

# Journal of Homoeopathics

EDITED BY

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# Journal of Homoeopathics

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No. 1.

## DEPARTMENT OF MATERIA MEDICA.

### DULCAMARA—BITTER SWEET.

A Lecture delivered by Prof. J. T. KENT at the P. G. School.

This medicine seems more especially to affect the mucous membranes of the body than other parts. It appears to have a tendency to establish or ultimate discharges, both acute and chronic.

The Dulcamara patient is disturbed by every change in the weather, from warm to cold, from dry to moist. He is ameliorated in dry, even weather; cold and damp aggravate all the conditions of Dulcamara.

Dulcamara produces intestinal catarrh, catarrh of the stomach, of the nose, of the eyes, of the ears, and inflammatory conditions of the skin with eruptions. Now, if you go through any of these in detail, you will be astonished to find how disturbed is the constitutional state of this patient by weather changes.

It is a medicine wonderfully useful in diarrhoea, at the close of the summer, hot days and cold nights, with changeable stool; diarrhoea of infants. There seems to be no digestion; yellow slimy stool, yellow-green stool, intermingled with undigested food; frequent stool, blood in the stool and quite a mass of slime, showing a marked catarrhal state. This gets better and worse, and better and worse; this gets better under ordinary remedies, remedies that correspond to this state; it will often get better from *Pulsatilla*, because *Pulsatilla* symptoms seem to predominate, and sometimes it is relieved by *Arnica*; but every time the child takes cold, it comes back again, and pretty

soon the physician will begin to realize that he has not struck the remedy belonging to all the symptoms. It is very often an annoying condition, because the symptoms are not recognized until two or three attacks have come.

Now, every year women bring their babies back from the mountains, at the end of the season, and then we get some Dulcamara cases; there seems to be at that time quite a crop of Dulcamara patients. One needs to be in the mountains at the close of the summer season to know what the condition is. If you go into the mountains at such a time, either in the North or West, you will notice that the sun's rays beat down during the day with tremendous force, but along towards sunset if you walk out, a draft of cold air comes down that will chill you to the bone. This will make the baby sick; it is too warm to take the child out in the middle of the day, and so he is taken out in his carriage in the evening; he has been overheated in the house during the day, and then catches this draft in the evening. That is just the way a Dulcamara case is produced. Dulcamara is suitable for conditions that would arise from just such a state. So with an adult who has been out in the heat of the sun and catches the cold draft by night, which means hot days and cold nights, such as occur in the fall of the year, at the close of the summer and coming in of the winter; this intermingling of hot air and cold drafts. You go up towards the foot of the hills after a hot day, you will walk through a stratum of air that will make you perspire and the next minute a cold air that will make you want your overcoat on, and then again a stratum of hot air and so on. Such a state will bring out a sweat and then again suppress it. The symptoms that come from Dulcamara seem to be like symptoms that arise from just such causes. And we are free, then, to infer from such an experience that Dulcamara cures these cases. I have been puzzled in times past over these babies that have been brought home from the mountains, and have prescribed upon the visible symptoms, until I thought about the matter carefully and figured it out that they had come from these hot and cold regions. Babies have to be hurried home at times, because of the diarrhoeas that cannot be cured in the mountains, but a dose of Dulcamara will enable them to stay there and live right in that same climate. If they have a dose of Dulcamara it fortifies them against the continual taking of cold.

Now, regard it in another of its spheres. There are people in a certain kind of business that really constitutes a Dulcamara state. Suppose we look at our ice-cream men; in a cold room they are handling ice; the summer weather is hot, they must go out and take some of the heat, and then they go back into their cold rooms and handle the ice. I have seen these things and have had occasion to follow them out. These men are subject at times to bowel troubles, and other catarrhal affections, but generally to diarrhoeic affections. Their business cannot stop because it is their means of living. Dulcamara cures such chronic diarrhoeas when the symptoms agree. *Arsenicum* is a medicine that would be suitable for such patients if the symptoms agreed, but the symptoms at times agree with Dulcamara, for that is the nature of the remedy, to take cold from cold, damp places, from suppressing a sweat, from going out of a hot atmosphere into an ice house, into icy rooms, into cold rooms; in this climate such complaints as come on from over-exertion, over-heating, and then throwing off the clothing and becoming chilled, suppressing the sweat; fevers may come on, aching in the bones, trembling with the aching, trembling in the muscles, and as the fever goes on, he is in a distressed state, cannot remember, forgets what he was about to speak of, forgets the word that would naturally express his idea, and he enters into a dazed state, a state of confusion. It suits these colds that have this sluggish circulation of the brain, with trembling and chilliness, coldness as if in the bones.

Dulcamara is full of rheumatism, full of rheumatic pains and aches, sore and bruised all over; the joints are inflamed, become red, sensitive to touch and are swollen. It is suitable in cases of inflammatory rheumatism, due to suppressed perspiration, induced by changing from a high to low temperature, or from cold, wet weather.

Now, it has many old chronic complaints. A catarrhal condition of the eyes, purulent discharges, thick, yellow discharges, granular lids; eyes become red every time he takes cold; "every time he takes cold it settles in the eyes," is a common expression of the patient. The patient will often ask the question, "Why is it, Doctor, that every time I take cold it settles in my eyes?" "What kind of weather brings on your cold?" "Well, if I get into a cold atmosphere, or take off my coat after being heated, I have to look out." If it becomes cold in the night and he has thrown the clothes off, he takes

cold, or, if a cold rain comes on, he takes cold and then has these sore eyes. Such eyes are very often effectually cured by Dulcamara. As to the eye itself, it is only an ordinary catarrhal state, but the manner in which it comes on is the important thing. That is the nature of the patient to have sore eyes whenever he takes cold ; it belongs to some other remedies as well, but this one particularly.

Now, Dulcamara has also catarrhal discharges from the nose, with bloody crusts; blowing out thick, yellow mucus all the time. In infants and children who have snuffles, they are always worse in cold, damp weather. When the patient says: "Doctor, in cold, damp weather I cannot breathe through my nose; my nose stuffs up;" or, "I must sleep with my mouth open." Dulcamara is a very useful remedy to know in catarrhal cases that always stuff up when there is a cold rain.

Especially in the fall is Dulcamara useful. It is markedly an autumnal remedy. The Dulcamara patients go through the summer very comfortably ; their catarrhal conditions to a great extent pass away; the warm days and warm nights, because of the even temperature, seem to agree with them, but as soon as the cold nights come on and the cold fall rains come, all their difficulties return; there is an increase of the rheumatism and an increase of the catarrhal discharges.

This medicine has been used a long time by our mothers. They used to make ointments out of Dulcamara. You will find that the old ladies, in almost any rural district in which Dulcamara grows, gather it and make it into\* a salve for ulcers. Well, it is astonishing how soothing it is when applied externally to smarting wounds, whether in solution or salve, or any other way. But it is a better medicine, of course, when indicated by symptoms of the constitutional state; it is a better medicine if used internally. It produces ulcers and tendency to ulceration of the mucous membranes and a condition of the skin that will become phagedenic and spread. Sometimes it starts as nothing more than an herpetic eruption, but it spreads and finally yellow pus forms and then the granulations that should come, do not come; an eating condition which we call phagedenic appears and the surface does not heal. Especially along the shin bone, where the skin is thin, there will be raw places, which even extend to the periosteum, to the bone, producing necrosis and caries; so we have

affections of the mucous membranes or skin, first becoming vesiculated and then breaking open and eating. It is especially related to very sensitive, bleeding ulcers with false granulations, phagedenic ulcers. This is not generally known ; it is a matter of experience with those that have watched this medicine; and again, strange to say, *Arsenicum*, which I have already mentioned once or twice, has this state. *Arsenicum* leads all other medicines in the books for ulcers that eat, phagedenic ulcers. *Arsenicum* is a typical remedy for spreading sores, for spreading ulcers and especially those that come from a bubo, that has been opened and will not heal. *Arsenicum* is especially useful, but Dulcamara might be also if that strange state occurred.

Another feature of this medicine is its tendency to throw out eruptions over the body. It is a wonderfully eruptive medicine, producing vesicles, crusts, dry, brown crusts, humid crusts, herpes. Dulcamara produces eruptions so nearly like impetigo that it has been found a useful remedy in that condition, *i. e.*, multiple little boil-like eruptions ; it produces little boils, and the boils spread. Enlargement and hardness of the glands. Eruptions upon the scalp that look so much like crusta lactea that Dulcamara has been found a very useful medicine for this. Extreme soreness, itching, and the itching is not relieved by scratching, and the scratching goes on until bleeding and rawness take place. Eruptions that come out upon the face, upon the forehead, all over the nose, but especially on the cheeks, which become completely covered with these crusts; crusta lactea or eczema of infants. Children only a few weeks old break out with these scalp eruptions, and Dulcamara is one of the medicines that you will need to know in order to cure crusta lactea. It is about as frequently indicated as any of the medicines. *Sepia*, *Arsenicum*, *Graphites*, *Dulcamara*, *Petroleum*, *Sulphur* and *Calcarea* are about equally indicated, but of these, in this climate at least, I think *Sepia* is probably more frequently indicated.

Now, all of these catarrhal symptoms, the rheumatic symptoms, the eruptions upon the skin, are subject to the peculiar aggravations of the constitutional state. No matter what the symptoms are, the constitutional state is worse in cold, damp weather; worse where the weather is going into the fall; the cold, damp nights.

" Catarrhal and rheumatic headaches in cold, damp weather." Now, something might be said about that. When the headache is the main trouble, the catarrh takes a different course from what it does when the

catarrh is the principal ailment. There are two ways in which that conducts itself. In some Dulcamara patients, whenever he takes cold from the cold, damp weather, he commences to sneeze, and to get a coryza, and soon comes a copious, thick, yellow flow from the nose. This is one Dulcamara state. On the other hand, Dulcamara has a dry catarrh in its first stage, and a fluid catarrh only in the second stage. It has both these conditions in man. One who is subject to headaches, to Dulcamara headaches, has the dry catarrh ; whenever he takes cold instead of the usual catarrhal flow with it, he at first sneezes and then feels a dryness in the air passages, a slackening up of the usual discharge, which would give him relief, and then he knows that he must look out, for along will come the neuralgic pains, pains in the occiput, and finally over the whole head. Congestive headaches, with neuralgic pains and dry nose. Every spell of cold, damp weather will bring on that headache. The catarrh is not always acute enough for him to pay any attention to it. He does not say very much about it to his doctor. The Dulcamara headache is very severe, is accompanied by tremendous pains, and he may go to the doctor with the idea only of getting rid of the headache, but it is a catarrhal state that is suppressed, that has slackened up, and the nose becomes dry. As soon as the flow starts up, his headache is relieved. Then headache of this catarrhal kind that comes on from every cold, damp spell, or from getting overheated, from getting in a cold draft after being overheated, or getting overheated with too much clothing, and then throwing the coat off, will also belong to the Dulcamara state.

A form of eruption that is very likely to be a Dulcamara eruption is the ringworm, herpes circinatus. It comes sometimes upon the face and scalp. Children sometimes have ringworm in the hair. Dulcamara will nearly always cure these ringworms in the hair. Circular herpes, annular, ring-like.

The eye symptoms I have described.

The Dulcamara child is very susceptible to earache.

