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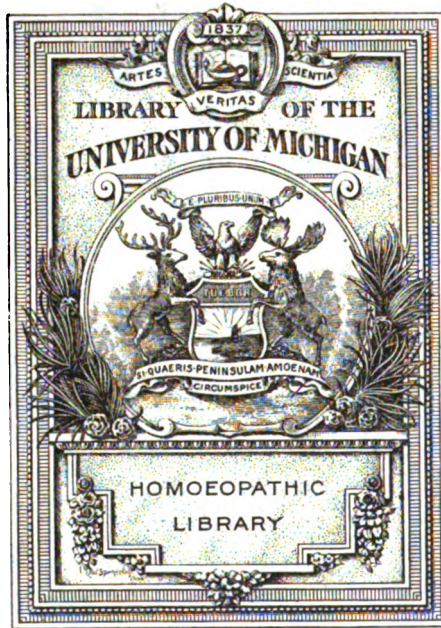
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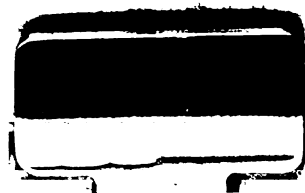
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The CLINICAL REPORTER

Volume XXIV

APRIL 1911,

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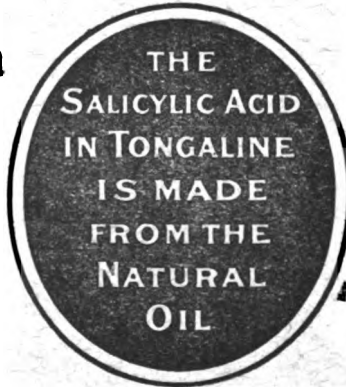
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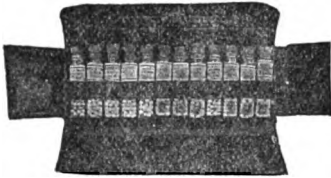
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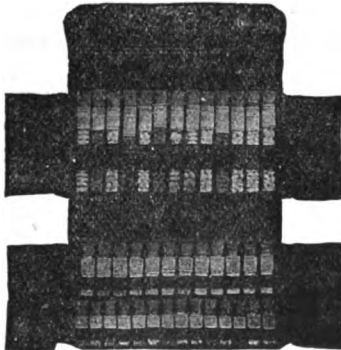
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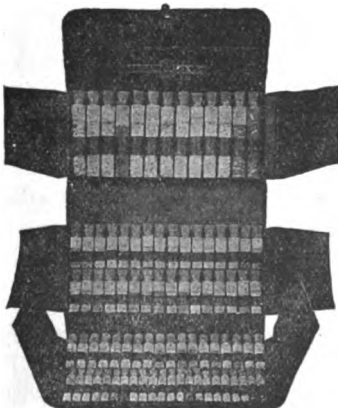
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THE CLINICAL REPORTER.

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OCTOBER 1911.

No. 10

MAINTAIN YOUR PLACE

In the practice of medicine you have chosen a high calling, a noble profession, and your actions should be governed by a higher motive and more exalted purpose than the law of the land. You are under a moral obligation to render not only ordinary service to your patients, but to give them the very best possible service and skill you possess.

Therefore keep abreast of the times; lag not into the ranks of the "has beens."

To be sure you will meet with opposition. You need it. Opposition is the stimulant that makes you put forth unusual effort; determines you to do harder work.

Sometimes you will fail, but be not discouraged. Try again. You can't be perfect.

It was the late Charles Gates who said, "You can't always be right." Be right on 51 per cent of all occasions and you will be a success. A phenomenal success.

Wise men sometimes change their minds, but the guiding principle, the deep incentive that dominates their life work? Never!

really is. He says, "The tongue is white, he has had a fever". Who cares what he has had, we want to know what he has now, and we want these pathological conditions that are shadowed out as symptoms to point us directly to those medicinal agents that will rectify these bodily wrongs.

The study of the tongue enables us to treat diseases of the digestive organ with a degree of certainty that is astonishing to the average practitioner. The same can be said of rheumatic troubles, and in fact, the whole line of pathological conditions are so closely interwoven with these tongue conditions, that certainties in therapeutics makes this study an absolute necessity.

