restless nervousness and tossing about.

Belladonna has unconsciousness, the person does not hear or see any one.

Aconite and Belladonna have both delirium.

The Aconite delirium is worse at night and has the character of ecstasy.

The Belladonna delirium is of a violent nature with great loquacity, violence, beating, raving, tearing of objects, spitting. Belladonna has also visions as soon as the eyes are closed.

Aconite has prediction of the time of death.

Belladonna has great cunning, forgetfulness or vehement talking.

Aconite has giddiness when rising to sit up, with vanishings of visions.

Belladonna has giddiness as if on a swing, or vertigo with unconscious falling down.

Head.—Both have congestion to the head with red face.

Aconite has heat in the head with perspiration of the head and red face.

Belladonna has heat in the head with congestion of blood to the head and pulsation of the arteries.

Aconite has fullness and heaviness in the forehead.

Belladonna has stupefying headache in the forehead with congestion of blood to the head and unconsciousness.

Aconite has more pain on the left side of the head.

Belladonna has more pain on the right side of the head.

Aconite has headache which is better when lying quiet, worse when raising the head or moving.

Belladonna has headache which is better when sitting up and worse when lying down.

Aconite has sensation of the brain as if moving to and fro.

Belladonna has boring with the head in the pillow.

Eyes.—Both have photophobia and photomania.

Both have inflammation of the eyes, but,

Aconite has inflammation with the eyes protruding and insufferable pain.

Belladonna has heat in the eyes with redness and swelling of the conjunctiva, with the eyelids turned over.

Both have dilated pupils, but those of Belladonna are immovable.

Aconite has inflammatory swelling of the eyelids.

Belladonna has bleeding of the eyelids.

Belladonna has further, a wild, staring look, sparkling, red, glassy eyes, and momentary loss of sight, especially when rising up in bed; and also paralysis of the optic nerve, all symptoms which Aconite has not.

Face.—Aconite has a red face.

Belladonna also, but with burning heat of the face.

Aconite has a pale face, especially when lifting the head up.

Belladonna has fair, bluish red (purple) and bloated face—puffiness of the face.

Aconite has dry lips which peel off.

Belladonna has cracked, bleeding lips, and hard swelling of the upper lip.

Aconite has perspiration on the side of the face on which he rests.

Belladonna has erysipelas of the face, also violent cutting pain in the face.

Teeth.—Aconite has pulsating toothache.

Belladonna has violent toothache aggravated by eating.

Mouth.—Both have dryness of the mouth and inflammation with dark redness of the throat; the Belladonna dryness is often without thirst.

Both have pricking in the throat during deglutition, but Aconite has the same pricking when coughing.

Aconite has tingling in the throat.

Belladonna has sensation of constriction with desire to swallow, and when not swallowing; tearing, cutting in the throat, also swelling and sudden suppuration of the tonsils.

Aconite has white coated tongue.

Belladonna has a red tongue or tongue coated with mucus, or inflamed and swollen, preventing speech.

Appetite and taste.—Both have aversion to food.

Belladonna has lost taste.

Aconite has more violent thirst than Belladonna which has either hasty drinking with trembling or aversion to drink, even when burning thirst and dry throat are present.

Aconite has bitter taste of all food and drink, except water.

Belladonna has sour taste of bread.

Gastric symptoms.—Aconite has vomiting of bloody mucus.

Belladonna has vomiting of pure mucus or acid vomiting.

Aconite has vomiting of what has been drunk.

Belladonna has vomiting of bile and also empty retching.

Stomach.—Aconite has tensive, pressing pain, as from weight in the abdomen.

Belladonna has swelling of the pit of the stomach.

Abdomen.—Both have swelling of the abdomen with tympanitis, and sensitiveness of the abdomen to the touch, but Belladonna alone has painful clawing and tearing in the abdomen. Both have colic from flatulency, but under Belladonna the colon transversum is considerably inflated, is palpable to the touch, and the pain is relieved by stooping and external pressure.

Stool.—Aconite has white evacuations.

Belladonna has green evacuations.

Aconite has small evacuations with straining.

Belladonna has involuntary evacuations.

Urine.—Both have suppression of the urinary secretions.

Aconite has anxious urging to urinate.

Belladonna has involuntary discharges of urine.

Both have diminished red and fiery urine, but Aconite has also increased secretion of urine with very frequent micturition and much thirst.

Respiration.—Both have frequent and short breathing.

Aconite has it especially when rising from a recumbent posture and while asleep.

Belladonna has it with great laboring of the chest.

Aconite has constrictions of the chest.

Belladonna has sensation of a heavy weight on the chest.

Cough.—Aconite has dry short cough.

Belladonna has dry, hacking cough, during the night.

Aconite has expectoration of blood, or blood-streaked, of a thick, white substance.

Belladonna has very little expectoration except in the morning after rising, when a thick substance like pus, is coughed up.

Aconite has stitches in the chest when coughing.

Belladonna has stitches in the lumbar region, when coughing.

Aconite has cough caused by smoking tobacco.

Belladonna has cough caused by the least motion in bed at night, it has also sneezing after coughing.

Chest.—Aconite has stitches in the chest aggravated by breathing, coughing, and motion, even by lifting up the arms.

Belladonna has congestion to the chest, with pulsation in it.

Aconite has a hollow voice.

Belladonna has aphonia.

Aconite has palpitation of the heart, with anxiety.

Belladonna has violent palpitation of the heart reverberating in the head.

Belladonna has also inflammation and swelling of the mammæ.

Back and neck.—Both have a stiff neck, but that of Belladonna is accompanied by swelling of the throat and neck.

Aconite has tingling in the back.

Belladonna has distended arteries of the neck (pulsation of the carotid arteries) also an acid smell from the perspiration of the neck and swollen glands of the neck.

Upper extremities.—Aconite has tingling of the fingers.

Belladonna has twitching in the hands.

Aconite has hot hands and cold feet.

Belladonna has cold hands and feet.

Lower extremities.—Aconite has loss of power of the hip and knee joint, (generally on the left side).

Belladonna has stitches in the hip joint (generally in the right), worse at night and when touched.

Skin.—Both have dry, burning skin.

Belladonna has alternate paleness and redness of the skin.

Aconite has burning hot swelling of the affected parts.

Belladonna has smooth, shining, scarlet redness, not circumscribed, with dryness, burning, and swelling.

Aconite has military scarlet eruption.

Belladonna has painful exanthema.

Sleep.—Aconite has sleeplessness from anxiety, and continuous tossing about.

Belladonna has deep stupor like sleep.

Aconite has sleeplessness and delirium with closed eyes.

Belladonna has sleeplessness from visions passing before the eyes as soon as they are closed.

Both have starting from sleep.

Fever.—Aconite has great restlessness.

Belladonna has great indifference, low-spiritedness.

Aconite has agonizing tossing about, cannot be calm.

Belladonna has boisterous disposition—full of rage.

Aconite has fear of ghosts.

Belladonna has desire to flee.

Aconite has a full, hard, accelerated, sometimes intermitting pulse, and occasionally, a slow, small, thread-like pulse.

Belladonna has a quick, full, hard and tense pulse, and occasionally, a small and soft, seldom slow, but when so, a full pulse.

Aconite has sensation of coldness in the blood-vessels.

Belladonna has pulsation of the carotid and temporal arteries.

Aconite has at the commencement of the disease, chilliness most violent in the evening after lying down, often with one hot cheek, and contracted pupils.

Belladonna has chilliness in the evening, mostly in the extremities, with hot head, also cold extremities with hot head.

Aconite has chilliness from being uncovered and being touched.

Belladonna has chilliness when moving.

Aconite has external chill with internal heat, anxiety with red cheeks.

Belladonna has internal chilliness with external heat.

Aconite has shuddering which runs from the feet up to the chest.

Belladonna has shudders which run down the back.

Aconite has dry burning heat, mostly extending from the head and face, with much thirst for cold drink.

Belladonna has dry, burning heat, with perspiration only on the head.

Aconite has heat, with agonizing tossing about.

Belladonna has heat with stupor, or heat with hot head, red face, and delirium.

Aconite has continuous external heat, with desire to be uncovered.

Belladonna has hot forehead with cold cheeks.

Aconite has burning heat with chilliness at the same time.

Belladonna has internal or external heat, or both at the same time.

Aconite has long, lasting perspiration over the whole body, smelling sour.

Belladonna has perspiration while asleep, day and night, the perspiration begins at the feet and ascends.

Aconite has most perspiration on the covered parts.

Belladonna has perspiration only of the covered parts.

Generalities.—Aconite affects the left side more than the right side.

Belladonna affects the right side more than the left side. ®

Aconite has pains which are insupportable.

Belladonna has over-sensitiveness of all the senses.

Aconite has great and sudden sinking of strength.

Belladonna has congestions to various parts.

Aconite has diminution of almost all pains while sitting still, but at night and while in bed, it is unendurable.

Belladonna has aggravation and renewal of the attacks, from the least touch and motion.

LITHIUM CARBONICUM.

BY T. C. FANNING, M. D., TARRYTOWN, N. Y.

Miss —, aged about 26 years, with brown hair, quick nervous temperament and rather thin in flesh, called on me June 29th, 1863, and gave the following history: about two years ago, took cold by getting wet feet, affecting the right kidney and bladder; the trouble soon subsided, however, to be renewed with every new cold until last August (1862), when it became permanent.

In November, 1862, went to the Woman's Hospital, Madison Avenue, and remained there three months. The first operation here was for contraction and curvature of the cervix uteri, which resulted in inflammation of the parts and complete amenorrhœa. Failing here they turned their attention to the bladder and first used injections of *Ferri per sulphur* which stopped the discharges of blood, which for four months previously had followed urination. Applications of Chromic acid and Glycerine were made to the inflamed os uteri. Blisters were applied over the right kidney, and a seton was established over the right ovary. "Every thing had not yet been done" however for the poor patient; but, alas, she was mortal, her strength was failing and it was feared would not suffice to sustain her through an operation which had been successfully performed in other cases, and would certainly cure her bladder which was still inflamed and ulcerated near the cervix. The operation proposed was to make a vesico-vaginal fistula, then cure the ulceration and inflammation, and then cure the fistula. She was advised to leave the hospital and return when her general health should be sufficiently re-established to justify the operation. She left Madison Avenue in February, and in March went to St. Luke's Hospital. Here Dr. — made a vaginal examination, and condemned the operation which had been performed; said there was a tumefaction on the right side (ovary?), which ought to be reduced; tried to pass the sound

but could not; thought there was occlusion of the os internum, and that nothing could be done for her until she should be stronger; did not examine the bladder.

She left St. Luke's in May and, confessedly faithless, at the solicitations of friends, applied to me June 19th. I made no vaginal examination (a procedure which I always avoid, if possible), but elicited the following symptoms:

Soreness of bladder and feeling as if a sharp instrument had been thrust into the neck of the bladder in micturition. Once in two or three weeks a discharge of yellowish matter with each evacuation of the bladder for twenty-four hours, and micturition is then particularly painful. Feeling of soreness at cervix vesicæ, especially on right side. Urination every half to one-and-a-half hours. Sometimes pain in right kidney, removed by warmth to feet and back. Urine turbid. Great pain in the bladder attended with afternoon fever, which lasts until she goes to bed and subsides with profuse sweat, especially on the back. Aching, apparently in cervix uteri about every two weeks, lasting three or four days, relieved by lying with right thigh flexed, in which position she always sleeps now. Inability to lie on right side on account of pain in the right iliac region, low down. Menstruation reappeared about five weeks ago for the first time since the operation at the Woman's Hospital, lasting (as usual) seven days. Flow dark, very offensive, sometimes clotted (not so last time), acrid (last time only) preceded by pain in back, uneasiness and inability to sleep, and aggravation of pain and aching in the bladder (and ovary?), attended by the same with nausea. Occasional slight leucorrhœa. General weakness. Decided mental depression; hopeless as to relief from her sufferings.

On comparing these symptoms with the following, contained in the proving of *Lithium carb.* (*REVIEW*, vol. iv., p. 9), the applicability of that drug will readily be perceived:

1. Disposition to weep about his lonesome condition.
2. The whole night, anxiety and feeling of helplessness.
106. Violent pain transversely in the abdomen in the upper part of the vesical region.

125. Restlessness in the region of the kidneys.
127. Sensitive pain, sharp pressure in the vesical region, more on the right side; about ten minutes after passing water.
129. Pain in the region of the neck of the bladder on the right.
138. Frequent urination.
141. Urination painful.
148. Turbid urine with much mucous deposit.
150. Urine more scanty and dark, very acrid; it pains when being passed, like lye upon an irritable surface.
153. *Very frequent urination, disturbing in sleep.
164. The menses are three or four days later and diminished.
165. When taken before the menses, the symptoms were most violent on the left side; when taken after the menses on the right side.
231. Prostration of the whole body, especially in the knee-joints and sacrum.
251. Very copious sweat.
252. Sweat on the back of the hands.
- July 4th. Menses appeared again yesterday (after six weeks), flow dark with bright clots, and the aching was relieved by it. Gave Lithium carb., to be dissolved in half a tumbler of water, and a spoonful taken three times daily after the cessation of the menses.
- 13th. Better; can retain water three or four hours; less pain and soreness. Appetite better and feels stronger.
- 30th. Continued to improve till July 25th, when she took cold and again passed what seemed to be matter, and since then there had been more burning and pain in the bladder. Water now clear and passed about four times daily. Gave Ignatia[™] to be taken every third hour.
- August 1st. Better; burning about gone, some pain still. Lithium once daily.
- 6th. Still better; burning all gone; pain only momentary in passing water. Spirits good. Sleeps well, only rising twice to micturate.

September 17th. Has menstruated regularly, three or four days late, and without pain in back, for the first time in more than two years. For three weeks past has suffered much from soreness at the cervix vesicæ, right side, especially when walking, going *down* stairs or lying on right side. Urine has a slight deposit (purulent?). Suspecting that the Lithium might have been continued too long, I now gave Sach. lact.

28th. For past two days has been decidedly better; last night lay for the most of the night on the right side only, rising once to urinate and only once the night before. Urine clear.

The above is the last entry in my note book in regard to this case. In November, Miss — went to New York to remain for the winter, and while there consulted another physician who, to my application for information respecting the case, makes the following reply:

“Miss — came under my care November 21st, 1863. Her symptoms indicated inflammation of the urethra, in which I discovered a polypus at the meatus. I removed it with a ligature and she was much relieved in three days. The uterus was enlarged and prolapsed, ulcerated at the os, showing where Dr. Simms had scarified it severely, which scarifications had not healed. The case passed from under my hands before the uterus was perfectly cured.”

As a summing up of the case, so far as it was under my care, I may say that the very speedy improvement following the administration of the remedy leaves no room for doubt as to its beneficial effect; but in consequence of the removal of the patient, there is an uncertainty as to the extent and permanency of its action in the case. I think I have good reason, however, to believe that Lithium cured the ovarian inflammation, including dysmenorrhœa and the trouble remaining in the right kidney, and so far relieved the vesical difficulty that the patient regained her usual appetite and spirits, and was able to enjoy life which, before taking the remedy, had been only a source of continual agony for months and from which she longed to be relieved by death, if

no other means could be found. Referring to the symptoms, Nos. 2, 5, 6, 7, 8, 9, 12 and 13, were entirely removed, and material relief was afforded to Nos. 1, 3 and 4. The menstrual function was restored to its normal condition.

Without doubt my want of more complete success in this case arose from neglect of Hahnemann's third precaution. Had I prescribed *Sach. lact.* on or before August 6th, I do think I should have had cause to complain of the report of September 17th.

MECHANICAL MEANS IN MISPLACEMENTS OF THE UTERUS.

BY MERCY E. JACKSON, M. D., BOSTON, MASS.

Homœopathy has limited the domain of surgery almost wholly to mechanical injuries and, in its onward progress, will still more confine it to those cases. It will be readily granted that mechanical means should not be used in the treatment of uterine diseases if medicine alone is sufficient for its speedy and permanent cure.

From our earliest knowledge of mechanical appliances in the cure of prolapsus and other misplacements of the uterus, we were shocked at the idea of introducing a foreign substance to be worn by those suffering from such diseases who are rendered extremely nervous and sensitive by the disease itself, and consequently less able to endure the added irritation of a foreign substance in parts so sensitive and so poorly defended by the delicate membrane that covers them, from the irritation necessarily produced by its presence.

While suffering from prolapsus some fifteen years ago, the distress being very severe, on account of having walked some distance after it occurred, I put five pellets *Sepia*^o into half a tumblerful of soft water, and took one teaspoonful. Lying on the back, with knees elevated, and the soles of the feet resting on the bed, in less than ten minutes felt the uterus

returning to its place, precisely as if a hand had been placed under it and gradually raised it to its normal place, except that the hand was not felt.

So remarkable was the sensation, that I at once believed that mechanical means were unnecessary to restore the uterus to its place. The repetition of *Sepia* as above, every two hours, enabled me to rise the next day without pain, and, remaining most of the time in a sitting or recumbent posture during twenty-four hours, I was able to resume my usual avocations. Afterwards, when suffering from partial prolapsus, the administration of *Sepia* in the same way and potency, removed all suffering, and in a few months entirely restored my health which had suffered for nearly two years from this cause, and no return of the kind has since afflicted me.

Being satisfied from the sensations experienced, that the *modus operandi* of the *Sepia* was by causing contractions in the abdominal muscles and the ligaments that support the uterus, to bring not only the uterus but surrounding parts into their normal position and sustain them there, the effect must be more permanent than any mechanical support, and the probability much greater, of a permanent cure.

This result following in my own case, confirmed my faith in the power of *Sepia* to absolutely cure prolapsus, where the symptoms correspond to its pathogenesis.

In reflecting upon the wonderful effect of *Sepia* on this affection, I reasoned, that if *Sepia* could reduce prolapsus, it might also remove other misplacements, such as anteversion and even retroversion. I therefore resolved to try its effect in the first case that came under my care, and for the next ten years used it successfully in many cases of prolapsus and slight misplacements of the uterus, and do not remember to have failed in curing any case, although some other remedies were used in some of these cases.

In 1858, I was called to see an unmarried woman of thirty years, who had been ill for three years, and had never got much relief from any medical advice she had received. Found her general health much impaired, her nerves weak-

ened, with constant pain in the back and pelvic region, with extremely painful menstruation, her spirits depressed, and herself convinced that no one had understood her case, and fearing that there could be no cure for her. In my examination of the case, I learned from her, that three years previous, while assisting her father to lift some heavy article, she had felt something give way, and had become sick immediately, had kept her bed for some time after but got little help from any medicine, and had slowly recovered so as to partially resume her labors, but had never been well since, nor ceased to suffer in the back and lower part of the abdomen.

On making the necessary examination, found the uterus retroverted, the os uteri pressed high up against the os pubis, the fundus low down in the hollow of the sacrum. The slightest attempt to replace the organ, gave such severe pain as to make me desist immediately, and after two futile attempts, I decided to try Sepia³⁰, and see her again in a few days. Then found her feeling better, but she said that each repetition of the medicine gave pain from the inguinal region to the pubis, "a kind of drawing pain." I ordered a continuance of the Sepia, and saw her again about a week after my first examination. To my great joy, found the cervix uteri had descended an inch or more and the fundus correspondingly ascended. I can hardly express the delight felt at this discovery, believing from that moment that the idea so long cherished would be fully realized, and that my patient would be really cured, when the uterus had regained its normal position, and I did not doubt that the means, that had so well begun the work, would complete it.

I need only add that the first menstruation after the treatment commenced, was accomplished with comparatively little suffering, and that as the cure progressed, the suffering ceased. The cure went steadily on, and at the third examination, the position was normal, and although the patient was obliged to rise several times each night to wait on an aged grandmother, and did not relax from her usual duties about the house, she had no relapse. Some two years after, I rode

five miles to ascertain if she still remained well, and found that she had steadily gained in health and had no return of the disease.

It is proper to state that during the treatment of the case I gave three doses of Calc. carb.³⁰ about one week apart, but as I did not record the reasons for giving the Calc. carb. I have now forgotten them. What influence the Calc. carb. had in the cure of this case cannot now be known, but my own impression was, at the time, that it was quite secondary to Sepia. But whether the Calcarea or the Sepia cured it the argument is equally strong for the use of medicines alone in the treatment of misplacements of the uterus.

ALOES.

(Translated from *Hering's Amerikanische Arzneipruefungen.*

BY T. F. ALLEN, M. D., NEW YORK.

(Continued from page 227.)

Pelvic Region:

- . It furthers the circulation of blood towards the pelvic region, it excites the vessels of the rectum and sexual organs. *Richter.*
- 860. Many times a day, urgency as with diarrhoea, only hot flatus passes with great relief; but it soon returns, with a sensation as of a plug wedged in between the symphysis pubis and the os coccyæ; the second day. *Preu, c.*
- . Frequent urgency to stool, with a sensation of heaviness in the pelvis; the first day. *t, Henke, b.*
- . Determination of blood to the large intestines and uterus. *Arnemann.*
- . Affection of the lower end of the intestinal canal and of the pelvic organs; in very many cases, after its continued use for a longer or shorter time. *K.*
- . Drawing sticking, or tensive tearing from the anus into the loins and into the abdomen. *F. R. L.*

- . Pain in the loins involving the pelvis. 1133, 1136.
- 865. *Dragging down in the abdomen. Neidhard.*
- . *Dragging down in the lower part of the abdomen. *Williamson.*
- . Sensation of fullness in the pelvis, with the monthlies. 1064.

Rectum:

- . Heat, soreness, sense of heaviness in the rectum. *K.*
- . Rectal fistula and rectal stricture. *Greenhow.*
- 870. In most cases, troublesome heaviness in the lower part of the abdomen, and active irritation at the end of the intestine, sometimes copious evacuations of blood, as if there were really hæmorrhoids, when they had not previously existed. *Trousseau and Pidoux.*
- . *Sense of fullness of the hæmorrhoidal veins. *Williamson.*
- . Pains in the loins producing an annoying sensation in the rectum. 1136.
- . Dragging in the rectum near the anus. 779.
- . Dragging in the rectum during menstruation. 1064.
- 875. In the rectum, sensation as if loose. *C. Hg.*
- . Cutting pains in the rectum, with the passage of a solid stool, ten o'clock the evening of the twentieth day. *III.*
- . *Heat in the rectum and anus when the fœces pass. *Williamson.*
- . Severe burning in the rectum. *N. T.*
- . During slight distension of the abdomen and pleasant crawling of the bowels, three diarrhœic stools; the last with burning in the rectum, hæmorrhoidal pains, and much flatus; after seventeen hours. *Helbig c.*
- 880. *Burning in the rectum. *Williamson.*

Anus:

- . Crawling sensation in the anus, after seventeen hours; 879; again after twenty-six hours, at evening. *Helbig.*
- . Itching crawling in the anus, after a mucous passage. 944. *Helbig.*
- . Early in the morning, in the folds of the skin near the anus, a severe irresistible itching in little points. *C. Hg.*

- . Itching and burning in the anus, painful in the highest degree, prevents his sleeping for a long time. *Preu. b.*
- 885. *Burning in the anus;* a kind of sore feeling, with increased itching around the anus, and an increased evacuation the third day; in two brothers, from 50 to 60 years old, after repeated doses. *J. 200. C. Hg.*
- . Burning in the anus. *F. R. L.*
- . The evacuations which aloes produces are only of a bilious character; the diarrhœa which it causes, is (with the exception of the debility) similar to a bilious diarrhœa, combined with burning in the anus. *W.*
- . Burning pain in the anus after a hard evacuation. *St.*
- . Burning in the anus continuing a long time, after the passage of hot flatus, the first and third day. *t. Henke, b.*
- 890. Tenesmus and burning heat in the anus. *F. R. L.*
- . Fullness and pressing out in the anus. 3. *C. Hg.*
- . Strong pulsating in the anus, while sitting, after dinner. *Gosenwisch.*
- . Stitches from the anus up into the loins. 864.
- . On walking, after the morning stool, many drawing stitches in the anus; more on the left side and forward to the region of the prostate gland and vesiculæ seminales; the eleventh day. *I.*
- 895. The not too hard fœces prick, quite severely, in the anus, as if it would tear it forwards. Afterward a continued pain in the *anus*, which compelled him to draw it together frequently, whereby it becomes tense and aches, the third day. *Helbig.*
- . The tenesmus is peculiar, an unpleasant sensation in the anus as if more stool would follow, which must be held back on account of the soreness, yet, on account of this pain, he does not dare to draw the anus together as usual. *II.*
- . Pain in the anus, relieved by beer. 553.
- . Ulcers on the edge of the anus. 1034.

(To be continued.)

MISCELLANEOUS.

ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.—The semi-annual meeting of this society was held at Syracuse, Oct. 25th. The president, Dr. W. A. Hawley, presided. The following physicians were present. Drs. J. G. Bigelow, Chaffee, L. Clary, H. B. Fellows, W. H. Hoyt, H. C. Hubbard, T. S. Kinne, H. F. Miller, A. R. Morgan, G. B. Palmer, J. C. Raymond, R. D. Rhoades, J. W. Sheldon, T. D. Stowe, L. B. Wells.

Dr. W. Warren furnished an accidental proving of *Phytolacca decandra*. Dr. J. C. Raymond reported a case of congestion of the brain with paralysis, resulting in death.

A communication was received from Dr. Caulkins giving his medical experience before adopting Homœopathy.

Dr. C. W. Boyce contributed an article on some of the uses of *Spigelia*, which called out remarks from several members, who related their clinical experience with that remedy.

Dr. T. D. Stowe gave the details of a case of chronic ophthalmia with severe neuralgic pain and partial opacity of the cornea, which after resisting for several weeks the treatment by the ordinary remedies, yielded promptly, in one or days, to *Spigelia*.

It having been stated that several of the Life Insurance Companies decline appointing, as medical examiners, physicians practising Homœopathy, a committee, Dr. W. A. Hawley, was appointed to ascertain the facts and report the same to the State Homœopathic Society.

A communication was received from Dr. Carroll Dunham announcing the forthcoming work on *Materia Medica*, and urging upon the members of this Society immediate co-operation, by sending their subscriptions to the author, Dr. Hering.

Resolutions were adopted commendatory of the work but doubting the expediency of publishing it in German and English in the same volume, thus adding to the cost, and unnecessarily increasing its bulk.

Resolutions were also adopted in favor of a re-organization of the American Institute of Homœopathy so as to make it a delegated body, representing State and County Societies.

Dr. E. D. Leonard was elected a member of the Society, and Drs. Wells, Raymond, Palmer, Chaffee, Stowe and Fellows, honorary members of the society.

Dr. Morgan made a general report on the Homœopathic Theory and Practice. Dr. Schenck read a novel and interesting report describing, a case of "incongruous twinning," one child being born forty-five days after the other—both now living.

Dr. Sheldon also made a detailed report corroborating the above report of Dr. Schenck. The above anomalous case elicited some discussion and much speculation without satisfactory result.

Dr. Hubbard read a remarkable proving upon himself of electro-magnetism.

Dr. Hoyt read a report on the diseases of children, also report of a case of poisoning by "red vulcanite."

Dr. Stow gave an account of several important and interesting clinical cases from practice, which drew forth an animated discussion.

Dr. Wells, of Utica, read an able report on potencies which elicited remarks from several members, highly commendatory of the high attenuations.

Dr. Palmer presented an instructive paper describing a clinical case from his own practice.

Dr. Carroll Dunham forwarded a paper entitled "Pathognomonic Symptoms and Characteristic Symptoms," in which he maintained with his accustomed ability, the position that pathological distinctions were inferior to characteristic symptoms, as a guide in Therapeutics.

The President here read a well digested original essay, on the alternation of remedies—assuming that the question was not yet settled.

After appointing delegates to the different county homœopathic societies the thanks of the society were extended to those gentlemen from other localities, who had kindly favored us with their presence, and their valuable communications.

The Society then adjourned to meet at Syracuse on the first Tuesday in May, 1865, at 10 o'clock, A. M.

A. R. MORGAN, *Secretary*

HOMŒOPATHIC MEDICAL SOCIETY OF KINGS COUNTY.—An adjourned meeting of the Society was held at Brooklyn on Tuesday evening Dec. 6th 1864, —Present, Drs. S. S. Guy, J. P. Duffin, E. T. Richardson, A. Wright, H. E. Morrill, F. Bond, J. Lester Keep, R. C. Moffat, Henry Minton, J. G. Rosman and B. Fincke, Dr. S. S. Guy, vice-president, in the chair.

Dr. Moffat moved that the communication relating to the State Society, be read. The recording secretary therefore read the communication of Dr. B. Fincke to the Homœopathic Society of Kings County, Nov. 18th 1864, containing a protest against the publishing committee of the New York State Society, for not printing an article on Homœopathic Tocology, read in the State Society meeting, at Brooklyn, Oct. 14th, 1863, and which was ordered by the Society to be printed in the transactions.

Dr. Moffat stated, while with other papers read before the State Society and referred to the publishing committee, it is optional with the publishing committee to print them, it was not so with this paper of Dr. Fincke on Tocology. The resolution of the State Society was distinctly that it should be printed.

Dr. Guy remarked that this is mentioned in the communication.

Dr. Moffat proposed that the County Society should sustain the action of its members.

Dr. Richardson asked whether we should not adopt this protest and send it to the State Society.

Dr. Moffat moved that the protest of Dr. Fincke be adopted by the Homœopathic Medical Society of Kings County.

Dr. A. Wright not being a member of the State Society, heard for the

first time how the transactions of the State Society were made. It seemed to him we go too fast in the matter. Dr. Fincke may have been injured, overlooked. If the Society should stand by all its members we would get all hands upon ourselves. He recommended that the County Society should not touch this matter, having no immediate concern. Our Society had not been injured. We have no power over this matter. Let Dr. Fincke himself bring it before the State Society.

Dr. Moffat withdrew his motion.

Dr. Richardson said the New York State Society consists of delegates from the County Societies. The publishing committee has transgressed its powers, giving the transactions a popular character, to the detriment of their scientific purpose, and setting aside an essay on which the State Society passed by vote, and resolved expressly, to publish in the transactions. It is not that Dr. Fincke has been injured, but it is the interest of the Society to see to it, that whatever the State Society and its publishing committee do, be right.

Dr. Rosman thought the injured individual should bring it up before the State Society.

Dr. Duffin said the delegates of the County Society should bring it before the State Society. The publishing committee has not acted properly. It should be brought up by the delegation.

Dr. Moffat moved to refer Dr. Fincke's protest to a committee, consisting of the Delegates of the Homœopathic Medical Society of the County of Kings to the Homœopathic Medical Society of the State of New York, for their action in the State Society. He asked Dr. Fincke whether he was satisfied with this action.

Dr. Fincke remarked that he had done his part by presenting the matter to the society, and that he would be perfectly satisfied with any action the society would please to adopt in the matter.

The motion of Dr. Moffat was carried.

Narrative of cases of Varioloid, Small-pox, Cancer.

Dr. Moffat related a case of a girl twelve years old: Fever, pain in the head and back, delirium, vomited twice. Rasping sound in the throat, cough, sore chest, eruption of varioloid; twenty pustules in one arm, with all the peculiarities, the buckshot feel, variolous odor. Gave Thuja occid. 200 L, about twelve granules in water, one teaspoonful once in one-and-a-half hours. Next morning her cough was gone. She had rested well in the night. The smaller pustules were flattened, the larger ones were more prominent and advanced. Thuja occid. 200, four days after. She continued to improve, pustules entirely flattened and gone. The largest ones were now horny prominences. The sixth or seventh day only the marks could be seen and she was well. Thought no scales came off.

Dr. Guy said that feeling somewhat interested in Dr. Wolf's discovery, he wanted to give it a fair trial. In case of varioloid with much inflammation at the time, the pustules with a pit, and of large number, he gave one single dose of Thuja occid. 200. The case was very clear, and admitted of no doubt as to the nature of the disease. The next day the inflammatory appearance had abated little. He gave nothing. Next day again

some improvement, and again he concluded to wait. In fact, the case went right along improving; the vesicles died away without administering any more medicine.

Another case early last fall in an individual forty years old. Small-pox had developed. The second or third day (though vaccinated when a child,) Thuja occid. 200, was given and repeated. It modified a little, but the disease went its regular course, the patient never being very sick with it.

To another patient, a gentleman, he gave Thuja four days ago. The eruption commenced after a day or two, characteristic of Varioloid, very distinct vesicles in face, pitting. Thuja occid. 200, in watery solution, one teaspoonful every four hours. Yesterday the eyes were nearly closed, face swollen. The eruption was extending. Gave nothing for three days, the inflammatory action then was gone. The eruption remains where it was yesterday, and stands still. He is better. Throat was dry, husky, sore.

Dr. Morrill. Capt.—was taken sick, and Dr. C—was called on Saturday, but did not come. By Sunday noon confluent small-pox had developed and Dr. Morrill was called. He commenced treatment with Thuja occid. 200, about fifteen pellets in water, one teaspoonful every three hours. Monday morning the patient had improved. The former Doctor being called again, Dr. Morrill withdrew. The man died five or six days afterwards, and a post-mortem examination was held by six doctors.

Dr. Morrill asked the gentlemen whether they would rely upon Thuja in the worst cases of confluent small-pox.

Dr. Richardson answered this question by another, whether he knew a better remedy to rely on than Thuja.

Dr. Duffin remarked, that with those new provings we should be cautious; only severe cases test their value.

Dr. Bond used Thuja 200, with good results.

Dr. Richardson related a case of small-pox in a young man 30 years old. He gave Thuja occid. 200, in water, every four hours. In forty-eight hours the eruption was flattened, the progress ceased. There was no suppuration.

Dr. Moffat, at the request of Dr. Minton, related a bad case of small-pox which began like typhoid fever, with bad tongue, delirium, fever, aching pains all over, vomiting till the third day, when the eruption appeared. The fever subsided. In two days more the eruptions spread all over. The second day, from the wrist down the hand, everything was densely covered, the pustules seemed countless. He succeeded, however, in counting one-hundred-and-fifty on the palm of the hand, and the patient counted two-hundred-and-sixty-three on the back of the hand, scattering, and they were spare. He put him on Thuja. Gave also Mercurius and Vaccinia. The fever went on, no swelling in the face. The odor was slight. The case went on evenly and steadily, and got well.

Dr. Guy inquired whether in going into the room of small-pox patients, they could taste something. He invariably tasted small-pox on his tongue, it is a coppery, styptic taste. He perceives this taste, even where he cannot smell the small-pox aroma.

Drs. Moffat, Richardson and Guy, were of the opinion that small-pox is cut short by Thuja.

Dr. Minton inquired if it was prevented also? It was supposed to be.

Dr. Guy related a case for the purpose of obtaining information.

A gentleman 50 years of age. Ulceration of the left side of the scrotum. It commenced four weeks ago. Forms now an elevated ulcer, with hard, horny edges. At first it was a mere abrasion with little watery discharge, but intense pain, extending up into the right hypochondrium, also to various other parts of the body, almost beyond endurance much of the time. He treated him merely with application of a little lint in order to avoid friction, latterly poultices of carrots and slippery elm were used. The ulcer looks like the brain of an animal, corrugated. Never had syphilis. The last few days a pustule at the back of the head appeared, and the week past, others over the body, as also a miliarious eruption upon the abdomen. The ulcer is advancing towards the penis and healing on the opposite side. About one inch in diameter. What is it?

Dr. Minton presupposed primary chancre.

Dr. Moffat suggested cancer.

Dr. Guy said the fact that the centre of the ulcer is elevated proves it to be no chancre.

Dr. Minton thought it might be indurated. He had seen such ulcers. What is the nature of the eruption on the abdomen?

Dr. Guy said it looked like measles and scarlet-fever a sort of miliaria. The horny hardness round the sore is of a pale color and extends half an inch, it feels leathery. Skin around not inflamed, centre flesh-colored, but not bright red. Appearance good. Patient is much frightened, imagines it is cancer.

Dr. Moffat inquired if Dr. Guy gave Kreosot? Dr. Guy did not.

Dr. Minton inquired if the glands were enlarged.

Dr. Guy. No. The testicle is a little swollen. There is no glandular swelling, anywhere. He had given Lachesis and Arsenic, the former lower. Given it in solution, one remedy at a time, three pellets for three or four days, then waited the result.

Dr. A. Wright recommended Kreosot but not as high.

Drs. Minton and Richardson moved that the Society adjourn to the second Tuesday in January next, when Dr. Fincke's paper on the Infinitesimality of the Dose, is to be read. Carried. B. FINCKE, *Secretary pro tem.*

CORRESPONDENCE.

Hobart Town, Tasmania, July 22d, 1864.

To the Editors of the AMERICAN HOMŒOPATHIC REVIEW: Will you favor a friend of the practice by inserting this in your influential journal. Hobart Town, the Capital of Tasmania, is a city of some 25,000 inhabitants, and although the homœopathic system of medicine is in extensive domestic use it is without an educated practitioner. The want is severely felt and the pros-

pects so good that I trust the publication of this letter may be the means of turning the attention of one of the many able men in the States, who have adopted the new practice, to come amongst us. The dominant school of course now engrosses the practice, full employment being found for more than half a dozen. All the friends are ready and indeed anxious to assist in the establishment of a really competent physician who should be a married man, have a competent knowledge of surgery, midwifery and the collateral branches of the profession, be capable of lecturing, if need should arise and be able to cope single-handed with the opposition which the reigning class would certainly make. An energetic, able man could not fail to be well supported.

The adjoining colonies of Victoria and New South Wales have each three or more professors who are well established and earning large incomes.

Trusting you will find a place in your own, and if possible, other journals,
I remain, yours,
H. K. R.

Letter from Dr. Raue.—To the Editors of the AMERICAN HOMŒOPATHIC REVIEW—*Gentlemen*: In publishing my lecture on the Diagnostic Indications of the Face, you have failed to state that I had given it for that purpose only, *on the special request of the class.*

This omission puts me altogether in a false light before the profession, and I hope you will have it remedied in your next number.

Yours very respectfully,
Philadelphia, December 12th, 1864. CHAS. G. RAUE, M. D.

Letter from Dr. Lippe.—To the Editors of the AMERICAN HOMŒOPATHIC REVIEW—*Gentlemen*: In Vol. V., No. 6, p. 279, you publish among your correspondence, a letter from Mr. Pope under the heading, "Drs. Lippe and Pope." Allow me to say, as regards the tone and style of Mr. Pope's letter, "*Chacun a son gout.*" The invitation to have the last word, is *all* I accept from Mr. Pope. I cannot find time to refute *all* of Mr. Pope's statements. The points are before the profession, and I abide by their decision. Whenever a discussion ceases to elicit the solution of a question at issue, as in this case, viz: "Who is a Homœopathician," it is not further necessary to continue that discussion. It may still be possible to persuade Mr. Pope that *his* logic leads him into *all* his erroneous conceptions of Homœopathy, and my invitation to follow out *his* logic, by showing him the way to do so, may probably either end the discussion or induce him to apologize. *His* logic is this: "Clinical records in England show that Arsenic was, at one time, the principal curative remedy in cholera, and therefore beyond all possible dispute, Arsenic has been, is, and will be, one of the principal remedies in that disease. Had Mr. Pope shown the similarity between the known provings of Arsenic and of cholera, or had he explicitly stated the symptoms or groups of symptoms corresponding between the provings and the (so-called) disease, the point he aimed at, would have been established. But on the other side, if it is proved, that there exists *no* correspondence between the ordinarily characteristic symptoms of cholera and those of the provings of

Arsenic, it is quite likely that the logical critic will doubt the reliability of the clinical reports, or the correctness of our *Materia Medica*, based on provings on the healthy, or the truth of the homœopathic law of cure.

Dr. Black's essay on Arsenic (in the first and only volume of the Hahnemann *Materia Medica*) is no guide for the study of that remedy and the essay cannot be considered an authority either on the ground of its title page or because it never has been reviewed adversely. I have preferred to study Arsenic from the fifth volume of Hahnemann's *Chronic Diseases*. In following the above logic, Mr. Pope may say, that, Dr. Hempel (his friend) having given testimony under oath in open court at Toronto, "Clinical observations establish a fact," and no one had the right to expose Dr. C. J. Hempel, and discredit the reliability of his evidence. If Mr. Pope really and honestly thinks so, and wishes to rescue his friend Hempel, he can zealously prove his sincerity of friendship, by taking what Dr. Hempel *pretends* to have cured the cholera, viz: one fifth of a grain of Arsenic, repeated fifteen times in forty-eight hours, equal, according to common computation to *three* grains of Arsenic in two days. Our discussion will then, assuredly be at an end.

Yours respectfully,

Philadelphia, December 17th, 1864.

AD. LIPPE.

THE HOMŒOPATHIC THEORY AND PRACTICE OF MEDICINE. By E. E. MARCY, M.D., and F. W. HUNT, M.D. 2 Vols. 8vo., pp. 944 and 952. New York, W. Radde. 1864.

The work laid before the public contains in two volumes, as the title page indicates, two parts. The first part treats on the theory and the second, on the practice of medicine.

In the first part the authors dwell on the history and the general principles of medical science, and in the second give an arrangement and classification of diseases and their homœopathic treatment.

In the short and modest preface the authors present the work to the profession with a hope that it may afford some aid to the medical man in the midst of his arduous and sometimes perplexing practical duties, as well as to the neophyte who has just entered the portals of the temple of medicine.

The first question arising is, can this work afford to the medical man and the neophyte the wished and hoped-for aid?

As to the first part it certainly can, *provided* the theory of Homœopathy is truly and correctly stated and explained.

For the second part, Homœopathy, by its very nature, cannot possibly arrange and classify diseases and add to the therapeutics accordingly, and that part of the work cannot aid the medical man in his practical duties. In Homœopathy exists, first, a theory, and secondly, practical rules stated and explained by its founder Hahnemann in his *Organon* and *Chronic Diseases*. The theory is open for discussion, but the practical rules are incontrovertible, and are fully accepted. Experiment has proved them to be correct and they are therefore beyond possible dispute, *provided* they are understood and followed out.

The first—theoretical—part of the work is very instructive and will be pleasing to a large number of physicians. As in most books of the kind, we find in the history of medicine repetitions of former misrepresentations, as, for instance, when speaking of Paracelsus. In order to arrive at a correct opinion of this wonderful man who lived three hundred years too early, and was so much ahead of his age, it is necessary to read the works written by him and his pupils; it would thereby be observed that he *introduced* the chemical remedies; that he had nothing to do with the Alchemists; that he did *not* adopt any wild theories, but that he was advocating and defending, three hundred years ago *our own* law of cure—that he wanted to individualize and that he opposed all attempts to generalize, and that on that account he burned a work resembling the clinical guides of our own days; he burned the work because it pretended to give recipes for forms of diseases; he considered such books infamous and gave it to the flames. He never professed to have discovered a universal remedy, on the contrary, he insisted upon it that every case of disease was a case *per se*, and must be treated as such. These and similar errors have been copied and repeated thoughtlessly again and again, and they have (like all uncontradicted statements) been received as truths. The portion of the work following the history of medicine and treating on the general principles of Medical Science, will also be profitably read. The authors not only give their own opinions on yet disputed points, but generously give also the opinions of others not in harmony with their own. While, for instance, they express on page 156 and 157 their erroneous ideas about alternations of remedies, we find on page 162 Croserio's description of Hahnemann's mode of administering remedies. It appears that the authors, in order to fortify their assumed position, contend that they express the opinion of a *large proportion* of homœopathic physicians both of Europe and America. If the authors draw the inference that because a *large proportion*, say even a large majority of homœopathic physicians are at present advocating "a frequent repetition of doses in acute diseases, and in many instances the alternation of remedies," the opinion of this *large proportion* must and shall be universally accepted as correct and as a conclusive decision, they are in error; they resort to the same erroneous and fallacious argument which is brought forward by the allopathic school, who contend to this day, that because a large majority of physicians do not acknowledge but oppose the homœopathic law of cure, that system is wrong and false in every particular to all intents and purposes.

Vol. I p. 156, we find the following sentence: "But since the laws of medicinal action have become better understood, there is no longer hesitation in alternating medicines whenever symptoms appear to require it." This phrase may deceive the neophyte if he does not inquire in what manner and by what means the laws of medicinal action have become better understood, and how this better understanding obviates the hesitation in alternating medicines. If, under the laws of medicinal action, is understood the manner through which and the laws by which medicines act, this knowledge *if obtained* can certainly not justify the alternation of medicines, except the learned authors have discovered the manner through which and the law by

which two medicines can act and develop their specific action (symptoms) on the healthy organism both at the same time, of which discovery we know nothing at present; but if the phrase means a better understanding of the action of medicines, which we actually have obtained by accumulated new provings of medicines (one at a time on one individual) and by the verification of old and the new provings through experiment, then this fact will assuredly lead us to the conclusion that we will be better enabled now than ever before to choose a single remedy which covers all the symptoms of the patient, and will obviate all possible excuses for alternating medicines.

Vol. I, p. 162, we find a quotation from Croserio on the practice of Hahnemann in his latter years which cannot be read too attentively, and we are told "that Hahnemann never prescribed two different remedies to be given alternately." It must seem marvelously strange "that since then the laws of medicinal action have become better understood, and that there is no longer hesitation in alternating medicines whenever symptoms require it," especially, if we are also told by Croserio, "that Hahnemann in his manner of administering medicines effected the most marvelous cures, even in cases in which the rest of us had been able to do nothing."

Vol. I p. 159, we find Griesselich's rules for alternation, "When two remedies are seen to be appropriate for different portions of the organism, then, one is given at one hour and the other at another." The inference from this rule is, that we select medicines which are appropriate for certain portions of the organism, and that therefore the locality is the only indication, no matter in what manner the portion of the body (organ) is affected. This fallacy has been rejected long ago, and is apparent when practically applied. Suppose we have vomiting and headache, then, according to Griesselich, we must give one hour, one medicine for the stomach, and the other hour, another medicine for the head; the absurdity is so great that no thinking physician can adopt it.

We are exceedingly glad to find Vol. I p. 167, under general diagnosis, the advice that "An attentive perusal of Hahnemann's advice (*Organon* §§ 206, 207, 209) * upon the subject (of examining the sick) will be of the utmost importance to the acquisition of a perfect portraiture of every complaint."

In the theoretical part of the work we had expected to find mentioned in one way or the other, Dr. von Grauvogel's works, who has of late so learnedly, logically and philosophically written on the fundamental laws of physiology, pathology and homœopathic therapeutics.

The second part, or what we might term the practical part, has been the result of great industry; the English homœopathic literature has been quoted diligently, and it contains many new observations. The attempt at a homœopathic work on practice, that is, an effort to point out the medicines indicated for the cure of certain forms of diseases, was first made in the published *Domestic Physicians*. These books were needed by persons who had no homœopathic physicians to call upon, and who, persuaded of the superiority of Ho-

* To which might have been added *Organon* §§ 84 to 104.

mœopathy over Allopathy, desired some advice that they might not fall victims to the prevailing practice, in which they could have no confidence.

Again, the cases reported cured in the homœopathic journals were published by Dr. Rueckert in his "Klinische Erfahrung;" later, Dr. Ehme continued this laborious work, and has published a volume of supplements. This is the only therapeutical work of our literature. Hartmann's Therapeutics do not contain as much instruction * but are better than later works of the same character.

If Homœopathy positively demands that each and every case of disease must be individualized and so treated, that we must find for each individual case its truly specific curative remedy, then a work on Therapeutics becomes an impossibility. The only Therapeutics found in Homœopathy are in the *Materia Medica*. Whilst the true Homœopathician individualizes, the works on Therapeutics attempt to generalize, and while frequently recurring groups of symptoms of diseases may be pointed out for this or that remedy, the practitioner meets with many cases that cannot be found in such a work, because of the great variability of symptoms of diseases. In a given case the varieties depend upon the individuality of the patient, and are as manifold as the individualities of men. So are the phenomena of disease; and if we desire to accomplish all the good that Homœopathy aims at, we must consult our *Materia Medica* in every case of disease.

The work before us has been composed with great diligence and, while by the nature of the subject it must necessarily be imperfect, and, from the multiplicity of facts before the authors, some omissions will unavoidably occur, the reader will find many useful practical observations; he will also find many omissions and when we point out a few of them, we only do so to show how difficult and hopeless a task it is to write a work on Homœopathic Therapeutics.

Vol. I, p. 237, under bleeding of the gums after extraction of teeth, we are surprised to find "common astringents, as sugar of lead," recommended. Phosphorus and Millefolium have been overlooked. On p. 238 we find, "for pain and swelling, following the extraction of teeth, give Arnica, or Aconite and Belladonna in alternation." Arnica no doubt will be useful if there is great soreness or swelling; but to alternate at once two such differing medicines as Aconite and Belladonna is contrary to the homœopathic principle. Hypericum has been omitted, which will often quickly remove the most violent pains from this so often unnecessary and detrimental operation—the extraction of teeth—and if we endeavor to find the true homœopathic medicine for toothache we shall be able to prevent this barbarity in most cases.

Vol. I, p. 256. The remedies having relation to excessive thirst are rather meager. Under desire for cold water, Aconite, Bryonia, Natrum muriaticum, Mercurius and Sulphur are forgotten, and under loss of thirst we do not find Helleborus, Nux moschata, Menyanthes and Sabadilla. All the remedies having thirst with aversion to drink have been omitted or overlooked.

Vol. I, p. 270. Under vomiting we do not find Lobelia or Veratrum alb. The reader will find in Vol. I, p. 299, a very good picture of Sanguinaria

* Kaka's, not yet finished, is still more explicit.

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Vol. I, p. 317. In the treatment for Colic we miss Belladonna and the characteristic indication for this remedy, "better when leaning against something hard."

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Vol. I, p. 658. Treatment of Abscesses. Apis and Lachesis have been overlooked.

Vol. II, p. 85. Affections of the Prostate Gland—Thuja and Digitalis, the most important medicines, have been omitted.

Vol. II, p. 149. Under Fistula lacrymalis, we miss Fluoric acid.

Vol. II, p. 158. Under Rheumatism, Rhododendron, Kalmia and Ledum have been forgotten.

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A. LIPPE.

THE
AMERICAN
HOMŒOPATHIC REVIEW.

Vol. V.

NEW YORK, FEBRUARY, 1865.

No. 8.

ALTERNATION OF REMÉDIES

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

It is the peculiar glory of the homœopathic system of medicine, that, acknowledging man's inability to trace out or to understand the ultimate processes of nature, it bases itself, not on theories, but, like other natural sciences, on facts as they are observed in the world of man. A result of this peculiarity is an entire freedom of criticism and of opinion. It frees its disciples from all dogmas and simply asks them to look and see. It takes as its principle the principle of all true science—*first establish the facts*. These once fixed, any theory which will perfectly account for them is good.

At the present time and indeed for a long time, much is being and has been said and written about the alternation of remedies. It is assumed by many, and it seems to me to be the tendency of the leading minds of our school, that one remedy only should be given at a time and that each one should be allowed to exhaust its action before another is given. This rule is based upon the theory that two or more medicinal forces cannot together act upon the economy without so modifying each other that neither shall produce the effect it would if only one were acting. Now it is granted that, *a priori*, this seems reasonable and I confess that my own pre-

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dilections tend in that direction. But the question is, do facts support the theory? Is it true, for instance, that remedies do not act as readily and in the same way, upon one who uses tobacco as upon one who does not? Does not the experience of every Homoeopathician show that persons accustomed to the use of coffee are just as readily affected by remedies as others and in precisely the same manner? It certainly seems so to me, and, if one case can be shown in which two medicinal forces do act upon the vitality without modifying each other, it follows that there may be others, and we can in no case decide the question in any other way than by experiment, the only scientific test in all questions of fact. It is unquestionable, that to arrive at the characteristic effect of any drug it must be proved by itself, but it does not follow that, the peculiar action of a drug being discovered, that action cannot be depended upon to take place, without disturbance or modification, another drug being at the same time in action. To establish this position it is necessary to institute another set of experiments. To assume such a position without such experiments, it seems to me, is simply to dogmatize. But let it be granted that two or more remedies cannot at the same time act upon the human system without mutual modification, how shall we know but that such modification may be an improvement in the action of each, and hasten the cure? Surely this question can no more be answered *a priori* than the other, for without experience we have no data on which to reason. What is our experience, as physicians, on this point? It might be profitable for us all to ask ourselves this question. It seems to me that I have often had cases in which two remedies nearly alike indicated, administered alone, have each failed to produce the desired result; while a cure has promptly followed the alternation of the same remedies in the same potency. I well remember a case of phthisis complicated with chronic metritis, which was under my care something more than a year ago. I treated the case at first with the so-called antipsories—Sulphur, Calc. carb., Sil., Graph., etc., usually giving only

one at a time. The case did not improve, but steadily and in a marked degree declined under any and all these remedies. At length there appeared a tearing, stitching pain in one shoulder which, taken with the other symptoms so pointed to Bell. or Bry. that I put the patient upon them in alternation. The relief of all the symptoms was prompt, decided and continued. A short intermission of the remedies however, either allowed the patient to fall back or at best to remain stationary. A repetition of the prescription always brought improvement. Having in mind the doctrine that one remedy only should be given at a time, the question naturally arose which is the remedy of these two which is producing this result, or is it the alternate action of the two? With the distinct purpose to test this I gave, after the intermission of all remedies, first Belladonna without the previous relief. I then gave Bryonia with a like result. A repetition of the alternation promptly resulted, as before, in improvement. In the course of some five or six months in which the patient was under treatment, I repeated this experiment three times with the same result each time. Under the alternate action of these remedies, in the thirtieth potency by the way, the patient has recovered a better state of health than she has before had for years.

A few days ago I had a case of intermittent fever, in which I hesitated in my choice between Arsenic and China, but gave Arsenic. Not getting the desired relief I followed with China, and still the chills continued. With this question distinctly in view, I gave the same remedies in alternation and got an immediate cure. Now how shall we dispose of such facts? Shall we say as the Allopaths do, when a Homoeopathician comes in and cures their cases, that the cure is not the result of the remedies last given but of those previously administered? Or shall we say, as they often do, that the case had just reached its crisis and would have recovered without anything? Surely such argument has no more force against the alternation of remedies than it has as used by the old school against the doctrine of attenuation. Nor does the case

seem to be met by the assertion made to me by a distinguished advocate of the use of but one remedy at a time, when I related to him the first case here spoken of, "that probably some single remedy might have been found, by further study, that would have covered and cured the symptoms as well as or better than two;" for this is only a begging of the question, being only a reassertion of the point in dispute. But suppose it true that in any given case of the use of two remedies some one remedy might have been found that would as well, or better, have answered the purpose. The question is still not met, for it is to be supposed that the prescriber has given the case his best thought and study, and no such remedy has suggested itself; and the question is not could some person have done better than I, but have I done the best I could? If he has done the best he could, it certainly is proved that for him the use of remedies in alternation is better than the use of a single remedy.

But we are told, as the final and perfectly conclusive argument on this question, that the great founder of our system always taught and practised, as a law in medicine, that one remedy, and only one, should be given at a time, and that one should be left to exhaust its action before another is given, and the inference sometimes is that no one can be a real Homœopathician who does not, in his practice, conform to it. We grant that Hahnemann always so taught and practised, but does that at all effect the facts? Besides does he any where claim that he had reached the acme of medical discoveries and that there is nothing more to be learned! Surely not, and the assumption that any one must adopt this rule to be a Homœopathician is but an illustration of the tendency there is in men to follow a leader—to seek some authority outside of and beyond their own reason, whose doctrine shall be final, failing to see that the moment a man comes into such a position he has encrusted himself with a shell beyond which, so long as it remains, there is no possibility of growth.

I conclude, therefore, that this is still an open question and must remain so for a long time, for the simple reason that we

have not yet any such collection of facts as will warrant any generalization.

The building of theories to account for facts in science is a very pretty amusement, always innocent, perhaps, and no doubt often profitable. But let us beware how we make any theory our Shibboleth, the pronouncement of which shall admit or exclude a man from our brotherhood. But let us rather give ourselves to such careful experiments and observations as we may, and give to our brethren as we can from time to time the results of our studies. Thus and thus only may we hope to build up our system to the beautiful proportions of a perfected science. Any other course dooms us to the same condition of bigotry and dogmatism which characterizes the old school of medicine.

REMARKS.—We publish with great pleasure articles which, like the above, though they seem to favor a practice which we deprecate, are, nevertheless, honest expressions of the earnest convictions of men of close observation and faithful study.

Nothing could be farther from our intention than to undertake to dogmatize on this question which we admit to be an open question and on which men of eminence entertain opinions at variance with our own. It may be allowed us nevertheless, in all courtesy to our contributor, to signify the points on which we take issue with him.

1. We, assuredly, do entertain the belief that "two or more medicinal forces (or, we prefer to say, "morbific forces") cannot together act upon the economy without so modifying each other that neither shall produce the effect it would, if only one were acting." This belief has prevailed among medical men from the earliest ages. It is the foundation of the practice of Polypharmacy in all its varieties, from the complex prescriptions of the seventeenth century to the alternations of our own colleagues. For we hold with Dr. Sorge (by no means a Hahnemannian, let us add) that "the practice of alternation, as it exists among Homœopathicians is only another form of *mixing remedies* with the intention

of getting an effect compounded of the action of the two or more drugs that are alternated."

We say, this belief is the foundation of Polypharmacy. The rationale of a compound prescription we take to be the following: the drug which is regarded as the one chiefly indicated possesses, let us suppose, certain properties which would be hurtful to the patient. Another drug is conjoined with it for the purpose of antidoting those hurtful properties. Again it lacks the power to produce certain effects which are deemed desirable. Another drug is added to supplement this deficiency and so on *ad infinitum*. This entire procedure rests on the belief that these medicinal forces will so modify each other in the economy that neither shall produce the effect it would if only one were acting.

As an example, we mention Calomel and Opium, a very familiar combination. Certainly, the object of giving the Opium, is, that it may modify the action of the Calomel and in a way which conforms to the known action of Opium when given alone.

If there were no reason to believe that "two or more morbid forces (a *drug* is a morbid agent exciting a morbid force) could not together act upon the economy, without so modifying each other that neither shall produce the effect it would if only one were acting," how could we ever *cure disease*? The morbid force which constitutes the disease is acting upon the economy and we bring to bear upon the economy another morbid force, viz., a drug. Now if the latter be properly selected with reference to the former, we know that these forces will so modify each other that, on the one hand, the manifestations of disease will cease, and on the other hand, the drug will not produce pathogenetic symptoms as it would on the healthy subject. This statement rests on a basis of such "facts" as our friend invokes. On what other theory than the mutual modification of morbid forces acting together upon the economy could it be explained?

On what other theory could we explain the action of antidotes as Homœopaths understand and employ them?

How else could we explain the action of Belladonna, in large doses, in antidoting poisonous doses of Morphine (*American Journal Medical Science*, Jan., 1862,) as well as the mutual antidoting powers which Allopaths have recently discovered many of the cerebro-stimulant and spinant alkaloids to possess? How else, finally, could we explain the efficacy claimed for the practice of alternation in general and for certain instances of it in particular, such as the cases related by Dr. Hawley, and which we fully credit, where Belladonna and Bryonia in alternation accomplished what neither could do singly, and where Arsenic and China in alternation cured a case which neither alone had cured? How else but by conceding that two or more medicinal forces cannot act together upon the economy without so modifying each other, that neither shall produce the effect it would if only one were acting?