"Coryza dry, relieved by motion, worse during rest, and renewed by the slightest exposure, and worse in cold air." Some coryzas you will learn cannot tolerate the warm room, and others want a warm room. The Dulcamara coryza is worse going out in the open air. The *Nux Vomica* coryza is better in the open, cold air. The patient feels much aching distress in the nose. The *Nux Vomica* patient

ordinarily wants warmth and warm air and a warm room, but with the coryza he is the very opposite; he wants motion in the open air, he looks for cool air, for it relieves the distressing sensation. In the warm room there is a tickling sensation in the nose, and the nose will drip, night and day. The *Nux Vomica* coryza is worse in the house, and worse in the night, and worse in the warm bed, so that the discharge will run all over the pillow. In Dulcamara it is more fluent in the house, in the warmth, and less fluent in the cold air and in a cold room. With the Dulcamara coryza, if the patient should go into a cold room where there is no fire, pain will commence in the nasal bones and he will begin to sneeze, and water will be discharged from the nose. That very state would relieve a *Nux Vomica* patient. *Allium cepa* is made worse in a warm room ; like *Nux Vomica*, is better in the cold, open air. Commences to sneeze as soon as he gets into a warm room. So that we see the meaning of such things, the necessity to go into particulars and examine every case.

Here is a state that you will often find in the fall of the year, somewhere about August 20th. They sometimes call it hay fever. Every year as the nights become cold, and there is cold, damp weather and fall rains, he has a stuffing up of the nose with constant sneezing and wants the nose kept warm. I have known these cases at times to sit in a warm room with cloths, wrung out of hot water, clapped over the face and nose to relieve the distress, the catarrhal state of the eyes and the stuffing up of the nose. Heat relieves the stuffing up of the nose. These patients can sometimes breathe with these hot cloths over the nose, but if they go out into the night air, or a cold place, and especially if there is a damp, fall rain, they suffer tremendously. Now, other cases of hay fever suffer during the day, and "they go to as cold a place as they can find, and are even driven to the mountains for the sake of finding a cool place. These things are indicative of a state of the constitution; the state gives out signs and symptoms to lead the intelligent physician to cure that state. If that state had no means of making itself known by signs and symptoms, there could be no curing it by our remedies.

" Profuse discharge of water from the nose and eyes, worse in the open air" (if it is cold air) "better in a closed room, on awakening in the morning," etc. The Dulcamara patient is so sensitive to newly mown grass and drying weeds, that he is obliged to absent himself from the

country where these things are found. For hay fever we have especially to look up such remedies as have complaints worse in the fall of the year. There are other conditions that are just as much hay fever, for instance, "rose cold" that comes on in June. There are other conditions that come on in the spring, sometimes cured by *Naja* and *Lachesis*. So that we have to observe the time of the year, the time of the day, night or day aggravations; the wet and the dry remedies, the hot and the cold remedies. We have to study the remedy by circumstances.

The Dulcamara patient often becomes a sickly patient, with threatening of the catarrhal discharges to centre in the bronchial tubes, *i. e.*, in the mucous membrane of the breathing apparatus. Many adults die of acute phthisis that might have been cured by Dulcamara, and you will find very commonly among this class of patients those that are worse from every cold, damp spell of weather. Such enter right into the Dulcamara sphere. They are better by going South where there is a continuously warm climate. The Dulcamara patient is a sickly patient, threatened with acute phthisis; pallid face, sickly, yellow and sallow. This shows that it goes deeply into the life, creating such disorders as are found in very sick patients, *i. e.*, those chronically sick, in persons whose vital economy is so much disordered that it cannot keep the body in good repair.

The throat comes in for its share of trouble. Persons who in every cold damp spell have a sore throat, from getting overheated, throwing off the wraps, getting into a cold place. The Dulcamara patient says: "Well now, I know I am fixed; I am now chilled; I begin to feel hoarseness in my throat." On comes the sore throat; it fills with mucus, with yellow slime; the tonsils become inflamed; even quinsy comes on. Or it may not be the tonsils; it may affect the throat uniformly; it may become red and inflamed and dry at times, and at other times filled with mucus, and at night the throat fills with thick, yellow, tough mucus, which is hawked up in great quantities. Now, these colds that settle first in the nose and throat, post-nasal catarrh, of the very worst sort, gradually creep on until the whole respiratory apparatus is in a state of catarrhal inflammation. Every cold that he takes aggravates his catarrh wherever that may happen to be. If it be in the nose, then the nose is aggravated; if in the chest, then those parts are aggravated. A continual rousing up. Every experienced

physician must have met with many cases where for a time he has felt unable to cope with the case because of his inability to reach the constitutional state that underlies this continual taking cold. So he puzzles away for a long time, and prescribes on the immediate attack and palliates it. For instance, the immediate attack might look like *Belladonna* or *Bryonia*, *Ferrum phos.* or *Arsenicum*, etc.; now, he treats that attack without taking into consideration the underlying constitutional state of the patient. He keeps that patient and it makes him a good deal of business. It is quite a business-like procedure to tinker with these colds, and not give the chronic remedy. It is quite a profitable business for one who has not much conscience and not much intelligence—such a man is a rascal. But a conscientious physician feels worried and knows he is not doing what he ought to do by his patient, unless he reaches out for the remedy which touches the constitution.

There is a form of acute Bright's disease that Dulcamara cures, and I presume you can guess what it is. You can probably now surmise from what we have said of the nature of the remedy, that in cases of Bright's disease following scarlet fever, or from malaria (we do not know what that is, but it is a general term) or in any acute disease that has ended badly, *i. e.*, the patient has been exposed to the cold too soon, and has taken "cold," or from sudden change of weather, damp and cold, the feet commence to swell, there is albumin in the urine, the limbs are waxy, the face becomes waxy and sallow, and there is constant urging to urinate. Dulcamara, with other constitutional symptoms, will fit in and be suitable; it may cure that condition of the kidneys.

In bladder catarrh, where there is a copious discharge of mucus, or muco-pus in the urine; when the urine stands, a thick, purulent sediment, yellowish-white, and a constant urging to urinate; every time he takes a little cold, the urine becomes bloody, the frequency of urination is increased, the urine becomes irritating, the catarrh of the bladder rouses up like a flame; all the symptoms are worse in cold, damp weather, and from getting chilled; better from becoming warm and keeping still. So you see whether it is a catarrh of the kidney or a catarrhal state of the bladder, or an attack of dysentery, or an attack of sudden diarrhoea, every cold spell of the weather brings on an increase of the trouble.

There is another Dulcamara symptom which will often be expressed suddenly in the midst of a lot of other symptoms. After you have been hunting for a long time, the patient will say: "Doctor, if I get chilled, I must hurry to urinate; if I get into a cold place, I have to go to stool, or to urinate." So we see that the symptoms come on when the patient is cold, and are better when he is warm. Any catarrhal trouble of the bladder that is better in the summer and worse in the winter.

In dry, teasing coughs that are winter "colds," that go away in the summer and return in the winter. *Psorinum* has a dry, teasing, winter cough, not a sign of it in the summer. *Arsenicum* has a winter cough, not a sign of it in the summer.

Well, it is a wonderful remedy ! I think by this time you begin to get some idea of it.

"Rash comes out upon the face before the menses." "As a fore-runner of catamenia, with extraordinary sexual excitement, herpetic eruptions." Its "cold" sores are very troublesome. The patients are subject to these "cold" sores upon the lips and upon the genitals. Every time he takes "cold," herpes labialis, herpes preputialis, "Catarrhal ailments in cold, damp weather." "Mammae engorged, hard, sore and painful." "Mammary glands swollen, inactive, painless, itching, in consequence of a 'cold' which seems to have settled in them."

"Cough, from damp, cold atmosphere, or from getting wet." "Cough, dry, hoarse and rough, or loose, with copious expectoration of mucus and dull hearing ; catarrhal fever."

## DEPARTMENT OF HOMOEOPATHICS.

### THE TREND OF THOUGHT NECESSARY TO THE APPLICATION OF THE HOMOEOPATHIC MATERIA MEDICA, OR

A RATIONAL USE OF CURATIVE AGENTS. By

Prof. J. T. KENT.

It is not of the material stone, earth, ore quartz and mineral salts; nor is it of the colors of plants, leaves, buds and flowers; nor of stems and stalks; nor of the chemical and physical properties of

animal substances used, and that the natural eye beholds, *that one should think*.

It is not to the density of platinum, or the whiteness of aluminum, or the yellowness of gold, or the toxic nature of arsenic that one must turn his thoughts.

Think of the nutritive wheat, corn and barley used for foods, and then of the deadly aconite, belladonna and fox-glove; and while thinking of one group as nutritive, and of the other as poisonous, we make no progress. But when we observe that they all grow and thrive in the same atmosphere and in the same soil, and by reflection remember that one builds up and the other destroys man, *i. e.*, one builds up the physical body and the other disorders and destroys the vital force of man, can we but conclude that there is some primitive substance, too subtle to see with the external eye, that becomes the medium of power ? This is the field of action and causes.

These substances of the three kingdoms must be examined, *i. e.*, they must be looked into by the internal eye, and the quality of each must be ascertained.

This does not mean that the internal surfaces of crystal forms must be examined with lenses. Neither the interior of living man, nor living plants, nor the so-called dead, earth elements have ever approximated the visual realm of external man. But the vital test brings a response from the lowest and most inanimate elements as speedily as from the most poisonous plant or most venomous serpent virus, when *circumstances* have turned disordered life into the delicate degrees of *susceptibility* necessary to the homoeopathic conjunction and affinity. To behold the interior of nature with the interior eye, the understanding must have long training and the purpose must be for the use of man; when an apparent *sacrifice* is a work of love one may see, when men and women devote life and property to science simply to benefit the human race. This may be disputed, but only by the unenlightened, who know not the dreadful sacrifices made by the provers of septic poisons, serpent viruses, specific substances and poisonous drugs.

The abstract vital force is, to the untrained understanding, unthinkable, and as all internal examinations are upon this plane, then it must follow that a preparatory training *must* precede the actual examination of the internal qualities of the three kingdoms.

It is not generally known that the three kingdoms exist, as to their interior, in the image of man. Neither is it generally understood what it is to exist in the image of man. It is not even known what man is, nor what the plant kingdom is, and much less what the mineral kingdom is. If all of these statements related to geology, botany and anatomy, they would be presumptuous, as these three sciences are highly cultivated, but they treat of the kingdoms only as to their exterior or material relation. The internal qualities have been left for the homoeopathist, and such an exploration is within the province of homoeopathies.

To discover that man, as to his will and understanding, is capable of extremes, requires only that one shall examine our statesmen, our professional men, our scientists, and then the lowest types in civilized countries and cities. To examine original tribes would not reveal the growth possible to the human race, nor the degradation reached by fallen man. The human race at its highest plane of development is only man. No matter what attainments, what expansion, we see but the possibilities, the capabilities and nobility of man. He is but man and as such is but the image of his Creator. Rise as he may, he does so only within himself, and at his highest he is but himself, and even that is borrowed. So much as he has fallen below this highest point of the human race, and of any man, has he failed to reach his own individual possibilities, or fallen into degradation, so much is he but an image of himself, of man. When he is but the image of himself he profanes himself, and likewise man, and how much more so must he profane God. Look at the animal faces in the degraded streets of our great cities. We see but the degraded form of man. Disobedience, sin and sorrow have brought depravity, and the souls within revel in hatred and crime as much as they will in the land beyond. *This* is not the *real* man whom we see. It is but an image of what each one might be, but *it is* the real of such beings. A misspent life can here be contrasted with the life of usefulness, and the life of hatred with the life of orderly love.