The first condition of this pathological tongue that I will notice is the narrow pointed tongue, much more narrow than the physiological organ. The shape of the tongue tells us of the condition of the sympathetic nervous system. With these nerves in a normal condition, we note the tongue in its normal size, and with this narrow tongue the nerves are over stimulated, or excited, and seem to pull this tongue together, inward toward the median line, and with its opposite condition, the nerves are to some extent prostrated, they seem to have let go of the muscular fibers of the organ and allow it to spread out to the full accommodative width of the mouth and the degree of prostration will be noted in accordance with the degree of broadness, and pin-cushion puffiness and as regards therapeutics, no remedies should be administered with the narrow tongue that are in any way stimulating to these nerves, because they are over stimulated and such agents will make a bad matter worse, but we need sedatives, such as *pulsatilla*, *gelsemium*, bromides and our special sedatives, *aconite* or *veratrum*.

And again with the broad tongue no sedative remedies should be administered, because we note extreme sedation, but such agents as *quinine*, *capsicum*, *nux vomica* or *strychnia*, and general nerve restoratives are needed, so it will be seen that much sound thinking must be done, and to those who have no capacity for right thought, must content themselves with the old methods of guessing at conditions.

When we add to this narrow tongue a red tip, we have plus the irritation of these nerves, an irritation of the walls of the stomach, which may be in extent from a slight uneasiness of this organ, to severe nausea and vomiting, which can be determined by the degree and extent of redness shown, and here we find use for such remedies as small doses of *ipecac*, *pulsatilla*, *bismuth*, *amygdalus*, etc., but one of the best remedies is what is known as *liquor bismuth*, which is a solution of the ammonia citrate of bismuth; also demulcent drinks, such as slippery-elm, or flax seed water, and in this condition remedies that are stimulating like *podophyllin*, *calomel*, or *nux vomica* are strictly contra-indicated, unless as in some few instances we may find the tongue coated at its base, the coating being light in color, with an inclination to a yellow, when we have in addition to the other conditions, a torpor and loaded condition of the liver, but these

conditions are seldom found together, yet should they be, it may be necessary to cause even more irritation of the stomach by remedies to get the liver in working order, we then turn our attention entirely to the stomach.

To make this plain, we will draw a horizontal line, or imagine a horizontal line upon the wall, this line is to represent the normal man, or the normal part of this man, and we will measure the departure from normal condition, as excess, (above the line) or defect (below the line). With this excess we always want sedative remedies to bring down the excited or over-stimulated function, and with the defect we will prescribe tonic, or stimulating remedies to raise the lagging function, to its normal; such methods of reasoning, and comparison will always keep the physician upon the right track, and mistakes will be less liable to happen.

Allopathic receipt books tell the physician that *nux vomica* is a remedy to relieve nausea and vomiting, and the subject is left to the judgement of the prescriber. Now the *nux* is a remedy for nausea, when this nausea results from an atonic condition of the stomach, which is shadowed out by the light color of the tongue. Here we have a color in the wall of the stomach exactly in accord with that shown by the tongue, that is all the small blood vessels are contracted, and there is an entire loss of tone to the stomach, there is not enough blood circulating in the parts to cause a normal stimulation of the peptic glands, and of course digestion is nearly, or wholly suspended. Now what does *nux* do in this instance? It stimulates this circulatory apparatus, the blood supply is increased, and digestion is thereby restored. But this man with a receipt-book is just as apt to give *nux* where there is a narrow, pointed tongue with a red tip, or in other words where all blood supply is over stimulated, and where the wall of the stomach is about the same condition as it had undergone polishing under the hand of a carpenter with a sheet of sand paper. Here this *nux* adds stimulation to parts that are already over-stimulated.

The same conditions may apply to the pupil, where there is an excited condition of the circulation in the brain, caused by contraction of the arterioles, through over-stimulation of the sympathetics, we always notice a contracted condition of the pupils, flushed face, increased heat of the scalp, and a general look of excitement. Would any sane physician give stimulation to farther lift the already over-excited function? We want sedatives, and in its opposite condition, we notice the dilated pupil, expressionless face, drowsy condition, and think of tonics and restoratives to be applied to lift the depressed nerve energy.