The fact that medicinal or morbid influences must be avoided when we are engaged in proving drugs is universally admitted, even Dr. Hawley assenting to it. But on what other grounds than the belief already stated?

That persons long accustomed to use tobacco or coffee are easily affected by drugs is accounted for, probably, by the fact that long habit has, in so far as those persons are concerned, caused tobacco or coffee to cease to be "medicinal forces." Use has become "second nature." That in persons not accustomed to the use of coffee, a dose of it will modify the action of another morbid, or medicinal, force is demonstrated by the effect of coffee in antidoting Opium, Nux v., Alcohol, as well as in neutralizing the beneficial curative action of many drugs, as our clinical observations often satisfy us that it does. The same statements apply to tobacco.

2. We think we may then assume, as conceded, the fact that "two or more medicinal forces cannot at the same time act upon the human system, without mutual modification." It is now asked, whether, granting this modification, we may not avail ourselves of it to derive, from the alternate use of drugs which modify each other, good effects that we have attained in no other way? There can be no doubt of the pos-

sibility of this being done; no doubt that it has been done with advantage; as, indeed, Dr. Hawley shows by two instances.

But, in the present state of our science, it would be impossible for any one to lay down rules for the selection of remedies to be given in alternation, with the view of gaining any desired modification of the action of each. Nor can we conceive of the possibility of arriving at any such law. The rule of the ancient Polypharmacy, viz.: to select remedies according to the effects which they produce singly, and to combine them with reference to the effect desired, does not always work well in practice. For example, Calomel and Opium produce a combined effect which is clearly a modification of the known action of each drug. But on the other hand, the combined action of Opium, Ipecacuanha and the Sulphate of potash in Dover's powder is quite distinct and different from that of either constituent alone, and is such as could hardly be anticipated from what we know of these constituents.

Arsenic and China produced a combined effect which cured an ague that neither singly would cure. Now if this fact were to be taken as a guide in selecting a combination for a case of uterine disease, for example, in which we were at a loss to decide between Sepia and Pulsatilla, it might lead us to alternate those two remedies. But it is not three months since one of us took charge of a case in which this alternation, on this very ground, had been employed, but the patient had not recovered. We were led to the conclusion that the Sepia was really the remedy indicated—that it did good, but that its effects were constantly antidoted by the Pulsatilla. We omitted the Pulsatilla, gave Sepia judiciously, and the patient promptly recovered.

When, in addition to this difficulty arising from the fact that alternated drugs do not always produce a morbid action which can be predicated in advance from their known single action, we consider that the various degrees of susceptibility of the organism to drugs indicated with different degrees of accuracy, will cause the modification by drugs of each other's

action to be different in each individual case, we clearly see that we can never be in a position to predicate, in advance, the effect of the joint administration of several drugs. We can never, therefore, have a scientific indication for such a combination or alternation. If we make it, it must always be the result of "guess-work"—of "feeling our way along," just as Dr. Hawley did in the cases he relates.

But we claim superiority for Homœopathy in that it gives us the means of selecting our remedies with a reasonable certainty of their effects, and we rightly claim that medicine should not rest content with anything short of a method which, given the symptoms of a disease, points us to a *certain* remedy if our *Materia Medica* contain it; or, given the pathogenesis of a drug, indicates to us, *a priori*, the complex of symptoms which the drug will remove.

But the method of alternation throws us back from all such certainty—back to the field of unmethodized clinical experience—back to the trackless wilderness of Polypharmacy and Allopathy.

For these reasons, briefly and imperfectly stated, from the stand-point of *science* we hold that homœopathic medicine cannot countenance nor tolerate alternation. And we have such a faith in the unity of nature as to believe that what sound reasoning shows to be erroneous, accumulated facts will prove to be mischievous and unnecessary.

3. But there is another view of this matter, from the *practical* stand-point. Dr. Hawley says, "Grant that in a given case of the use of two remedies, some one remedy might have been found that would as well, or better, have answered the purpose * * * the question is not, could some other person have done better than I, but have I done the best I could?" Undoubtedly, yes! And, so far as the prescriber's own conscience is concerned, this answer exonerates him, even though his prescription were a *faulty* one. And in so far from the *practical* point of view, alternation may be justifiable. But will this question, "have I done the best I could," if affirmatively answered, always justify the pre-

scriber? The practitioner of one year's experience may commit a sad blunder and yet be fully justified, because being inexperienced and young, bad though his error was, he did "the best he could." Would this plea justify the same blunder ten years later? Obviously it would not. Yet is it not the tendency of this plea to satisfy a man with the knowledge he has and with the methods he pursues, and thus to blunt his zeal for greater knowledge and better methods. Remonstrate with the Allopathist for murdering patients with lancet and purge; he replies, "I act according to my light—I do the best I can." And so through all degrees of error and imperfect knowledge. It is a dangerous plea, unless its complement be always added, "I have done the best I can; but, please God, I will do better next time!"

And here we see the advantage of a sound "theory," which our friend holds in so light esteem.

Suppose a practitioner driven, as Dr. Hawley was driven, to alternate. The patient recovers. He has, nevertheless, a conviction that drugs modify each other's action in a way that we cannot foretell, and that the action of the entire organism is so harmonious that "two morbid states cannot coexist independently," and that, therefore, the morbid state being essentially one, there must be a possibility of one similar drug-disease to oppose it. A sound theory compels him to the belief that alternation is not justifiable nor defensible on scientific grounds, and that it can do nothing to advance our knowledge of Therapeutics, but rather confuses it. He enters in his mind a protest against the practice to which the necessities of practical duty and his limited knowledge of the *Materia Medica* have constrained him, and turns with redoubled vigor to the study of *Materia Medica*, smarting a little with shame that the exigencies of practice have found him unprepared and have compelled him to a resort which, though successful, his reason condemns, and determined that, the next time, he will, if possible, be equally if not *more*, successful and by a method which shall commend itself to his reason, and shall add to his stock of knowledge for future use.

And if, while "doing the best they can," as each case presents itself, practitioners will earnestly and systematically study the *Materia Medica*, determined to do better and better the next time, we shall have no word of reproach to utter against their temporary expedient of *alternating drugs*.—With broader knowledge they will alternate less and less, and we are very sure that they will see, as we have done, how in case after case, in which they had alternated, the recovery was in truth retarded by the mutual reaction of the drugs; and how the careful individualization of the case and the pains-taking selection of the single drug in the manner that Hahnemann advised will be, in their hands, the means to a success far beyond any ever reached through alternation.

For, though we have admitted and do admit that success is often attained through alternation and that "success is the object of all our labors," we are nevertheless convinced, through our own experience, for we have alternated in our day, that a much larger measure of success is obtained by adherence to the rule of administering single remedies, and that closer study of the *Materia Medica* and sharper investigation of cases will preserve us from those dilemmas in which we are tempted or compelled to resort to alternation.

4. And if we appeal to the experience of Hahnemann, let it be understood that we appeal to the man who both knew *Materia Medica* better than any other man ever knew it, and who had more practical experience than any of us has had. Let us not indulge in the fallacy of supposing that, because we are now practising in the fifty-ninth year since the *Organon* was published, we have had fifty-nine years experience in homeopathic practice and have been studying *Materia Medica* fifty-nine years. On the contrary, our own experience is measured only by the actual number of years we have practised; since in this matter of assimilating to one's own mind the facts of the *Materia Medica* and of seeing the correspondence between these and the facts of disease, we can borrow but little from the experience of others.

If then we, from our little experience of fifteen, or ten, or five

years, appeal to Hahnemann with his venerable experience of more than fifty years of active practice, with his unapproachable knowledge of the *Materia Medica*, of which he might justly say like *Aeneas* "*magna pars fui*," with his unrivalled powers of observation and discrimination—if we appeal to him as "authority" on this question, at once practical and scientific, can it justly be said, that we are seeking some "authority outside of and beyond our own reason?" Our colleague appeals to collections of "facts." Is not Hahnemann's statement of his practical conclusions, a most stupendous "collection of facts?" Who ever observed so many of them? Who ever observed so well as he? Facts must be received on testimony; who ever reported more graphically and more faithfully than Hahnemann? If we doubt his ability, his capacity, his candor, what are we doing with his *Materia Medica* on the truth of which we risk our patient's lives?

This outcry against "swearing in the words of the master" has come to have a very different meaning from that of the ancient original protest. It was never meant to intimate that the opinion and testimony of him whose abilities had crowned him "king of men" should not have a royal weight of influence. [Eds.]

SCARLET FEVER.

BY P. P. WELLS, M. D., BROOKLYN, N. Y.

(Continued from page 298.)

In the series of remedies from which we may be called to select in the treatment of a case of scarlet fever, characterized by the phenomena of acute inflammatory action within the head, if viewed as standing in the order of the degree of violence which marks this variety of their action on the brain and its membranes, the first place will undoubtedly be given to *Belladonna*. This appears conclusively if we compare the elements of its pathogenesis given above with those of

the other members of the series. By this standard, (and it is in the order of the violence of their action we propose to consider them) the third place is as certainly to be given to *Hyoscyamus*. The value of this drug in the treatment of inflammatory affections of the brain, resulting from the action of general causes, has been fully recognized. Where the symptoms of a case are similar to those produced by the drug on the healthy, it is no bar to its use that the disease is the result of a specific poison. It would have been but natural to anticipate its efficacy in this class of affections from the success which has followed its use in the non-specific inflammations. That which would have been anticipated of its value in these cases, has been often fully confirmed by practical results. It hence becomes of the highest importance here, as with *Stram.*, to fix the exact place of the drug in the series of those from which we are to choose in our prescription, and to establish as clearly as possible the signs which decide for its selection. Before proceeding to this, the general remark may be permitted, that the sphere of *Hyoscyamus* in the treatment of scarlet fever is a limited, though not an unimportant one. It is rare that it is more than a temporary resort for the relief of some sudden attack of the brain, which, if not controlled, threatens destructive consequences. In such cases it may be of the highest value, though never a curative for the entire disease. Its sphere seems to be limited to cases with acute inflammatory affection of the brain, or to that state between erethism and torpor, which places it in relation to *Bell.* and *Stram.*, as in typhoid fever, below *Stram.* This will appear plain on a careful comparison of the symptoms of the three related drugs, which are liable to be repeated in those of the fever. The symptoms of *Hyoscyamus* related to scarlet fever are fewer in number, and those which are most prominent are accompanied by fewer concomitants, showing that it strikes less deeply into the vital forces than either of its allies, and that the disturbances of the vital balance which it produces, are fewer in number as well as

more superficial than those of either Bell. or Stram. If we begin the series of its symptoms as in the preceding, we shall find its

Convulsions sustaining this view. Spasmodic bending of the limbs, while the curved body is thrown upward in the air. Spasmodic tetanic stiffness of the whole body. Jerking of the limbs. *Subsultus*. Convulsive motions of the limbs with frothing at the mouth; great throwing about of the body; with a renewal on the slightest attempt to swallow liquids; with thumbs drawn inward on the palms.

General prostration of strength, with trembling of the whole body and coldness of the extremities.

Burning of the skin when laying the hand on any part of the body. Inflammation of the skin of the whole body with cinnabar redness.

Irresistible inclination to sleep, (op.) continued profound slumber or sleep. Excessive (*unmassiger*) sleep. Quiet sleep. (Op.) Coma vigil. (Op.) *In Sleep*, perspiration, laughing expression of countenance, suffocating snoring during inspiration. [The distinction between this symptom and that so characteristic of Opium is not difficult; with Opium, the respiration is *slow*, deep, loud, and snoring, but there is no suffocation.] Whimpering, with throwing up of the arms, tossing about of the head, throwing about and jerking of the feet, (Stram. more of the hands) and opening and spreading, and then closing of the fingers.

Sleeplessness from nervous excitability, with convulsions and shuddering as if from fright. Sleepless the whole night. Sleepless with anxiety. The child passes the whole night in tossings and cries, wakes with screams. Wakes and starts up in a fright. The sleep is interrupted by grinding the teeth. Frightful dreams.

Restlessness the greatest, he moves constantly from place to place. Terrible anxiety. Shudderings alternating with trembling and convulsions. Uses violence, and strikes his attendants. Insensibility to nipping and pinching. Entire loss of perception and understanding. Complete stupidity

and loss of consciousness. He neither sees nor hears. Does not recognize his relations. Sits in bed like a statue, immovable, and bereft of his senses. Delirium even when awake, as if he had seen a man who was not present. Absurd talking and muttering. Grasps at the nearest object and cries that he shall fall. Lies naked in bed, talking. Violent moving of the hands with constant burning heat, outcries and difficult breathing. Remembers occurrences long past. Great weakness of memory. Inability to think. Dullness and sinking into continued sleep. Confusion of the head as if absent-minded. Vertigo with clouded sight. Violent vertigo. Vertigo as if from drunkenness.

Continued violent pains in the head, with preternatural heat, alternating with pain in the nape of the neck. Dull pains in the base of the brain; in the forehead, especially in the membranes of the brain. Heaviness of the head with severe pain.

Eyes, sparkling and red, distorted and open, prominent and convulsed; sunken, sparkling and staring; staring and distorted; gazes on those present with a staring look. Strabismus. Inability to open the eye-lids. Pupils much dilated or contracted. Objects appear enlarged and brighter colored.

Tongue red, dry and parched, while it is clean or brown coated. Burning dryness of the tongue and lips which look like burnt leather. Sensation of fullness of the tongue, as if burnt, much increased by speaking and inspiration. Inability to speak distinctly. Loss of speech with loss of the senses.

Great dryness of the throat (also shootings) and almost constantly with thirst. The throat is so dry and constricted that a single swallow (of tea) will suffocate him. Pressure of the throat, as if swollen, when, and when not, swallowing. Points to the throat with the finger as if something stuck there. The throat as if constricted, preventing swallowing. Inability to swallow. He spits out the liquids which have been put in his mouth.

It requires only a cursory comparison of the above symptoms with the two series which have preceded it, to discover the differences which control the selection of either of these drugs in cases when one of them is called for by the law of similars. The convulsions of Hyoseyamus are quite peculiar. In one of its forms, affecting chiefly the flexor muscles of the limbs and trunk. In another the tonic character of the spasms is quite marked, more so than in either of the others. Jerkings in the symptoms of Hyos. are replaced by trembling shaking in those of Stram. The jactitation is peculiar to the convulsions of Hyos. or at least this feature is more prominently expressed here, than with either of the others. The *trembling* is here accompanied by general prostration, while it is not so in the case of the others. Burning of the skin is peculiar and different from the skin affections of either of the others. It will be well to note carefully the symptoms of sleep, and to compare them with the effects of Opium, as well as with those of Bell. and Stram. The similarity of the symptoms of Hyos. and Opium in this rubrick are quite marked, and it is often in this rubrick that the symptoms are found which decide the choice of the remedy. In treating the coma of scarlet fever, so often significant of grave cerebral condition, and often developed even early in the case, the experience of years has taught that little is to be expected of good from either Bell. or Stram., while prompt relief will follow the use of Opium or Hyos. if these be selected with careful reference to their differences and to the similarity of these to the symptoms of the case. If, in this class of cases, time be lost in proving, by actual trial, the worthlessness of Bell., the case will probably pass on to a hopeless state, the condition having been either aggravated by the action of an inappropriate drug, or allowed to progress uninterruptedly towards a fatal termination, during the whole time in which the action of a rightly selected drug could have been curative. It is in just this class of cases that the utmost care should be used in the first prescription, for the enemy is

likely to allow little chance of good from any subsequent one if this proves to be wrong. The symptoms developed during sleep, are also worthy of careful attention. The symptoms of the intellect, head and eyes, though like to those at times developed in an inflammatory attack within the head, are many of them of a less distinctive or demonstrative character than are those of its two related remedies, and this is one of the chief differences by which its true character and place in practice are indicated. Where the symptoms are more demonstrative in their character they have also more numerous concomitants.

Sulphur.—Before presenting the elements of the pathogenesis of this drug, we wish to make a few general observations on its use, especially in the treatment of acute diseases. There is a notion prevailing with many practitioners that this remedy, though of great value, is more especially appropriate to the treatment of chronic than acute affections. That if in place at all, in dealing with the latter, it is only after the first stage of the attack has passed, or there have been deposits in cavities, in parenchyma, or upon surfaces, which are to be removed; or the acute attack has roused to activity some old cachexy or chronic miasm, giving to the case much of the character of that class of affections for which Sulphur is supposed to have special appropriateness. This, though an error, is not without excuse. It has in part, at least, grown out of the division of diseases by the great Master into the two classes of psoric and apsorice, and giving to Sulphur the place of first importance in the treatment of cases of the first division. To the efficacy of the drug in this class of affections the experience of intelligent Homœopaths of all countries bears ample testimony. The error of those who have failed to recognize its importance in the treatment of the second class, is in this restricted view of its relations to one class, and to an altogether too limited view of the prevalence and importance of the miasms which are the producing essence of those affections which all term chronic. (Psoric.) There is not attack of acute or a psoric disease, where these miasms may

not be brought into action from their previous latent state and in which then they are not a cause of increased embarrassment to the practitioner, and danger to the patient. It is just the causes of the psoric class which are likely to excite the activity of the psoric poison. How often is this the case in measles, typhoid fever, pneumonia, influenza, etc., and when this occurs, in these or other affections, who shall draw the line where the case ceases to be acute and becomes chronic? We make this statement of the general liability of diseases, commonly called acute, to become complicated in their progress by the roused activity of psoric miasm, thus broad, in the full view and belief of the almost universal prevalence of this poison in each individual of our race. Where is there one, who can be said to be entirely free from it? And wherever it exists, there it may and does become active whenever subjected to the action of causes which in their nature tend to rouse it from its latent to an active existence. Of such causes, all experience proves, that those which originate common acute diseases are the most important. Therefore, even on the view of the relationship of this drug which would limit it to the treatment of affections commonly received as chronic, or psoric, it may be called for in the treatment of any one member of the other class by reason of this complication of the chronic element, so likely to occur, and so important when met.*

But this is not all the truth. There is in the relationship of Sulphur to diseased conditions, as their curative, no law which separates it from the law which declares and constitutes this relationship for all other drugs. There is no exceptional element by which it is removed from the domain of the common law, which requires similarity of the characteristics of the drug and the disease for the constitution of this relationship. Neither is there anything in the division of diseases into the two classes named which removes either of

* See paper on the "Use of High Potencies in the Treatment of the Sick," by CARROLL DUNHAM, M.D., p. 297 *et seq.* Vol. II of this REVIEW, where this subject has been more fully discussed.

them from the authority of this common law, in the discovery and establishment of their curative relations. This division evolves no new relations and imposes no new conditions. It is the similarity of the required elements and this alone, which declares that this or any other drug will cure a given case. If this similarity be ascertained, it does not matter whether the case may have been classified as acute or chronic or whether the drug has its place with the psoric or psoric; the one will be cured by the other in all cases and conditions where cure is yet possible.

If these views are correct, it follows that Sulphur may be in place in the treatment of any, the most acute, diseases, inflammatory or otherwise; that it is sure to be the best remedy in any or all these, whenever its characteristics are more like the characteristics of the disease, than are those of any other drug. And this is just what enlightened experience and observation has proved to be the fact. Under the guidance of this law of similars it has been selected for the cure of the most violent and dangerous inflammations, and they have yielded to its power. Indeed, broad as is its clinical application by this law, it may be doubted whether in any class of diseases it has greater value, or will oftener be followed by success, when rightly selected, than in that of the most important inflammations, in which, hitherto, it has been unwarrantably neglected. This certainly has not happened from a failure, after a careful study of its pathogenesis, to find a resemblance to the phenomena of acute inflammation of important organs. How beautifully and how often has the use of this drug in Peritonitis, Pneumonia, Pleuritis, Meningitis, etc., been followed by the prompt and complete disappearance of these grave affections, showing conclusively, not that its psoric relationships are less general or important than has been supposed, but that like all other drugs, it has other relations, scarcely less important, growing out of the general law of similars, by which it stands allied to a large class of important affections, which may or may not be complicated with the psoric poison, but which have their

origin from causes entirely independent of this. An example illustrative of this is often met in the progress of cases of scarlet fever, especially in those which are characterized by prominent brain affection. The following symptoms from its pathogenesis are the grounds of this relationship:

Miliary rash (Friesel) on the whole body, sticking itching, or itching followed by exfoliation of the skin. [A tolerable picture of the cutaneous phenomena of scarlet fever, as now oftenest met, from the beginning to the end.] A fiery red or scarlet (Scharlachartiger) eruption over the whole body. After a slight rubbing, the skin is for a long time very painful, as if it were raw. Swelling, suppurations and indurations of the glands. [Not necessarily belonging to this fever with the affection of the brain we are considering, though in the progress of these cases the glands of the throat often become involved.]

Difficulty of falling asleep, with frequent waking, at night. In the evening, in bed, he cannot fall asleep for an hour. Cannot sleep before twelve o'clock, and then there is frequent waking and tossing about in the bed. On account of great restlessness, he cannot sleep after midnight. Wakes each time with fright, as if from a terrifying dream, and after waking is filled with anxious phantasies, from which he can not free himself. Restless tossing here and there without waking. Severe pains in the head which hinder sleep, and allow of rest in no position. Frequent waking on account of beating of the arteries in the head. Waking, especially in the evening, on falling asleep, with frightened start. Calls out as if unconscious (in sleep). Delirium, in a restless sleep, filled with dreams, before midnight, like anxious delirium. Eyes half open in sleep. Indistinct muttering in sleep. Snoring. Lies with the arms over the head. Frightful and anxious dreams, in which he gets out of bed, unconscious, followed by violent headache. Immediately on closing the eyes, visions of strange and frightful apish faces, which he can not keep away. The child is angry and passionate. Excited temper, easily excited. Seizes on things with great haste.

Headache with nausea, also with heat and rushing sound

(sausen) in the head. Heaviness of the head, which makes every motion unpleasant; in the vertex; like a weight pressing from above downwards upon the brain, as if a band were drawn around the head. Pressure, mostly on the vertex, as if the eyes would be forced out, or as if the brain were pressed from above. Tension in the forehead. Drawings in the forehead and temples and in the occiput, so sensitive while chewing that he must stop eating. Jerking pains in the head, especially over the right eye. Shootings in the temples; in the vertex. Throbbing in the head morning and evening; in the temples; hammering throbbing, during earnest speaking, or very painful. Single blows through the head. Congestion of blood to the head, and often with flushing heat. Heat in the head, mornings and evenings, with cold feet; great and dry, with glowing redness of the face, mornings, on waking. Humming in the head, especially in the vertex. Ringing rushing towards, and out of, the ears. Striking of the brain upon the skull when moving the head, with pressing pain. With every nod of the head pain as if the brain were struck.

Redness of the eyes the whole day, with great itching in them in the evening. The pupils are greatly contracted. Intolerance of light especially of sun-light.

The symptoms connected with sleep have been given somewhat fully, from a conviction that it is often in connection with these that the indications for the use of Sulphur in this fever are found. It is no objection to this view that these symptoms are often met in other and less grave affections. It does not follow from this admitted fact that they may not be also indices of curative relationship in graver affections, when similarity to them obtains in the phenomena of the disease. It will be noted also that there are few moral or intellectual symptoms in those translated above. It is true also that in the class of cases for which Sulphur will be found of the greatest importance, this class of symptoms have few representatives, or are, in some cases, almost in abeyance. The head symptoms are important and quite suggestive of acute inflammation. It is true in many cases of the brain

affection we are here considering, the subjective symptoms are more or less completely masked by the paralyzed perceptions of the patient, and that we are deprived to that extent of their aid in our study for the selection of a curative, but where this paralysis is found in connection with other phenomena of cerebral inflammation, these symptoms may be assumed to be more or less present, for the purposes of the prescription, and acted on as if really detected.

As illustrative of the view here given of the importance of the sleep symptoms, and also of the variety of the fever to which Sulphur is appropriate, we give the following case:

A little girl of five years was attacked with the ordinary symptoms of scarlet fever, in the latter part of Nov., 1844. The initiation of the attack was with chills, vomiting, violent headache, prostration, peevishness, flushed face, injected eyes, etc. Then in a few hours came the eruption in the miliary form, patchy, and evanescent. At times it was bright and full, then it faded and partially disappeared. The mind soon became wandering, and then delirious, the character of the delirium being active rather than muttering. The heat of the skin was great, while the skin was at the same time dry, hard, and somewhat roughened. The throat was moderately swollen, internally and externally, impeding somewhat both speech and deglutition. The patient was treated chiefly with Bell., till the evening of the fourth day, growing rather worse than better, at which time, in addition to her previous symptoms, she was, apparently, wide awake but positively asleep so far as perception or recognition of her surrounding relations were concerned. She no longer knew her attendants or heeded whatever was said to her. She was in great agitation and anxiety, with loud outcries, not screams, calling out that she wished to "go to bed," though she was upon the bed at the time. Immediately on being laid on her pillow she would spring up and call out that she wanted "to go to bed;" and this was repeated as often as she was replaced, with the assurance that she was already on the bed. She seemed to have no apprehension of what was said to her. The eyes were injected and staring. The aspect dull and heavy, though very

anxious, and apparently apprehensive. At six o'clock in the evening she got a dose of Sulphur. She now became more quiet, then fell asleep, had a good night, and in the morning appeared convalescent. She recovered from this time without accident.

It will be noticed there was a marked peculiarity in this case. The patient's eyes were wide open, even staring, and yet she seemed to see nothing. She seemed wide awake and yet to hear nothing. She paid no attention to any thing said to quiet or comfort her. No one of her senses seemed to recognize objects or relations around her. She did not know she was on the bed all the time she was so anxious to go to it. The whole state was so like that of sleep-waking, or somnambulism, that the resemblance could not fail of being recognized. The relation of Sulphur to this state is disclosed by the following symptoms: "The night walker gets out of his bed, as if unconscious, saying, 'my head, my head, I am insane;' and seizing upon the forehead. Rises from the bed as if somnambulant, thinks there is a fire, dresses herself, speaks out at the window in alarm, when she hears nothing, but is much debilitated and as if bruised for three days." The state of waking unconsciousness is here clearly disclosed, and though the expressions or hallucinations are not the same as those manifested by the patient, the general state of the two, it will be seen at once, as to essential particulars, was the same. The truth of this view is confirmed by the prompt recovery of the patient after taking the drug. Other similar cases have been relieved with the same promptness and completeness by the use of Sulphur.

This case, in connection with the above symptoms, gives opportunity for the remark that it is not the *literal* similarity of the pathogenetic record and the expressions of patients which the law of cure contemplates or requires, but a likeness of the essential nature of the symptoms as disclosed to the perception of the provers and patients, and the observations of others who may be capable of judging the objective phenomena presented.

(To be continued.)

CACTUS GRANDIFLORUS.

BY DR. ROCCO RUBINI, NAPLES.

This cactus is of great importance on account of its beauty, its great size, and the sweet perfume of its flowers. The flower appears to be inimical to light, so that it opens as the evening advances and in the course of the night withers, closes, and dies before dawn of day. In having hid it from the sun and from the sight of man nature seems to have indicated some peculiar qualities. In having acted, just as man himself does when he hides precious objects for fear of losing them, she seems as though she would say, that this plant was a precious treasure for man himself. Still no one in ancient or modern times, as far as I know, has ever thought of interrogating her, and pressing her as it were to reveal her secrets. This was reserved for Homœopathy. She can boast of having succeeded in displaying the *wonderful antiphlogistic virtues*, and proposing to science another means of rapidly curing inflammatory diseases, without blood-letting. If my colleagues and brothers in Esculapius, for whom I entertain the highest esteem, will give it a fair trial, they will certainly save those blood-lettings which have hitherto been deemed of such ordinary necessity, and they will not debilitate the systems of their unfortunate patients. In which case I shall esteem myself fortunate if I have contributed to the preservation of those vital forces which are so necessary to sick humanity for the organic reaction requisite to overcome disease. If my colleagues will make use of it, in order to obtain its full effects, they should take care that its action should not be interfered with, or indeed destroyed, by any other medicine. The preparation of this sovereign remedy is so simple, as I shall presently show, that any druggist and indeed any person may prepare it for himself, and have it ready for use and at the service of the doctor.

The characteristic feature of this Cactus consists in this, that while it develops its action *specially in the heart and its*

blood-vessels, dissipating their congestions and removing their irritations, it does not weaken the nervous system like Aconite. Hence it is preferable to the latter in all cases of inflammation, especially in patients of lymphatic and nervous temperaments.

The small pathogenesis which I subjoin, is but a tithe of what this medicine can produce in the healthy subject. My wife and I, when we saw that it acted so fearfully on the heart and circulating system as to produce weeping and fright (sym. 67, 74), had not courage to push our experiments further and thereby endanger our lives. I trust that others, endowed with more courage and less timidity than we, may be able to complete and to correct the pathogenesis where I may have erroneously described the symptoms. Every one is aware that repeated proofs are necessary, first on the healthy subject, afterwards on the sick, in order to acquire full conviction and certainty respecting the constant mode of action of any medicine.

This Cactus has cylindrical stems, furnished with five or six branches that are not very prominent, and beset with small spines arranged in a ray-like manner. Usually the flowers appear one by one, they are white, of considerable size, and of a very sweet odor of benzoic acid and vanilla. These flowers open in the morning and shut up at the rising of the sun and do not re-open. The fruit is of an oval shape, covered with scaly tubercles, fleshy, of an orange or fire red color, full of very small seeds, and of a slightly acid taste. In Naples it flowers in July, and though originally from Jamaica and the coasts of Mexico, it thrives well in the open air, in the mild climate of this enchanting country.

To prepare the tincture of Cactus, in the manner required by Homœopathy for all fresh vegetable substances, the youngest and tenderest branches and the flowers should be gathered in July; they should be cut into very small pieces and put to macerate in rectified spirits of wine, so that there shall be one part of the plant to ten parts of alco-

heart was very peculiar; it beat with great force and irregularity. There was no displacement nor valvular disease. She described it as if grasped with an iron hand. The palpitation was excited by any strong mental emotion or bodily exertion. It affected both the lungs and head, producing dyspnœa and violent throbbing head-ache. My impression is that she must have had pericarditis with the rheumatism, and that the heart must have been bound by bands of lymph, hence that concentric hypertrophy of the ventricles ensued. She was under my care, latterly assisted by Mr. Leadam, who found ulceration of the os and congestion of the cervix uteri, for about two years and a half—partly in this country where I visited her, partly in Italy where I sent her medicines. Although somewhat relieved chiefly by Belladonna and Naja, she derived no permanent good from the medicines I administered or the local treatment adopted by Mr. Leadam; on the contrary the last winter spent at Rome was by much the worst. She was confined constantly to the house, and was almost never free from pain; she wasted and her friends were apprehensive of her vital powers sinking under her long sufferings. The following extracts from the letters of this patient will put the reader in possession of all the knowledge I have of this matter, and I can answer for all that comes from her pen being absolutely trustworthy, if within the sphere of her own consciousness or personal observation.

“17th July, 1864.

“When I sent you from Naples the pamphlets of Dr. Rubini about the new medicine, the *Cactus grandiflorus*, I had not time to tell you what I knew of Dr. R. and his experiments. During the winter at Rome I had several times heard him spoken of and of the wonderful power of the new medicine. An English lady who left Rome suffering from bronchitis and an affection of the heart of long standing, derived so much benefit from it, that she could not praise it enough, and carried home a large supply with her. Dr. Rubini is a man past middle life, and has been ever since

1848 occupied in observing the effect of this medicine. In his pamphlet he speaks very modestly of his experiments on himself; but the fact is that he has suffered most severely in health from his perseverance in the cause of science. He holds quite the first place as homœopathic physician in Naples, and having private means has been able to do much good, which otherwise would not have been in his power. It was he who immediately, on the change of government, took advantage of the newly acquired liberty to found the Homœopathic Hospital, which had not been permitted under the Bourbons. His well-known liberal principles of course had kept him in bad odor, and every project of his was immediately quashed by the government. With regard to myself I have told you so often how horribly I have suffered that there is no need to repeat *that*, but I can say with a real satisfaction that the last time has been quite bearable; that I have faith when Dr. Rubini says that in a few months the pain will not return at all. I no longer look forward with dismay to certain days, and I have a hope that I may even get strong when this great suffering is so calm that I do not constantly lose the little strength I may have regained in the interval. Besides this, it certainly has done my heart and chest good.”

Although there is more promise than fulfilment in this statement, yet to one acquainted with the case—the severest of the kind and least amenable to treatment I ever saw—even this amount of improvement is a great achievement for any medicine to have effected.

It remains only to say that the translation of the pamphlet having been made by Dr. Dudgeon is a sufficient authentication of its accuracy—and that the supply of the *Cactus* sent me by Dr. Rubini is in the hands of Leath and Ross, Homœopathic Chemists, who have made all the usual preparations of it.

J. R. R.

(*To be continued.*)

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA, PA.

(Continued from page 222.)

EXPERIMENTS on the action of Tellurium upon the living organism, by X. HANSEN, of Norway.

Since preparations have been made to prevent in the future the loss of the Tellurium in the technical working of the Tellurium-bearing Gold Ores of Transylvania (these Annals, L xxxiv.), and there being every prospect that this substance, hitherto so rare, will become more accessible and cheaper, it becomes a matter of interest to institute experiments regarding its physiological mode of action upon the living organism, even from this point of view, that it perhaps produces effects altogether peculiar and may perhaps in some form or other find its application as a remedy in the healing art. Stimulated thereto by my honored teacher, Prof. Woehler, and furnished by him with material, I have instituted in his laboratory some experiments for the solution of this question, the results of which I will communicate in the following lines:

I have in vain sought for a continuation of Gmelin's experiments by other investigators; Kohlreuter observes that the salts of the oxide of Tellurium have a strong action; Christison in his *Treatise on Poisons* (fourth edition, 1845) has quoted most of Gmelin's other experiments, but says nothing about those made with Tellurium. Neither has Orifila in his *Traite de Toxicologie* (cinquieme edition, 1852) made mention of experiments with Tellurium.

In the experiments made by me I employed sometimes Tellurous acid, sometimes, in order to have it in a more soluble and therefore a more active form, Tellurite of Potassa.

Experiment 1.—Into the stomach of a lively, well-nurtured dog of medium size, three grammes (or about five grains) of bi-tellurite of potash, which was dissolved in water by the aid of a few drops of caustic potash, were injected. The

animal immediately lost his liveliness, seemed to be stupefied and lay down quietly. After one minute his breath acquired an unpleasant garlic-like odor, which reminded one of the smell of the tellureate of ethyle, described by Woehler. After twenty minutes vomiting set in, which was frequently repeated in the course of the first hour; the appetite was lost. On the following day, the animal had recovered but gave out strongly the garlic-like odor of Tellurium. After it had eaten something, it received again 0.3 gramme of the salt.—The stupefaction and the vomiting followed as on the first day. The matters vomited, as well as the excrements, were mucus and black colored. Under the microscope it appeared that this coloring was due to black points which were not changed by the addition of alkalies, hydro-sulphuret of ammonia, or hydrochloric acid, but were speedily dissolved on being heated with nitric acid. In the afternoon of the same day, the dog received, with the same results, a third dose of 0.3 gramme; in all, therefore 0.9 gramme, or more than fourteen grains. After three days he had entirely recovered, but still smelled strongly of the Tellurium.

Experiment 2.—In this experiment I gave the Tellurous acid pure. A dog, of medium size, received 0.5 grammes (equal to eight grains) on a piece of meat; on the following day a similar dose. I observed, however, no other phenomenon therefrom than that his breath had acquired a weak Tellurium odor, and that the excrements of the second day were somewhat black colored.

On the third day he received 0.7 gramme (equal to eleven grains) of bi-tellurite of potash, in the form of a solution. The odor manifested itself after one minute to a much greater degree; vomiting of mucus, black grayish masses set in; the excrements were black colored. The latter showed the same relation to reagents as the before mentioned. On the fourth day 0.7 gramme of the same salt was introduced into the stomach of the dog. After half an hour there occurred vomiting and discharge of a tenacious mucus from the mouth. He had, therefore, received alto-

gether one gramme (equal to sixteen grains) of Tellurous acid, and 1.4 gramme (equal to 22 grains) of the bi-tellurite salt. On the seventh day 0.5 gramme (equal to eight grains) of the salt in solution was injected into the jugular vein. There followed a few convulsive movements, *exoneratio alvi*, and in four minutes death. The abdominal cavity was immediately opened, whereupon the garlic-like Tellurium odor was strongly perceptible. There was found therein a half spoonful of a serous clear exudation, but no indications of a hyperæmia or inflammation. The stomach and intestines contained some bile, were otherwise empty; they showed no changes of structure. Their walls were colored, through and through, blue-black, so much so, indeed, that the coloring gradually decreased from the mucous to the serous coat. The liver upon its surface was somewhat darker than common, with a shade of grey but without inflammatory points as Gmelin saw it. The spleen was apparently normal, but the kidneys throughout their whole substance were of a blue-black color; so were all the glands, even the parotid. The walls of the bladder were bluish; the right ventricle of the heart and the venæ cavæ were injected with blood. The lungs and likewise the brain and spinal marrow were of normal appearance. The blood serum was not of a violet color. The black coloring of the stomach, of the intestines, of the kidneys and of the glands appeared under the microscope to result from a deposit of black points which behaved toward reagents as above mentioned. The reaction of the urine was acid and the odor was decidedly that of Tellurium.

On both eyes there were cataracts; the bulbi were removed and opened, whereupon a distinctly perceptible Tellurium odor was diffused from the fluids which they had contained. My honored friend, Dr. Schrader, made some minute observations upon the eyes and had the goodness to communicate the following interesting facts:

“Upon the anterior surface of the lens of the left eye, particularly its centre and the vertices of the curves, a chalky

mass had been deposited. Under the microscope this was found to consist of isolated, yet for the most part in compact heaps of deposited granules of varying size, which by transmitted light appeared black. They were not affected by caustic soda, nor by ammonia and hydro-sulph. of amm. They were slowly dissolved by concentrated acetic acid.—The centre of the lens was uniformly but to a much less degree turbid and still somewhat transparent. The central opacity depended likewise upon such deposits as above described. In the right eye there was a similar deposit, but it was much less extensive.”

The urine which the animal had passed during the last forty-eight hours, the liver and the stomach with the intestines, were each by itself, in three different vessels, treated with chlorate of potash and hydrochloric acid in the usual manner for the destruction of all organic matter. The fluids after being sufficiently boiled were filtered; sulphuretted hydrogen was passed through the filtrate, the resulting deposit was filtered, again brought into solution by being treated with chlorate of potash and hydrochloric acid, and to this solution, after being highly concentrated by a moderate heat, sulphurous acid was added. From this resulted black precipitates which were already, by their mode of origin as well as by the white margin upon the charcoal before the blow-pipe, and the blue coloring of the flame, characterized as Tellurium.

(To be continued.)

CLINICAL CASES.

BY JAMES B. BELL, M. D., AUGUSTA, ME.

CASE 1. *Follicular sore throat.* Miss H. D., aged 24. Mental temperament, dark hair, hazel eyes, fair complexion. General health good. The trouble from which she wished to be relieved has existed four or five years. She knows that

if she resorts to her old physician, she will only get local applications of Arg. nit., and therefore has concluded to try Homœopathy for the first time. Symptoms. Much uneasiness. Dryness and pain of an aching character in the throat worse in the morning. Some mucus and expectoration in the morning. Glands under right jaw somewhat enlarged and painful. Teeth sensitive. Much dull pain in the head, forehead and over the eyes. All the symptoms are worse in damp weather. The disease affects her spirits; when her throat feels worse, she feels "blue," also rather irritable and out of humor. A local inspection showed the mucous membrane of the pharynx somewhat reddened in spots with the mucous glands or follicles enlarged and prominent.

This is a state for which too many Homœopaths (they are not Homœopaths) at once prescribe Mercurius protiodide, in large and frequently repeated doses. This case was entirely and permanently cured in four months' with Sulphur³⁰ and Nux vomica³⁰, given at intervals of three to four weeks and one dose of Spig.³⁰ The disease had nearly disappeared under the first two remedies in less than two months from the first prescription. This case may serve to illustrate many. This is a common disease in our northern climate, and one which patients are anxious to be rid of. Like catarrh, and having the same origin, it is considered incurable by the allopathic school, (although they sometimes attempt a cure with astringents and caustic) and is dreaded by careless and routine prescribers of our own school. By adhering to the following rules I have had gratifying success with both follicular sore throat and chronic catarrh. 1st carefully individualize the case. 2nd, give the selected remedy in the thirtieth potency or higher. 3rd, give the remedies at long intervals. I am by no means convinced that the high potencies are the best in all diseases, but I am sure that no other will cure these two as quickly, as thoroughly and as permanently, and I doubt whether the low potencies will cure them at all.

CASE 2. Aug., 1862. A. B. age 24, roused at midnight

with an urgent desire to evacuate the bowels. Hastened to the water-closet where he had a profuse watery discharge and it seemed as though he had drained his intestines dry. He returned to his room, but scarcely had he reached his bed when he seemed full of water, as before, with gurgling in the abdomen, and had another discharge very profuse, like water. The discharge was unaccompanied by nausea, and *was entirely painless*. There was considerable prostration, but little thirst. These discharges continued about twice in an hour, unaffected by Verat alb.³⁰ and ² and Ars.³⁰ and ², which the patient took himself, until five, a. m., when I gave him one powder of Podophylline', and there was no discharge after that. Much debility remained and much thirst, both of which were entirely relieved in a short time by a single glass of American ale which he took by the advice of a friend. He was entirely unaccustomed to the use of any stimulant.

CASE 3. August, 1864. Mr. A. S. aged 25, applied for medicine for diarrhœa, discharges about once in two hours, watery, *without pain*, appetite good, but some prostration. Gave Podophylline', a powder after every discharge. He had occasion to take but two powders.

I could add many more cases but there are enough to illustrate the fact which I wish to notice, viz., that Podophylline cures painless diarrhœa. Three other remedies are mentioned in our repertories as being curative for this state, China, Ferrum and Phosphoric acid. Podophylline is more often indicated than either. I gather the following symptoms from clinical experience with it. Frequent watery stools, mostly dark green or brownish, evacuated without effort, gushing and entirely painless. Concomitant symptoms. Some prostration, some thirst, but not ardent. No nausea, appetite frequently unaffected. These symptoms do not appear, except the color of the evacuation, in the only proving which we have which was published by the American Institute, but I have verified it again and again by use in disease. The presence of hienteria, or the production of the disease by unripe fruit, cucumbers, etc, are only additional indications if the above symptoms are present.

DIAGNOSTIC INDICATIONS OF THE TONGUE.*

BY C. G. RAUE, M. D., PHILADELPHIA, PA.

Much attention has always been paid by the physicians of all schools to this important organ. Indeed it often presents characteristic, diagnostic and therapeutic indications, the most important of which I shall bring before you.

1st, *Its color.* It is either too *red* all over, as in scarlet fever, with considerably raised papillæ, whence the name *strawberry tongue*, or *red* and *dry* as in inflammation of the brain and its membranes, in inflammation of the thoracic viscera and the mucous membranes of the stomach and intestines, or *red on the edges* and *on the tip*, or a *red, dry streak in the middle* as in typhoid fever, or *red, clean and glossy*, indicating great fever, heat, congestion to the head, impending delirium, and gastric fevers the transition into the typhoid state, if *chapped* at the same time, ulceration of the bowels. A *pale tongue* is found in chills, in spasms, after loss of vital fluids, in chlorosis, dropsy, and general exhaustion. If it sets in in exanthamatic, gastric or bilious fevers it denotes a fatal issue. A *lead-colored tongue* is found in cholera, in mortification of the lungs and stomach, in schirrus of the tongue. *Lead-colored, covered with aphthæ* denotes impending death under all circumstances. A *bluish tongue* is a sign of impeded circulation of the blood, whence it may be found in paroxysms of asthma, whooping-cough, croup, bronchitis, pneumonia, heart diseases, dropsy of the chest, and cyanosis. It is also found in scurvy and mercurial inflammation of the tongue.

2nd, *Its humidity.* A *moist tongue* is generally a favorable sign; but in putrid fevers with exhausting perspiration it has no such favorable meaning. A *constant moist tongue* in soporous conditions denotes great exhaustion. A *dry tongue* is found in a great many different affections,

* A lecture delivered before the Homœopathic Medical College of Pennsylvania and published at the request of the class.

especially in feverish conditions. *Great dryness* of the tongue in typhus cerebri is, according to Schœnlein, an unfavorable sign. *Dryness* of the tongue in infants is a forerunner of aphthæ or internal inflammation.

3rd, *Its temperature.* A *hot tongue* is found in congestion and inflammatory states of different parts of the body; in infants before aphthæ appear. A *cold tongue* is found in chills, violent spasms, after great loss of blood, internal mortification, apoplexy, and cholera. In fevers it denotes greatest prostration and impending death.

4th, *Its covering and coating.* We must bear in mind, that the tongue is coated or furred without indicating any disordered state of the system; in the morning by an empty stomach, after siesta, after night watching, and with habitual smokers of tobacco. A coating at the root of the tongue does not mean much, almost every one has it in a slight degree, even in the best of health. A coating *on the tip* of the tongue is said to be found in phthisical persons. *One-sided coating* is said to be found in one-sided complaints as prosopalgia, paralysis, in one-sided lung diseases, in affections of the liver or spleen. A *patchy or map tongue* is often indicative of considerable irritation or even partial inflammation of the stomach. I have seen it also in lung diseases. A *thick white coating* exists to its greatest extent in affections of the fauces, but also in gastric derangements. A *yellow coating* is generally believed to be bilious. *Single yellow streaks* on a white coated tongue indicate obstinacy of the disease. A *peculiar buff leather appearance* is presented in cases of enteritis and hepatitis. A *dark brown coating* exists in malignant fevers and hæmorrhages from the mouth. A *black coating in dysentery*, indicates exhaustion, mortification and death. In jaundice it denotes organic diseases of the liver and spleen, as induration, tubercles, abscesses. In small-pox it is an unfavorable sign.

5th, *Its form and size.* We find a *large, long tongue* most conspicuous in chronic hydrocephalus and Cretans. A *small tongue* if not congenital, in atrophy, consumptive diseases

and chronic, long-standing paralysis of the tongue, especially if resulting from an irritation of the brain or spinal marrow. *A sudden diminution in size* denotes in inflammatory diseases of the lungs or the liver, formation of abscesses, also general exhaustion, especially in putrid and typhoid fevers. *A gradual decrease in acute diseases*, denotes severity and obstinacy of such diseases, and is a bad sign, showing that the brain is dangerously affected. *A broad tongue* is found in rhachitis, scrofula, disposition to abdominal affections, and in intermittent fever. *A narrow, pointed tongue* is said to be found in persons who are subject to spitting blood, tuberculosis, and internal inflammations. *A thick, swollen tongue* is found in rhachitis, Cretans, chronic dropsy of the head, in obstinate dyspepsia and chronic inflammation of the mucous membrane of the stomach; also in intermittent fevers, in catarrhal affections, mercurial salivation, in inflammation of the tongue, in old drunkards after death from strangulation or suffocation. *A swollen and heavy tongue* in old age and in drunkards is the forerunner of apoplexy. In fevers, if associated with dryness and stammering speech, it denotes congestion of the brain. In croup, pleurisy and pneumonia it is a bad sign just as bad as its sudden diminution without improvement of the other symptoms. (HIPPOCRATES). *A thin, like a small tongue*, is found in atrophy and consumptive diseases. *Tumors on the tongue* if hard, red brownish, with blueish blood-vessels interwoven, are of a schirrous nature. *Single lumps and fleshy excrescences* on the tongue are found in elephantiasis.

6th, *Its consistency*. We find a *hard tongue associated with great dryness of the tongue* in congestion, inflammation, fever, tonic spasms, in schirrus and other degeneration of the substance of the tongue. *A soft tongue* we find in catarrhal affections, in chronic mucous diarrhoea, gastric derangements and in paralysis of the tongue. *When soft and somewhat swollen*, the teeth generally show their imprints on its sides, often to be found after mercurial poisoning, and in catarrhal affections. In brain diseases a soft tongue is an unfavorable sign.

7th, *Cracks and fissures* on the dry tongue, sometimes deep, bleeding and suppurating, are found in typhoid fever, small pox and dysentery.

8th, *Paralysis of the tongue*, which manifests itself by an imperfect and stammering speech, is most always in consequence of apoplexy or softening of the brain. *Its immobility and trembling*, are signs of torpor of the brain, especially in typhoid conditions.

These are the most important of the objective symptoms of the tongue, which an every-day's practice brings before the eyes of an observing physician, and I have given to each of them its diagnostic meaning, as near as this can be done. For, all these symptoms must be considered *cum grano salis, id est*, with discrimination and comparison with other symptoms, if we want to gain a nearly right conclusion as to their bearing and signification.

A red tongue, all over, with considerable raised papillae, indicates Belladonna and Tartar emetic. *A red tip in the shape of a triangle*, Rhus tox. *A red indefinite tip*, Sulphur. *A lead-colored tongue* may indicate Arsenicum, and a *bluish tongue*, Digitalis, Arsenicum, and Acidum muriaticum. *A whitish coat on one side* of the tongue, indicates Rhus tox, *on both sides* Causticum, *in the middle*, Phosphorus and Bryonia, *on the root, strongly marked*, Sepia, and a *general thick white coat*, Bryonia, Antimon. crud. and others. *A map tongue* indicates Nat. mur., Ars., Lachesis, and Taraxacum, and a *yellowish coated tongue*, a number of remedies. *A dry red, tongue, cracked at the tip*, indicates Lachesis. *A dry tongue without thirst*, Bryonia and Pulsatilla. *A soft tongue with imprints of the teeth*, Merc. and Stram. *A clean tongue with gastric and other derangements*, Cina and Digitalis. *Trembling of the tongue*, when the patient is requested to put it out or inability to do so, indicates, in typhoid fever, Lachesis. A heavy, perhaps trembling tongue in typhoid conditions, especially if the lower jaw commences to sink down, Lycopodium. An involuntary darting of the tongue out of the mouth and moving between the lips to and fro, indicates, in similar conditions, Lycopodium. Complete paralysis of the tongue, Baryta carb.

MISCELLANEOUS.

DR. FINCKE'S PROTEST.—To the *Homœopathic Medical Society of the Co. of Kings*: At the Semi-Annual Meeting of the Homœopathic Medical Society of the State of New York, held in the city of Brooklyn, on the 13th and 14th days of October, 1863, I presented an essay on "Homœopathic Tocology," with a diagram, based upon an interesting fact of child-birth which had been communicated to the Kings County Society some years ago. The offer was accepted and the paper was read by Dr. Dunham in the open session of October 14th, our venerable Dr. W. Wright being in the chair. When the reading had proceeded to about one-half of the article, Dr. Moffat remarked, it would doubtless be more agreeable to have the paper printed, and then every member might read it himself to better advantage. Thereupon the further reading was dispensed with, and on motion of Dr. Couch the paper was accepted for publication in the Transactions of the State Homœopathic Medical Society. Subsequently Dr. Guy moved a vote of thanks to the author which was passed, and Dr. P. P. Wells nominated the author as a permanent member of the State Society which was referred to its annual meeting.

Now, by a letter of Dr. Henry D. Paine, on behalf of the Publishing Committee of the State Society, received October 31st, last past, I am informed that the said paper on Homœopathic Tocology is not to be published in the Transactions of the State Society, as will more fully appear by that letter, a copy of which is appended.

Such publication is nothing to me personally. But as a member of the State Society, delegated by the Kings County Society, and in order to prevent the formation of a dangerous precedent, I have deemed it my duty to enter my protest against this act of the Publishing Committee as being contrary to the constitution and by-laws of the State Society, and contrary to the wishes of the society expressed by resolutions, as will more fully appear by the said protest, a copy of which is hereunto also appended.

Taking this earliest opportunity of informing our county society on the subject, I hereby submit the matter to the same for further action according to its pleasure, and remain, most respectfully,

Brooklyn, Nov. 18th, 1864.

B. FINCKE, M.D.

ALBANY, October 14th, 1864.

B. FINCKE, M.D., *Dear Colleague*: The second volume of the Transactions of the New York State Homœopathic Medical Society is now, after many vexatious, but unavoidable delays, nearly out of the printer's hands and, it is expected, will be ready for distribution early in the coming month.

The Publishing Committee regret that they could not find a place in the report for your essay, entitled "Homœopathic Tocology," which was among the papers referred to them; but its great length and the necessity of keeping the size of the volume within certain limits obliged them to omit it, as well as several other papers of less interest. The committee having the matter in charge, have found themselves much embarrassed by the superabundance of material from

which to make up the report for publication, but they have endeavored to discharge the duty according to their best ability and judgment. The fact that the Transactions of the Society are printed as a matter of favor by the State Legislature, and are circulated and read in non-medical circles quite as much as in the profession, made it expedient, in their view, to give the work a somewhat more popular character than would have been thought necessary if it were intended solely for the use of the profession. The scientific merit of the different papers in their hands have not, therefore, in all cases influenced their selection, so much as their adaptation to the supposed object of the publication.

You should have been earlier informed of the decision of the committee as to your interesting paper, but in consequence of the long interval which necessarily elapses between the meeting of the society and the possible publication of the report, the committee fell into the ill habit of procrastinating their labor till near the time of publication—in the present instance the composition of the report was not fully arranged till after portions of it were in the hands of the State printer.

Although according to the rules of the society all papers presented to it are considered as its property and to be preserved in its archives, yet that is not understood to preclude the publication by its authors of any paper which for any reason does not happen to be embraced in the Transactions. If you propose to print the essay referred to as a separate volume or in either of the Medical Journals, the committee will be happy to send you the manuscript for that purpose. A printed copy of the article will serve the requirements of the society as well as the original itself.

Owing to the unfortunate arrangements of our annual meetings, which have heretofore been held just after the adjournment of the Legislature, the proceedings of the last meeting (in May) will not be printed until next year. Papers that were read at the meeting will be referred to the Publishing Committee to be appointed in February next, to which date the annual sessions of the society have been changed, an arrangement which will hereafter ensure a more prompt publication of the report.

With sentiments of the highest esteem,
I am, very truly and fraternally, your obedient servant,
HENRY D. PAINE, M.D., on behalf of the Committee.

BROOKLYN, November 10th, 1864.

HENRY D. PAINE, M.D., Albany, on behalf of the Publishing Committee of the Homœopathic Medical Society of the State of New York, *Dear Colleague*: Your favor of October 14th, 1864, was duly received on October 31st.

I learn with pleasure that the second volume of the Transactions of the New York State Homœopathic Medical Society is forthcoming at last. I would thank you for two copies of it, besides the one to which I am entitled as a member of the society.

You notify me that the Publishing Committee could not find a place in the report for my essay, entitled "Homœopathic Tocology," which was among the papers referred to them. Now, if you please, the publication of this paper is nothing to me personally. I am satisfied having done my part by freely offering in a report of the results of my studies and experience in Tocology, what I

appears to be the province of its Publishing Committee simply to carry out the sense of the society, by publishing the essay, as a part of the transactions, in the report. (By-laws, Sec. 9th.)

In conclusion, I most respectfully request you to lay this before your committee, and before the society, and, with assurances of my highest esteem, I remain, truly and fraternally yours, B. FINCKE, M. D.

MEDICINE AN EXACT SCIENCE.—In the *Lancet* of last July there appeared a curious table. A medical practitioner, who had long suffered from hay fever, had from time to time consulted various medical men by letter, and he gives us in a tabular survey, the opinions they gave him of the causes of this disease and the remedies, as follows:

Consulted.	Opinion of Cause.	Recommended.
Dr. A.	A predisposition to phthisis.	Quinine and sea voyage.
Dr. B.	Disease of pneumogastric nerve.	Arsen. Bell. and Cinchona.
Dr. C.	Disease of the caruncula.	To apply Bell. and Zinc.
Dr. D.	Inflammation of Schneiderian membrane.	To paint with Nitrate of Silver.
Dr. E.	Strumous diathesis.	Quinine, Cod-liver oil and wine.
Dr. F.	Dyspepsia.	Kreosote, Henbane, Quinine.
Dr. G.	Vapor of Chlorophyll.	Remain in a room from 11 A. M. to 6 P. M.
Dr. H.	Light, debility, hay pollen.	Ditto, Port wine, snuff Salt and Opium, and wear blue glasses.
Dr. L.	From large doses of Iodine (never took any Iodine)	Try Quinine and Opium.
Dr. M.	Disease of iris.	Avoid the sun's rays from 11 A. M. to 6 P. M.
Dr. N.	Want of red corpuscles.	Try Iron, Port wine and soups.
Dr. O.	Disease of optic nerve.	Phosph. ac. and Quinine.
Dr. P.	Asthma from hay pollen.	Chlorodyne and Quinine.
Dr. Q.	Phrenitis.	Small doses of Opium.
Dr. R.	Nervous debility from heat.	Turkish Baths.

"Herewith," writes Mr. Jones, the correspondent of the *Lancet*, "I forward a synopsis of the opinions of a few of the most eminent men in various counties that have consulted. I have substituted a letter for the name, as I do not think it prudent to place before the general reader the names of those who have so disagreed."

We admire the magnanimity of Mr. Jones, for after having been told that he had "a predisposition to phthisis;" that he was of a "strumous diathesis;" that he had "disease of the pneumogastric nerve;" "dyspepsia;" "disease of the iris;" "disease of the optic nerve;" "disease of the olfactory nerve;" that he had "phrenitis;" and was "poisoned by Iodine;" and that in order to better his condition he was to take "Quinine, Arsenic, Belladonna, Cod-liver oil, Kreosote, Henbane, Opium, Phosphoric acid, Chlorodyne, soups and Port wine; to paint his nostrils with lunar caustic and snuff Salt and Opium; to wear blue glasses; to remain at home all day and take Turkish baths," we are surprised that he was restrained from taking all the revenge in his power upon his formidable friends.—*British Journ. of Homœopathy.*

ARCHBISHOP WHATLEY.—We take the following from the *British Journal of Homœopathy* for October, 1864.—The aged Archbishop was dying of *gangrena senilis*, and for the comfort of his family he wished to see a surgeon. His medical attendant was a member of the Dublin University and of the College of Surgeons, and had done nothing to forfeit his professional status; yet because he prescribed medicines in different doses and according to a principle only occasionally, not uniformly, adopted by the College of Surgeons, the surgeon declined to go and see the dying Archbishop, unless his Grace submitted to the ignominious condition of dismissing the physician who had been his comfort and support for years. The document deserves to be placed on record, it runs thus:—

"Mr. A. presents his compliments to Dr. Scriven, and in reply to his note just received, begs to say that as his Grace the Archbishop of Dublin has decided that he will have no surgeon to visit him who will not meet Dr. Scriven in consultation, Mr. A. regrets that he cannot have the honor of prescribing for his Grace under circumstances which would be a direct violation of a recent ordinance of the College of Surgeons of Ireland, of which Dr. Scriven is aware."

To this remarkable letter the Archbishop replied that he was "so opposed to tyranny in any shape that things must go on as they were." That is, he declined the attentions of the surgeon because he could not accept them without giving his countenance to tyranny; and the brave old man preferred to die true to himself, rather than give up the principle for which he had been contending during his whole life.

