

THE HOMŒOPATHIC RECORDER

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No. 4.

A PROVING OF THYROID GLAND.

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Early in November, 1917, the Materia Medica Laboratory of the New York Medical College and Hospital for Women, which I have the happiness to direct, began a careful and systematic proving of thyroid gland, at the instigation, and with the financial assistance, of the American Institute of Drug Proving.

Volunteers from the student body of the college were called for. Five were selected, and one other young woman *not* a student at the college, making six provers. These were addressed by Dr. Rabe, who is Secretary-Treasurer of the Institute of Drug Proving, and by Dr. Dieffenbach, Vice-President and Trustee of our college, who impressed upon them the importance and the seriousness of the experimental work they were about to undertake.

I would like here to testify to the conscientious and capable and self-critical manner in which these six young ladies performed their work.

Each prover after signing a general release in favor of the college, was subjected to a rigid general physical examination, first by myself, then by Drs. Emily C. Charles and Sophie B. Scheele. Each was then examined as to urine by Dr. H. Trossbach (our college and hospital pathologist); as to blood by Dr. Lindsley F. Cocheu; as to eyes and ears by Dr. William McLean, as to nose and throat by Dr. Henry Lyding.

Personal and family histories were carefully gone into. Weight, measurements, T. P. R., blood pressures, acuity of special senses, etc., recorded. The provers represented a high average condition of health with such exceptions as will be noted later.

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It is needless to say that none of the provers (nor, in fact, anyone except Dr. Rabe and myself) knew the identity of the drug to be proved.

It was ordered that the provers should adhere to their usual diet, but each was required to turn in every day a minute report of all food and drink ingested, qualitative and quantitative, that it might at once be determined whether or not the diet was responsible for any symptom arising. It may be said here that with the exception of one instance, it was deemed that no symptoms could reasonably be ascribed to the diet.

Prover No. 1 (the one from outside the college, 30 years) was an unusually healthy and generally normal woman. She developed *many* functional heart symptoms and many nervous symptoms. She took the 60x (two 1-gr. tablets t. i. d.).

No. 2, aged 21, robust and healthy, save for slight hæmorrhoidal congestion and abdominal pain at menstrual period and occasionally slight menstrual headaches. Had a very slight enlargement of right lobe of thyroid. She took 6x, two 1-gr. tablets t. i. d. till seventh day, after which 12x same dose and rate.

No. 3, age 20, *very* good health, although with an habitually irregular pulse and generally nervous. Took 12x till seventh day, then changed to 30x, same dose and schedule as last prover.

No. 4 had a moderate enlargement of thyroid, being one of six sisters, all of whom have some thyroid enlargement. Not a very good history, but now, seemingly in perfect health. Took 1x, two 1-gr. tablets, q. 2 h. During the first week, while taking placebo, she caught cold, which became worse after starting on the drug, so she discontinued the proving for four days (4th, 5th, 6th, and 7th), during which time she recovered and resumed on the 8th day, taking 1x tablets ij q. i. d., and on the 14th day changed to 3x tablets, ij. q. i. d.

No. 5, aged 21, married, delicate type, poor history, but in good present health. Took 3x, 2 tablets q. 3 h.

No. 6, aged 21, good health, robust. Took 30x, two 1-gr. tablets, t. i. d.

The provers were individually under close official observation for 32-39 days, and under a less rigid observation for six weeks longer.

Matters of interest are, *e. g.*, the irregular pulse of No. 3 became gradually under the drug less irregular and finally became quite regular and has remained so.

No. 4's thyroid became, at first, larger, but midway in the proving began to recede, and is now much smaller than it was before. No. 2's very slight unilateral thyroid enlargement disappeared early in the proving.

In these instances the drugs seemed to be remedial.

The study of the blood pressure observations was interesting. Altogether there were 250 observations made. The most striking result of the conclusion forced on one is that a single reading, or two or three at intervals of days or weeks, has only a very limited value, and this because the variation is so markedly affected by slight and entirely commonplace causes. The time of day, the time and relation of meals, with relation to water drunk, the intensity of the mental work preceding the reading, the fact that the reading had been preceded by a day of rest, menstruation, and the psychic factor—all have a decided effect in modifying the pressure, both systolic and diastolic, and it was found that this variability was as great among the controls as among the provers, and cannot be laid to the thyroid.

Pressures of our provers were, before the actual proving, *low*, the pulse pressure averaging 25. All had markedly cold hands and feet, and heart sounds were too weak. The first and immediate effect of the drug was to raise the pressure considerably (from 10 to 25 mm. Hg.), both systolic and diastolic; then after 2 to 4 days it dropped down some 5 to 15 mm. (systolic), but maintained a better level than before with a pulse pressure averaging 35 mm.

No. of symptoms: There were reported results, which, when separated into their component parts, represented over 900 symptoms.

Many of these were repeated in two or more provers—some in all six provers. By elimination of repetition, and of symptoms obviously not due to the drug, the number finally boiled down to 407. These have been arranged according to the Hahnemannian schema of anatomical rubrics.

The greatest number referred to the *Head*, of which there were 44; the *Abdomen* claimed 36; *Stomach*, 28; *Heart*, 27; *Sleep*, 25; *Mind*, 23; *Mouth and Respiratory Organs*, 21 each; *Fever*, 20; *Eyes and General*, 19; and so on down to *Rectum and Anus*, *Stool and Urinary Organs*, four or five each. The *Skin* had 11, and the *Genital Organs* had 9 symptoms, but these last are mostly very comprehensive symptoms, which it was deemed best to preserve as nearly as possible in the language in which they were reported.

A full and minute report has been rendered the American Institute of Drug Proving, who will, I believe, publish the complete proving in the near future. Time will permit now only a most superficial glance at the symptoms. I shall pick out from each of a few of the rubrics two or three characteristic symptoms, which will, perhaps, indicate the general character of the pathogenesis.

Mind (Emotional Sphere): Marked irritability of temper; nervous; apprehensive; depressed; as expressed in these two symptoms.

(1) "Very nervous, fearful and apprehensive. Anxious feeling of foreboding with cold and clammy hands."

(6) "Feel as if I could cry from the least provocation; very much irritated at little things; lost my temper with very little provocation; morose and sulky; wanting to be alone; could have cried from vexation."

On the intellectual sphere it seemed always depressing as in the following:

(3) "Difficulty of concentration, takes twice as long to study or read as formerly; absent-minded."

Head: Of the 44 symptoms, all but four or five were of pain,—and of these 30 were located in the frontal region. There was considerable variety among these—one or two will serve to illustrate:

(2) "Heavy throbbing headache worse in frontal region, worse concentrating mind, better out of doors."

(6) "Severe frontal headache, worse on right side, worse in warm room, worse from using eyes or studying, disappearing after taking a long walk in evening."

Most of the head symptoms were associated with sense of fulness, sometimes of high degree, as:

(2) "Great fulness and heat of head, worse at vertex, seemed as though head would burst from engorgement, with throbbing of temporal arteries, redness of ears, feeling of engorgement of eyes and dull stupid mind." (Morning 13th day.) The blood pressure of No. 2 at this time was running around 150 mm., having been affected by the drug more than that of the others.

The headaches were more pronounced in the morning and afternoon than during the evening or at night. They were perhaps rather more inclined to affect the left side. They were almost always worse from motion or exercise of any kind, physical or mental, always worse from heat or indoors, and correspondingly better in the cool, fresh air; often better from external pressure. Vertigo was only reported once.

Nose: Five provers developed rhinitis, but I can find no unanimity, either in the character or in the modalities, unless it be the generally expressed dryness of the nasal mucous membranes indoors, and fluent coryza outdoors, the discharge being profuse, watery and bland.

Face: Usually was redder than usual—sometimes decidedly flushed. No. 1 developed a queer symptom, *viz.*, "A loose sensation in lips, unable to control them, as though the orbicularis oris was relaxed."

Mouth: All provers complained much of bad taste, disagreeable, nasty, slimy, metallic, bitter, sour, sour-bitter, etc. Generally worse in A. M. The tongues of all assumed unusual characters, generally with a heavy white or grayish-white coating in centre, bright red edges or tip. Papillæ almost always enlarged and prominent. Sometimes showing through the grayish white centre; sometimes more conspicuous on the red tip, and margins. Dryness of the mouth predominated.

Throat: Dryness of the throat was marked in all provers. Posterior pharyngeal wall, uvula and faucial arch were much congested, red and dry, with rawness and burning in all provers from the 4th to the 24th days.

The posterior nares seems to claim the attention of several provers at times; with dryness and sticking pains there, worse on swallowing. The left side of the throat seemed more affected than the right.

Stomach: As usual, there was developed both increase and loss of appetite, but the increase more prominent. For instance, No. 5 for four days in the mid-proving reported "Appetite increased, not satisfied, no matter how much I've eaten." This prover developed an abnormal desire for sweets, though generally cared very little for them. Thirst for cold water was a prominent symptom, especially developed in prover No. 4, whose usual consumption of water is abnormally low. Among the many eructations, perhaps the most noticeable kind was that which relieved the nausea and pressure in the stomach. Nausea was a common and frequent symptom and, though occurring under different circumstances, was conspicuously worse while riding in the car. It was always better on going out into the cool air, as was the headache.

Abdomen: Throughout the proving there were many abdominal and pelvic symptoms—for the most part *painful* ones—generally described as "sharp," "cutting," "colicky" and "crampy." Pervading them was a sense of fullness—"as if the stomach (or abdomen) was full of gas, worse on pressure, worse on walking." Pains were generally better "bending forward," or "doubling up," and after the passage of flatus. There was a good deal of distention. There was a marked predilection for an area midway between the umbilicus and the Ant. Sup. Iliac spine on either side, especially on *right* side. (McBurney's point.)

There were developed marked pains—cutting in character, in pelvis, "as though in uterus—shooting downward into thighs." These described as "excruciating." An oft repeated observation concerning the abdominal pains and, indeed, of pains and sensations *anywhere*, was their fleeting character. Many were reported as "lasting only a minute or two," or as "momentary."

Several reports were made on the large quantities of flatus passed from the bowels, and it was often said to have the odor of H₂S.

Stool: The stool does not seem to have been much affected. Two provers reported diarrhoea once each, and one twice remarked on her constipation. The incidence in either case is so small that it seems not worth while to report the specific character.

Only two provers reported any urinary symptoms, and these were not very interesting.

Genital Organs: Menstruation.

No. 1. Habitually menstruates q. 31 days—menstruated fifteen days too soon.

No. 2. Habit was 29 days—menstruated six days too early.

No. 3. Usually q. 30 days—came one day too soon.

No. 4. Usually q. 29 days—came two days too soon.

No. 5. Usually q. 29 days—was two days late.

No. 6. Who always allowed 30 to 40 days to elapse between periods, conformed to her usage and reported an interval of 38 days.