In one *all* to hate, and in the other *all* to love.

In the one despised, in the other beloved.

The one, then, is man with his love for the degrees of uses; the other but an image with his hatred of uses.

In man is heaven ; in his image is hell.

The fullness of man is but his capacity for growth as a receptacle for love, wisdom and use.

The image of man is hatred, ignorance, and to be cared for by local protectors and penitentiaries.

Independence contrasted with dependence.

Freedom contrasted with bondage.

Inconceivable gradations exist between these extremes. These varying shades of changes in man come by inheritance, vocation, opportunity, disease and drugs.

There are no changes possible in man that cannot be produced, caused and aggravated by drugs. Man's, diseases have their likenesses in the substances that make up the three kingdoms. Man himself is a microcosm of the elements of the earth. The earthy elements strive to rise, and do rise through the vegetable kingdom into man, and they strive to equal man; but, as they are not permitted to do so, they appear to degrade man that they may approximate him. Every element and creature below man in the created universe seeks to degrade man, which, however, is only an appearance, by exercising such an influence as will elevate itself at man's expense, as if through jealousy.

We see this emerald quality on all sides. Man's every inferior seeks to belittle him, and in every gradation down through to the lump of aluminous clay we see the tendency to lift up itself by depressing the interior of man in order to make him a brute. So we see that man, with his depressing load, may rise within and become a glory or sink and become a brute. Even his external form in time resembles the face of an animal, but not until long after his internals have assumed the disposition of that brute which he in face most resembles. He grows Godlike in proportion to his struggle against his inherent evils, *i. e.*, his loves mould his face and figure into the image of his real life.

The study of man as to his nature, as to his life, as to his affections, underlies the true study of Homoeopathies. Whether we study him in the cradle of innocence, in the hieroglyphics of Egyptian sandstone, in the cuneiforms of Assyrian clay, in the sculptor's marble, on ancient and modern canvas, in Grecian architecture, in the vocations and trades of modern and recent progress, in the electrical telegraph, in the ships at sea, or the mighty system of railroads that span the

landed universe, we are but viewing the growth, action and qualities of this one, sole object of our attention, viz., man. When we have reached the highest that is of man, and know him in all that he is and can be, then may we begin to study all the gradations down to the lowest image.

Man may be a physician to his equals and inferiors, but he cannot know his superiors in a manner to fully grasp the expanse of that great and glowing vital furnace that melts the metal to fill the moulds of human exigencies. Then the physician must rise to the pinnacle of man's growth; perceive his changes, even to his lowest degradation. The physician must rise above bigotry, prejudice and intolerance that he may see that in man which will furnish the basis of comparison.

A rational doctrine of therapeutics begins with the study of the changes wrought in man. We may never ascertain causes, but we may observe changes. A physician highly trained in the art of observation becomes classical in arranging what he observes. It will hardly be disputed that the changes in man's nature, without an ideal natural man, would not be thinkable. Whether we observe the changes wrought in man through his own will, through disease, or through drug provings upon the registration page, we have but one record to translate, viz., that of changes wherein man has in all cases been the figure operated upon. The record of changes in the abstract is nothing. But when we see in that record the speech of nature, we then see the image or effigy of a human being.

Hahnemann emphasized the symptoms of the mind, hence we see how clearly the master comprehended the importance of the direction of symptoms ; the more interior first, the mind; the exterior last, the physical or bodily symptoms.

SUMMARIZE.

Man.

Disease in general.

Disease in particular.

Remedies in general.

Remedies in  
particular.

The only possible way to conform to the above trend of thought and thereby establish a system of therapeutics, is by proving drugs as

Hahnemann taught. We may now see clearly what is to be understood by proving drugs, and we may define it as that conjunction of the given drug force with the vital force of man, whereby a given drug has wrought its impression upon man in a manner to make changes in his vital order, so that his sensations, mental operations and functions of organs are disturbed. When a large enough number of provers has registered sensations, mental changes and disturbed functions so that it may be said of a drug that it has effected changes *in every organ and part of man and his mental faculties*, then may it be said that it has been proved; not that all of its symptoms must be brought out, but it has been proved sufficiently for use. In other words, its image has been established. It is then known what there is in man that through its conjunction has been brought out. When this particular perfect image of man has been observed fully by a rational physician, the nature of the sickness that this drug is capable of curing may be fully perceived. The danger of using drugs whose properties are known only as related to a single organ must now appear, as a drug is curative, or is a remedy, only because it is capable of producing symptoms on the entire man similar to such symptoms as the man is capable of having. The remedy finds its place in man and develops its own nature; but if it has not in it that which can rise up and so impress man, it could not be capable of developing these symptoms. Man's image is therefore in all elements of plant and earth, and when that susceptibility exists in man then the proving may be wrought; but if that corresponding image is not in man at the time, then man is proof against the drug, except in increasing and larger doses. Such provings exclusively are not desired, as they only impress a single organ with gross symptoms which are so unlike natural disease that a rational physician sees not therein the image of man, and stumbles into the grosser observation of artificial sickness, and is led to the ultimates, viz., pathological anatomy, rather than a rational study of the *Materia Medica*. Many of our provings are wonderfully defective for the above reason. Hahnemann's remedies will stand forever, as they are well-rounded provings from many degrees of strength in drugs and susceptibility.

The examination of an epidemic is in all nothing but the consideration of a similar number of provers. The steps from the whole group to individuals are in all cases the same. The case is as follows:

When a given epidemic, or endemic, comes upon the land, as many cases, most carefully written out, as can be gathered, are to be arranged in the Hahnemannian schema, all symptoms under regional headings, so that the prevailing disease *may be viewed collectively, as a unit, or, as the image of a man*, or as though one man had suffered from all the symptoms observed. The same course of thought applied to a large group of provers will bring the totality of the symptoms before the view as though one man had felt and recorded all the symptoms obtained, and the image of man may then be seen in the totality of the symptoms of the schema. Incidentally this may show the value of Hahnemann's schema. The particular or individual study in the epidemic cannot be properly made until the symptoms are studied collectively, and in this the kind of study is the same as after a proving has been arranged in schematic form in order to ascertain what other remedies and diseases are like it—diseases as to their symptom image, and not morbid anatomy—the same as to remedies as to their symptom image. In this there can be no theory nor theorizing. The record of symptoms is to be considered either in natural disease or in the proving of a drug to ascertain so far as possible all the remedies that are, in general, similar throughout, in their fullness, to this one now under study. Books have been so arranged. *Bell* on *Diarrhoea* is but an anamnesis of nearly all there is in the *Materia Medica* on diarrhoeas. So must a given epidemic of diarrhoea be formulated by a complete anamnesis of all there is of that prevailing disease, and so must every single case, either in mind or on paper, be presented. Here we see the series to work out our cases by. Every epidemic and every man sick must be so wrought out; first the general and then the particular; remember that the particulars are always within the generals. Great mistakes may come *from going too deeply into particulars before the generals are settled*. An army of soldiers without the line of officers could not be but a mob; such a mob of confusion is our *Materia Medica* to the man who has not the command.

Hahnemann was not able to manage psora until he had completed his long and arduous labors which ended in the anamnesis of psora. After he had gathered from a large number of psoric patients all the symptoms in order to bring before his mind the image of psoric man, he was able to perceive that its likeness was in sulphur, *et al.* Boenninghausen arranged the anamnesis of sycosis which has been

perfected by recent observers. The anamnesis of syphilis must be arranged in this same way by every physician before he can treat it successfully. By this means we may settle in a measure the miasmatic groups. The vast labor that Hahnemann put upon psora, before he discovered that this was the only way, shows how difficult it is to bring before the mind the full image of a prevailing disease. It is many times more difficult to solve the problem and find the similar remedy in isolated diseases and uncommon acute diseases. Boenninghausen's *Repertory of Chronic Diseases* (never translated), is arranged on this plan with symptoms and remedies graded. An experienced eye glances over the repertory and arranges in his mind the anamnesis by singling out the remedies that are suitable to the general image of the disease that he has fully mastered. The expert prescriber has fixed in his mind the image of the sick man before he takes up a book or thinks of a remedy. He masters the sickness before he asks himself what is its likeness.

We must avoid the confusion of mind that often comes from thinking in the old way, not knowing what to call disease, and what to consider as only results of disease. When advocating the above principle, I was once asked how to go about an anamnesis for epilepsy, for Bright's disease, diabetes and other so-called diseases that have been arranged by old nosology. It must be first understood that these so-called diseases are not disease as the homoeopathist thinks, but the results of diseases known as miasms. Psora, syphilis and sycosis are the chronic miasms to be arranged in schematic form, and the arrangement in such form includes all the symptoms of each of the three. Thus we have a foundation to build upon, and all curable cases, if properly studied, will be cured before they become structural. An attempt to arrange a schema for disease results could only fail, as the group worked at is but fragmentary.

A practical illustration comes to us at once when we think of Hahnemann's prevision, inasmuch as he was able to say that Cholera resembled *Cuprum*, *Camphora* and *Veratrum*. This he saw in a general view. When La Grippe comes the natural course to pursue by him who follows Hahnemann will be to write out carefully, as in one schema, the symptoms of twenty cases, more or less, the more the better, and then, after careful consideration *by the aid of repertories*, make a full anamnesis of all remedies, and the ones showing a strong relation

throughout will be the group that will be found to draw from in curing the epidemic. Only occasionally will the physician need to step outside of this group. But no man can predict which one of this group will be required for any single case. But, in time of such hurry, when a large number of sick people must be visited in a day, the physician knowing the constitution of his patrons, much time may be gained in selecting for each sick person, from this group, the remedy he needs. In a large proportion of the cases, the remedy will be found in this group. One will suffer with strange symptoms corresponding to the characteristics of one of the remedies in this group, and another will show forth the demand in like manner for another. As there are no two sick people alike, thus no two persons will give forth an identical display of peculiar symptoms. Though several persons may need the same remedy, each one of the several persons must call for the remedy by virtue of the symptoms peculiar to himself. When all of these features are properly understood, it will be clear to the mind how it is that every prover contributes his portion to the grand image that makes the disease likeness into the image of man.

Now, as like causes produce like effects, and as the causes of natural sicknesses have never been discovered, we can only reason from the effects of natural causes as we reason from artificial causes.

The teaching of Hahnemann, in the Sixteenth Section of the *Organon*, is to the effect that the vital principle cannot be assailed by other than dynamic agencies, or spirit-like agencies. This we must accept as true. To prove that it is not true would require us to prove that scarlet fever, measles, small-pox, and in fact all acute infectious and contagious diseases do assail the economy by other than spirit-like means. With all the instruments of the *scientific* school of medicine, with every effort and ambition, no progress has been made by them to establish their material hypothesis. Therefore Hahnemann's statement must stand as true.

The more dynamic, the greater resemblance to the life force, and *vice versa*. The septic virus is dynamic because it has been vitalized or dynamized in nature's laboratory. It is a product of life operating upon matter, and the most dynamical toxics are animal ferments and ptomaines; no matter how concentrated they exist in a highly dynamic form.