As an example of this narrow red-tip tongue, we have what is known as the scarlatina tongue. You all know it. The eruption has made its appearance in the stomach, and the child vomits. Would you try to relieve this condition with stimulants when the organ is already over stimulated? Would you try to increase the redness in the stomach by farther dilating and increasing this blood supply? Or, would you use sedatives,

and soothing demulcent drinks, to shield the walls of the stomach from the irritation caused by the acid gastric fluids and again nothing would tell you of the true conditions of the stomach, as plainly as an inspection of this tongue.

Now this broad tongue with red edges tells us of irritation of the lower bowels. The degree of irritation is in direct proportion to the extent of the red edges, and to their encroachment toward the median line of the tongue, as for example in coming typhoid fever or in continued malarial fevers, the red edges of this broad tongue increase until nearly the whole tongue is invaded, which betokens blood depravation, which if not stayed, changes it to a dusky red, and from that to a brown or black. Here we note severe typhoid conditions, and we look for hemorrhages of the bowels. With these red edged tongues we always note more or less irritation of the bowels, with soreness and pain. In the first observance of this dusky red tongue, we note the demand for acids with antiseptics and we give muriatic acid. Here we must have nearly a liquid diet, boiled milk, baked bananas, ice cream, with small doses of aconite or veratrum to steady the heart, and good generous doses of echinacea, frequently repeated, and here also quinine, or opiates will cause more trouble with the nervous system, and are strictly contra-indicated.

In this condition we should be cautious of cathartics, as is the case with the white broad tongue without red edges, there is no great amount of accumulations in the digestive tract, and the administration of cathartic is therefore useless, but where there is irritation of the lower bowels, there is a danger of causing hemorrhages.

The red tongue is more prone to appear after there has been a run of a few days of fever, as this high temperature seems to destroy the natural acids of the body, and the system needs them, therefore the appetite calls for them, and also when there is that lack of natural acids, typhoid conditions, and other depraved conditions of the fluids of the body are much more liable to be present.

I have seen many cases in which, when this demand for acids was supplied, they acted as sedatives, and a high fever would decline, without the aid of other sedatives, because we had supplied what the economy demanded.

Remember that the lighter red the tongue may be, the greater the demand for vegetable acids, such as lemons, hard cider, oranges or acid fruits, while a deep dusky red demands mineral acids, antiseptics being in greater demand, the greater the degree of dark color on this red tongue, where this red tongue is a sort of purple shade, nitric acid will do more good than will muriatic.

Here is another tongue that denotes trouble in the small intestines, it is not often seen. I do not see more than one or two of these tongues in a year's practice. This tongue is the only diagnostic point known to me, aside from abdominal tenderness upon deep pressure, that points to the

lesion of the small intestines. It is rather broad, and nearly a normal color, slightly coated, but the tip for three fourths of an inch back, is red and studded with numberless small white blisters. These blisters are so small that it requires a good eye to determine their character. Here we note a great degree of nerve irritation. Can't sleep, believes he is going to die, gets badly frightened, there is a tendency to a cold clammy condition of the feet and legs, often in mid winter the patient will have damp feet to such extent that he will be constantly with a cold. There will be attacks when the patient will have trouble to breathe, and he break out with a cold clammy sweat, that will hang in drops above his face. In all of these cases of trouble with the small intestines you will see this cold clammy sweating of the legs and feet. There will usually be found constipation of a greater or lesser degree, but here all pills or other stimulating cathartics are contra indicated. Even the dark colored hydrastis, or cascara, should not be given as the bitter substance that they contain will cause greater nervous trouble because of its stimulating action.

Here we use for the constipation wine glass doses of olive oil, or ordinary doses of castor oil, with flax seed tea, and slippery elm water. No sugar to ferment, no coffee, no alcoholic liquors, or beer, no ice water, but easily digested foods, such as baked bananas, custard, containing as little sugar as possible, and for remedies, pulsatilla, colorless hydrastis, never use the dark extract in these cases, ipecac, hyoscyamus, and lots of patience, the sponge bath all over the body every night, made up of epsom salts an ounce to the pint of hot water, to keep the skin working at its best, and at the same time sooth the nervous system and promote sleep.

I have seen some of these cases treated by allopathic physician's and fed on quinine, and tincture of iron, until the patient was nearly crazy, and in one instance he was sent to the asylum for melancholia, when the commitment papers should have read, "D—the fool Doctor"?