NEW YORK WOMAN'S INFIRMARY ASSOCIATION.—We have received the first annual report of this institution, located at Washington Heights in this city. From it we learn that since the opening of the building in June last, thirty-two patients have been treated. The expenses from October 1863, the time of organizing, to October 1864, have been \$2,985.32 and the receipts \$3,223, leaving a balance of \$237.68. Commendatory letters are published from Drs. Gray, Wilson, Marcy, Bayard, Bolles, Fowler, Guernsey, Evans, Belcher and Warner. Drs. Gray and Bayard are the consulting physicians, Drs. Hosack and McVickar consulting surgeons, and Dr. J. W. Mitchell, attending physician and surgeon. Nothing in the report itself or the medical report of Dr. Mitchell gives any clue to the treatment, which, however, from the composition of the medical staff we infer is, in some cases at least, homœopathic. ®

HOMŒOPATHIC MEDICAL SOCIETY OF CAYUGA COUNTY, N. Y.—The regular quarterly meeting of this society was held at Auburn, December 13th, 1864. The President, Dr. H. Robinson, called the meeting to order.

A communication was received from Dr. A. S. Couch of Chatauque County, on morbus coxarius and its homœopathic treatment.

Dr. Carroll Dunham of New York, furnished a paper giving the details of a case of "Fibrous Hæmorrhoidal Tumor," and its cure by Sulphur 200.

Dr. W. A. Hawley, a delegate from the Onondaga County Society, being present, read an essay on the "Alternation of Remedies," which called out remarks from the members present. On motion it was resolved that the paper be sent to the AMERICAN HOMŒOPATHIC REVIEW for publication.

A paper was received from Dr. Fincke of Brooklyn, giving some experience in the use of the high potencies, also urging the members to forward their subscriptions to Dr. Hering for his new work, which was well received by the society.

Dr. H. N. Martin of Philadelphia, furnished a paper on "Individuality of Remedies," and reported a case of whooping cough cured by one dose of Arnica 200. The first named paper treated the subject in a new and interesting manner, and the second exemplified the efficiency of high potencies.

Dr. Peterson reported an interesting case of enlarged liver cured by Agaricus musc.

Dr. H. B. Fellows detailed a very beautiful case of caries of the humerus cured by Hepar Sulph. 200.

Dr. Robinson reported a case of hydrocephalus after scarlatina. This case is remarkable as having been abandoned by a skillful allopathic physician, and cured with the use of homœopathic remedies. After recovering her health it was found that her hearing had been destroyed, when she was sent to a Deaf and Dumb Asylum and educated. Some ten years afterwards, her hearing returned to her in an instant, and now she is able to hear the lightest whisper.

Dr. Robinson Jr. reported on kali hydriodate coryza.

On motion of Dr. Fellows the following preamble and resolutions were adopted.

Whereas, The efficiency and usefulness of the American Institute of Homœopathy would be largely increased by changing its form of organization to that of a representative body, composed of delegates from the several State and County Medical Societies in this country, therefore,

Resolved, That the members of this Society who are also members of the Institute, and who may be present at its next meeting, be requested to advocate such a change of organization, and to act as the representatives of this Society.

The following resolutions were adopted:

Resolved, That the publication of Dr. Hering's new work on the Materia Medica under the auspices of the American Homœopathic Publication Society merits our cordial approval.

Resolved, That we earnestly recommend the members of this Society and the profession generally to encourage this enterprise by sending their subscriptions at once to Dr. C. Hering, 112 North 12th St., Philadelphia.

The Society then adjourned to meet at Auburn on the second Tuesday in March, 1865, at ten, a. m. H. ROBINSON JR., Secretary *pro tem*.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The Fourteenth Annual Meeting of this Society will be held at the City Hall, in Albany, February 15th and 16th, 1865, commencing at ten, a. m.

The Secretaries of County Societies are requested to furnish the Committee on Publication, before the close of this year, with a full report, consisting of a

list of officers and committees, a list of members and their addresses in full, time of holding annual and regular meetings, and a copy of the proceedings so far as they may be of general interest.

A historical sketch of the introduction and progress of the homœopathic system of practice in each county should be written, and published in the Transactions. Many pioneers of our school are still living. They are invited to prepare papers giving a sketch of the origin and growth of Homœopathy in their respective localities. Such communications should contain not only personal reminiscences, but also facts and incidents of professional and historic interest. The report may contain a list of the practitioners and their addresses in full, the time of their adoption of this system of practice, and a biographical notice of deceased members of the profession.

In making out these reports the form of arrangement adopted in the Transactions for 1864, should be followed.

In order to maintain our present standing, and make still greater attainments in all the departments of medical science, the profession throughout the State should report the results of their studies and experience for publication. All papers or communications, unpublished or published elsewhere, that are worthy of preservation may be presented.

If every member of our school would furnish the history of at least a single clinical case and report a single drug-proving, the Transactions of the Society would become practically and increasingly useful. The profession should ever bear in mind the fact that this volume in a measure represents the status of the homœopathic system of practice in this State, and annually indicates its progress; hence the importance of unremitting effort on the part of every member of our school to contribute articles suitable for publication. Copies of the Transactions for 1864, are ready for distribution.

HORACE M. PAINE, Clinton, Secretary.

HERING'S MATERIA MEDICA.—*Letter from Dr. Boyce.*—The following letter from Dr. Boyce, calling attention to Dr. Hering's great work, to be published under the auspices of the American Homœopathic Publication Society, has been crowded out of previous numbers of the REVIEW. His intimate acquaintance with Dr. Hering, being in his office daily, together with his knowledge of the German language, affords Dr. Boyce means of information not accessible to all in regard to what will probably be one of the most complete works on Materia Medica, extant.

AUBURN, Nov. 8th, 1864.

Editors AMERICAN HOMŒOPATHIC REVIEW, *Gentlemen*: Dr. Hering has issued a prospectus, in which he offers to place in the hands of one thousand homœopathic physicians one thousand copies of a complete Materia Medica of what has come under his observation to the present time. The book will be the result of the labor of thirty-five of the best years of his life, and this he offers for the exact cost of publication. He does not reserve for himself even a single copy, without paying for it, until one whole edition of one thousand copies are subscribed for, and the amount paid. He makes this offer because

he wishes to place an edition of this work of his life in the hands of the homœopathic physicians of the world, so as to know that it is issued complete and correct up to the present, taking the chances of more being called for in order to make any money on it.

I am confident that this offer is sincere, as I am conversant with the arrangement made with the agent, who is to receive no compensation for delivering the first thousand copies; taking his chances, also, on what may be called for afterwards, to make any money.

By sending five dollars to Dr. Hering he returns a receipt for that amount, which entitles the holder to as many sheets from the agent as will cost exactly that sum for printing and paper. When these have been received, the subscriber is to send another five dollars for which he will again receive the value of that amount, and so on until all is complete. After the first thousand copies the book will go to the trade, where, as you know, it will cost double.

This offer is made to all, Americans, English and Germans alike, and those who first send in their names and subscriptions, will be first served until the requisite number is issued. Now, either one of two things will happen. Either he will fail to receive the requisite amount to warrant him to proceed, or more or less copies will go abroad, and Americans, to whom Dr. Hering would prefer to send a fair share, will lose them. Now, can we as practitioners afford that the enterprise should fall through, and that this great work be lost to us? Or, can we afford to wait for another generation to get it out? Or, again, can we afford to run the risk of some one else editing the work, when we can have it now at cost, and by Dr. Hering himself? Again, is it well to let them go abroad at cost?

Would you not be doing your readers a kindness by laying these points before them for their consideration? For my part, I should feel it a great loss, indeed, to let this opportunity pass unimproved. Dr. Hering is yet in thorough working order, and perfectly capable of performing this work as no other man can. Yet no one can tell how soon he may be unfitted for the labor. Dr. Hering can well afford to rest on his present laurels and let this labor be performed by others, when the demand shall be sufficient to make it pay, but we cannot afford this sacrifice. If these views seem correct to you, will you give them to your readers, and urge them to send their subscriptions on at once.

Yours truly,

C. W. BOYCE, M. D.

THE

AMERICAN

HOMŒOPATHIC REVIEW.

Vol. V.

NEW YORK, MARCH, 1865.

No. 9.

THE PHYSIOLOGY AND PATHOLOGY OF THE NASAL PASSAGES.*

BY T. F. ALLEN, M. D., NEW YORK.

The nasal passages afford ingress and egress of air to and from the lungs, at once sifting the air from impurities by means of the hairs that thickly stud the lower fossa, and to a certain extent, analyzing it by means of the special sense of smell. The olfactory nerve showers down from the cribriform plate of the ethmoid bone and is distributed to the convolutions of the superior and inferior turbinated bones and upper portion of the septum, in which region the lining mucous membrane of the nose (the pituitary or Schneiderian) is most developed, and productive of nearly the whole of the nasal discharges.

This special sense is *only* special, distinguishing only odors; perception of warmth and cold, itching, tickling, pain, etc., as well as the reflex action of sneezing, is given by the nervous trigeminus, or, to speak strictly, the nasal branch of the ophthalmic division of the fifth pair. The presence of a moist surface is essential to a perception of odor; in other

* Read before the Homœopathic Medical Society of the County of New York, January 12th, 1865.

he wishes to place an edition of this work of his life in the hands of the homœopathic physicians of the world, so as to know that it is issued complete and correct up to the present, taking the chances of more being called for in order to make any money on it.

I am confident that this offer is sincere, as I am conversant with the arrangement made with the agent, who is to receive no compensation for delivering the first thousand copies; taking his chances, also, on what may be called for afterwards, to make any money.

By sending five dollars to Dr. Hering he returns a receipt for that amount, which entitles the holder to as many sheets from the agent as will cost exactly that sum for printing and paper. When these have been received, the subscriber is to send another five dollars for which he will again receive the value of that amount, and so on until all is complete. After the first thousand copies the book will go to the trade, where, as you know, it will cost double.

This offer is made to all, Americans, English and Germans alike, and those who first send in their names and subscriptions, will be first served until the requisite number is issued. Now, either one of two things will happen. Either he will fail to receive the requisite amount to warrant him to proceed, or more or less copies will go abroad, and Americans, to whom Dr. Hering would prefer to send a fair share, will lose them. Now, can we as practitioners afford that the enterprise should fall through, and that this great work be lost to us? Or, can we afford to wait for another generation to get it out? Or, again, can we afford to run the risk of some one else editing the work, when we can have it now at cost, and by Dr. Hering himself? Again, is it well to let them go abroad at cost?

Would you not be doing your readers a kindness by laying these points before them for their consideration? For my part, I should feel it a great loss, indeed, to let this opportunity pass unimproved. Dr. Hering is yet in thorough working order, and perfectly capable of performing this work as no other man can. Yet no one can tell how soon he may be unfitted for the labor. Dr. Hering can well afford to rest on his present laurels and let this labor be performed by others, when the demand shall be sufficient to make it pay, but we cannot afford this sacrifice. If these views seem correct to you, will you give them to your readers, and urge them to send their subscriptions on at once.

Yours truly,

C. W. BOYCE, M. D.

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words it has been proven beyond a question that a substance must be first gaseous (volatile), and secondly brought into solution, to affect the delicate papillæ in which the ultimate filaments of the olfactory nerve terminate. Even aqueous solutions of gaseous odors will not affect the sense of smell if injected as such into the nostrils, the substance must enter the nostrils as a *gas*. Dark colors are capable of absorbing odors more readily than light. The same we know is true in regard to light and heat; the order as regards absorption of odor is black, blue, red, green, yellow and white. It has come to find its practical application in the use of white sheets and coverlids, white walls in hospitals, etc.; also warmth and moisture facilitate this absorption; so warm, damp atmospheres hold more odors in solution or suspension than cold dry ones.

Odors have been variously classified by Linnæus as aromatici, fragrantes, ambrosiaci, alliacei, hircini, tetri and nauseasi; by Larry, as alkaline, acid, camphoric, ætheritic and narcotic; by Laller, very sensibly as pleasant, unpleasant, and indifferent. Our appreciation of odors and, hence to a certain extent, of the chemical composition of substances, often far excels any chemical tests, and rivals, if not surpasses in delicacy that beautiful test—the spectral analysis. In animals it is often developed to a far higher degree, owing to the special nerve development and the greater surface exposed to action. I must forbear to pursue this subject to a great length, nor can I now speak of the relation of the Eustachian tube to the sense of hearing; the arguments pro and con and the experiments are numerous and very interesting.

As bearing upon our pathology, there are, opening into the nose in the middle fossa, the ethmoidal cells (possibly also sphenoidal), frontal sinuses and Antrum Highmori, into the lower fossa the lachrymal canal, that sewer of the eye.

We must pass now to our principal subject, the pathology of the nasal passages, and I am constrained to remark that two weeks, in an exceedingly busy season of the year, when two consecutive hours are nearly unattainable, has given me

hardly time to lay out my work. I need not apologize therefore, for its hasty composition and lack of interest.

ANOMALIES OF THE SENSE OF SMELL.—Anomalies consist in exaltation or increased susceptibility, depression or decreased susceptibility or total obliteration, loss of smell, or perversion.

Any of these conditions may be a condition or accompaniment of disease; the depression or loss may be an affection of the special sense or be brought about by mechanical obstruction of the nostrils; so also perversion may only be a normal exercise of the special sense in recognizing offensive secretions or the sense itself may be perverted. This latter point could not be settled with any certainty; we may recognize offensive discharges from a patient's nose, and the patient himself, be unconscious thereof, or the reverse may be true; the fact alone concerns us in the treatment of nasal catarrh, and is of great importance; as much so, as the character of the discharge, whether acrid or not, yet *in this connection* the reason for this perversion is of no more practical value than the chemical composition of the acrid discharge.

In one connection this abnormality of smell will be of great importance, as showing a general pathological condition, viz: in paralysis; as conditions of general nervous depression in which the special senses are in abeyance, as in Hyoscyanus, where the loss of smell has no connection with any organic change in the *nose*, but is in consonance with general loss of sense and vitality. We find *special* pathological or pathognomonic conditions of exaltation of smell under Aurum, Belladonna, Lycopodium, Nux vomica, Phosphorus; also Aconite, China, Coffea, Graphites, and Plumbum.

Aurum, everything smells too *strong* (also found in Sulph.)

Drosera, great sensitiveness to sour smells.

Graphites, intolerance of flowers.

Phos., exceedingly sensitive to bad smells, with headache.

Tabaccum, smell is very acute in the morning.

Sabadilla, sensitive to the smell of mice.

Sanguinaria, great dislike to the smell of syrup.

Belladonna, the smell of tobacco is unendurable.

Lycopodium, the smell of Hyacinth produces nausea.

Sulph. acid, the smell of Coffee is intolerable.

Sense of smell is diminished under Bell., Calc. carb., Sep., Sil., Sulph., Tab. and others.

Sense of smell is lost under Aurum, Causticum, Hyos., Kali bichrom., Lycopod., Natr. mur., Plumb., Sanguin. and Sulph.

Aurum in connection with extensive organic destruction; so also, Kali bichrom., smell diminished with frequent sneezing, blunted smell even of strong scents followed by frequent sneezing and incipient coryza, then loss of smell with great dryness and insensibility or numbness of the nose.

Causticum has loss of smell with impaired vision.

Hyoscyamus., with loss of taste.

Natr. mur. has loss of all smell and taste with severe fluent coryza.

Teucrium m. v. is reported by the late Dr. Wurmb, to have cured loss of smell.

Under *Perversions of Smell*, I include those bad smells, resulting, not only from change of the function of the special sense but from offensive discharges; it is impossible to draw the dividing line. I may remark here, that these different smells are not to be viewed as mere curiosities of disease or drug action, but are to be noted as practical indications in the choice of the remedy. They will often decide when we may be in doubt, between two or more drugs.

In general, perversions of smell belong to Bell., Calc. carb., Paris quad., Anac, Aur., Kali bichrom., Kreos., Graph., Menyanthes, Nit. acid, Puls., Sanguin. and Sulph.

Agnus castus, sometimes smell of herring, sometimes of musk. Smell of pus at night.

Anacardium, smell as of dung or burnt tinder, on rising in the morning. Veratrum and Bryonia also have a smell like dung.

Arsenic., smell as of pitch, sometimes as of Sulphur before the nose.

Aurum, putrid smell on blowing the nose (very many Aurum symptoms are manifested on blowing the nose), mo-

imentary smell as of brandy, with dyspnœa; also a sweet smell.

Bell. has very especially a smell of rotten eggs, so also, Calc. carb., Kali bichrom. and Nux v.

Alum. has a sour smell in the morning.

Conium, a smell of pitch in the back of the nose, he fancies he can taste it also.

Graph., a smell of burnt hair mixed with Sulphur. A smell of burning soot. (Nux v. also has a smell of Sulphur.) Smell as of an old coryza at night.

Bry. The smell of dung is a frequent accompaniment of other Bry. symptoms.

Kali bichrom. Sensation as if she drew in sulphuretted hydrogen with each breath. Bad smell preceded by stuffing and increased secretion. Smell of rotten eggs. Putrid smell with a watery discharge and redness of the nose, smell of rotten eggs. Imaginary putrid smell. Sensation of fetid smell.

Lavendula vera. Peculiar indescribable smell and taste.

Lycopod. Smell like lobsters.

Kreosote. An indescribably bad smell in the morning on waking.

Nit. acid. Bad smell in the evening.

Nux vom. Smell like rotten eggs, rotten cheese, Sulphur, and candle stuff, all manifested and aggravated in the evening.

Menyanthes. Disgusting smell like rotten eggs in a room and in the open air.

Mercurius. Putrid smell.

Puls. Illusion as if he had smelt tobacco and coffee together, even in the open air. Bad smell in the morning. Smell like an old coryza.

Sanguinaria. Smell as of roasted onions.

Senega. Putrid smell.

Sulphur. Smell like shelled peas, burnt horn or like old coryza.

It may seem superfluous and even foolish to pay attention

to these little smells, but I, for one, am as much interested in these peculiarities, as in the question of the microscopical character of tubercle whether it is hardened pus or undeveloped blastema; indeed more so, for the former, these smells, are practical, the latter theoretical.

We are accused of catering to a theory, I insist that we are eminently practical.

We pass from the anomalies of the special sense of smell to the abnormities of *structure* in the nasal passages. I will pass over all congenital malformations, multiplicities, hypertrophies, deficiencies of development, etc., to *acquired* anomalies.

1st. The *lachrymal canal*; bony, lined with an extension of the Schneiderian mucous membrane. affected by extension of inflammations from the nose, or the eye.

Severe inflammation of the lachrymal sac tends to produce imperforation; a pustule forms on the side of the nose near the inner angle of the eye; it may become a running sore, the tears constantly overflow the cheek causing excoriation. Lachrymal fistula, confirmed, has not been considered subject to medication, but the pathogenesis of Pulsatilla, guarantees to us that in very many, the majority of cases, it will arrest this formation, nip it in the bud; it is applicable in the first stage. So also Silicea and Natr. mur. ought to cure and have cured confirmed fistula.

Dr. Dunham related to me a case, in which there was no doubt of the diagnosis of a fistula of long standing, and the cure was complete and without mistake after the use of Natr. mur. This fistula does not cure itself.

There came to me to the Central Dispensary in this city, a German girl of eighteen, for menstrual troubles, especially menstrual headache and delaying menstruation of such characters that Silicea seemed to me to be the appropriate remedy. After deciding upon my remedy. I noticed on the side of the nose near the eye a small pustule somewhat inflamed. I asked her about it and she said it was of no consequence, it had been there three or four years, and came

on after a severe cold in the head. On inquiry I found that the tears continually ran over the cheek of that side, the right, that there was no mistake about a lachrymal fistula on that side. I remembered that Hahnemann in his introduction to the proving of Silicea, recommends it for the cure of lachrymal fistula, and though somewhat sceptical about this case did not change the prescription; Silicea was taken twice a week. In less than three months the tears no longer overflowed the cheek, in less than *one* month the pustule entirely disappeared leaving smooth skin, red, but without tenderness. I made sure that tears were normally secreted by holding the lids apart and pressing on the caruncula lachrymalis.

Petroleum would doubtless prove curative under certain circumstances, though I have never heard of its administration.

The eustachian tube is liable to become occluded by extension of inflammation from the nostrils or pharynx, and here as in occlusion of the lachrymal canal I do not believe in the necessity of operation and, in anticipation, shall not believe it a sign of progress when people come to wear tubes from the posterior nares to the internal ear. I am unable to give an analysis of the drug pathogenesis on this canal; we infer their action from various correlative symptoms; there may be many, we must be careful however in our estimate of symptoms, for example, Lachesis has pain on swallowing going up into the ear, but the course of the pain is along the parotid gland, it is more external than internal. In Gelsemium the reverse is true, it is internal not external. To illustrate the action of Gelsemium I have a very striking and apt case which much astonished me and the patient.

A young lady of 22, in affluent circumstances, felt compelled to apply for relief from the terrible sick headache which preceded every menstrual period, appearing from twenty-four to thirty-six hours before the flow, and attended by profuse vomiting with bearing down pains in the abdomen; no pain in the back, the symptoms relieved on appearance of

the flow. Cocculus was prescribed which certainly relieved her somewhat and in time, I think, would have gradually cured her but after two months I was requested to take her throat in hand. For several years she had been having with increasing frequency, a sore throat coming on with a little fever and leaving her a little deaf. Lately every change of weather affected her throat and she was becoming more and more deaf and constantly so, when her throat was inflamed and sore, (confined to the upper part of the pharynx) pain on swallowing would shoot up into the ear. The family were becoming alarmed as one member, an old lady, formerly subject to like attacks of sore throat, became exceedingly deaf. I took down all the symptoms, was confident I did not have the right remedy with me (at least not in my head) and promised to send it up. I studied but could not make it out, at last Gelsemium was suggested to me and I sent it. It astonished us all; she had not a sick day with her menstrual periods nor has she had a sore throat since; and no difficulty of hearing in the slightest degree, from the time she began the Gelsemium. She took but little and it is now over a year; and a few weeks ago told me in great glee that she could go out in all weathers with impunity. I consider it a bona fide cure. You will of course ask the dose. I gave the only potency in the office then (I should have given lower if I had had it) the 1,000th, prepared by Dr. Fincke, of Brooklyn, which potency of Gelsemium I will swear to.

In passing to the consideration of the *drug pathology* of the nasal passages proper, I will refer to the abnormal growths within the nose, particularly warts or polypi; they may be hypertrophied states of certain portions of the mucous membrane and the submucous tissue or may be true adventitious growths, fibroid most commonly, in either case they may occur singly or in great numbers and produce more or less stoppage of the nasal passages. *Teucrium mar. ver.* has been and is considered almost a specific for the removal of these polypi and many authentic cases are reported.

A remarkable case was reported in the *Allg. Hom. Zeit.*

by Dr. Bojanus of Moscow in which the nostrils were entirely filled with large and small polypi, surgical removal had only increased the difficulty; after the use of *Natr. mur.* they all came away spontaneously, and the nostrils remained clear.*

In the AMERICAN HOMŒOPATHIC REVIEW for January 1864, in an article on "The Question of the Dose," by Dr. Dunham is quoted a case of a lady of 55, who suffered from a large polypus in the left nostril; various remedies had been given without effect, an operation was proposed, but one physician consulted, thought that a cure by internal remedies would be much more permanent, and having seen striking effects from *Calcarea carb.* wished to try it. The second trituration was given for four weeks with an intermission of four weeks, with no result. The first trituration was then prescribed, after fourteen days the polypus seemed to be a trifle smaller but an intermission of four weeks was followed by return of the tumor to its former size; at last the officinal lime water was given in milk, a teaspoonful twice daily, amelioration followed the first dose, in four weeks there was no trace of the polypus and the patient remained well.

We come now to the consideration of the pathological conditions of the nasal passages, commonly induced by inflammation acute or chronic, and characterized by the terms *coryza*, *catarrh*, *ozæna*, etc. The inflammation may be: 1st, *croupous*, witness ordinary *coryzas*; 2nd, *diphtheritic*, extension from the pharynx; 3rd, *scrofulous*, hereditary and other *catarrhs* complicated with or showing a tendency to the production of *Tuberculosis pulmonalis*, and 4th, *syphilitic*. I shall not stop here to treat of these separately, but pass on to the second division, drug pathology—and first the *aconite pathology*.

The action of *Aconite* is ephemeral. It produces locally, congestion of the Schneiderian membrane with heat and dryness of the nostrils; but curative as it is in this stage it is

* In this connection it is an interesting fact that several cases of distressing nasal polypus, so situated that extirpation was impracticable, have been cured by a long sea-voyage.

still more so, in the inceptive period, when, especially if the coryza is to be a severe one, there will be great chilliness with other Aconite symptoms. The greatest results from Aconite are always obtained in the chilly stage, but we are seldom called upon to prescribe for this incipient coryza outside of our own families where we often have the opportunity to ward off a severe coryza by the timely dose of Aconite. This Aconite congestion may resolve itself by hæmorrhage, or pass on into one or more forms of stopped or fluent coryza.

Having mentioned the word hæmorrhage, I will interpolate a few words on that subject.

We find epistaxis from *Ant. crud.*, *Bell.*, *Brom.*, *Calc. carb.*, *Croc.*, *Dulc.*, *Graph.*, *Hyos.*, *Kali bi.*, *Merc.*, *Millefolium*, *Nit. acid.*, *Puls.*, *Rhus.* and *Sabina* especially. Epistaxis, of bright blood, *Millefolium*, *Bell.*, *Sab.*, *Dulc.*, *Hyos.* and *Bry.*, especially. Of dark blood, particularly *Croc.* and *Nux vom.* Of clotted blood, particularly *Plat.*, *Rhus.* and *Cham.*

Millefolium, deserves to take the lead as a remedy for a vast number of nose-bleeds, the blood is light colored and thin, copious, and the absence of concomitant symptoms serves to lead us to its selection for this as well other hæmorrhages from mucous surface, (e. g. menorrhagia) instead of

Sabina, which also has bright red hæmorrhage but, particularly the menstrual flow, in connection with tearing pains in the joints.

Bryonia, has epistaxis for several successive days, especially in the morning after rising. Now this is significant and in connection with other symptoms proves it to be of great value in vicarious menstruation; fully confirmed by experience.

Crocus, has discharge of black and viscid blood, with cold sweat standing in big drops on the forehead.

Agaricus. Blood is blown from the nose in the morning on rising, followed by profuse bleeding.

Ant. crud. Epistaxis, frequent in the evening on blowing the nose.

Argentum. Tingling and itching followed by bleeding; copious bleeding on blowing the nose.

Arsenic. Copious bleeding from the nose, from being in a passion, also after vomiting.

Actæa sp. Hæmorrhage during oppression of the chest.

Baryta carb. Bright red epistaxis several times a day, bloody discharge on blowing the nose.

Berberis. A few drops of blood fall in the morning preceded by pushing pain in the temple extending towards the eye.

Borax. After itching in the nose, blood comes on blowing. Epistaxis in the morning, and at night throbbing headache.

Bromium. Painful swelling in the lamella, afterward in the ala, followed by formation of crusts. The parts bleed on being wiped. Epistaxis preceded by oppression of the chest.

Carbo an. Epistaxis in the morning preceded by vertigo. Epistaxis preceded by an aching and stupid feeling in the head. Epistaxis in the morning on sitting; the blood bright red.

Carbo veg. Violent hæmorrhage in the morning, immediately followed by pain in the chest. Violent hæmorrhage several times daily for three weeks preceded and followed by a pale face.

Coffea. Epistaxis with ill humor and muddiness of the head.

Crotalus. Epistaxis with vertigo (so also *Lachesis*).

Graphites. Epistaxis at ten, p.m., preceded in the afternoon by rush of blood to the head and heat of the face.

Hepar sulph. Epistaxis after singing.

Iodium. Epistaxis preceded by disgusting dreams and nightmare.

Indigo. Epistaxis in the afternoon with vanishing of sight.

Kali bichrom. Epistaxis preceded by burning in the right nostril and sneezing; also preceded by a sense of obstruction and heat of the expired air. Epistaxis followed suddenly by coryza. Epistaxis after eating; after exercise.

Lachesis. Epistaxis with vertigo and rush of blood to the head.

Mercurius. Epistaxis at night; epistaxis when asleep; epistaxis from coughing; epistaxis on blowing the nose.

Natr. mur. Epistaxis at night on coughing, with a bruised feeling in all the limbs.

Phosphor. Copious epistaxis while at stool in the evening. Epistaxis with a sensation of dryness of the nose, with a yellow discharge.

Lycopodium. Epistaxis twice a day. Profuse bleeding from a small wound in the nose.

Silicea. Epistaxis in drops on stooping.

Sulphur. Epistaxis in the afternoon, followed by soreness of the nose to touch.

Thuja. Epistaxis every two days. Epistaxis when overheated.

In presenting you the drug pathology of the nasal passages I shall follow a certain system according to the relations of the drug actions to each other, and to head the list present that potent drug *Lycopodium*; it produces much sneezing through the day, at night the nose is completely stopped with dryness of the nose and burning headache. The nose is swollen, the patient cannot breathe through it, he has to keep his mouth open; the burning headache becomes so severe that he must keep the eyes shut. After a day or two or more, the inflammation may extend down into the bronchi where the *Lycopodium* cough is developed loose with much expectoration, the coryza may then become somewhat fluent. I am inclined to think that the closure of the nostrils by *Lycopodium* is not at first, if at all, owing to the presence of lymph, I think the mucous membrane is enormously congested and dry, that only a scanty thick secretion is at first the result. It will be often found in practice to be of the greatest value, and in frequency of prescription only equalled by *Nux vom.* and *Pulsatilla*. On the one hand allied to *Aconite* on the other to *Nux vom.*, but before *Nux vom.* comes *Dulcamara* producing a stuffed coryza which is exceedingly aggravated in the open air and followed by a loose cough.

Nux vom. produces a catarrh, which is at times stuffed, then fluent, then stuffed again; the nose will be completely closed by thick tenacious mucus, it will seem dry, but in a little time it will suddenly loosen and discharge copiously a moment or two and then close up again; all this accompanied by a dull confused headache in the forehead just over the nose; it feels as if a mass of cotton were there, the discharge may cause some redness of the nose and this condition is very likely to pass into the coryza of

Mercurius, which is characterized by a profuse discharge of thin or watery matter; the edges of the nose and the upper lip become very red and sore, but without excoriation. This form of coryza comes on with much sneezing, the nose is red and swollen especially the left side, the patients are using the handkerchief constantly to which they attribute the redness of the upper lip and edges of the nose. In mercurial affections of long standing the bones of the nose become sore to the touch, the nose is swollen, bad looking pimples break out on the nose. It is allied to *Aurum*, *Kali bichrom.*, and *Nit. acid* in connection with which group it will be again noticed. Taking another step we find

Arsenicum, which produces a slimy discharge that seems to burn its way over the skin of the upper lip; the discharge is very biting and burning. This coryza commences with great dryness in the nostrils with excessive burning, which burning continues after the discharge appears and is quite characteristic of *Arsenic*, closely allied to this is

Senega, whose action on the nasal passages is quite characteristic; the coryza commences with the feeling as if red pepper were throughout the nostrils and even throat, with excessive dryness and sneezing; this condition extends itself into the bronchi producing a most distressing and obstinate cough. A lady was subject to attacks very like this, coming on with the feeling of red pepper in the air passages and followed in twenty-four hours by a distressing cough, which proved to many allopathic as well as homœopathic physicians very obstinate. *Senega* not only arrested the course of this

catarrh at once but from its repeated use the attacks became less and less frequent and severe, and finally ceased altogether. Another member of this group, closely allied to Arsenicum, and which will be called for in nearly as many cases in

Allium cepa, (the onion). It produces a most violent catarrh with profuse discharge of water from the nose and eyes. Singularly enough that from the nose is burning and excoriating, that from the eyes not so; in direct contrast is Euphrasia (that wonderful eye-brightner) which has very acrid lachrymation but bland nasal discharge. These discharges of *Allium cepa* are accompanied by a terrible laryngeal cough, which compels the patient to grasp the larynx with his hand, for it seems to him that the cough would tear it as if a hook were in there which pulled and dragged every time he coughed. He shrinks and dreads the cough. These are not rare cases and demand prompt action; instead, then, of applying chloroform liniment, or giving laudanum and squills, or wrapping the neck up in an onion poultice, give a proper preparation of the onion and the work is done. *It will not fail.* (It may not be improper to say that the publication of the proving of *Allium cepa* in English, will immediately follow Aloes in the REVIEW.)

(*To be continued.*)

SCARLET FEVER.

BY P. P. WELLS, M. D., BROOKLYN, N. Y.

(Continued from page 359.)

Stramonium. In many of its pathogenetic elements this drug stands in relation to Belladonna, much as China does to Arsenicum. The similarity of their symptoms, though great, often finds the difference which negatives identity in the degree of their intensity, *Stramonium*, in this comparison, representing the minor quantity. Each of these rem-

edies, of course, presents numerous other elements distinctly characteristic of each, concerning which no question will arise as to the selection of either, when their counterparts are met in examinations of the sick; while, in relation to those which are similar, the practitioner will often find himself thrown upon this quantitative difference, as his chief guide in exact prescribing. In the group of these similar elements where we meet the greatest resemblance, and where we are oftenest compelled to rely on this difference of degree of intensity, we find many of the symptoms by which these drugs are related to scarlet fever. This will fully appear when we come to present the symptoms of *Stramonium*. Before proceeding to this, we wish to call especial attention to this remedy in its relation to this fever. Its importance here has not always been fully appreciated. It is not too much to say that as the disease is met at this day, and in this locality, it is as often called for by the law of similars as Belladonna, perhaps oftener. And further, as to these two relatives, it is not enough for good practice, to follow the one with the other, if that first given fails to produce the desired result. This will too often end in fatal consequences, for one of two reasons. If the one be appropriate the other is not, for though similar they are not identical. Nor, indeed, are they similar, but often quite different, in those elements which decide the choice of a remedy according to the law of cure. If, then, by mistake or neglect, that is given which is not similar in these elements, and therefore not appropriate to the case, it is not a mere negative proceeding, leaving the case after the action of the drug, (which cannot be curative for lack of the requisite similarity,) where it was when this wrong selection was made.

The action of drugs on the living organism is a positive action, never a mere negative one. If not in the curative direction, and it can never be if the similarity of its characteristic effects to the characteristic phenomena of the disease be wanting, it must be in some other, and that of necessity more or less an opposite one, and therefore hurtful. The

extent of this pernicious action will be conditioned by the susceptibility of the patient, and the quantity and repetition of the doses of the drug. The first element of this condition will vary much in different diseases and in different examples of the same diseases. This difference is determined by, and is the result of, that newly created susceptibility to drug action which ever arises with the first results of the action of the morbid cause. It is this susceptibility which has necessitated the reduction of doses of drugs adapted to the removal of these results, till that which the most enlightened experience has discovered to be productive of the maximum of good, is found to be so small that the faith of many is still unable to receive the truth. If the action of the drug selected happens to be in the opposite direction of that which is curative (i. e., antipathic), as is not unfrequently the case in the selection of Belladonna in scarlet fever, where this increased susceptibility is great, the morbid action cannot fail of being intensified, and the result will be, as it has often been, fatal.

It can hardly be necessary to say that the second condition—the magnitude and repetition of doses of inappropriate drugs—is mischievous in the direct ratio of these elements. And yet it is first in the memory of all who have had much experience in treating grave affections like the fever under consideration, especially of those who have been much sought as counselling advisers in such cases, that too often there has been sad evidence of the hope, that it might be possible, if large enough quantities of even a wrongly selected drug could be given, and often enough repeated, this would at last, in some unknown way, work out the results which can only follow the use of that which is strictly similar. And that not unfrequently, this use of that which is similar, being resorted to in doubt of its true character, as in ignorance of the importance of this fact, has been followed by consequences scarcely less sad.

The other reason of fatal consequences, from the error we have discussed, is the loss of time given to the development of the disappointment which must result from the use of

wrong remedies. In diseases of slower progress in destructive processes, this loss may sometimes be repaired, or even be of no very great detriment, but the case is quite different where the advance, from initiation of morbid action to complete destruction of life, is so rapid as is often witnessed in this fever. Here, if there is to be any success of treatment, it must come from first efforts, for there is often no time allowed in which to remedy the mischiefs of a first mistake. Even if there be no added intensity to the diseased activities from the effects of wrong remedies, or, which is nearly as bad, from the wrong use of those which are right, the rapid exhaustion of the vital forces by the morbid poison is so great, that the whole sum of them are soon brought below that point below which curative responses to the action of any remedy are impossible. There cannot therefore be too great caution in deciding between the claims of two remedies where the similarities are so great as in the case of Bell. and Stram., in cases where a mistake may be followed by so sad results, and which there can be so little opportunity to repair.

The following symptoms are translated from Vol. II, of *Jahr's Symptomen Codex*:

Violent convulsions of the limbs; convulsions in bed, of the severest kind, so violent that he must be restrained; frightful convulsions at the sight of bright, shining things, as light, a mirror, or the surface of water; convulsions with delirium, especially excited by being touched; convulsions first of the left arm, then of the right leg, then very quick of the head; violent, of the muscles of the lower jaw, lips, of the left arm and right leg; shock-like jerkings, of the left leg especially, which is drawn up towards the body; spasmodic jerkings of the limbs; slow contractions and extensions of the limbs in paroxysms.

[Paralytic trembling of the arms and hands, especially of the right, with which he constantly reaches into the air, and attempts to grasp, some imaginary object; at the same time the power to direct the hand to the desired point, at will, was sensibly impaired.]

Restlessness, [with itching of the skin; great restlessness with moaning; throwing up the arms and legs, but most with the arms, with opening and shutting of the hands and many motions of the fingers; tossing about in the bed; in spells of restlessness he would drink, when it was offered him but he did not ask for it.]—Williamson.

Red miliary rash on the chest and back, paler in the morning, in the evening more abundant and deeper red, made more apparent by warmth, followed by exfoliation of the skin. Many small, shining, star shaped petechiæ on the face, neck and chest.

[Face and breast of a coppery red color, somewhat mottled, similar to the color of a North American Indian, the sclerotic coat of the eye of a pink color. Eruption visible on the left knee, not on the right. An old cicatrix on the forehead was very red. The alæ nasi and space round the mouth and a spot on each temple were white. Restlessness with itching of the skin (case of poisoning by W. Williamson, M.D.) Face covered with patches of an irregular shape, not elevated above the rest of the skin, of a fiery red color ("Case of Poisoning," by Carroll Dunham, M.D.) Face became of a deeper scarlet than is ever seen in scarlet fever, and the neck and throat, as well as the face, were covered with a multitude of small spots of a brilliant red color, many of which were star shaped (Dr. Meigs). The skin of the body except the head was reddened dry and hot. *Frank's Magazine*.]—AMERICAN HOMŒOPATHIC REVIEW, Vol. IV, p. 556, *et seq.*

The skin of the whole body covered with a smooth, red eruption, which was dry and burning hot, so like the characteristic eruption of scarlet fever, that no difference could be perceived. It was in broad patches, with small interspaces, accompanied by much itching. [*Case of poisoning observed by myself.*]

Quiet sleep, especially after the convulsions; constant, deep sleep, also with snoring and occasional drawing up of the legs, or with very deep inspirations, drawn with great effort. Coma, with rattling respiration, bloody froth at the mouth,

and dark brown face. Restless sleep at night. Wakes with screaming and howling. In sleep, lies on the back, with open, staring eyes.

Great heat of the skin, towards noon, with redness of the face, vertigo, and lachrymation; with small, quick pulse, and cinnabar redness of the face; with talking in sleep. Pulse small, quick, rapid and irregular, or finally, hardly perceptible; strong and full; hard and full. Perspiration with great thirst; cold over the whole body.

Great angry irritability; strikes those around him, with fearful outcries; great desire to bite, and to tear everything, even his own limbs with his teeth; rapid alternations of laughing, crying and singing.

Stupidity; sees nothing, does not know his own relatives, grasps about with the hand, and stamps with the foot; he recognizes nothing about him, takes his book to go to school, but thoughtlessly takes the wrong door, hears speaking in his stupefying slumber but understands nothing; surrounding objects appear very small to him, whilst he himself seems large and noble; he believes he sees many persons, and grasps at them; frightful illusions, with shrinking or expression of terror in his countenance; thinks he sees spirits; imagines a dog is about to attack him; screams because of dogs, cats and rabbits which approach him from all sides; many terrifying phantasms which appear more to one side than directly in front of him; loquacious delirium; mild delirium; timid or terrified delirium; muttering; screaming till he is hoarse and loses his voice; terrified raving; very loquacious raving; springs out of the bed at night and screams that the disease will burst out at his head; starts up in great anguish and with violence, screams that she shall fall, clings to her mother despairingly, then whistles, points to flying gnats which she endeavors to seize; laughs and whimpers; loss of recollection, with internal restlessness.

Dullness of the head; difficulty of thinking; sensation of weakness and unpleasant lightness in the head; [quite char-

acteristic] deafening (betaubung) of the head with clouded sight; beclouding of all the senses; insensibility to external impressions; loss of the sense of feeling; after beclouding of all the senses, an eruption of a red rash on the back, with perspiration; vertigo, with redness of the face; vertigo with constant drawing backwards of the head and great drowsiness. Heaviness of the head. Pains in the head of the severest kind; with pains in the eyes; dizzy headache with fainting and thirst; squeezing headache; throbbing headache, also especially in the vertex, with attacks of fainting, or in the night coupled with diarrhœa; congestion of blood to the head; heat in the head with sparkling eyes; convulsions of the head, (and of the arms,) also with hiccough, especially in the morning; spasmodic drawing of the head, also with snoring and grinding of the teeth, and convulsed eyes, or with screams and throwing the arms over the head; frequent raising of the head from the bed.

Swelling of the eyes, also distortion of the eyeballs and dilated pupils; lachrymation of only the left or right eye, or of both with cloudy sight, great sensibility to light which causes tears to flow; eyes are closed, only opened when spoken to; sparkling eyes; staring eyes, also with aspect as if drowsy; eyes dull and cloudy; paralysis of the upper eyelid; pupils dilated; also from the outset, or with cloudy sight; pupils dilated and immovable; pupils contracted, even in the dark they are hardly at all dilated; entire loss of sight and hearing, or sees and hears very badly.

Redness of the face, also purple colored, with staring of the eyes; with very red cheeks and lips; trembling of the lips as well as of the hands and feet; dryness of the lips as well as of the tongue.

The mouth as if raw over the whole inner surface; great dryness of the mouth, which does not allow the swallowing of a bit of bread, it tastes also like straw; the dryness extends to the throat, and compels frequent drinking and moistening of the mouth; tongue very dry; dry and rough, as is also the palate; hot and dry as also the throat; swelling of the

tongue so that it hangs from the mouth; paralysis of the tongue with trembling while protruding it; organs of speech as if paralyzed; stutters without being able to utter a single word; constant mutterings.

Swallowing is difficult, with shooting pain in the throat, or with pressure in the submaxillary glands; complete inability to swallow, on account of dryness of the throat.

As in the case of the symptoms of Belladonna, many of these of Stramonium, so far as they disclose affection of the brain, are indicative of inflammation or of its results. Mixed with these are others of a different nature, and this mixed character of the symptoms of Stramonium, is one of the first and important facts which arrests the attention of the student of its action on the living economy. There is in this, with the inflammatory phenomena, another class which indicates that the drug has seized on the nerve fibre itself, modifying its functions in a very remarkable manner. There is a peculiar excitability and mobility of the nerve system disclosed, by the character of the convulsions, trembling, restlessness, etc., which is worthy of careful study, the like of which is found in no other drug. It is to a great extent in these extra inflammatory symptoms that the distinguishing differences between this drug and Bell. are to be learned. We have said they are peculiar, we know no better word by which to characterize them. They are evidently not inflammatory, they are very distinct from torpor, they are not paralytic, though they partake more of this character, and tend more to this state than do the corresponding symptoms of Bell. They seem to consist essentially in an erethism of the nerve fibre itself, which rapidly exhausts its functional susceptibility, and soon ends in its entire suspension, if the dose be large, or its action be not soon interrupted by the use of appropriate means.

The symptoms of the skin, sleep and fever are such as are commonly met in scarlet fever; those of the skin, especially, are a more complete picture of the eruptive feature of the disease than is found in the pathogenesis of any other drug;

while those of the disposition, intelligence, head, etc., disclose distinctly an inflammatory state of the brain analogous to important elements in the pathology of the fever we have so often to combat. The inflammatory symptoms of the head affections, are less marked and demonstrative than the corresponding symptoms of Bell. Though similar in kind they are less in degree. This, with the mixed symptoms of erethism already mentioned, will be quite sufficient guides to a right selection of Stram. in the treatment of this formidable malady. The importance of being able to decide at once and with certainty on that one of these which is especially appropriate to a given case, can hardly be over-estimated. The difficulty lies in the similarity of the general affections they produce. This is removed by a knowledge of the specific symptoms which accompany these, and which differ very greatly. To exhibit as plainly as possible this similarity and this difference, and thus to secure our practice as far as possible, from the frequent error of giving the one where the other is required by the law of similars, has been judged of sufficient importance to warrant a repetition of the symptoms of these drugs in parallel opposed columns. It is believed a study of them in this relation will fully justify the view taken of the nature of the symptoms of each, and make the discrimination of their differences comparatively easy, and that there are sufficient considerations to warrant the appropriation of the space on our pages which the repetition of symptoms will require. In making this comparative study, let it be remembered here as ever, that while it is the *similarity* of the symptoms of the drug to those of the disease which constitutes the one as curative of the other, it is just the opposite of this, as between the choice of two similar drugs for the cure of a given case. It depends wholly on the greater similarity of those elements in which *they differ*, to the symptoms of the disease, to decide which is the true curative.

BELLADONNA.

Convulsions with outcries and loss of consciousness; with delirium; with distortion of the eyes, and contraction especially of the flexor muscles;—with jerkings, especially of the hands and feet, loss of touch, and loose rattling of mucus in the bronchi. Rigidity, with bending of the body and head backwards or to the left side; rigidity or immobility of all, or of only a single limb, sometimes with loss of sensation, distended superficial veins, red and turgid face, full, quick pulse and copious sweating.

Trembling: of the limbs, also with convulsive shakings; with weariness; in the heart, forenoons.

Great *restlessness* of the limbs, especially of the hands and feet, and also of the head, compelling a constant moving and change of their position.

Skin. Scarlet spots and scarlet redness especially on the face, throat, chest, abdomen and hands, with acute swelling of the parts; sometimes with rapid, small pulse, tightness of the chest, violent cough, delirium, increased activity of memory, rubbing of the nose and distended pupils. Erysipelatous inflammations, also with swelling, or even with gangrene of the parts. Redness, inflammation and swelling of the entire skin of the body.

STRAMONIUM.

Violent convulsions of the limbs,—convulsions in bed, of the severest kind, so violent that he must be restrained; frightful convulsions at the sight of bright, shining things, as light, a mirror, or the surface of water; with delirium, especially excited by being touched; first of the left arm, then of the right leg, then very quick of the head; violent, of the muscles of the lower jaw, lips, of the left arm and right leg; shock-like jerkings, especially of the left leg, which is drawn up towards the body; spasmodic jerkings of the limbs; slow flexion and extension of the limbs, in paroxysms.

Paralytic *trembling* of the arms and hands, especially of the right, with which he constantly reaches into the air, and attempts to grasp some imaginary object, at the same time the power to direct the hand to the desired point was sensibly impaired.

Restlessness [with itching of the skin; with moaning; throwing of the arms and legs, but most of the arms, with opening and shutting of the hands, and many motions of the fingers; tossing about in bed in spells of restlessness; he would drink, when it was offered him, but he did not ask for it.]—Williamson.

Skin. Red, miliary rash, on the chest and back, paler in the morning, in the evening more abundant and deeper red, made more apparent by warmth, followed by exfoliation of the skin. Many small star shaped petechiæ on the face, neck and chest.

[Face and breast of a coppery red color, somewhat mottled, the sclerotic coat of the eye of a pink color. Eruption visible on the left knee, not on the right. An old cicatrix on the forehead was very red. The *ala nasi* and space round the mouth and a spot on each temple were white. Face became of a deeper scarlet than is ever seen in scarlet fever, and the neck and throat as well as the face were covered with a multitude of small spots of a brilliant red color, many of which were star shaped. The skin of the body except the head was reddened, hot, and dry. The skin of the whole body covered with a smooth red eruption, which was dry and burning hot, in

BELLADONNA—continued.

Sleep. Coma. Stupefying coma, like lethargy, with deep sleep and snoring respiration, lying motionless, occasionally opening the eyes with wild look, or jerking of the tendons, pale, cold face, cold hands, and hard, small pulse. Wakes with a start and fright, especially on going to sleep, sometimes with sweat on the forehead and epigastrium, and fear as if something under the bed made a noise. Restless and tossing.

Fever. Dry, burning heat; internal or external heat or both at the same time. During the heat, delirium and redness of the face. Pulse strong and rapid; or small and quick. Perspiration, cold on the forehead; bursting out suddenly; in bed, of the whole body, from the slightest covering, also only on the parts covered, evening and morning; stains the linen dark color; during the sleep, also in the day time.

Disposition. Unwillingness to speak. Indifference. Apathy, on which nothing makes an impression. Answers only with anger and outcries. Increased susceptibility of all the senses; all impressions on these are too strong. Howling and outcries for the merest trifles, increased by being spoken to.

Intelligence. Intelligence, with convulsions, especially of the arms. Loss of consciousness. Stupidity. Insensibility, as if in a dream, also in the evening in bed. He neither sees nor hears. Herecognizes no one, even his relatives, especially by the sense of hearing. He does not know whether he sleeps or wakes. Illusions of the senses and imaginations. Delirium, especially at night; with a staring look; murmuring delirium. Vertigo, with trembling of the hands; with dullness of the senses; with nausea.

STRAMONIUM—continued.

broad patches, with small interspaces and much itching.]

Sleep. Quiet sleep, especially after the convulsions; constant, deep sleep, also with snoring and unusual drawing up of the legs, or with very deep inspirations, drawn with deep effort.—Coma, with rattling respiration, bloody froth at the mouth, and dark brown face. Restless sleep at night. Wakes with snoring and howling. In sleep, lies on the back, with open staring eyes.

Fever. Great heat of the skin towards noon, with redness of the face, vertigo, and lachrymation; with small quick pulse and cinnabar redness of the face; with talking in sleep. Pulse small, quick, rapid and irregular, or finally, hardly perceptible; strong and full; hard and full. Perspiration with great thirst; cold, over the whole body.

Disposition. Great anger and irritability; strikes around him, with fearful outcries; great desire to bite and tear every thing, even his own limbs, with his teeth; rapid alternations of laughing, crying and singing.

Intelligence. Stupidity; sees nothing, does not know his relations, grasps about with his hand and stamps with the foot; he recognizes nothing about him; hears speaking in his stupefying slumber but understands nothing; surrounding objects appear very small to him, while he himself seems large and noble; he believes he sees many persons, and grasps at them; frightful illusions, with shrinking or expression of terror in his countenance; thinks he sees spirits; imagines a dog is about to attack him; screams because of dogs, cats and rabbits which approach him from all sides. Many terrifying phantoms, which appear more to one side than directly in front of him; loquacious delirium; wild delirium; timid or terrified delirium; muttering; screaming till he is hoarse and loses his voice; terrified ravings; springs out of bed at night, and screams that his disease will burst out at his

BELLADONNA—continued.

Head. Heaviness of the head; in the forehead, especially over the eyes, with pain in them when touched, and difficulty of opening, especially in the morning on waking; pressing heaviness in the occiput, or towards the temples, with diminished hearing; heaviness like drunkenness, with vertigo. Outward pressure in the head, with sensation of bursting, especially in the forehead, as if all would come out forwards. Tearing in the head, especially in the forehead over the eyes; on the vertex, worse on motion and while pressing on the head, with sensation of thinness of the skull. Shootings to the temples outwards, or in the temples. Pressing shootings in the temples, or to all sides of the brain. Cutting shootings, as if with knives, especially in the evenings, in the whole head or only in the occiput. Shootings from one temple to the other. Throbbing in the whole head, after pressing cutting. Pressing throbbing in the occiput. Strong pulsation of the arteries of the head, especially of the forehead and temples, or with sensation in the bones of the forehead as if they were raised up, or in the morning after waking, with pulsations in the whole body. Heat in the head. Painful sensibility of the hairy scalp to the slightest touch, even of the hair. Convulsive shaking and bending backwards of the head.

Eyes. Red, injected conjunctiva, also with shootings and tears. Spasms of the eyelids. Eyes open wide. Eyes prominent. Immobile, sparkling, brilliant. Distorted or in convulsive motion. Glassy. Red. Great sensibility to light, with spasmodic turning of the eyes from the light. Pupils contracted, or much dilated and immoveable.

STRAMONIUM—continued.

head; starts up in great anguish, and with violence screams that she shall fall, clings to her mother despairingly, then whistles, points to flying gnats; which she endeavors to seize; laughs loud and whimpers; loss of recollection with internal restlessness.

Head. Dullness of the head; difficulty of thinking, sensation of weakness and unpleasant lightness in the head. Deafening of the head with clouded sight; beclouding of all the senses; insensibility to external impressions; loss of the sense of feeling; after beclouding of all the senses, an eruption of red rash on the back, with perspiration. Vertigo with redness of the face; vertigo with constant drawing backwards of the head and great drowsiness. Heaviness of the head. Pains in the head of the severest kind; with pains in the eyes; dizzy headache with fainting and thirst; squeezing headache; throbbing headache, also especially in the vertex, with attacks of fainting, or in the right temple and with diarrhoea. Congestion of blood to the head; heat in the head with sparkling of the eyes. Convulsions of the head (and of the arms), also with hiccough, especially in the morning. Spasmodic drawing of the head, also with snoring and grinding of the teeth, and convulsed eyes, or with screams and throwing of the arms over the head. Frequent raising of the head from the bed.

Eyes. Swelling of the eyes, also distortion of the eyeballs and dilated pupils. Lachrymation of only the left or right eye, or of both with cloudy sight. Great sensibility to light which causes tears to flow. The eyes are closed, only opened when spoken to. Sparkling eyes. Staring eyes, also with aspect as if drowsy. Eyes dull and cloudy. Paralysis of the upper eyelids. Pupils dilated, also from the outset, or with cloudy sight. Pupils dilated and immoveable. Pupils contracted, even in the dark they are

BELLADONNA—continued.

Ears. Deafness, as if a membrane were drawn over the ears. Increased sensibility and repugnance to sounds.

Face. Burning heat and redness, especially of the cheeks, as if after drinking wine, with congestion of blood to the head, or with violent headache and ice cold extremities. Red, scarlet spots on the face, also with strong pulse. Convulsions of the lips. Distortion of the mouth. Lips dark red and dry.

Mouth. Great dryness of the mouth, extending to the throat and nose, the larynx as if constricted, hindering swallowing, also with or without thirst. Bloody froth at the mouth, with grinding of the teeth and shaking of the head. Mouths of the salivary ducts excoriated, as if corroded. Sticky slime in the mouth, for the most part with sensation of dryness. Foul smell from the mouth, as if from disordered stomach. Tongue cracked, red, hot and dry. Papillæ bright red, inflamed and swollen. Trembling of the tongue. Heaviness of the tongue. Paralytic weakness of the organs of the voice. Difficult and stammering speech, also like that of drunkenness, with full consciousness and dilated pupils. Nasal speech. Loss of speech.

Throat. As if raw and excoriated, especially when swallowing, touched with the tongue, or chewing. Burning in the throat and fauces, especially when swallowing food or drink. Shootings and pain as if swollen, only when swallowing, turning the neck or feeling of the throat. Inflammation, swelling and redness of the throat and fauces, palate, uvula and tonsils.—Swallowing painful, difficult or entirely prevented, even of fluids, which return through the nose. Impossibility of swallowing, with aversion to swallowing liquids, even to madness.

(To be continued.)

STRAMONIUM—continued.

hardly at all dilated. Entire loss of sight and hearing, or sees and hears very badly.

Ears. Hearing entirely gone. Deafness. Illusions of the hearing.

Face. Redness of the face, also purple colored, with staring of the eyes; with very red cheeks and lips. Trembling of the lips as well as of the hands and feet. Dryness of the lips as well as of the tongue.

Mouth. The mouth as if raw over the whole inner surface. Great dryness of the mouth, which does not allow the swallowing of a bit of bread, it tastes like straw. The dryness extends to the throat, and compels frequent drinking and moistening of the mouth. Tongue very dry. It is dry and rough as is also the throat. Swelling of the tongue so that it hangs from the mouth. Paralysis of the tongue with trembling while protruding it. The organs of speech as if paralyzed, he stutters without being able to utter a single word. Constant muttering.

Throat. Swallowing is difficult, with shooting pain in the throat, or with pressure in the submaxillary glands, complete inability to swallow, on account of great dryness of the throat.

LACHESIS.

BY H. B. FELLOWS, M. D., SENNET, N. Y.

July 4th, 1864. Took five pellets of Lachesis³⁰ about nine, a. m., for a cough.

Soon after noon I began to feel great heaviness and lassitude all through the body, but particularly through the back and legs.

At 3.30 p. m., the feeling of lassitude had increased and walking tired me much more than usual. After supper this feeling partially passed off.

Retired soon after nine, p. m. Legs ached all through but the pain was the most severe about the knees.

July 5th. Slept well. Coughed less this morning than yesterday. All well until after breakfast.

Soon after eight, a. m. my legs began to ache again, aching all through, but the pain, as on the day before, was most about the knees. Legs felt very heavy. The same feelings extended through the shoulders and arms, but in a less degree.

The general lassitude was more marked than yesterday. Felt better after dinner.

In the evening whilst walking, had a pain deep in the left ear or between the ear and the throat, which was made more severe while putting the temporal and masseter muscles on tension.

This pain disappeared in a short time and one appeared just above the left external maleolus, which would increase as the contiguous muscles were put upon the stretch in stepping. This pain lasted for some time.

July 6th. Felt well with the exception of the lassitude.

July 7th. More of the lassitude. Increased sexual excitement. This excitement lasted several days.

July 10th. No more symptoms noticed.

Any pathogenetic symptom is reliable; it must be so, or the science of Homœopathy falls to the ground. The patho-

genesis of a drug may be confirmed either by reproving it, or by its curative effects when prescribed according to the homœopathic formula. The former is the better way, and is more in accordance with the teachings of the master, if any doubt exists as to the symptoms ascribed to the drug. There can be no better way to settle the question of the reliability of Lachesis than by a reproving of it; the addition of other symptoms, equally characteristic as those now known, would also be likely to follow the reproving. The curative effects also confirm the provings, and are the final tests to be applied to every proving.

The following case of diphtheria is offered as confirming the above proving and as showing quite clearly the type of cases in which Lachesis will prove of the greatest value; a type which has been of frequent occurrence in this vicinity for the past few months.

Miss S. aged 18, had been feeling unwell for several days. On October 25th she was obliged to take to the bed. On the evening of that day I found her with a severe pain in the forehead, which became a beating pain in the vertex on assuming the upright position. On fixing her eyes on any spot on the wall she would feel dizzy. (I have seen this symptom produced from a high potency. "During the day looking at any object closely would produce vertigo, and in the evening looking at the clouds not more than 30° or 40° above the horizon, would immediately produce the same sensation.") Severe pain in the limbs, principally about the knees and elbows; the flesh felt very sore, and moving the limbs aggravated the pain for the time being. Much lassitude; she nearly fainted on rising from the bed at noon. Tenderness and pain in the epigastric region, nausea, anorexia, tongue coated with a dirty yellow fur, very unpleasant taste in the mouth. The tonsils were swollen and showed patches of a diphtheritic membrane about half an inch wide, of a dirty gray color, and extending down out of sight. Submaxillary and parotid glands swollen. The soreness of the throat began on the left side, and this side was still the most pain-

ful; throat was more painful after sleeping or talking. Pulse upwards of ninety; the skin at times hot and dry, at other times moist. Gave Lachesis³⁰ in aqueous solution every two hours. Next morning I found the patient with the headache, pain in the limbs, and nausea removed and less soreness about the throat; pulse natural or nearly so, strength increased. Continued Lachesis³⁰.