The fluids and substances, ferments, ptomaines, etc., are the viruses, are the dynamic causes of fixed diseases; they are the causes of bacteria in all forms. It is not argued that the microscopical bacterium may not convey the fluid dynamic substance upon its body as perfectly to the detriment and hardship of men as a fly, a dog, or an elephant may. Fluids containing bacteria of well-known disease-producing character may be diluted until the bacteria are no longer found, and that fluid is just as active in its power to reproduce its own kind of sickness as when it was surcharged with microscopical animalculae. Of course there is a difference—the susceptibility must be present in order for the experimenter to contract the disease from the highly diluted virus, while any person may become ill from the concentrated ferment applied to an abrasion or injected hypodermically.

This condition once understood, the *Materia Medica* prover is prepared to consider the difference between the proving of drugs in full strength and in potentized form. But as there are no bacteria in drugs, and as they are as potent sick-makers as ferments, when properly selected, it will be seen at once that it is not due to the bacteria in the concentrated virus, but to the virus itself. It is the life force of aconite, of silica, of virus of septic fluid, and not bacteria that makes man sick.

The susceptible prover catches the disease that flows into him when he proves Cuprum the same as the person who catches cholera when he becomes infected by the dynamis of cholera. He cannot protect himself—or the vital force cannot resist the deranging influence of cholera any better than it can resist Cuprum—if he is susceptible. If he is not susceptible to cholera, he cannot take cholera; if he is not susceptible to Cuprum, he cannot prove Cuprum. But, by increasing the quantity or by changing the quality into quantity, of either, he may, without susceptibility, become sick, but it is not then in the same manner or course as that of natural contagion. Natural contagion and infection are only possible through the susceptibility of man to the noxious cause.

This doctrine seems to be essential to the perfect understanding of the image of man in drugs and diseases. When man has lost his equilibrium, so that he is not protected against deleterious influences, he is but an image of man, as man, in the order of his existence, cannot be assailed by any of the spirit substances that pervade the atmosphere in

which he lives. Even if influenced by concentrated artificial sick-making causes, he does not suffer from the fully-developed image of the disease, as when susceptible, unless he is kept under the influence a long time, as is the case in alcoholic, opium, arsenic and hasheesh subjects. When momentarily affected he soon reacts and becomes himself.

Reflect upon the mental state of the man who has used alcoholic stimulants in great excess for many years. His manhood is gone, he is a constitutional liar, and will deceive in any manner in order to obtain whiskey. It may truly be said he is but an image of his former self, and much more an image of what he might have been. This is no exception. Indeed, every drug is capable of rising in its own peculiar way and making such changes in man as will identify itself in the image of man. There is no disease that has not its correspondence in the three kingdoms.

It is the physician's duty to know that every proved drug contains the image of man, and the likeness of the disease and diseases it can cure. To be able to see a drug in its totality, to see its symptoms collectively as it assumes the human form—not the body, but the character of the man, or his image—must be the end in view in order to use the *Materia Medica* for the healing of the nations.

## DEPARTMENT OF CLINICAL MEDICINE.

This department will be devoted to the reporting and *study* of clinical cases. This last feature should not be overlooked, as every case should be supplemented by remarks bringing forward and emphasizing those things which make it of interest.

A careful study of clinical cases under the sure guidance of doctrine and principle will lead to the discovery of clinical symptoms, which are reliable and therefore worthy of a place in our *Materia Medica*.

Observations which have been made and cures which have resulted from *homoeopathic* prescribing should be available to the profession at large.

We, therefore, solicit any material which may aid us in this work.

## MEASLES.

GEO. M. COOPER, M. D.

During the months of January and February, 1896, there came under my observation some fifty cases of measles. By making a comparative study of the records of all these cases it may be seen that a fair image of the epidemic that was prevalent at the time may be obtained.

Measles is one of the acute miasms whose course is less liable to variation than any of the other contagious diseases; yet there is something characteristic of each epidemic that distinguishes it from all others. In proportion as the epidemics differ, so do the epidemic remedies differ, and they have to be selected and studied for each epidemic that comes under consideration for treatment.

Certain rules are laid down for the study of these cycles of disease. When an epidemic is upon us we begin our observations; the first few cases that spring up do not fully represent the disease; only a fragment of it is there. We carefully convey what there is to paper and wait for more. After twenty or thirty cases have developed the true nature of the epidemic becomes manifest. Now, the symptoms noted in the individual cases should be combined into one, placing them in order under the various regions of the body; mind under mind, head under head, etc. This gives a condition *as* if one individual had felt all the symptoms and represents the totality of the disease. The next step is to note those symptoms common to each patient, and these form an essential part of the epidemic; they are the pathogno-momic symptoms which show us the way this one epidemic is affecting the human race.

Following this plan in the cases of measles under consideration, the picture would be as follows :—

*Mind*.—A mental condition of irritability ; patient is cross, peevish, fretful; asks for things but when they are produced refuses them; does not want anybody near him; pushes people away if they approach.

*Head*.—Most of the patients were too young to give any subjective symptoms of the head ; many of them would express pain in the head by placing their hand in that region, and this would be especially marked during the cough. Those cases that could express their

symptoms told of a frontal headache four to seven days before they applied for treatment; pain aggravated by the cough.

*Eyes.*—Balls injected ; lachrymation ; yellowish discharge ; agglutination of the lids in the morning; lids swollen ; photophobia; dull, stupid, heavy look from the eyes.

*Nose.*—Epistaxis; thin, watery discharge, bland or excoriating.

*Throat.*—Sore throat.

*Appetite.*—None; refusing things when offered after crying for them.

*Thirst.*—Marked thirst for ice-cold water.

*Vomiting.*—Gagging, and vomiting of thick white mucus with the cough.

*Cough.*—Short, dry, continuous hacking ; strangling, gagging and vomiting at night; crying during the cough and indicating pain by placing hand to abdomen or head.

*Bowels.*—Diarrhoea in most instances; stool thin, yellow, or green and yellow mixed; slimy.

*Sleep.*—Sleepiness during the day; sleepless at night, especially before midnight; talking in sleep, cries, moans, tossing about, throwing covers off.

*Fever.*—Dry heat at night with aversion to covering.

*Motion.*—Dull, drowsy and averse to any motion during day; tossing about at night.

*Eruption.*— On the third or fourth day, profuse, rough and dark red.

The above symptoms represent those common to all patients under treatment.

The next step will be a study of the *Materia Medica* to suit this condition. From the repertory carefully note after each symptom all the remedies belonging to it, and the remedies found to be common to all the cases are the epidemic remedies. They are the remedies that will be found useful in the cure of the greater number of cases in the epidemic, because the very nature of the disease will be found within them.

Working out the above symptoms it is found that the remedies stand as follows: BRY., PULS., Sul., Bell.; less prominent may be mentioned Lyc., Rhus., Phos., Merc. and Chain.

Now the question arises, how are we to individualize? how are we to fit one remedy for one particular case? Here is where we make use of the particular symptoms which each case must present in order to make it different from some other case. Those things *strange, rare* and *peculiar*, point out one remedy from the epidemic remedies, which will cover the case from all sides and thus the particulars fall in order under the generals in such a harmonious manner that the case appears as something complete and perfect.

After the proper remedy has been found and administered, the process of cure is immediately begun. The eruption) if not already developed, comes out within twenty-four hours, runs a short course and disappears. In the meantime the child is continuously improving; the fever has already subsided and sleep becomes normal; the appetite returns, while the thirst is reduced; the vomiting ceases and the bowel movements become regular and within a short time the cough passes away and the child returns to a normal state, with no sequelae.

As an illustration of this the following cases are subjoined :—

E—O'D—; AET. 8.

January 30th.—Frontal headache for a week. Dry, hacking cough, with vomiting. Pains in arms and chest, catching on deep inspiration. Thirst. Chilly. Wants to lie down all the time. Fretful, peevish; always wanting something. Flushes of heat to face, which becomes red. *Bryonia*, 10 m., one dose. The mother reported the child in four days as having slept well the night after taking the medicine; the eruption developed fully and the improvement progressed to a cure.

A—P—; AET. 6.

January 26th.—Cough; croupy at night; accompanied by pains in abdomen. Fever; wants to be uncovered. Sore throat on swallowing. Thirst. Wants to lie quietly all the time. Talking in his sleep. *Bryonia*, 71 m., one dose. The next day reported the eruption developed during the night; the fever was less and improvement followed.

J—B—; AET. 7.

January 9th.—Soreness of throat a few days ago, which left the throat and settled in left ear, which has become very painful. Dry cough. Eyes; upper and lower lids puffed, conjunctiva injected. Left cheek flushed,

right one pale. Thirst, marked for small quantities of cold water. Irritable, asks for various things and wants them at once. Every noise troubles; aggravated from light. Appetite, none. Eruption but scantily developed. *Chamomilla*, 50 m., one dose. The eruption developed profusely the next day over the whole body, and entirely disappeared within two days. Pains were all gone, with general improvement all over. After one week the child began to complain of great pain in his left ear again ; also some pain in left chest. Face very pale. As *Sulphur* had been his chronic remedy some months before, he was given a dose of *Sulphur*, 55 m., which relieved the pain in his ear at once. He developed a sty on his left lower lid, and the whole case was cleared up at once.

The above examples show with what simplicity a case is handled under proper treatment, but quite a different picture is presented after the child has been under Old School drugging for a few days. Such a case was the following:—

J—G—, AET. 10.

February 7th.—The child has been under Old School treatment since the development of the eruption a week ago; at the same time the mother was adding to the difficulty by a liberal dosing with home remedies. Cough; a continuous, dry, hacking cough, roused up into severe spells at times, when the child would strangle and become red as blood in the face. Sleep, scarcely any for several days or nights; what sleep it did get was filled with moaning, groaning and restlessness. Bowels loose, stool yellow; dark, black mucus; five to six stools daily; stool with the cough. Passes much flatus which relieves. Vomiting, phlegm. High fever. Will not lie in bed, must be carried, better when moved about. Extremely irritable. General aggravation in the afternoon about 4.30 o'clock. *Lycopodium*, 43 m. one dose. Three days later the mother reported the child as improved all over; cough less; stool, green mucus ; less irritable ; does not have to be carried ; less fever and thirst. The next day the child was brighter than any day since taken sick and a permanent cure quickly followed.

The value of *Lycopodium* is repeatedly displayed in those cases where a favorable termination does not quickly take place, and the trouble seems to creep into the finer bronchioles and a severe catarrhal

process is set up in the chest. It shows its anti-psoric properties by going deeply into the case and making a radical change in the economy, whereby resolution takes place. As an example I add the following case:—

C—S—,AET. 3.

January 18th.—The child had been brought for treatment for a chronic condition, about three weeks before contracting the measles, and had been put on a chronic remedy. Vomiting, nose-bleed, fever, thirst. *Sac. Lac.* 19th. Vomiting, green ; vomits all food as soon as eaten. Eruption all over the body. *Sac. Lac.* 21st. Vomiting continues. Eyes : thick, sticky discharge. Tongue, dirty. *Sac. Lac.* 23d. Sleep, poor, flighty. Thirst, every five minutes for a swallow of water. Eruption, profuse. Bowels, no stool for two days. Urine, scanty. Appetite, asks for food, but refuses it. *Sac. Lac.*

The child was kept on *Sac. Lac.* because it so recently had had a chronic remedy, it was thought the acute trouble would terminate of its own accord.