Another tongue we notice mostly in children. This tongue is rather broad, showing some considerable prostration of sympathetics, while its epithelium is off in patches from the size of a wheat kernel, to the size of a dime, here we note poor nutrition, and it always puts us on the hunt for worms, which we will find in the great majority of cases.

This patient is nervous and does not sleep well, there are functional disturbances of various kinds, as of digestion, bladder and bowels. In these cases we find that tonics do not accomplish much, until the primary wrong is removed.

Another tongue known as a fissured tongue, is often mentioned by medical writers as the "mapped" tongue. The organ is fissured in every direction, and he complains that when he eats strong cheese, or tomatoes his tongue burns and smarts. Many writers allude to this tongue, and tell us that with it we have a case of renal congestion or inflammation, which points to a coming morbus-Brightii. I have observed this tongue for twenty-five years, I brought the matter up for discussion at several State

society meetings, and in the National, but no one seemed to know as much about the proposition as I did.

I am of the opinion that the fissures results from a peculiar condition of the nervous system. that may be caused by renal congestion, as well as latent syphilis and in those who have injured their nervous system by the inordinate use of strong plug tobacco; it may be the ferric sulphate contained in the tobacco that has injured the tongue, but I am sure that these fissures do not point us to a disease of the kidneys with any certainty. This tongue should have more study, and observation before its full significance can be established.

We are all familiar with the tongue that is coated with a thick covering that is like grease or cheese that can be scraped off. Here we find that the stomach is coated with the same coating, and we are wont to give a good generous dose of sal-epsom, or in many instance an old time emetic of lobelia or ipecac would do good, but at this day the people rebel at the suggestion of a "puker" and we are obliged to turn to some other cleanser or lose our job. As before stated, should this tongue show a yellowish coating running forward from its base, we have a torpor of the liver, stomach and entire upper intestinal tract, and we give podophyllin, calomel, irisin, or what I believe stands at the head of this class of remedies, what I term as *Irisin Compound*, which is composed of one tenth of a grain each of brown podopyllin, irisin, leptandrin. and powdered extract of nux vomica. This latter combination is nearly a specific for acid fermentations, constipation, sick headache, and in all conditions where we notice the indications on the tongue calling for this class of remedies. With this tongue you will find that all febrile conditions are intensified, by or possible wholly dependent upon this condition and when this cause is removed, the balance of the treatment is easy.

When we have a dry tongue, no matter in what disease it may occur, we note the cause as irritation of the nerve centers, and when it begins to moisten, it tells us far more than it tells to the laity. It tells us that we have relieved the condition in these nerve centers, and that nature has begun to assert herself in the direction of a restoration. With this dry tongue no matter in what disease it may be found, add half a drachm of good phytolacca to your four ounces of other medicine, and note how soon this dry tongue begins to moisten.

Another tongue we will find in chronic diseases. It is a full expressionless tongue, in color it is lighter than the normal tongue, with a slight inclination to a leaden hue, it has a single fissure running back from near the point, and dividing the tongue into two lobes; this tongue indicates poor nutrition and blood making. We also note the atony of all excretory organs, with the accompanying auto-toxemia. Here we first must use alteratives to break down and carry out before we can have a place for nutrition.

I call this the phytolacca tongue because we will get more benefit from

large doses of this remedy than from any others. After we have prescribed this remedy for a few weeks we apply restorative and tonics, which would have given negative results had we prescribed them before giving the alterative. We often see this tongue after a case of diphtheria, or rheumatism, and very often it accompanies chorea. Clean him up both inside and out. Rub him with epsom salts solution to get the skin working better, and give glandular or hepatic stimulants to remove the stink that he carries and soon all goes well. When a man is hungry, and his stomach is empty the tongue is much lighter in color than at the end of a meal. Why? Because when this stomach is empty the blood vessels are contracted and depleted and very little blood is sent into the walls of the stomach, but when foods are introduced the blood is called in and the stomach gets red, the gastric follicles are stimulated and begin to throw out the digestive ferments, and the tongue being the exact index of the stomach, it turns red.