On the whole, there was much more pain suffered during this proving—menstruation than is usual with these individuals—though *one* who usually has more or less trouble at beginning of period escaped pain entirely. It was she whose thyroid enlargement disappeared entirely and finally (so far) during the proving. The menstrual experience of each prover will be found reported in full in the published report.

Respiratory Organs: Here were developed some very good symptoms, as: The dryness of tickling in the larynx, provoking a dry, hoarse, barking, or whistling cough, sometimes violent and spasmodic, with cough aggravation in the morning, mornings after rising, from coughing, after waking in morning, in cold open air, on entering a warm room, in evening and at night.

A complex symptom developed by No. 1 (the prover who showed so many heart symptoms) and reported by her persistently, in varying terms, I will quote in full, as expressed from the 3d to the 24th day. "Splitting pain in ensiform appendix, with accompanying nervous, sensitive feeling radiating from sternum towards both axillæ—returned almost daily throughout

proving, with sundry variations, as: Sternal region felt sore, as though bruised, sensitive to touch, remaining after splitting pain had left; splitting pain in ensiform, ending with a quick throbbing pain in surrounding region. Splitting pain in ensiform followed by a few throbbing pains in apex of part, and *these* followed by a throbbing pain in left ovarian region (lasting two minutes); splitting pain in ensiform, with, or followed by, a disagreeable rapid thumping of heart and shivering feeling, all ending with one quick sharp pain in apex of heart, splitting pain in ensiform. worse on adducting arms, or on inspiration, worse on bending forward; splitting pain in ensiform was *always* accompanied by a nervous, sensitive feeling in chest, and a bruised sore feeling in lower sternal region, which remained after the splitting pain had left, and the attacks lasted variously from 5 minutes to 14 hours." All provers experienced a sense of fullness in chest—generally with palpitation—with oppression and craving for fresh air.

Heart: The 27 symptoms pertaining to the heart were contributed by 5 provers, the only one having *no* heart symptoms being the one whose thyroid disappeared. It should be noted that this prover has been, apparently, benefited all around by the drug, having changed her weight, since beginning the proving, from 124 to 134 pounds.

The heart symptoms were *pronounced* in degree. They were of two kinds: (a) Sharp, sudden, sticking pains, and (b) palpitation, and the latter usually accompanied the former. Both were associated usually with sense of fullness in chest and nervous, apprehensive feeling—and feeling of being under "*high tension*."

The pulse rate was heightened.

In 4 there was painful swelling of lymph—nodes and *glands*, cervical and submaxillary and parotid mostly, while one of the others had pains of same character (sharp, cutting) in these regions, though the glands were not palpable.

Skin: There was much itching of the scalp and skin, worse by scratching and worse after hot bathing.

Sleep: All the provers had pronounced sleep symptoms; restless, disturbed, unrefreshing sleep—awakened by least and usual noises,—bad, even terrifying dreams—at night—while in daytime, unusual sleepiness.

Among the temperature symptoms, chilliness and coldness predominated. All contributed. Sometimes the coldness was general—sometimes partial, and then principally hands, feet, upper arms or upper body.

The *heat*—such as there was—was usually in *flashes*. Ascending to face and head, with throbbing in arteries of head and neck.

An interesting sweat symptom was the oily, musty-smelling sweat which a prover had at beginning of menstruation.

This summary will serve only to indicate the wealth of symptoms contained in the proving, and in a vague way to point the general trend of its action. I am sure the published report will repay close study.

Collaterally, a series of experiments were tried on guinea pigs, four being fed thyroid in different strengths. Two received the desiccated gland, and died in 5 or 6 days; another received 1x (that is one-tenth gr.) and died in about two weeks. A fourth received 3x, and, though he became ill, lived until killed after about five weeks of medication.

Each one was autopsied, as were controls. In all cases the adrenals were found affected, enlarged, hyperæmic, hæmorrhagic; and, in one case, burst open and necrosed, as well as very hæmorrhagic.

The spleens were hyperæmic and showed hæmorrhage. There had been arrest of intestinal peristalsis without impaction. The lungs were extremely congested. The right ventricle and *both* right and left auricles were full of black, unoxygenated blood.

There is enough in these findings to indicate the possibility of the drug having depressed the vagal centres.

This is a faithful field for further study.

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By

**The Materia Medica Laboratory of the New York Medical
College and Hospital For Women.****Made under the auspices of
The American Institute of Drug-proving.
1918.**

Director of Proving—H. P. GILLINGHAM, M. D.

Associates:

General Physical Examination,	{ EMILY C. CHARLES, M. D. SOPHIE B. SCHEEL, M. D.
Blood Examination,	LINDSLEY F. COCHEU, M. D.
Eye and Ear Examination,	WILLIAM MCLEAN, M. D.
Nose and Throat “	H. W. LYDIG, M. D.
Urinalysis,	HERMAN TROSSBACH, M. D.
Diet Supervision,	ETHEL W. WICKWIRE, M. A.
Test Solutions,	MRS. MAY DAVIS, G. Ph.

PROVERS.

No. 1. Miss N.; age 30; single; born in Canada of Scotch parentage; graduate horticulturist; 5'3"; 129 lbs.; no abnormal family tendencies; in almost perfect physical and mental health; complexion fair; eyes blue; hair brown; figure full; flesh firm; physical examination disclosed no abnormalities; began menstruating at 14; menstrual history uneventful; menstruates usually every 31 days, lasting 4 days, normal; no leucorrhoea; temperature, 99°; pulse 86; respiration 20; blood-pressure, systolic 130, diastolic 108. Took 6ox, 2 one-grain tablets 3 times every day, beginning on second day after cessation of menses, and continued drug for sixteen days (through the following menstrual period). Was under daily observation for 32 days.

No. 2. Miss M.; age 21; single; born in New York of Italian parentage; medical student; 5'3"; 128 lbs.; no abnormal family tendencies, except that her only brother has been "feeble-minded" from his fifth year; in very good health, physically and mentally, except for hemorrhoids occurring occasionally at menstrual period, a heavy dull pain in lower abdomen each month for four

or five hours after flow starts, and sometimes a frontal headache preceding the menses; there is sometimes a slight, bland, watery leucorrhœa just before menses; complexion dark, clear; eyes dark brown; hair dark brown; figure plump; flesh firm; physical examination disclosed no abnormalities except a very slight enlargement of right lobe of thyroid gland; began menstruating at 13; was irregular for first five months, since then usually menstruates every 29 days, lasting 5 days, normal, except for pelvic pain above mentioned; temperature 97.4°; pulse 92; respiration 22; blood-pressure, systolic 122, diastolic 106. Took 6x, 2 one-grain tablets 4 times every day, till the 7th day, when she was changed to the 12x, same dose and schedule. Was under daily observation for 32 days.

No. 3. Miss S.; age 20; single; born in New York of American parentage; medical student; 5'3"; 101 lbs.; no abnormal family tendencies,—particularly good family history; in very good health, physically and mentally; complexion medium, clear; eyes blue; hair brown; figure of good proportions; flesh firm; physical examination disclosed only the following slight abnormalities: hands cold and damp, more so when nervous; very slight enlargement of thyroid gland, hardly discoverable; nipples undeveloped; heart-action rapid under excitement, with intermittent pulse; began menstruating at 13; menstrual history uneventful; menstruates usually every 30 days, lasting 5 days, normal; very occasionally has a little bland, albuminous leucorrhœa just before menstrual period; temperature 98.4°; pulse 62 (becoming 95 while under examination); respiration 19; blood-pressure, systolic 130, diastolic 110. Took 12x, 2 one-grain tablets 4 times every day till the 7th day, when she was changed to the 30x, same dose and schedule. Was under daily observation for 33 days.

No. 4. Miss T.; age 23; single; born in New York of German-American parentage; medical student; 5'6"; 132 lbs.; complexion fair; eyes grey; hair light-brown; figure full; flesh firm; physical examination disclosed no abnormalities except a moderate enlargement of the thyroid gland; family history reveals father rheumatic, mother with chronic bronchitis, five sisters living, all with slightly enlarged thyroids, one sister died of cerebro-spinal-meningitis; prover had articular rheumatism when 15 years old.

followed by cervical adenitis, one cervical gland suppurating when 19 years old, and thereupon received surgical treatment, drainage continuing for several months, sinus closing spontaneously; at 20 years of age had another (slight) attack of polyarthritis; often has tonsilitis.

At time prover received her preliminary examination and began taking placebo, she seemed in perfect health, but during the eight days before beginning to take the drug (*i. e.*, while taking the placebo), she developed coryza and bronchitis. Began menstruating at 13; was slightly chlorotic at that time; usually menstruates every 28 days, lasting 7 or 8 days, normal, except that sometimes she has pain in lower abdomen during the first two days of the period; usually has a very little white, bland leucorrhoea just before and after menses; temperature 98.4°; pulse 88, respiration 19; blood-pressure, systolic 122, diastolic 102. Took *ix*, 2 one-grain tablets every 2 hours, but the pre-existing catarrhal symptoms (respiratory) becoming much worse, her drug was reduced on the third day of proving to tablets *ij*, *q. i. d.*, and on the 4th, 5th, 6th and 7th days she omitted the drug altogether (on orders); on the 8th day (7 A. M.) being much better, she resumed the proving (at last dose and interval), but on the 14th day the potency was changed to *3x*, tablets *ij*, *q. i. d.*

Was under daily observation for 39 days.

No. 5. Mrs. W.; age 21; married six months; born in New York of American parentage; medical student; 5'6½"; 112 lbs.; father (living) was supposed to have gastric ulcer 10 years ago, but is now in good health; mother was operated on 4 years ago for ovarian cyst, now in good health; besides usual children's diseases prover had "Cuban itch" at 2 years; two attacks supposed to be appendicitis at 15 years (not operated upon), and at sixteen years had for one month aphonia, cause unknown; declares her present health to be "better than ever before, in fact, about perfect"; complexion medium; eyes blue; hair light-brown; figure thin; flesh soft, relaxed; physical examination disclosed no further abnormalities except a shallow chest (though capable of ¾" expansion) and cold hands and feet, admitted to be their usual condition. Began menstruating at 13; menstrual history uneventful; usually menstruates every 28 days, lasting 5 to 7 days, usually profuse, of slightly offensive odor, otherwise nor-

mal; often a slight bland, white albuminous leucorrhœa just before menstrual period, usually worse when she is walking and in the morning; temperature 97.4°; pulse 88; respiration 18; blood-pressure, systolic 112, diastolic 88. Took 3x, 2 one-grain tablets every 3 hours. Was under daily observation 38 days.