Nothing more was heard of the child until the 27th, when a visit to the house found it had gradually been growing worse. Its symptoms at this time were: Respiration, jerky, rapid, labored, short; aggravated at night; waving of the *tealae nasi*. Cough, short and loose, continuous. Sleep, poor, restless; rolls head from side to side; better before midnight. Cross, can't bear to be looked at; pushes people away if they approach him. Frowns. Eyes nearly closed. Lies quietly on the bed during the day, but is restless towards evening and during the night. Eruption has disappeared from the body, but the face remains dry, scaly and rough. General aggravation about 3 to 4 P. M. *Lycopodium*, 43 m., one dose. The next day the child ate half a cup of soup for dinner with relish. The following day, general improvement; breathing easier, sleep good, thirst less, cough decreased, appetite returning. Three days later reported improved in every way; appetite ravenous; cries for food at night. This case progressed nicely to a cure in a few days.

A CASE OF DIPHTHERIA  
HARVEY FARRINGTON, M. D.

Ethel D—, age, five years; auburn hair, blue eyes, fair skin. She had been ailing for three or four days. Her symptoms, first

apparently those of an ordinary "cold" in the head, later showed signs of sore throat, at which the mother was alarmed and sent for the physician. In the meantime someone in the house who "had once studied medicine," gave tincture of aconite because there was fever, and obtaining no result followed this with tincture of belladonna, because the fever continued, the face was red, and the tongue was covered with a white coating, through which red papillae could be seen. On January 18th the little girl presented the following symptoms : Nose stopped up and discharging yellowish, albuminous mucus. Fever, especially at night, with flushed cheeks. Tongue heavily coated, dirty, brownish. Foul breath. Both tonsils swollen, bright red and overlaid with yellowish-white patches of exudate. No history could be obtained as to which side had been first attacked, for she complained of only slight inconvenience in swallowing, and had it not been for the foul breath, the mother would probably not have examined the throat at all, and would have postponed sending for the doctor. One or two of the cervical glands on the right side were swollen. As there seemed to be no immediate necessity for prescribing, *Sac. Lac.* was given in water every hour, and the case allowed to develop. A culture examined in the Laboratory at the City Hall, showed bacilli, proving that the case was one of true diphtheria.

Next day the little patient seemed brighter, though the aspect of the throat remained about the same, except that the patch of exudate on the left tonsil was somewhat larger than at the previous visit. A slight cough had developed. There was still but little pain on swallowing, but she preferred warm drinks to cold. A thin yellow coating was noticed on the posterior wall of the pharynx. A long series of cross-questioning failed to elicit further information. *Sac. Lac.* was continued. On the following day there was a change for the worse. The belladonna had simply palliated for the time being and now the little girl was sinking. The fever had returned. There was considerable prostration. The slight cough during the night had developed a metallic, croupy sound, and with the accompanying aphonia, showed advanced laryngeal involvement. Yellow hydroae had formed and coalesced on the tip of the nose and edge of the upper lip, looking almost as if the membrane itself were growing there. This was at noon. The child evidently could not survive another night, and something had to be done. Yet in view of so few symptoms it was

thought best to wait a few hours more. The amelioration from warm drinks, the formation of the exudate from above downward, from the nasal cavities to the pharynx, and the slightly more marked involvement of the right side pointed toward *Lycopodium*, but the mental state of the little patient seemed to contraindicate. She had been throughout mild and docile, allowing her throat to be examined without any resentment on her part, and her mother averred that this was her usual mood. However, she awoke from a nap in the afternoon cross and irritable, and in addition to this the urine was darker, more turbid and offensive. This completed the picture for a remedy. *Lycopodium*, 43 m., was given in water, five doses of a teaspoonful each, and at intervals of fifteen minutes, to obtain rapid action. The result was almost immediate. She soon dropped off into a sound sleep, waking and coughing a little at 1 A. M., and again sleeping till 5, when she roused up with a nose-bleed, profuse but of short duration. She was brighter and even wanted to get up. The urine was clearer and lighter in color. The tongue less markedly coated. The cough looser and not so metallic, continued all day, growing worse at 5 P. M., and more subdued after 9 p. M., showing the afternoon aggravation which had not been brought out before. The following morning showed still greater improvement, especially in the throat and mouth, but the aphonia persisted, and speaking above a whisper was impossible. The vesicles in the face had dried up into black crusts, evidently preparing to drop off. In the afternoon the cough again grew worse and several pieces of disorganized membrane were expectorated. From this period on the record shows steady convalescence, and on January 27th, the ninth day after the first visit, her throat was entirely healed, and only a small speck of white remained on the right tonsil. The voice was still a husky whisper, but grew clearer day by day. February 8th she was discharged cured.

General conditions are, of course, the surest guides in the selection of a remedy, for they indicate the very nature of the case, and modify all the particulars collated under them. But in a case of diphtheria, like the one here presented, with insidious onset and few general symptoms of use to the prescriber, we are obliged to place almost sole dependence upon the local conditions. In such nondescript cases *Lachesis*, *Lycopodium* and *Mercurius* are probably the chief remedies

that commend themselves for consideration. *Lachesis* with its left-sided involvement with tendency toward the right, *Lycopodium* with the opposite direction of progression, and *Mercurius* when there is much *fetor oris* and the well-known aspect of mouth and throat. But *Lachesis* holds an antipodal relation to *Lycopodium* in other respects than that of direction. The dark, purplish throat is greatly swollen, but the extreme hypersensitiveness of the parts, internally and externally, seems greater than the amount of inflammation would warrant. The *Lachesis* patient is greatly distressed by "empty swallowing," though less so by swallowing fluids, unless it be warm fluids and still less by the deglutition of solids which often temporarily ameliorate. Warm drinks greatly aggravate the pain and nearly choke the patient. *Sabadilla* and *Rhus* are sometimes indicated in diphtheria, where the left side is involved, but both are better from warm drinks, and we would never think of *Rhus* if its characteristic restlessness were wanting. *Lycopodium*, too, is intolerant of cold drinks, craves everything warm, and again the reverse of *Lachesis*, the pains are surprisingly mild in comparison to the amount of inflammation present, as was demonstrated in the case just considered. But these two remedies, so opposite in many respects, have much in common, and often complement one another.

The practitioner who endeavors to find the simillimum in this class of cases, laying aside the easier routine of prescribing Belladonna and Permanganate of Potash, or the injection of that fad, antitoxin, will be amazed at the small percentage of death certificates he has to sign.

#### EDITORIAL.

The Faculty of the P. G. School had no desire to publish a medical journal, but the hundreds of urgent appeals that came in have caused it to accept the duty, and it has placed upon the shoulders of the Editor the responsibility of the work. However, in undertaking the task he fully realizes its impossibility but for the able workers in the Faculty of the school who stand ready to do all in human power. Now that the work has begun, it shall continue regardless of expense or profit. The JOURNAL will continue so long as wanted.

All who are interested in the progress of the P. G. School and in efforts to teach *pure homoeopathy* will be delighted in the prosperity of

this journal. All who think more of selfish ends, or who are willing to have homoeopathy thrive so long as its thrift redounds to their own purposes, will not rejoice in our prosperity, but will hold up their voices, pen and influence to impede our progress. They will be known by their actions. To the many friends who have spoken and written words of encouragement we are truly grateful. With the few enemies who have for so many years attempted to block the progress of the school work, of which this is but a continuation, we desire to effect no compromise. We shall not meet the opponent of truth half way. The JOURNAL will teach pure homoeopathy only. The P. G. School was established to demonstrate that *pure homoeopathy* is all that is desirable in the management of the sick, and to cultivate new methods to attain that end, and such are the purposes of the JOURNAL. To inculcate the homoeopathic principles, and the homoeopathic Materia Medica as applied to all branches of healing, this journal will ever be on the alert. With a large number of able assistants and with the great volumes of clinical reports, which will be published with extensive comments, the *Clinical Department* will prove a mine of great wealth.

#### SCHOOL NEWS.

##### WOMAN'S AUXILIARY.

As a result of the constantly increasing work of the Dispensary of the Philadelphia Post Graduate School of Homoeopathies and the financial stringency, compelling the few who had heretofore supported the work to curtail their contributions, it was found necessary to create some new and reliable source to supply the funds to continue the dispensary.

For this purpose the women connected with the dispensary work, together with a few of their friends, have organized a Woman's Auxiliary of the P. P. G. S. of H., with the avowed object "to raise funds for the support of the dispensary and disseminate a knowledge of its use."

The organization is as yet small in numbers, but hopes to attain a large membership. It solicits contributions from all interested in establishing Homoeopathy in the land, and invites all women interested in the work to send their names with application for membership.

## DISPENSARY REPORT.

The Dispensary of the Post Graduate School has completed its sixth year of work, and shows the following record for the year 1896. In addition to the regular clinicians, this work has kept two, and in the latter half of the year three resident physicians almost constantly busy. The records of the patients treated since the work was begun are kept carefully filed in alphabetical order, and all such when they return, even after one, two, or more years, are considered old patients; hence the enormous number, *two thousand* new patients, includes only those who had never received treatment at the Dispensary before, at any time.

Report of the Dispensary of the Philadelphia Post Graduate School of Homeopathics for the year 1896;—

Clincs.	Old Patients.	New Patients.	Total.
Dr. Kent, January to July.....	175	42	217
Pierce, January to July.....	213	83	296
Saylor, July to December.....	518	134	652
Thacher.....	1,397	325	1,722
Stankowitch, January to September.....	597	124	721
Ives (7-8 P. M.).....	2,651	193	2,844
Ives (4-5 P. M.).....	2,197	299	2,496
Gladwin.....	3,071	283	3,354
Loos.....	908	197	1,105
Reger.....	147	82	229
Cooper, June to December.....	521	83	604
<b>Total.....</b>	<b>12,295</b>	<b>1,845</b>	<b>14,140</b>
Visits.	Old.	New.	Total.
Dr. Ives.....	210	4	214
Cooper.....	1,088	138	1,226
Loos.....	154	8	162
Stokes, January.....	22	1	23
Farrington, May to December.....	1,112	40	1,152
Jackson, January to March.....	52	3	55
Hanlon, January.....	56	5	61
Cameron, May to December.....	735	51	786
Houghton, January to May.....	60	20	80
Fleagle, May to July.....	40	2	42
Lewis.....	308	30	338
Howland.....	196	13	209
Stankowitch, January to July.....	91	8	99
Miscellaneous.....	249	1	250
<b>Total.....</b>	<b>4,373</b>	<b>324</b>	<b>4,697</b>
<b>Grand Total.....</b>	<b>16,668</b>	<b>2,169</b>	<b>18,837</b>
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## BOENNINGHAUSEN SOCIETY.

Since the opening of the Post Graduate School, the school building has been the place of meeting of the *Philadelphia Organon and Materia Medica Society*. This society has had a varying membership from year to year, and recently, for various reasons, the meetings have been failing in interest. At the February meeting, the Organon and Materia Medica Society was adjourned *sine die*, and a reorganization effected, under the name of the *Boenninghausen Society*. This newly-organized society adopted the constitution, customs, etc., of the former *Organon and Materia Medica Society*, and will continue to meet on the first Monday of each month. The present membership includes those who are interested in the study and perpetuation of pure Homoeopathy, and it is expected the meetings will be full of interest and enthusiasm.