Another tongue is a full broad tongue, with considerable coating, the edges show many indentations from contact with the teeth, and we also note that the patients breath does not smell as pleasant as a rose. This is the tongue that shows a fermentation of the stomach and bowels. With the retention of this filth which is of an acid reaction, the demand is for an antiseptic in combination with an alkali, so we turn to sodium sulphite, or hyposulphite, together with salepsom, this must be done before we can get any action from other remedies or foods, and in many instances where this condition is allowed to go on, it brings about typhoid complications that probably would not have appeared had this indication received attention at the start. This is very important in starting the treatment in a case of fever or inflammatory rheumatism, and is many times a call for the time jalap and senn, which is to be given in large and generous does.

In nearly all ladies a look at their tongue will tell that their menstruation is on, or about to appear. We observe a board or puffy tongue, or possibly both conditions in those people who are not strong. This indicates that the phenomena of menstruation has caused some considerable depression of their sympathetic nerves.

The tremulous tongue, is another indication of debility, as the patient protrudes the organ he cannot hold it still, but it trembles. This may be all the pathological point we are able to note, and it is a call for restoratives, when found during the run of acute disease it often lends a grave aspect to our prognosis. When this tremulous tongue is seen at each period of menstruation, we should think of pulsatilla, viburnum, mitchella, seniceo, or the chases, and probably some of the bitter tonics in combination with ammonia citrate or iron.

We often see a certain tongue in chronic inflammatory diseases of the intestinal tract, where the tongue is red, made so not from a lack of acids in the system, but because of a congested condition of the lower bowels. I have seen such tongues in chronic diarrhoea, and the careless physician often

mistakes this tongue for the one calling for mineral acids. One such case comes to my mind, where an eastern physician called me into consultation, but disregarded my protest against the administration of muriatic acid, said the tongue being red the patient must have the acid. The remedy was very repulsive to the sick man; at each dose he would be seized with cramping pains, requiring hypodermics to relieve. This case was one that should have had small doses of belladonna or ipecac, with steady doses of aconite; then demulcent drinks; yet when we see such tongues, medication is well nigh useless, as the depraved condition of the blood and the reduced vitality, coupled with the almost entire suspension of digestive power soon carries the case to a fatal termination. Farther, when heavy doses of mineral acids are given to a case where this redness is due to congestion, caused by impending dissolution, the demise of the patient is hastened. So we should always use care and thought in differentiating between the acid tongue and the tongue disturbed by congestion.

We are all familiar with the tongue so often seen in the last stage of consumption, and it betokens rapid dissolution. As a local application to this raw tongue, few remedies are better than one or two drachms of potassium chlorate to the pint of water. Or should the tongue be very morbidly sensitive, try half an ounce of bromide of potassium to the pint of water, which is to be applied freely.

In many cases of mental disease we see evidence of coming general paralysis by the tremulous tongue, and where the brain trouble is very severe, we note that the tongue is contracted, or possibly we might say atrophied. It seems to be contracted in every direction. About the first signs of a general paralysis will be noticed in the lack of articular power, due to the loss of control of the tongue.

In treatment of convulsions the tongue may tell us of the severity of the spasms that have taken place previous to our examination. That is, where the spasms have been slight there will be no evidence of the patient having bitten his tongue, but where the convulsions are very severe, as from uremia, cerebral hemorrhages, or tumors, the tongue will in the great majority of cases show that it has been severely bitten.

It is not to be understood that the administration of alkalies where we have the white tongue is for the express purpose of neutralizing the excess of acids, but the system seems to demand the alkaline salts to right up the condition of the blood, and when this is accomplished, the entire economy functionates better.

We may come across a tongue that is white in the entire sense of the word. Such are found where there is puerperal septicemia, with no peritoneal inflammation. Here we note entire suspension of digestion, and instead of demanding alkalies, we get results from the administration of quinine dissolved in elixir of vitriol (aromatic sulphuric acid). Where this tongue is shown you have more trouble on hand than most of us desire.

This subject could be elaborated to greater length, and many more minor tongue symptoms brought out, but the paper is already too lengthy.

Now, sister and brother physicians, think of these tongue indications, think of them until you get them straightened out in your minds, so you can use them at will, and you will be surprised at the help they will render you in your every day practice, and at the many diagnostic conglomerations that they will make plain to you, and how many times it will lead you out of the field of uncertain therapeutics into a line of certain results.