Oct. 27. Symptoms improving; diphtheritic membrane disappearing. Lachesis²⁰⁰ every three hours.

October 28th. Did not sleep as well as on previous night. Diphtheritic membrane nearly gone. Lachesis³⁰. After this the patient got no more medicine for the day.

About twenty months previous, I treated this patient for an attack of diphtheria, using the lower potencies of Aconite Belladonna and Mercurius iod., and during the disease a troublesome asthmatic cough set in and lasted for some days after the throat was healed. During the last attack a slight cough appeared having the same characteristics, but required no other remedy, and disappeared before the throat healed.

From the above proving we get some of the most marked symptoms of this case; and a complete picture of the disease as it often appears in its initiatory stage. As this stage frequently lasts from one to several days, it will in many cases enable us to avert a serious attack by the use of this remedy.

CACTUS GRANDIFLORUS. ®

BY ROCCO RUBINI, M. D., NAPLES.

(Concluded from page 365.)

Pathogenesis and Therapeutic Employment:

- . Vertigo from sanguineous congestion to the head; after ten days.
- . Discoloration of the face and emaciation; first six days.
- . Face inflamed and red, with pulsating pains in the head; the twelfth day.

- . Great heat in the head and inflamed face, as if he had stood before a strong fire, which causes madness and horrible suffocation; the first day.
- 5. Feeling of emptiness in the head; second day.
- . Very great and intolerable pain in the head, from congestion to the head; fourth day.
- . Heavy pain in the head as if a great weight lay on the vertex.
- . Pain in the head with general prostration and weariness.
- . Excessive pain in the head which causes such a sense of suffocation he cannot rest in bed; first day.
- 10. Pulsating pain with feeling of weight in the right side of the head, lasting day and night, so severe as to make him cry out; after four days.
- . Most severe pain in the right side of the head, which increases to such a degree as to lift the head from the pillow, for many successive days; after three days.
- . Violent pain in the right half of the head, increased by the sound of talking, and by strong light; in the first five days.
- . Tensive pain in the vertex which returns every two days; in the first twenty days.
- . Heavy pain like a weight on the vertex, diminished by pressure.
- 15. Sensation of weight on the vertex, with dull pain, increased by the sound of talking or any other noise.
- . Heavy pain in the forehead lasting day and night for two successive days.
- . Heavy pain in the forehead increased by strong light and by the sound of loud voices or noises.
- . Pulsating pain in the temples, getting intolerable at night; second day.
- . Sensation of great weight in the right temple and right eyebrow, diminished by pressure.
- 20. Constant and tiresome pulsation in the temples and ears, which gives much annoyance and causes hypochondriasis; the first eight days.

- . Such violent pulsation in the temples, it seems as though the skull would burst; first day.
- . Pain and drawing in the occiput, increased by moving the head.
- . Painful drawing in the aponeurotic covering of the occiput, relieved by bending the head backwards.
- . Momentary dazzling of the sight; first day.
- 25. Dazzling of vision; then appear before the eyes circles of red light which obscure the sight; sixth day.
- . Dimness of sight, at a few paces distance he cannot recognize his friends.
- . At a short distance he cannot recognize any one, not even friends.
- . Weakness of sight for many successive days, objects appear as if clouded; the first four days.
- . Weakness of vision periodically recurring, objects appear to be obscured.
- 30. Rheumatic ophthalmia, produced by cold air, which soon goes off.
- . Troublesome dry coryza; at night he must breathe with his mouth open.
- . Fluent and very acrid coryza which irritates the nostrils.
- . Profuse epistaxis, which soon goes off.
- . Pulsation in the ears, constant day and night; the first six days.
- 35. Noise in the ears like the rushing of a river lasting all night; first day.
- . Hearing diminished by noises in the ears; one must talk in a loud voice to make him hear; first day.
- . Very painful otitis, from checked perspiration, which gets well in four days.
- . Sleeplessness at night, without apparent cause; first night.
- . Sleeplessness at night from arterial pulsation in the scrobiculus and in the right ear; second night.
- 40. Sleeplessness for forty-eight hours with pulsation in both ears; third day.
- . He cannot sleep in the early part of the night, and when he then falls asleep he wakes suddenly; first eight days.

- . Interrupted sleep at night; the next morning he feels weary as if he had not slept at all; twentieth day.
- . Talking nonsense while at sleep at night, on awaking he talks unconnectedly; tenth day.
- . Slight delirium at night; on rousing up the delirium ceases a while, but recommences as soon as he falls asleep again; seventh day.
- 45. Hypochondriasis and insuperable sadness; first six days. Unusual melancholy for which he cannot account; first four days.
- . Profound hypochondriasis, is unwilling to speak a word; fourth day.
- . Continual taciturnity, he will not answer though repeatedly spoken to; third day.
- . Sadness, taciturnity and irresistible inclination to weep; the first six days.
- 50. Fear of death extreme and lasting; he believes his disease to be incurable; seventh day.
- . Love of solitude, he always avoids those about him who try to comfort him; ninth day.
- . Extraordinary irritability, the smallest contrariety puts him in a passion; fifteenth day.
- . Feeling of constriction of the throat which prevents free speech, and on forcing himself to speak, the voice is low and hoarse; tenth day.
- . Constriction in the upper part of the chest which hinders respiration; the first fifteen days.
- 55. Sensation of great constriction in the middle of the sternum, as if a hoop of iron constricted the part; this feeling produces oppression of the respiration, aggravated by motion; the first eighteen days.
- . Sensation of constriction of the chest as if bound; fourth day.
- . Sensation of painful constriction in the lower part of the chest, as if a cord were tightly tied round the false ribs, with obstruction of the breathing; sixth day.
- . Sensation in the chest as if some one were pressing and

- holding it tightly, under the delusion that this was the case he cried out, "Leave me alone;" third day.
- . Sensation of great constriction in the shoulders so that he could not move; fifth day.
- 60. Sharp wandering pains in the thoracic cavity, very annoying, especially in the scapular region; first fifteen days.
- . Painful drawings in the muscles of the left side of the chest, which extend to the shoulder joint and impede respiration and the free motion of the arm.
- . Pain in the left breast which is increased by touching, and relieved by gently raising it; the first twelve days.
- . Sensation of very annoying movement from before backwards in the cardiac region, as if a reptile were moving about in the interior, worse by day than by night; the first ten days.
- . Sensation of constriction in the heart, as if an iron hand prevented its ordinary movements; the first ten days.
- 65. Heavy dull pains in the region of the heart, increased on pressure; second day.
- . Acute pain in the heart, impeding respiration and motion of the body; fourth day.
- . Most acute pain, and such painful stitches in the heart as to cause him to weep and cry out loudly, with obstruction of the respiration; the first eight days.
- . Oppression in the left subclavian region, as if a great weight prevented the free dilation of the thorax; 4th day.
- . Prolonged oppression of the respiration with great anxiety; the first eight days.
- 70. Oppression of the chest with loss of breath; first four days. [®]
- . Oppression of the breathing, as if a great weight on the chest, third day.
- . Chronic oppression of the breathing increased in the open air, and soon goes off again.
- . Difficulty of breathing, constant oppression and anxiety, as if the chest were constricted with an iron hoop, and could not dilate itself for normal respiration; the first eight days.

- . Periodical attacks of suffocation with faintness, cold sweats on the face and loss of pulse; the first eight days.
- 75. Anxiety recurring in the evening; the first fifteen days.
- . Congestive asthma, quickly going off.
- . Palpitation of the heart, constant day and night, worse when walking and at night when lying on the left side; the first six days.
- . Nervous palpitation of the heart much augmented on the occurrence of the catamenia.
- . Nervous palpitation of the heart produced by mental exertion is immediately claimed.
- 80. Nervous palpitation of the heart existing for several years, in consequence of an unfortunate love affair, is rapidly relieved.
- . Chronic palpitation of the heart in a youth of 12, which for years had resisted all the appliances of art was almost completely cured.
- . Acute carditis, with slight cyanosis of the face, oppression of the breathing, dry cough, sharp pain at the heart, impossibility of lying on the left side, pulse throbbing, quick, tense and hard, these symptoms were removed in four days.
- . Chronic carditis, œdematous and cyanotic face, suffocating respiration, constant dull pain at the heart, hydro-pericardium, hydrothorax, ascites, œdema of the hands, the legs and the feet, impossibility of lying in bed, of speaking or even of drinking, hands and feet cold, pulse intermitting, cured in fifteen days.
- . Rheumatic carditis, with dry convulsive cough, which is cured in four days.
- 85. Hypertrophy of the heart that had lasted three years; the patient is pulseless, extremely prostrated, short-breathed, cannot lie down, cannot speak, has had no sleep for fifteen days, weak, dull, feet œdematous; he soon gets relief, lies down and sleeps quietly twelve hours.
- . Sanguineous congestion in the chest, which prevents him lying down in bed; third day.

- . Bronchitis rapidly cured.
- . Chronic bronchitis with mucous rattle, which, getting acute in consequence of a chill, causes great anxiety and suffocation; it is rapidly relieved and the acute stage soon passes off.
- . Chronic bronchitis of many years duration, with mucous rattle, lasting day and night, with short breath on going up stairs, and impossibility of lying horizontally in bed, which is rapidly cured.
- 90. Many pleurisies which are all cured in from two to four days.
- . Hepatization of the lungs which is resolved in a few days.
- . Most severe peripneumonia, with great oppression of the respiration, acute stitching pain, intense cough, sanguinolent sputa, hard, thrilling pulse of 120, which is cured in four days.
- . Hæmoptysis soon ceases.
- . Frightful pneumorrhagia, which is arrested and stops entirely in a few hours.
- 95. Pneumorrhagia, which occurs every four, six, seven or eight hours, accompanied with convulsive cough, and causing the loss of two or three pounds of blood, is soon diminished and ceases entirely in four days.
- . Obstinate stertorous cough, worst at night.
- . Catarrhal cough with much viscid expectoration.
- . Convulsive cough with copious mucous expectoration.
- . Cough with thick expectoration like boiled starch and very yellow.
- 100. Dry cough from pricking in the throat; the first fifteen days.
- . Dry cough from itching in the larynx; first night.
- . Constriction in the œsophagus, which prevents swallowing; he must drink a large quantity of water to get it down into the stomach; sixth day.
- . Constriction in the throat, which causes him to swallow his saliva frequently; eighth day.

- . Fetid breath in the morning; third day.
- 105. Nausea in the morning, and all day long; seventh day.
 - . Acrid acid in the stomach, which comes up into the throat and mouth and makes everything taste acid that he eats; fourth day.
 - . Sensation of great burning in the stomach; first five days.
 - . Great thirst which causes him to drink much water; first day.
 - . Sensation of great constriction in the scrobiculus, which extending to the hypochondria, constricts them and impedes respiration; fourth day.
- 110. Strong pulsation in the scrobiculus; first eight days.
 - . Constant and annoying pulsation in the stomach.
 - . Very troublesome pulsation of the celiac artery after dinner, which lasts three hours, and corresponds with the pulsation of the right temporal artery.
 - . Heavy feeling in the stomach.
 - . Sensation of a great weight on the stomach which lasts many days; first eight days.
- 115. Sensation of weight in the stomach which soon goes off, but recurs every time the medicine is taken; first fifteen days.
 - . Oppression and weight in the stomach; fourth day.
 - . Want of appetite and loss of the taste of food, which goes off after some hours; second day.
 - . Complete loss of appetite, he cannot take the least morsel of food; third day.
 - . Loss of appetite and nausea for many days, it is only by an effort that he can swallow a few mouthfuls; the first fourteen days.
- 120. Great appetite, but weak and slow digestion; twentieth day.
 - . Very slow digestion, even after eight or ten hours the taste of the food rises up in the throat.
 - . Bad digestion, all food causes weight in the stomach, and so much suffering that he prefers to remain without eating.

- . Copious vomiting of blood.
- . Very severe gastro-enteritis, cured in five days.
- 125. Severe hepatitis, cured in two days.
 - . Chronic hepatitis and hepatic engorgement, speedily cured.
 - . Borborygmus in the bowels, preceding the alvine evacuation.
 - . Distressing sensation in the bowels which annoys him much, as if a serpent were twisting about inside of him; fourth day.
 - . Very violent pains in the bowels almost causing him to faint, which last more or less all day; seventh day.
- 130. Wandering pains in the umbilical region, which cease and recur periodically; fifth day.
 - . Insupportable heat in the abdomen, as though something burnt him internally; after two days.
 - . The abdominal parieties when touched with the hand feel burning and are much hotter than the other parts of the body; third day.
 - . Constipation the first six days.
 - . Constipation as if from hæmorrhoidal congestion.
- 135. Evacuation of hard black feces immediately after taking the remedy in a man who had been constipated for two days; the following day bilious evacuations; first day.
 - . Bilious diarrhœa with four or five evacuations in the day, always preceded by pain; third day.
 - . Diarrhœa in the morning of very loose fæces, preceded by great pain, eight motions from six to twelve, a. m.; no motions in the afternoon; seventh day.
 - . Watery diarrhœa, very abundant each time, the motions in the morning always preceded by pains and borborygmus; ninth day.
- 140. Mucous diarrhœa preceded by drawing pains, three motions in the day; twelfth day.
 - . Sensation of great weight in the anus and desire to evacuate, however nothing passes; fifteenth day.

- . Swollen varices outside the anus which cause much pain.
- . Great itching in the anus which causes him to smart often.
- . Pricks in the anus as with sharp pins, which cease on rubbing.
- 145. Copious hæmorrhage from the anus which soon ceases.
- . Constriction in the neck of the bladder, which at first prevents the passage of the urine, but when he strains much he succeeds in urinating as usual; tenth day.
- . Great desire to pass water, and though he passes a long time trying to do it he cannot pass a drop; first day.
- . Desire to make water, and after having in vain tried to do so for a long while, he at last succeeds in passing water abundantly; first day.
- . Insupportable irritation in the urethra as if he should make water constantly.
- 150. Frequent desire to make water with a large flow of urine each time, at night; the first six days.
- . Heat in the urethra, which increases gradually and becomes insupportable; fifth day.
- . Urine passed by drops with much heat; fourth day.
- . Involuntary escape of urine in bed, whilst asleep at five, a. m.; first night.
- . Urine less copious than usual; first four days.
- 155. Very copious urine of a straw-color; first day.
- . Urine very much increased, he must pass water very frequently, and each time he discharges a great quantity.
- . Urine reddish, turbid, very abundant.
- . Urine on cooling, deposits red sand.
- . Frightful hæmaturia from hæmorrhoidal congestion in the bladder, retention of urine, paralysis of the bladder; the catheter with difficulty breaks through the sanguineous clots which with difficulty pass into the catheter in order to escape with the urine; the patient who for forty-seven days had in vain tried all other remedies, was cured completely in a few days.
- 160. Sensation of painful constriction in the groins, extending round the pelvis.

- . Painful sensation of constriction in the uterine region, which gradually rises upwards, and in a quarter of an hour reaches the stomach and causes the sensation of a great blow in the back that makes her call out, after which it rapidly goes off; first day after taking a globule of the 100th.
- . Pain in the uterus and its ligaments, recurring every evening, and increasing gradually till eleven, p.m., when it is worst; it then ceases until the following evening, for many successive days; after fourteen days.
- . Pulsating pain in the uterus and ovarian regions, like an internal tumor suppurating; the pain extends to the thighs and becomes insupportable; it then ceases completely and occurs at the same time the next day and so on for many successive days; after fifteen days.
- . Very painful menstruation accompanied by great prostration of strength so that she must remain in bed three days; after eight days.
- 165. Menstruation with most horrible pains causing her to cry out and weep; fifth day.
- . Menstruation which was usually preceded by pretty strong pains, comes this time without any pain and very copiously.
- . Menstruation eight days too soon in a woman it was usually seven days too late; third day.
- . Menstruation scanty, which stops when she lies down.
- . Menstruation of black pitchy blood, rather copious.
- 170. Labor suppressed for ten days, recommences the first day after the administration of the remedy.
- . Formication and weight in the arms which cannot be raised freely, worst in the left arm.
- . Edema of the hands, worst in the left.
- . Dry scaly herpes at the outside of the right elbow, without itching, of about an inch and a half in breadth; after thirty days.
- . A similar dry scaly herpetic eruption at the outside of left elbow; after forty-eight hours.

175. Dry scaly herpes, two inches broad, on the left internal malleolus, without itching after twenty-four days.
- . A similar dry scaly herpes on the right internal malleolus; after thirty-eight days.
 - . Great itching in the ankles; twentieth day.
 - . Very violent itching, causing him to scratch, on the lower part of the tibia; after twenty-one days.
 - . Edema of the legs up to the knees; the skin is shining, and pressure with the finger leaves a depression for a long time.
180. Edema of the feet up to the inferior third of the legs, which soon goes off.
- . He cannot rest still when sitting, he must throw his legs about hither and thither involuntarily.
 - . General weakness with sadness and bad humor.
 - . General weakness so that he cannot venture to speak.
 - . Weakness so great that he cannot venture to do anything, not even to walk across the room.
185. Great weakness for many successive days, he cannot venture to walk at all.
- . Great corporeal depression, he cannot trust himself to stand.
 - . Great prostration of forces, so that he must remain in bed, not feeling able to use his legs.
 - . General malaise, and such weakness as to be unable to rise from the seat.
 - . Depression and languor all day.
190. Great coldness at night which lasts half an hour; first day.
- . Slight rigor towards ten, p. m.; first day.
 - . Slight coldness which passes off quickly towards two p. m.; first day.
 - . General rigor so severe as to make the teeth chatter which lasts three hours and does not go off although he lies down and covers himself over with many blankets; first day.
 - . Burning heat which causes suffocation and restlessness,

- so that he cannot remain quiet in bed; this heat succeeds to the rigor of three hours duration, and lasts twenty hours; first day.
195. Burning heat in the course of the night with great pain in the head, great dyspnœa, and inability to remain lying; first day.
- . Copious sweat, which follows the hot stage; first day.
 - . Slight fever with pain in the head, which develops itself after a very short rigor; it lasts but a short time and terminates with a slight sweat at four, p. m.; first day.
 - . Quotidian intermittent fever, which recurs every day at the same hour for many successive days. At one, p. m. slight rigor, then burning heat, dyspnœa and great pulsating pains in the uterine region, terminating in slight sweat. From eleven, p. m. till twelve, a. m. the next day, complete apyrexia; after thirteen days.
 - . Quotidian intermittent fever not subdued by Sulphate of Quinine, is immediately checked. At eleven, a. m., some rigor for two hours, then burning heat with great dyspnœa, thirst, extreme pain in the head, coma, stupefaction, insensibility till twelve, midnight; terminating in inextinguishable thirst, and very copious sweat. At four, a. m. of the following day complete apyrexia and feeling of perfect state of health, which lasts seven hours. Then at eleven, a. m. the paroxysm returns and it recurs constantly for five successive days, unmodified by the Quinine.
200. Pulse completely lost for several days in a man affected with chronic hypertrophy of the heart; immediately after taking the remedy the pulsation returns with an irregular rhythm and intermitting as before.—*British Journal of Homœopathy.*

TELLURIUM.

BY C. HERRING, M. D., PHILADELPHIA, PA.

(Continued from page 369.)

Experiment 3.—A small young dog received in four days 1.2 grammes (nineteen grains) of Bi-tellurite of potash with the same results as in the previous experiments. On the ninth day he was killed. The autopsy confirmed in every part the observations made under number two. The inflammatory points in the liver cited by Gmelin were no more to be perceived than in number two. The blood serum had a normal color.

Experiment 4.—In this experiment in which a dog had received Tellurite of potassa, only this peculiarity is to be remarked: that the excrements, as early as a half hour after the administration of the salt, were colored black through and through. To the before mentioned gastric phenomena were added violent attacks of colic, tenesmus and diarrhœa. But the beast had been already devoted to various experiments, hence was otherwise sick so that we dare not assume that these phenomena were due to the action of Tellurium alone, inasmuch as they did not appear in the other experiments.

Experiment 5.—I now determined to prove the action of Tellurium upon myself, and with this view I took for seven days, each day an hour before dinner, a definite dose of Bi-tellurite of potassa, dissolved in water by the aid of some Potassa (therefore strictly a neutral salt). During the first four days 3.04 grammes (more than half a grain), in the two following 0.05 grammes (almost one grain); and on the last 0.08 gramme (more than one grain). On the first two days sleepiness set in, which compelled me, contrary to my custom, to sleep for half an hour after eating. In the subsequent course of the experiment I no longer felt this sleepiness. In the first three days I thought I noticed an increased appetite, but subsequently this diminished more and more. After I had taken, on the seventh day, 0.8

gramme of the salt, there occurred oppression in the cardiac region, disposition to vomit without actual vomiting, and uncommonly copious secretion of saliva. The tongue was coated white and somewhat swollen, so that on its margin the impressions of the teeth were strongly marked. The appetite was lost. These gastric phenomena did not cease until after fourteen days. The most striking phenomenon in this connection was the garlic-like Tellurium odor, which my breath acquired. It was manifested already in the first minutes after the first dose of the salt, and it was still perceptible even seven weeks afterwards, indeed it was in the beginning so strong and so offensive to others that I was compelled to withdraw from society. There can be no doubt that it arises from a volatile organic Tellurium compound similar to the Telluric Ethyle.

In the urine which was passed twenty-four hours after the close of this experiment, I could discover no trace of Tellurium although one may suspect that while it was being taken it must have existed in this secretion also.

Experiment 6.—My friend, von Roeder, took before dinner 0.04 gramme (more than half a grain) of Bi-tellurite of potassa in solution. Already, after a few minutes, his breath also assumed the peculiar garlic-like odor which was immediately apparent to all who conversed with him, and who knew nothing of the experiment. There occurred frequently light eructation, he could however eat as he thought with more than usual appetite, then felt unusual sleepiness and actually fell asleep. In the course of this day there appeared in addition to the Tellurium odor no further effects. During the following day he took a dose of nearly one grain (0.05 gramme), there resulted eructation, but again, as he thought, increased appetite without further effects. But still, after three days, his breath betrayed the Tellurium odor.

Strictly speaking only an accidental observation which however well deserves to be cited in connection with the experiments. It was communicated to me by Prof. Wöhler. While the latter was busied with his investigations of Telluric Ethyle, his breath had for several weeks the above men-

tioned odor of garlic, and, it happening once during this period that in consequence of taking cold he got into a very profuse perspiration during the night, the sweat gave out this offensive Tellurium odor to so great an extent that it was hardly tolerable—a phenomenon which he had opportunity to observe a second time during the course of this work.

Although it is not possible from these few first observations to form a clear idea of the mode in which Tellurium acts upon the living organism, still the facts related may furnish several points of view for further study. The black coloration of the contents of the stomach and intestinal canal which appeared soon after the taking of Tellurium, must come from the metallic Tellurium, as may be with great probability deduced from the behavior of the black colored substance under chemical reagents. It must, therefore, have undergone a process of reduction already in the primæ viæ. The coloring of the intestines, which is most decided in the mucous membrane, gradually decreasing toward the serous membrane indicates the direct absorption of the Tellurium reduced in the contents of the intestines. The violet coloring of the blood serum observed by Gmelin, indicates the presence of the absorbed metal. If, in the cases observed by me, the blood serum in the autopsy did not appear to be violet colored, the reason may have been that the animals on which I performed the autopsy were not killed until several days after taking the Tellurium, whereby the reduced metal suspended in the blood had time to deposit itself in the tissues, which therefore in my experiments were highly impregnated with it. Simultaneously with this reduction there evidently takes place, as was already mentioned, the formation of a volatile organic Tellurium compound, which is excreted through the lungs and the skin, and which must have an extremely intense odor inasmuch as this odor is perceptible for so long a period, and therefore so long as even the most infinitely small minima continue to be excreted.

Compare *Annalen der Chemie. Neue Reihe*, Band X, Heft 2, Sec. 208, ff,

(To be continued.)

MISCELLANEOUS.

Homœopathic Medical Society of the Co. of Westchester, N.Y. Pursuant to a call issued by Dr. Flagg of Yonkers, a meeting of homœopathic physicians was held at White Plains, Feb. 1st, to organize a County Homœopathic Medical Society in accordance with the act of the Legislature authorizing the same. There were present, L. W. Flagg, M. D., Yonkers; H. C. Jones, M. D., Mount Vernon; H. M. Smith, M. D., Hastings; E. V. Brown, M. D., Tarrytown; H. Beakley, M. D., Peekskill; C. Dunham, M. D., Irvington; W. B. Ropes, M. D., Dobbs Ferry; T. C. Fanning, M. D., Tarrytown.

On motion of Dr. Smith the meeting was organized by electing Dr. Dunham chairman, and Dr. Fanning secretary.

Dr. Smith moved that we proceed to organize a Homœopathic Medical Society for the County of Westchester, in accordance with the laws of the State.

Drs. Flagg, Beakley and Smith were appointed a committee to draft a Constitution and By-Laws. After conferring together the following Constitution and By-Laws were reported and adopted.

In accordance with the requirements of the Constitution the following officers were elected. President L. W. Flagg, M. D.; Vice-President, H. C. Jones, M. D.; Secretary and Treasurer, T. C. Fanning, M. D.; Censors, H. Beakley, M. D., W. B. Ropes, M. D., E. V. Brown, M. D.

Drs. Beakley, Ropes and Flagg, were elected delegates to the State Society.

Drs. Smith, Dunham and Flagg, were appointed a committee to procure a seal for the use of the Society.

Dr. Beakley moved that the semi-annual meeting of the Society be held at Yonkers on the third Wednesday in June, and that the next annual meeting be held also, at Yonkers. Carried.

Drs. Beakley and Dunham nominated for membership Dr.—Sloan of Cold Spring, and Dr. W. E. Buckley of Brewsters of the adjoining County of Putnam.

Drs. Smith and Beakley nominated for membership, Dr. A. L. Comstock of Mount Kisko, and Dr. H. Kinsley of Yonkers.

Drs. Beakley and Jones nominated for membership, Dr. J. Johnson of Sing Sing.
T. C. FANNING, Secretary. ®

CONSTITUTION.—ART. I. This Association shall be called the Homœopathic Medical Society of the County of Westchester; and its object shall be the advancement of medical science.

ART. II. Any physician residing in this County who is a member of any County Medical Society of this State, or who has received the degree of Dr. of Medicine, or a license to practise from a regularly incorporated institution whose requirements are in accordance with the laws of this State, and who practises upon the principle "*Similia similibus curentur*," may be elected a member of this Society by the votes of three-fourths of the members present at any regular meeting; and no one shall be entitled to the privileges of membership until he shall have signed this Constitution, and paid an initiation fee of one dollar.

ART. III. Any non-resident physician may be elected a Corresponding

Member of this Society; and any physician, resident, or non-resident, who may be judged worthy, from his superior attainments in medicine, may be elected an honorary member; and any resident member who shall remove from this County, shall thereupon become a Corresponding Member; but such Corresponding and Honorary members shall have no vote, and be eligible to no office in the Society.

ART. IV. The officers of this Society shall consist of a President, Vice-President, Secretary, Treasurer, and a board of three Censors. They shall be elected by ballot at the annual meeting; a majority of votes shall be necessary to a choice. Said officers shall hold office till the adjournment of the annual meeting, next, after that at which they were elected, and until their successors are chosen.

ART. V. § 1. It shall be the duty of the President to preside at the meetings of the Society, to preserve order, to put questions, to announce decisions, to name the members of committees not otherwise appointed, and to confer licenses upon the written report of the Censors.

§ 2. The Vice-President shall discharge the duties of the President in his absence.

§ 3. The secretary shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence under its direction, and have charge of its archives.

§ 4. The Treasurer shall receive all moneys, make all necessary disbursements, and report the same in writing at the annual meeting.

§ 5. The Censors shall faithfully and impartially examine each candidate for a license to practise medicine in all the branches usually taught in the medical colleges of this State, as well as in the principles and practice of Homœopathy; and they shall cause a record of the questions and answers of every such examination to be made during the process of examining the candidate, by a secretary appointed by them for that purpose; to which record they shall append, each over his proper signature, their respective votes, recommending or opposing the application of the candidate.

ART. VI. The Society shall hold its annual meeting the last Wednesday in January, at such place as a majority of the members at the previous annual meeting may decide. It may hold a semi-annual meeting at such time and place as may be determined upon at the annual meeting. The President shall instruct the Secretary to call special meetings of the Society at any other time, upon the written requisition of three members.

ART. VII. Five members shall constitute a quorum.

ART. VIII. By-laws may be enacted, repealed, or modified, by a majority of the members present at the annual meeting, provided notice of such enactment, repeal, or modification, shall have been given in writing, to the Secretary, at least one month previous; and no By-law shall be suspended at any meeting, except by the vote of two-thirds present.

ART. IX. This Constitution can be altered or amended only by a vote of two-thirds of the members present at the annual meeting; and it shall be necessary that notice of such intended alteration or amendment shall have been given to the Secretary in writing, at least three months prior to the annual meeting. And it shall be the duty of the Secretary within one month after the receipt of such notice, to send written copies of it to the members of the Society.

BY-LAWS.—ART. I. § 1. Any homœopathic physician of this County may be balloted for as a member of this Society, provided he has regularly studied medicine, and been duly licensed to practise, by a college, university, or society expressly authorized by the laws of any State or County to grant such license, and provided also, that the qualifications required by such institution be at least equivalent to those required by similar institutions in this State.

§ 2. Candidates for membership may be proposed at any regular meet-

ing; and if the proposal be seconded, shall be balloted for, provided his credentials have been vouched for by the President or Secretary; and the Secretary shall record in the minutes, the names of the proposer and seconder.

§ 3. Unless the members elect shall sign the Constitution, and pay the initiation fee within six months after being notified of his election, the same shall be considered null and void. This requirement does not apply to honorary or corresponding members.

§ 4. A new member shall be introduced by the President at the time designated hereafter, in the order of business.

§ 5. The annual dues of each resident member shall be one dollar, payable on the last Wednesday in January in each year.

§ 6. Any member who has paid his annual dues, is entitled to vote and is eligible to office.

ART. II. § 1. It shall be the duty of the President to deliver an annual address before the Society, at the annual meeting succeeding his election.

§ 2. The Secretary shall preserve on file all letters received, and copies of all letters written by him; and he shall notify all members of their election. He shall also procure a suitable book, in which shall be engrossed the Constitution and By-laws of the Society, which shall be signed by all the resident members. It shall be his duty also, to provide a book, in which he shall make an entry of all the resolutions and proceedings, which may be had from time to time; and also the name of every member of the society, and the time of his admission, and the place of his residence; and also the annual reports relative to the state of the treasury, and all such other things as a majority of the Society shall think proper; to which book, any member may at any time have recourse; and the same, together with all books, papers and records which may be in the hands of the Secretary, and the property of the Society shall be delivered to his successor in office.

§ 3. The officers of this Society shall perform such other duties, appropriate to their respective offices as shall from time to time be devolved upon them. Vacancies in the offices, by death, removal, or resignation, may be filled by an election, to be held at a regular meeting, notice of such election having been given by the Secretary.

ART. III. This Society shall have, and use one common seal, with a suitable device and inscription, which shall be appended to the official acts of the Society.

ART. IV. § 1. Any person who has studied medicine according to the requirements of law, and who desires a license to practise, may present himself before the Board of Censors at such time and place as they may appoint, and said Board shall examine him, and report as provided in Art. V of the Constitution. And if all the Censors shall find the said student well qualified for the practice of medicine or surgery, or both, as the case may be, the President shall, under his hand, and under the seal of the Society, give a diploma to practise, to such applicant, formally, in the presence of the Society, provided there be no report against the application of said student; but if such a report be made, then shall the President bring the subject before the Society at its next regular meeting, when a majority of the members present shall decide upon the application.

§ 2. The fee for such license shall be five dollars.

ART. V. § 1. The President shall preserve order in the meetings of the Society according to received parliamentary rules.

§ 2. The following shall be the order of business at a regular meeting:

1. Reading of the minutes of the preceding meeting. 2. Nomination, election and introduction of members. 3. Reports of committees. 4. Reading of papers. 5. Miscellaneous business. 6. Reading of the minutes for correction. 7. Adjournment.

§ 3. At the annual meeting, the election of officers for the ensuing year, shall follow immediately after the nomination and election of new members.

§ 4. The above order of business may at any time be suspended, on motion by a vote of two-thirds of those present.

ART. VII. Reports of committees and of Censors, and reports of officers on matters of business, shall, after approval, be lodged in the archives of the Society. Other papers, such as addresses, medical communications, etc., may also be lodged in the archives or published by the Society, after a vote to that effect, provided such disposal is by consent of the author of such address or communication.

OBITUARY.

To the Editors of the AMERICAN HOMŒOPATHIC REVIEW—*Gentlemen*: At a regular business meeting of the Hahnemannian Society of the New York Homœopathic Medical College, the following resolutions were unanimously adopted.

Whereas, Since the last annual meeting of the Hahnemannian Society of the New York Homœopathic College, tidings have come to us of the death of our friend and brother, Cornelius B. Jocelyn, M. D., who was a beloved and honored member of this association.

Resolved, that while we bow in humble submission to the hand of Him who has bereft us, and cherish a high respect for the memory of our beloved brother, won from us by his kindly genial nature and by the uprightness and integrity of his character, that made itself felt in all his associations, we cannot but sincerely regret that his life here was cut off in the freshness of his early manhood, as it was opening up before him with such promise of usefulness in the noble profession whose ranks he had just entered.

Resolved, That in our opinion, by his death the profession has lost one who, by his indomitable energy and perseverance, bade fair to stand in its foremost ranks—and the cause of Homœopathy a friend ever true to its first interests.

Resolved, that while thus deeply regretting the brevity of a life so full of rich promise, we can but rejoice that our brother met the great change with so much manly fortitude and christian resignation, and that he has entered upon a life which is the reward of all those who acknowledge their dependence upon, and place their trust in an all-wise God.

Resolved, That a copy of these resolutions be forwarded to the widow of our deceased brother, Mrs. Sarah B. Jocelyn, of Springfield, Mass., and also to his parents the Rev. and Mrs. S. S. Jocelyn, of Williamsburg, L. I., as an expression of our sympathy with them in their deep affliction; and we trust that the same confidence in the Divine Being, which inspired our brother with hope and peace during his last hours, will sustain and console them.

Resolved, That copies also be offered to the editors of the *North American Journal of Homœopathy*, the AMERICAN HOMŒOPATHIC REVIEW, and the *American Homœopathic Observer*, for publication, and that they be recorded in the society minutes.

P. OSCAR C. BENSON, }
B. F. BOWMAN, } *Committee.*
W. F. HOCKING }

THE AMERICAN HOMŒOPATHIC REVIEW.

Vol. V.

NEW YORK, APRIL, 1865.

No. 10.

THE MATERIA MEDICA.*

BY AD. LIPPE, M. D., PHILADELPHIA, PA.

The especial branches of the *Materia Medica* are pharmacognosis, the knowledge of the natural history and physical property of drugs; pharmacology, the knowledge of the collection, preparation and preservation of medicines; pharmacodynamics, the knowledge of examining the virtues and effects of medicines; to which we particularly add, pathognomy, the science and art of discerning the characteristics of groups of symptoms.

We will not, at present, treat at length of the history of *Materia Medica*, from Hippocrates and Dioscorides down to the present day; we can learn but little by looking back at the continuous changes, giving evidence that uncertainty prevailed, that darkness was followed by darkness; we shall leave the perusal of these former changeable and irrelevant attempts at a *Materia Medica* to those who find it amusing to dwell on the dark pages of antiquity.

The Homœopathic *Materia Medica* contains within itself its primary facts of fundamental principles, its laws of devel-

* Extract from Dr. Lippe's Introductory lecture on the *Materia Medica*, delivered before the Homœopathic Medical College of Pennsylvania, Oct. 11th, 1864.

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opment and practical application, in a word, the reason of its own existence. * * *

Hahnemann found while translating Cullen's *Materia Medica*, then one of the standard works, that *China officinalis*, Peruvian bark, was claimed to be a specific for intermittent fever. Hahnemann, who had always been a clear and reflecting observer of facts, knew that Peruvian bark did cure some cases of intermittent fever but not others; he also knew that it caused the patient who was subjected to repeated doses of this medicine only to suffer other pangs, which he had not before the treatment, without curing the original disease; he had noticed the symptoms of cases in which Peruvian bark had cured intermittent fever. He then first reflected on the mode which would bring light into this darkness of uncertainties, and resolved to solve the plain question, "What determines a *Cinchona* fever?" He then himself took a few drops of the pure alcoholic tincture of Peruvian bark while in a perfect state of health, and behold, he experienced symptoms very similar to those he had had years ago, when suffering from intermittent fever, commonly called ague. These symptoms he noted down, and on comparing them with such cases as he had cured before by *Cinchona*, he discovered a great similarity. The *Cinchona* proving was the first Hahnemann made on himself, and the results of this proving led him to draw deductions which he would never have arrived at without this experiment. He did not experience, nor did *Cinchona* cause intermittent fever, but it caused symptoms only resembling this form of disease, and from this observation he drew the only possible and correct conclusion, that, if medicines when taken in a state of health, were able to create symptoms similar to a form of disease which they were also known to cure at times, these symptoms so produced on the well, and the results of a voluntary proving, would in future indicate the condition under which this medicine might be administered for the cure of the disease presenting the same symptoms, with a certainty never known before. * * *

Here Hahnemann obtained the knowledge of the dynamic actions of the various medicines, by which he was enabled to establish the only law of cure, and this accumulated knowledge enabled him to give to the world a reliable and truthful *Materia Medica*. This knowledge was obtained by collecting the symptoms which had occurred from involuntary provings, poisonings, and by voluntary provings; at first, proving the crude drugs in comparatively small doses on the healthy, and by further collecting the symptoms cured, so verifying the first provings; he further collected the new symptoms which appeared, and which were not present before administering a medicine, as also the symptoms which disappeared simultaneously under the curative action of medicine and not known to have been produced by it while proving it on the healthy; of this latter class, but few were incorporated in the *Materia Medica*, and only after repeated experiments had verified their reliability. During the progressive provings, it was discovered that some substances, as *Carbo vegetabilis*, *Natrum muriaticum*, *Lycopodium* and *Silicea* developed but few, if any, symptoms when proved in the crude state. It was known of *Carbo vegetabilis*, that this substance, when administered for its known chemical power in destroying putrid odors, as, for instance, when applied to old putrid ulcers or putrid breath, the relief in both cases was instantaneous, and also when taken internally in larger quantities, it at once corrected the putrid smell of the dysenteric evacuations; the effect being only a chemical one, the putrid-smelling ulcers resumed the bad odor as soon as the application ceased; the putrid-smelling breath returned, when the mouth was no longer cleansed by the charcoal powder, the dysenteric evacuations were only momentarily deprived of the offensive smell; it was, therefore, no cure. Charcoal in this form, could only act chemically, and when taken internally, in the shape of crude powder, in large quantities, it can, and does not produce any alteration in the sensations; it has no curative or medicinal effect and produces no symptoms. But if Charcoal is triturated with a non-medicinal substance, as

sugar of milk, and carried to the third or a higher potency, that potency will cause a change in the sensations, and the symptoms obtained by proving these potencies now guide us in the administration of this valuable remedy. The provings of Charcoal in a potency were followed by provings of other medicines in potencies, and the symptoms so obtained were also incorporated into the *Materia Medica* by Hahnemann. More cures were made, more certainty was obtained of the correctness of all the provings, and all these observations were collected, and Hahnemann eventually gave us six volumes of his *Materia Medica Pura* and five volumes of his *Chronic Diseases*. Subsequent provings by the followers of Hahnemann were published and verified in separate smaller works and in the medical journals of the day; they were collected and published by Jahr and by Noak and Trinks; later they were given in translation to the English reading Homœopathician in *Jahr's Manual or Symptomen Codea*, by Dr. Hempel, which might be a very valuable work, were it not that this translation is entirely unreliable, full of inaccuracies, omissions and mistranslations. Later, we had our *Materia Medica* augmented by a volume of *American Provings*, by Dr. C. Hering, and this work is pre-eminent on account of its thoroughness; it is the most elaborate work of its kind, and it is only much to be regretted that it has not yet been translated into the English language, the only remedy Aloes is now given to us in the *Review*. During the past few months, we have received new provings by Dr. Hale. He publishes in one volume forty-four remedies. This work also while enlarging our knowledge of *Materia Medica*, is an indispensable work to the practitioner; it still retains the originalities of the Eclectic School who have introduced most of the new remedies into the practice of medicine.

* * *

The first impression of the uninitiated, who first takes in hand our voluminous works on *Materia Medica*, is to perceive no difference between the recorded provings of the many medicines. He thinks on glancing over the pages of the

Materia Medica, that every medicine has caused some giddiness, some headache, some fever, some cough; all and every one of them. He remains unavoidably puzzled on the subject, until he begins to compare the records more closely and accurately, he then sees clearly the differences that exist between the various medicines and the manner in which they are similar and differ. He will first try to ascertain what kind of pain a remedy generally produces, and on what part of the body, on what organ or part of an organ it is most apt to act. He will find under what conditions the changed sensations in the organism are produced, and these conditions he will subdivide first as to the time, at what time of the day, month, or year, periodically and so forth; under what change of position at rest or in motion, by what kind of food or drink, and by what mental emotions the condition is either aggravated or ameliorated, and lastly in what connection the various changes appear, and their accompanying symptoms. In this manner the progressive student will obtain the characteristic symptoms of each medicine; he will find by so studying each medicine, that various medicines have in some respects great similarities, but that in other respects they differ, in various ways, much from each other; he then makes comparisons as to similarities and differences, and he so finds out their relationship. * * By comparisons alone, can we obtain a proper and lasting knowledge of each single medicine. We compare first single symptoms with similar symptoms of other medicines, and so we proceed, until later we compare medicines belonging to the same natural class or family or groups of medicines which by their similarity of action form a relationship with other similar classes or groups of medicines. * * *

When I say that I will give you the characteristic symptoms of each medicine, the first question arises; what is characteristic? Characteristics consist in such symptoms, altered sensations and effects of medicines on the human organism, by which we discern our medicine from all other medicines, and while this may be ascertained by comparisons

made between the various medicines, the proof of the correctness of this discernment is obtained by the experiment; that is to say, that when, in the most varied diseases, the presence of one or more of this or these characteristic symptoms lead to the choice of a remedy, a cure follows; and that in similar diseases without the presence of this or these characteristic symptoms no cure follows the application of the same remedy. For the sake of facilitating the finding and remembering the characteristic symptoms, we divide them systematically in four different kinds, each of which kind may, in a given case, characterize the medicine. We have at first, the kind of pain or altered sensation, as, for instance, the soreness or sensation as from a bruise, under Arnica, which has few other kinds of altered sensations, or the burning-stinging pain under Apis. Many medicines have burning pain, as Arsenic, Carbo veg., Phos., and many others have stinging, pricking pains, but few have burning-stinging so characteristic as Apis, and there is only Bell. and Ignatia which have in that respect a similarity to Apis. The sensation as if the parts were made of wood, under Nitrum. We have secondly, the locality, as under Lachesis the left ovary, and under Apis the right; under Clematis erecta, the right testicle, and under Rhododendron the left testicle; we have the sides of the body, and find collectively, the left side more affected by the electro-negative remedies, while the electro-positive medicines, affect the right side more; again, have we the direction in which the pains and altered sensations attack the organism; we know, for instance, that when the rheumatic pains first attack the feet and extend upwards it is characteristic of Ledum, but that if similar pains begin on the upper part of the body and extend downwards, then it is characteristic of Rhododendron. In angina, we know that if the left side of the throat is first attacked, and the inflammation or ulceration extends to the right side, it is characteristic of Lachesis, but if the affection begins on the right side and later extends to the left side, then it is characteristic of Lycopodium.

Thirdly, we have the conditions, and they form by far the most important characteristic symptoms. The time of the day when the diseased condition is aggravated or ameliorated comes first to be considered. Some medicines are known to possess this condition in an eminent degree; as for instance, Nux vom. and Sulphuric acid in the morning, Natrum mur. at ten, a. m., Argent. at noon, Lycopod. at four, p. m., Puls. at sunset, Phosph. before midnight, Ars. after midnight, Kali carb. at three, a. m., etc. The position of the body, rest or motion, standing or sitting, or rising from a seat, are very important conditions. We find an aggravation from rest, under Rhus, and aggravation by motion under Bryonia, although these two medicines are very similar in other respects. Standing aggravates under Sulphur, sitting aggravates under Lycopodium and ameliorates under Colchicum, while rising from a seat is aggravated under Rhus and Lycopodium, but the condition is ameliorated *after* rising from a seat and when beginning to move, by the same two medicines. Aggravation after sleep is under Lachesis and Lachesis will never be indicated if the reverse is present; amelioration after sleep is under Phos. Under the conditions also belong the effects of the various articles of food and drink. The aggravations from coffee, tobacco and spirituous drinks we find under Nux vom. Bad effects, especially headache, from small quantities of wine, are under Zinc, the bad effects from continuous over-indulgence in beer, are under Kali bichrom., the aggravations from lemonade under Selenium, of the ill effects caused upon a diseased condition by oysters, under Lycopodium, of bad results from pastry and pork under Pulsatilla. The amelioration from eating fruit we find under Lachesis, or from drinking tea under Ferrum.

Fourthly and lastly, we have the concomitant symptoms which although yet few, form strong characteristic indications. For instance, toothache with a swollen face, we find under Chamomilla and Mercurius, and while the swollen face under Chamomilla is red and hot, that under Mercurius is hard and pale. Toothache with paleness of the face we

find under Pulsatilla. Fever with thirstlessness under Pulsatilla and Sabadilla, or with much unquenchable thirst, under Natrum mur.

The knowledge of the characteristic symptoms of medicines is indispensable if we wish to be successful in the practice of Homœopathy, because it is one of our fundamental practical rules, that the characteristic symptoms of the only truly curative remedy must correspond with the characteristic symptoms of the patient. This, as one of the most important rules of our school, enters also largely into the study of the *Materia Medica*, and for this reason we must deprecate the arrangement of medicines according to groups of pathological conditions sought after and supposed to exist in groups of symptoms recorded in the provings. Before we seek the characteristic symptoms of the remedy, we must possess the characteristic symptoms of the patient, or what is falsely termed the disease. The truly characteristic symptoms of the patient exist exclusively outside of the pathological groups of symptoms of the discerned disease; nay more, they are symptoms which never necessarily belong to the disease or any form of it, but which appear absolutely accidental. The symptoms present and necessarily constituting and belonging to the disease, we may term essential symptoms; characteristic, we term those symptoms which are found on the diseased individual besides the essential symptoms, either on account of his constitution or from other accidental and unaccountable causes. If it is so, and if the experiment has established this rule to be correct, we would gain nothing by classifying the provings of our medicines in such a manner as to press them into pathological livery. If then the extraordinary and apparently accidental, often seemingly trifling symptoms of the patient, guide us in the selection of the sole truly curative remedy and constitute the characteristic symptoms, no preconceived notion based on the pathological classification of remedies can be of the least assistance to us in our efforts to cure, and all such garbling attempts must be rejected.

The thorough knowledge of the *Materia Medica*, so essentially necessary for success in practice and in curing the sick, can only be obtained by diligent study, but we may in a great degree facilitate this study by proving medicines ourselves. During a proving, we are compelled first to observe our own sensations and our alterations of them and to arrange them according to some system, thereby cultivating our faculties of observation and of systematizing these observations. Each symptom which we record as having occurred as the effect of a new medicine, will necessarily call back to our memory a similar or opposite symptom known to us as belonging to some previously proved medicine. By making these comparisons, our memory receives the new symptoms of the new medicine as having a relationship with other medicines. By provings, we learn how necessary it is to observe what are generally termed trifles, for even by these apparently small differences do we know one medicine from another or discern one symptom of one medicine from a similar symptom of another medicine, and these accurate observations of what were formerly considered and termed insignificant and unimportant symptoms, constitute the great difference between a skilful, and therefore a successful physician, and a routine practitioner.

As illustrating this proposition we will take a patient who complains of diarrhœa. The Allopathist is satisfied that the disease is diarrhœa, that it should be checked, and at his first prescription he orders his usual panacea, Opium, in some form or other. We seek to know more than the meagre knowledge that the patient has a diarrhœa, we examine him as Hahnemann has taught us and as it behooves every true Homœopathician; we elicit at our first question, as to when his diarrhœa began, that he was first attacked in the morning, or had for some days always been worse in the morning. We know one condition, that of time, and know that Bryonia, Sulphur, Podophyllum and Thuja, besides other medicines, pre-eminently produce and cure morning diarrhœa. We know that Bryonia has morning diarrhœa which takes place

as soon as the person has risen from the bed and begins to move about; we know that the Podophyllum evacuations are generally green, that the diarrhœa characteristic of Sulphur drives the patient out of bed; the call is imperative; and let me here remark, that we owe this knowledge verified by many cures to one single symptom of one prover: this symptom is on record in Hahnemann's *Chronic Diseases*, and we find it observed by Frederick Hahnemann, the son, under No. 868, where it reads, "the stool is discharged suddenly and almost involuntarily, he cannot rise from his bed sufficiently fast." So much for one single, well-observed and recorded symptom. The Thuja morning diarrhœa comes on after breakfast, and this symptom, although it is not often met with, we owe to Dr. Wolf who gives it in his high potency proving, of Thuja under No. 483; thus, "Diarrhœa every day after breakfast;" this observation has also been verified by experience. We now continue the examination of the patient, and he tells us that he had to rise quickly and then had a painless, watery, yellow diarrhœa, which continued during the forenoon and was better in the afternoon. We need not choose long, but administer at once one dose of Sulphur, for not only the time and condition are characteristics of the remedy, but also the quality of the discharges, and if we continue our examination of the patient, we will undoubtedly obtain further symptoms all indicating Sulphur.

It is not only advisable, but absolutely necessary, that the provings of medicines should be made by ourselves. The observations on others, although indispensable to a perfect knowledge of the effects of medicines which we seek to obtain, may leave us continually in the fear of not exactly expressing in a proper manner what has been felt; we must therefore continually remain in doubt, or at least partly so, as to whether the proving is a deception or not. This obstacle to a knowledge of the truth, which cannot be entirely obviated when in search after the morbid symptoms excited on another person by the action of the remedy, does not exist when the trial is made on our own person. The

individual who undergoes the experiment knows precisely what he feels, and every fresh attempt that he makes is an additional motive for him to extend his researches still further by directing them towards other remedies. It renders him more expert in pursuing further trials, while at the same time his zeal is redoubled, because he thereby acquires a true knowledge of the resources of the art which can be considerably increased.

The proving of medicines, first on yourselves then on others, will further give you such an insight into the *Materia Medica* as you could not obtain in any other manner. With every new step you take, you will learn to appreciate and admire the great works of the masters who have presented you with complete, well-arranged provings, and by following their example you will become masters yourselves, not only in the art of proving, but in obtaining a mastery over the master-provings, which you desire, to become enabled to apply for practical purposes. * * *

SCARLET FEVER.

BY P. P. WELLS, M. D., BROOKLYN, N. Y.

(Continued from page 408.)

Lachesis. We have already called attention to this remedy in speaking of the treatment of the torpid variety of the disease before us. In recurring to it here, our object is to point out more particularly the indications for its use. It is worthy of remark, that though in general, *Lachesis* has so many resemblances to *Belladonna* as to be rightly regarded as one of its nearest relatives, in scarlet fever they are oftenest in relation to conditions the exact opposites of each other. The symptoms indicative of *Bell.* being sharp and demonstrative, while those of *Lachesis* declare threatening gangrene, or destructive decomposition of

both fluids and solids. Instead of active, strong pulse, hot, dry, skin; glowing redness of the face and injected eyes; throbbing pains in the head, etc., we have a cool surface, perhaps covered with cold perspiration; torpid, peripheral circulation; passive hæmorrhages of dark, fluid blood; sloughing ulceration of surfaces where the specific effects of the poison are more especially localized; acrid or foul secretions, etc. The swellings to which the two are related are also quite unlike. Bell. belongs to those of the glands, with the phenomena of acute or of the acutest inflammation; while that of Lachesis is of the cellular tissue, threatening suppuration or gangrene, the whole tone of the general phenomena being of a lower grade than that which is so characteristic of its relative. This is notably true of those about the throat. It is of the utmost importance to distinguish these differences in practice, and to select the remedy appropriate to the given case in the first instance, for if we fail to do so then, it is more than likely we shall have little opportunity to amend this mistake. If the process of distraction now set up, of which we are so plainly warned by these accidents, be not met and conquered at the outset by the administration of the appropriate remedy, the case will soon pass beyond the reach of help from any, however judicious may be the selection, later in the history of the case. Of the variety of the fever characterized by these swellings

We shall speak more particularly hereafter. It is only alluded to here for the purpose of illustrating the contrast between the action of these drugs, which we wish to present in a manner to elucidate, as far as possible, the place of each in the treatment of this formidable disease. It will be seen at once, we think on only a cursory glance at their pathogenesis, that they here belong to opposite conditions, and can never be substitutes for, nor alternates of, each other. The nearest to this which can occur is, that Lachesis may rightly follow Bell. if from the use of this we have failed of curative action, where it seemed appropriate, and the case has progressed, notwithstanding its use, to that lower plain

of action which we have pointed out as indicative of the condition which calls for the use of Lachesis.

In the treatment of that variety of the fever characterized by acute inflammatory action in the brain, it must be apparent from what has been said, that Lachesis is not likely to find an extended use. It will not be difficult, however, to place its proper sphere in that class of cases where the symptoms indicate a low grade of inflammatory action, and where fatal issue is not so much to be feared from inflammation and its consequences, as from exhaustion of the vital forces from the direct action of the morbid poison upon them. In its relation to the inflammatory cerebral variety its place seems to be below that of Stram., Hyos., Sulph., and Rhus. The moral symptoms are scarcely at all like those of acute cerebral inflammation, and the intellectual, but slightly so. Inability to think acutely and continuously. Great weakness of the memory, listening is very difficult, the words spoken seem immediately to be wiped away. Entirely without memory, he neither hears nor understands what others say, though he can still think correctly. These are all. The symptoms of the head are something more positive. The pains of the head are deep within, and are aggravated by external pressure. Or they are dull in the forehead, or whole head, with nausea, in the afternoon. Heaviness of the head in the occiput, forehead, or deep in the centre of the head, with vertigo, mornings, on waking. Pressing pain in the head, with nausea or with drowsiness; or under the whole skull, as if from taking cold, or with nausea alternating with heat, and much increased by stooping. It is great in the morning with strong congestion to the head. Constriction of the head over the ears, with pressure to these, under both temples. The tensive pains in the head are relieved by external pressure, and are sometimes accompanied by whizzings and rushings (*sausen*) and sensation of heat in the head. Shootings in the vertex (*scheitel*), also from the eyes to the vertex, or in the temples, or in the whole head, as if from knives, with *stiffness of the neck*.

Throbbing pain, with beating from every motion, causing nausea, and efforts to vomit, with painful boring in the vertex. Great congestion of the head. Heat of the head.

These are symptoms which may be met in cases of cerebral inflammation, and these will most certainly find their curative in Lachesis. It sometimes happens however, in these cases, that the head symptoms are not very definitely expressed, or are masked by the general condition of the patient, as of insensibility, or by the violence of other symptoms, as convulsions. This is not an uncommon experience in the cerebral inflammations of scarlet fever. The remedy is then to be found from a study of other and more general symptoms, less obscured by these accidents; being controlled in all cases by the resemblance of characteristic symptoms, and never by the fact that this or that remedy has cured other cases, which we believed to have been like that under treatment. It will be seen, most likely, on a careful study of the case of the variety of the fever under consideration, that where Lachesis is in place, the inflammatory state is one approaching, by its low grade, to a condition of torpor, if it does not really present positive symptoms of this state.

(*To be continued.*)

ALTERNATION.

BY M. D. COE, M. D., ST. CHARLES, ILL.

Much has been written of late on the subject of the alternation of remedies, and as it is a question which must be decided by experience, as must every other question of medical practice, no dogmatism will satisfy or bring together those differing in opinion. I conceive that the discussion in the February number of the REVIEW does not cover the whole ground, nor does Dr Hawley touch some reasons which have most influenced me to alternate. I purpose in

this article to give some of the principles which have governed me in my practice.

Specific action pertains to every organ and tissue of the human system. Each gland, each membrane has its specific office, selecting and discerning from the blood or the cast off elements, its own appropriate secretion. In each tissue are arrested by some elective process, just such elements as are necessary for its growth or maintenance. The avenue is closed to all other unless some toxical agent is thrown in which has power to arrest the normal process.

It is an established principle in Homœopathy, demonstrated by drug-proving and clinical experience, that each drug has its own specific sphere and manner of action, hence that each remedy acts in a particular manner, upon a particular organ or tissue, or upon a particular set of organs or tissues. Another recognized principle in Homœopathy is, that attenuated remedies act upon the system only by virtue of their homœopathicity to the disease by which the system is at the time affected; hence they are inert when taken by persons in health.

When I visit a patient, I endeavor to get a perfect impression, or image, if you please, of the disease, of its symptoms and pathology. Then applying my governing law "like cures like," I endeavor to find a pathogenetic picture which will exactly correspond to, or be a likeness of the image of the disease. If in searching my drug-provings, I find in the pathogenesis of a single remedy a picture which is a perfect likeness, I administer that remedy alone. When I lay the picture upon the image, it exactly covers it. But supposing after exhausting my pathogenetic lore, I find no single remedy that will complete the picture; some part is still defective, it either wants a head, a body or a limb, what am I to do? What I do is this, I finish out the picture with something that will complete it. If the head symptoms are unmistakably Aconite symptoms, and nothing else, the chest symptoms, unmistakably Bryonia symptoms and nothing else, and the symptoms of the lower limbs unmistakably

Rhus symptoms and nothing else, I can finish my picture in no other way, nor can anyone else. Now in this case what is to be done? If I use only one remedy, I move only one group of symptoms at a time and they must be taken in succession, while if I alternate, I act upon *all* at the same time. But the single remedy objector says, one of my medicines will modify the action of the other in such a manner that I cannot rely upon their doing what their pathogenesis would indicate. I think he is mistaken. If attenuated remedies only act homœopathically as we all hold, only act upon those organs and tissues which are affected by disease in a manner similar to the drug affection, then my Aconite, Bryonia, and Rhus each goes to its own place, and performs its own office without interfering or being interfered with by the others.