BUSINESS DEPARTMENT.

BUSINESS DEPARTMENT.

We take this occasion to thank our many friends for the hearty support and untiring efforts in the cause of Homoeopathy.

It has often been said to us, in substance, " Why not Rive all support to the journals now before the profession? " We take this occasion to answer these friends of pure Homoeopathy:—

*First.*—There were many desiring just such a journal as we purpose to give you : one devoted exclusively to higher homoeopathy.

*Second.*—Dr. Kent's grand work in the Post-Graduate School was not properly presented to the profession, and could not be in a journal not exclusively under the management of those associated with him.

We are aware that many worthy journals have preceded this one—and now are no more. Let us hope that our friends will use every effort to increase our circulation and we will do our part towards permanency. There will be no clerk hire, office rent nor salaries to pay, thereby reducing the expense.

A contract has been made for printing a year's numbers. We have started out to succeed, and rest assured that it will take more than one, two or three years of reverses to cause us to abandon an enterprise that is to place before Homeopathy for all time material that it cannot afford to do without.

We have enthusiastic supporters on every continent and cannot afford to disappoint them. Let each do his or her part, and Homoeopathy will be the better for your efforts.

Many who are not subscribers will receive this number, and should such desire to have it sent to them each month, they will find inclosed an order to be returned with \$2 for twelve numbers. You will not receive the next number unless you request us to send it.

W. I). GORTON,

*Western Business Manager,*

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## DEPARTMENT OF MATERIA MEDICA.

### SULPHUR.

Lectures delivered by Prof. J. T. Kent at the P. G. School.

#### I. GENERALS.

Sulphur is such a full remedy that it is somewhat difficult to tell where to begin. It seems to contain a likeness of all the sicknesses of man, and a beginner on reading over the proving of Sulphur might naturally think that he would need no other remedy, as the image of all sickness seems to be contained in it. Yet you will find it will not cure all the sicknesses of man, and it is not well to use it indiscriminately any more than you would any other remedy. It seems that the less a physician knows of the Materia Medica the oftener he gives Sulphur, and yet it is very frequently given, even by good prescribers; so that the line between physicians' ignorance and knowledge cannot be drawn from the frequency with which Sulphur is prescribed by them.

The Sulphur *patient* is a lean, lank, hungry, dyspeptic fellow with stoop-shoulders, yet many times it must be given to fat, rotund, well-fed people. The angular, lean, stoop-shouldered patient, however, is the typical one, and especially when he has become so from long periods of indigestion, bad assimilation and feeble nutrition. The Sulphur state is sometimes brought about by being long housed up and adapting the diet to the stomach. Persons who lead sedentary lives, confined to their rooms in study, in meditation, in philosophical inquiry, and who take no exercise, soon find out that they must eat

only the simplest foods, foods not sufficient to nourish the body, and they end up by going into a philosophical mania.

There is another class of patients in whom we see a Sulphur appearance in the face: dirty, shriveled, red-faced people. The skin seems to be easily affected by the atmosphere, lie becomes red in the face from riding in the air, both in very cold and in damp weather. He has a delicate, thin skin, blushing on the slightest occasion, *always red and dirty looking*, no matter how much he washes it. If it be a child, the mother may wash the face often, but it always looks as if it had been perfunctorily washed.

Hering, I think it was, who called the Sulphur patient " *the ragged philosopher.*" The Sulphur scholar, the inventor, works day and night in threadbare clothes and ragged hat; he has long, uncut hair and a dirty face; his study is uncleanly, it is untidy; books and leaves of books are piled up indiscriminately; there is no order. It seems that Sulphur produces this state of disorder, a state of untidiness, a state of uncleanness, a state of "don't care how things go," and a state of selfishness. He becomes a *fake philosopher*, and the more he goes on in this state the more he is disappointed because the world does not consider him the greatest man on earth. Old inventors work and work and fail. The complaints that arise in this kind of case, even the acute complaints, will run to Sulphur. You take such a patient and you will notice he has on a shirt that he has worn many weeks ; if he has not a wife to attend to him, he would wear his shirt until it fell off from him.

Cleanliness is not a great idea with the Sulphur patient; he thinks it is not necessary. *He is dirty*; he does not see the necessity of pulling on a clean collar and cuffs and a clean shirt; it does not worry him. Sulphur is seldom indicated in cleanly people, though sometimes you will need to give it in these cases; but it is commonly indicated in those who are not disturbed by uncleanness. When attending the public clinic I have many times noticed that after Sulphur an individual begins to take notice of himself and puts on a clean shirt, whereas his earlier appearances were in the one same old shirt. And it is astonishing how the Sulphur patients, especially the little ones, can get their clothing dirty so fast. Children have the most astonishing tendency to be filthy. Mothers will tell you of the filthy things that little ones will do if they be Sulphur patients. The

child is subject to catarrhal discharges from the nose; the eyes, and from other parts, and he often eats the discharges from the nose. Now, that is peculiar, because offensive odors are the things that the Sulphur patient loathes. He is *oversensitive to filthy odors*, but filthy substances themselves he will eat and swallow. He becomes nauseated even from the odor of his own body and of his own breath. The odor of the stool is so offensive that it will follow him around all day. He thinks he can smell it. Because of his sensitiveness to odors he is more cleanly about his bowels than anything else. It is an exaggerated sense of smell. He is always imagining and hunting for offensive odors. He has commonly such a strong imagination that he smells the things of which he has only a remembrance.

The Sulphur patient has *filthiness* throughout. He is the victim of *filthy odors*. He has a filthy breath; he has an intensely foetid stool; he has filthy-smelling genitals, which can be smelled in the room in spite of his clothing, and he himself smells them. The discharges are always more or less foetid, having strong, offensive odors. In spite of constant washing the axillae give out a horrible pungent odor, not unlike that found in the colored race, which is proverbially strong and offensive, and at times the whole body gives off an odor like that coming from the axillae.

The *discharges* of Sulphur from every part of the body, besides being offensive, are *excoriating*. The Sulphur patient is afflicted with *catarrhs of all mucous membranes*, and the catarrhal discharges everywhere excoriate him. Often with the coryza the discharge excoriates the lips and the nose. At times the fluid that remains in the nose smartens like fire, and when it comes in contact with the child's lip it burns it raw, so acrid is it; almost like the condition under *Sulphuric acid*, so red will be the parts that are touched by it. There is copious leucorrhoea that excoriates the genitals. The thin liquid faeces cause smarting and burning and rawness around the anus. In women if a drop of urine remains about the genitals it will set up burning until it is removed; very often it is not sufficient to wipe it away, it must be washed away to relieve the smarting. In children we find excoriation about the anus and between the buttocks; the whole length of the fissure is red, raw and inflamed from the stool. From this tendency a keynote has been constructed, and not a bad one either, "all the fluids bum the parts over which they pass," which is the same as

saying that the fluids are acrid and cause smarting. This is true everywhere in Sulphur.

The Sulphur patient has all sorts of *eruptions*. There are vesicular eruptions, pustular eruptions, furuncular eruptions, scaly eruptions, all attended *with much itching*, and some of them with discharge and suppuration. . The skin, even without any eruption, itches much, itches from the warmth of the bed and from wearing woolen clothing. Many times the Sulphur patient cannot wear anything except silk or cotton or some such clothing. The warmth of the room will drive him to despair if he cannot get at the itching part to scratch it. After scratching there is burning and smarting with relief of the itching. After scratching or after getting into the warmth of the bed great white welts come out all over the body, with much itching, and these he keeps on scratching until the skin becomes a little raw, or until it burns and smarts, and then comes a little relief of the itching. This process goes on continuously; dreadful itching at night in bed, and, in the morning when he wakes up, he starts in again and the eruptions itch and ooze. There are pustules, pimples and boils. Crops of boils and little boil-like eruptions come out and this makes it useful in impetigo.

This remedy is useful in *suppurations*. It establishes all sorts of suppurating cavities, little abscesses and big abscesses: abscesses beneath the skin, in the cellular tissues and in internal organs. The suppurative tendency is very marked in Sulphur. The glands become inflamed and the inflammation goes on to suppuration.

Wherever there is a Sulphur complaint you will find *burning*. Burning runs all through Sulphur. Every part burns; burning where there is congestion ; burning of the skin or a sensation of heat in the skin; burning here and there in spots; burning in glands, in the stomach, in the lungs; burning in the bowels, in the rectum ; burning and smarting in the haemorrhoids; burning when passing urine, or a sensation of heat in the bladder. There is heat here and there, but when the patient describes something especially typical of Sulphur she says: " Burning of the soles of the feet, in the palms of the hands, and on the top of the head." Burning of the soles of the feet will very often be noticed after the patient becomes warm in bed. The Sulphur patient has so much heat and burning of the soles at night in bed that he puts the feet out from beneath the clothes, sleeps with the feet

outside the covering. The soles and palms of the Sulphur patient when examined present a thick skin which burns on becoming warm in bed.

Many *complaints* come on from becoming warm in bed. The Sulphur patient cannot stand heat and cannot stand cold. He wants an even temperature; he is disturbed if the temperature changes much. So far as his breathing is concerned, when he has much distress he wants the doors and windows open. The body, however, he is frequently forced to have covered, but if he is warmly clad he is bothered with the itching and burning of the skin.

As to *lime aggravations*, *nightly complaints* are a feature. Headaches begin after the evening meal and increase into the night, bother his sleep very much; he cannot get to sleep because of the pain. There is nightly aching and nightly thirst; nightly distress and symptoms of the skin coming on after becoming warm in bed. "Intermittent periodic neuralgia, worse every 24 hours, generally at 12 M. or 12 p. M." *Midday* is another time of aggravation of the Sulphur complaints. It has chills at noon, fevers increased at noon, increase of the menial symptoms at noon, headache worse at noon, and many other features that I do not think now to mention. *Complaints* that come *once a week*, a seven-day aggravation, is another peculiar condition in Sulphur.

It is a common feature for a Sulphur patient to have a peculiar kind of diarrhoea which has been long known as "a Sulphur diarrhoea," though many other remedies have a similar condition, viz: *diarrhoea coming on early in the morning*. The Sulphur diarrhoea belongs to the time between midnight and the time of getting up in the morning, but more commonly the time that he begins to think about rising. The *diarrhoea drives him out of bed*. It is generally thin, watery; there is not much gushing, and it is not very copious, sometimes quite scanty, sometimes yellow faecal. After this morning stool he has, in many cases, no further trouble till next morning. There are many people who go on year after year with this urging to stool driving them out of bed in the morning. The patient I describe suffers a great deal from pain, griping, uneasiness, and burning soreness through the bowels. The stool smarts and burns while it is passing, and all parts that it comes in contact with are made sore and raw, and there is much chafing.

Again the Sulphur patient is a very *thirsty patient*. He is always drinking water. He wants much water.

He also speaks of a *hungry feeling*, a desire for food, but when he comes to the table he loathes the food, turns away from it, does not want it. He eats almost nothing, takes only the simplest and lightest things. There is a craving for stimulants, for alcohol, and an aversion to milk and meat; these latter make him sick and he loathes them. One of the old men invented out of these things the keynote "drinks much and eats little." This is true under Sulphur, but many other remedies have the same thing. As to the use of keynotes I would impress on you that it is well to gather together all the symptoms with their associations. It will not do to place much dependence on one little symptom, or even on two or three little symptoms. The symptoms of the whole case must be considered and then, if the keynotes and characteristics and everything else cause the remedy to be well rounded out and full, and to look like the whole patient, only then is it suitable.