Delivered before St. Louis Society of Med. Research.

DR. CHARLES H. GUNDLACH.

On the morning of October 24 there passed from this life to the world beyond our beloved friend, counselor and coworker Dr. Charles H. Gundlach. He had been in failing health for some time and three years ago gave up active practice for the quiet rest and comfort that he so richly deserved, spending his time among his books and in the society of his family.

For many years he was a prominent practitioner of the "newer" school of medicine, but in his manner and appearance he belonged to that class of physicians now so rarely seen—gentlemen of the old school. Grave, dignified, unassuming yet commanding respect, unmoved by success or failure, unemotional in action yet with a heart warm and full of sympathy, he inspired confidence in any sick room he visited.

His ministrations were sought by the wealthy and yet he was as faithful and kind to the inmate of the asylum or hospital, the waif of the street, as to those who paid him handsomely.

Dr. Gundlach was born in Germany and educated in that country, though spent some time in medical study in Philadelphia. He practiced for a short time in Belleville, but for the past forty years he lived and labored in St. Louis. He was consulting physician to the Good Samaritan Hospital, the Children's Hospital, and also gave his services to the Girls' Industrial School and the Mission Free School. He was a member of numerous societies. Dr. Gundlach was 74 years of age, and the end came as he slept on a couch whither he had laid down for a rest after his morning meal. The body was incinerated in deference to his often expressed wish, and the honorary pallbearers were the members of the Hahnemann Club.

By a recent decision of the Supreme Court of Colorado, osteopaths are given authority to preface their names with the title of Doctor, "provided they do not prescribe drugs or other medicines to their patients." Furthermore, they are not required to have a license from the State Board of Medical examiners to practice their particular system. A Dr. Ralph M. Jones was fined \$50.00 in a "lower court" for practicing without the permission of the august examining board, and for using the title of Dr. before his name, but a higher court set aside the decision of the juvenile jurist making the first ruling, so all is now serene in the osteopathic camp, but oh! how the other fellows must suffer.—*The Critique.*

A GOOD RECORD.

The Women's Homoeopathic Association of Pennsylvania established and maintains medical, surgical and maternity hospitals in the city of Philadelphia, where "the strictly homeopathic law of cure is adopted." "Proved and potentized remedies only are allowed for use, toxic conditions and surgical cases being excepted." The hospitals seem to do pretty well on this platform. The report for the year 1911 states that 116 cases were admitted to the maternity department, and 1,073 to the medical and surgical. The percentage of cures claimed is 93.34; 5.74 per cent. were improved; and 0.90 per cent. of the cases were discharged as incurable. The total mortality was 2.95 per cent., or deducting the deaths which occurred within 48 hours of admission, 1.64 per cent. In the maternity department there were no deaths, either of mother or child. In the medical department, all of the 32 cases of epilepsy with convulsions are reported cured.—*North American Journal of Homeopathy.*

ARSENICUM ALBUM.

A toxic dose of arsenic greatly lessens the rate and force of the pulse-beat and markedly lowers the blood pressure. Unterberger found that in an animal under the influence of the poison, galvanization neither of a sensory nerve nor of the vasomotor center in the upper cord had any influence upon the force of the blood current. The cardiac muscle is troubled at the very beginning of the poisoning and in the subacute forms fainting and syncopes are frequent. In the general circulation, we note pallor, cyanosis and lowering of the temperature; while Lancereaux indicates hyperthermy following the prolonged use of an arsenical treatment.

In our homeopathic school, arsenicum is advised in the last stage of cardiac diseases, where asthenia and exhaustion of vital power are threatening; in other words, in a state of profound hypotension. We can add as a leading peculiarity, a great restlessness and a burning sensation.

With regard to the restlessness, I have found arsenicum of some utility in cases of advanced cardiac disease, with great insomnia and burning headache. It can palliate the dreadful insomnia of patients arrived at the last stages of valvular lesions. It has been advised after the failure of digitalis, but arsenicum is a poor adjuvant when the myocardium is so destroyed that digitalis cannot act upon it.—*Francis Carter in Journal A. I. H.*

CUPPING A DOCTOR.

On the evening of October 18, 1911, at the Hollenden Hotel, Cleveland, a testimonial banquet was given in honor of Dr. Harris H. Baxter of that city which was attended by one hundred and fifty members of the profession and their wives.