The objector may ask, "Why not then combine your remedies and administer them all at once after the manner of the old school?" Because they might chemically affect each other, and effect a change of substance, so that we should be administering something different from the original remedies. If we could be certain in any case that there was no chemical union, no modification of the substance, but simply a *mixture*, I am satisfied that we might administer combined remedies, upon the basis of their individual pathogenesis, and trust to the animal economy to do its own selecting and appropriating. But as we cannot be satisfied that there is no modification of substance, we cannot be certain of effects until we have provings of combined medicines. "But," says the objector again, "may not your remedies administered at short intervals chemically combine and produce a change of substance after they are taken?" No, for each does its part, by making its specific impression upon the nerves which it specifically affects, and this nerve force or impression is communicated to the cells specifically adapted to receive it; and that force or impression for which they have no specific affinity cannot affect them. I, therefore, have always preferred, when I could not find a drug

whose symptoms completely covered the symptoms of disease, to use two, and I have even used three in alternation. If we had a *Materia Medica* so perfect, that a perfect likeness of each abnormal condition of the animal economy could be found and in the pathogenesis of distinct drugs, then I should have no controversy with the advocates of the single remedy system, and in fact the only reason why I practise alternation, is this want of perfection.

To exemplify a little further our meaning, we will change the figure. I find my patient being preyed upon by a disease in the form of a double-headed monster, each head, as far as I can discern, possessing independent vitality. My patient asks to be delivered from its power. Being anxious to relieve him as soon as possible, I seize a club in each hand, determined to deal a blow to each head at the same time. Just as I have raised my clubs to strike, my arm is arrested and I hear a voice frantically exclaim, "Hold, Dr.! What in the name of science and the master are you about to do?" I reply: "You see that double-headed monster prying upon the vitality of my patient. He asks me to rescue him and I am taking the shortest method of doing so." "But," says my interrogator, "you make an awkward appearance with a club in each hand, you cannot strike scientifically with two clubs at once, and then the master always taught that you should only use one, and after that was used up to take another. I would use one club, on one head, until I had killed it, then I would take the other and kill the other head." In reply I tell him that by using two clubs at once, I can kill both heads in the same time that he would require to kill one, and as the relief of my patient is my only object, not caring how it is done, I shall not hesitate to use both clubs at once even if my attitude be not as graceful and my procedure as scientific as you could desire. I practise homœopathically. Feeling conscience-stricken because I have kept my patient so long in waiting, I fall to belaboring both heads of the monster by using both clubs simultaneously; and after I have despatched him, I turn round and see stand-

ing behind me one of the editors of the REVIEW, with sorrow depicted in his countenance, and exclaiming, "You are not a Homœopathician."

REMARKS.—This article very justly affirms that the question of alternation, being a practical one, "must be decided by experience;" that no dogmatism will satisfy those differing in opinion. The writer then straightway proceeds to dogmatize, on the basis of two assumptions, which he claims to be "established principles in Homœopathy," but which very few will concede in the terms in which he has expressed them.

Having referred the question to experience, he makes no appeal to experience, whether his own or his neighbors. If he have experience which can throw light on this question, it ought to be *comparative* experience. He ought to be able to say, "for a certain period of times I avoided alternation, selecting my remedies as Hahnemann directs; then, for a period, I *alternated*. My success under the latter method was the greater." Such a statement as this would carry weight. But we gather from this article that Dr. Coe has *always* practised *alternation*, deriving his ideas of its propriety and necessity from the assumed "established principles" upon which he bases his arguments, and upon the assumed imperfections of the *Materia Medica*.

If our conjecture be correct, then his experience, being confined to the practice of alternation and not bearing upon the opposite method, can have only a negative value. It merely shows that a measure of success does attend this faulty form of practice, a point which was freely conceded to Dr. Hawley. But inasmuch as no advocate of alternation claims invariable success, the question remains, "might not the success have been greater if alternation had been *avoided*?" Not having any comparative experience by the light of which to answer this question, the alternator-ab-initio, could not reply.

Our editorial note to Dr. Hawley's paper expressly referred to Hahnemann's experience, and to the experience of the writer, as being of this *comparative* character and as there-

fore bearing on this question, and as showing, so far as they go, that the results of adherence to the single remedy are more satisfactory than those of alternation.

Some of the points touched by Dr. Coe are too important to be treated in this annotation. They will be discussed in a future number of the REVIEW.

Suffice it now to say that, when he states that "the only reason why he practises alternation is the want of perfection of the *Materia Medica*,"—he concedes, if he will allow us to add one other analogous reason, viz., "want of perfection in the knowledge, possessed by practitioners, of the *Materia Medica* which we already have," all that the opponents of alternation contend for. For this position admits that alternation is wrong in *principle* and is only necessitated by a temporary emergency, we contend that the emergency instead of being *common* is *rare*, if not altogether imaginary and we appeal to our practice.

How dangerous it is to discuss a question of science with rhetorical figures!

Dr. Coe makes merry over his imagined double-headed monster, for each head of which he provides a club, and he grows happy at the thought that by his two-handed energy he will have destroyed this figurative disease much more quickly than the luckless editor could do it, whom he restricts to the use of a single club to be applied to but one head at a time.

Now we have always supposed that the efficacy of an armament depended not so much upon the *number* of efficient weapons as upon the *skill* with which the weapons existing were used, and one club in a vigorous right hand *might* do more execution even on a double-headed monster, than two clubs even in the hands of our ambidexterous correspondent. But why restrict the monster to the "two-headed" form? If we are to admit the dual or multiple independent co-existence of disease, why not liken it to a centipede, each foot "possessing independent vitality." With what armament now will our friend cope with his antagonist? Shall he call Bria-

reus in consultation and arm him with one hundred clubs? We do not believe in the multiple co-existence of disease. Leaving out of view traumatic affections which may supervene during idiopathic sickness, as Drysdale shows, we believe in the *unity* of disease and we expect to find one remedy of which the *characteristic* symptoms cover the whole case.

The figure of the two-headed monster is, therefore, in our view, defective. But, admitting the figure, why must we use *clubs* at all? In the days when brute force reigned supreme they were well enough. But surely, in this day of enlightenment "*clubs* are not trumps."

Hercules was the embodiment of brute strength as distinguished from intellectual acuteness and skill. Surely his subjugation of the Lernean Hydra should not serve us as an example in treating disease. We cannot afford to spend so much time as the club-treatment requires; for both the experience of Hercules and that of our Irish friends at Donnybrook fair, prove that the breaking of heads by clubs is a tedious and uncertain affair. We decline to enter into competition with our friend in the use of his favorite therapeutic agent, the club, whether he use it single, double or a hundred-fold. But, if he *insist* on a mechanical figure, we will suggest that, while *he* is counting the heads of the monster and is casting about in his club-room for a bludgeon adapted to each head, and is fitting his hands for the arduous effort and is so getting his balance, as to make sure that the complex wielding of his numerous weapons shall not trip him up, *we* shall humbly survey the monstrous form with the intent to study the controlling characteristics of its anatomical structure, and when we shall have learned to what type it belongs and what are its *characteristics* as an *individual*, then with one *single* weapon (a slender sword, it may be, or a bodkin, or a drop of Prussic acid) we shall touch the vital part (the heart, or the medulla, or a delicate mucous membrane), on whose integrity depends the life of *all the heads and all the rest*—and presto—before the ponderous clubs have time to fall on those devoted heads "*belabouring them simultaneously*"—the work is done!

Multiplicity in armament is generally inconsistent with simplicity and efficiency and is characteristic of a barbaric age or race.

Thus the double-club array is known as the "*Indian clubs*."

The Japanese wear two swords, and yet cannot stand a moment before the single rapier of the Frenchman.

The savage of the Southern States glories in his belt full of six-shooters, and his boot legs bristling with bowie-knives. Before the single purpose of the Northern farmer, he is rapidly passing into the realm of history. [Eps.]

THE PHYSIOLOGY AND PATHOLOGY OF THE NASAL PASSAGES.

BY T. F. ALLEN, M. D., NEW YORK.

(Concluded from page 398.)

Pulsatilla. Constant tickling irritation to sneeze especially at evening in sleep or in the morning while in bed; stoppage of the nose at night on going to sleep; in the morning discharge of thick yellow opaque mucus; coryza with loss of smell and taste; stopped coryza with ulcerated nostrils; chronic coryza, with discharges of yellowish-green, offensive mucus; discharge of green, offensive matter from the nose; an ulcerated condition of the nostrils.

The acute coryza of *Pulsatilla* follows the *Aconite* stage immediately, (as indeed *Nux vomica* or *Mercurius coryzas* may) it is marked by frequent sneezing and profuse discharge of thickish matter which is perfectly bland and only annoying by its great quantity; it may become dried on the nostrils and give rise to stoppage of the nose; this coryza is of daily occurrence, especially among children.

The *Chamomilla* coryza has some distinctive points, though *Pulsatilla* and *Chamomilla* are given indiscriminately for snuffles; the coryza of *Chamomilla* is not so marked by

profuseness, nor has it the excessive sneezing of Pulsatilla. The nose is stopped, and as a result, prominently calling Chamomilla to mind, is the great uneasiness and fretfulness of the child; then the child is also apt to have the hoarseness and catarrhal Chamomilla cough. Pulsatilla seems to have a chronic coryza; of course it may have; but the same Pulsatilla condition may exist in the nose that exists in the ears, eyes, etc., a superficial inflammation attended by profuse bland discharges; Mercurius discharges excoriate. Arsenicum corrode.

Case of Chronic Pharyngitis cured with Phytolacca decandra.—Patient, a man aged 45, had had chronic follicular pharyngitis for several years. No remedies had done him much good.

Symptoms, physical: Membrane lining fauces and pharynx as well as the velum pendulum and the uvula, pale, puffed, and flabby. Uvula large, almost translucent.

Rational: Distressing sensation of enlargement of the calibre of the pharynx and œsophagus from the choanæ to the epigastrium. This symptom much aggravated by exposure to damp winds. It then begins at the choanæ, and in twelve hours extends to the epigastrium. On reaching this point it provokes a cough, paroxysmal, extremely distressing, and attended by very profuse and exhausting expectoration of thick, starch-like mucus. The whole chest then feels like a big, empty cask; as if its calibre were enlarged tenfold.

Great constitutional debility along with these attacks. The patient, who is intolerant of stimulants, can take whisky to any extent and with great temporary relief.

Phyt. dec. a dose every other night for a month, cured this condition.

I would now call attention to other drugs whose action seems more profound and lasting, so to speak the chronic drugs, which, nevertheless, are as suitable for the cure of certain acute forms of disease as Lycopodium, Mercurius, Arsen., and no more applicable in chronic forms than these or others; indeed the line is no where to be drawn. Silicea may

cure an acute form of disease as well as Belladonna a chronic form. Nor further can we any where draw the line through the Materia Medica, and say that, on this side of it, remedies may be used for the cure of catarrhs (or any local manifestations of disease), on that side no drug will cure them. In presenting the action of certain selected drugs on the nasal passages, I have selected those only whose nasal symptoms were strongest marked.

To attempt to detail the symptoms of all the drugs that cure catarrhs, I should have to read the Materia Medica from beginning to end; not only read the nasal symptoms of each drug, but detail the peculiarities of each, noting all accessory symptoms: for if a patient presents himself to us asking to be cured of the *catarrh*, he makes a great mistake; he wants to be cured as a *patient*, and we are bound to cure him as such. If he speedily dies of consumption, the catarrh disappearing, we have lost the patient even though the catarrh be cured.

Further, the local catarrhal manifestations are of the least importance in finding our remedies. Six patients may, any day, come to us with organic changes in the nasal passages; the extent of change may be equally great and yet six different remedies will have to be given. The treatment must, in the highest sense of the word, be constitutional. The treatment in the old school to-day for catarrh, acknowledged best, is general constitutional treatment.

There is another point in this connection. How should we treat catarrh with a Materia Medica constructed on a pathological basis? This and that, and a hundred drugs are called "good" for nasal catarrh, and its subdivisions into ozænas, syphilitic catarrhs; very applicable in scrofulous subjects; we should be at sea, we could only make a guess; further, a proving may have been made, giving no catarrhal symptoms, and six others may prove the same drug with more sensitive noses and give us a host of catarrhal symptoms. So as I have said, a drug without a symptom under the rubric nose may yet cure a catarrh; and to enlarge our knowledge let every one keep an accurate record of all his cases, and if any drug

removes certain groups of symptoms not down in the *Materia Medica*, by virtue of its general fitness to the case, let the world have the record, and what an advantage when we do such a thing, to know that this or that remedy did do it, and not go home wondering which, of the half a dozen, it was. Let our young practitioners begin with a broad liberal field, be careful, look on all sides, and, striking, hit the point. It is hardly safe for even an old man to generalize.

There is quite a large group of remedies that show a marked tendency to affect the deep tissues of the nose, the cartilages and bones. In some the action is unmistakable, in others only inferred from the proving, but confirmed by experience; these I propose to consider first, and as a type take

Aurum which may also be called for in catarrhs not yet involving the bones. We find the nose swollen, red, inflamed, sore to the touch, especially the right nasal bone and adjoining parts of the upper jaw are sore to the touch; there is a discharge of greenish yellow, offensive matter. The stinging biting pains in the bones are aggravated at night; jerking pains in the septum from above downwards; pains in the nose in the sunlight; pains accompanied by flow of tears; the nostrils are ulcerated, crusty, agglutinated, so as to impede respiration. Ulcers in the right nostril, covered with dry yellow crusts without pain.

We know the pains of syphilis are at night, and we may be safe in saying and practice shows that *Aurum* is useful in syphilitic ozaena and caries as in other catarrhs.

Asafœtida has intermitting tearing pains from within outward in the bones of the nose, with a greenish offensive discharge. Experience has fully shown the utility of *Asafœtida* in promptly alleviating such pains in the bones, also aggravated at night; it is an exceedingly useful remedy in all affections of the bones. Nearly allied is

Belladonna which has pressive pain in the nasal bones, worse at night and on touch; pain as if beaten from external pressure in the nose above the alæ; the left nostrils very

painful and agglutinated, mornings; the upper lip is swollen, the nostrils and corners of the mouth are ulcerated, but neither itch nor pain; offensive smell in the nose as of herring brine on blowing it.

Hepar sulph. has sore pain in the dorsum, bones are sore to the touch; heat and burning in the nose; ulcerative pain in the nostrils; drawing pain in the nose passing into the eyes, becoming a smarting there; pain lasts far into the night; pains are drawing or burning.

Mercurius we have already considered; the bones are very sore to the touch, the septum is swollen and chapped, etc., etc.

Natrum mur. Burning pains in the nasal bones, especially at the root of the nose and in the region of the malar bones. Redness, heat and swelling of the left side of the nose, with sore pain especially on blowing the nose; burning in the nose; internal soreness; soreness and swelling of the inside of the nasal wings; many pimples thereon; loss of sensibility with a feeling of deadness of the inner parts of the nose; many small burning pimples under the septum, with the sensation as if acrid matter flowed from the nose; severe fluent coryza, with complete loss of smell and taste. The symptoms of this valuable drug in relation to lachrymal fistula were previously stated.

Natrum carb. Peeling of dorsum and tip which is painful to the touch; pains in the bones of the face, worse in the open air; sensation in the left nostril as if a hard body stuck there, which is not brought away by blowing the nose; ulceration of the upper portion of the nostrils.

Silicea. Stitches, tearings and crawlings in the nose, drawing into the right malar bone; itching; sore pain in the forehead, back of the bridge; throbbing in the nasal fossæ, as if festering, radiating into the brain and causing frontal headache; the tip of the nose sensitive to pressure; sore spots on the septum; sore scurfy spots deep in the nostrils and under the alæ, which are sore to the touch; much discharge of acrid water from the nose, which makes the inner nose sore and

bleeding, with a smell of blood as of recently killed animals. Great dryness in the choanæ, the food goes into the choanæ; the patient is never free from catarrh, with an acute attack there will be swelling of the submaxillary glands; pain in the throat on swallowing; great chilliness; he must lie down, but when in bed a burning heat over the whole body; the pains are shooting, tearing or drawing.

Sulphur. Boring in the root of the nose; pressure on the right nasal bone; dryness of the inner nose; nostrils red and burning; nose inflamed and swollen, internally ulcerated and painful; cartilages inflamed and swollen; sense of congestion in the nose in the open air; yellow sticky strong smelling fluid drops from the nose; offensive smell of nasal discharge.

Zincum. Pressure on the root of the nose as if it would be pressed into the head; almost intolerable beating at the root of the nose with confusion of the head, with stitches in the jaw and drawing into the eye. Drawing and tearing in the right nostril; sore feeling high up in the nostril; tearing in the right side of the nose.

Near to *Silicea* is, I think,

Nitric acid. The malar bones become sore and painful; stitches in the nose as of a splinter on touching it; soreness and bleeding of the inner nose; nostrils are ulcerated, blood and bloody matter is blown out of them; unpleasant smell, evenings on lying down. On eating, pieces of food get into the choanæ, producing a sickening sensation; they are afterwards drawn out covered with mucus; nasal mucus goes down into the throat with inflamed and swollen alæ; acrid matter from the nose at night; blows yellow matter from the nose of a sickening smell; discharge of thick nasal mucus corroding the nostrils; severe catarrh with swelling of the upper lips and, especially, night cough; stuffed catarrh with dryness in the throat on empty swallowing. This is a very potent remedy for syphilitic catarrhs of the nose and throat. I have derived more real satisfaction in seeing the prompt and lasting effects of this drug, not only in syphilitic catarrhs but

lichen, ulcers, glandular affections, falling of hair, etc., etc., than from any other remedy. I think it is oftener indicated than any other, especially before the bones become much affected. I have occasion to use it every day in dispensary practice and invariably the report is great improvement. Next comes

Argentum nit. Pain and swelling of right alæ; the left nasal bones are painful; bleeding pimples on the septum; violent itching in the nose, compelling rubbing till it looked raw; ulcers in the nose with yellow scabs; scurfs in the nose becoming exceedingly painful, if detached they bleed; bloody and purulent discharge in the open air; stopped in the house and at night smell of pus at night; catarrh with constant chilliness, sickly look, lachrymation, sneezing and such a violent stupefying headache that she must lie down. Aching pain in the forehead going into the eyes. It seems to me to be nearly allied to *Thuja* and *Phosphorus*, they all have swelling and painfulness of the alæ. *Thuja* states swelling and hardness of the left ala. *Argentum nit.* of the right. *Argent. nit.* sore pains, bruised pain of one side of the bridge of the nose; pressure like a stone on the dorsum; stiffness and clawing in the fossæ. *Phosphorus* has severe pains in the forenoon. *Thuja* the peculiar pain drawing between the nose and mouth as if the periosteum were tightly stretched; the pain then spreads over the nasal bones as if a saddle were across it. The catarrh of *Phosphorus*, like that of *Argentum nit.*, is attended with much headache and general sick feeling, there is a dry feeling in the nose as if it would be stuck together. I do not think the action of *Phosphorus* so extensive, organically speaking, as the Nitrate of silver, it does not affect the bones as *Phosphoric acid* does, though the action of *Phosphoric acid* on the nasal bones must be inferred to a certain extent. We all know its extent on the superior maxillary bone, it probably would involve those of the nose by extension.

The number of *Nitrate of silver* catarrhs is not large, and the employment of it as a caustic, so much in vogue in the

old school, is pernicious in the extreme; destroying the tissues of the nose that they cannot be inflamed or diseased, is as sensible as amputation for rheumatism or circumcision for syphilis. I have no doubt it sometimes cures and generally suppresses catarrh. Only a few weeks ago a gentleman called for medicine for his wife. Knowing he had been under homœopathic treatment for a catarrh of long standing, I asked him how he got along. "Oh, finely, but your little doses wont do, they are too slow for my case; they are the thing for my wife, but they didn't do up my catarrh. I went to an allopathic doctor and have had two injections of Nitrate of silver, pretty severe, but my catarrh is most well." I congratulated him and thought that if that old catarrh was being so suddenly stopped, such speedy cures are impossible, he would have trouble. Not long after, he returned to the slow method; he had become frightened, for after three or four applications he began to grow deaf. There is not one here but has noted the production of tubercles in the lungs following the suppression of nasal or laryngeal catarrh, the treatment drives it down out of reach as well as the patient. Intelligent persons are learning that it is dangerous to suppress hæmorrhoids, scrofulous glandular swellings, etc., etc. They are finding out the same thing as regards catarrhs and, in fact, all local manifestations. We must keep in advance of our patients.

To finish this group we have those potent remedies, the Bichromate and Hydriodate of potash, especially the Kali bichromicum.

Aching pain at the root of the nose with an acrid discharge. pain across the bridge with stuffed nostrils; pain especially at the junction of the cartilage and bone; ulceration of the cartilage quite through, with great soreness; ulceration of the frontal sinuses with violent headache at the root of the nose and in the frontal prominences, if the discharge stops. On blowing the nose, sensation as if two bones rubbed together; sensation as if the nostrils were made of parchment; a spot in the right lachrymal bone is swollen and inflamed; internal ulceration with thin watery discharge, or collection of elastic

plugs, which cause great pain in removal and leave the nose very sore. Watery discharge with redness of the nose and putrid smell; nose often painful and dry or a watery discharge, excoriating the nose and upper lip with sore and swollen alæ; fetid smell and complete loss of smell, etc. It produces deep and extensive ulceration; the process carried on mostly in the cartilages, hardly producing caries of the bones. It is almost a specific for perforating ulcers of the septum and many cases of cures are on record. This deep ulcerative process seems to extend throughout the whole mucous tract. Similar to this is

Kali hydrodicum. Ulceration of internal nose, involving the frontal sinuses and antrum highmori; the nose is red and swollen with constant discharge of acrid watery colorless liquid, with violent lachrymation; anxious expression and restlessness; discharge of burning corroding matter from the nose; the inflammation extends into the eyes; there is much conjunctivitis; painful hammering in the frontal region with compressed feeling of both sides of the brain. The action of the hydriodate is more intense, more superficial, not so deep as the bichromate; more applicable, I should judge, in the acute manifestations of scrofulous catarrhs or indeed any catarrh.

There are many other drugs that more or less affect the deeper tissues of the nose, especially the bones and very many that may be called for in practice from the relation of their symptoms to forms of this disease. It is impossible to draw a line, but following close unto this is a group which I will commence with.

Sepia. Pressive pains in the root of the nose; sore feeling in the nose on drawing the air through; nose swollen and inflamed; the nostrils angry and ulcerated; small ulcers in the nostrils; scurfy nostrils; a piece of yellowish green slime with bloody edges is blown out of the nose; discharge of yellow water from the nose, with cutting pains in the forehead; dryness in the nose and throat; dryness in the choanæ (though there is much mucus in the mouth) with involuntary

urging to swallow; a severe fluent coryza with severe pains in the occiput and painful drawings in the hips and thighs. It may be said in a general way that Sepia is often applicable for catarrhs arising from retrocession of an eruption. I note a few cases.

A severe catarrh came on after the disappearance of an eruption from the crown of the head, it lasted over a year. Phosphorus began the cure, but it required Sepia to complete it (what a pity more definite symptoms were not given). After washing the head in cold water (after having been heated), a throbbing pain in the forehead; then thin offensive discharge from the left nostril; scabs like small pox formed in the nostrils which were very offensive. Patient relieved by Belladonna but cured by Sepia. A case was reported with this which, though having no connection with Sepia, I will relate. Inflammation and suppuration of frontal sinuses and antrum highmori, with throbbing splitting pains in the nose and forehead; was not relieved by Iodide of potash nor Aurum, somewhat relieved or modified by Arsen., leaving a thick citron yellow discharge. Speedily cured by Lycopodium, which produced a red sandy deposit in the urine.

Ammonium mur. Ulcerative pain in the left nostril, with sensitiveness to external touch, frequently recurring; external swelling of the left side of the nose, with discharge of bloody crusts from the nose; persistent itching in the nose with irritation to snuffling, and feeling as if a raw large body stuck in the upper part of the nose; stoppage of the nose, with pain in the right nostril, at night and disappearing in the morning. Stoppage of only one nostril, from which much thick yellow matter comes, with tearing in the cheek bones and teeth of the left side; clear acrid matter runs from the nose; pains worse at night.

Alumina. Nostrils are sore and scurfy, with profuse discharge of much thick mucus; ulceration of the mucous membrane with pain in the alæ and frontal sinuses; nose is red, swollen and painful to the touch; the nose is stopped

at night, with dryness of the mouth; disposes to frequent coryzas, found very serviceable in scrofulous subjects. The pains are burning, stinging and biting, occurring mostly in the evening and on one side.

Antimonium crud. The nose is sore and painful, especially on drawing in the cold air, and on the right side dryness of the nose on going into the open air, so severe that he can scarce speak; must continually draw thick yellow mucus back into the throat and spit it out; the nostrils are angry, sore, puffy, crusty and painful.

Borax ver. Dry crusts continually form within the nose, a discharge of thick green mucus; ulceration of the left nostril, with soreness and swelling of the tip; epistaxis in the morning, and at night throbbing headache.

Graphites, a very valuable remedy. Nose feels sore on blowing; blowing bloody mucus out of the nose; catarrh, with obstruction of the nose; heat in the forehead and face; oppression of the chest; numbness of the head and heat in the nose, with loss of smell; severe stuffed catarrh, with much nausea and headache, without vomiting; must lie down; fluent coryza, with frequent catarrh and frequent sneezing, with oppressive pains in the submaxillary glands; the exposed parts are sensitive to the air as if he would easily take cold; severe fluent coryza, with catarrh; much oppression of the chest; dull and hot head.

Magnesia mur. Burning of both nostrils, as if sore; nose is sore internally and sore to the touch; scurf in both nostrils, which is very painful to touch, with loss of smell; an oppressive stuffed feeling of the nose; severe coryza, now stopped, now fluent, with confusion of the head and complete loss of smell and taste. Discharge of offensive purulent yellow matter; must sit up in bed a long time; evenings cannot lie down for want of air.

Calcarea carb. The fore-part of the nose is red, inflamed and swollen; the nose is dry, very offensive; the nostrils are scurfy and ulcerated; catarrh, with internal heat of the head and with headache and oppression of the chest. Allied to Graphites, also,

Conium. Boring in the nostrils; smell of animals in back part of the nose; heat of face; congestion to the head, with catarrhal sensation; severe catarrhal fever, with inflammation of throat and loss of appetite.

Carbo veg. In connection with the upper portion of the pharynx, its field of operation is similar to Nitric acid, though not so extensive in its organic changes.

Stannum has a catarrh, with a sweet taste to the discharge; its clinical record is quite large. I believe its pathogenesis not satisfactory in its local manifestations, though marked in general peculiarities.

Lachesis, *Bromium* and *Ammonium carb.* affect the nose in a way that reminds us of the nasal aspect of diphtheria. The nose is raw; bleeds easily; acrid bloody discharges on blowing the nose.

Ammonium carb. Discharges more in one nostril, mostly morning, watery, with sensitive swelling and burning pain of the upper lip, aggravated during menstruation.

Bromium. The nose feels as if all the hair had been pulled out; edges very sore.

Lachesis. With running from the nose and eyes; discharge of blood, with violent headache; dryness of nose and throat; secretion of mucus increased in the nose and fauces, but diminished in the larynx; complaints from retrocession of catarrhs; a fluent coryza relieves a headache of long standing, with lachrymation and stoppage of the ears, in many respects similar to Hydriodate of potash.

In giving you these analyses, I know I am giving but little of practical value. There are many drugs whose local manifestations are not essentially different. Taking these symptoms alone, one will be often puzzled to know where to refer any case of catarrh. For the choice of the drug we must, as I said before, look outside of the local trouble in the patient as well as in the drug; the concomitant symptoms, the conditions of appearance, aggravation and amelioration, in fact everything that is peculiar to our case in hand; and the peculiar drug must be found, it exists somewhere, it may be in

Japan, or in the Rocky Mountains, it is very likely in our pocket case.

I am aware that there are many remèdies used by professing Homœopaths in an empirical manner, of which no proving on the healthy subject exist. Some are fashionable this year, some were last. Undoubtedly they have their sphere of action—therein are they valuable—now we wish to know how a physician can know when to use them; those who are in the habit of doing so must have some guide, something in the phase of the disease that leads them to prescribe this or that drug in place of any proven drugs. They have found, by experience, that this new drug will cure certain specific conditions. Now I would urge it as a duty upon every one who relates a case, or notices this or that drug, to tell what the indications are, why to give it in preference to other drugs. Of what avail is it to hear the relation of fifty catarrhs cured by fifty remedies, unless we shall know why they were cured. I must say that, as a young man searching after knowledge, I have found it very unsatisfactory to hear any one say that he has found this drug or that combination very serviceable in this or that disease. Is it to be supposed that if, the next day, I am called to prescribe for that disease I am going to give that remedy because he found it useful.

A certain drug has been known to cure catarrhs, let us, therefore, find out what kind of catarrh it does cure and then we can use it. If we give it for a catarrh now to try it, make a note of the patient's state before giving it, and we may arrive at it perhaps, approximately, remembering that change in a disease is not always to be ascribed to the medicine—to reason from diseased conditions we need hundreds of cases—absolute knowledge of a drug from the healthy needs but comparatively few provers.

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA, PA.

(Continued from page 428.)

Coincidences of various provers none of whom knew on the others the effects of the drug; in general not at all.

The sudden rising of blood to the head, 12. *O. T.*, and the sudden rush of blood toward a spot above the left eye. 13. *P.*

Vertigo worse on every motion, 5, *Grd.*, and (its opposite) rush of blood when sitting quiet. 12. *O. T.*

The slightest motion causes vertigo, 5, *Grd.*, makes the brain as if beaten, 3, 4, *N.*, *Gsw.*, Eustachian tube 50 and 89, *R.*; 53 *Gsw.*

Sensation of weakness in the stomach. 108, *C.*, and 111, *N.*, *Gsw.*

As if round waves were beating against the pharynx. 116, *C. Hg.*; wave-like throbbing like balls of wind, on the right side below the ribs. 135. *Gsw.*

Itching in the anus. 158. *R.*, 159. *Gsw.*

Pain in the sacrum worse when stooping, along the sciatic nerve on the right thigh, allows scarcely any pressing at stool, 221. *K.*; worse when coughing, laughing and pressing to stool. 219, 220. *R.*

When lying on the left side worse on the right, pain in the sacrum, 214. *R.*, headache. 37. *C. Hg.*

Under the ribs throbbing, 135. *Gsw.*; eruption ascending from below upwards. 311. 312. *O. T.* 316. *W.*

Eruption worse on the left side, 310. *O. T.*, 316 *W.*, and many others.

DURATION OF ACTION.—Drs. Kitchen, Gardner, Whitey, Gosewich and his provers observed only a few days; Raue, and Oscar Tietze three weeks. C. Hering and his female prover six weeks. Røder, who took a grain and a half in the course of two days, still perceived the odor after eight days. Hansen, who took seven grains within seven days, perceived

the gastric symptoms for fourteen days, the odor for seven weeks. The strength of the dose has therefore only a subordinate influence, viz., only on the secretion. The coryza lasted twelve days with Raue, Cooms and Oscar Tietze. The rush of blood to the head, fourteen days with Oscar Tietze, likewise the itching on the head. The reddened left eye on the 16th day. *Raue.* Pain over the left eye the 16th and 17th days. *Cooms.* Pain in the region of the heart the 17th day. *Cooms.* Aching spot upon the forehead more than three weeks. *Oscar Tietze.* Fullness of the epigastrium and oppression from the clothing in the fourth week and later. *Cooms.* Ring-worms almost eight weeks. *Metcalf.* Eruption and pains in the back nearly two months. *Dunham.*

REGISTER OF SYMPTOMS.

* Denotes curative effects symptoms marked with cipher.

— Symptoms added after the register was made up and numbered.

p. Symptoms observed on patients or that had been previously observed by the prover on himself.

Mind:

1. Lost his liveliness for one day. *Dog. Gmelin.*

— Lost his liveliness immediately, seemed to be benumbed and lay down quietly. *Dog. Hansen.*

. Lost liveliness, soon recovered, remained lively until the second day at evening; the third day in the morning, dead. *Rabbit. Gmelin.*

— Stupor and vomiting. *Hansen.* Has a very quieting action upon his disposition, not so apt to fly into a passion. *Gsw.*

— Disposition particularly quiet, whereas, otherwise she is very easily moved, anxious and full of care. *Gsw.*

— Dreads having the part touched, or even approached, with but little sensitiveness in the region of the fifth dorsal vertebra. 206.

Forgets and neglects much; when he has anything in hand, he neglects for it everything else. *C. Hg.*

Head:

5. *p.* Very violent attacks of vertigo in the morning when dressing; on walking out it became so bad he could hardly stand; was obliged to lie down and to remain at home two days. Every time he sat up he became dizzy, even by every motion when lying and by simply turning the head. At the same time increased pulse; nausea, after rice he was obliged to vomit. Had previously somewhat similar attacks when Aconite gave relief, which it did not this time; also Glonoine which had caused a somewhat similar attack did not relieve, nor did Belladonna; returning after ten years, Opium relieved for a while; Glonoine²⁰⁰ relieved permanently. *Gardner.*

. Vertigo, while going asleep; a drawing away in the direction of the legs, every night from the second to the ninth day. 289.

. Caused him no headache, which every other proving had done. *Gsw.*

. Dullness in both sides of the head, more towards behind. *C. Hg.*

— The head is heavy and full with sleepiness, the next morning. *F. Gsw.*

. Dull headache and dullness of the head, soon and gradually increasing. *O. T.*

10. Dull, unpleasant headache, especially above the eyes. *P.*

. Toward evening, dull headache over the whole head. *R.*

. Sudden rising up of the blood towards the head (compare 13) with perceptible reddening of the face, now early in the morning, now in the afternoon at various hours, but twice almost every day, when sitting quietly at work; for fourteen days. *O. T.*

. Ten, a. m., pain above the left eye, came suddenly, and went away just as suddenly, as if from a sudden rush of blood to this spot (compare 12). On going away, accompanied by a sensation difficult to describe along the left side of the nape, somewhat like a sudden stopping and backward

flowing in a large blood-vessel. A sensation of weakness in the stomach followed. *P.*

. Pain over the left eye, after lying down, the sixteenth day; the seventeenth day now and then repeated. *P.*

15. The pain above the eye lasted the longest. *S.*

. Pressure from within outwards in a line deep inwards, above both eyes, worse on the right. *C. Hg.*

Violent linear pain in a small spot above the left eye, behind the brow. *C. Hg.*

. The headache develops itself more and more and becomes an unpleasant pressure above the eyes, as after watching through several nights. *O. T.*

. Heaviness above the brows and sneezing. 62.

20. Above the brows dull pressure. 10.

. Above both eyes, pressure. 16. 18.

. Headache above the eyes, with chest pain. 187.

. Above the right eye, pain. 258. 259.

. Above the left eye, violent pain. 17. 250.

25. Sudden rush of blood to a spot above the left eye. 13.

. Single pressure, like stitches, anteriorly upon the forehead. *O. T.*

. Towards morning, on getting awake, internally, in the left sinciput, a pain in a spot as large as a hazelnut. *C. Hg.*

. Six, p. m., headache worse in the sinciput, goes away after supper. *R.*

. Stitch in both temples, after a walk. 261.

30. In both temples, pain. 268.

. The right temple pains. 259.

. Pressure on a small spot behind the vertex. *C. Hg.*

— Violent headache above in the occiput, it extends anteriorly as far as into the eyes, stitching from the temple towards the eye; Tellurium¹² in water evening and morning. *n. n. C. Hg.*

. Afternoon, headache, worse on the left. *R.*

. The brain feels as if beaten on the slightest movement.

N. Gsw.

35. The headache passes away after eating, together with the nausea. 117.

. The headache goes away and coryza sets in. 63.

External head :

External tensive headache over the entire left half of the head, while lying on the right side; passes away when lying on the left side. Several mornings. *C. Hg.*

. On the right side of the forehead a spot which is sore when pressed upon, as if he had received a blow thereon; lasted more than three weeks. *O. T.*

. Itching upon the head behind and above, after itching in the epigastrium, chest and axilla (312); lasted fourteen days. *O. T.*

40. Sensation of numbness in the occiput and nape. *N. Gsw.*

Occiput dull. 8.

Heat of the sinciput and face, afternoon. 67.

— In the seventh week after the passing away of the itching stinging in the skin, there began a constant itching upon the scalp, which compelled constant scratching; it came from an eruption of small, reddened spots with five very small vesicles, which after a few days dried up and desquamated mostly on the occiput, in the nape of the neck, at the border of the hair, behind the ears and on the posterior surface of the conchæ of the ear. At the end of a week it had almost disappeared. *Metcalf.*

Eyes :

— Vision becomes clearer, the eyes feel brighter. 12. *m. C. Hg.*

— Cataracts upon both eyes, Tellurium odor from the fluids of the eye. *Dog. Hausen.*

(*To be continued.*)

MISCELLANEOUS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The fourteenth annual meeting of this Society convened at Albany, Tuesday, February 14th, 1865. In the absence of the officers of the Society at the opening of the meeting, Dr. B. F. Coruell was called to the Chair.

The minutes of the last meeting were read.

The President appointed Drs. M. M. Gardner and W. S. Searle a Committee on Credentials, who reported the names of the following gentlemen:

Drs. H. D. Paine, W. H. Randal, Albany; C. H. Carpenter, Troy; J. C. Delavan, Albany; L. H. Pratt, Albany; B. F. Cornell, Moreau Station; W. S. Searle, Troy; E. D. Jones, Albany; J. Younglove, Troy; S. J. Pearsall, Saratoga Springs; J. Hornby, Poughkeepsie; F. Vanderburgh, J. F. Merritt, Staatsburgh; J. W. Cox, Albany; D. Springsteed, Albany; M. M. Gardner, Holland Patent; H. Robinson, Jr., Auburn; H. M. Paine, Clinton; E. A. Munger, Waterville; L. B. Wells, Utica; O. D. Hamilton, York; I. J. Meachem, Nunda; T. D. Stow, Fulton; G. A. Billings, North White Creek; A. R. Morgan, Syracuse; H. Beakley, Peekskill; J. Beakley, New York; E. A. Potter, Oswego; L. Clary, Syracuse; S. S. Guy, Brooklyn; M. W. Campbell, Troy; A. P. Throop, Palmyra; A. P. Cook, Hudson, C. Lowrey, Whitehall; I. T. Talbot, Boston, Mass; H. B. Fellows, Sennett; H. K. Bennet, Hartford; J. F. Niver, Stillwater; J. F. Miller, Troy, and W. V. Kirk, of Albany.

The Corresponding Secretary offered a resolution, inviting the physicians present who were not members to participate in the deliberations of the Society.

The following gentlemen having been nominated at the last annual meeting were elected honorary members of the Society :

Drs. Wm. Tod Helmuth, St. Louis, Mo.; George D. Beebe, Chicago, Ill.; Edwin H. Hale, Chicago, Ill.; A. H. Okie, Providence, R. I.; John C. Sanders, Cleveland, Ohio; David Wilson, London, England.

The following gentlemen were duly elected permanent members of the Society :

Drs. Henry M. Smith, New York; Samuel S. Guy, Brooklyn; Ed. T. Richardson, Brooklyn; Wm. T. Searle, Troy; H. A. Houghton, Keeseville; G. H. Billings, White Creek; J. G. Bigelow, Syracuse; Wm. A. Hawley, Syracuse; Solomon C. Warren, Otego; P. W. Gray, Elmira; William Gulick, Weston; H. Barton Fellows, Sennett; A. H. Beers, Buffalo; R. R. Gregg, Buffalo.

The Chairman nominated the following gentlemen a committee to nominate officers, honorary and permanent members and medical committees;—Drs. E. D. Jones, Wm. S. Searle, and H. M. Paine.

Dr. E. R. Heath presented a report comprising a history and treatment of several epidemic diseases prevalent during the past season in the counties of Wayne, Monroe, Livingstone and Orleans.

Dr. Pratt presented a communication from Professor F. W. Hunt, on Cerebro

spinal Meningitis, and asking the members of the society to furnish him with an account of the history and treatment of cases of this disease that may come under their observation.

The Secretary presented the following communications by Dr. A. R. Morgan: Tabular statement of the Homœopathic Physicians residing in Onondaga county from the year 1842 to 1864; proving of *Apis mel.*, and the symptoms and treatment of an obstinate leprosy.

The Secretary presented a communication from Dr. E. T. Foote, of New Haven, Conn., comprising a history of the introduction and progress of Homœopathy in Chautauqua county from the year 1833 to 1864.

Afternoon session.—The President, Dr. E. A. Munger, in the Chair.

The President then delivered his address.

On motion, Drs. J. Beakley, L. Clary and B. F. Cornell were appointed a committee, to take such action as may seem desirable respecting the suggestions advanced in the President's inaugural address.

The Treasurer, Dr. L. B. Wells, presented his report, which was adopted, showing an indebtedness on the part of the Society of about five dollars.

Dr. Guy presented the following resolution, which was adopted:

Resolved, That one hour be devoted to the reading and discussion of papers on medical subjects, and the remainder of this session to the transaction of miscellaneous business.

Mr. Munger presented a history of a case of hydrocele; also, a case of scrofulous ophthalmia.

Dr. Meachem related the symptoms and treatment of a case of malignant scarlatina.

Dr. Morgan related the symptoms of a case of albuminuria.

A desultory discussion upon the influence of remedies upon various malignant diseases, was participated in by most of the members present.

Dr. Guy related the results of his experience respecting the use of high potencies in the treatment of acute membranous and spasmodic croup.

On motion of Dr. Morgan, it was

Resolved, That the several papers presented be referred to the Executive Committee, to be cursorily examined for the purpose of recommending those first which appear to afford a basis for discussion.

Resolved, That, unless otherwise directed by the Society, the papers be read in the order suggested by the Committee.

The hour having arrived for the transaction of miscellaneous business, Dr. A. R. Morgan presented a report by Dr. Wm. A. Hawley, respecting the appointment of homœopathic physicians as medical examiners by the several Life Insurance Companies doing business in this State.

On motion, it was laid upon the table until to-morrow forenoon.

Evening session.—At the appointed time to which the Society adjourned, the President in a few appropriate remarks introduced Dr. H. D. Paine of Albany, who delivered the annual address.

At the conclusion of the address, the thanks of the Society were extended to Dr. Paine for his able and interesting address, and a copy was requested for publication in the Transactions.

The Society adjourned to meet in the same place at nine o'clock Wednesday morning, after which the members and other gentlemen present with their ladies, proceeded to the house of Dr. J. W. Cox, where an hour was very pleasantly passed in a social reunion. The pleasure of this entertainment was increased by the presence of distinguished members of the profession from other States.

SECOND DAY.—The President, Dr. Munger, in the chair.

Dr. F. Vanderburgh read a paper entitled "The Problem of Life."

The reading of this paper was followed by an extended discussion, terminated by the following resolutions offered by Dr. Meachem:

Resolved, That the thanks of this Society be given to the venerable Dr. Vanderburgh for the paper just read, and that we regard it as a valuable contribution to the science of both vital and physical forces prevailing in the universe.

Resolved, That as disease consists essentially of a disturbance of these forces, an accurate knowledge of their mutual relations, and the laws which govern them, is highly important to the physician.

The Recording Secretary offered the following resolution:

Resolved, That inasmuch as the Homœopathic Medical Society of Connecticut is now in session at New Haven, a committee be appointed to secure, if practicable, an exchange of telegraphic congratulations.

Drs. J. Beakley, L. Clary and L. B. Wells were appointed.

Dr. I. T. Talbot, of Boston, an honorary member, and delegate from the Homœopathic Medical Society of Massachusetts, read a paper giving an historical sketch of the introduction and progress of Homœopathy in Massachusetts, and concluded by presenting the following congratulatory communication:

"The Massachusetts Homœopathic Medical Society sends its greetings to the New York State Homœopathic Medical Society, and will cordially unite with it in any undertaking for the advancement of the noble science of Homœopathy."

Dr. Guy offered a resolution expressing the thanks of the Society to Dr. Talbot for his interesting paper, and requesting a copy for publication in the Transactions.

Dr. John Hornby presented a communication, giving in detail cases of curvature of the spine, scrofulous ulcers, occlusion of the rectum, and others, successfully treated alone, by the internal administration of remedies.

A discussion followed, upon the comparative utility of high and low potencies, which occupied a considerable portion of the forenoon session.

The nominating Committee having reported, the Society proceeded to the election of officers. The balloting resulted in the election of the following gentlemen:

Abijah P. Cook, M. D., of Hudson, *President*; Benjamin F. Cornell, M. D., of Moreau Station, *First Vice-President*; Benjamin F. Bowers, M. D., of New York, *Second Vice-President*; Lorenzo M. Kenyon, M. D., of Buffalo, *Third Vice-President*; H. Barton Fellows, M. D., of Sennet, *Corresponding Secretary*; Horace M. Paine, M. D., of Clinton, *Recording Secretary*; Lucien B. Wells, M. D., of Utica, *Treasurer*.

Censors—Northern District—Drs. S. A. Cook, J. S. Delavan, E. D. Jones;
Southern District—Jacob Beakley, E. T. Richardson, Egbert Guernsey;
Middle District—J. C. Raymond, Lyman Clary, E. A. Potter; *Western District*
—A. H. Beers, G. W. Lewis, C. Ormes.

Committee on publication—Drs. H. M. Paine, H. D. Paine, E. D. Jones.

Executive Committee—Drs. H. M. Paine, J. W. Cox, L. M. Pratt.

Nominated for Honorary Members—Drs. Elial T. Foote, New Haven, Conn.; Charles D. Harris, Wisconsin; William E. Payne, Bath, Maine; Samuel Gregg, Boston; D. S. Smith, Chicago; — Sims, Philadelphia.

Nominated for Permanent Membership—Drs. B. Fincke, A. Wright, J. Searle, W. G. Wolcott, S. J. Pearsall, H. Robinson, Jr., L. M. Kenyon, G. A. Hall, E. A. Potter, A. R. Morgan, J. F. Gray, B. F. Bowers, I. J. Meachem, O. D. Hamilton, G. B. Palmer, T. D. Stow, Wm. H. Watson, M. M. Gardner, E. R. Heath, J. C. Raymond.

Committee on Materia Medica—Dr. S. B. Barlow, First District; H. Minton, Second District; S. Searle, Third District; G. H. Billings, Fourth District; W. A. Hawley, Fifth District; D. D. Loomis, Sixth District; E. R. Heath, Seventh District; A. C. Couch, Eighth District.

Committee on Epidemics—Drs. E. Guernsey, First District; S. S. Guy, Second District; H. D. Paine, Third District; S. J. Pearsall, Fourth District; A. R. Morgan, Fifth District; J. R. White, Sixth District; H. B. Fellows, Seventh District; L. M. Kenyon, Eighth District.

Committee on Correspondence—Drs. J. Beakley, First District; H. E. Morrill, Second District; E. Holley, Third District; C. Lowrey, Fourth District; T. D. Stow, Fifth District; S. C. Warren, Sixth District; E. W. Rogers, Seventh District; D. F. Bishop, Eighth District.

Committees on Voluntary Communications—Drs. R. C. Moffat, E. T. Richardson, W. Wright, S. B. Barlow, J. Beakley, H. M. Smith, C. Dunham, W. S. Searle, W. H. Watson, F. W. Hunt, W. A. Hawley, C. Ormes, B. F. Bowers, E. M. Kellogg, E. E. Marcy, D. D. Smith.

Delegates to State Homœopathic Medical Societies—Drs. H. B. Fellows, H. D. Paine, to the Homœopathic Medical Society of Massachusetts; S. S. Guy, E. A. Potter, H. Minton, do. New Jersey; H. Beakley, J. F. Merritt, R. C. Moffat, do. Pennsylvania; W. S. Searle, A. P. Cook, W. Wright, do. Connecticut; W. H. Watson, E. Guernsey, E. D. Jones, do. Rhode Island; A. R. Morgan, L. M. Pratt, L. Clary, do. Illinois; L. B. Wells, H. Robinson, G. Z. Noble, do. Ohio; M. W. Campbell, C. W. Boyce, E. R. Heath, do. New Hampshire; J. Beakley, D. F. Bishop, A. R. Wright, do. Western Institute.

Delegates to the American Institute of Homœopathy—Drs. L. B. Wells, S. J. Pearsall, O. D. Hamilton, H. B. Fellows, H. M. Smith, C. Dunham, A. R. Morgan, H. M. Paine, H. D. Paine, W. H. Watson.

Afternoon session.—The Recording Secretary offered the following resolution, which was adopted:

Resolved, That the order of business be changed so as to require the officers elected at one meeting to continue in office until the close of the meeting following their election.

A resolution was adopted so changing the by-laws as to make only non-residents of the State eligible for honorary membership.

Dr. W. S. Searle presented a report, on new Remedies, showing the utility of Gelsemium and Cimicifuga in cerebro-spinal meningitis.

Evening session.—Dr. A. R. Morgan offered the following resolution, which was adopted:

Resolved, That at each annual meeting of this Society, it be the duty of the delegates residing in the several districts to designate eligible candidates in their respective districts for nomination as permanent members.

Dr. H. D. Paine offered the following resolution, which was adopted:

Resolved, That the Committee on Publication be requested to include in the Transactions a suitable notice of the character and services of our late honored colleague, Dr. A. D. Wilson.

Dr. A. P. Cook offered the following resolution, which was adopted:

Resolved, That Dr. J. Beakley be requested to prepare a biographical notice of the late Dr. Ira R. Adams, and the late Dr. J. W. Smith, Jr., for publication in the Transactions.

Dr. H. M. Paine, from the committee appointed at the last meeting to prepare a tabular nosology, reported a form, and offered the following resolution:

Resolved, That the tabular nosology prepared by Drs. W. H. Watson and H. M. Paine be referred to the Committee on Publication, with instructions to secure the publication in blank form of a sufficient number for the use of the Society.

The Recording Secretary offered the following resolution, which was adopted:

Resolved, That the Committee appointed to consider and act upon the suggestions offered in the President's inaugural address, be requested to ascertain what legal enactments are required in order to secure an equitable proportion of the medical and surgical appointments in all our public charities and in the army and navy, with power to publish a suitable form for distribution as soon as may be practicable to the several County Medical Societies in the State.

On motion, Drs. E. Guernsey and H. M. Paine were added to the committee.

The report of Dr. Hawley respecting the appointment of Homœopathic Physicians as medical examiners by Life Insurance Companies, was considered, and the following resolution offered by Dr. Morgan adopted:

Resolved, That inasmuch as all but seven companies doing business in the State of New York have responded favorably to the interrogations of Dr. Hawley, and as there is still a doubt of the actual position of the delinquent companies, it is deemed advisable to pursue the investigation and report at the next annual meeting.

Drs. W. A. Hawley and A. R. Morgan, were appointed such Committee.

Dr. L. B. Wells offered resolutions of thanks to the officers.

Resolved, That the thanks of this Society be extended to Dr. and Mrs. Cox for the elegant and sumptuous entertainment provided for the members of the Society on Tuesday evening last.

Dr. Guy presented a resolution, which was adopted, requiring the appointment of a committee to devise means for the payment of a suitable salary to the Recording Secretary.

Drs. Guy, Wells and A. R. Morgan were appointed such committee.

On motion, the Society adjourned to meet on the second Tuesday of February, 1866.

HORACE M. PAINE, M.D., *Recording Secretary.*

HAHNEMANN'S WILL.—We have received from Dr. Suss Hahnemann the subjoined translation of his grandfather's will, and the appended observations, which we think may interest our readers.

"In the Name of God. Amen!

"Although on the 16th September, 1834, I made my will, and duly deposited it with the Ducal Government, and although likewise for the purpose of avoiding every kind of dispute with regard to my property among the members of my family, and wishing to live the last days of my life in undisturbed peace and quiet, I divided on 17th February last nearly the whole of my fortune amongst the children; yet, after careful consideration, finding that these very dispositions (which in some respects contradict themselves) might engender mistakes and misunderstandings, and also as in consequence of my contemplated journey to Paris, from whence it is quite impossible to say when—if ever—I shall return again, my views and intentions have become altered on some points; therefore I herewith cancel and annul my first will, and place in its stead this present will, which contains all my wishes regarding my property and other matters.

"§ 1. Before all I commend my immortal soul to the grace and mercy of God, in the steadfast belief that this most high and potent Guide of my Destines will allow it to participate in His heavenly Glory. My mortal remains shall be left to my dearly beloved wife, who alone is to choose the place of interment and the kind of funeral, according to her choice, unfettered by any one; but should one of my children or grandchildren dare to interfere with her directions, he is forthwith to be punished by losing one half of his whole inheritance.

"§ 2. My whole property, consisting of £9000 cash, two houses in the Wallstrasse in this town, some articles of virtu and furniture is to be divided in equal parts, but subject to certain conditions hereafter to be mentioned among the members of my family, as well as all the children who may arise from my present marriage.

"§ 3. As mentioned above, on 17th February I disposed of nearly the whole of my property by a deed of gift to my children, giving each of them the sum of £900, subject to certain conditions specially stated in the aforesaid document. This deed of gift is to remain for the present in power so far as this will of mine does not alter it, but I declare herewith most emphatically, that with the view not to bind myself by it, this deed has not been submitted to my children for their approval, and therefore has no binding character on both parties, but contains only my own dispositions of my property, an

arrangement which I have made solely for the purpose of affording my children during my lifetime, some assistance. It is therefore not irrevocable, but can at any time according to my judgment be altered or cancelled.

"§ 4. Should my son Frederick be incontestably found to have died before me, then his daughter is to be placed in his stead, and should she have died childless previous to my decease, then her portion, as well as that of any others who may have died without issue before my demise, is to fall back into the general estate.

"§ 5. I leave as a special legacy to my two youngest daughters Charlotte and Louise, for their joint use, my house, 270, Wallstrasse in this town, free from all debts and mortgages, so that they may take possession of it immediately after my death. Likewise I bequeath to my daughter Amalie, as a reward for her constant filial affection and devotion, my house, 269, Wallstrasse in this city, for her sole and absolute use, free from any charge except allowing her sister Eleonora, should she be a widow, and willing to live in Cothen, the use of a room in the said house, or the sum of 20 thalers per annum instead, according to the choice of the legatee.

"§ 6. The golden snuff-box with the letter F in brilliants, which the late Duke Ferdinand presented to me, I here bequeath to my absent son Frederick, should he still be alive, otherwise his daughter is to receive it, like the other portion of her father's inheritance. All the other valuable articles and moveables, belonging to me, have already, for the most part been divided among my children during my lifetime by a special deed of gift. The lists containing those articles, which each of my heirs has received, or is to receive, are all signed with my name, and are marked respectively, A, B, C, D, E, G, H, and are annexed to this will.

"§ 7. With regard to the house, which I bequeathed to my two youngest daughters, I have particularly to state, that should one of them die before me, the other one is at once to take possession of it. If both are alive at the time of my death, they are at liberty to dispose of all their legacies according to their own free will.

"§ 8. All those articles of my property which have not been mentioned or disposed of either in this will, or in the annexed lists, belong to the general estate, and are to be divided equally among my heirs; but all the other properties, which I take with me to Paris, do not belong to the general estate, and will be disposed of hereafter.

"§ 9. The presents and dowries which some of my children have received during my life-time, are not to be brought to account.

"§ 10. All notes written and signed by my own hand, with my name, which may be found after my death among my papers, disposing of articles, or assigning legacies or other property to friends of mine, are to be considered as codicils to this will, and are equally binding on my heirs.

"§ 11. I trust that all my heirs will acknowledge in these arrangements my paternal affection, as it will greatly contribute to my comfort during the last days of my life. But should any of my family, contrary to all expectation, not be satisfied with this my last will, and begin an action at law about it, he is to lose at once one half of his whole inheritance.

"§ 12. On the eve of my departure to Paris, where, far away from the country in which I had to suffer so much, I probably shall remain, and where I hope to find with my beloved wife that peace and happiness for which my desired marriage will be a sufficient guarantee, I declare that I have divided nearly the whole of my property among my children solely on the particular wish and desire of my dear wife, which is a proof of her noble disinterestedness; to her my children owe it, that they have already received nearly all my own fortune, which I have acquired with so much labor and exertion, but which I never could quietly enjoy. I have only reserved for myself the small sum of £2000, and shall take, on the particular wish of my wife, only my linen, wearing apparel, library, medicines, and a few valuable articles, as watch and signet ring, with me to Paris.

"I am now in my 81st year, and naturally desire at last to rest, and to give up all medical practice, which is at present too burdensome to me. I therefore disclaim all intention of augmenting my fortune, and renounce all further gain, which, after having amply provided for my family, I am not in need of. Deeply impressed with gratitude to my wife for all the happiness she has conferred upon me; and by inducing me to distribute my property amongst my children (thus securing them an independent existence), for the happiness and comfort she has bestowed on them, I now consider it my sacred duty, to take care that the future peace and happiness of this most amiable wife, is secured. To guard her against any unjust claims which might be made by members of my numerous family—a proceeding, which would only show a culpable malice, or sordid avarice, I order that she is to keep, without any exception, all articles which I take with me to Paris; and I forbid that seals be put on her house, when I die, or that inventories be taken, or any description be demanded; in short, I desire, that my wife be left forever undisturbed by my family, who have no claim whatever on her, but who should rather bless her for her noble disinterestedness. But if there should be one found among my children so unworthy as to dare to disturb my beloved wife in the least, he is to lose forthwith one half of his whole inheritance; and if all my heirs be disobedient and refractory, and jointly should, contrary to my orders, molest their step-mother in any way whatever, then one and all are to lose the half of their inheritance. In such a case, I request the Ducal Government to apply these fines, according to their choice, for some charitable purpose.

"§ 13. Should my present wife bear me any children, then this child or children, as a matter of course, have the same claims on my property as the children of my first marriage. Lastly, I request my Government to take care that this my present will, be faithfully executed.

"Given under my hand and seal,

CHRISTIAN FREDERICK SAMUEL HAHNEMANN.

"Cothen, 2 June, 1835."

Here follow the lists marked, A, B, C, D, F, G, H, which contain the enumeration and distribution of Hahnemann's moveable and fixed property, and to show how earnest and sincere, he was in his desire to live the remainder of his life retired from all medical practice, he bequeathed in list G

to his youngest daughter Louise, the books which contained the cases of all his patients, carefully and elaborately written with his own hand, forming perhaps the most interesting work for Homœopathy that could possibly be, could they but be published; but unfortunately, up to the present time, their publication has been withheld.

No sooner had Hahnemann arrived in Paris than, through the influence of his young wife with the late King Louis Phillip, the then prime-minister, M. Guizot, granted him permission to practise, a favor which the medical faculty of Paris had previously denied him. All at once we find the old gentleman, who, a short time before, had expressed the most earnest desire to rest and lead a quiet life, in the midst of an extraordinary large practice, driving about Paris, and visiting his patients, a habit which he had never resorted to before, so that he was enabled soon to remove from his comparatively obscure lodging near the Luxembourg, to a large mansion in the Rue Milan, where he amassed within the short space of nine years, a very large fortune, (four million francs).

From this fact the reader will be able to understand the extreme severity which Hahnemann, always so kind to, and fond of his children, was induced to employ against his family, threatening them instantly with the loss of half their whole inheritance, should they call his wife, after his death, to account.

Mrs. Hahnemann was too shrewd a woman not to know that if she could once remove the founder of Homœopathy to Paris, her fortune was made, and by this will secured to her in undisturbed possession. The poor old gentleman, who was benevolence itself, had actually to impose the heaviest possible fines and penalties the law would allow, upon his own children.