There is *hunger occurring at 11 o'clock in the morning*. If there is any time in the whole twenty-four hours that he feels hungry it is at 11 o'clock. It seems as if he cannot wait for his dinner. There is this also about the Sulphur patient: he is very hungry about his customary mealtimes and, if the meal is delayed, he becomes weak and nauseated. Those that are accustomed to eat about 12 o'clock will have that all-gone, hungry feeling at 11 A. M. Those accustomed to eat about 1 or 1.30 will have it about 12 o'clock. The all-gone sensation is about one hour before the accustomed time of eating.

In a sort of condensed way a strong Sulphur group is this : an all-gone hungry feeling in the stomach at 11 A. M., burning of the soles and heat in the top of the head. These three things have been looked upon as a *sine qua non* of Sulphur, but they are scarcely the beginning of Sulphur.

There is an *unhealthy condition of the skin* in Sulphur aside from the eruptions. The skin will not heal. Small wounds continue to suppurate; abscesses formed under the skin become little discharging cavities with fistulous openings, and these leak and discharge for a long time.

Sulphur produces an *infiltration*, a semi-fibrinous infiltration, in inflamed parts, so that they become indurated and these indurations.

last for years. When the inflammation is in a vital organ, like the lungs, this infiltration cannot always be endured ; it leaves infiltrations after pneumonia called hepatization. Sulphur produces this same tendency in inflamed parts throughout the body and hence its great use in hepatization.

Sulphur is a very useful remedy *when the patient does not react* after a prolonged disease, because of a condition in the economy, a psoric condition. When a patient is drawing near the end of an acute disease he becomes weak and prostrated. The inflammatory state ends in suppuration and infiltrations; the patient is in a state of weakness, much fatigued and prostrated, and has night sweats. He does not convalesce after a typhoid or other acute disease. There is slow repair and a slow, tired economy, and order is not restored after the acute disease. Sulphur often becomes very useful in such conditions. Old drunkards become debilitated and go into a state in which there is a violent craving for alcohol; they cannot let liquor alone. They crave strong and pungent things, want nothing to eat, but want cold water and alcoholic drinks. They go on drinking till greatly exhausted and then their complaints come on. Sulphur will for a while take away this craving for drink and build him up.

The *tissues* seem to *take on weakness*, so that very little pressure causes soreness, sometimes inflammation and suppuration. Bed sores come on easily in a Sulphur patient as there is feeble circulation. *Induration from pressure* is also a strong feature. Sulphur has corns from pressure, callosities from pressure. These affections come easily. If a shoe presses anywhere on the skin a great corn or bunion develops. Where the teeth come in contact with the tongue and other parts of the buccal cavity nodules form and these little nodules in course of time commence to ulcerate. It is a slow process with burning and stinging. They may go into cancerous affections. They may be postponed for a long time and afterwards take on a state of malignancy. Cancer is an outgrowth of a state in the body, and that state may come on from a succession of states. It is not one continuous condition but the malignant state may follow the benign. • Sulphur removes these states.

We notice a marked evidence of disturbance of the veins under Sulphur. It is *a venous remedy*, has much vein trouble. The veins seem to be relaxed and there is sluggish circulation. There is a flushed

appearance of the face here and there from slight irritation, from the weather, from irritation of the clothing. Tumefaction of the face. Sulphur has varicose veins; most marked of these are the haemorrhoidal veins which are enlarged and smart, burn and sting. Varices of the extremities. The veins even ulcerate, rupture and bleed. When going out of a cold into a warm atmosphere the patient suffers dreadfully from enlarged veins, from puffiness of the hands and feet, from a sense of fullness throughout the body.

The Sulphur patient emaciates, and a peculiar feature is the *emaciation of the limbs with distended abdomen*. The abdomen is tumid, with rumbling, burning and soreness, and with the distended abdomen there is emaciation of all other parts. The muscles of the neck, back, thorax and limbs wither away, and the muscles of the abdomen are also wasted, but there is much distension of the abdomen itself. This condition of affairs is found in marasmus. You will find a similar state under *Calcarea*; and, in women needing *Calcarea*, you will notice great enlargement, distension and hardness of the abdomen with shriveling of all other parts of the body.

Under Sulphur there are *flashes of heat* to the face and head, like those which women have at the climacteric period. The flash of heat in Sulphur begins somewhere in the heart region, generally said to be in the chest, and it feels as if, inside the body, a constant glow of heat almost to consuming rose up involving the face. The face is red, hot and flushed, and finally the heat ends in sweat. Flashes of heat with sweat and red face; the head is in a glow. Sometimes the patient will describe clinically a feeling as if very hot steam were inside the body and gradually rising up, and then she breaks out in a sweat. At times you will see a woman having little shiverings followed by flashes of heat and red splotches in the face, and then she fans vigorously; cannot fan fast enough, and she wants the doors and windows open. Suck is Sulphur as well as *Lachesis* and many others. When the flashes begin in the chest, about the heart, it is more like Sulphur, but when in the back or in the stomach it is more like *Phosphorus*.

Among other general aggravations we have an *aggravation from standing* in Sulphur. All complaints are made worse by standing for a length of time. Standing is the most difficult position for a Sulphur patient, and there is an aggravation of the confusion of mind, dizziness, the stomach and abdominal symptoms, and a sense of enlargement

and fullness of the veins and a dragging down in the pelvis in women, from standing. The patient must sit down or keep moving, if on her feet. She can walk fairly well but is worse when standing quiet.

An *aggravation after sleep* fits into many of the complaints of Sulphur but especially those of the mind and sensorium. Most of the complaints of Sulphur are also *worse after eating*.

The Sulphur patient is *aggravated from bathing*. He dreads a bath. He does not bathe himself and from his state in general he belongs to "the great unwashed." He cannot take a bath without catching "cold."

Children's complaints. Dirty-faced, dirty-skinned little urchins, who are subject to nightly attacks of delirium, who suffer much from pains in the head, who have had brain troubles, who are threatened with hydrocephalus, who have had meningitis, need Sulphur. Sulphur will clear up the constitutional state when remedies have failed to reach the whole case because they were not deep enough. If the infant does not develop properly, if the bones do not grow, and there is slow closing of the fontanelles, *Calcareo carbonica* may be the remedy and Sulphur is next in importance for such slow growth.

You would not suppose that the Sulphur patient is so *nervous* as he is, but he is full of excitement, is easily startled by noise, wakens from sleep in a start as if he had heard a cannon report or seen a "spook." The Sulphur patient is the victim of much trouble in his sleep. He is very sleepy in the fore part of the night, at times sleeping till 3 A. M., but from that time on he has restless sleep, or does not sleep at all. He dreads daylight, wants to go to sleep again, and when he does sleep he can hardly be aroused, and wants to sleep late in the morning. That is the time he gets his best rest and his soundest sleep. He is much disturbed by dreadful dreams and nightmare.

When the symptoms agree, Sulphur will be found a curative medicine in erysipelas. For erysipelas as a name we have no remedy, but when the patient has erysipelas and his symptoms conform to those of Sulphur, you can cure him with Sulphur. If you bear that distinction in mind you will be able to see what homoeopathy means; it treats the patient and not the name that the sickness goes by.

The Sulphur patient is annoyed from head to foot throughout his whole economy, with *surging of blood* here and there—surging, with fullness of the head, which we have heretofore described as flashes of

heat. It has marked febrile conditions and can be used in acute diseases. It is one of the natural complements of *Aconite*, and when *Aconite* is suitable to the acute exacerbations and removes them, very often Sulphur corresponds to the whole constitutional state of that-patient.

Sulphur is suitable in the most troublesome old "*scrofulous*" *complaints* in broken-down constitutions and defective assimilation. It has deep-seated, ragged ulcers on the lower extremities, do-nothing ulcers, indolent ulcers, ulcers that will not granulate. They hum and smart, and the little moisture that O07.es out burns the parts round about. It is indicated often in varicose ulcers that bleed easily and burn much.

In old cases of *gout*, Sulphur is a wonderful medicine. It is a deep-acting medicine, and in most instances it will keep the gout upon the extremities, as its tendency is outward from centre to circumference. Like *Lycopodium* and *Calcarea*, when suitably administered in old gouty conditions, when there is not much organic change present, it

- will keep the rheumatic state in the joints and extremities.

*(To be continued.)*

#### WYETHIA.

When in the autumn our hay-fever patients report to us with violent symptoms of coryza, great depression of spirits, symptoms worse in the afternoon, easy sweat, weakness and languor, extreme dryness of the mucous' membranes of nose, mouth and throat, with burning acrid copious flow of mucus, constant swallowing, itching of the soft palate, and compelled to scratch it with the tongue, Wyethia will cure for the season, and it has cured permanently in some cases.

OLD cases of heart trouble that have had digitalis are tough cases for Homoeopathy. You will have more trouble with cases that have had lots of digitalis than those that have had any other remedy. In these cases that have had digitalis and strophanthus the indications for a remedy are unreliable. In clear indications you will always find the Homoeopathic remedy the best remedy.

## DEPARTMENT OF HOMOEOPATHICS.

EPIDEMIC STUDY—ORGANON, Secs. 101-102.

By PROF. J. C. LOOS, M. D.

In this section is again enforced the importance and necessity of obtaining the *totality* of the expressions of a disease to understand fully its nature and thereby find a suitable, because similarly acting, remedy. As any disease is not represented clearly, in its totality of expression, in one person (that is, because in each individual some part of the disease expression will be more emphasized, and, as it were, will overshadow the other expression), it is necessary to include a number of cases which will be likely to bring out in force different phases of the same thing in their study.

To one not accustomed to relying on the *full image* in each case, one who is satisfied to get the key-notes only, or the most prominent symptoms without consideration of their detailed modifications—for instance, one who feels that Bell goes too much into particulars and picks out too closely shades of difference in his repertory of diarrhoea—to such practitioners this idea will appear an absurdity, "Ridiculous," such a one would think, "to suppose that a physician cannot tell enough of a patient's condition to prescribe until he has seen half a dozen others of the same kind. Certainly, we do not treat one patient according to the way another and three or four others are sick." While this latter statement is unanswerably true, yet the treatment of one does depend on *what is seen* in another, for it gives a better knowledge and comprehension of one similar.

Suppose an epidemic, in a community, of an infection shown by coryza, cough, fever, etc., this being a common form of disorder in some localities. The first patient coming to the physician may detail his affection, including these symptoms, and say, "Doctor, if you can only give me something to make me rest at night. I cough more night than day and disturb the whole family." The doctor finds-further that he is cold and likes to keep near the fire. He gives him Rhus for his "nightly aggravation." Another comes complaining

likewise of "such an ugly cough and running discharge from the nose," and says, "I've used my handkerchief so much—I've just made my nose sore," an almost unnecessary piece of information, as the wings of the nose and the upper lip are fiery red and show that the nasal discharge is acrid. It is evident that the tears are not acrid, so the patient is given *Allium Cepa* for the " excoriating discharge from the nose, with bland eyes."