No. 6. Miss B.; age 21; single; born in New York of English-American parentage; medical student; 5'3"; 126 lbs.; parents living and well; only abnormal family tendency implied in the fact that most members of the father's family die of cerebral apoplexy; besides most of the usual children's diseases has had several attacks of tonsilitis, because of which tonsils were removed one year ago; was chlorotic at puberty; has a mild degree of jaundice occasionally; had severe otitis media suppurativa, right side, two years ago, a slight serous discharge still remaining; is at present in excellent health, and besides the slight aural discharge and a not-quite healed scar in bend of left elbow (was donor for blood-transfusion one month before proving began), general physical examination showed no abnormality; complexion fair; eyes blue; hair light-brown; figure full; flesh firm; athletic habit. Began menstruating at 13; menses usually tardy; (30 to 40 days), lasting 7 days, preceded for a week by sore, swollen breasts, and occasionally with pains in pelvis first two days of period; sometimes has a slight, thin, bland leucorrhœa on walking; temperature 97.6°; pulse 70; respiration 22; blood-pressure, systolic 128, diastolic 104. Took 30x, 2 one-grain tablets t. i. d., before meals. Was under daily observation 31 days.

(To be Continued.)

PHOSPHORUS.

Dr. Guy Beckley Stearns, New York City.

The following four cases, in addition to showing some of the keynotes of Phosphorus and its scope of action, illustrate a method of studying chronic conditions.

A physician, aged 63, fair skin and hair, weight over 250 pounds, complained of throbbing pain in the mid-chest front

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(Continued.)

GENERALITIES:

2. Tired; seemed as though no energy was left in me (17th day).
6. Tired; felt worn-out in afternoon and evening, without sufficient cause (12th day).
6. Tired all day (during a severe cold) (18th day).
5. "All gone," tired-out, sick-as-a-dog feeling in afternoon, disappearing after a brisk walk in the open air (5th day).
5. Tired out, sick all over, all morning, better after walk in cold (12th day).
5. Tired out, don't care for anything, all afternoon, passed off in evening (15th day).
4. Tired and unrefreshed (after poor night) in A. M., but this passed away after being up an hour (20th day).
4. Peculiar sensation of lightness and weakness, especially in legs, lasting a few minutes (afternoon, 11th day).
5. Weakness; tired and nervous (6th day).

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4. General feeling of weakness and tiredness, beginning on waking in morning (after a poor night), which passed away at 10 A. M., leaving only headache and eye symptoms (19th day).
 1. Faint and slightly nauseated (10 A. M.), lasting $\frac{1}{4}$ hour, but returning at 4 P. M., and lasted 2 hours (16th day).
 3. Nervous; very nervous, hand trembles (14th day).
 2. Nervous, creepy sensations, with stitches here and there (first day of menstrual period) (10th day).
 1. In evening, at prayer-meeting, became exceedingly nervous, restless and apprehensive, with cold, clammy hands; this soon passed off, leaving me very sleepy, with much yawning (8th day).
 4. Nervous, fidgety feeling, can't sit still, always want to be doing something, hands tremulous, (after an attack of palpitation (2 P. M., 20th day).
 4. Felt very great restlessness and inability to stay indoors or to keep quiet (4-5 P. M.); felt calm after a short walk out of doors (21st day).
 5. Whole body felt tense (3d and 4th days).
 1. Unusually sensitive to pain; pain after a slight bruise lasted unusually long (7th and 8th days).
 5. Little sharp, needle-like pains deep in various parts of body, as, chest, abdomen, limbs, lasting about $\frac{1}{2}$ hour (3d and 4th days).

MIND:

1. Anxious feeling of forboding, with cold and clammy hands (8th day).
1. Frightened feeling on waking with palpitation, at night (5th to 12th day).
 1. Very nervous, fearful and apprehensive (12th day).
 5. Very nervous, weak and tired, and want to cry (6th day).
 2. Intensely nervous, irritable and depressed all day (13th day).
 2. Very nervous and irritable (16th day).
 6. Irritable, provoked over trifles (4th day).
 5. Cross and irritable, don't want to be spoken to (4th day).
 5. Snappy and spiteful (4th day).

2. Very irritable, went into a rage, and then wept for no reason whatever (13th day).
3. Cross and irritable, don't want to be bothered, especially in the evening (7th day).
3. Irritable, bothered and annoyed by little things (19th day).
6. Feel as if I could cry over the least provocation, very much irritated at little things; more than usually joyous over pleasurable happenings (9th day); (first day of menstrual period).
6. Lost my temper with very little provocation; irritable, morose and sulky; wanted to be alone; could have cried from vexation (11th day).
6. Very emotional, greatly affected by a sad play, cried, and on going to bed could not sleep, and could not stop crying (during menstrual period; I am never emotional and have never cried over a sad play or book before) (12th day).
1. Felt especially light-hearted and happy all day, though with chilliness, heart and bladder symptoms (6th day).
1. Low-spirited, but at 5 P. M. suddenly changing to light-heartedness (10th day).
2. Depressed towards evening (17th day).
5. Confused, forgetful, absent-minded (7th day).
5. Mind wanders, can not apply myself to work (9th day).
2. Felt dull and stupid; could not think for an hour and a half; during great fulness of head (13th day).
3. Difficulty of concentration, takes twice as long to study or read as formerly; absent-minded (10th day).
6. Momentary loss of memory; have things on tip or tongue and then forget them (8th day).

HEAD:

1. Slight, dull (indefinite) frontal headache (bilateral) lasting about an hour, coming on after an attack of nervous apprehension (8th day).
5. Frontal headache, morning (4th day).
5. Frontal headache became worse in afternoon (5th day).

6. Frontal headache returning first day of menstrual period, disappearing in evening (9th day).
6. Frontal headache (13th day).
1. Frontal headache extending to eyes (3-5 P. M., 15th day, 18th day).
3. Dull frontal headache over both eyes, better out of doors (8 P. M., 20th day).
6. Dull frontal headache, worse on right side, in morning after rising; worse from motion, especially running (2d day).
6. Frontal headache in evening after walking fast (3d day).
6. Dull ache in forehead over right eye, worse from heat and motion (4th day).
3. Frontal headache while sitting in close room, worse using eyes, better out of doors (5 P. M. 18th day, 24th day).
4. Frontal headache which began last evening, continued through this morning and cleared up about 3 P. M. (19th day).
6. Pressive frontal headache, feels as though frontal lobes were heavy and were pressing on eyes; lasting from rising in the morning until evening (5th day).
6. Frontal headache returned in afternoon, better after eating supper (10th day).
6. Severe frontal headache after using microscope (11th day).
6. Frontal headache pressing down on eyes, with coryza, worse in hot room (14th day, 15th, 16th days).
2. Sudden shooting pains in forehead over left eye, leaving a sensation similar to that when a part has been frozen (4 P. M., 10th day).
4. Frontal headache on coughing, worse reading (3d and 4th days).
4. Frontal headache, which had been constant since beginning the drug, ceased entirely within eight hours after temporarily stopping the drug, and did not return until after she began taking the drug again. (H. P. G.)
4. Frontal headache ("sore ache"), while reading in trolley car (6.30-7.30 P. M.), better closing eyes and sitting quietly; disappeared after late dinner (22d day).

10. Severe frontal headache lasting all day, worse on right side, worse in warm room, worse from using eyes or studying; disappeared after taking a long walk in the evening (20th day).
3. Throbbing frontal headache, pain in eyes (1.30 P. M., 13th day).
3. Throbbing frontal headache, worse bending forward or stooping (14th day).
3. Throbbing frontal headache, worse on left side, worse from jar, better after eating, lasting all day (19th day).
2. Heavy, throbbing headache, worse in frontal region, worse concentrating mind, better out of doors (3-4 P. M., 14th day).
5. Frontal headache with throbbing, and with throbbing in temples, worse bending forward, worse motion, worse heat; better from cold, better from pressure (P. M., 5th day and 7th day).
5. Dull ache in forehead and vertex, with throbbing in temples (4th day).
4. Frontal headache, with soreness and throbbing in left temple (evening, 18th day).
2. Heavy, dull frontal headache, with painful throbbing in left anterior temporal region, all morning (17th day).
5. Frontal headache (2.30 P. M.) dull, with aching, throbbing spot in left temple, feeling as if it would burst out; headache worse on ascending stairs, bending forward, and from heat; better from cold and pressure; during headache left eye-lid twitched violently (twitching not controlled by pressure), was very sleepy, the veins of the hands and arms were unusually prominent, a sense of great fulness in chest, and palpitation of heart; in the evening throbbing in temples ceased on going out of doors, the frontal headache continued, also the fulness in chest; whole body seemed tense.
4. Headache in left temple on waking in the morning, with catarrh (2d day).
4. Pressing pain in left temple, worse reading (5-6 P. M., 2d day).

4. Throbbing pain in left temple, full feeling in head, pressive pain in forehead, with palpitation (11th day).
3. Throbbing pain in right side of head (forehead, temporal and parietal regions), involving right eye, lasting only 20 minutes, relieved by pressure on temples (3d day).
2. Heaviness of head, especially of vertex, extending over forehead, where there was a feeling as of something pressed from within outwards (16th day).
5. Dull pain in suboccipital region, which seemed to alternate with a similar pain between scapulæ and another similar pain in small of back (5th day).
1. Throbbing in head, with throbbing of heart, waking her at night (20th day).
2. Great fulness and heat of head, worse at vertex, seemed as though head would burst from engorgement, with throbbing of temporal arteries, redness of ears, feeling of engorgement of eyes, and dull, stupid mind (morning, 12th day).
3. Throbbing in arteries of head, with flushes of heat to head, worse bending forward or stooping (17th day).
4. Full feeling in head, with flushed face and palpitation 10th and 11th days).
4. Headache (temporal) with catarrh, was better on establishment of free nasal discharge (2d day).
2. Vertigo, with great but painless heaviness of head, nausea, coated tongue, disagreeable taste, better in cool, fresh air; lasted 2 to 3 hours (9th day).
5. Scalp, violent itching of, worse scratching (6th day).

EYES:

1. Eyes painful, as though muscles were lame, feel heavy, worse moving them, photophobia (8th day).
2. Heaviness of lids, eyes feel tired, with easy watering, better keeping eyes closed (1st to 6th day).
2. Eyes feel heavy and tired, could hardly keep them open all day, better keeping lids closed (13th and 15th days).
2. Eyes tired and tearful, seemed as though eyeballs were covered with a membrane, much better keeping them closed (14th day).

4. Eyes feel tired with burning of margins of lids (19th day).
4. Eyes feel sore on going out of doors (22d day).
2. Eyes feel as if engorged with blood, but are not bloodshot (13th day).
5. Pain in left eye, with frontal headache (7th day).
5. Sharp, shooting pains in eyeballs, needle-like, worse in left, better pressure (12th day and 13th day).
3. Throbbing pain in right eye, better by pressure on inner canthus (14th day).
- 2, 4, 5. Lachrymation; (bland); when cool air blows in face; on yawning.
2. Itching of left lower lid, especially at inner canthus, rubbing temporarily relieved but thereafter itching became worse than ever; looks and feels as if a sty would form (12th day).
2. Itching of lids, especially lower, feel like rubbing them (15th day).
3. Itching of right eye, worse lower lid and inner canthus, better by rubbing (15th day).
3. Same symptoms as last in left eye (16th day).
4. Twitching of left upper lid (7th, 8th, 12th, 13th days).
5. Twitching of left eye-lid, pressure does not control (3d, 11th, 12th days).
2. Twitching of right upper lid (21st day).