To practise with advantage Hahnemann required his old case-books, which he had given to his youngest daughter; he applied therefore to her for their loan, promising most solemnly that they should be returned immediately after his death. On this express understanding his daughter parted, though still reluctantly, with her invaluable treasure, never, as it turned out, to see it again.

The ostentatious affection which the wife displayed towards her husband whilst alive, soon vanished after his death. The immortal founder of Homœopathy was buried like the poorest of the poor; his funeral taking place as early in the morning as six o'clock, under a pelting rain, a common hearse bearing the remains of the great man to his last rest, only his wife, his widowed daughter, my late mother, myself, and Dr. Le Thiere, being the mourners who followed. The coffin was deposited, and is still, at the present moment, in an old vault, where his "devoted" wife had already deposited the remains of two aged "friends;" so that Hahnemann's wish to have on his tombstone the words written "non in utilibus vixi," remains in abeyance.

But this is not the only desire of his left disregarded; his solemn promise to his daughter to let her have the manuscript case-books returned, which she, on the faith of her father's word, sent to Paris, has never been fulfilled, although frequent applications have been made to Mrs. Hahnemann by the rightful owner. [*British Journal of Homœopathy.*]

LETTER FROM DR. BELL.—To the Editors of the AMERICAN HOMŒOPATHIC REVIEW, *Gentlemen*; Your review of Dr. Helmuth seems to be me just. I trust few would subscribe to his routine modes of treatment and imperfect indications for remedies. Yet there are many, who, although they would gladly learn these dim and uncertain ways, are still obliged to help themselves out by the use of strong medicines, and frequent changes, for want of more certain knowledge of better modes. The advocates of the style of practice of which Dr. Helmuth is an example, are constantly strengthening this weakness, by constantly promulgating their views, in the form of treatises, reports of cases, etc., while those who claim the success of high potencies, and long intervals, give us only the vague and general report to the American Institute.

Now why will not Drs. Hering, Lippe, and others give to the profession reports of individual cases with details of the symptoms of the disease and results of treatment in full. There are a large class of homœopathic physicians who are unprejudiced and progressive, and have no sympathy with the really retrospective philosophy of the physiological or rational school. To such a *pure Homœopathy* is the great evangelism of medicine, and they would hail with joy the proof of the superior power of the higher potencies over this greatest of modern scourges—diphtheria. Why should we not then have the proof, and have it in detail from those whom we regard as masters in our art and science, in order that as Hahnemann directs, we may not only “*Nach machen*,” but “*genau nach machen*?”

Most respectfully yours,

JAMES B. BELL.

Augusta, Me., December 24th, 1864.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.—We have received from the Dean of the College Dr. C. HERRMANN the following list of graduates of the session of 1864—5.

Ephraim Bancroft, Philadelphia, Pa.; Lyman Bedford, Buffalo, N. Y.; John Buck, Philadelphia, Pa.; Abram Clayton, Huntingdon Valley, Pa.; A. H. Ehrman, M. D., Cincinnati, O.; Jairas Robert Ely, Philadelphia, Pa.; William Gilman, Marietta, O.; Charles Gundelach, Bellesville, Ill.; J. P. Harrey, Philadelphia, Pa.; Levi R. Lentz, Vogelsville, Pa.; Henry N. Martin, Buffalo, N. Y.; R. W. Martin, Philadelphia, Pa.; W. H. H. Neville, Somerton, Buck's Co., Pa.; Herbert Reynolds, Bridesburg, Pa.; John F. Rose, West Philadelphia, Pa.; G. B. Slough, M. D., South-Easton, Pa.; J. R. Tantum, Bordentown, N. J.; S. G. Tucker, Taunton, Mass.; William Willits, Muncy, Pa.; A. J. Wilson, Wilmington, Del.

The special degree was conferred on C. W. Boyce, M. D., Auburn, N. Y.; David Wilson, London, England.

The honorary degree was conferred on Rev. P. Henry Knabe, Elizabeth, N. J.; Gottlieb Liebrecht, Lemke, Philadelphia, Pa.; Lemuel Stephens, A. M., Philadelphia, Pa.

THE
AMERICAN
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Vol. V.

NEW YORK, MAY, 1865.

No. 11.

INTRODUCTORY LECTURE.*

BY CONSTANTINE HERING, M. D., PHILADELPHIA, PA.

What should be our first consideration, when we strive to attain an end, particularly when we, in the relation of teacher and students, aspire to an object?

Clearly and definitely that which we are striving for must be fixed in our minds; the way in which we expect to reach the goal must be clear before us.

What is our object to-day, beginning lectures on Therapeutics? To heal the sick! That is all. It is a great end, truly a very great one.

Let us take for granted, every one of us knows this, and every one of us bears it constantly in mind, night and day. It is not your wish to become doctors only, to get a position in society, to attain honor before the people, to make a living, make money, get rich, etc., but it is solely and mainly to be a man able to *heal the sick*. Let us take this for granted as a matter of course. Now let us go to work and see what is hidden in these few words, to heal the sick.

Firstly: we must have means to do this, and these means we must know.

* Delivered at the Homœopathic Medical College of Pennsylvania, October, 1864.

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Firstly: we must have means to do this, and these means we must know.

* Delivered at the Homœopathic Medical College of Pennsylvania, October, 1864.

Secondly: we must know the sick and all that is to be known about them; and as every sickness is only a deviation from health, we ought to know what is health.

Thirdly: the connecting link between the first and second, how we must use the first, the means at our command; for the second, the sick, by what rule we must apply the means we have to the sick who come under our care.

The rule of Hahnemann is, like all great truths, plain and simple, but to apply it in life requires the greatest exertion of the human mind, and in fact we have to learn continually and never cease learning. Let us now glance over these great dominions of the empire in which we have to rule.

While we are spreading it out like a map before our eyes, let us remember that to heal the sick is an *art*, and remains an art, in spite of all that has been said and done to make it appear as a so-called science. It is an art to find in nature the means to heal, an art to prove drugs, an art to prepare them. It is an art to examine the sick before us. It is an art to apply the right means in every case. But there is no art without knowledge, and every art leads to knowledge. Therefore a physician is like a man who, when walking, first puts his left foot forwards, this is knowledge, then the right, which is art. Thus he continues and advances. It is only when knowledge is brought into order that we may call it a science.

Now let us overlook our first great domain.

If there are *means* to heal the sick, where are they? What may be used as such? How are they to be had? Where do they come from? What is said about them? What is really the fact, how do they act? What is the way, the sure way to find it out? How are they to be prepared, administered, etc.?

To learn all this you must first have a knowledge of Chemistry, the great key to unlock the inner world of things. Chemistry will tell you all about the metals and the metalloids forming the mountains; tell you what is deposited as their foundation, what crystallizes in their veins, what is poured out in their fountains, and what is contained in the

seas, and even what forms the ocean of air we breathe and live in. Without Chemistry you can understand neither the vegetable world, nor the animal, nor the formation of our body, nor its functions, nor the conditions of life, nor the causes of sickness, nor the ways and means to prevent or to heal it.

Further, you should have a knowledge of Botany. It was the beginning of the downfall of the old schools, to abolish the professorships of Botany in their Colleges. Since they had the impudence to declare Botany to be a study for *girls*, they began to murder methodically with Mercury and other metals, and to kill people by their alkaloids.

A true physician must have a knowledge of his tools, and without plants we cannot heal the sick. It was and shall be forever true, what is said of the tree of life: the leaf thereof shall be for medicine.

The next is Zoology. The number of animal medicines had been lessened very much, they were even disregarded and despised, since the remains of the middle ages had been shaken off; and it became the fashion to doubt as much as possible, in order to appear to be a wise man. Notwithstanding all this, Hahnemann has, by his researches, also opened the animal kingdom again to our art.

If you are sufficiently acquainted with the sources of *Materia Medica*, the next step, is to know how to prepare the drugs. A true master of his art must be independent and know how to help himself. It is not only to save the dollars; plenty will go to the apothecaries, and it is a blessing that we have such trustworthy assistants, but, if a good mechanic is able to make his own tools, should a physician not be able to do the same? The certainty we feel in handling a self-prepared medicine to our patient, is worth having. Let us at least now and then prepare a drug ourselves, following our great master also in this respect.

But the most important of all is the knowledge of the *effects* of our drugs.

In the good olden times of our school we considered it our

duty to prove even newly prepared tinctures or triturations of Hahnemann's old medicines so as to be convinced of their efficacy, and many a useful symptom was obtained in this way. After potentizing a medicine we tried to convince ourselves of its efficacy, and took some of it ourselves; this kept us in the constant habit of observing, kept us on the lookout, like a sportsman walking through the woods.

And further, while we were preparing the so-called *old medicines* we never forgot our position as explorers of the unknown world of results, of effects; never forgetting the ground-work of our healing art, we prepared from time to time *new medicines* also; we made a regular proving at least once a year, often twice and even three times a year. These provings were the high feasts in our church, and you cannot consider yourselves true members of it without joining in these feasts.

Proving is a most wonderful thing, the world has never known its like. We suffer, and we enjoy it; we sacrifice a little of our comfort, and gain abilities and power by it; we lose a part of a few days, and gain years of strength by it; we go to school to learn, and we increase the certainty of the healing art. At the same time, to prove drugs is of all other ways the very best, the nearest and the easiest to learn to master our *Materia Medica*. It is the way to learn; to *observe* the art of arts, the principal one, on which all others are based.

Thus if you ask an introduction into our *Materia Medica*, this is the most natural and the most effectual.

Our *Materia Medica* may seem to some like an impenetrable forest, but only to such as do not follow the example of our master. Suppose you live in the midst of a wilderness, and are not afraid to rise early, rain or shine, and go out to ramble through the woods; suppose you make the same exertion as a man who goes for the pleasure of shooting wild birds, the strange dark forest will very soon become a familiar hunting ground, where you easily find your way in and out again. Such an exertion we cannot expect of every

one—I mean hunting in the woods, but the other exertion we have a right to expect every one to make who intends to be a follower of Hahnemann.

We come to another division in our empire, we come to the bed-side of the sick, to the art of collecting and arranging the symptoms of a case before us.

At first sight, nothing seems to be easier for a Homœopathician than the plain teaching of Hahnemann: take the symptoms, but *all* the symptoms. Either the patient, or, it is a child, the mother or the nurse tells one symptom after another; the rest we see before us or hear by sounding. Nothing seems to be easier, and it may be so sometimes, but a physician should be ready for all cases, not only for the easy ones as they occasionally happen to come in his way. And you will soon find the examination of the sick is not only the first thing you must learn, but you will find it the most difficult. Hahnemann's advice you will find is an entirely new one; never before taught. It will necessarily occupy the most of our time during the lectures on practice; and you will not only find that, as an art, it requires great skill, but it also requires of you, as a necessity, that you store up in your minds knowledge upon knowledge, science upon science; you have of course, in most cases, to complete the report given by the patient or nurse, by questions. But you cannot ask a single question, you cannot know what differs from health without knowing all about the healthy functions. Physiology is, in fact, the light you must constantly have at hand, to shed its rays on every symptom; you can do nothing without it. At the same time, we can never complete the symptoms, never look to them as influencing each other, never bring them into order without knowing all that has been collected and stored up for ages under the name of *Pathology*. To understand something about the connection of symptoms, to know the importance of the one above the other, to inquire in such directions as will lead to the full knowledge of all the symptoms, to be able to give an advice with regard to the diet and manner of living, to be able to

tell with some probability what we have a right to expect as the next or prognosis, in fact, every one of our acts as physicians requires Pathology.

Our opponents have said and still say, "Hahnemann denies all science, particularly the science of Pathology." They have said so everywhere, all over the world, now these fifty years. As often as it has been said, it was a slander. It is not an error, not a misunderstanding—no, it is a slander. No one that said so has ever tried to learn to examine the sick according to Hahnemann; they do not even know what is required to be able to do it nor what they must know before they can attempt it. Why is it that up to this day old-school physicians find it so difficult to learn to examine the sick according to Hahnemann? Why is it that most of them never learn it? It is so great a difficulty and for the majority insurmountable, that it has been the original cause of a split in the ranks of Homœopaths. Since thirty years a new sect of Half-Homœopaths has been started, some among them of even a lesser fraction than half, quarters, halves-of-quarters. This class of Homœopaths take as much Pathology as they can get hold of, fork it up, and put it down on the field of Homœopathy; they push between themselves and their patients as many names of diseases as they have been able to commit to their memory; they take only a small number of the symptoms of a case, and give them a high ruling rank, and call them diagnostic symptoms, change them into a name and are ruled by such names, not by symptoms. It may be much easier for such doctors, it certainly is not for their patients. These halves or quarters call their doctrine an improvement; they call it the perfection of our healing art, whilst they turn the carriage back and down hill into the mud again, out of which Hahnemann had with his herculean power lifted it, and, after ages, was the first to turn the wheels of our art forward. They call this an improvement, because it makes the examination of the sick and all the rest of our art so much easier for them. They are exactly like the slaveholders in our times, the slaveholders who preach to the world

this strange doctrine, that the most perfect state of society, in fact the only "respectable" one is to have a handful of men called the aristocracy, to form the "republic," and to rule it; the rest of the inhabitants are either what is called "white trash" or black slaves. The former do not care to learn to read and write, and the latter are forbidden to learn it. Such a miserable imitation of the slavonic Asiatic nations they call an improvement! Call it the most perfect state of human society! With the same contradiction to common sense, such "would-be" Homœopaths call their half or quarter Homœopathy the progressed, the improved, the most perfect system of medicine. They introduce a similar kind of aristocracy among the symptoms, where a few are to overrule the rest, and the same aristocracy they introduce into their revised and improved *Materia Medica*; for instance, fever and hot skin and quickened pulse—Aconite is to be given of course; difficulty in swallowing and redness of the skin, and of course Belladonna is the remedy; if both are to be found together or blended, of course both remedies are to be given in alternation, and as they pretend to be homœopathic, they do not mix them in the same tumbler, but prefer to mix them in the same stomach.

Hahnemann's doctrine is to examine each case as if it were the only one, regard each sick person as the true sole object, and each case as an individual one. The healing art has according to Hahnemann the sick as its sole object, not the sickness.

A quarter of a century ago this main rule of Hahnemann's healing art was already expressed by his followers in these words: *We have nothing to do with diseases, we have only the sick to treat.* Diseases are never an object of cure, only the sick. As we cannot plough the fields with the horse in natural history, but must have a real one out of a stable, just so we must have a real drug and know its real symptoms, and likewise we must know the one sick patient and his real symptoms.

Five years ago the latest writer of a history of medicine

told his astonished readers (*Wunderlich, Gesch. d. Med. p. 360.*) the main idea, the ruling thought of the new intuition. "In the medical art of our age, the main idea is, *the physician's calling is not to cure the diseases but the diseased.*"

So says one of the bitterest opponents of Homœopathy. He stole his remark, like all and every good one in his book, from others, this one from Professor Oppolzer, and Oppolzer had adopted it. Oppolzer is a great allopathist, but a reader of homœopathic journals, and is famous for his good memory.

You see, there is hope, there is a beginning; the rays of the morning sun fall on the old school. It is high time for all of you to rally round Hahnemann and not remain behind the age like the quarter men; never forget, as they do, when examining a patient, that we have to heal the sick, and have nothing to do with diseases; never forget, that this is the main idea of our age.

This brings us to the third part of our bird's-eye-view, the shortest part in an Introductory, the longest in your life.

Suppose you have prepared yourself to know the means of healing, suppose you are properly informed in all the knowledge indispensable for the examination of the sick; suppose you are artistically skilled in it, by what rule must we apply the means we are master of, to the cases before us? We all know Hahnemann's answer in three words or even two words. It is our sole rule, it is the great law of nature. It will be the object of more than one lecture, to show you how such a plain, briefly expressed rule can be applied. In some cases it is easy enough, in others very difficult, and we must know how to meet all such apparent and real difficulties. You will find that it requires the skill almost of a general, of a good tactician. One little thing you ought to keep in mind from the beginning, from the very first hour. In the national meeting of the so-called allopathic physicians of the United States, a by-law was passed unanimously. All students of medicine, all physicians, whether they have studied medicine in all its branches for months or for years or not at all, are declared to be, if they follow a simple rule, or

if they make a general law of nature their keystone, they are without exception declared to be quacks. Webster's dictionary must be altered and must give this "improved" definition, or else the whole body of physicians will reject it as imperfect. So they say. And you will have to make up your minds, in spite of all your learning, in spite of all your cures—to be *quacks*. They exclude us, because they would like to get rid of us, but there are two sides to the question. They did not ask us whether we wished to get rid of them.

Again, the case is exactly parallel with the southern states wishing to get rid of the Yankees and expel the six Yankee states, the main obstacle in their way, because they think they can easily rule the rest afterwards.

But there are also two sides to this question. The Yankees do not want to get rid of the union, and if they were driven to the necessity, they would come down from their mountains, invincible men, with money by the millions, and conquer the whole continent.

So it is with us. The Allopathists try their best to get rid of us, but we will not get rid of them. We will study all the sciences, all natural sciences, all medical sciences, every discovery they make, every invention, if it is really useful, we intend, as well as themselves, to master all they master, and our own art besides.

May our College be one of the means to increase the number of such as are really able to heal the sick. Let the fashionable schools try to exclude us in civil life, they cannot exclude us from the free empire of science, nor can they prevent our healing the sick. The time will come, when we will have "men and money" to rush down like an avalanche from our mountains and reconquer our domain—the whole continent of the healing art.

NOTES ON LACHESIS.

BY J. H. P. FROST, M. D., BANGOR, ME.

May it not have been the case that those Homœopaths who have thrown doubt upon the efficacy of Lachesis, did not possess a reliable sample of this heroic remedy? Such has been the thought that passed through my mind as, again and again, I have seen the most prompt and beneficent action follow the exhibition of Lachesis in the most hopeless and desperate cases. When properly prepared as a homœopathic remedy, its power for good is the exact analogue of the tremendous power for evil which it exerts in the natural state.

The forms of disease that *best* display the astonishing virtues of Lachesis, though various, are fortunately rare. But when they do appear, no other remedy can arrest the march of the destroyer. And in its far-reaching influence upon the deepest and most interior recesses of the human organism, no other drug, save Arsenic perhaps, can be compared with this. For it not only reaches the disease in the very *penetralia* of the system, but follows its course and completely removes it, even after it has produced such structural changes as, in themselves, threaten to become reactively destructive. Its wonderful power in advanced stages of membranous croup, and the regenerating influence which it exerts upon gangrenous and dropsical conditions are examples to the point. Even Hempel* is forced to admit its efficacy in gangrene; but he has as little reason for limiting the sphere of Lachesis to "traumatic gangrene," as he had for totally repudiating it in the first place. We give brief details of a case of each of the above-mentioned forms of disease, in which Lachesis was given alone and with the most gratifying results.

Case 1. About three o'clock of the second night I had

* *Materia Medica*, Vol. II. p. 541, Second Edition.

spent in watching over a severe case of membranous croup, in a child of two years, I took advantage of some seeming abatement of the symptoms, to go home and get some sleep. Being summoned in haste, three hours after, I found the little boy in his cradle, recently awakened from sleep, *apparently in a dying condition*. This was not a simple paroxysmal aggravation of the case, but, after forty-eight hours struggle with the disease, the child seemed actually dying. I was just on the point of turning round to the parents and telling them so, and that I could do no more for him. But at the moment it occurred to me that they did not send for me for that purpose, but rather to try all in my power to save him. The desperate nature of the case and perhaps some peculiarity of the symptoms which I do not now recall and especially the *remarkable aggravation after sleeping*, led me to give Lachesis. And when I left the house half an hour after, so great had been the immediate improvement that I considered the patient out of danger. He took no other remedy, and made a speedy recovery. This was the termination of one of the severest and most obstinate cases of croup I ever fought out, one which began also in the middle of the afternoon. And I have ever noticed that the attacks of croup, which begin in the afternoon, are always of a graver character than those which first appear later in the evening; while those which occur after midnight seem milder still.

Case 2. A babe about a year old, and apparently healthy, had one or two incisors lanced. The little fellow proved to be what is popularly termed a "natural bleeder." For five days and nights the blood flowed constantly, resisting every homœopathic remedy, and external application. The flow, kept up in no small degree by his incessantly sucking the bleeding gums, continued till he vomited blood, passed only blood per anum and refused all nourishment. At last the Per-chloride of Iron arrested the hæmorrhage. But the child, being of a remarkably scrofulous constitution as indicated by the nature of the case, if by nothing else, became cachectic and dropsical.

The anasarca was very great. *Black and blue spots, ecchymoses, appeared all over him; the least touch or pressure would produce them; and it was exceedingly difficult to handle him on account of the excessive tenderness of his body; there was a well-marked aggravation after sleeping; and extreme deathly paleness of the face.* To this condition the case had advanced, in spite of Sulphuric acid, Arsenic, China and other remedies. And still the child grew worse, and the vital powers so feeble, that all expected a speedy release of the little sufferer by death. Lachesis* prescribed and administered by Dr. B. C. Woodbury, at that time studying with me, and under whose immediate care the case was (at a considerable distance in the country,) effected a complete cure, of which the child is now a sturdy witness.

It is greatly to be regretted that no examination of the urine was made in this case; as it is a matter of no small interest to decide that the dropsy which results from excessive loss of blood is attended by albuminous urine. Marshall Hall* says of such cases "I do not know whether the urine be coagulable." Nor have I been able to find in other works, any more positive testimony on this point. But from what may be termed dynamic reasons, as regards the condition of the blood itself, I am inclined to think that the very scanty urine, whether whitish or darker colored, of persons laboring under dropsy from loss of blood, will be found largely albuminous.

Case 3. On the second day of last June I was called to see a Mrs. F., aged about 20, two years married, and now six months advanced in her first pregnancy. A year previous she had been very ill with fever, under allopathic treatment; and ever since, she had suffered from pain in the small of the back, and difficult, scanty and painful urination. Now, her lower limbs were very much enlarged, the *drop-sical swelling was very obvious in the sacral region; the urine was very scanty, whitish, and threw down a thick sediment.* In spite of the remedies which I gave, seeing

* Quoted by Marcy and Hunt, II. 741.

her twice only in the first week of my attendance, she grew rapidly worse, partly from going up stairs to sleep at night, and was soon entirely confined to her bed. The urine on being boiled became *wholly solid*, albuminous to the last degree. The vulvæ became enormously distended, so that she could only lie on her back with her legs widely separated. From her feet to her waist, the œdema was very great indeed; her body up to the mammæ was as round as a barrel. The totality of the urine passed in twenty-four hours would not exceed two ounces. She had little or no cough, and both heart and lungs remained unaffected; the œdema was excessive but there was no effusion. The pulse was about ninety.

Acupuncture relieved the vulvæ; the flow was copious, rapidly saturating the cloths; but although the almost transparent enlargement of the parts was not reduced more than one fourth during several days, she was made more comfortable. But neither Arsenic, Digitalis, Mercurius nor Apis, nor in fact any remedy I could find indicated, had any effect to increase the quantity of urine or in the least retard the steady and rapid increase of the general dropsy. It seemed that paracentesis would be absolutely indispensable; and even with that I could anticipate little more than temporary relief. And the more especially since I learned that not only her mother but all her mother's sisters and even her maternal grandmother were much inclined to dropsy in general, and particularly when *enceinte*.

Anxiously desirous of avoiding the operation which, if but partially successful, would yield little relief, and which if it allowed the escape of much of the vast quantity of water accumulated in the abdomen alone, could hardly fail to be followed by fatal collapse, I determined to make one more trial, and gave her on the evening of the 17th, one half of a fresh infusion of Apis. The next morning I found she had passed *a chamberful of urine*. Directing the remainder of the infusion to be given in divided doses through the day, on the morning of the 20th, I found to my disappointment,

that no very considerable amount of urine had been discharged, though the patient was easier. Part of a new infusion of Apis was at once given, and at three p. m., being called in great haste, I found her in the almost convulsive agonies of desperate labor. The peculiar conformation of the œdematous vulvæ rendering the passage of the head impossible, I perforated it with my pocket knife, and, within five minutes of entering the house, successfully delivered my patient of a fully developed child of seven months, which had evidently been dead several days. Before the delivery, it did not seem possible she could survive, so intense was the agony, more than a few moments; while the distress about the chest and the imminent danger of thoracic effusion called for the most prompt and effectual action.

The next day the patient was quite as comfortable as could be expected. But the dropsy, instead of beginning to diminish after the delivery, continued rapidly to increase. The vulvæ still required the acupuncture. The feet and legs at first seemed to decrease in size; but on the 26th inst., I found the *left leg very much more swollen and painful* from the knee down; and she had dry, hacking cough. On the 27th, her pulse was 110; the swelling of the bowels had subsided as the left leg increased in size; and she complained of great pain from the least movement of the leg, and a steady ache in it all the time. The whole of the *left side* was now remarkably enlarged, and but little urine had passed since her delivery. She got Bryonia with no improvement, till the 29th, when she complained of pain in the bowels and head, and nausea and faintness on being raised up; the urine was almost totally suppressed, and she was evidently very low. On the 30th no better; the left side and leg still more heavy, the latter almost like elephantiasis and so enlarged that she was entirely unable to move it. Gave Lachesis^a a powder dry, once in four hours.

Calling the next day I was most agreeably surprised to find her better. She had passed *six quarts* of urine since taking the Lach. twenty-four hours ago; and she can move

her leg a little. July 2nd, I continue to quote from my note-book, *passed a great quantity* of urine under Lachesis^a. July 3rd. Much better; the swelling is going down from the left side and leg; passes a great deal of water. Lach.^a *ter in die*. July 4th. Still better; pulse ninety-six; Lach.^a July 6th. Much better; medicine continued. On the 9th, I gave Lach.^a with benefit. On the 13th, for pain in calf of the leg worse on motion, she got Bry. On the 15th, she complained of feeling faint, "all gone" after eating; pains in the left knee, with considerable contraction of the cords; gave Kalm. lat. under which she improved. I find no further notes of this case till the 29th. "Still some swelling in the legs; but she is down stairs, goes up to sleep, and has been out of doors." Lachesis^a, a dose once in a day or two, for a little while, removed all the last traces of her illness.

Thus the Lachesis (with the doubtful help of one or two intercurrent remedies) in a remarkably short time restored to perfect health a young woman constitutionally predisposed to dropsy, whose kidneys had been diseased for an entire year, and in whom the dropsy and albuminous urine incident to pregnancy had very greatly increased after her premature delivery. Her health and strength are now, after six months, better than they had been for a year and a half previous; she keeps house and does her own work. The most strongly pronounced indications for this remedy in this case are found in the *the remarkable swelling of the left foot and leg, and the swelling of the whole of the left side*. Great *paleness of the face* was also a marked feature in this case.

THE HOMŒOPATHICIAN.*

[The question "Who is a Homœopathician," has been discussed in our pages during the past year. Nowhere have we seen so clear, eloquent and liberal a statement as the following, to which we would gladly give the widest currency.—Eds.]

We have shown how Homœopathy was developed, what belongs to it essentially, and what therefore, belongs also indispensably to the Homœopathician. As all things have some characteristics by which we can know and discern them from all other things, we will endeavor to point out clearly, distinctly, and strongly, the characteristics of the Homœopathician and the non-Homœopathician, to which latter class belong of course all those who are not of the first-mentioned class, no matter by what name they call themselves.

A Homœopathician speaks with the highest veneration of Hahnemann, of his writings, acquirements, genius and honest uprightnes; of his superior gift of observation, and success in applying his new method of cure with far better results than his pupils through his most intimate knowledge of the *Materia Medica* which he created. The older the student the more he admires the genius of the master, for he knows him better and trusts him more the longer he associates himself with his writings, gradually becoming identified and enabled to follow him by experiment.

The non-Homœopathist speaks disdainfully of Hahnemann; he calls him a man of straw, a visionary: declares him unreliable in his observations, his *Materia Medica* a mass of chaff, perfectly useless unless well sifted; his system he terms unscientific and ridiculous, in need of being modi-

* From a lecture "Who is a Homœopathician," delivered before the Hahnemannian Institute, Philadelphia, Feb. 17th 1865, by Adolph Lippe, M.D., Professor of *Materia Medica* at the Homœopathic Medical College of Penn. Published by order of the Institute 8vo. pp. 26. King and Baird, Printers.

fied, remodeled, or exploded. The less he knows of it the more fault he finds with it.

The Homœopathician treats the patient.

The non-Homœopathist treats diseases by their names.

The Homœopathician makes Pathology and all other collateral branches of the science of medicine subservient to the law of cure.

The non-Homœopathist makes the law of cure subservient to Pathology, and vainly looks for specifics in specific diseases; as for instance: China for intermittent fever, *Crotalus* for yellow fever, Iodide of Mercury for diphtheria, etc.

The Homœopathician administers one dose of medicine at a time, and never repeats that medicine or gives another until this one dose has exhausted its effects; because he knows well the effects of his medicines.

The non-Homœopathist administers a mixture of medicines or alternates them; he never allows one dose of medicine to exhaust or even develop its effects, for he knows nothing accurately about the effects of any of his medicines.

The Homœopathician is liberal, and contends that the whole scale from the crude natural substances up to the higher and highest infinitesimals should be open to the choice and the practice of every sensible and candid person.

The non-Homœopathist is illiberal, and contends for appreciable quantities, sneering at the attenuating process and declaring it simply an absurdity.

The Homœopathician generally administers small doses, believing in potentization; he knows by the experiment that Hahnemann's discovery of the development of medicinal and curative powers by potentization is true, and he decreases his dose in the same proportion as he increases his knowledge of the *Materia Medica*.

The non-Homœopathist ridicules the pellet; he defiantly demands palpable doses; if unsuccessful, he never admits his ignorance of medicines but requires still larger doses; he does not see medicinal aggravations from his over-doses, but

talks learnedly of the changed pathological conditions; in his hands the searing-iron, the caustic, the fly-blister, the scissors and the knife become blessings of no small virtue and of much more importance than the cultivation of the knowledge of the *Materia Medica*, which he despises through his dread of labor; he does not consult it, for he could not understand it; he boldly asserts that sleeplessness is cured by Opium in large doses and in this manner he betrays complete ignorance of physiology.

The Homœopathician when he relates successful cures, enumerates at first *all* the symptoms discovered in the patient and at once it is apparent that he has well examined the case; he next gives the remedy, and states what characteristic symptoms demanded the choice of this remedy in preference to all others; the communication, so made, carries with it the assurance of truth and is instructive.

The non-Homœopathist claims to have found the specific medicine or medicines for the specific disease or pathological conditions; he gives no reason but makes mere assertions and no instruction is gained by them; the credulous and ignorant only will follow his example—to fail.

The Homœopathician is consistent and true to himself and to the fundamental principles he has accepted in the formula, and, as a foregone conclusion, he cures.

The non-Homœopathist is inconsistent, true to no principles; having none, he contends for empiricism, and his occasional cures are accidental occurrences.

The Homœopathician represents the true democratic principle in the healing art; he courts inquiry and lays facts before the people by which they may judge of the validity of his claims to superiority.

The non-Homœopathist is tyrannical, denies the people the right of inquiry, lays no facts before them and dictates to them what they should believe.

The Homœopathicians accept the formula as Hahnemann gave it; their motto is:

In certis unitas, in dubiis libertas, in omnibus charitas.

CACTUS GRANDIFLORUS.

In numbers eight and nine of the current Volume of the REVIEW we republished from the *British Journal of Homœopathy*, Dr. Dudgeon's translation of Rubini's proving of *Cactus Grandiflorus*.

We had not then been able to procure a copy of the original Italian publication whereby to satisfy ourselves of the correctness of Dr. Dudgeon's translation. Nor indeed did this seem to us a necessary precaution. Dr. Dudgeon's high reputation for exact and elegant scholarship we thought a sufficient guarantee of the faithfulness of this piece of work.

But while the last sheets of our republication were still in press, we were informed by a colleague in Philadelphia that he had in his possession a copy of Rubini's original pamphlet, an examination of which had revealed to him the fact that Dr. Dudgeon's translation contained defects and errors. We arrested our press and earnestly besought the loan, for a few hours, of the original Italian pamphlet of Rubini, or at least an indication of the nature and extent of the defects and errors. Our wishes were not gratified. The publication of the REVIEW could not be longer delayed, and thus we were constrained to lay before our readers a translation that had been objected to as imperfect, without having had an opportunity to estimate the validity of the objection.

We now hasten to call attention to a publication which is a retranslation, by Dr. Lippe, from the original pamphlet of Dr. Rubini. It claims to correct the errors and to supply the deficiencies of Dr. Dudgeon's translation.

We give the Preface of Dr. Lippe, and his translation of the Notes, which Dr. Dudgeon omitted. The title is as follows:

CACTUS GRANDIFLORUS: Translated from the original by Dr. A. LIPPE, Professor of *Materia Medica* at the Homœopathic College of Pennsylvania. With a *Preface* and *Notes*, and the notes of Dr. Russell.

Preface by the Translator.—"By comparing the original Pathogenesis of the *Cactus Grandiflorus* with the translations into the English language, by Dr. Dudgeon as published in the 'British Journal of Homœopathy,' No. XC. Octo-

ber 1st, 1864, and from it, again, into the German language, by Dr. C. Meyer, as published in the 'Allgemeine Homœopathische Zeitung,' Vol. lxxix, Nos. 18—23, it appears that liberties have been taken by the translator which are not admissible.

"That Dr. Meyer translated from Dr. Dudgeon is very evident, although, at first, the additional headings in the German translation might deceive one into the belief that the translation is an original production. Dr. Meyer has omitted, as well as Dr. Dudgeon, the Symptom 137; he has with Dudgeon, in Symptom 139, the 'ten passages;' and, with Dudgeon, omitted all the foot notes in the introduction. Symptom 55, Drs. Meyer and Dudgeon have it, 'the 15th day,' while it is 'the 10th day,' etc. The notes left out stamp Dr. Rubini to be a true Hahnemannian; by omitting them, he may be claimed by the 'other side.' Again, this imperfect translation is republished, in good faith, in the AMERICAN HOMŒOPATHIC REVIEW, and the errors are in this manner perpetuated. It is assuredly an error if, in all these translations and republications, as in Symptom 154, when 'piu' is rendered with 'less', while it means 'much more.' In the homœopathic literature, and especially in the Materia Medica, such liberties have been so often taken, that, in order to keep our records pure and unadulterated, it has been absolutely necessary to call the attention of the profession to all these facts. To accomplish this more efficiently, the work in question has been fully and carefully re-translated, and, as far as practicable, the exact meaning, sense and spirit of the author have been rendered literally. The neglect of exposing and correcting errors, of reviewing deficient works, and of allowing falsehoods to go uncontradicted and uncorrected, has brought our literature into a deplorable condition. The evidence of this assertion becomes apparent when we see that 'The Hahnemannian Materia Medica,' of which only one number was published, containing the 'Caricatures of Kali bieh., Aconite and Arsenic' is now claimed as an 'authority;' and this because, since 1852, when it was published, no adverse reviews have appeared.

"It is to be hoped that, should further translations be rendered, more attention will be paid to giving them not only correctly, but full and entire, as a translator has no right to omit anything, not one word, not even a syllable, from the original, whatever may be his own personal views. He does not endorse the author, but translates his work. If, by omissions, he places the author in a false light, and leaves him without means of redress, or should he, by mistranslations, lead the profession into forming erroneous ideas of the effects of the drugs, this wrong can only be amended by placing before the Faculty a correct literal translation, and this is hereby done.

"A. LIPPE."

[Rubini's Notes omitted by Dudgeon.]

Foot note page 9.—"The Cactus family being very numerous, great attention must be paid, in order to avoid mistaking one for the other, when it is the intention to prepare the true remedy, which I, myself, have obtained. Every individual possesses an innate virtue proper to himself; and, the generical action not existing in vegetable substances, it is impossible to replace, with

impunity, one plant by another. Hence, the real Cactus Grandiflorus, of which I have noted expressly the characteristics, is the only one to select.

"Of this great truth Haller himself reminds us, by the words: "*Latet immensa virium diversitas in iis ipsis plantis quarum facies externas dudum novimus, animas quasi, et quodcumque celestius habent, nondum perspeximus.*"

Foot note page 11.—"Here it is necessary to remark how impossible it is to state precisely the dose of a medicine. It is always left to the judgment of the attendant physician to proportion, at the bedside of the patient, the strength of the medicine to that of the illness. It is, also, important to notify, that too strong a dose can, instead of ameliorating the illness, produce irritation or aggravation. And this might be made still more serious, if the doses, also, were repeated daily. The patient then would become discouraged, and would fall into the great error of believing that the remedy was not suitable, or that his organism was unable to bear it. These erroneous and false conceptions are very frequent, and so firmly established, that the physician is, at times, forced by the patient himself, to change the prescription. This change itself would be an error in practice, and perhaps there can be no greater. When, from the beginning of the action of a remedy, the patient seems to grow worse, it indicates already that its action is directly developed on the morbid centre, and that, corresponding exactly in its nature, it takes the most proper means of destroying the disease promptly. Under these circumstances, any change is dangerous. Hence it is proper to rest for a few days; to wait for the reaction of the organism, and to diminish the dose. Hahnemann in the beginning, used the mother tinctures, (*Etudes de Medecine Homœopathique*—Paris, 1855, p. 595;) but afterwards, having learned from facts, he cured with the 100th, later with the 10,000th, then the 1,000,000th, and finally the 10,000,000th part of a drop, and then he saw no more irritation or aggravations. To obtain these fractions he dissolved one drop of the mother tincture in 100 drops of very rectified spirits of wine. Of this first dilution he put one drop in one hundred more of spirits of wine; and of this second dilution he took another drop, adding it to one hundred more of the above said rectified spirits of wine; he obtained thus three bottles, of the first three attenuations; and each of these he shook with his arms one hundred times, beating one hand against the other, this dynamization producing a perfect mixture of the fluids, and the development of that medicinal power not understood by us, but possessed by all substances in nature. Of one of these dilutions, or of higher ones, always prepared in the same manner, use should be made in case of irritations or aggravations, and the remedy should never be changed."

Note by the Translator.—"The allopathic school has applied the milky juice, which is acrid, but without smell, for the same purposes as the leaves of the Cactus opuntia, Linn.: as poultices for gouty, and other painful conditions, for inflammation of internal organs, also for corns. Paulle, *Journ. de Med.* 177, LI, 9, 321. Cleghorn, *Diseases of Minorca* pp. 263 279. n. Papen at Pymont, *Hannov. Mag.*, 1790, p. 1433. Wilh. Heinr. Brennecke, *Hufel. Journ.*, 1807, xxvi, 4, 136. It is stated that the Cactus Grandiflorus causes on the skin excoriations

and pustules. It has been administered in doses, from two to ten grains, as an anthelminticum. If the juice be dried, then burned, the fumes will cause sneezing, coughing, inflammation of the nostrils, and even hæmoptysis. It is also reported to have cured dropsies.

"The few symptoms we now possess of this new remedy, show clearly that another great curative means is added to our increasing Materia Medica. In some particulars it is similar to various known remedies; while many of its great characteristic symptoms stand alone, or almost so.

"The congestions to the head are similar to those of Bellad. and Glonoine. The weight on the vertex is similar to Aloe and Alumina. Like Belladonna, it affects more the right side of the head. The sleeplessness at night is like Sulphur. The mental symptoms like those of Lachesis.

"The constrictions in so many parts of the body are similar to those of Belladonna, Stramonium and Alumina. The constriction in middle of the sternum like that which we find under Bovista. The constriction about the heart is similar to that of Lachesis. The effect on the heart is, in many respects, similar to that of Crota-lus, Lachesis, Spigelia and Kalmia. The œdema of the hands in chronic carditis, especially that of the left hand, is under no other remedy, and is a very weighty symptom. The diarrhœa seems to be worse in the morning; but, unlike Sulphur, is preceded by pain. Symptoms 141, 146, 147, 148, 149, are frequently the consequences of diseases of the prostate gland. The cessation of menstruation, when lying down, is similar to Causticum. The constriction in the uterine region is similar to Murex pur. The intermittent fever symptoms find a similarity under Arsenic, Bryonia, Calcarea, Lachesis, Pulsatilla, Rhus and Sulphur; but Arsenic has, as a difference, the recurrence of the paroxysms very rarely at the same hour.

"The direction (from one side to the other) in which the symptoms develop themselves, is only found under the skin symptoms, and under them they appear on the upper extremities, first on the right, and then extend to the left side; while on the lower extremities they appear at first on the left side, and then extend to the right side.

"The thanks of the profession are due to Dr. Russell, who first called the attention of the English-reading Homœopaths to this valuable remedy. By this translation the Germans were also benefited; for they again, from Dr. Dudgeon's version of the original, re-produced it into the German language."

Symptom 137, omitted by Dr. Dudgeon.—"Bilious diarrhœa, with pain in the abdomen, eight evacuations in one day; third day."

On comparing the respective translations by Drs. Dudgeon and Lippe with the original, we find that wherever Dr. Lippe affirms an error in the former, Dr. Lippe is correct and Dr. Dudgeon in fault, except in one single instance in which Dr. Lippe (p. 17) says, "Dr. Dudgeon writes 'fifteen days' when the original has it *ten* 'days.'" This is a mistake. Dr. Dudgeon's translation is "*eighteen* days." We feel justified in

accounting for this, as for several other of Dudgeon's errors, by ascribing it to carelessness of the printer and proof-reader, Dudgeon probably used the Arabic numerals "10" and the printer read it "18." It is none the less a blunder and likely to mislead the student. The same theory will explain the ridiculous error of seeming to translate "*qualche*" by "*seven*." No doubt in the manuscript of Dudgeon it was "*some*."

But this theory will not account for the translation of "*piu*" by "*less*," nor for the omission of symptom 137, nor for other errors to which Dr. Lippe refers.

The whole affair may serve to impress upon us again, the great importance of scrupulous attention to the translation and also to the *printing* of provings to the end that absolute accuracy may be ensured. We thank Dr. Lippe for correcting these errors.

As regards the merits of these two translations in other respects than those already considered, a fastidious scholar might easily find fault with them both. Both present a fair and intelligible rendering of the author's meaning in his Introduction, and therefore answer the purposes of a translation. Dr. Lippe evidently aims at literal accuracy, but we incline to regard Dr. Dudgeon's as perhaps the clearer and more satisfactory to the English reader. Perhaps this is because Dr. Dudgeon has over Dr. Lippe the advantage of that intimate knowledge of the English language which only a native Anglo-Saxon can possess, and in addition, an uncommon ease and sweetness of style. [Ebs.]

KREASOTUM.

BY THE LATE DR. C. VON BENNINGHAUSEN, MUNSTER.

[In 1836, Dr. von Benninghausen published a valuable little volume containing a short review of what he regarded as being "the characteristic symptoms, and chief effects" of 123 of the principal remedies of our Materia Medica.]

This work has never been translated into English. It was Dr. von Bœnninghausen's intention to rewrite the essays of which it consists, and to add to them the analyses of many other remedies which had been proved since 1836. But the busy hours of his life went past and death took him from us, with this task, like many others, uncompleted.

Among the remedies for which he had made preparatory studies, with a view to the new edition referred to, was *Kreasotum*, a remedy which, he used frequently to say, was far from being estimated at its true value. The following pages are a literal translation of his manuscript study.—D.]

Mind.—Weakness of memory. Forgetfulness.

Head.—Roaring in the head. Headache after a carouse. Headache with sleepiness. Throbbing in the front part of the head. Pain, pressing outwards, in the forehead. The hair falls out. Sensibility of the scalp to touch and when the hair is combed.

Eyes.—Itching and biting in the eyes. Chronic swelling of the eyelids and of their margins. Heat in the eyes. Hot and acrid tears in the eyes, like salt water. Agglutination of the eyelids. Like a veil before the eyes.

Ears.—The external ear is ulcerated and feels hot. Moist eruption upon the ear with swelling of the glands in the neck and grey complexion.

Nose.—Epistaxis of thin, bright, red blood. Offensive odor before the nose.

Face.—Earthy, pale, green complexion. Acne in the face. Peeling off and cracking of the cuticle of the upper lip.

Teeth.—Drawing tooth-ache, which extends to the temples (and ears).

Mouth.—Scratchy sensation in the throat. Rough, hoarse speech.

Digestion.—Loss of appetite. Stomach-ache from acid food.

Taste.—Bitter or flat taste. Water, after it is swallowed, tastes bitter.

Nausea.—Morning sickness of pregnant women.

* **Stomach.**—Painful hardness in the region of the stomach.

Hypochondria.—Constriction of the hypochondria, which do not tolerate tight clothing.

Abdomen.—Ulcerative pain in the abdomen. Great distension and tightness of the abdomen. Pain in the region of the umbilicus.

Stool.—Constipation. Ineffectual, painful urgency to stool. *Constipation in case of uterine cancer.

Urine.—Frequent urgency to urinate with copious discharge. Frequent urination at night. Diabetes.

* **Genital Organs.**—Soreness and smarting between the labia and in the vulva. Excessive itching in the vagina. Ulcerative pain in the cervix uteri. ° Carcinoma uteri. ° Prolapsus uteri.

Menses.—Disposition to abortion and Metrorrhagia. Menses too soon and too copious. Deafness during the menses. Before, during and after the menses, buzzing and roaring in the head. Leucorrhœa both bland and acrid. Leucorrhœa with great weakness.

Coryza.—Frequent sneezing with dry, nasal catarrh. Grippe. Chronic catarrh of old persons.

Respiration.—Dyspnoea, as if from a feeling of heaviness in the chest, with a feeling in the chest as if one had been beaten.

Cough.—Fatiguing cough (in old persons) with copious expectoration of thick, yellow or white mucus. Cough with retching. Cough with discharge of urine. Cough with dyspnoea. Cough at evening in bed.

Trachea.—Rough and scratchy in the throat.

* **Thorax.**—Anxious feeling of heaviness in the chest. Stitches in the chest, in the mammæ, and in the heart. The chest feels as if it had been beaten.

Back.—Labor-like pains in the sacral region and in the lumbar vertebræ with severe pressure to urinate. Pains in the back at night.

* **Upper Extremities.**—Luxation pains in the thumbs. The third phalanges of the fingers seem as if they were dead with a creeping sensation in them as if produced by ants.

Lower Extremities.—Pain in the hip joint as if it were luxated. Painfulness in the crista ili, as if from a heavy burden, or after running. Sensation as if the knee joint would suddenly give way. Ulcerative pain, as if from an ulcer, in the whole leg. Ulcerative pain and burning in the soles of the feet. Cold swelling of the feet.

Generalities.—Stitches in the joints. Lassitude of all the limbs. Weariness as if from too long a foot journey. Heaviness in all the limbs, with tired sleepiness. During repose, a sensation as if all parts of the body were in motion. Great restlessness and excitation of the whole body, more in repose than during motion. Many symptoms are aggravated during motion and in the open air. Most of the symptoms vanish after sleep. She dares not remain fasting for a long time after getting up, nor keep quiet for a long time.

* **Skin.**—Eruption, dry as well as moist, in almost all parts of the body, especially on the backs of the hands and feet, in the palms of the hands, in the ears, in the popliteal region and on the knuckles of the hands and feet, which itch very much at evening and in the night. Putrid ulcers.

* **Sleep.**—Frequent yawning and great sleepiness. Much sleep, disturbed by dreams.

Fever.—Transient chill without thirst. After the chill, thirst.

Disposition.—Peevishness, ill-temper. Excited condition. Obstinacy.

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA, PA.

(Continued from page 470.)

Eyes, continued:

— On the anterior surface of the lens of the left eye in its centre and the vertices of the curves a chalky white mass was deposited; isolated granules of various sizes, for the most part however, deposited in thick heaps, which, by transmitted light appeared black. Upon the right eye a similar but less appearance. *Dog. 2. Schreder*, according to *Hausen*.

— Itching and pressure in the left upper lid toward the inner corner, as if an eyelash were turned inward, evening. The next morning on awaking, a biting, itching swelling, pale, red, and œdematous, until after a few days ascab forms. The tenth and following days. *R.*

The left eye reddened. Sixteenth day. *R.*

— The left eye somewhat inflamed; twelfth in water. *nn.*

C. Hg.

45. Lachrymation with fluent coryza. 57.

Ears:

Pain over the left ear. 259.

Above and behind the left ear dull pain, evening in bed.

P.

It seems to him as if a shot were fired in front of the ear, forenoon third day. *R.*

Sensation as if stopped in the ears especially in the left ear. Ten, p. m. *R.*

— Deafness.

50. Sometimes, for a moment, a sensation as if air whistled through the left Eustachian tube, and when taking a pinch of snuff or when eructating the air passes into it. Sixth and seventh days. *R.*

Itching in the ears with secretion of a thin wax, third day. *R.*

Itching in the ears. *C. Hg.*

When lying upon the left ear a sharp pressing pain from the throat into the ear on the left side. *Gsw.*

Pain on the right side in the throat extending into the ear on empty swallowing. 89.

— The left ear began to itch, to burn, and to swell with painfulness and throbbing in the external meatus; after three or four days a discharge of a watery fluid, smelling like fish pickle, which caused a vesicular eruption upon the external ear and the neck wherever it touched the skin. The ear was bluish-red, appeared as if infiltrated with water. The sense of hearing was impaired. After about twenty days. Lasted about three months. Dunham. Thirteenth group.

— * Several cures of affections similar to the above by Dr. Dunham, 14; by Dr. Wells, 15.

Nose:

55. The whole forenoon the left nasal passage obstructed; from the right nasal passage much mucus flows through the posterior opening; second day. *R.*

Obstruction of the right nostril in the morning early; fourth day. *R.*

When walking in the clear, fresh autumnal air from eleven to twelve, a. m., coryza comes on with hoarseness and lachrymation, short cough, pressure in the middle of the chest under the sternum; on continuing a longer time in the open air it passes away again; fourth day. *R.*

When going out in the open air between eleven and twelve a. m., again a severe coryza with hoarseness as yesterday; fifth day. *R.*

Nose sometimes obstructed, sometimes free; fifth day. *R.*
60. On awaking, much thick mucus in the nose; had breathed through the mouth during the night; fifth day. *R.*

Coryza with secretion of thick mucus; twelfth day. *R.*

Heaviness over the brows and paroxysms of frequent sneezing lasting several minutes; ten, a. m., thirteenth day. *P.*

The headache passes away the next day and coryza sets in. *O. T.*

Dry, nasal catarrh, as often before; but now it is more severe at irregular times. *O. T.*

65. On taking snuff, catching in the Eustachian tube. 50.

Face:

Peculiar twitching and distortion of the facial muscles of the left side, particularly when talking; the left angle of the mouth is thereby drawn to the left and upwards; first week. *C. Hg.*

An hour and a half after dinner, heat in the face; also the anterior part of the head is hot with bleeding of the gums; tenth day. *P.* Compare 73.

Perceptible reddening of the face from a sudden rush of blood to the head. 12.

In the afternoon, a gentle sensation of burning at the lips (in the forenoon he was exposed to a sharp cold air). *R.*
70. In the afternoon burning in the middle of the upper lip.

— Pimples in the face. *F. Gsw.*

— The ninth day after the last dose, a small ring-worm on the forehead just above the external angle of the right eye, about a half-inch over the brow. First a small group of round vesicles upon a red areola; the vesicles dry up, desquamate, and upon the external circumference new ones appear, with little itching. After a week the eruption is completely annular, a half-inch in diameter, the internal portion throwing off thin white scales. During the fifth week it decreases; the ring has several interruptions and a diameter of three-fourths of an inch, but just above it another, altogether similar, has appeared. In the sixth week the seat of the first is scarcely reddened, but the second is still on the increase and forms two-thirds of a circle. *Metcalf.*

Mouth and teeth:

— Flowing of tenacious mucus from the mouth. *Dog. 2.*
Hausen.

— Uncommonly abundant secretion of saliva. *R.*
Hausen.

Sensation of coolness in the mouth and pharynx as after taking peppermint, distinct on drawing in the air. *R.*

Mouth feels better and cleaner, and properly moist; he has his natural taste again, the next day. *N. Gsw.*

— Whitish coated and somewhat swollen tongue so that the impressions of the teeth are clearly shown upon the margin of the tongue. *Hausen.*

Gum bleeds so that it fills the mouth with blood; tenth day. *P.*

Very soon a slight toothache on the left side, in teeth filled with gold. *N. Gsw.*

Fauces and Œsophagus:

75. Expectoration of light mucus, easily loosened. *N. Gsw.*

The next day early in the morning much secretion of mucus from the posterior nares, of a saltish taste like smoked herrings. Compare 35. 80.

Early in the morning the mucus, which during the night dried in the choanæ, is discharged as a reddish yellow clot. *R.*

Rough, scratchy sensation in the throat, not passing away on swallowing. *R.*

Rough, scratchy sensation in the throat, worse towards evening; eleventh day. *R.*

80. Early in the morning, prickly sensation of dryness in the fauces, worse on the left side; the left nasal passage is obstructed; from the right, there is secreted a quantity of mucus backwards; second day. *R.*

After breakfast, the prickly sensation of dryness in the fauces passed away; second day.

About five, p. m., again a sensation of dryness in the throat; second day. *R.*

The sensation of dryness in the fauces, worse on the left side, comes again early in the morning of the third day. *R.*

Sensation of dryness involving the whole fauces, worst on the right side early in the morning of the fourth day. *R.*

85. Toward evening dryness of the fauces; fifth day. *R.*

The dryness on the left side of the fauces ceases during

and after a walk in the open air, from eleven to twelve a. m. *R.*

The sensation of dryness in the throat is always more marked in the evening and morning. *R.*

In the fauces above the larynx itching and burning as if he had scalded himself with too hot a drink; for several days. *Whitney.*

After the sensation of dryness on the left side of the fauces has ceased during a walk in the open air, the right side begins to be painful, worse on empty swallowing, whereby the pain extends into the right ear which always feels as if stopped; the third day. *R.*

90. On swallowing, prickly soreness in the fauces, especially on the right side early in the morning of the fourth day. *R.*

Sore throat on empty swallowing; evening, eighth day. *R.* Compare 89.

Sore throat on empty swallowing in the evening, worse on the left side, removed by eating and drinking; seventh day. *R.*

Pressure upon the tonsils. *O. T.*

The sensation of dryness in the fauces, and the sore throat always removed by eating and drinking.

95. In the pharynx, coolness as after peppermint. 71.

Sharp, pressing pain on the left side, extending from the throat into the ear. 53.

Worse on empty swallowing, dryness of the fauces. 89.

On swallowing, soreness in the fauces. 90.

On empty swallowing, sore throat. 91. 92.

100. Sore throat passing away on swallowing food and drink, worse on empty swallowing, 92.; on eating and drinking dryness of the fauces, right side. 94.

Taste, Appetite, Stomach:

Moderate metallic and earthy taste in the mouth, after several hours. *N. Gsw.*

No appetite from the beginning of the provings. 111.

— Loss of appetite; seventh day. *Hausen.*

— Appetite lost. *Dog. Hausen.*

— Constipation, much flatus and piles. *F. Gsw.*

No stool for two days; then about eleven a. m., not hard but consisting of crumbs enveloped in some reddish brown slime; second day. *R.*

In the evening, stool, first knotty, lastly softer; 3d day. *R.*

Ten, a. m., diarrhœic stool sixth day. *R.*

In the intestines distended blood vessels. *Rabbit. Gmelin.*

155. Rectum empty, contracted. *Rabbit. Gmelin.*

On pressing to stool increased pain in the sacrum and thigh. 219, 220, 221, 243.

After the stool an urging in the rectum with somewhat of burning, lasting some time; thereupon stronger retraction of the rectum; sixth day. *R.*

Itching in the rectum after stool. *R.*

Itching in the anus lasting a few minutes. *N. Gsw.*

Urine, Male Genitals:

The kidneys colored blue-black throughout. *Dog. Hausen.*

— Walls of the bladder bluish. *Dog. 2. Hausen.*

— In the urine passed twenty-four hours after the termination of these experiments no trace of Tellurium could be discovered. *Hausen.*

— Urine acid, smelt decidedly of Tellurium. *Dog. Hausen.*

— Urine acid, diminished quantity (nineteenth day, seventeen and a half ounces, twentieth day twenty-two and a half ounces, specific gravity 10.30; gives almost one-twelfth solid constituents, then almost one-half urea). In one hundred parts, 42.94 urea, 0.114 uric acid, 27.71 incombustible salts, 28. organic substances; these four, therefore, were proportioned to each other almost as 3, .1, 2, 2. The coloring constituents were altogether preponderating. In the eighth week the urine was normal. *Metcalf.*

160. Passed much urine. *Dog. Gmelin.*

Frequent urging to urinate and very unpleasant sensation if she did not soon yield to it. *P.*

The urine clear, highly colored, passed easily and without pains. *N. Gsw.*

On passing water slight burning at the orifice of the urethra near the end. *N. Gsw.*

A glueish little lump had come during the night out of the urethra, so that the penis became adherent to the shirt; on awaking at night, after the ninth dose of Tellurium. *N. N. C. Hg.*

Sexual instinct and power for one week much more lively and vigorous; then, for several weeks, altogether without desire. *C. Hg.*

165. Erections the whole night, in one wholly unaccustomed to them. *R.*

In the afternoon, prickly itching at the scrotum, worse on the right side, later internally on the left thigh high up, then on the right side of the abdomen, then on the left, and finally between the buttocks. *P.*

Itching pimples on the perineum. 314.

— Small itching herpes on the perineum; later action. *N. Gsw.*

Flanks and Groins:

A ring-worm, like that on the forehead (70) appears with intolerable itching, on the left side of the abdomen, between the last ribs and the crista ilii. *Metcalf.*

Pain in the left flank from the crista ilii inwards. *R.*

— Dull pain on each side of the abdomen more downwards and over the pubis. *N. Gsw.*

170. Pain in the left groin from tighter clothing. 130.

Pelvis and Female Organs:

Evening, pain and sensibility of the region of the kidneys, which after a while extends to the lower part of the abdomen, with a pressing downward as from a weight; increased the whole night; she had night mare, and in the morning the pain was still worse and combined with great sensibility; the right side especially was effected, but the pain was worst of all in the sacrum, where it continued until the next day with a tormenting pain in the hypogastrium. *F. Gsw.*

Throbbing in the upper part of the pelvis, on the right side after going to bed. *P.*

In the pelvis, on the right side, pain. 259.

Dull pain, low in the pelvis, on the left side. *P.*

Frequent sticking pains out of the middle of the pelvis, horizontally toward the left side now and then; the whole second day and a part of the third and fourth days. *P.*

175. In the uterine region on the left side and horizontally across through the groin toward the hip violent stitches or cuttings. *P.*

The menses appear one day too early, and in the afternoon. *P.*

Menses three days too early, the second and following days less than common. *P.*

Breath:

The breath even after a minute acquired an unpleasant garlic-like odor like that of the Telluric Ethyle described by Wohler; after eleven grains of Tellurite of potash. With others the breath got a weak Tellurium odor after eight grains Tellurous acid; became stronger already after one minute. *Dog. 1, 2, Hausen.*

— While Wohler was busy with his experiments on Telluric Ethyle, his breath and even the perspiration had for several weeks an odor of garlic.

Liebig and Wohler's *Annals*, 1853, Vol. LXXXVI, pages 208 to 215.

— Fechner *Centralblatt.*, 1853, No. 37, page 723.