The next one coming in says : " The cough is so painful on the chest and always worse from moving about." "*Bryonia*," it is thought, " will settle that cold in a few hours." Still another comes with these epidemic symptoms and may suggest, "An emetic would be good for the cough, because it is so hard to expectorate; the phlegm just seems to get so far after a spell of coughing and then goes back." The doctor thinks, " cannot be expectorated, must be swallowed," and gives *Phosphorus*.

In a day or two these same people must have more attention for 'their "colds" have not improved. The first one returning, says : " This is such a troublesome cough, I never had one like it, nothing relieves me but a drink of water, and that only for awhile, and it's so strange, every time I have a hard spell the urine comes; I can't prevent it." The doctor now questions very closely and finds that by the *totality* of the symptoms, *Causticum* is called for. As the others return no better from the remedies prescribed for each on the most prominent symptoms, it is found by carefully going over the symptoms that the majority of these patients have cough worse at night, and all night, relieved temporarily by a drink of cold water; phlegm difficult to expectorate, so it must be swallowed; great sensitiveness to cold and craving for heat; discharges acrid, nasal discharge burns, urine burns as it passes, and it comes with the cough involuntarily; chest burns; patient aches through the fleshy parts; wants to keep still. In some these were present at the first visit, in others they have been more developed since; in some cases the patient may have come at an earlier stage of the infectious disease, when it was less clearly manifested. With these symptoms *Causticum* is found to clear up the "colds" so quickly that the patients are surprised.

Hahnemann says: "The carefully observing physician can, however, from, the examination of even the first and second patients, often

arrive so nearly at a knowledge of the true state as to have in his mind a characteristic portrait of it, and even to succeed in finding a suitable homoeopathically adapted remedy for it." If the physician had taken time and pains to examine in full any of these cases he would soon have discovered, probably, that the remedy that first came to mind did not cover the case. The one receiving Rhus was not only worse at night, but coughed in spells *all* night, and had relief only from a drink of cold water. The Bryonia victim was too cold for that remedy, wanting to be near the fire. The Cepa one had all discharges acrid as well as the nasal discharge, and the patient was worse in open, cool air. So with care it would have been manifest that each of these remedies was not suitable enough to be the one to prescribe, and it might have been possible to find the Causticum similia in the image of even the first case.

Notwithstanding this, a full comprehension of the nature of the epidemic is undoubtedly gained by a combination of several of these pictures and will be so clearly impressed by such attention that a glance at later-coming patients, or at least a few minutes' observation of their actions, will reveal that they are trying to avoid the aggravations and gain the relief of these ameliorating circumstances with an attempt at comfort. In short, the image becomes more clearly stamped in the mind and any *shadow* of it in the patient soon assumes the definite completion of the image to the observant and careful physician and the administration of the remedy is followed by satisfactory results.

The same may be true of one season's scarlet fever, diphtheria or typhoid, dysentery or simple cases of diarrhoea or intestinal colic, gastralgia and the like. In each epidemic there will be a few remedies applicable, and no matter with what degree of intention of helpfulness any other remedies in any potency or form are given, they will not cure, though they may palliate by relieving for awhile or relieving a small group of the symptoms. *The* remedy will *cure*, and the physician, who relies on this form of study of epidemics and individuals, will cure a greater proportion of such cases than any others who treat victims of the epidemic by any means whatsoever.

As the physician goes from one to another of these cases, seeing in each the same nature, each addition in detail of this symptom image of the acute miasm seems to fill it out more completely, and at the

same time impresses more and more clearly the relations of the various groups of symptoms, the manner in which the affection manifests itself, and impresses itself upon the human economy, also the manner in which the different constitutions receive it, one set bringing out in one way what is expressed in another through a different channel.

How much better after such a studied epidemic will the physician possess and keep the knowledge of the epidemic remedies in their full nature, and how the symptoms will be verified to him ! How much better able is he to use these remedies in future ! Again, with what interest and satisfaction will such a study be pursued by one who finds pleasure and growth in the comprehension and ability to perceive and apply the principles and laws of the universe and the nature of mankind in their influence.

(Read before the Philadelphia Organon and Materia Medica Society.)

## NOTES FROM DR. KENT'S LECTURES ON THE HOMOEOPATHIC PHILOSOPHY OF THE *ORGANON*.

By HELEN B. CARPENTER, M. D., H. M.

§ 1. "The physician's highest and only calling is to restore health to the sick, which is called healing."

In order to understand the meaning of this, in its fullest extent, we must get Hahnemann's idea of what disease is. An inflamed organ is not a disease. The organ is not the cause of itself. It is under the control of the vital force, and is what the vital force makes it. As long as the vital force is acting harmoniously, each organ (being governed by it) can act only in a harmonious manner. As soon as the vital force is sick, or deranged, it acts on this or that organ in a different manner from what it does in health, and in consequence the organ (whose action is governed by the vital force), must function in a sick or deranged manner. The idea that the liver, for example, which is under the control of the vital force, and whose action the vital force governs, is able to set up a disease itself, and thereby make the man

sick, is preposterous. What then is man? If we understand this, then we can see what a sick man is.

Man is not the body that we see, but that within which rules and governs it. The affections in a very large degree make the man. The desires and aversions, the likes and dislikes, are the man.

You can tell the difference between men's characters by their external appearance. In other words, the external man is but an outward expression of the internal man. The person who loves crime lives in it and it becomes a part of his nature and shows itself in the external man, The one who loves truth and humanity lives in that idea, it becomes a part of his nature and shows itself in the external man. In like manner are the results of disease (symptoms) but the outward expression of the internal derangement.

Man originally never was sick. The will of the Supreme Being was written in his heart, but through the violation of law he has become so changed that he has ultimated a sick body and nature; hence disease. Man makes himself sick, he does not live in the order of his existence. His first departure from health was made by the denial of a Supreme Being. His mind became closed to first causes. That avenue through which he communed with his Maker was closed up and he became incapable of reasoning on spiritual matters, of reasoning in a series. This first and highest is spiritual insanity.

When a man becomes intellectually insane he becomes incapable of reasoning upon external matters, is incapable of taking care of himself, or caring for his children, and we place him in an insane asylum. This is man physical.

The third state is that of moral insanity. Insanity of the will. He is insane according to his desires. He loves crime and evil, and hates all that is good. External man is what his affections make him. In proportion as he loves his use he has increased wisdom, and this is man as a spirit who is led up to his highest uses.

Hahnemann's idea of a sick man in this first section is not that the external man only is sick, but that the vital force within is deranged. The physician should heal this deranged vital force from within, that is dynamically, instead of simply suppressing from without (palliating) the external manifestations (symptoms) of the internal disease. For man exists all the way down from his innermost spiritual to his outermost natural. Consider the man, heal the sick.

## DEPARTMENT OF CLINICAL MEDICINE.

divers which have resulted from homoeopathic prescribing and clinical observations made therefrom, lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## SUMMER COMPLAINTS OF CHILDREN.

GEO. M. COOPER, M. D.

If Homoeopathy can be said to be more productive of brilliant results in one class of sickness than in another, the gastro-intestinal complaints of children in the summer months should certainly be given a high rating. By careful individualization of the remedy, and its proper application as regards potency and dose, these acute complaints should be mastered in a few hours and the infant will pass through the hot months free from anything serious in its nature.

Without doubt the high mortality reported in these cases is due to the irrational measures used to suppress the condition, having no relation whatever to the disordered economy, or to the first cause of things. Without a full realization of *what is sick*, no one can expect to have any degree of success in the treatment of *sick people*. The moment measures are used which are not calculated to attack the disease in its beginnings, to set in order the disturbed vital force, then it is that an element of clanger is introduced, and this is measured by the degree to which the system is forced to yield to these unsuited agents.

Two classes of cases may be recognized : those previously drugged and those escaping. For the purpose of treatment, both classes should be considered together as they both respond to the same law, *the law of similars*. In each and every case, whether the manifestation is one of drug effects, or whether it is the pure speech of nature, the totality of the symptoms is the only guide in the selection of the curative remedy. The fact that the child has undergone much dosing does not alter the method of procedure in the case one particle. There is not

one law for the drugged cases and another for the undrugged. All should be investigated according to the well-known plans for the purpose of securing an image of the sickness, and this should be opposed by a drug whose pathogenetic effects are known to be the exact similar.

Do not think too much of the word *antidote*, as it may lead to confusion and a wrong prescription. It binds the mind down and limits it; whereas, if it had been allowed to investigate beyond the mere giving of one of the established antidotes, the image would have appeared which would have led at once to the curative remedy. Therefore, be careful how you go to a case, and because it has been drugged conclude that an antidote is necessary and spend all your time in a search for such a drug. Such practice leads away from a hunt for the totality, and many a failure to cure will be the result. Nearly all remedies have assigned to them many antidotes, and when the drugging has consisted of a mixture containing many unknown substances how irrational it would be to single out any one substance and say that this is the cause of all the trouble and try to antidote it. Stick to the law and rely on the totality of the symptoms, which is the sole indication for the selection of a remedy. The following case is added to illustrate:—

WILLIE G——, AET. 13 WEEKS.

1897-July 6th, 5 P. M. Twin.

*Diarrhoea*.—Began 6 A. M. ; stool every half hour since.

Stool: yellow, watery, profuse; can't wash the stain out

During stool: pain; drawing up of the legs; passage of much flatus.

*Fever*.—Began 6 A. M., for which nitre was given.

Paregoric was given at 2 P. M. ; since then the child has been drowsy; its eyes look heavy and the balls

*Sac. Lac.* roll up.

July 7th, 5 A.M.

*Sleep*.—None all night; only "naps on the knee;" sleeps with eyes open.

*Vomiting*.—Sour milk; thin, not thickly curdled.

## SCHOOL NEWS.

*Report of the Dispensary of the Philadelphia Post-Graduate School of Homoeopathics for the Year 1897.*

CLINICS.	OLD.	NEW.	TOTAL.
Dr. Saylor . . . . .	662	171	833
" Thacher . . . . .	853	216	1069
" Ives (7-8), Jan. to May . . . . .	962	66	1028
" Farrington, June to Dec. . . . .	743	87	830
" Ives (4-5), Jan. to June 24 . . . . .	608	96	704
" Cameron, June 24 to Dec. . . . .	672	97	769
" Gladwin . . . . .	1498	179	1677
" Loos . . . . .	735	214	949
" Reger . . . . .	113	95	208
" Cooper . . . . .	959	147	1106
" Ives (children), June to Dec. . . . .	536	102	638
" Gray, Oct. to Dec. . . . .	19	1	20
Total . . . . .	8360	1471	9831

  

VISITS.	OLD.	NEW.	TOTAL.
Dr. Ives . . . . .	162		162
" Cooper . . . . .	1070	115	1185
" Loos . . . . .	54	2	56
" Farrington . . . . .	1140	87	1227
" Cameron (Jan.-April) . . . . .	592	42	634
" Lewis (Jan.-March) . . . . .	26		26
" Howland (Jan.-April) . . . . .	149	6	155
" Saylor . . . . .	178	27	205
" Edwards (May-Dec.) . . . . .	1245	97	1342
" Boggess (June-Dec.) . . . . .	1001	74	1075
Miscellaneous . . . . .	36	1	37
Total . . . . .	5653	451	6104

  

Grand Total . . . . .	14013	1922	15935
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Births . . . . .	56
Deaths . . . . .	31

Directory of Homœopathic Physicians.

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