EARS:

2. Redness of ears, during a great sense of fulness in the head (13th day).
4. Tickling in right ear (with catarrh), better swallowing (2d day).
5. Itching in external auditory canals, worse on scratching, better in the cold (10th and 11th days).
5. Same, except better from scratching (15th day).
2. Itching deep in right ear, better rubbing (16th day).
4. Aching pain in right ear extending into throat, worse going out into cold, better from warmth, better from continuous swallowing (4th day).
6. Slight shooting pains in right ear, going towards throat (5th day).

5. Thin, dark yellow discharge from ears (4th day).
6. Left ear, which has felt clogged for several days, discharged a thin, yellow, purulent fluid of disagreeable odor (5th to 19th days), during which time there was no discharge on one day (15th day), and on the 16th day the discharge became thick.
(The ear symptoms of Prover No. 6 cleared up on the third and fourth days after stopping the drug.—H. P. G.)
6. Hearing in discharging ear much impaired (4th to 20th days).

NOSE:

6. Spot on septum just within nares, which feels sore and raw (5th day).
4. Small pustule on right side of nose (7th day).
5. Burning, stitching pains in nose, feeling as if starting a cold, sneezing on rising in morning (3d day).
- 4, 5. Coryza, profuse, thin, watery, bland discharge, out of doors, alternating with extreme dryness of nose indoors first two weeks of proving).
4. (A slight, bland, watery coryza existent at beginning of proving became much worse during first four days of proving, so drug was discontinued from 5th to 7th day [inclusive]; on 8th day the prover having recovered resumed the proving, when the coryza immediately returned. Nose symptoms therefor omitted from 1st to 7th day, inclusive.—H. P. G.).
4. Coryza, discharge yellowish-white muco-pus, worse in cold open air (9th to 14th days).
4. Coryza, discharge colorless, albuminous, only on going into cold open air (15th to 17th days).
3. Coryza, discharge profuse, light-yellow mucus (8th day).
6. Coryza, discharge clear, somewhat stringy, worse coming from cold into warm room, with catarrhal fulness in naso-pharynx, and dropping of thick greenish-yellow phlegm from posterior nares (4th to 6th days); Same symptoms—though worse—with now some excoriation of nostrils (6th day to 12th day); Same symptoms—though worse—with now tingling, burning congested

feeling in nose, with much sneezing and more acrid discharge (13th day); Same,—though worse—with now much obstruction of nose, severe frontal headache, pressing down on eyes, and increase of discharge from both anterior and posterior nares, which is now of yellow and stringy mucus (14th day to 16th days).

- 4, 5, 6. Sneezing (throughout proving).
- 2, 6. Obstruction; left side of nose clogged in the morning on waking, better after blowing out much mucus (This was the first catarrhal symptom experienced by No. 6,—on the 4th day,—and was the only nose symptom developed by No. 2.—H. P. G.).
5. Dryness of nasal mucous membrane, especially left side, indoors, alternating with profuse watery discharge out in the cold air (lasted throughout the proving).

FACE:

4. Flushed (with nervous agitation) (afternoon, 3d day).
4. Flushed (with palpitation) (11th day).
3. Hot, cheeks and lips very red; throbbing in temporal arteries, especially in the evening (12th day).
1. Sensitiveness to touch on inner side of malar bone extending over nose (18th day).
4. Aching sore pain in jaws (rami) in evening (2d day).
5. Lips; dry, especially on waking in morning (4th and 9th days).
4. Cold-sore on right side of lower lip (7th day).
6. Crack in middle of upper lip (16th day).
1. A weak "loose" sensation in lips, unable to control them, as though orbicularis oris was relaxed,—lasting all day (6th day).
1. Lips swollen; with feeling of fulness, heat and throbbing (13th day).

MOUTH:

1. Taste, metallic on tip of tongue (13th day).
- 2, 3. Taste; disagreeable in mouth (9th day).
6. Taste; disagreeable, slimy, on waking in A. M. (2d, 3d days).
6. Taste; nasty in early morning (6th day).

6. Taste; disagreeable, sweetish, in A. M. (4th, 12th days).
5. Taste; bitter, worse on waking in A. M. (3d, 5th, 23d days).
5. Taste; sour in mouth on rising in A. M. (8th, 9th, 11th days).
5. Taste; sour-bitter in mouth in morning (4th, 17th days).
1. Taste; partial loss of, on eating and drinking (11th to 13th days).
2. Tongue, heavy white coating, with narrow red edges, and an enlarged papilla on each side of under surface, with disagreeable taste in mouth (9th day).
2. Two or three enlarged and inflamed papillæ on under surface of tongue, left side, in sublingual folds, sensitive to touch (18th day).
3. Tongue, papillæ red and prominent, especially on edges and tip (6th day).
4. Tongue, coated white in centre, with red edges and tip (2d, 4th days). Prover No. 5 (7th day).
5. Tongue, coated greyish-white in centre, edges and tip red, papillæ on edges and tip prominent (2d, 3d days); and papillæ on right edge sore (3d day).
5. Tongue coated grey in centre, red papillæ showing through the grey, tip and edges red (4th, 6th, 17th, 23d days); and Prover No. 3 (9th day).
5. Tongue coated white in centre, grey edges, enlarged papillæ (5th day).
5. Tongue heavily coated white, even edges and tip, red papillæ prominent in morning, but became cleaner during the day (8th day).
6. Tongue coated greyish-white, entire surface, with slimy taste (2d, 3d, 19th days).
6. Mouth, dry in morning (5th, 7th days).
2. Dryness and rawness of hard palate (15th day).
5. A sore, enlarged papule on inner side of upper lip near right angle of mouth (12th day).

THROAT:

5. Dry and parched, without thirst (7th and 9th days).
2. Dryness of pharynx and posterior nares, which as it grew worse, extended downwards; posterior nares worse on

- swallowing, while the lower throat was better by swallowing (7.30 P. M., 9th day).
2. Dryness and burning of pharynx, and especially of posterior nares, worse early morning and swallowing (11th day).
 6. Dry and raw in morning, with lump of greenish-yellow mucus from posterior nares (7th day).
 3. Fauces and posterior pharynx red inflamed, with great dryness, painful on empty swallowing, but must swallow to moisten throat, better while and after swallowing food and drink worse right side (6th to 9th days).
 1. Sore throat, began on waking in the morning, tonsils felt swollen and spongy, posterior pharynx and faucial arch bright red, worse right side (7th day); feels very dry, as though there was no saliva, with sticking in tonsils on empty swallowing, better while and after eating (8th, 9th days); grew worse after 4 P. M., (10th day) and continued sore till she reported;—Throat dry and raspy, feels as if scorched, worse swallowing anything hot (21st day); the same symptoms continuing, became worse on left side (22d day).
 - 1, 2, 3, 4, 5, 6. Posterior pharyngeal wall, uvula and faucial arch much congested, red and dry (4th to 24th days).
 2. Rawness, with dryness and burning, especially posterior nares, worse on swallowing (16th day).
 6. Rawness, worse left side, on waking in A. M., (5th to 18th days).
 6. Raw and dry in morning, with a lump of greenish-yellow mucus from posterior nares (7th day).
 6. Sharp, sticking sensation in back of throat, and slight soreness of left tonsil, for one hour after rising (4th day).
 3. Needle-like, sticking pains in throat (10th day).
 2. Sensation of a splinter set transversely in throat, not relieved by empty swallowing, better swallowing food (13th day).

STOMACH:

5. Appetite increased, not satisfied, no matter how much I have eaten (10th to 13th days).
2. Hungry, but no appetite (17th day).

5. Hunger with the nausea (9th day).
4. Appetite decreased (3d and 4th days).
4. Appetite lost for luncheon (5th day).
5. Desire for sweets (8th and 11th days). (*Generally cares little for sweets.—H. P. G.*)
4. Thirst increased (unusually), (2d and 3d days).
4. Unusually thirsty; very thirsty for cold water all evening, though feeling cold (15th day).
2. Very thirsty all day (17th day).
4. Eructations,—frequent, tasteless in afternoon and evening (2d day).
4. Eructations,—many during evening, with burning in esophagus (11th day).
6. Eructations,—sour, relieving nausea and pressure in stomach (2d, 3d and 23d days).
6. Eructations,—sour, with distress in stomach, and with headache in the morning (17th day).
6. Eructations, voluminous, with heartburn and nausea (23d day).
4. Regurgitations, sour, of food, half hour after eating the evening dinner (10th and 11th days).
6. Nausea; while riding in the car, better from sour eructations; better walking in the open air (2d, 3d 8th, 10th and 19th days).
5. Nausea while riding in the car, better on going into the cool air (9th day).
5. Nausea all afternoon, better drinking cold water, and disappeared during a walk in the cool air, but returned in one and one-half hours after eating supper (9th day).
2. Nausea after eating a meal (20th day).
2. Nausea, with dizziness, and intense heaviness of head, coated tongue, and disagreeable taste in mouth; better in cool, fresh air (9th day).
6. Nausea, stomach felt distended with gas, better from eructations (23d day).
6. Nausea, with heartburn and voluminous eructations, which became worse after going to bed (23d day).
6. Nausea, with faintness in afternoon while operating (8th day).

6. Distress in stomach as from pressure of gas (5 P. M., 2d day).
4. Heartburn in the evening (11th day).
6. Heartburn, with nausea and voluminous eructations (23d day).
5. Pulsating in epigastrium (14th day).
5. Gnawing, empty pain in pit of stomach, better from eating, but soon returns (9th and 11th days).

ABDOMEN :

(GENERAL.)

5. Stiffness, soreness and lameness of abdominal muscles, worse on left side, especially in axillary lines, can hardly turn body, worse from any motion (6th, 7th and 8th days).
4. Soreness of abdominal muscles on coughing, worse left side (3d, 4th and 5th days).
6. Distention by gas (15th day).
2. Painful distress in abdomen, worse in epigastric region, feeling as if stomach was filled with gas, worse on pressure and on walking, better after supper (19th day).
2. Great distress in abdomen, which seemed filled with gas which rolled around with gurgling sounds, followed by a loose stool with much flatus, and later by several loose stools during night and early morning (21st day).
1. Any constriction of clothes intolerable (11th day).
2. Colicky, crampy pains, with empty, gone sensation in epigastrium, and with desire for stool, but only flatus passed, after which pains were relieved; pains were better doubling up in the early mornings during the menstrual period (11th, 12th and 15th days).
4. Sharp, colicky pains in bowels (12.15 P. M. and 10.30 P. M.), lasting only five minutes, better by bending forward and better passing flatus (11th day).