— Already within a few minutes the breath assumed the peculiar garlic-like odor, which was at once perceptible to all who spoke with him. *Roeder.*

— The Telluric odor of the breath manifested itself already in the first minutes after the first dose of Tellurite of potash, and was so strong and so offensive to others that he was obliged to keep out of society; it was still perceptible even seven weeks later. *Hausen.* He had during one week taken 0.34 grammes, i. e., about four grains of Tellurate of potash.

Chest:

Moderate sensation of suffocation above in the throat. *N. Gsw.*

Hoarseness early after rising. *R.*

180. Hoarseness with fluent coryza. 57, 58.

Chest oppressed with hoarseness in the morning; the sixteenth day. *R.*

. In the region of the larynx a sensation between roughness and pressure gradually passing over into a tickling and exciting a cough. *O. T.*

. Cough toward morning; becoming loose after several days. *C. Hg.*

Short cough with fluent coryza. 57.

185. When coughing and laughing increased pain in the sacrum. 219, 220.

Pain in the clavicle. *N. Gsw.*

The whole day pain in front in the middle of the chest, sometimes extending through to the back and between the shoulders; therewith headache above the eyes. *P.*

Pain in the middle of the sternum. *N. Gsw.*

Pressure in the middle of the chest under the sternum with coryza. 37.

190. Dull pain in the left chest, just above the last rib. *N. Gsw.*

Drawing cutting pain on the left nipple and around it, and extending to the scapula. *O. T.*

Sticking pains on the left side above the fifth rib, lasting from five to ten minutes. *O. T.*

Stitching in the chest more on the left side. *O. T.*

Pain in the left chest, with sensation of weakness in the stomach. 108.

Pain in the chest below the ribs. 259.

195. (A few red spots on the lungs.) Rabbit. *Gmelin.*

Eruption at the nipples. 312.

(*To be continued.*)

CLINICAL CASE.

BY AD. FELLGER, M. D., PHILADELPHIA.

Mr. R. 27 years old, came on the 30th of January 1865, to my office, with a gonorrhœa which he had had for some time. The running was milk-like and profuse. There was not the least pain either by urination or without, or any inclination to pass urine more than usual. Mr. R. had a gonorrhœa several years before, which he said was cured allopathically. I gave one dose of Copaiva (five drops Copaiva balsam to one hundred drops of Alcohol). Eight days after, to his great satisfaction, he told me he was entirely well, there was not the least running from the urethra to be observed. But alas, about a week after he appeared again with a strong discharge of the cryptæ sebaccæ of the corona glandis and a small condyloma on the fraenum præputiæ; from the urethra itself there was no discharge. I then gave Thuja²⁰⁰, one dose. From week to week this condyloma enlarged and on the corona glandis there appeared five other condylomata which grew rapidly larger. As I considered the enlargement of the condylomata a homœopathic aggravation, I waited patiently five weeks for the action of Thuja. But all this time the condylomata did not diminish but grew larger and larger; the condyloma at the fraenum was now an inch long. As the patient had no kind of pain nor the least discharge from the urethra, he seemed not uneasy about it; the only complaint he now made was that he had frequent pollutions, which induced me to give Acid. Nitr.²⁰⁰, one dose. After eight days all the condylomata at the corona glandis had disappeared entirely, and the long condyloma on the fraenum was reduced to half its size; and eight days after this, there was nothing more visible, and even with the lens not one spot could be detected. The pollution as well as the discharge from the cryptæ sebaccæ, had also entirely disappeared. Thus Nitric acid is the remedy for condylomata with pollutions.

CLINICAL CASES AND OBSERVATIONS ON HIGH POTENCIES.

Fifth Series concluded (from page 190.)

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

"It is the destiny of Homœopathy not only to effect a glorious revolution in the art of healing, but to lead to new views of the constitution of matter.

—JOSLIN. Princ.

15. It may occur to look for an explanation of the homœotic process by some higher law.

Some of our homœopathic systematists have introduced *Magnetism* (Altschul) and *Electricity* (Goullon) as a cosmological basis for the homœopathic quality of our remedies. The high character of Science which we all claim for Homœopathy, advises us to be very cautious, and never too willing to adopt a bold, however ingenious, speculation, when there are not yet facts enough to justify it.

The nature and relation of Electricity and Magnetism will be better understood, when the idea of Potentiation shall have thoroughly taken hold of the scientific mind. This idea is like a powerful telescope, apt to dissolve the nebulae of the so-called Imponderabilia, which even Liebig already styles "Potencies."

The facts and observations at our disposal, as yet, are hardly decisive enough, to warrant us in assuming that the quality of homœopathic substances individually, is *proprie* magnetic or electric, or that our healing process is a magnetic or electric process, properly speaking.

But, whether or not the substances themselves, still their action, in relation to substances of the organism, may exhibit something like polarity; and *Polarity of Action* might indeed be taken for a property common and essential to all mutual action and all homœotic manifestations.

There is a general signification of the term *Polarity*, here applicable, by which it is used to designate opposite or *dissimilar* properties or powers, simultaneously developed by a *common* cause in opposite or *contrasted* parts. And in this sense polarity is a phenomenon observed not only in magnet, light and electricity, but also in Homœosis which embraces them all. Not that the matter concerned in the mutual action is itself polar, but the polarity appears to be in its motion and action with one another, that is, in its mutual action.

With such a conception of *Polarity of Action*, as being the property of all mutual action, it would seem, that in the homœopathic healing process the action of the remedy is polar to the action of the disease, and *vice versa*, and that the convertibility of pathopoesis and hygiopoesis would have its analogy in the *Exchange of the Poles*.

16. Inasmuch as, by the preparation and effects of Homœopathic High-potencies, it is proved beyond controversy, that, by variously comminuting,

attenuating, fining and refining crude drug-matter, growing "fine by degrees and beautifully less," certain properties of matter are not only kept and preserved, but also propagated, reproduced and improved, which are not perceived in the state of crudity; and that by the administration of so subtiliated substances certain matter of the organism is unerringly affected; we may safely concede, that by potentiation the remedies are rendered molecular, and molecular motion and molecular life, as Von Grauvogl has it, set free, which was latent and unperceived in the crude state of the drug substance and represents *molecular forces* (*Anamorphosis, Metagenesis*).

And we may also infer, that, as assimilation is a molecular process, so the proper condition of a homœopathic remedy for being curative, is *Molecularity*, and potentiating is a process of *Molecularization*.

If we herein do not adopt Goullon's phraseology of *atoms* and *atomization*, we only give up his nomenclature, because it would imply absolute simplicity and indivisibility of the constituents and thus exclude the very idea of motion and composition, which belongs to molecules and is indispensable for any theory of potentiation and for Goullon's own.

17. Inasmuch as our own experience, conformably with that of Hahnemann, Aegidi, Burekhardt, and others, places it beyond doubt, that Homœopathic High-potencies exert their action unmarred, and undisturbed, for a long time, as well as immediately after their preparation, and as soon as they are brought into proper contiguity with the organism; we have again evidence of the identity of the curative action of these potencies with the action of chemical affinity, because a very peculiarity of the latter is known to be, that it is capable of either waiting or acting at once, (Faraday.)

18. Lehmann says, "from the inorganic chemistry it is known, that the ablation or apposition of a single atom may determine such entire difference of properties in a single composed body; shall it, then, still appear to us so very strange, when in the organic composition, where, on the whole, atoms use to group variously with such facility (isomeric), such changes are produced by a plus or minus of one atom?"

This relates to Isomerism. Chemical science knows also Homomerism, Metamerism and Polymerism.

But homœopathic experience would lead directly to an investigation of *homœomeric* bodies, and of *Homœomerism*, and it might for such purpose prove of interest to refer to the Anaxagorean Homœomeria.

And, in as far as Allotropism is acknowledged to be another similar property of matter, also pointing to the facility of acquiring new properties by a mere infinitesimal change; the greater strictness of homœopathic observation would induce us to judge, that in the action of homœopathic drug-matter, as well as in that of disease-matter, a certain *Homœotropism* is perceptible, and that such, in fact, constitutes one of their properties.

19. Inasmuch as self-preservation, propagation, reproduction and improvement of its kind are an undoubted criterion of organic life, it may be inferred, that Homœopathic High-potencies, like the constituent and integrant parts of the organism, are organic and organized matter, living micro-organisms, each with an individual existence, which, comparable to Milton's spirits,

* * * "that live throughout,
Vital in every part, not as frail man,
Cannot but by annihilation die."

20. And inasmuch as no terminus of annihilation of homœopathic remedies by potentiation has been reached as yet, our High-potencies are new testimony for the *imperishability of matter*, which was successfully sustained by Moleschott, and has since become the basis of research in natural science. "Matter, however subtiliated, is matter still" (Boyle), and "Material substances can neither be created nor destroyed, and the distinctive qualities which appertain to them, remain forever unchanged," (Draper).

This is the great truth, so beautifully illustrated by Dr. Du Bois Reymond in his celebrated Preface, that it bears repeating. "A particle of iron is and remains assuredly one and the same thing, no matter whether it is propelled into space in a meteoric stone, whether it thunders along upon the railway in the wheel of a locomotive, or whether it pulsates through the temples of a poet in a blood-cell; in the latter case, as little as in the mechanism of the human hand, was anything added to the properties of this particle nor was anything removed from it; those properties are from eternity, they are inalienable, intransferable.

Truly, a Homœopathic High-potency, in the language of Pope,

"Lives through all life, extends through all extent,
Spreads undivided, operates unspent."

21. It is an object of further investigation, how much of this preservative and reproductive organization of the drug, and of the medical properties, in the potentiation process, is to be attributed to the mode of *preparation*, (trituration, dilution, contact, succussion, etc.) and how much of it to the *vehicle*, (sugar of milk, alcohol, water, etc.).

Probably the vehicle serves as the medium, *menstruum*, or means, for keeping the remedial matter in the state of fineness required, and thus for facilitating its assimilation when required. At all events, here again is Homœosis observable, this time as mutual action between drug and vehicle.

22. It is likewise a matter of further inquiry, how much of the effects of Homœopathic High-potencies is to be attributed to the *velocity* of the assimilating process in space and time. For the purpose of an instantaneous and perfect cure, *ceteris paribus*, the *momentum* of the remedial force must be similar to that of the pathogenesis or morbidic force, that is, it must be *homœorrhopic*; the facility of assimilation standing as the measure of the susceptibility of the organism, which is found and elicited by individual examination in each given case.

The velocity and intensity of the hygiopoeisis or curative force, are mutually governed by the action of the organism as well as by that of the drug, and the curative action must therefore be *homœotactic* and *homœorythmic*.

And by comparing this action with the known velocities of circulation, light, electricity, in nerves, and in other bodies, we might possibly get at an approximative estimate, and infer, whether the effect of the remedy is in the given case conducted through the circulation, or the nerves, or how?

In any case, however, the least *momentum* possible, because sufficient to cause

a change, is certain to be all that is necessary, to overcome the opposed force of the pathopoesis and to neutralize the same, as is always done by the mutual action of a cure or hygiopoesis.

23. Inasmuch as, by the established effects of Homœopathic High-potencies, it is certain, that the substance of the drug, after refining or potentiating, is more pointed and more specific in its medical action, than the crude substance, or, in Jahr's words, that High-potencies present the peculiar characteristics of the remedy; it may be assumed, that they exist, and act, under the dominion of the great *Law of Development* first pointed out by Goethe, and, as Draper remarks, somewhat obscurely enunciated by Von Bœhr in the following words: "The heterogeneous arises from the homogeneous by a gradual process of change," by which is meant, that in the process of development the stages are not from forms degraded from a higher type.

This gradual change is clearly homœotic, and depending upon Leibnitz's *Law of Continuity*.

And inasmuch as Development, to continue with Draper, is a Differentiation of a higher order or a compound Differentiation, and by Differentiation is meant an increase involving modification of fabric and the assumption of new properties (symptoms); there seems to be no objection to the idea, that the processes of Potentiation, and also that of Healing through High-potencies, are processes of *Differentiation and Development*.

24. And if, agreeably to Draper's further observation, the great result of every Development is Heterogenesis, and Homogenesis, only apparent as the conditions bringing on Differentiation approach Similitude; we adopt and apply this here, with the modification however, that in strictness and reality, it is not exactly Homogenesis, but *Homœogenesis*, which becomes apparent. Nothing can express this better than the spiral whose curves are true asymptotes, ever tending to approach each other, but never meeting. (Rentsch.)

And here, and in this sense of Differentiation and Development with assumption of new properties, we understand, corroborate, and justify Hahnemann's often misrepresented theory that the medical characteristic of Potentiation consists in the "*Kraftentwicklung*" or "Dynamization," i. e. development of force.

25. Besides quantity, quality and relation, also the modality and form, or the *morphological condition* of the drug-matter, as well as of the constituent and integrant parts of the organism, concerned in the mutual action of the curative process, and also perhaps the morphological condition of the hypothetical disease-matter, or pathopoesis, present further important elements for analyzing the nature of the matter which is in mutual action in the healing process.

Microscopical observation in this regard, has not yet given us sufficiently many of certain and positive facts, because the fineness of the object is so extreme, that it still escapes perception by the instruments now in use; and the effects of our Potencies, as perceived in the organism, are still the only means of observing them. This morphological condition, therefore, deserves further attention. Stereoscopic observations would help much.

Thus much, however, upon comparing the said effects in the given case, might be safely assumed, that, in form, the motions and functions proper to the remedial matter, are similar to those of the pathopoeitic matter, and that, in form,

the constituent and integrant organs or elements, and their motions and functions, as concerned in the mutual action of healing or diseasing, respectively, are similar to the substance, motions and functions of the remedial and morbid matter, respectively, that is, that they all are *homœomorphic*.

Equally plausible it is, that all these matters are in a similar condition of fineness, and proportionate in form to each other, so as to admit of Susception and Assimilation, that is, that they are *homœoleptomic*.

26. Inasmuch as *Homœomorphism* presents a legitimate scientific point of view of our subject, legitimate inferences may be drawn from it. Among such might be one in regard to those strange and interesting indications for discovering peculiar remedial properties in organic and inorganic substances by their certain peculiar form and appearance, which from old are known as *Signatura Rerum*.

Superstition is connected with this subject, as it used to be with Astrology and Alchemy before the scientific development of Astronomy and Chemistry; but the subject never fairly died, and Helbig and recently Von Grauvogel bestowed their attention upon it.

Now, it would not be unnatural nor supernatural, to think, that, because every thing and every organ consists of a certain system of motions and functions peculiar to it and unique of its own and adapted to the intent for which it is existing and formed, the regularity and object of such functions and motions causes and conditions, by the plasticity of nature, a certain configuration and form in the thing or organ, which appears to the eye and acts visibly. The organic form is always a result of the operation of the substance.

And if it could be made out, as may be done by the conception of *Homœoplasticity of Nature*, that such functions and motions, and the inferred configuration of the parts, constituting the thing or organ, are homœomorphic; then similitude of configuration, *Homœoplasia* and *Homœoschematism*, would be an expression and conception of what is commonly called *Signatura Rerum*, and it would explain how really such *Signatura*, as the effect of the homœoplastic force of nature, might serve as an indication of certain medical properties, and that they, if correct, can only be homœopathical, and that they can only be correct, as such, if homœopathical.

27. Since there are in reality no two things identical and no two diseases identical, there can be in strictness no isopathic remedy, and *Isopathy* is impossible by nature and by logic.

The substances which are improperly called isopathic, are products of the organism in certain diseased conditions; and whilst there is no question as to their efficacy, *in praxi*, there is no doubt, that, when curative, they are *homœopathic* remedies. Such substances represent, incorporate, and typify in their formation, the whole complex of the disease from which they result and which is their pathogenesis. Upon this positive ground they may be properly applied against similar diseases and formations; but it will always have to be done with certain precautions, as for instance, that the isopathic substance, to be used, be taken from individuals presenting the disease or pathema in a most simple and uncomplicated form, and that it be subjected to the process of Potentiation.

When regular homœopathic provings of those so-called isopathic substances shall have been consummated, *lege artis*, as has been done already with Hydrophobine, Psorine, etc., by Hering, Stapf, Gross, Coxe, and others, then we shall have most valuable additions to the *Materia Medica Pura*, and probably arrive at a fuller scientific explanation of their medical action.

28. Whether the remedial and the pathopoetic matter in mutual action, might be also similar in respect to the parts constituting either, is another question offering itself for speculation.

Generally speaking, the observed similitude of both the drug and the disease-matter, in form, quantity, quality, properties, and effects, seems to allow an inference, that both might also be composed and constituted of similar parts, that is, *homœomerie*.

And even the Anaxagorean conception of Homœomeria would confirm this in a measure, because, if everything consists of similar parts compared with itself, those things which are similar to each other, must also have a similitude of their constituent parts as compared with each other.

But this question pertains to the department of chemical science which will decide it, when it shall at length avail itself of the homœopathic facts and when, taking a homœopathic view of matter, and giving to Potentiation its due credit, it shall be able to develop its higher branches into *Meta-chemics*.

29. From the preceding *spicilegia*, it would seem, that the substances which we know to be homœopathic remedies or Potencies, as conceived in their mutual action with the organism, are homœodynamic and homœopathic, homœopathogenetic and homœopathoktonic, homœotropic, homœomerie, homœorrhopic, homœotachic and homœorhythmic, homœomorphic and homœoleptomeric, homœoplastic and homœoschematic, and *homœomatic* withal.

All these several properties and effects, taken together, seem to warrant the further conclusion, that they are all under a similar government, and under the condition of similar laws, that is *homœonomic*.

30. The remaining question, of their essence, might consistently be answered by drawing a final conclusion from property, form and effect, to essence, nature and origin, which would be, that, compared with one another, they are *homœousian*.

Perhaps, for a conclusive determination of this question, further accumulation of facts may be wanted. But Schneider's hypothesis, that the *Homoia* are the remedies and the causes of disease, is very acceptable, being consistent with all the facts which are at our command, and comporting with the doctrine of Hippocrates and Hahnemann.

And, with Newton's caution about the use of the word "force,"* it might be safely said, that the *Homoia* are the forces which operate in and upon organ-

* Philosophiæ naturalis Principia mathematica Coloniae Allobrogum, 1760, 4o, Tom 1, p. 11. " . . . Mathematicus duntaxat est hic conceptus. Nam virium causas et sedes Physicas jam non expendo . . . Unde caveat lector, ne per hujusmodi voces cogitet se speciem vel modum actionis causamve aut rationem Physicam alicui definire, vel centris, quæ sunt puncta Mathematica, vires vere et Physice tribuere; si forte aut contra trahere, aut vires centrorum esse dixerit."

ism and remedy, representing the effects of disease and medicine upon the healthy. The *tertium comparationis* is the pathema or the manner in which the organism is affected by either.

32. Hahnemann, and his greatest disciples, always stoutly maintained the hylozoic opinion, that everything in nature lives. The same belief is shared by the highest minds of every age, and among its adherents are Heraclitus, Anaxagoras, Aristoteles, Leibnitz, Forster, Goethe, Herbart, Ritter, Du Bois Reymond, Draper, Moleschott, Fechner, and a host of eminent scientists of our age.

The same opinion gains new confirmation and support by the nature, properties and efficaciousness of our High-potencies. They, in their preparation and mutual action with the organism, prove again, what Draper states, that "there is no essential difference between the process of organic and inorganic life, and the line of demarcation which natural history so far, vainly attempted to define with correctness between organic and inorganic world, is merely arbitrary; either of them is reducible to motion and governed by the same laws."

33. Thus the proposed disquisition of our subject leads to the final question of the *ultimate constitution of matter* adverted to in Joslin's prognosticon at the head of this article.

And, indeed, it would be entirely proper to inquire, what service the study of Homœopathic High-potencies might do in that direction.

Researches of that kind legitimately belong to Metaphysics. Newton's warning: "O! physicians, beware of Metaphysics!" was correct in his time. What, then, was called Metaphysics; was it in name only, *quasi lucus a non lucendo*, whilst he himself was, in fact, the greatest metaphysician, because the greatest natural philosopher, of his age.

But Metaphysics must not be understood to be mere mental philosophy and transcendentalism, but, according to Herbart's conception of it, as that branch of philosophy, the province of which is to explain experience by philosophical concept, and which therefore, proceeds from, and finally rests on experience, and reality. Metaphysics, says Herbart, must support Natural Philosophy and Psychology, and thereby show its accordance with itself; it must stick to facts the most certain, whilst experiments and observations multiply *in infinitum*, and experience only must be its ground and foundation, and no dwelling in castles of air will do instead of it.

Now, it must be owned, that we know nothing positively of the nature of health, disease, and remedy, and that their properties and existence are only inferred from the effects they produce in the organism. Equally so we know nothing positively of the nature of things and forces generally, and their properties and existence are only inferred from the effects they produce. Hence, as Astronomy, by judging from their *apparent* positions, and motions, finds the *true* position and motion of the celestial bodies, so Metaphysics has to find the real nature and essence of things and forces from the properties and effects of things and forces, as they appear to us by correct observation.

Among these, the phenomena of Attraction and Repulsion as a general property of matter, and the *Origin of Matter by Contraries*, are problems, to which

our Homœosis, or the mutual action of contrary similars, is referable. Its reality, and the solution of the seeming contradiction, that contraries co-operate, and by doing so produce thirds similar to them and to one another, becomes practically and scientifically explainable by the conception of *Infinitiesimality of all Action*.

But this is not the place to enter, to any extent, into such metaphysical disquisitions, and a historical reminiscence must suffice.

34. The general principle of the Origin of all Matter by Contraries was in early times conceived by Pythagoras, Heraclitus and Anaxagoras.

The latter, moreover, distinctly taught *Similitude*, as a pivotal point for the constitution of matter, and also *Infinitiesimality* of matter, mind, and motion. And he states especially the origin of the affections upon the organism to be by *contraries*, laying down as the reason for it: "the simile is impassible from the simile."

This is a remarkable rectification of the common belief, that "*simile simili gaudet*," and, together with Hippocrates' nice observation, that "the most contraries are not always the most contraries," it affords a fine philosophical argument for our idea of Homœopathicity, and medical action generally, according to which "*similia similibus curantur*."

Singular, indeed, it seems, that Anaxagoras, the friend and teacher of Pericles, Euripides and Democritus, and who died, when Hippocrates was 32 years old, and to whom belongs the merit of anatomical research prior to Aristoteles, and of whom are preserved a few most interesting views on Biology and Cosmology, and whose life, in excitement, persecution and martyrdom, and in other respects, presents a parallel with that of Hahnemann;—singular it is, that this early Greek philosopher should have foreshadowed, as it were, the molecular theory of our own age, and the homœopathic principle, and the Affinity of Opposition, the elemental importance of Similitude and Contrariety, and the Laws of Motion, and the Infinitesimality and micrological nature of all motion and all things, and almost the Law of the Least Quantity of Action, in short, the very elements and principles of our own Homœopathic Science, which are no more nor less than the principles of all Natural Science.

But here we take leave of the subject, resting with confidence in our hope, that Herbar's prophecy will yet be fulfilled: "Much will Europe learn from North America when Philosophy shall come to blossom there."

MISCELLANEOUS.

A GOLDEN WEDDING IN PHILADELPHIA.—The many visitors of the Homœopathic Hospital at Leipsig during the years from 1839 to 1842 may not have forgotten the steward who was at the establishment during that time, nor his pleasant friendly little wife. This couple enjoyed the rare felicity of a Golden Wedding, and this celebration grew into one of those happy festivals which seem possible only among Germans.

Old Mr. Gottlob Lebrecht Knabe did not come to America as a political

refugee nor as an adventurer. He belonged to the great majority who come here simply to rid themselves from the many petty tyrannies of the old country. He was educated for the ministry, but, after three years labor as pastor of a society, his health failed and he was obliged to resign his office, and going to Dresden placed himself under the care of Dr. Wolf and was cured by him. Since that time he has remained in constant communication with homœopathic physicians. He then accepted from Dr. Noack the position of overseer at the Homœopathic Hospital, and when that establishment was given up he was employed in a literary way by Schumann, even after he had accepted the duties of steward at the hospital at Zwickau in which institute he had occasion to study the "other side of the question." As soon as he had saved a sufficient sum to defray his expenses he came to America with his wife, and on the first of January, 1851, began his duties in the house of Dr. C. Hering, in Philadelphia where he has now, since fourteen years, been employed in helping to complete a new edition of Hahnemann's *Materia Medica*. During our late political campaign when the whole future welfare of the nation was at stake with the most praiseworthy activity he employed all his leisure hours in the cause of right.

His many political friends insisted that the jubilee wedding should be more publicly celebrated and not exclusively among Homœopaths.

The 6th of April, the anniversary of the wedding day of this worthy pair, had the good fortune to come this year in the midst of our week of rejoicing when the fall of Richmond decided the world-renowned contest, and each day brought fresh news of victory.

The side of order, of lawful right and progress was triumphant. At last the purse-proud haters of the working class had been humiliated, and the democrats or friends of southern secession, still smarted with the burning shame of their disgrace; they therefore took no part in the festivities although the victorious party would have avoided all that would embitter them.

On Thursday evening, April 6th, were assembled in the "*Arbeiter Halle*," more than one-hundred-and-thirty persons to witness the ceremony on this occasion, which was performed by Mr. Miller, a former pastor from— who is now one of the main stays of the liberty party among the Germans. At the conclusion of the marriage service the company, headed by Mr. and Mrs. Knabe, their son, his wife and five grand-children, marched into the spacious supper-room and were seated at tables circling three sides of the hall, the middle being occupied by the *Saenger bund*, and their talented leader, well remembered by many in Leipzig—Carl Gaertner of Stralsund.

The president, George Schaeffer from the Rhine, said a few words applicable to the occasion to which the history of the day lent so bright a framing. Our great Schiller in his "*Song of the Bell*," unfolds before us life with all its pleasures and sorrows and at last, as the greatest of all blessings, he says,

"Joy to us may it betoken,
Peace, the first sound by it spoken."

The sorrows and joys of half a century have been unfolded to our bride and room, and now as the crowning blessing to their festivities, come the glad

tidings of peace to our beloved country. He then proposed as the first toast, "The bride and groom; and peace throughout the land."

Dr. Hering then rose and said, "Our aged friend has been during the half of his long life a faithful workman in the vineyard of Homœopathy. Only those who are well versed in the profession, can have an idea of the laborious and difficult tasks there to be performed. Thousands in Europe as well as here, take the books which they use daily and which enable them to compare quickly, the symptoms of the sick with those of the medicines, without thinking of the many laborious hours which they have cost, but the Homœopathic College of Philadelphia, in acknowledgement of these valuable services, rendered in so unpretending a way, and by right of the power invested in them by the State of Pennsylvania, present to Mr. Gottlob Lebrecht Knabe, of Saxony, an honorary diploma which I now present in the name of the Faculty. My toast is, *Doctor Gottlob Lebrecht Knabe.*"

The groom in his expression of thanks made mention of all Dr. Hering's children, and particularly of the youngest who was born amidst the raging of party conflicts and the clashing of arms, and therefore was named, Siegfried, which means, peace through victory.

Thus the merriment continued until, in accordance with an old German custom, the aged pair led off the grandfather and grandmother dance, after which some of the company withdrew, leaving the floor to the young people, who continued dancing some hours longer. *Vivat sequens!*

DR. HORACE M. PAINE, Recording Secretary of the New York State Homœopathic Medical Society, has removed his residence from Clinton, Oneida County, to 104 State Street, Albany, N. Y. A homœopathic physician wishing to engage in country practice, will find Clinton a very desirable place of residence, on account of its delightful situation, its seminary and schools, cultivated and refined society, and the well established confidence in the homœopathic system on the part of a considerable portion of its most influential and intelligent citizens. Communications in reference to this subject should be directed to the above address.

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THE
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Vol. V.

NEW YORK, JUNE, 1865.

No. 12.

REMARKS ON SCABIES.

BY CARROLL DUNHAM, M. D., NEW YORK.

Dr. Copeland says that the ancients comprehended under the names "psora" and "scabies," besides *itch*, properly so-called, eczema, prurigo, lichen, and ecthyma; and modern medical writers, up to the year 1834, have given nearly the same extent of application to the name Itch and its synonyms in the various languages of modern Europe. Thus, for example, we find Hahnemann including under the name "itch," "*tenia capitis*, and all eruptions which become moist on being scratched" (eczema, therefore, and impetigo) as instances of cutaneous affections originating in what he calls a "psoric miasm."

It was not until the year 1834 that the presence of an insect in the vesicles of a certain cutaneous eruption was generally acknowledged. This fact became forthwith the basis of a new subdivision of vesicular eruptions by which the name "itch" or "scabies," was restricted to that form which was characterized by the presence of the "*acarus scabiei*" or "itch-insect" in the vesicles. Itch, then, in this severe and restricted use of the name, is a disease our generally accepted knowledge of which dates from the year 1834. What is found respecting itch in medical works ante-

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rior to 1834 is to be understood as applying equally to eczema, lichen, prurigo, etc., and it must be borne in mind that, among all the cases described in many such works, there *may* not have been a single case of what we now call *true itch*, i. e., itch characterized by the presence of the acarus. We shall henceforth use the term "itch" in this restricted sense.

In the study of this, so to speak, new disease, many questions have had to be considered anew which had been already determined with greater or less certainty as regards the diseases formerly confounded with itch.

The first in importance, in its bearing both upon prognosis and upon treatment, was the question of the nature of itch, whether it were a *local* or a *constitutional* disease. And although, as Homœopaths, we have not so large a faith in the doctrine of purely local diseases as our brethren of the old school have, yet, in this case, the question has the greatest interest even in our eyes. For, a disease in which a parasitical insect plays so important a part as the acarus is by many assumed to play in itch, is just one of those very few affections which *may* be purely local, dependent solely upon the presence of the insect in the vesicles. In this case it would resemble those troublesome affections caused by the presence under the skin of the woodtick and "jigger" (*chiggre*, *pulax penetrans*) in the southern part of our country and of the Guinea worm in Africa, and for the cure of which, nothing further is needed than the expulsion or destruction of the insect.

The question is, then, does the continuance of itch in any case depend *solely* upon the continued life and activity of the insect? Or, what is the same thing, will the destruction of the insect in every case ensure the disappearance of the disease?

For the solution of this question direct experiments have been made on a large scale; while at the same time the results of treatment offer a large mass of indirect evidence. It is the object of this paper to bring into view these classes of testimony and to consider their bearing on the question of the nature of itch.

The existence of the insect in itch vesicles was popularly known long before it was acknowledged as a constant fact by scientific men, and Sulphur was in high repute among the people as a remedy for itch. After the general recognition of the acarus as an essential element of the disease and the consequent establishment of a more stringent diagnosis, the experience of medical men in hospital practice soon justified this high regard in which Sulphur was held. The remedy was used both internally and, in the form of ointment, externally, and of its curative action no doubt was, or could be entertained.

When, however, the question of the nature of the disease, as to whether it were a constitutional or a purely local malady, came to be mooted, it was suggested that the Sulphur acted curatively only when externally applied, and that its action was limited to the destruction of the insects, upon the extermination of which, it was alleged, the disease of course disappeared.

Experiments were instituted to test this hypothesis. A number of acari being caught, were subjected to the action of Sulphur. They perished in the course of a few hours. Others, which were at the same time buried in Lycopodium powder or in flour, retained a vigorous vitality for more than a day. It was thus demonstrated that Sulphur has the power of speedily destroying the acarus, and this was held to account for the speedy cure of cases of itch in which Sulphur had been applied externally.

Hebra, of Vienna, carrying out these experiments more extensively and more rigorously, reasoned, that if the disease depend solely on the presence of the insect and disappear with the destruction of the insect, then a cure might be effected by the local application of any substance, even of a *non-medicinal* substance, which might possess the power of speedily killing the acarus. He therefore caught a number of insects, and, among other experiments, plunging several into lard and other kinds of grease, found that they perished in a very short time. He accordingly treated a

very large number of patients by simple inunction with lard or oil, and with, as he reports, complete success.

These experiments made on an extensive scale and corroborated by the reports of other observers, seem to demonstrate the fact that itch is a local disease, originating in, and depending solely upon the presence of a parasitical insect, and requiring therefore for its cure, simply the extermination of this insect.

There are, however, certain incontestable facts which cannot be accounted for by this simple view of the disease.

1st. Itch may be cured, as has been proved again and again, by both Allopaths and Homœopaths, by the internal use alone, of Sulphur; but this treatment, as a general rule, requires a considerably longer time, than when external applications are conjoined with it, or are used alone. A disease, however, which thus yields to a purely internal treatment, can scarcely be deemed a local disease. An hypothesis it is true has been advanced to account for these cures and at the same time to avoid admitting the constitutionality of the disease, viz., that the Sulphur, absorbed into the circulation, is deposited in the vesicles, and thus, by a species of local application, kills the acarus and cures the disease. But this is an untenable over-refinement and will certainly not hold good with reference to those cases which are cured by Homœopaths with infinitesimal doses of Sulphur.

2nd. Devergie affirms that in those cases of itch which have been "cured," so to speak, by the simple inunction of lard or analogous substances, the eruption reappears after a time more or less brief, while this is not the case where patients have been treated with Sulphur, either internally or externally. Yet the inunction of lard undoubtedly kills the acarus, and, if this be all that is needed for the cure of the disease, we are at a loss to account for its reappearance after the one treatment and not after the other.

Hebra is silent respecting the reappearance of the disease in the numerous cases reported by him as treated by simple

inunction; indeed, from the nature of his hospital practice, we know that he must have lost sight of almost all of his patients very soon after his treatment ceased. Devergie, on the contrary, has very great opportunities for observing the secondary results of treatment, the Hospital St. Louis being a kind of *winter poorhouse*.

3rd. Devergie, moreover, warns his pupils emphatically against the treatment of itch by the *external application alone* of either *Sulphur* or *simple lard*—assuring them that serious lesions of internal organs not unfrequently follow these speedy cures.

Now it is pretty generally admitted, that the sudden suppression of eczema and analogous eruptions by external applications, is attended with considerable danger, and this is accounted for by the assumption that these are constitutional diseases; and they are so considered *on this very account*, namely, because a local treatment fails to *eradicate* them but merely changes their seat in the organism. But, according to Devergie and other medical writers, itch when locally treated manifests the same phenomena of lesions of internal organs. By parity of reasoning therefore, itch is to be adjudged a *constitutional* disease.

4th. Finally, Hebra relates that, in order to solve the question of the propagation of itch, he inoculated himself and some of his friends with the fluid discharged from the itch vesicles but without effect. He then placed acari in an active state upon his hands and the hands of his friends, but *without any result*. He finally inserted several of them beneath the skin of his hand and left them there. For *several successive days* he looked in vain for traces of them. On the *sixth day*, after considerable febrile symptoms and other signs of constitutional disturbance, he noticed *in his groin* vesicles resembling itch-vesicles, but *not containing acari*. On the *eighth day* vesicles containing acari were first discovered on the hands.

A more perfect picture of the onset and development of a constitutional disease could scarcely be imagined than this history furnishes. Were this disease *simply* the presence of

a parasite beneath the skin, its inconvenient symptoms would have appeared as soon as the acarus was introduced under the skin by Hebra. If one walk with unprotected ankles in a southern wood and thus expose himself to the "jigger," not a single hour elapses before he feels the tingling smarting which ceases only when the insect has been removed or destroyed. With the itch, on the contrary, eight days passed away before local signs were observed, and the first indications of disease were fever and an eruption on a distant part of the body.

With the evidence thus cited before us, we are in a position to assume that itch is a constitutional disease. The manner of its onset, with constitutional disturbance, several days after the inoculation of the insect, all traces of the inoculated insect being meanwhile lost, these facts together with the effects of its too speedy suppression, compel us to this conclusion.

On the other hand we are constrained to concede to the acarus an important part in the disease. It is admitted on all sides that he is the sole agent in its propagation from one individual to another. And it is also proved that his destruction in the vesicles greatly facilitates the radical cure, and in every case causes at least the temporary disappearance of the eruption.

These facts, most important in a practical point of view, have seemed to me to present a basis for a satisfactory theory of the disease which shall acknowledge the important functions exercised by the insect and shall at the same time affirm the constitutionality of the disease.

And in this connection, a reference to the *morbus pedicularis* may not be inappropriate, at least, to that variety in which the parasite is the *pelliculus corporis*.

So persistent is this disease, in some cases, in spite of the utmost cleanliness and care, and so speedily, in the course even of a few hours, do the patient's body and its surroundings swarm with incredible numbers of the vermin, after so thorough a cleansing that not one had been discoverable,

that authorities so recent and so eminent as Rayer and Devergie have felt constrained to admit the doctrine of spontaneous generation in the case, at least, of these parasites and to assume that they were generated in or upon the bodies of certain persons by virtue of a constitutional taint or miasm.

Erasmus Wilson does not admit the doctrine of spontaneous generation. He thinks that if due allowance be made for the "prodigious fecundity," of these insects, their speedy reappearance in the innumerable hosts referred to, may be understood. But when called upon to account for their persistent reproduction on *certain* persons while *others* quite as likely to come within reach of their ova are not infested at all, he is obliged to assume that the skin and excretions of certain persons, by reason of some constitutional peculiarities of those persons, furnish a favorable *nidus* for the development of the ova and of the resultant insects. He says, "It is difficult to understand the extraordinary increase of these creatures on the skin, in certain cases, even among persons of cleanly habits and we cannot but come to the conclusion that certain states of the fluids of the body are peculiarly favorable to their nourishment. Then, they are sometimes found to be produced during an illness and, in some families, have been known to invade the body shortly before death, and so become an admonition of the approach of death." And, speaking of the treatment of this affection, Serrurier, after dwelling on the advantages of cleanliness and of diverse external applications which kill the insect, says, "When, as is most often the case, the phthiriasis depends or seems to depend on some constitutional disease, the local treatment will be but palliative and no cure can be effected without combatting the constitutional disease by constitutional means."

And, passing for a moment, to still another variety of parasites, the opinion is gaining ground, among students of Natural History, that the ova or the lower forms of intestinal worms are very generally diffused and that very few human beings are

not continually receiving them into the system; but that these ova, in the majority of individuals, perish and that they develop only in the bodies of those persons in whom the fluids and secretions are of such a character as to favor their development, and that, furthermore, the fluids and secretions are in such a state as to favor the development of the worms only when the individual is in a diseased condition. It follows from this that there is a *diseased* condition, which precedes and prepares the way for the development of worms; there is, so to speak, a stage of helminthiasis in which, *as yet*, no worms exist *as such*. This explains the not unfrequent removal of what are known as "worm symptoms," while yet no worms are evacuated. If this be the true view, it would follow that drugs, if there be any which *merely kill* the worms, without affecting the patient, would be only palliatives. They would not change that morbid state of the patient which favors the development of the omnipresent ova and there would be a speedy relapse.

Just so, it may well be that the ova of the *acarus scabiei* and of the *pediculus corporis* respectively, develop only on the body of a patient whose fluids are so changed, under the influence of some diseased state, as to be favorable to their development. If this be so no external local treatment, addressed chiefly to the destruction of the insect, could be other than palliative. The ova being almost universally diffused would soon develop again in this favorable nidus. However such external destructive means might seem to expedite a cure, the only radical curative would be a constitutional treatment which should make the body unfit for the development of the vermin.

Recurring now to the subject of the *morbus pedicularis*, we observe that Attomyr states that in proving Psorinum he witnessed the production of body lice. This statement was called in question by many of his colleagues, among others most vehemently by Griesselich, the authority of whose criticism however, is weakened by the consideration that he doubted and denied *everything*. But Attomyr affirms that

he *cured* several cases of *morbus pedicularis* with Psorinum. This too was doubted. It is remarkable, however, that the elder Rapon of Lyons, without knowing Attomyr's *clinical* experience, gave Psorinum successfully in a very obstinate and strongly marked case of the disease and subsequently treated a large number with it with uniform success.

OBSERVATIONS ON SPIGELIA.

Read before the Onondaga County Homœopathic Medical Society,
October, 1864, by C. W. BOYCE, M.D., Auburn, N. Y.

To take a general view of the action of Spigelia upon the organism, it may be said to be manifested chiefly upon the nervous system of animal life. Spigelia is eminent among the remedies of our *Materia Medica* for the extent to which its action seems to be exerted upon the nerves themselves or their envelopes. Upon the substance of the *nervous centres* however, its action is probably very slight.

1. Spigelia excites the *nerves of special sense* in a marked degree, and this, without any clearly defined inflammatory affection of the *organs* of special sense. In this regard, it differs from Belladonna, Rhus, and other remedies which excite particularly the nervous system of *animal* life. But there is an exception to this statement. In the tissues of the eye Spigelia excites inflammation, its symptoms giving a well marked picture of rheumatic scleritis.

Spigelia exerts a marked action on the trifacial nerve, producing prosopalgia, which involves the orbit, the zygoma and the superior maxilla; also upon the nerves of the tongue; perhaps also upon the *portio dura*. The prosopalgia of Spigelia, is distinguished by sticking, burning pains with subsequent swelling and soreness of the parts affected. In this respect it closely resembles the prosopalgia of Colchi-

cum, from which however it is distinguished by the remarkable *exaltation* of the *special* senses and by the general nervous erethism and excitement and intolerance of pain which characterize Spigelia, whereas Colchicum on the other hand has an equally remarkable tolerance of pain, and patient, enduring disposition, with a general semi-paralyzed condition.

2. There is no evidence of any definite modification of the organic substance of any part of the body, unless such action upon the pericardium be inferred *ex usu in morbis*.

3. The sphere of action of Spigelia is not extensive. It embraces the nerves of animal life, and of special sense and the fibrous and perhaps the muscular tissues of the heart and of the smaller extremities.

The effect of Spigelia upon the heart's action seems to be due to a morbid condition which the drug excites in the pericardium, and hence its value in pericarditis.

4. The pains of Spigelia are sticking, tearing, and burning pressing. They are aggravated by motion and in the afternoon and at evening. They often prevent sleep. There is great lassitude and heaviness of the limbs. Great sensibility of the whole body to touch; the least touch on any part of the body, sends a shudder through the whole frame.

5. There is no marked periodicity in the symptoms,

Let us now examine more closely the different parts of the body chiefly affected.

Head.—There is vertigo when looking down and when walking. The memory is impaired, and mental effort is very irksome.

The headache is very characteristic and presents a good picture of a form of so-called "nervous headache." In general, the sensations are dullness, heaviness and pain in the head; the pain is much increased by shaking or jarring the head, as by walking, especially if one make a misstep or cough or sneeze; by moving the facial muscles, by speaking aloud or by any loud noise, as well as by touch or by a bright light.

These things increase the pain so that it seems as though the head would burst; the patient is compelled to support it with the hand, or to bind it around. (Here we have headache with over-sensibility of the senses of sight, hearing and touch, with relief from binding the head. These symptoms resemble the headache of Silicea which has likewise exaltation of the special senses and relief from binding up the head, but it is to be carefully noted, as characteristic, that the relief to the Spigelia headache comes from the *pressure* of the bondage, while to the Silicea headache, the relief is from the *warmth*; for warmth relieves the Silicea headache, while it rather *aggravates* the headache of Spigelia.)

The *pains* are a heaviness and feeling as of a load or weight in the head; a pressing from *without inwards*, aggravated by stooping forwards unless the forehead is supported by the hand; a sensation of swashing and surging of the brain within the cranium. (compare China, and Rhus and Apis) at every step or on the least motion or when speaking loudly, and very severe when a false step is made or the body is jarred; relieved by repose. This swashing sensation is often accompanied by a tearing, digging pain in some small well-defined portion of the head; generally, semi-lateral, as, for example, in the left parietal region, or the space extending from the left occiput to the left forehead. As regards the localities affected, the pain is generally circumscribed and is often confined to one side; more frequently the left.

The occiput is the seat of many pains which extend into the nape of the neck causing stiffness and at the same time restlessness. In the forehead and in the frontal protuberances we find pulsating stitches; pressure from without inwards; boring and burning pains; the latter are probably superficial and seated in the super-orbital nerve. In the frontal protuberances tearing pain extending into the eye and aggravated by *motion of the globe of the eye*.

In the temporal region, we find pulsating stitches, pressure inwards and burning, extending into the zygoma.

We pass now to the *Eyes* which are acted upon not only

as regards the tissues, especially the muscular and fibrous tissues, but also as regards the special sense of vision.

In addition to the affections of the eye proper, we find in the left *orbit* pressing neuralgic pains extending down to the zygoma and leaving on the zygoma a tumor which is sensitive to touch.

The conjunctiva is moderately inflamed. There is moderate pain as if sand were in the eye, a slight secretion of muco-pus and bland lachrymation.

The affection of the deeper tissues of the eye-ball is shown by the dull and flat aspect of the eye, the supra-orbital pains, redness and inflammation of the sclerotic with ptosis, pain in eye and brow; the eyeball is painful when moved and feels tense as if too large for the orbit (Paris quad.); sticking pain in the eye. The eye is painful when moved in any direction (Bryonia) an intolerable pressive pain, so great that, rather than endure it, the patient, when desirous of looking from side to side, moves the whole head, instead of merely the eyeball. Heat and burning in the eyes.

Vision. The sensibility of the retina is *increased*, inducing photophobia. It is likewise *perverted*, causing *illusions*, as if hairs or feathers were on the lashes, and these illusions are increased by wiping the eyes; sparks and a sea of fire. The pupils are dilated.

The sense of *hearing* is exalted *in connection* with the *headache*.

In the zygomatic region of the left side of the face, burning or tearing pressive pains which leave a dull sensation of swelling as the pain abates. There are stitches from the upper maxilla to the vertex.

We pass now to the symptoms of the *thorax*.

There are stitches in the chest in various parts; and on both sides, most frequently the left. These stitches are generally from within outwards, and are aggravated by respiration (most by inspiration) and by motion. They occur under the nipple of either side, and, on the left side, are directed towards the scapula and left arm.

The following symptoms: violent stitch in the left side just under the heart recurring periodically; stitch in the diaphragm on the left side, so violent as to arrest breathing; dull stitches, synchronous with the pulse, in the region in which the heart's impulse is felt; stitches between this spot and the epigastrium;—these symptoms, together with those which denote modified action of the heart, viz.: very violent pulsation, audible to the patient and visible to the bystanders; violent palpitation and anxiety; tremulous motion of the heart; palpitation increased by sitting down and bending forwards, and by deep inspiration and retention of the breath; palpitation as soon as he sits down after rising in the morning, and, in the præcordial region, a heavy painful pressing load causing constriction and anxiety with cutting and gripping as from wind in the abdomen;—these symptoms all clearly point to an affection of the heart and pericardium, and, in such diseases, clinical experience has shown Spigelia to be of exceeding value.

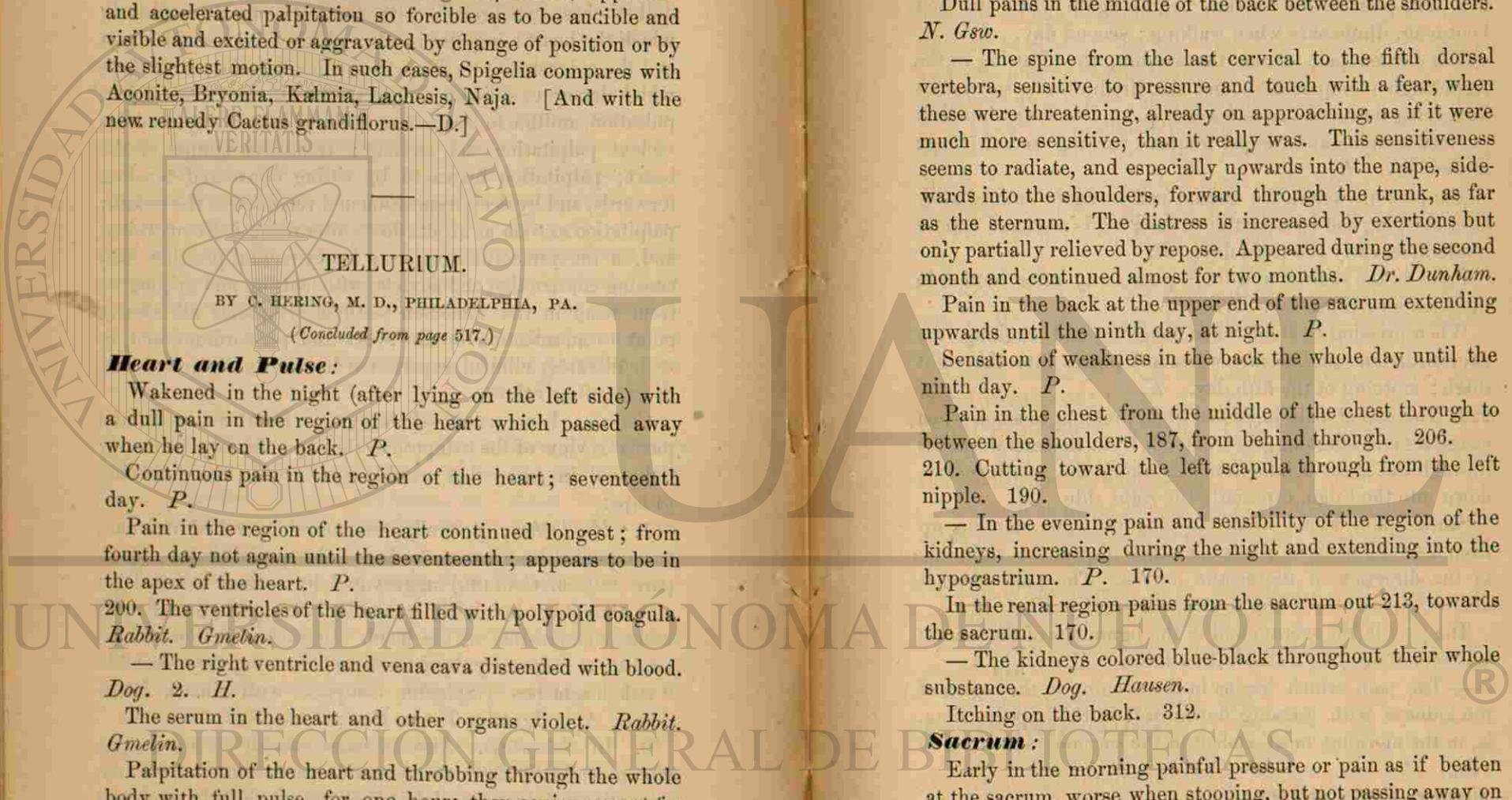
CLINICAL INDICATIONS.—It is evident from our hasty and partial review of the symptoms, that Spigelia may be clearly indicated in cases that would come under the following groups.

1. *Headaches*; generally semilateral, so-called nervous; accompanied by great exaltation of the special senses; (compare Silicea, Conium,) aggravated by motion, noise, light and thought; involving generally the *left* eye and orbit without congestion of the head. In such affections (if attended, as frequently, by nausea and vomiting they resemble "sick headaches") Spigelia, compares with Silicea, Belladonna, Apis Ignatia, Thuja, Sanguinaria.

2. In *Sclerotitis*. Also in nasal catarrh when the discharge is chiefly from the posterior nares into the pharynx, and attended by neuralgic affections of the pharynx and region of the ear and lower jaw provided always the general symptoms correspond.

3. Above all, in acute or subacute affections of the heart which present symptoms similar to those of Spigelia above

quoted, it is an invaluable remedy; as for example, in acute pericarditis, with anxiety and weight in the præcordia, stitches through the heart arresting respiration, oppressed and accelerated palpitation so forcible as to be audible and visible and excited or aggravated by change of position or by the slightest motion. In such cases, Spigelia compares with Aconite, Bryonia, Kalmia, Lachesis, Naja. [And with the new remedy Cactus grandiflorus.—D.]



TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA, PA.

(Concluded from page 517.)

Heart and Pulse:

Wakened in the night (after lying on the left side) with a dull pain in the region of the heart which passed away when he lay on the back. *P.*

Continuous pain in the region of the heart; seventeenth day. *P.*

Pain in the region of the heart continued longest; from fourth day not again until the seventeenth; appears to be in the apex of the heart. *P.*

200. The ventricles of the heart filled with polypoid coagula. *Rabbit. Gmelin.*

— The right ventricle and vena cava distended with blood. *Dog. 2. H.*

The serum in the heart and other organs violet. *Rabbit. Gmelin.*

Palpitation of the heart and throbbing through the whole body with full pulse, for one hour; then copious sweat for one and a half hours. *N. Gsw.*

Increased pulse with vertigo and nausea. 5.

Nape. Back:

On the left side of the nape a sensation like a sudden de-

tention and regurgitation in a large blood-vessel, after pain and rush of blood above the left eye. 13.

205. Sensation of numbness in the nape and occiput. 40.

Dull pains in the middle of the back between the shoulders. *N. Gsw.*

— The spine from the last cervical to the fifth dorsal vertebra, sensitive to pressure and touch with a fear, when these were threatening, already on approaching, as if it were much more sensitive, than it really was. This sensitiveness seems to radiate, and especially upwards into the nape, sideways into the shoulders, forward through the trunk, as far as the sternum. The distress is increased by exertions but only partially relieved by repose. Appeared during the second month and continued almost for two months. *Dr. Dunham.*

Pain in the back at the upper end of the sacrum extending upwards until the ninth day, at night. *P.*

Sensation of weakness in the back the whole day until the ninth day. *P.*

Pain in the chest from the middle of the chest through to between the shoulders, 187, from behind through. 206.

210. Cutting toward the left scapula through from the left nipple. 190.

— In the evening pain and sensibility of the region of the kidneys, increasing during the night and extending into the hypogastrium. *P.* 170.

In the renal region pains from the sacrum out 213, towards the sacrum. 170.

— The kidneys colored blue-black throughout their whole substance. *Dog. Hausen.*

Itching on the back. 312.

Sacrum:

Early in the morning painful pressure or pain as if beaten at the sacrum, worse when stooping, but not passing away on resuming the upright posture; after some time it extends in the form of a drawing pain into the region of the kidneys; is diminished by walking in the open air, soon comes again when sitting. *R.*

The pain in the sacrum is worse when lying on the back, and when lying on the left side is worse toward the right; second day. *R.*

215. The pain in the sacrum begins again when standing bent over, diminishes when walking; second day. *R.*

The beaten pain across the sacrum, the drawing in the right thigh (compare 220) and the tiredness are so violent after lying down, eleven and-a-half, p. m., that for awhile they prevent sleeping and compel frequent turning and twisting; second day. *R.*

The pressure across the sacrum comes again immediately after stooping and by a continued stooping is rendered almost intolerable, early the third day. *R.*

Pains in the sacrum and thigh pass away after motion in the open air; third day. *R.*

When pressing to stool, when coughing and laughing, the pain in the sacrum becomes worse and passes into the right thigh; morning of the fifth day. *K.*

220. The sacral pain increases when pressing to stool, when coughing and laughing, then extends from the sacral plexus through the great sciatic foramen along the sciatic nerve, down into the thigh, especially the right side. *R.*

Sacral pain, worse when stooping or when standing up from a sitting or lying posture, extends down the right hip in the direction of the sciatic nerves. The pain makes it almost impossible for him to strain at stool. *K.*

The pain in the sacrum and in the ligaments of the sacrum was sometimes like a stab with a knife. *K.*

— The pain which begins in the evening in the region of the kidneys with pressing downwards in the hypogastrium, is, in the morning, most violent in the sacrum (according to 170). *P.*

Upper Extremities:

— A radiating sensitiveness from the region of the first dorsal vertebra extending into the shoulders. 206.

Drawing and dull pressure at the right scapula, soon afterwards also at the left. *O. T.*

Shoulder as if beaten, after walking. 362.

225. In the anterior wall of the left axillary cavity an internal swelling as if a boil were about to appear; it pains on pressure and on motion; but passes away after a few days; fifth and sixth day. *C. Hg.*

Sharp, quick pains in the elbows; after 259.

Elbows as if beaten, after walking. 262.

— Drawing, spasmodic pain, as it seems, in the spinator longus of the left arm; more below the elbow bend; after fifteen minutes, lasting a half hour. *Metcalf.*

About ten, p. m., heaviness and numb sensation in the left forearm and in the hand; second day. *R.*

Unpleasant drawing in the right hand, later involving the whole forearm. Sometimes tearing toward the elbow, and in the ball of the hand towards the thumb-joint.—*O. T.*

Violent pressing pain in the metacarpal bone of the fourth finger, on the right hand. *C. Hg.*

230. Pain in the first phalanx of the left little finger on motion, as if he had fallen upon it; on feeling of it, no sore spot can be discovered; eighth day. *R.*

Sensation as if the skin on the hands had contracted, especially on the right hand, so that it seems, on stretching out the fingers, as though one must forcibly stretch the skin from the ends of the fingers; at the same time a kind of dead sensation in the ends of the fingers. *O. T.*

Eruption on the inside of the forearm especially above the wrist. 316.

Itching points on the hand. 310.

Lower Extremities:

Itching between the buttocks. 166.

235. Pain from hip to hip. 261.

Hips as if beaten, after walking. 262.

Pain in the sockets of both hips after walking. 268.

An hour after going to bed, dull pain deep in the right thigh, its whole length; later in the head, left side, and in the pelvis, left side. *P.*

The pain in the thigh is not relieved by any change of position. *P.*

240. Drawing in the right limb, posteriorly from the right posterior superior spinous process down into the calf, worst in the popliteal region. *R.*

Drawing in the right thigh, from the sacrum. 216.

The pain extends from the sacrum along the sciatic nerve into the thigh, worse from pressing to stool, coughing and laughing. 220.

— * Helped a patient (long unsuccessfully treated) with sciatica on the right side, so that he could work again as a blacksmith and remained healthy. One dose^s. *Dr. A. Bauer.*

The left thigh goes asleep when he lies upon it. 107.

Itching papules on the inside of the thighs. 314.

245. Itching on the internal, upper part of the left thigh. 160.

Burning aching, internally, on the outside of the right knee. *C. Hg.*

The whole evening, very tired in the knees and legs, especially on the right side; second day. *R.*

Knees as if beaten, after walking. 262.

The popliteal region pains the most. 240.

250. Pain in the shin, 250; right side in the shin bone. 258.

Itching points at the calves. 311.

Eruption at the calves outside. 316.

Pain in the right metatarsal bones, as if the bones were pressed repeatedly. *C. Hg.*

Sharp, quick pains in the ankles; after 259.

Sharp pain passes quickly over the toes of the right foot, then into the heel; evening in bed. *P.*

255. Sweaty feet especially anteriorly in the toes, somewhat ill smelling, lasting six weeks; late in the autumn. *C. Hg.*

Cold feet when lying down; afternoon. 107.

The feet itch, worse on the left side. 310.

All the Limbs:

The pains during the morning change their locality more

than the previous day and are more on the left side; only now and then on the right side in the chest and over the right eye, once or twice in the right tibia; tenth day. *P.*

At nine, a. m., after going out, pain over the right eye comes toward the temple, then toward the chest below the ribs; hereupon into the right side of the pelvis and into the right shin; later over the left eye and left ear; then over the right eye; at the same time chilliness; eleventh day. *P.*

After lassitude and weakness, pains in the elbows, the ankles, and other parts of the body, sharp and quick. *F. Gsw.*

260. In the parts in which the pains were, there remains a wound-pain. *P.*

After a long walk, stitch through both temples and pain from hip to hip. *P.*

On coming home from a short walk after supper, the joints, knees, hips, elbows and shoulders are as if twisted and beaten. *N. Gsw.*

Sensation as after over-exertion, and bruised-pain all over, as if he had taken cold after hard work. *N. Gsw.*

The pressure of the clothing is felt unpleasantly in the hypochondria. 130.