Dr. J. Richey Horner was master of ceremonies and after an elaborate menu had been served and cared for by the guests, the flow of oratory could no longer be stayed and addresses were made by the following gentlemen:

THE NATION. Hugo R. Arndt, M. D., Cleveland, O., Field Secretary A. I. H.

"Our friendships hurry to short and poor conclusions because we have made them a texture of wine and dreams instead of the tough fibre of the human heart."—*Emerson*.

THE STATE. Charles Hoyt, M. D., Chillicothe, O., President Ohio Seate Society.

"I never left you but I took away the love that drew me to your side again."

A TRIBUTE. H. F. Biggar, M. D., Cleveland, O.

THE MATERIAL EVIDENCE. Wm. H. Phillips, M. D., Cleveland, O.

"Peace if possible but truth at any rate."

OUR HONORED GUEST. Harris H. Baxter, M. D., Cleveland, O.

"It is a good thing to be rich, and a good thing to be strong, but it is a better thing to be beloved by many friends."—*Euripides*.

The silver loving cup presented to the guest of honor bore the following inscription:

Presented to Harris H. Baxter, M. D., by his confreres in medicine in token of their love and regard for him and in appreciation of his long and faithful service in the interests of the medical profession and especially of the Homeopathic School.

Dr. Baxter was born in 1846. Graduated from Cleveland Homeopathic Medical College in 1868. Professor of materia medica in same college with exception of only a few years ever since that time. He was for fourteen years a member of the State Board of Medical Examiners, resigning in 1910. For 43 years a member of the American Institute of Homeopathy.

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W. L. GALLOWAY, M. D.

The Texas State Homeopathic Association met at Dallas, Texas, October 18-19. The meeting was well attended, and Dr. T. J. Crone of Dallas, in his address advocated the establishment of a State Homeopathic Hospital. The association went on record by passing a resolution opposing a National Board of Health; in other words, it is against the Owen and all like bills, first, last and all the time. The following officers were elected for the ensuing year: President, Dr. F. S. Davis, of Dallas; first vice-president, Dr. F. H. Anthony, of Dallas, second vice-president, Dr. Nora A. Doñahue, Dallas; secretary, Dr. J. H. Bass, Austin; treasurer, Dr. W. D. Gorton, Austin.

At the thirtieth annual convention of the Central Illinois Homeopathic Association, which was held at Lincoln, measures were taken to support and further the endowment fund of the Hahnemann Medical College of Chicago; thus the good work goes on. The following officers were elected: President, Dr. J. W. Calvert, Dwight; vice-president, Dr. C. A. Frazee, Springfield; secretary-treasurer, Dr. T. L. Rhoads, Lincoln.

Bloomington was selected as the next meeting place.

Will you be vaccinated, stay out of school, or fight? The question is being tried out in St. Louis and the controversy bids fair to decide whether or not the school board has the right to put in effect compulsory vaccination or not—a very desirable question to settle. There is no law in this State that says vaccination may or may not be enforced.

The Hospital Commission of St. Louis has deposed the Hospital Commissioner and will, it is expected, fill the vacancy soon. It seems rather like the irony of fate that Dr. Morfit should suffer for the whole commission. Thus far the new plan has not proven much better than the old order of things under which the Health Commissioner had control of all the eleemosynary institutions, each one being in charge of a superintendent. We hope for improvement and a good man to be appointed.

A jury in Circuit Judge Homer's Court yesterday awarded Albert L. Reeves of Jefferson City \$1500 damages from Dr. Frank J. Lutz of St. Louis. Reeves sued on two counts, the first claiming \$5000 for alleged injuries to his wife, due to burns by a hot water bottle. In the second count he alleged \$10,000 damages by reason of the death of his wife, attributed to the leaving of a glass tube in a wound following an operation. She died in October, 1911.

In his petition Reeves charged that a glass drainage tube, covered with gauze, was left in the wound. The jury ignored the second count and awarded \$1500 on the first.

Dr. Elizabeth Enz authorizes us to say that for a limited time only the price of the new book of which she is the author (*Pathogenic Materia Medica*), will be \$3.00 instead of \$5.00, as announced in our last issue. Orders may be sent to the Boston Publishing Co., or to Dr. Enz, 15 East 12th Street, Kansas City, Mo.