(UMBILICAL REGION.)

2. Drawing, dragging pains across middle of abdomen; feeling as if adhesions were being pulled, worse walking; better sitting down, lasted only fifteen minutes (17th day).

(SIDES.)

2. Jerking, cutting pain at McBurney's point, lasting two or three minutes, disappearing on pressure (4th day).
2. Dull, cutting pain in McBurney's point, in morning, lasting only a few minutes (17th day).
2. Cutting pain in spot between left anterior superior spine of ilium and umbilicus, lasting only a few seconds (19th day).
2. Cutting pains at McBurney's point, alternating with similar pains at corresponding point on left side; pains on both sides extending into inguinal regions (21st day).
3. Many fleeting, cutting pains, with throbbing, in right side of abdomen at McBurney's point, lasting all day, worse rising from sitting (18th and 21st days).
4. Sharp pains in left side of abdomen, at a spot two inches within and directly opposite left anterior superior spine of ilium, on every hard cough (4th day); this area especially sore as after-effects of yesterday's violent coughing (5th day).
5. Pain in sides of abdomen, between ribs and bones of pelvis (4th day).

(LOWER.)

1. Sensation of fulness in lower abdomen (during menstrual period), evening (14th day).
3. Cramping pains in lower abdomen, at intervals of about five minutes, with feeling as if must go to stool (but did not) lasting about half-hour, early morning (10th day).
3. Shooting, darting, lightning-like pains in lower abdomen, going down to pelvis, transient, lasting only about three minutes, attacks coming on at intervals (10th day).
3. Same symptoms in two short attacks (6.15 and 9.30 P. M.), the last attack accompanied by expulsion of much flatus, which immediately brought relief from pain (11th day).
3. Sticking, cutting pains in hypogastrium lasting only a few minutes (17th day).
4. Sudden, sharp, stabbing pains in left lower abdomen, lasting only two minutes (15th day).

5. Excruciating griping colic, feeling like a uterine contraction, during defecation (15th day).

(INGUINAL.)

5. Dull aching pain in both inguinal regions, as though in sides of pelvis, extending downward and backward, with backache worse standing and walking (5th and 6th days).
1. Dull pain with throbbing in region of left ovary, lasting about ten minutes, at intervals during first three days of menstrual period; also in region of right ovary (13th, 14th and 15th days).
3. Throbbing pains in left inguinal region, just before menses appeared (13th day); continued at intervals all day (14th day).
2. Cutting pain in right inguinal region, extending to anterior part of hip-joint, lasting only a minute or two (18th day).

(PELVIS.)

5. Dull, aching, bruised sensation in whole of pelvis in morning, passing away in afternoon (8th day).
5. Dull aching through whole pelvis, with bearing-down ache in afternoon and evening, worse walking or riding in cars (17th, 18th and 19th days).
5. Colicky, crampy pains in pelvis, felt like uterine contractions, had to double up, with bearing-down pains, causing desire for stool, but no stool resulted, lasting two hours in the evening (7th day); same symptoms during defecation (21st day).
5. Terrible cutting, bearing-down pains ("excruciating") in uterine region, running down thighs to knees, worse in right thigh, better by lying prone on abdomen (6 P. M., 21st day).
2. Sudden pain in left side of pelvis, as though a bolt had shot through and downward (just before menses appeared, 7.30 A. M., 10th day).
2. Heavy, drawing sensation in pelvis just before menses began to flow (10th day).

2. Heaviness in pelvis, with cutting, penetrating pains which seemed to come from without and went inward and downward through uterus and vagina, and extended through anterior parts of thighs, lasting about a half-hour, early in the morning, during which time there was a little bland, watery leucorrhea (21st day).
6. Shooting pains in pelvis, going downward (7th day).
6. Constant dull ache in pelvis second and third day of menstrual period, better in evening of second day (10th and 11th days).

(To be Continued.)

CASE CONFIRMATIONS.

By Herbert E. Maynard, M. D., Boston, Mass.

During an epidemic of sore throats in and about a hospital most of which were diagnosed by the pathologist as streptococcus infection, the following symptoms were fairly constant:

The attack usually commenced suddenly with extreme prostration; some aching of the back and extremities, and in almost all the cases marked pain and stiffness in the back of the neck and head, and severe pain on swallowing. For the first twenty-four hours there was very little to be seen in the throat, then in most cases redness of one side, usually left; slight swelling of tonsil on that side followed by the appearance of a pearl-gray or yellowish membrane either on the tonsil, the faucial pillar, or, in four cases, on the posterior wall of the pharynx. In four cases there was extreme puffiness of both the uvula and soft palate; swallowing was very painful, but in 8 out of 17 cases, all starting on the left side, there was considerable relief from hot drinks. One case had severe pain extending from right side of throat up through head to above right eye; glandular swelling was not marked and there was little salivation.

All the cases had chilliness; none were sweaty, and in all except one the temperature remained low; 97.6 to 100, with a very high pulse, 120 to 140. The odd case ran a temperature

mus symptoms. Conversation causes fatigue, heaviness in the head, sleeplessness, oppression of the chest, sweat, anxiety, tremor and quivering; general nervousness and irritability.

SLEEP.

Some cannot sleep because of business thoughts and others cannot sleep but know not why. Sleeplessness after 1 A. M. *must* be thought of with other remedies. Sleepy when retiring but as soon as the head touches the pillow is wide awake; continues so for hours, restless, tossing or simply unable to close the eyes. This symptom is very strong.

Atmospheric conditions and heat regulation should be checked up and even the skin is not without peculiar symptoms.

For clinical use Jahr's *Manual*, *The Materia Medica Pura* and the *Guiding Symptoms* are advised, as varying interpretation of the same symptoms helps. Boger's interpretation of Boenninghausen's *Characteristics* gives still another slant to the aspects and the notation of allied remedies and concordance in the same book may be needed at times. For quick decision Allen's arrangement and suggestions in his *Materia Medica of the Nosodes* is incomparable.

PROVING OF THYROID GLAND.

By

The Materia Medica Laboratory of the New York Medical
College and Hospital for Women.

Made Under the Auspices of
The American Institute of Drug-proving.
1918.

Director of Proving—H. P. GILLINGHAM, M. D.

(Continued.)

RECTUM AND ANUS:

5. Much involuntary escape of flatus smelling of hydrogen-sulphide (12th, 13th and 14th days).
3. Same (16th day).
6. Severe itching of anus, with some burning, on going to bed at night, and continuing several hours (4th, 5th, 6th, 10th, 16th and 20th days).

6. Itching of anus during day and evening (5th and 6th days).
3. Soreness of anus, worse when walking (13th day).

STOOL:

5. Soft formed stool of normal color, accompanied by excruciating griping colic in hypogastrium, like uterine contractions, and expulsion of large amounts of flatus having odor of hydrogen-sulphide (15th and 21st days).
3. Profuse watery stool after breakfast, smelling of hydrogen-sulphide (24th day).
2. Diarrhea of dark-brown fluid, beginning at 1 A. M. lasting till 7 A. M., preceded by abdominal distention and borborygmi (21st day).
3. Constipation; stool small, with much urging (16th day).
3. Constipation; stool omitted all day (18th day).

URINARY ORGANS:

5. Frequent urging to urinate, must hurry, cannot wait; urine increased in amount; colicky pain in hypogastrium when bladder is even slightly distended; burning in whole of urethra during whole of urination (9th to 13th days).
1. Intermittent attacks of uneasiness in feeling of fulness in bladder throughout day, as though over-distended, with urging to urinate, with shivering sensation, as though a cold wind was blowing over her body, worse on back and upper extremities; each attack lasting only a minute or two (6th day).
1. Feeling of fulness in bladder lasting three hours (18th day).
1. Uneasy sensation in bladder, as though relaxed, but with no urging to urinate nor inability to hold urine (8th and 11th days).

GENITAL ORGANS:

1. Menses fifteen days too early; began with pain in left ovarian region (see abdomen), (13th day); scanty and pale, but increased and became normal in color in even-

- ing (14th day); ceased in evening (16th day); lasted three and a half days.
2. Menses six days too early, but not preceded by the terrific thumping headache nor the leucorrhœa as usual, nor accompanied by the excruciating dragging pelvic pains usual during the first seven or eight hours of the period; lasted four days (10th to 14th days).
 3. Menses preceded by gnawing sensation in uterus, with bearing-down pains extending into vagina, worse from jarring, as in walking, or sitting down suddenly (13th day); menses one day too early, very scanty, lasted only three days; started again after three days' cessation, and lasted twelve hours (13th to 19th days).
 4. Menses two days too early; ushered in at night with a general oily sweat of peculiar musty color, feeling tired, weak and sick, but with no pain; felt better after rising and moving about; flow moderate in amount, bright red, rather more during night than during day, no pain; same oily, musty-smelling sweat second night; flow became darker red toward end of period, and less at night; lasted five days (15th to 19th days).
 5. Menses two days late; first two days—thin, pale and scanty, odorless, painless save for a dull ache in uterus while walking (20th and 21st days); third day—menstrual flow in gushes on arising in morning, stopping when I sat down, but gushed again when I stood up; at about 9 A. M. there began severe contracting pains in uterus, running down thighs, where pains became drawing and constant; these pains continued all the forenoon, coming on every ten to fifteen minutes and lasted two or three minutes; during all this time I flowed profusely; in afternoon had only three paroxysms; in evening had little, sharp, lancinating pains which seemed only about an inch long and shooting in all directions; these pains seemed to be in the broad ligaments and ovaries rather than in the uterus, causing a desire for stool, though defecation relieved neither the pains nor the desire; they were worse on motion, walking, or riding in the cars; better from hot applications, and by

lying flat on abdomen (22d day); fourth day—flow profuse and dark-red (23d day); fifth day—flow dark-red to brown, scanty, ceased; lasted five days (24th day).

6. (She has always been from two to twelve days late.) Menses ten (10) days too late; began with paroxysms of severe labor-like pains in pelvis, bearing down, sometimes worse on left side, continuing for three hours, and then followed by a constant ache in pelvis; later in day were added paroxysms of sharp, shooting, knife-like pains going from either side of abdomen down to vagina, and a hard aching in lumbar region and also in legs from knees down; the flow was profuse, thin, lighter-colored than usual; I was cold, unable to get warm, restless, tired and worn-out all day, and could not sleep at night (first day of period—9th day); second day—flow not as profuse as usual, dark-red, almost black, contains shreds of mucous membrane half an inch long (10th day); fourth day—flow much less, very dark (12th day); fifth day—flow scanty, thick and dark; ceased (13th day).
2. Leucorrhœa; watery, bland (21st and 22d days).
5. Leucorrhœa; profuse, white, yellow, blood-streaked, bland, only in afternoon, only while walking (4th to 8th days).
6. Leucorrhœa; profuse, thin, milky, bland (6th, 8th and 23d days).