She must loosen her clothing, with fullness in the epigastrium. 106.

265. Bruised sensation, as after taking cold. 263.

Sensation of numbness in the occiput and nape of the neck, 40; in the abdominal walls, 140, in the left forearm and hand, 227; sensation, as if they were dead, in the ends of the fingers, 231; the thighs fall asleep. 107.

Pain in a small spot, in a line, 16, 17; headache in a spot as large as a hazel-nut. 27.

Strength, etc:

— Fatigue after a long walk; at the same time stiches through both temples; pain from hip to hip and in the hollows of the joints of both thighs; for twenty-four hours. *P.*

. Obligated to remain at home on account of the pain; tenth day. *P.*

270. Had felt heavy and sleepy for several days; this condition disappeared during the proving; instead of it, there was a restless feeling on going to bed. *N. Gsw.*

Lassitude along with the pains in sacrum and joints which prevents going to sleep. 216.

Heavy, dull feeling in the morning, after a deep sleep and bad dreams. *N. Gsw.*

Lassitude and weakness; then, pains in various parts of the body. *F. Gsw.*

Attacks compelling her to lie down, on Tuesday of several weeks; at last on Thursday, with other symptoms. *P.*

Jerkings, evacuations of the bowels, and after four minutes, death; after eight grains of Tellurite of Potassa introduced into the jugular vein of a dog. *Hausen.*

Sleep and Night Symptoms:

Yawning after belching, *C. Hg.*; at the belching and with water in the mouth. 115.

Difficulty in going to sleep because of fatigue, pain in the sacrum and thighs. 216.

275. Restlessness on going to bed. 270.

Increased itching, after going to bed. 316.

In the evening on going to bed, pain over the ear. 47.

Before going asleep, frequent tossing and turning on account of pain in the sacrum. 216.

At night, after going to bed, pain in the thigh. 238.

280. Pains in the sacrum and thighs which increased at half past eleven o'clock at night. 216.

At night, pain in the back above the sacrum. 207.

Evening in bed, pain in the toes and heels. 254.

At night, longing for apples. 103.

At night, during a coryza, breathing through the mouth. 60.

285. Erections at night. 165.

Sore throat, awaking him at night. 197.

Itching increased at night. 316.

Head-ache on waking, towards morning. 27.

Peculiar vertigo from the second week, recurring eight

or nine days; every evening while going to sleep about half an hour after lying down, no matter whether he go to bed earlier or later; a sensation as if he were drawn away forcibly and very quickly in the direction of his legs, whereupon he wakens; not recurring the same night. *O. T.*

290. Dreams in the night of smoking cigars, which he never did before. (A person not in the habit of smoking.) *Grd.*

Bad dreams. 272.

Nightmare with pain in the back and downwards pressing into the hypogastrium; after 170. *P.*

Sleepiness compels him, contrary to his custom, to sleep half an hour after eating; the first two days, not subsequently. *Hausen.*

Uncommon sleepiness, after he had eaten with more than ordinary appetite; really goes asleep; first day. *Roeder.*

Sleep very good, with relief of all pains; second day. *R.*

Awakes with sweat about four, a. m.; third to fourth day. *R.*

Towards morning, headache. 27.

Towards morning, cough. 183.

295. Morning, on awaking, heavy and dull. 272.

Morning, on awaking, an oedematous swelling has formed at the eye. 43.

On awaking, thick mucus in the nose. 60.

Early in the morning, mucus from the choanæ. 76.

Early in the morning, dryness in the fauces, 80; sensation of dryness. 81. 83.

300. Early, after rising, hoarseness. 179. 181.

Pressure over the eyes, as if one had been up several nights. 18.

Chill, Heat, Sweat:

Inward chilliness, with single shiverings. *O. T.*

Chilliness with the pains; eleventh day. *P.* (Compare 259.)

Skin hot and dry, morning. *N. Gsw.*

As he chanced once, while busy with Telluric æthyle, to get into a very profuse perspiration at night, after taking

cold, the sweat possessed so strongly the repulsive Tellurium odor that he could hardly endure it. *Wähler.*

305. Copious sweat after throbbing throughout the whole body. 202.

Sweat on awaking, four a. m. 292.

Sweat at the feet. 255.

The spots which sweat itch more. 313.

— General warm sweat over the whole body when sitting writing on a cool summer afternoon, with open windows and a sea breeze; simultaneously (compare 313) sticking itching, after a half hour; lasting several hours. *Metcalf.*

Glands:

All the glands, even the parotid, are colored blue-black. *Dog. 2. Hausen.*

Skin:

— Skin dry and hot. 304.

— Smelt of Tellurium the next day and for three days longer. *Dog. 1. 2. Hausen.*

310. Small red points shining through the skin on the left hand which sometimes itch; also itching at the feet, especially at the left foot; after five days. *O. T.*

Isolated, red itching points on the calves, and gradually extending up to the thighs; a few days later than those at the hand. (310.) *O. T.*

In the course of a few days, after the eruption on the thigh, innumerable small, red, itching points appear at the epigastrium, which become more perceptible by rubbing, with an itching, as after bed-bugs. From the epigastrium the eruption extends to the left nipple and continues longer there (as in the epigastrium) than it did in the spots first affected; it finally goes to the left axilla. At the same time various spots on the back itch; later also at the head, but only behind and above. *O. T.*

Itching, especially in those parts of the skin which sweat most. *O. T.*

Eruption of isolated small red papules which itch very much; especially at the abdomen at the inner side of the thighs and at the perineum. *Gsw.*

315. The eruption itches more in the cold or in cool air. *Gsw.*

Eruption of small red spots, very bright red and sharply defined with minute vesicles, appeared first below, then above, on the outsides of the calves and on the inside of the forearms, especially above the wrist, and more on the left side. The itching was very severe day and night, worse at night, especially after going to bed. *Whitey.*

Itching on the head, for fourteen days. *O. T. 39.*

Itching at the upper lids. 43.

Itching in the ears, 51, and burning with bluish-red swelling of the ear. 54.

Watery eruption at the external ear and neck where the discharge from the ears runs to. 54.

320. Itching at the scrotum, especially on the right side, at the left thigh above, at the right side of the abdomen, then at the left side, at last between the nates. 166.

Itching eruption ascending from the calves to the thighs. 311.

Eruption first below, then above. 316.

Fine sticking prickling in the skin in various places, soon after taking Tellurium, annoying one the whole afternoon and evening; it compels to rub the parts quickly. *Metcalf.*

Fine sticking pricklings like flea bites, now here, now there, during the entire second day; for several weeks together, very troublesome sometimes, especially during repose. *Metcalf.*

In the third week, the nineteenth day, the itching sticking was very troublesome, wandering over the whole body during the evening. *Metcalf.*

— * With great heat of the skin and full, quick pulse, very restless, complains of thirst and headache. The whole body covered with ringworm, consisting of red, elevated rings, very distinctly marked, especially on the lower extremities. It first broke out the previous evening, after being unwell for several days; the vesicles very clearly perceptible. The rings intersect each other at the most various angles, in many

places so closely together that the annular form is hard to be recognized. After three weeks, every two hours.

The next day all had disappeared also the heat and restlessness, but the skin was still rough; after a few days well and remained so. *Metcalf.*

— Small itching herpes at the perineum. 167.

— * Ringworm on the abdomen. *Neidhard.*

Conditions:

In the cold, the itching of the eruption is increased. 315.

— Spine sensitive to pressure and touch. 206.

When lying on the left side, painless throbbing below the ribs on the right side; when lying on the right side, a pressure on the left side in the same place. 135.

325. When lying on the right side, headache on the left side. It goes away when lying on the left side. 37.

Pain in the sacrum worse on the right side when lying on the left side. 214.

Pain in the heart after lying on the left side. 197.

The thigh goes asleep when lying on the left side. 107.

When lying on the left side, pain in the throat extending into the left ear. 53.

330. When lying, numbness of the abdominal walls. 140.

When lying on the back, the sacral pain is aggravated. 214.

When lying on the back, pain in the region of the heart goes away. 197.

When lying, the fullness in the epigastrium is not ameliorated. 107. — Sensitiveness of the back is not ameliorated.

When sitting up in bed, vertigo. 5.

335. When sitting, rush of blood to the head, 12, pressing and burning in the region of the liver 133, recurring pain in the sacrum. 213.

When rising from a sitting or lying posture increased pain in the sacrum. 221.

Pain in the sacrum aggravated by standing bent forward. 215.

Pain in the sacrum worse from stooping. 213. 221.

Pain in the sacrum, returning after stooping. 217.

340. Vertigo, on every movement when lying, on turning the head. 5.

On the slightest motion, the brain is as if bruised. 34.

On moving, stitch in the sacrum. 222.

On going out, increased vertigo. 5.

Fluent coryza, on walking in the cool autumn air. 57. 58.

345. Dryness of the fauces ceasing when walking in the open air. 86. 87.

After walking out, pains. 259.

After walking, the joints as if bruised and twisted. 262.

After a long walk, symptoms 261, 268; even after a short walk, 259, 262.

Bruised as if after hard work. 263.

— Exertions increase the sensitiveness in the spine. 206.

350. Better when walking in the open air; pain in the sacrum, 213, 215; pain in the sacrum and thighs. 218.

Direction of Pains:

— Pain in the chest extending through from the front to the back. 187.

— From the back through the trunk into the sternum. 206.

After stomach cramp, pain in the left side; the next day, after pain in the back, most in the right side. *F. Gsw.*

The pains go more from above downwards, or first right, then left; the eruption and the itching more on the left and from below upwards. 311. 316.

On the right side over the eye, etc., and then left, over the eye, etc. 259.

On the right side in the thigh, then left in the head and pelvis, pains, *P.* 238; right, in the scapula, pressure, then also left, 223; right, itching at scrotum, then left at the thigh, then right, then left, itching at side of abdomen, 166; right, sore throat, fourth day; left, seventh day. 89. 90. 92.

First left then right; feeling of dryness in fauces. 89. Pressure and flatus under the ribs. 131.

355. RIGHT, OR, LEFT.
- Pressure over the eyes, worse. 16.
Over the eye and in shinbone. 258.
Over the eye, pain, then left, then,
again, right. 259.
External soreness on the forehead.
38.
- Ear as if obstructed. 89.
- Nose obstructed, 56. Mucus out of
the choanæ (left one stopped). 55.
Feeling of dryness in the throat. 84.
Aching in fauces on swallowing. 90.
In throat pain on empty swallowing.
89.
Under the ribs, throbbing. 135.
- In the pelvis, pain, 259. Throb-
bing above in the pelvis. 171.
- Pain in chest. 258.
- Sacral pain worse. 44.
Pressure on the scapula. 230.
- In the hand, drawing extending to
the forearm. 278.
Pressure in the metacarpal bones
and fourth finger. 229.
Contractive feeling in the skin of
the fingers. 231.
- In sinciput, pain, 27; worse, 33.
In head, pain. 238.
Over eyes, pain. 13, 14, 17, 259.
- Externally on head, tension. 37.
Distortion of facial muscles. 66.
Cataracts. *Dog.*, 45.
Itching and pressure in upper lid.
43.
Eye reddened. 44.
Ear obstructed, 49. Deaf. 54.
In the eustachian tube—catching
of the air. 50.
Pain from throat into the ear. 53.
Ear inflamed, swollen and discharg-
ing. 54.
Nose obstructed, mucus in choanæ,
right. 55.
Nose obstructed, early. 80.
- Dryness in fauces, then right. 89.
Dryness in fauces worse. 80.
Dryness in fauces. 83.
Sore throat worse. 92.
- Pain in plugged teeth. 74.
- Pain in the groin. 130.
Pain in the flank. 168.
Deep in the pelvis, pain, 173. In
the pelvis pain. 238.
Stitches out of the middle of the
pelvis towards the left. 174.
Stitches in the region of the uterus.
175.
Chest pain, 108. Stitches in chest.
192.
Stitches over the fifth rib. 191.
Cutting in the region of the nipple.
190.
In the nipple, eruption; in the
axilla. 312.
In the side of the neck, a stopping
and streaming. 13.
- Pressure on the scapula. 223.
In the anterior muscles of the ax-
illa, swelling pain. 225.
Pain and numbness in the forearm.
227.
- Pain in the little finger. 230.

- RIGHT, OR, LEFT.
- Itching of the hand. 310
- In the thigh, drawing from the
sacrum outwards. 216. The thigh goes to sleep when he
lies on it. 107.
Pain in the thigh, extending from
the sacrum. 216, 230.
Pains from the sacrum, down the
hips. 221.
In the thigh, pain at night. 238.
Drawing in the thigh. 240.
Aching on outside of knee. 246.
Tired feeling in knee and leg. 247.
Pain in tibia. 258, 259.
Pressure in metatarsus. 253.
Sharp pain in the toes, then in the
heels. 254
- Itching at the foot. 310.
Pains in morning. 258.
More eruption. 316.

Periodicity and Times of Day:

356. The symptoms were most severe, the day after taking
(Tuesday) and were aggravated on the two successive Tues-
days; the fourth Tuesday was free, but many symptoms
came on Thursday. *P.*

At the same hour, fluent coryza. 58. 59.

Attacks of sudden rush of blood, twice daily. 12.

Now and then, repeated pain over left eye. 14.

360. Coryza increased at irregular periods. 64.

By day, at various hours, early or afternoon, rush of blood
12; by day, pains in chest, 187; during the day, weakness
in the back. 208.

Morning on awaking see Sleep symptoms.

Morning; when dressing attack of vertigo, 5; external
tension at head, 37; nose obstructed on right side, 56; dry
in fauces, 83; and evening, throat dry, 87; pain in fauces
on swallowing, 90; pinching in abdomen, then stool, 144;
pain in sacrum, 213. Pain in sacrum from a stooping atti-
tude, 217; sacral pain 219.

The pains change locality more, 258; hot dry skin. 304.

Forenoon; nine o'clock, pain over left eye, in the temple,
chest, etc. 259.

Ten o'clock, pain over left eye, 13, like a shot before the
ears. 48.

Sneezing and heaviness over the eyes. 62.

Obstruction of nose and discharge from choanæ. 55.

Eleven to twelve o'clock, fluent coryza. 57. 58.

Fullness and pressure in the epigastrium, 106, 107; stool 151; diarrhœic, 153.

Afternoon; headache, left, 33; towards evening headache.

11. Heat of face and head and bleeding of gums, 67; burning of the lips, 69, 70; increased scratchy feeling in the throat. 79.

Five o'clock, recurring sensation of dryness in the throat, 82; dryness of the fauces, 85; itching of the scrotum, 166; falling asleep of the thigh and cold feet. 107.

Evening; headache, 28; itching and pressure in the eye, 43; ears obstructed, 49, and throat in the morning dry, 87; sore throat on empty swallowing, 91, 92; after eating, fullness in the abdomen, 125; pinching in the abdomen relieved after discharge of wind, 113; numbness of the integuments of the abdomen, 143; stools (instead of in the morning) 150; stool, 152; pain in the forearm and hand. 227.

Antidotes and Sequences:

365. *Nux mosellata* helped for the stomach cramps given after Tellurium. *Gsw.*

Mercurius acted well, given after Tellurium, in ulcers. *Gsw.*

Nux vomica relieved symptoms. 107.

Aconite, Glonoin and Bellad., did no good in the vertigo. 5.

Similar:

Vertigo, 5, like Selenium. Longing for beer reminds of longing for liquor in Selenium. *C. Hg.*

Eruetations, tasting of food, 113, like Antimonium crud. *C. Hg.*

Longing for apples, Tart. emet.

C. G. Raue remarked after his proving: Tellurium seemed to him to resemble Graphites; we find in it the following reddish mucus about the lumpy faeces. 509.

Catching of air in the Eustachian tube. 185.

Pain in the sacrum, better during motion. 136.

We may add to this, the ringworms, the dryness in the mouth, particularly in the morning early, as well as the flowing of saliva out of the mouth, 340, and many other symptoms.

HAHNEMANN'S ORGANON.*

There has recently been issued in Germany from the private press of Mr. Arthur Lutze of Coethen and under his editorship, what purports to be a sixth edition of the *Organon* of Hahnemann, with additions from the pen of Hahnemann and with annotations from the Editor, Mr. Lutze.

This alleged "Sixth Edition of Hahnemann's *Organon*" thus edited and printed by Mr. Arthur Lutze, appears to contain unwarranted alterations from the original text, as Hahnemann left it, together with suppression of important parts of the text. And these changes are of so important a character, that the editors of all the homœopathic periodicals of Germany, differing widely as they do on many points of doctrine and practice, have united in a solemn and earnest protest against the reception of this edition of the *Organon* as authentic. In this protest they earnestly beseech all homœopathic physicians throughout the world and especially all societies, institutes and organized bodies of homœopathic physicians, after due investigation of the subject, to unite with them.

The object of this memorial is to lay before the profession this unanimous protest of the German homœopathic press and, in connection therewith, to present likewise such additional history and testimony bearing on the subject as may be necessary to a full comprehension of it.

The protest of the German press appears in the following words in the *Allgemeine Homœopathische Zeitung*, Vol. 70, 15, April 10th, 1865.

PROTEST.—In view of the fact that Mr. Sanitaets-Rath, A. Lutze of Coethen, has undertaken to publish a sixth edition of S. Hahnemann's *Organon* of the Healing Art, the undersigned, in the interest of their science and as the present representatives of the German homœopathic press, feel it their duty to make the following explanation.

* A memorial to the American Institute of Homœopathy and all Homœopathic Societies, Physicians and Journals.

Homœopathy has always excited the interest of the laity in a far greater degree than any other system of medicine, and to this very interest it is largely indebted for its extension and recognition. Even now, many places, in which the number of its representatives is far from corresponding to the needs of the public who confide in it, are dependent upon practitioners who are not regularly educated physicians, (Nichtaerzte) and whose true devotion to Homœopathy must in part compensate for their lack of a scientific study of it. It would be ungrateful to wish to conceal this fact and not to lay aside all spirit of caste and recompense, with the most public recognition, the services of very many of these persons in the matter of the propagation of Homœopathy.

But it is no less true, that there are limits within which an active and independent participation by laymen and dilettanti becomes an impossibility, unless it should reduce science to a piece of mechanism and make the healing art a handicraft. It is the duty of every honorable representative of Homœopathy to keep a zealous watch, to the end that no unqualified hand grasp and jostle its inner sanctuary, whether it be the hand of an opponent or of an adherent.

The *Organon*, this work of Hahnemann's which comprises the collected principles of Homœopathy and establishes them on scientific bases, has already, with great propriety, been called the Bible of Homœopathy. A new edition of this work which, it is well known, has long been out of the book trade, must be a welcome circumstance to every Homœopathician! But assuredly, everyone will also be constrained to ask, how comes Mr. Lutze to undertake this honorable duty? And still more, how comes Mr. Lutze to introduce this new edition of Hahnemann's work, with *his own name* upon the title-page, since assuredly he can have exercised no function but simply and purely that of a publisher and bookseller? But this reasonable question is completely silenced in the face of an incomparably more important and weighty fact, which nothing short of a complete misapprehension of his own position and the greatest self-conceit on the part of Mr. Lutze could have rendered possible.

Lutze has permitted himself not only to add to Hahnemann's work a new and emphatic dedication and several additions in the way of annotations and an appendix, but has even removed several paragraphs of Hahnemann's (272—274 of the fifth edition) and has substituted for them a new paragraph which expresses directly the opposite of what was heretofore said therein, and he has, by so doing, deliberately and without any right, annihilated one of the cardinal principles of Homœopathy.

The annulled paragraphs contain the precept, that in homœopathic practice, *only one single simple remedy should be given at one time to the patient*; they contain the reason for this precept and moreover an impressive warning against the danger of ever combining remedies. Instead of all this, the paragraph which has been smuggled in sanctions the administration of the so-called double and triple remedies for certain alleged cases. Everyone who is only tolerably familiar with Homœopathy must know that the exclusive administration of simple and uncombined remedies is one of the three principal pillars on which the entire edifice of Homœopathy rests. To take this away means nothing less than to entirely overturn Homœopathy.

And how does Mr. Lutze justify this outrage or at least cloak it with the semblance of a title? In this way. He perpetrates a falsification of history and he confounds with one another circumstances that occurred in former years, in that he appeals to a letter of Hahnemann's written in 1833, from which it appears that Hahnemann, at the instance of Dr. Ægidi, had for some time been ready to introduce into the fifth edition of the *Organon* a paragraph in favor of "double remedies."

But, in order to a right understanding of this circumstance and in justice to the history of Homœopathy and to the name of Hahnemann, it should not be concealed that, upon the unanimous representations of his followers, Hahnemann immediately reconsidered this momentary weakness towards a dear friend, and that he not only did not introduce the unwholesome paragraph into the said fifth edition, but even considered it his duty to repeat, more impressively than ever, the before mentioned warning against combining remedies. And in this conviction he remained true and firm; for up to the day of his death, ten full years, he did and published nothing which could be alleged as bearing against this claim. But can any one, who has any knowledge whatever of Hahnemann's character, suppose for an instant, that he could be turned back by any but the most conclusive reasons, or that, for the space of ten years, he would have failed, through hesitancy or indecision, to recall this fifth edition, if he had been really convinced of the correctness of other views than those therein stated? No! Hahnemann, that Iron-Head, was not the man of cowardly compliance or of passive sufferance who would have let that befall, in regard to his own Homœopathy, which he did not hold to be the right! And now, twenty-two years after his death, there comes an officious, meddling fellow, who would make us believe, as though he had only soft heads and neophytes to deal with, that Hahnemann had "like Saturn, devoured his own children."

Have we then said too much, when we speak of falsification of history and of a perversion of the facts? Truly, even were Lutze quite another than in fact he is, we should be compelled to fling in his face the charge of the boldest assumptions, the most unheard-of self exaltation and of falsification, and without mercy tear him down from the dictatorial chair which he has usurped. He, least of all, is the man who should offer to do such things. Out of such timber may indeed be hewn lubbers for the masses who are incapable of reflecting and of calling to account, but never the reformers of medicine!

In view of these facts, we, the representatives of the scientific Homœopathic Press of Germany, hereby solemnly protest against this alleged sixth edition of Hahnemann's *Organon*, and we declare the same to be spurious and apocryphal and at the same time we repudiate all fellowship with such conduct, and with its perpetrators, and we denounce it and them. Confident of the entire support of all the true representatives of Homœopathy, we anticipate, first of all from all parts of Germany, and from foreign lands, from individuals and from societies, a formal concurrence in this protest, and we anticipate with more especial confidence from the Central Union of the Homœopathic Physicians of Germany, that, at its next meeting, it will adopt more positive regula-

tion against such compromisings of Homœopathy and will go to work energetically against all spoilers of our science.

(Signed),

DR. BOLLE, *Ed. Hom. Pop. Zeitung,*

DR. HIRSCHEL, *Ed. Zeit. für Hom. Klinik,*

DR. MEYER, *Ed. Allg. Hom. Zeit.,*

DR. C. MULLER, *Ed. Hom. Vierteljahrschrift.*

In order that the allusion in the above protest to Hahnemann's "dear friend," Dr. Egidi, as well as the documents which are to follow, may be more clearly understood, a few words of a historical nature may here be introduced.

Mr. Lutze published in 1860 a popular "Manual of Homœopathic Theory and Practice for Domestic Use." A translation of it by Dr. C. J. Hempel was published in New York, in 1863. In this Manual Mr. Lutze authorizes the use of two or even three drugs, *in combination*, in one and the same dose. He claims to have for this practice the sanction and encouragement of Hahnemann, Egidi and von Bœnninghausen. His language is as follows:

This important discovery of the combination of drugs was first announced twenty-four years ago by Dr. Julius Egidi, at that time Physician to the Princess Frederica of Prussia, and now Medical Councillor. This discovery was communicated to Hahnemann in the year 1833, corroborated by 233 cures with combined remedies, and was joyfully received by Hahnemann, but kept secret from the public by the imbecility of the foes of truth, whereas the worthy discoverer was insulted and derided by those who were unworthy of unloosing his shoe-strings.

Mr. Lutze then gives a letter from Hahnemann to Egidi, dated May 15th, 1833:

Dear Friend and Colleague: Do not suppose that I reject any thing good from mere prejudice or because it might lead to modification in my doctrine. All I desire is truth, and I know that this is all you care for. I am rejoiced that you should have had such a happy thought at the same time confining its execution to proper limits. Two remedies should only be given in combination, in a highly potentized form, provided each is, in its own way, homœopathic to the case. In such a case, this proceeding is an advantage to our art which should not be repudiated. *I shall take the first opportunity of making a trial, and I doubt not it will be successful.* I am likewise glad to hear that Bœnninghausen approves of this plan.

Lutze proceeds:

In another letter to Dr. Egidi, Hahnemann writes, under date of June 19th, 1833: I have devoted a special paragraph to your discovery of a combination of drugs, in the fifth edition of my *Organon*, the manuscript copy of which was last night sent to Arnold, etc.

Lutze goes on to say:

What has become of this paragraph? We search the *Organon* from beginning to end without finding it. Here is the explanation. Hahnemann laid the new discovery, which he had kept secret heretofore, before the meeting of homœopathic physicians of the 10th of August 1833. Their number was as yet small, but instead of meeting with open hearts he found stubborn minds, who, instead of accepting the blissful truth, assailed it with all sorts of persecutions, comparing it to the mixtures of allopathic practitioners and persuading Hahnemann to abandon the publication of this discovery and to allow one of his friends to suppress the paragraph which had been printed.

He proceeds to say that Egidi was shamefully abused and that he preferred to remain silent, rather than expose himself to abuse and assaults. He adds:

I do not know the persons who have perpetrated this robbery; most of them may be in their graves. The time for requital has come; the hitherto suppressed discovery rises like a phoenix from its ashes and the name of its author, Julius Egidi shall be snatched from oblivion. * * * Three or four years ago the discoverer first acquainted me with the combination of remedies. * * * Our excellent Bœnninghausen has informed me orally that he has obtained equally fortunate results, etc.

It will be seen that Mr. Lutze defends his use of combined drugs by the testimony of Drs. Egidi and von Bœnninghausen—strong names certainly. But it so happens that Dr. Egidi, who is still living, had already placed himself on record in terms which directly conflict with the above statements of Mr. Lutze, while a letter quoted below from Dr. von Bœnninghausen to your memorialist is equally conclusive, touching the decided disapproval with which the practice of combining drugs was regarded by Dr. von Bœnninghausen, who moreover intimates, by the way, that he does not know and has never met Mr. Arthur Lutze.

May 12th, 1857, Dr. Egidi published in the *Allgemeine Zeitung* an explanatory note, disavowing and disapproving the practice of combining drugs. Yet, in the face of this disavowal, Mr. Arthur Lutze, in 1860, hails Egidi as the discoverer of the method and thereby claims "to snatch his name from oblivion."

Now again, April 12th, 1863, on seeing the Protest of the German Homœopathic Press against Lutze's edition of the

Organon, Dr. Ægidi publishes a second card in the following language (from the *Allg. Hom. Zeitung*, 70, 17, 136, April 24th, 1865):

EXPLANATION.—The protest of the honored representatives of the homœopathic press of Germany against the alleged sixth edition of the *Organon* of the Healing Art, published in the *Allg. Hom. Zeitung*, of April 10th, Hahnemann's birthday, having embraced the mention of my name, yet having omitted to mention that I also participate in the conviction in behalf of which the signers of the protest contend—that, years ago I, loudly and publicly, made known my disapproval of the administration of so-called double remedies, as an abuse and a mischievous proceeding—I find myself compelled to publish my explanation as it originally appeared in the *Allg. Homœopathische Zeitung*, 54, 12, May 18th, 1857, and thence was copied in the *Neue Zeitschrift für Homœopathische Klinik*, II, 12, June 15th, 1857. It was in the following language:

"The undersigned finds himself compelled to join his voice in the reproaches that have been made, particularly of late, against the homœopathic administration of so-called double remedies; so much the more, inasmuch as it is he who is charged with having taken the initiative in this mode of acting which is the subject of reprobation. Entirely agreeing with all the arguments adduced against it by competent persons and the refutation of which must be impossible, the undersigned is compelled to make known publicly and emphatically his decided disapproval of such an abuse of our excellent and most serviceable art, as has been lately recommended in an apparently systematic manner and as a rule; to the end, that persons may forbear to take his supposed authority, as a sanction of a mode of treatment which, even as he (*Stapf's Archives*, 1834 14.) thought he might recommend a modification of it for very rare and exceptional cases, is very far from being the abuse and mischief which it is now made and being made."

I add to this that I thoroughly agree with the contents of the above-mentioned protest; and that, in my opinion, the practice therein rebuked is not dealt with even as severely as in the interests of our science, it should have been.

Freienwald, a. d. O. April 12th, 1865. ÆGIDI.

When the American translation of Lutze's Manual appeared in 1863, your memorialist wrote, under date March 2d, to Dr. von Bœnninghausen quoting the passages which refer to him and asking to be informed on the subject. The following reply was promptly received:

MUNSTER, March 25th, 1863.

To DR. CARROLL DUNHAM, New York,
My Very Dear Friend and Colleague: I have just, to-day, received your letter of the 2nd inst. The passage which you quote concerning the "combined doses, containing two different remedies" imposes on me the duty of replying without a moment's delay.

It is true that during the years 1832 and 1833, at the instance of Dr. Ægidi, I made some experiments with combined doses, that the results were sometimes surprising and that I spoke of the circumstance to Hahnemann, who after some experiments made by himself, had entertained for a while the idea of alluding to the matter in the fifth edition of the *Organon*, which he was preparing in 1833. But this novelty appeared too dangerous for the new method of cure, and it was I who induced Hahnemann to express his disapproval of it in the fifth edition of the *Organon* (1833), in the note to § 272. Since this period, neither Hahnemann nor myself have made further use of these combined doses. Dr. Ægidi too was not long in abandoning this method which resembles too closely the procedures of Allopathy, opening the way to a relapse from the precious law of simplicity—a method too, which is becoming every day more entirely superfluous, from the augmentation of our *Materia Medica*.

If, consequently, in our day, a Homœopathician takes it into his head to act according to experiments made thirty years ago, in the infancy of our science, and subsequently rebuked by unanimous vote, he clearly walks backwards, like a crab, and shows that he has not kept up with nor followed the progress of science.

Supposing that it may interest you to know the origin of the above-mentioned method, I add the following: There was about this time (1832 and 1833) at Cologne, an old physician named Dr. Stoll, himself a constant invalid and hypochondriac, who, distrusting the old medical doctrine but having only a superficial smattering of Homœopathy, had conceived the idea of dividing the remedies into two classes, the one of which should act upon the body, and the other upon the soul. He thought that these two kinds of medicine should be combined in a prescription, in order to supplement each other.

His method making some noise in Cologne, and Dr. Ægidi, then at Dusseldorf, having in vain endeavored to discover the essential secret of its novelty, the latter induced me to endeavor to find it out. I succeeded in doing so. Although the idea of Dr. Stoll was utterly devoid of foundation, it nevertheless induced us to make experiments in another way, namely, that above recited, but which, as I said before, was utterly rejected long, long ago.

You will see by the *Allgemeine Homœopathische Zeitung* that Mr. Lutze offers to sell his establishment at Coethen and move to Gotha. * * *

(Signed),

Yours very sincerely

C. VON BÖNNINGHAUSEN.

It thus appears, even from Hahnemann's own letter to Ægidi, which is the only authority Lutze had, in 1860, for claiming Hahnemann's approval of this practice, that Hahnemann only *promised* to "take the first opportunity of making a trial," and although he subsequently spoke of a purpose to allude to the subject in his *Organon*, he nowhere states that he *did* make successful trials. But he *does* state that he

"would not reject anything good from mere prejudice." From the fact, then, that he *did* reject this method, and that he concluded not even to allude to it in the *Organon*, we are forced to the conviction that he did not regard it as, "anything good."

Moreover, Ægidi, its reputed author, and Bœnninghausen, who is alleged to have favored it, are most emphatic in its reprobation.

The Homœopathic Medical College of Pennsylvania, having carefully considered the subject, has issued the following Protest:

A PROTEST.—At a meeting of the Faculty of the Homœopathic Medical College of Pennsylvania, the following Preamble and Resolutions were discussed and unanimously adopted:

Whereas, A book, purporting to be the sixth edition of Hahnemann's *Organon* has been published at Coethen, Germany; and

Whereas, The representatives of Homœopathic Journalism in Germany have issued their earnest protest against this unwarranted sixth edition of said work and have pronounced and declared it to be mutilated and perverted, in that the paragraphs numbered 272—274 in the fifth edition of said work, treating on the simplicity of the remedy to be administered, have been omitted and spurious and false ones have been inserted in their place, recommending double and triple mixtures:

Resolved, That we fully endorse the Protest published in Vol. 70, No. 15 of the *Allgemeine Homœopathische Zeitung*.

Resolved, That we protest against the introduction of any translation into English of any spurious and false edition, as a standard work of Homœopathy.

Resolved, That we call the attention of the American Institute of Homœopathy, at its next meeting on the 6th proximo, and of all other State and County Homœopathic Societies to the above Protest; and that we solicit their co-operation in endeavoring to protect our science from perversion by false and spurious interpolations into its standard literature.

Resolved, That we request this, our protest against said book, to be published in all the American, British, German and other homœopathic journals, and a copy thereof to be transmitted to each of the State and County Homœopathic Societies in the United States.

In testimony whereof, we have hereunto affixed our signatures, this twentieth day of May, A. D. 1865.

Constantine Hering, M.D., *Prof. of Inst. and Pract.*; Adolphus Lippe, M.D., *Prof. of Materia Medica*; H. N. Guernsey, M.D., *Prof. of Obstetrics*; Charles G. Rane, M.D., *Prof. of Pathology*; George R. Starkey, M.D., *Prof. of Surgery*; Pusey Wilson, M.D., *Prof. of Anatomy*; J. H. P. Frost, M.D., *Prof. of Physiology*.

In view of these facts, your memorialist prays the American Institute of Homœopathy and all homœopathic societies, as well as the homœopathic press, to give the weight of their name and authority in behalf of the purity of our doctrine and literature by joining in the unanimous protests of the German Homœopathic Press, of distinguished German physicians and of our oldest American Homœopathic College, against this unauthorized, alleged sixth edition of Hahnemann's *Organon*, by Mr. Arthur Lutze, of Coethen.

NEW YORK, June 1st, 1865.

CARROLL DUNHAM, M.D.

APPENDIX.—The following documents from the *Allg. Hom. Zeitung*, 70, 18, May 1st, 1865, were received too late to be incorporated in the above memorial. D.

The Society of the Homœopathic Physicians of Austria for Physiological Drug-Provings, having received at its general meeting in Vienna, April 10th, 1865, the protest [of the German Homœopathic Press] against the sixth edition of Hahnemann's *Organon*, undertaken by Dr. Lutze, of Coethen, has carefully weighed its purport and has adopted the following resolution:

"That the said society fully agrees in the above-mentioned protest and that it authorizes its two representatives, viz.: the President, Dr. Ph. Ant. Watzke, and the Editor, Dr. Martin Eidherr, to sign the same in the name of the society."

(Signed),

*The Society of Austrian Homœopathic Physicians
for Drug-Provings.*

DR. PH. ANT. WATZKE, *President.*

DR. MARTIN EIDHERR, *First Editor.*

The undersigned [Hungarian Homœopathic Physicians] give our unqualified adhesion to the protest against the sixth edition of Hahnemann's *Organon* issued by Mr. Lutze, of Coethen.

DR. ARGENTI DR. PAUL V. BALOGH. DR. T. BAKODY,
DR. HAUSMANN, DR. T. V. BALOGH, DR. A. V. SZONTAGH,
DR. M. SZENT KIRALYI.

Pesth, April 20th, 1865.

LETTER FROM MADAME HAHNEMANN TO THE EDITOR OF THE ALLGEMEINE HOMŒOPATHISCHE ZEITUNG.—*Most Honored Doctor*: To my extreme surprise I learn from No. 14 of the *Allg. Hom. Zeitung*, of April 3d, 1865, that Dr. Lutze, of Coethen, and Dr. Suss, of London, announce the publication of a sixth, much improved and enlarged edition of the *Organon* of Hahnemann.

No one, save myself, has the right to publish the sixth edition of the *Organon*; I alone possess the manuscript of this important work, written by my husband's own hand; to me, alone and exclusively, were confided the improvements which the author made in the *Organon*.

Dr. Lutze both never saw Hahnemann, and never stood in any connection with him.

Dr. Suss, of London, saw Hahnemann twice; first as a child, six years old, and subsequently, when a student in Leipsic, at the eve of my husband's death; it is therefore impossible that he could have received from him any thing new in relation to Homœopathy.

Now, when others give out that they know something new, when they would make, as it were, a romance out of our sacred *Organon*, now is the time to publish the genuine and true *Organon* and I will give it to the press.

As we may not alter, omit or add anything to the Holy Gospel nor the other Holy Scriptures, so neither may we presume to make any change in the *Organon*, the codex of human health; it must remain as its author created it, and it must appear only in its pure unadulterated truth and genuineness.

I earnestly entreat you, respected Sir, to allow this letter to appear in the next number of the *Allg. Hom. Zeitung*, just as it is, without any alteration.

Your adherence to the true principles of our beneficent science, and your sense of justice will assuredly guarantee me this favor for which I already thank you beforehand, in my own name and in the name of the true disciples of Hahnemann.

Receive, most esteemed Doctor, the assurance of my most distinguished consideration.

(Signed),

M. HAHNEMANN, 54 faubourg St. Honore, Paris.

PURPURA HÆMORRHAGICA.*

BY C. W. BOYCE, M.D.

Gertrude Clark, aged seven, a perfectly healthy child, who has never been sick since she was born until the present disease. About March 12th, 1865, the pillow on which she had slept at night would be found, in the morning, somewhat stained with blood. After a few days, she began to spit bloody saliva, and on examination, March 17th, she was found to have small spots of extravasated blood all over the body. When she had the least hurt there would immediately follow a large spot in the vicinity, which would be quite black from the extravasated blood. Any little scratch bled profusely and continuously. The accidental scratch of a pin would bleed

* Reported to the Onondaga County Homœopathic Medical Society May 2d, 1865.

so as to saturate cloth after cloth. Little red points appeared on the tongue and on the whole buccal cavity, and these oozed continuously. Blood settled beneath the conjunctiva and the eyes appeared entirely "blood-shot." The breath became peculiarly offensive. The discharge from the mouth of bloody saliva was filled with shreds of decomposed or disorganized blood. The pulse was regular but quick. The appetite was good and she slept well. She was inclined to play and only became exhausted after considerable exertion. She had been entirely well before, for all that her parents had seen, and, but for the blood they would not at first have known that anything was the matter. This was the condition, March 17th, 1865. It had been five or six days coming on. The appearance was frightful; even ordinary handling would leave the marks of the fingers, as though a powerful blow had been struck on the child, and these spots were inclined to extend indefinitely. A slight knock from a doll baby's head near the eye involved the whole eye and its surroundings in a black, unsightly spot. All the secretions were bloody.

On investigating the case, several remedies presented claims for use, and as there were few or no subjective symptoms there was great difficulty in choosing between them from the objective symptoms alone.

It is claimed for Erigeron that it is adapted to arterial hæmorrhage. This case is not one of arterial bleeding.

Hamamelis has many hæmorrhagic symptoms, but no published symptoms in the possession of the writer would lead him to prescribe it is a case like that before us. The same is the case with Turpentine.

Lachesis has some close indications but not so many as Phosphorus.

Hahnemann's great characteristic indication for Phosphorus "small wounds bleed much," led to the investigation of this remedy; that and the following symptoms were found to correspond.

"Small wounds bleed much.

The gums bleed from small causes.

Much bleeding from the nose from exertion and especially while straining at stool.

Blows much blood from the nose.

Swelled and easily bleeding gums.

The saliva is bloody mucus.

Great discharge of blood from the rectum at stool.

Expectoration of bloody mucus.

Extravasation of blood from all tissues.

Vicarious hæmorrhages.*

So many of the symptoms were found in Phosphorus that it was given in the case March 18th. Up to this time the hæmorrhagic condition had grown rapidly and continuously worse. So very weak had she become that she tottered when attempting to walk, and she was obliged to sit down.

For twenty-four hours after the Phosphorus was given there was no change in the condition. This dose held the case exactly the same.

March 19th, Phosphorus was again given. Immediately the disease began to diminish and the blood disappeared as it had appeared. In fact the case was so surely under cure by Phosphorus that it was dismissed from further care as certain to get well, without further medication. Thus two doses of Phosphorus** cured this really dangerous disease.

CASE OF SCARLET FEVER.*

BY WILLIAM RAY, M. R. C. S. E.

DR. BAYES, in his interesting cases of "Characteristic Symptoms," published in the March number of the *Review*, says: "Few men, in a case of pneumonia, would have been led, as Dr. Wilson was, to select the 'fan-like motion of

* Corroborative testimony to the value of Lycopodium where the "fan-like movement of the *alæ nasi*" is present. From the *London Monthly Homœopathic Review*, May 1st, 1865.

the *alæ nasi*' as the characteristic indication; and in this selection he was guided by the experience of many years, rather than by the prominence accorded to the symptom in the proving of the medicine. Yet here his clinical experience stood him in good stead; and I have myself cured two cases by Lycopodium³⁰, where similar symptoms were very marked. Both were cases of pneumonia occurring in very unhealthy children, during a convalescence following scarlet fever, which had been treated allopathically."

If I may venture to offer my mite of clinical and practical observations with others who, as well as myself, have had the privilege of witnessing Dr. David Wilson's mode of selecting his remedies, both in his private as well as in much of his extensive dispensary practice, I should think that it is always a first consideration with him, what are the characteristic indications existing when he examines a patient—an examination so searching, so exhaustive in its character—before he attempts to prescribe.

No doubt his large experience assists him in this searching investigation, in giving him confidence in any special symptom he may have tested in practice.

But his method, to my mind, is not that of a *routinist*, whatever his experience (and it must be enormous), as the symptoms present are always paramount, and experience subordinate.

He seems, in fact, constantly finding out new indications, to which few men with less experience and knowledge of the *Materia Medica* would give any heed; and when once he has made a choice of a medicine, it is most interesting and instructive to watch the firmness with which he handles their various dilutions.

It is greatly to be regretted that he has not yet seen fit to publish a few more characteristics from his MSS. volumes of most interesting cases; and in this opinion I beg to assure him there are others who share it with me.

In the now famous Lycopodium case, he has told us that such is his confidence in the fan-like motion of the *alæ nasi*

as characteristic of *Lycopodium*, that when marked and fitting in all other particulars, he prescribes it, no matter what the disease may be. The following severe case tends to confirm that statement, and therefore I have thought it my duty to publish the notes which I made of it at the time, and have only to regret that they are not more copious, so as to do full justice to the observations and indications of Dr. Wilson, when he took up the case of my poor child with that consummate skill, which, through the blessing of God, rescued him from an early grave, and restored him again to his parents.

On Sunday, October 6th, 1861, my only child, a boy aged 12, called me to his bed, and complained of sore throat. He had been overheated at football the previous day. I examined him and found his skin hot; tonsils slightly swollen; great thirst; continual retching; headache; red tongue, especially at sides and tip; pulse 120. I gave him *Aconite* $\frac{3}{4}$, *Belladonna* $\frac{3}{4}$, *Pulsatilla* $\frac{3}{4}$, in alternation. At two, p.m., the febrile symptoms greatly increased; delirious; feces passed involuntarily and unconsciously; urine red and scanty; retching ceased the last four hours; pulse 150. Continue the medicine.

Monday, 7th. Spent a very restless night; talking and muttering all night. All the former symptoms aggravated; papillæ of tongue more injected; glassy eyes; dilated nares; lips dry, and, together with teeth, covered with tenacious sordes; suppression of urine; pulse 160.

Tuesday, 8th. Very delirious all night; continued talking, picking at the bed-clothes, and continually feeling for something supposed to be lost; clenching his teeth firmly; desire to get out of bed; all the former symptoms are aggravated; pulse 170.

At nine, a.m., I went for Dr. Wilson, who very kindly came at three, p.m., according to appointment.

He at once said, "This is an acute case, indeed, of a very bad type of scarlet fever, threatening typhoid," and inquired what he had been taking by way of medicine and diet; he

thoroughly examined him, pronounced him in great danger, remarked on the *ala nasi* action, and ordered all the former medicines to be suspended, and *Lycopodium* to be substituted, $\frac{1}{2}$ in half a tumbler of water, take one teaspoonful every three hours; diet, thin arrowroot and cold water.

Wednesday, 9th. Spent a better night; not so much talking or tossing about; had a little sleep occasionally, for a brief period; not so much picking at bed-clothes; more composed generally; eyes not so glassy; less working of the nostrils, and wings not so much dilated; micturates more freely, urine still red; tongue not so much injected, and looks better; tonsils better; bowels constipated; pulse 100, soft and weak.

Three, p.m. Dr. Wilson called; said "he is much better; eyes not so glassy; febrile symptoms greatly abated; more conscious; pulse better; congestion of brain less. Continue medicine; diet, milk and water.

Thursday, 10th. Had a better night; slept a little longer at intervals; no picking or looking after lost things in bed; all the other symptoms improved; pulse 100. Dr. Wilson did not call to day; it was understood, yesterday, that I was to call on him and carry him my report of the case, which I did. Continue medicine and diet as before.

Friday, 11th. Had a much better night; no delirium; urine more normal; pulse 95. Dr. Wilson called to-day; said "he is much better, much improved; the organism has been relieved, consequently the genuine disease—scarlatina—is being actively developed, having its characteristic analogue (in this instance) in *Belladonna*." He accordingly ordered $\frac{3}{4}$ globules of *Belladonna* in half a tumbler of water, a teaspoonful to be taken every four hours. Diet, mutton-tea, beef-tea, and milk; "to-morrow, diet, a little lean roast mutton, if all goes on well," he added.

Saturday, 12th. Slept better; a little restlessness, but no delirium; feels very much fatigued and sore. Takes his beef-tea and milk with avidity and relish, as also a little roast mutton. Urine less colored and more free; pulse 92.

I saw Dr. Wilson, and gave my report.

Continue medicine and diet as before directed.

Sunday, 13th. Continues to improve rapidly; slept much better; tongue not so much injected; micturates freely, not so high colored; pulse 90. Medicine and diet as before directed.

Monday, 14th. Still improving; very much fatigued and sore in his joints; appetite better; pulse 90. Dr. Wilson saw him to-day; said "he is quite convalescent; greatly improved since I last saw him. Continue medicine every eight hours; diet as before."

P.S. This is the last time my son was seen by Dr. Wilson. From the moment his prescription began to act, until convalescence, there was steady, progressive, and rapid improvement in my son until the 26th, when I reported him not so well this day; a little more fever; less appetite; a discharge from the nostrils, consisting of blood and pus. I saw Dr. Wilson, who ordered Kali bichrom. (I regret having omitted to note his indications) $\frac{3}{4}$ in half a tumbler of water; take a teaspoonful of this mixture every six hours. Diet as before.

27th. Discharge and irritation much subsided.

28th. Still better. Continue medicine.

29th. No discharge; less irritation. Continue medicine.

30th. No discharge; no irritation.

31st. Desquamation going on rapidly; bowels not moved for eight days. I reported this to Dr. Wilson, who ordered one globule of Sulphur²⁰⁰, every third night.

Nov. 3rd. Cuticle peeling off in large pieces; bowels slightly moved; appetite increasing; getting from one room to another briskly.

4th. Can get up and down stairs; increasing in strength; appetite better; urine normal.

6th. Bowels freely opened; desquamation still progressing.

11th. Desquamation over; no more medicine. Quite well.

MISCELLANEOUS.

THE RUSSIAN EPIDEMIC FROM A HOMŒOPATHIC POINT OF VIEW.—To the Editor of the *London Morning Post*, Sir:—The following particulars may prove interesting to your readers, as I know there are amongst them a great many who adopt the homœopathic system of treatment when they or their families are attacked with illness. No doubt medical men in general have had numerous and anxious inquiries addressed to them by their friends and patients on the subject of the alarming epidemic prevalent in Russia and various parts of the Continent. Although official reports inform us that there is nothing new or unknown to science in the form of those fevers—typhoid, typhus, or relapsing—that have recently broken out in St. Petersburg and elsewhere, and therefore it is unlikely that we shall have imported into England any type of fever that is not already too well known amongst us, yet it behoves us to be prepared should an emergency arise. A writer in one of the daily journals has said, "A great many good reasons will doubtless be given why the Russian pestilence will not reach our shores, but somehow it for ever happens epidemics behave most unreasonably; they show no deference to public opinion, or to the arguments of private individuals." He further significantly remarks, that should malignant typhus spread amongst us, boards of health would not be slow to adopt their old and usual course—routine, extemporizing hospitals, printing and distributing advice gratis, etc.; neither does he think that the Privy Council would neglect to order the use of a particular form of prayer; nor those having country seats delay going to them. I agree with him in thinking that it would be wiser, however, to anticipate the possibility of such questionable routine being necessary by adopting such measures, both as regards hygiene and treatment, as would rob the pestilence of its virulence and prevent unseemly panic. It was with the desire to further this object that I addressed, on the 7th inst., the following unpublished letter to the *Times*, under the impression that, through its medium, my suggestion in the cause of humanity would obtain the widest circulation at a time when public anxiety was naturally aroused:—

"To the Editor of the *Times*.—Sir:—In regard to the epidemic now prevailing in Russia, the most important question pressing for an immediate answer is, what will moderate its ravages, or cure the sick stricken by it. Although the symptoms attendant on the fever are not set forth with that minuteness of detail we could have wished, still there are characteristics sufficiently marked that point to Arsenic as the true specific for that form of the disease described in your journal, even to the further particulars published to-day. It ought to be administered in extremely small doses from every two to six hours, according to the urgency of the symptoms, gradually lengthening the intervals of repetition as the disease yields, and unmistakable signs testify to the Arsenic having supplanted the disease, when further repetitions must of course cease. None but the experienced and careful observer can have any idea of the extreme susceptibility of the body to med-

icinal impressions when in a state of disease. This susceptibility surpasses all belief when disease has attained great intensity, hence the danger of heroic doses or inappropriate medicines being then administered to the sick. I cannot therefore subscribe to the notion that everything which has failed hitherto to curtail the febrile attacks, such as salts of Quinine in large and small doses, the most powerful stimulants—Alcohol, Ether, Camphor, etc., 'produce little or no effect' upon the patients. In the *Times* a few days ago there was related a most interesting recovery from Opium narcotism through the administration of Belladonna, on the principle, I presume, of 'one devil driving out another,' as that eminent surgeon the late Mr. Liston was wont to say. The analogy between the action of Arsenic and the present form of the Russian malady is most striking, consequently I venture to predict that Arsenic, on the same principle, will, if properly administered be found the most successful remedy against that form of the Russian fever described in the *Times*. I trust you will allow your next impression to make public these few remarks, which are based on experience and a knowledge of drug action.

I am, sir, yours etc.,

"Brook Street, Grosvenor Square, April 7th. "D. WILSON, M. D."

Since date of the foregoing letter you have published in the *Morning Post* official documents in reference to the Russian epidemic, which give me increased confidence in Arsenic being the true medicinal specific for the majority of cases which have as yet occurred. The close similarity between the action of Arsenic and the peculiar characteristic points of the prevailing fevers is striking, and I affirm without fear of contradiction that, from all we as yet know of specific drug action, there is no remedy, except Arsenic, in the entire *Materia Medica*, that harmonizes so perfectly with the individualities of the Russian malady, and includes at the same time the peculiarly characteristic symptom of albuminous urine. The very periodical recurrence of the fever paroxysms, as regards time is peculiarly of the arsenic type. Again, we have the extreme thirst, the violent pains in the limbs, the extreme prostration, the jaundiced condition, the peculiar swellings and buboes—all characteristic of extreme depression in the vital powers—and the marked relief after perspiration, causing the patients to fancy themselves well. These are a very few prominent characteristics of Arsenic in connection with the Russian epidemic. Experiment, backed up by ample experience, has long since established the validity of the law or principle by which a Homœopathician is guided in the selection of his curative agents, and, if malignant fever now exists in any of our fever hospitals under the peculiarly characteristic form now prevalent on the Continent, there must be ample opportunity for testing the truth of my assertion in regard to Arsenic. The Russian physicians have been compelled to admit that "no uniform method of treating for every case has as yet been found." This is just what a Homœopathician would expect, and is strictly in accordance with that unerring law of similitude worked out by Dr. Samuel Hahnemann. Therefore, although a certain type of a wide-spread epidemic may have, in the majority of instances, its true analogue in a given remedy, that does not exclude the possibility or

probability that amongst the Arsenic type of fevers there may occasionally be some which require other remedies. Let me add, *if there be a philanthropic physician in charge of any fever hospital in London, where malignant typhus prevails, who is anxious to test the principles of a law of which he has had no experience and in which therefore he can have no confidence, I cheerfully offer him my services during the investigation.* It would be absurd to expect that any "uniform method of treatment" could be devised for the diversified forms of any generic disease, hence the irrational character of a practice which attempts to base the treatment of patients upon the mere names of supposed diseases, instead of being guided to remedial selections through symptomatology. To show the danger of treating the sick according to the names of their supposed diseases, those very men to whom report gives the credit of having investigated most carefully the different forms or species of fever are not agreed amongst themselves as to the true characteristics which distinguish one from another. Professor Bennett says:—"If you rely on the characters prominently given by Dr. Jenner, especially with regard to the eruption"—in typhoid fever—"you will be frequently deceived." He at the same time admits that his own characteristics are often deceptive, and concludes with this melancholy confession, "dissection is the only certain proof of typhoid fever."

I am, Sir, your obedient servant,

D. WILSON, M. D.

Brook-street, Grosvenor-square, April, 22nd.

[*London Morning Post.*]

HOMEOPATHIC MEDICAL SOCIETY OF ONONDAGA COUNTY.—The third annual meeting of this society convened at Syracuse on Tuesday, the second day of May, 1865, at ten, a. m. There were present, Drs. Morgan, Hoyt, Hawley, Rhodes, Greely, Clary, Bigelow, Sheldon, Stowe, Chaffee, Fellows, Wells and Boyce. The President, Dr. Hawley, in the chair. The minutes of the last meeting were read and adopted, when the application of Dr. C. H. Weaver for membership was received, duly considered, and he was elected.

Dr. Hawley as special committee on Life Insurance reported that he had performed the duties assigned him by this Society at its semi-annual meeting, and had as instructed, reported to the State Society.

Dr. Morgan, as committee on Theory and Practice, read a very interesting paper, entitled, "A glance at the trials and dangers which beset us."

Dr. Hubbard, as committee on Epidemics, communicated a report on the "Epidemics of Cortland County," which was read by the secretary.

Dr. Fellows read an interesting paper on Potencies, and Drs. Stowe and Chaffee made verbal reports of cases of interest which had come under their own observation.

A communication was read from Dr. Foote of Franklin, Delaware County, entitled, "A Case of Diphtheritic Inflammation of the Uterus." Dr. Hawley reported a case of extensive diphtheritic exudation upon the mucous surfaces of the vagina and vulva, extending entirely across the the perineum and

surrounding the anus, while the throat and air passages were wholly unaffected. The case was that of a child between two and three years old and proved fatal. Dr. Fellows spoke of a case in which pseudo-membranes were discharged from the vagina of the diphtheria.

Drs Wells and Fellows both spoke in praise of *Phytolacca decand.* in diphtheria, especially when there are great deposits of the pseudo-membrane with great soreness of the throat and pain in the hips extending down the thighs.

Papers were also read from Drs. Bruckhausen of Norwich and Bishop of Lockport. There was also read the report of two cases of scrofulous ophthalmia, cured by high potencies after long resisting allopathic means, and homœopathic treatment with low attenuations, by Dr. Mungler of Oneida County. He also reported the cure of hydrocele in a child, with high potencies. Dr. Wells also gave interesting cases of cures made with the 200th. Dr. Boyce reported an intensely interesting case of purpura hæmorrhagica cured by Phosphorus 200.

The President, Dr. Hawley, delivered the annual address in which he attempted to show how our societies might be made more vital and useful.

The following were elected officers for the ensuing year: W. Henry Hoyt, *President*; J. G. Bigelow, *Vice-President*; W. A. Hawley, *Secretary* and *Treasurer*; A. R. Morgan, B. B. Schenck and H. C. Hubbard, *Censors*. The following committees were appointed by the chair:

Special Pathology and Therapeutics, B. B. Schenck; *Materia Medica*, J. G. Bigelow; *Theory and Practice*, H. C. Hubbard; *Homœopathic Treatment of Surgical Cases*, C. H. Weaver; *Obstetrics*, L. Clary; *Diseases of Females*, R. D. Rhodes; *Epidemics*, H. V. Millar.

Dr. A. R. Morgan was appointed to deliver the address at the semi-annual meeting.

Delegates to other societies: Drs. Hoyt and Millar to Oneida Co., Drs. Bigelow and Morgan to Oswego Co., Drs. Clary and Hubbard to Cayuga Co., Drs. Rhodes and Sheldon to Wayne Co.

After a unanimous vote of thanks to the representatives of other societies for their presence and the interest they had taken in and added to our meeting the society adjourned having had a meeting of unusual interest.

WILLIAM A. HAWLEY, *Secretary*.

OBITUARY.

SMITH.—Died at Bermuda, May 30th, JENNIE K., wife of HENRY M. SMITH, M.D., of New York, aged 28 years.

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Papers were also read from Drs. Bruckhausen of Norwich and Bishop of Lockport. There was also read the report of two cases of scrofulous ophthalmia, cured by high potencies after long resisting allopathic means, and homœopathic treatment with low attenuations, by Dr. Mungler of Oneida County. He also reported the cure of hydrocele in a child, with high potencies. Dr. Wells also gave interesting cases of cures made with the 200th. Dr. Boyce reported an intensely interesting case of purpura hæmorrhagica cured by Phosphorus 200.

The President, Dr. Hawley, delivered the annual address in which he attempted to show how our societies might be made more vital and useful.

The following were elected officers for the ensuing year: W. Henry Hoyt, *President*; J. G. Bigelow, *Vice-President*; W. A. Hawley, *Secretary* and *Treasurer*; A. R. Morgan, B. B. Schenck and H. C. Hubbard, *Censors*. The following committees were appointed by the chair:

Special Pathology and Therapeutics, B. B. Schenck; *Materia Medica*, J. G. Bigelow; *Theory and Practice*, H. C. Hubbard; *Homœopathic Treatment of Surgical Cases*, C. H. Weaver; *Obstetrics*, L. Clary; *Diseases of Females*, R. D. Rhodes; *Epidemics*, H. V. Millar.

Dr. A. R. Morgan was appointed to deliver the address at the semi-annual meeting.

Delegates to other societies: Drs. Hoyt and Millar to Oneida Co., Drs. Bigelow and Morgan to Oswego Co., Drs. Clary and Hubbard to Cayuga Co., Drs. Rhodes and Sheldon to Wayne Co.

After a unanimous vote of thanks to the representatives of other societies for their presence and the interest they had taken in and added to our meeting the society adjourned having had a meeting of unusual interest.

WILLIAM A. HAWLEY, *Secretary*.

OBITUARY.

SMITH.—Died at Bermuda, May 30th, JENNIE K., wife of HENRY M. SMITH, M.D., of New York, aged 28 years.

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