RESPIRATORY ORGANS:

4. Hoarseness (1st and 2d days).
4. Hoarseness with cough, better from expectoration (2d day).
5. Hoarseness, worse in morning, worse talking (6th day).
4. Larynx feels dry (1st day).
5. Larynx, sensation of oppression or constriction in (11th day).
- 3, 4, 6. Larynx, tickling in, causing cough (at intervals throughout proving).
6. Larynx, soreness of, with cough, worse when pressing on larynx (17th to 19th days).

4. Larynx, pain in, extending to right eustachian orifice (1st and 2d days).
4. Cough; hoarse, dry, caused by tickling in larynx, worse in morning (1st, 2d and 15th days).
3. Same (14th day).
4. Cough, dry and whistling, severe and almost continuous all morning, worse in cold open air, worse in morning after rising, with tickling and scraping behind whole sternum, causing frontal headache, soreness of abdominal muscles, and soreness of chest anteriorly, and posteriorly at inferior angles of scapulæ; "the more I coughed the more I had to cough" (4th, 13th, 14th and 15th days).
4. Cough, violent and spasmodic during whole day, frequent at night, but much worse during day, dry and whistling; every cough causes a sharp pain in left side of abdomen, at a point two inches within and directly opposite the anterior superior spine of the ilium; expectorating a large quantity of yellowish or greenish muco-purulent matter after a particularly severe coughing spell in the morning after rising, which for awhile relieved somewhat the cough and respiration (2d, 3d and 4th days).
6. Cough, dry and tickling, afternoon, worse going from cold into warmth, causing soreness of abdominal muscles (13th to 18th days).
5. Cough, barking, wheezing (4th and 5th days).
4. Cough, rattling, expectoration of thick green mucus; much sneezing (3d day).
4. Cough, rattling, with scraping behind upper sternum; causing headache, feeling of plug pressing in left temple and abdominal soreness, worse on left side (3d day).
4. Cough became loose and less frequent during the eight hours succeeding the temporary discontinuance of the drug (4th day), but returned in a few hours after resuming the drug.—H. P. G.
4. Cough, loose on waking in morning (9th day).
6. Cough, loose, with free expectoration (13th and 19th days).

4. Cough, spasmodic, dry and whistling, with sensation of dryness and scraping behind upper part of sternum, worse going into cold air (16th and 18th days).
4. Cough, with same characteristics, except that it was worse on entering a warm room coming from the cold open air (15th day).
4. 6. Expectoration; thick, yellow, yellowish-green, green, mucus, muco-purulent, profuse, lumpy.

Summary of coughs: Aggravations mornings: mornings after rising; from coughing; after waking in morning; in cold air; on entering a warm room from cold open air; in evening; at night.

CHEST:

- 2, 6. Breasts swollen, tender, painful on pressure (2d to 6th days).
2. Momentary sticking, stitching pains in left infra-clavicular region and anterior axillary region (10th day).
1. Throbbing pain like a beating on a sore spot, at intervals during day and night, sometimes at apex of heart and sometimes to left, towards axillæ (7th day).
3. Throbbing pain to the left of the middle of the sternum, with thumping of heart as though a hammer was hitting back of sternum, lasting only about one minute (8th day).
1. Pain in lower mid-sternal region as if the bone would split or crack, later extending or radiating toward the left as far as mid-clavicular line, worse on adducting arms; painful region sensitive to and made worse by pressure, accompanied by a nervous, uneasy feeling in chest; later from 5 P. M. through evening and night, with restless sleep, frequently waking (3d day).
1. Splitting pain starting and centering in ensiform appendix, but with the nervous, sensitive feeling radiating to the right as well as to the left side of chest (4th day).
1. Splitting pain in ensiform appendix, with accompanying nervous, sensitive feeling radiating from sternum towards both axillæ, returned almost daily through proving, with sundry variations, as—sternal region

feels sore as though bruised, sensitive to touch, remaining after splitting pain had left; splitting pain in ensiform, ending with a quick, throbbing pain in same region; splitting pain in ensiform followed by a few throbbing pains in apex of heart, and these followed by a throbbing pain in left ovarian region, lasting two minutes; splitting pain in ensiform with, or followed by, disagreeable rapid thumping of heart and shivering sensation, all ending with one quick, sharp pain in apex of heart; splitting pain in ensiform, worse on adducting arms, worse on inspiration, worse on bending forward; splitting pain in ensiform was always accompanied by a nervous, sensitive feeling in chest, and a bruised, sore feeling in lower sternal region, which remained after the splitting pain had left, and the attacks lasted variously from five minutes to fourteen hours (3d to 24th days).

1. Feeling of compression in chest, as from fulness at about level of seventh rib anteriorly, causing nervous uneasiness (10th, 21st and 22d days).
5. Sense of fulness in chest, with palpitation, general feeling of tenseness, and bursting, throbbing headache—(Blood-pressure 15 mm. g. higher than usual.—H. P. G.). (3d day.)
5. Chest feels oppressed, craving for fresh air (4th day).
5. Dull, bruised, stiff aching in right pectoral muscles (23d day).

HEART:

1. Sharp pains, three, in left side of base of heart, followed an hour later by two sharp, bursting pains in apex (4 P. M., 6th day).
1. Sharp, pricking pain in apex, lasting only a second (15th, 21st, 22d and 23d days).
4. Sticking pains in region of heart, with palpitation, worse after walking fast, or after any exertion (10th, 11th, 21st, 23d and 25th days).
5. Sharp sticking pains in heart seeming to come from under heart, following instantly on a splitting pain between shoulders (2.30 P. M., 8th day).

4. Sticking pains in region of apex, extending upwards toward the base (24th day).
4. Sudden, sharp, knife-like pains in region of apex, lasting only a minute or two, during which time pulse was irregular; pulse 90 (23d day).
 1. Throbbing pain in region of apex, like a beating on a sore place, somewhat to left of heart toward axillæ, lasting only a few seconds, at intervals, day and night (7th and 8th days).
1. Slow but heavy throbbing of heart, waking from sleep (11.30 P. M. and 5 A. M.), with weak and cold feeling all over body, nervous, apprehensive feeling, and throbbing in head (17th to 20th days).
3. Thumping of heart, with pain on left side of middle of sternum, as though it were being pounded with a hammer, lasting only about a minute (8th day).
 - 1, 4, 5, 6. Palpitation (frequent intervals throughout proving).
 1. Felt heart pulsating disagreeably on walking (2 A. M., 6th day).
 1. Felt heart pulsating disagreeably while lying on back (2.30 P. M.), with general uneasiness and chilliness, latter worse on rising, becoming a shivering which lasted three hours, with heart palpitating disagreeably meanwhile (6th day).
 5. Conscious of heart beating too strongly (4th day).
 1. Strong palpitation of heart while resting in afternoon (10th, 15th, 20th, 23d and 24th days).
 1. Awakened (2 to 3 a. m.) by fluttering of heart, with a frightened feeling, not relieved by any change of position (7th to 24th days).
 1. Fluttering of the heart worse lying on left side (13th and 20th days).
 1. Palpitation, causing uneasiness and nervous apprehension, and tremulousness of hands (6th to 24th days).
 5. Palpitation, with headache, fullness in chest, general sense of tenseness, and sleepiness, pulse 96, (4 p. m., 6th day. Blood-pressure 15 mm. Hg. above usual. H. P. G.).

4. Palpitation, felt under high tension and very nervous, face flushed, thirsty, pulse 106 to 124, temperature normal (3d to 20th days).
4. Palpitation with sticking pain in region of heart, with fullness in head and flushed face, pulse 106 (10th day.)
4. Palpitation after spasmodic coughing (2d, 3d and 4th days).
4. Palpitation lasting 20 minutes, with fullness in head, pressive pain in frontal region, flushed face, nervous and fidgety, (1.30 p. m.); again, same (10 p. m.), with throbbing in left temple, in bed before going to sleep (11th day).
4. Again, same symptoms (5 p. m., 15th day).
4. Pulse small and irregular, dropping a beat every 20 seconds (evening, 1st day).
4. Pulse irregular and rapid (106) one hour after a chill (2d day).
6. Pulse irregular during afternoon and evening, some beats too strong and others too weak, but could plainly hear every beat in my ears while lying (10th, 16th and 19th days).

NECK:

6. Left submaxillary gland swollen and tender, with discharge from left ear (6th and 7th days).
5. Submaxillary glands swollen and hard, sore and sensitive to pressure (6th to 11th days).
4. Cervical glands, both sides, near angles of jaw, enlarged, painful and very sensitive to touch (2d, 3d and fourth days). (Note: This swelling and sensitiveness of the cervical glands became nil during the eight hours next succeeding the temporary discontinuance of the drug. H. P. G.)
5. Small swollen glands under angles of jaw, both sides (10th day).
1. Right cervical glands swollen (15th day).
6. Left parotid gland sensitive to touch, with purulent discharge from left ear (8th day).

6. Right parotid gland palpable and tender (11th day).
2. Sharp cutting pain in both parotid regions extending into ears (8th day).
4. The pre-existing enlargement of the thyroid gland was more pronounced on the 10th to 14th days, but on the 19th day had noticeably decreased. H. P. G.
5. Sides of neck under angles of jaw sore and sensitive to pressure (9th day).
2. Jerking, cutting pain in spot below left mastoid (13th day).
5. Dull aching of back of neck with stiffness, worse on left side, better from continued motion (5th and 10th days).

BACK:

(Scapular Region)—

5. Dull aching pain between shoulders alternating with similar pain in occiput and another similar pain in small of back (5th day).
5. Sudden sharp pain between shoulder-blades as if spine were being split with a chisel, followed almost instantly by a sharp, stitching pain in heart which seemed to come from under the heart (2.30 p. m., 8th day).

(Lumbar Region)—

5. Pain across small of back, with pain in pelvis, worse walking (5th day).
6. Tired, aching in lumbar region (8th, 9th, 11th and 19th days).
6. Aching in lumbar region worse during menstrual period (9th to 12th days).
5. Dull aching across small of back, worse standing and walking, better from pressure (11th day).
2. Transient cutting pains in upper lumbar region, passing from right to left, worse bending forward (12th day).

(To be Continued.)

THE MIRROR.**A. Pulford, M.D.**

We had the opportunity of reading, in the J. A. I. H., an article under the caption "Drifting," by David A. Strickler, M.D., Denver, Colo. The title is very appropriate and brings to mind some remarks made awhile ago to the effect that over 2000 years ago there was conceived in superstition and born of ignorance a something that at birth was tied to the stake of amoebic inactivity, and was there left to flounder or drift at will. Each move was labeled progress and the something dressed in a new garb. Today that garb is named "Modern Medicine."

"Truth crushed to earth shall rise again," yet the truth cuts just the same, but if we are not cowards let us face the truth. Just as religion has lost its ideals in pomp and pageantry, so has medicine lost its ideals in the greed for gain and political power.

We glean from Dr. Strickler's article that the people can be best served by "maintaining a high standard of medical licensure." Hahnemann is reported to have said: "The physician's only aim is to relieve the sick, to cure as it were." Which shall it be in the future, to study a lot of impossible things in order to be able to pass a State Board examination, or to learn a lot of useful things that will enable us to relieve or eradicate the sufferings of our fellow-man without having to hack him to pieces and kill him off on the installment plan? A high standard of medical licensure by a board, whose practical knowledge of curative medicine and other branches they elect to control is practically zero, is a menace not only to the public in general, but to the medical fraternity in particular. It obstructs progress. Until those who compose the medical examining boards possess a working knowledge of all the systems they attempt to regulate, they will be as successful as they who try to change the course of the wind. Dr. Ensign made the trite and truthful remark that: "A good doctor does not need a license and a bad one should not have one." It seems to be a hard lesson for the political doctor to learn that: "Legal force will not displace education." It is not a bit strange that college graduates should support and vote for Chiro, Osteos and C.S.'s. The reason they do will be found in the mirror if the great medical fraternity will look therein.

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R. F. RABE, M. D., Editor, 616 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

EXOPHTHALMIC GOITRE.—Homœopathy has a great deal to offer in this disease; of course, theoretically at least, any one of our great constitutional remedies may be required, depending upon the type of patient and characteristic syndrome present in the case. Thus *Iodine* will be required, when a constant hunger, unsatisfied by the usual meals, is present. The patient always feels better while, during and immediately after eating, in other words, upon a full stomach, which, however, does not stay full long, so far as the patient's feelings are concerned. These iodine cases tend to lose flesh, in spite of the extreme appetite; desire for and an amelioration in the cool open air is typical, tachycardia and intention tremor are present, trembling internally and externally is complained of. At times we find constrictive pains about the heart. The complexion is usually dark, hair brunette. With these essential symptoms and conditions present, Iodine will not disappoint us.

Natrum Muriaticum is very often called for, particularly in women whose menses are inclined to be irregular, especially late and scanty and preceded by mental depression, tearfulness and irritability. In this remedy there is a decided disinclination to accept the sympathy and comforting of others, but rather a disposition to be let alone. Thirst is often present, though this is a symptom which need not always be marked for the remedy to be indicated. A desire for acids and particularly for salty things, as well as for much salt itself, is distinctly typical. As with Iodine, the *Natrum mur.* patient may be possessed of a rather large appetite, yet does not grow stout, in spite of

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much food. Cardiac symptoms are frequent, palpitation, aggravated by lying on the left side; sensations of fluttering and of oppression. Rapid heart and pulse rate will of course be found. The *Natrum mur.* patient takes cold easily and is then troubled by hot, excoriating, watery nasal discharges, much sneezing and usually annoying herpes labialis. Constipation is the rule in this medicine.

Thyroidin in potencies from the medium such as 12x, to the high and highest, 200th, 1000th, 44 m and cm, is a wonderfully efficient remedy in this disease. Tachycardia is one of its keynotes, dry skin is another, likewise disturbed and restless sleep and more especially, marked sensitiveness to cold. These thyroidin patients cannot tolerate cold; but constantly need plenty of heat, complaining of cold extremities especially. Menstrual irregularities are common, particularly a tendency to menorrhagia. Physical depression, easy exhaustion from slight effort and mental irritability are all typical. Exophthalmos, tremor and tachycardia have more than once been greatly reduced by this agent. Too crude dosage or too frequent repetition of the remedy should be avoided. Itching of the skin, worse at night, is a reliable and valuable indication. Gillingham's proving of this remedy, now appearing in THE HOMŒOPATHIC RECORDER, is a masterly one and will repay careful study.

Lycopus Virginicus has often been lauded for its supposed usefulness in exophthalmic goitre and is employed empirically by many physicians who use it in rather large doses of the tincture. Hinsdale, professor of homœopathic materia medica in the Ohio State University, proved this drug in 1917. With reference to exophthalmic goitre his conclusion is that "Lycopus has long been a prominent remedy for Grave's disease, a condition usually associated with a high blood pressure. It appears that any benefit that this drug produces in this condition rests upon an allopathic rather than a homœopathic basis. There are conditions to which *Lycopus* is homœopathic, but Grave's disease is not apt to be one of them." Our own experience verifies his statement.

We have, in conclusion, seen some cases of exophthalmic goitre apparently cured by the homœopathic remedy, but we have seen more cases modified than cured. Some have withstood all efforts

and have passed into other, usually surgical hands. So far as the disappearance of the goitre itself is concerned, internal therapy is more often disappointing than otherwise.

Verified Clinical Symptoms of Thyroidin.

Trembling of entire body and limbs.

Visible tremor. Sensation of *internal trembling*.

Itching of the skin, without eruption and < at night.

Increase of appetite and hunger after eating.

Sensitive to noises; *easily startled*.

Palpitation < any effort < emotional excitement.

Tachycardia.

HOMŒOPATHY IN ITALY.—The Italian government, by royal decree, has officially recognized the homœopathic pharmacopœia and has appointed Dr. Dandolo Mattoli of Florence, a member of the superior sanitary council, as an expert in homœopathy, with instructions to finish the compilation of the Italian Homœopathic Pharmacopœia.

Italy thus becomes the first European government to officially recognize homœopathy. Great credit is due our indefatigable and enthusiastic colleague, Dr. Mattoli, for his persistent work in bringing about this result. THE HOMŒOPATHIC RECORDER extends its hearty congratulations to the homœopathic profession in Italy. Viva Italia!

ASTHMA AND ITS CURE.—It has been said that the more one sees of asthma, the less one knows about it; certainly no two cases are exactly alike, especially as regards causative influences. Homœopathically considered, if we eliminate certain mechanical reflex factors, we must treat asthma on the basis of a chronic constitutional disease, in harmony therefore, with Hahnemann's doctrine of the chronic dyscrasiæ, psora, sycosis, syphilis, or any of their possible combinations. It is most likely that we are concerned with the first two and of these, with sycosis especially. There is a practical side to this idea, for we are enabled to select antipsoric and antisyctic remedies of real help oftentimes, when a campaign directed at the acute attack only, will fail of really good results. Hence here again, it is borne in upon us, that the most careful case-taking is first to be considered and is of the greatest importance and value.

4. Follicular pharyngitis.
5. Restless feet; rocks hard; is nervous.
6. Ravenous hunger with sour belching; but very weak and exhausted.
7. Weeping attacks; sits with head in hands.
8. Amelioration; cool air.
9. Neuropathic inheritance.
10. Urine and heart normal. *Merc-cor* C. M. later followed by the MM has slowly made him a ruddy, healthy looking boy full of vim and vigor.

PROVING OF THYROID GLAND.

By

The Materia Medica Laboratory of the New York Medical
College and Hospital for Women.

Made Under the Auspices of
The American Institute of Drug-proving.

1918.

Director of Proving—H. P. GILLINGHAM, M. D.

UPPER EXTREMITIES:

2. Bruised pain in right shoulder (trapezius) with heaviness of arm, worse on moving arm, especially raising it, lasting all day (10th day).
2. Bruised pain in left shoulder and arm, especially region of biceps, in morning for two hours after rising (14th day).
5. Soreness and lameness in right trapezius, better on motion (1st day).
5. Soreness of left deltoid (1 p. m.), worse from pressure, disappearing toward evening (2d day).

NOTE.—The numbers to the left of each symptom, refer to the particular prover in whom the symptom was produced.

2. Short, stitching, catching pains in right metacarpophalangeal joints, worse from rest, better from motion, lasting only 5 minutes (6th day).
5. Superficial veins of hands and arms very prominent and dilated, stood up like ridges (during headache and fullness in chest) (3d day).
1. Fine, nervous tremors of hands (8th day).
4. Hands tremulous, feel generally nervous and fidgety (after an attack of palpitation) (20th day).

LOWER EXTREMITIES:

6. Shooting pains from hips down to feet (12th day).
4. Peculiar sensation of lightness and weakness especially in left extremity (11th day).
2. Short, stitching pain in left hip-joint, coming and going, worse during rest, better on motion, lasting only 15 minutes (6th day).
4. Pain in muscles of backs of thighs all afternoon and evening, worse on motion (11th day).
3. Weakness and heaviness of thighs and legs, especially after going up stairs (9th day).
1. Nervous, tingling sensation in anterior parts of thighs, worse standing or walking, better from pressure (13th day).
5. Wakened at 4.30 a. m. by two violent contractions of the tensor vaginæ femoris, better from massage and from standing on feet (14th day).

SKIN:

2. Slight papular eruption here and there, with itching (16th day).
2. Pimples on forehead (these usually come before menstrual period, but came this time after the period) (16th day).
3. Pimples on back of neck and behind right ear (16th day).
1. 5. 6. 2. Itching; intermittently throughout proving.

5. Itching, severe, of whole right breast (a. m.), not relieved by scratching, disappeared in afternoon (8th day).
1. 2. 5. 6. Itching of scalp, worse on scratching; itching of various places, as: face, cheek-bones, behind ears, lower jaw, neck, shoulder, left shoulder, arms, in scar on arm, right arm, hands, palms of hands, backs of both little fingers (last phalanges), thighs, left knee, feet, soles of feet—intermittently throughout proving.
5. Creeping itching over whole body (8th day).
5. Violent itching of soles of feet, worse standing, also of palms of hands, both worse scratching, worse from warmth, better from cold (8th to 25th day).
1. Itching returned after a hot bath (21st day).
2. Itching, intense, worse on scratching, but I could not keep from scratching (16th day).
6. Itching of a scar on arm (an incised wound not quite healed), which was not relieved by scratching, but then stung and burned (5th day).

SLEEP:

4. Unusually sleepy, dull, confused, unrefreshed, and tired in the morning after rising (2d, 4th, 11th and 19th days).
5. 6. Sleepy and lazy all day, could hardly hold head up, constant yawning and stretching worse in warm room, worse afternoon, disappeared on going out of doors (3d, 4th and 6th days).
2. Intense drowsiness (and weakness) in evening (20th day).
1. Strong desire to yawn, each effort cut short by a quick gasp, something like a hiccough; about 25 efforts in all, until finally there were three or four correct yawns (13th, 14th days).
1. Sleep restless, "just couldn't sleep" (7th day).

1. 2. 3. 4. 5. 6. Sleep restless all night, disturbed by many, and for the most part, horrible dreams, throughout the proving.
1. Sleep disturbed (interrupted) by slightest sound; "the street beyond my window seemed unusually noisy and lighted up" (3d day).
3. Same (11th day).
6. Could not get to sleep till after midnight, and then was awakened several times by ordinary noises which generally do not disturb me; was very restless and nervous all night, with much twitching and jerking (5th, 6th and 23d days).
1. 2. Awakened from sleep at night by tumultuous action of heart, or by palpitation (6th to 20th days).
1. Awoke from restless sleep at 2 a. m. lying on left side, overheated and feeling heart pounding, and with feeling of uneasiness and fullness in bladder (momentary) (6th day).
1. Every night (since third night) sleep soundly till about 2 a. m. when I awake and stay awake for about three hours; this is very unusual; heart is either fluttering or thumping hard; sensation of general coldness, weak, restless, not comfortable in any position, very nervous mentally; often awakened by slightest sounds; sometimes awakened with same symptoms as early as 11.30 p. m., falling asleep after two or three hours and again waking around 5 a. m. with same symptoms (3d to 20th days).
2. Restless, disturbed sleep after midnight, could not fall asleep again, tossing from side to side; while asleep was conscious of all about me, could hear ticking of watch (7th day).
1. 2. 3. 4. 5. Very restless nights; no sleep after 2 a. m., throughout proving.
6. Restless and fidgety all night, with pressure of gas in stomach, eructations and heartburn (23d day).

(Dreams)—

1. Dreamed of being dissected, muscles of neck, chest and arms were laid bare, and I couldn't move because of tension of these muscles (6th day).
2. Dreamed that I was dying and my friends stood about and made merry; awoke in fright with palpitation of heart and crying (6th day).
2. Many dreams of quarreling (14th day).
2. Awakened several times by terrible dreams; and once I dreamed that I was dying of diphtheria (17th day).
2. Dreamed that I was attacked by a band of ruffians against whom I was struggling; I seemed to be suffering very much (23d day).
3. Many confusing dreams, poorly remembered (3d day).
3. Many amusing, vivid dreams (5th day).
3. Dreamed of suffocating, due to feeling of stricture around waist, and that I had to rush out of doors for air (6th day).
4. Dreamed that my pulse had stopped (3d day).
5. Dreamed of beating a man to death with a chair; had a satisfied feeling when I saw the man lying dead; awoke calm (4th day).
3. Many dreams all night; slept poorly; sleepy and depressed in morning (14th day).
5. Walked in sleep (3d day). (This was common with me when a small child, less frequent up to about two years ago, not at all during past two years).

FEVER:

1. 2. 4. 5. 6. Chilly; all day; all evening; in afternoon; at night on first day of menstrual period; with trembling; with palpitation; with hot head; with nervous apprehension; with thirst for cold water (at intervals throughout proving).

1. Chilly and nervous (2.30 p. m.) while lying, with palpitation, wanted external heat, chilliness worse on rising, then becoming a shivering sensation in upper part of body and upper extremities, body felt cold to touch, head hot, heart beating too strongly, region about ensiform appendix felt bruised and sensitive to touch; attack lasted till 5.30 p. m. (6th day).
4. Chilly, 5 p. m. (4th day); 7 p. m. (9th day).
2. Chilly in evening, with trembling, could not get warm even when close to the fire, nor from drinking hot tea (15th day).
4. Cold sensation (evening) with unusual thirst for cold water (15th day).
6. Very cold at night, could not get warm even with hot-water bag (14th day).
6. Chilly, cold, first day of menses (9th day).
4. Chill (6.45 p. m.), beginning with general sensation of coldness, hands cold and purplish, followed by a shaking chill, after which there was no rise of temperature, though the pulse went up to 106 and respiration rate remained unchanged (18); after this chill passed off I ate dinner and was very thirsty (most unusual), drinking a great deal of ice water (2d day).
1. Partial chill (11.30 a. m.), with shivering sensation over thorax from waist up, worse over back and upper arms, as though cold wind was blowing over her, with cold hands, and with momentary sensation of fullness and uneasiness in bladder; better after eating hot luncheon (6th day).
1. Hands cold, clammy, nervous and feel relaxed; sensation extended up forearms; makes me restless, nervous and apprehensive (8th day).
6. Hands and feet cold and clammy, rest of body too warm (7th day).
3. Left hand and forearm felt icy cold, as though in ice water, though not especially cold externally (to touch); sensation lasted only about 10 minutes (11 a. m., 20th day).

1. Hot head with chilliness or coldness of rest of body (6th day).
2. Sudden flush of heat to head and face, face hot and red, followed by sensation as if sweat covered face, but there was no sweat; attack came on while eating, but lasted only two minutes (7 p. m., 8th day).
3. Hot flushes, ascending to face and head, during night, without sweat (12th day).
3. Hot flushes, with throbbing in head and in arteries of head and neck, face very hot, worse on bending forward or stooping, followed in about an hour by chilliness (17th day).
3. Very hot cheeks, and head burning, hands and feet cold (3 p. m., 18th day).
4. Sweat, general, oily, of peculiar musty odor, waking her at 5 a. m., feeling weak and sick, menstruation having just begun (15th day).
4. Same symptoms repeated next night (16th day).
2. 3. Sweat on palms, worse early morning and late afternoon, especially worse while writing (5th day).

(Concluded.)

THE LAW OF SIMILARS VERIFIED BY COLLOIDAL CHEMISTRY.

Samuel P. Sobel, M. D., Berlin, Germany.

Hahnemann, in his preface, says: "The human mind feels within it the irresistible, harmless and praiseworthy impulse to give some account to itself as to the mode in which man accomplishes good by his actions." Again, "but we are unable to furnish conclusive proofs of our explanations from the changes which are observed in the organic kingdom." This was written almost one hundred years ago. Today we have scientific proof of the truths laid down by Hahnemann in his *Similia Similibus Curantur*.

What are these proofs? I shall bring forward only facts capable of scientific demonstration. Much light has been thrown upon physiological processes through the study of the functions of

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EDITORIAL NOTES AND COMMENTS.

IODIN AND THYROID IN HYPERTHYROIDISM.—Mrs. F., age 43, presented the following condition when first seen on February 28, 1922: Early history negative, except for measles as a child. Thirteen years ago, after the birth of her daughter, she developed a goitre, which, however, under treatment at the time, gradually disappeared. Thereafter she remained perfectly well until Christmas, 1921, when she noticed an annoying itching of the skin. This symptom was shortly thereafter followed by a sensation of trembling. She now complains of a constant hunger, which is but temporarily appeased by eating. In spite of the increased appetite and much nourishing food, she has lost eighteen pounds. A few days ago she noticed that her goitre had returned. She cannot tolerate heat, must have the air and perspires easily. The menses are regular and apparently normal, but before their appearance she is nervous and irritable. She is sensitive to unexpected noises, which cause her to drop things which she may be holding in her hands. The bowels are regular, stools normal. She is conscious of a persistent internal trembling and the latter is plainly visible externally as well. Papitation and rapid pulse are constant. Examination shows a diffuse, soft, bilateral enlargement of the thyroid gland, especially pronounced on the right side. Pulsation of the vessels is marked. The heart sounds are normal, but unusually vigorous and greatly accelerated. The eyes react to light and accommodation; von Græfe's sign is present and the eyes protrude distinctly. Tremor of the extended arms and hands is marked. The blood pressure is 130/70 mm. She was given *Iodin* 30, q. 4 hours, for one week.

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On March 7 she reported that the palpitation was less marked, but that otherwise she had noticed no change. The heart action is less rapid. Sac. lac. was now given and until March 15, when the condition was: menses appeared five days ago, normal as usual; palpitation much $>$; but itching of the skin is $<$ since the 11th and is making her very nervous. The trembling and the ravenous appetite are less marked. She was now given *Thyroid* 30th, q. 4 hours for one week.

On March 23 she reported the itching of the skin to be very much better and that, in general, she feels better than she has felt in months. Heart action is less rapid; pulsation over thyroid gland still visible. She was given *Thyroid* 200, q. 24 hours, eleven powders.

On April 4 the palpitation had become more severe; evidently the remedy had been given too frequently. Sac. lac. was accordingly substituted and continued with progressive general improvement until April 26, when she had observed a little "jumping" of the heart. *Thyroid* 500; one dose only, was now given, followed by Sac. lac.

Constant betterment continued until May 6, when, for the first time, she noticed some palpitation of the heart. *Thyroid* 500; one dose, was again given and since this date the patient has remained free from all subjective symptoms. The tremor has also disappeared, though the thyroidal swelling is as yet practically unchanged. Pulsation is hardly visible.

As the thyroid gland contains iodine, the relation therapeutically between iodine and thyroid, is obvious. The case will be watched and reported upon in the future.

A LAYMAN'S VIEW OF HOMŒOPATHY.—Elsewhere in this issue we publish a letter from Mr. A. W. Littlefield, of Middleborough, Mass. His communication is full of human interest and is of particular value to homœopathic physicians everywhere. Rev. Littlefield shows an unusual grasp of the status of the homœopathic school at the present time and his remarks are very much to the point. The question is often asked "What is wrong with homœopathy?" Nothing is wrong with homœopathy, but there is very much that is wrong with the profession which supposedly practices it. Mr. Littlefield voices his amazement that he has met

many homœopaths, so-called, *who do not seem to believe in their own principles*; "and certain homœopathic (in name) medical schools seem rather unstable." Unstable exactly! In no homœopathic medical college of our acquaintance does there exist the kind of affiliation and co-operation between the various medical and surgical departments and that of materia medica, which is necessary to train real homœopathic physicians who will have firm convictions of the truth of the fundamental principles of their science and art. Small wonder then, that so many so-called homœopaths exist, or that so little real homœopathy can be learned in our homœopathic hospitals.

Mr. Littlefield is astonished that "real homœopaths should quarrel so among themselves"; his astonishment is justified; unfortunately the cause of it is only too true. Petty bickering, jealousy, small-town politics, have characterized most homœopathic communities for years and the evil results are becoming more and more apparent in the gradual weakening of the homœopathic school. As Dr. Pulford remarked in his letter to *THE HOMŒOPATHIC RECORDER*, published in the June issue, homœopathy is the victim of its "vociferous exponents," whose efforts are primarily selfish and intended to keep them in the limelight of publicity. The interests of homœopathy are but poorly served by them. It is high time for regeneration without our own ranks, or more of our colleges will go the way of Michigan or of Iowa. Much work is needed, but not of the useless kind which is now in progress. For one thing, let organized homœopathy purge itself of baneful fraternity activity—an influence, which, if exerted at all, should confine itself to undergraduate life and not reach out into our state and national societies.

SELENIUM WORTHLESS IN MALIGNANT DISEASE.
—"Gillett and Wakely report the results of the use of selenium in more than 100 cases of malignant disease giving a résumé of fifty cases. Temporary improvement is the most that can be expected. Pain and insomnia are aggravated in most cases. The weight of the patient follows the same course as in every malignant lesion."

It would be interesting to know just how this element was administered and what the dosage was. Gillett and Wakeley might easily have informed themselves concerning the positive action of