Dr. McElwee writes us that the *Globe-Democrat* made a mistake when it reported that he gave the Southern Delegates a Tally Ho ride to the Aviation Meet. Mc. says the St. Louis Homeopathic Medical Society paid for the wagon and deserves all the credit. Modesty forbids that we leave a wrong impression of this matter.

Dr. Oscar H. Barker of this city died in New York while on his way home from Europe. Pneumonia and a weak heart were responsible for his death.

So keep your books that when a patient asks for his account you may render it with promptness and joy, not with trembling and hesitation.

If you by any chance get a few dollars more than you need to pay expenses do not pass it over to the smooth tongued promoter. Trained speculators are looking for "good things," and do not allow big profit schemes to go a begging.

It is never too late to do better. See to it that the error of to-day does not become the carelessness of to-morrow.

We have medicine enough and to spare. It is easily obtained and the action of most drugs in common use pretty well defined. The trouble is that in too many cases we make a misfit and apply the right prescription to the wrong condition.

Medicine is not an exact science but doctors should be exact. Exact with his medicine and appliances, exact with his patients and his care of them, but still more exact with himself.

The business man says, "Don't make excuses; make good." Every doctor in the land should take this for his motto if he expects to succeed in his work.

Don't waste time explaining how the wrong thing happened. It does no good.

"The Tongue in Disease," an original article in this issue by Dr. E. R. Waterhouse, should be read from beginning to end.

It is a good time of year to subscribe for the REPORTER.

PUBLISHERS' DEPARTMENT

CHRONIC NASAL CATARRH.

By GEO. A. HEWITT, M. D., Phila., Pa.

Case I. A man, 34 years of age, had suffered for years, especially in cold or damp weather, from difficulty of breathing, accompanied by a thin discharge from the nose. At night he was obliged to sleep with his mouth open. He was prone to attacks of follicular tonsillitis. This man was appreciably benefited by a course of arsenic internally and the persistent local use of Glyco-Thymoline. In the course of a few weeks the situation was entirely changed. A sense of obstruction was then seldom present. The discharge had disappeared. He is now almost free from his old symptoms. Whenever there is any threatened recurrence he has immediate recourse to his bottle of Glyco-Thymoline.

Case II. A woman, aged 22 years, had suffered for years from an aggravated case of hypertrophic rhinitis. Obstruction was marked, discharge was constant. At night she constantly breathed through her mouth. She was subject to sore throats and attacks of bronchitis. This patient was directed to take hypophosphites, malt and cod liver oil, as she was of a distinctively strumous diathesis. Withal, however, she was possessed of considerable muscular strength and aided by the local action of Glyco-Thymoline made a very satisfactory recovery.

TISSUE NUTRITION IN GRIPPAL CONVALESCENCE.

If grip were free from treacherous sequelae, the physician could dismiss his grip patient after the acute period of the disease had passed, feeling sure that an uneventful return to health would soon follow. But these sequelae strike when least expected. The heart muscle fails, with resulting acute dilatation; or a tuberculosis taint manifests itself. If it were made a routine practice to insist that grip convalescents take a tissue food of proven merit, such as Cord. Ext. Ol. Morrhuæ Comp. (Hagee), the complications and sequelae of this infection would not be met so frequently and in less distressing form. Cord. Ext. Ol. Morrhuæ (Hagee) contains the very elements the drained system needs to restore it to health and vigor, the contained extractives of the cod liver oil, coupled with the hypophosphites of lime and sodium, supplying this need in admirable manner.

HELPING A CHILD THROUGH SCHOOL .

Close application to school duties frequently lowers the health of a child and makes it an easy prey to prevalent winter infections. These may be largely avoided if the child be built up to the point where the normal powers of resistance will protect it from those diseases to which a weakened organism easily succumbs.

For this purpose nothing is the peer of Cordial of the Extract of Cod Liver Oil Compound (Hagee.) Containing the active principles of cod liver oil, supplemented by the addition of the hypophosphites of sodium and calcium, it is a tissue food of the highest order and lends to the little student its contained nutritious elements. Given systematically to those children in need of such an agent, it will be found of decided advantage in helping them through school.

TAMPON FOR NASAL HEMORRHAGE.

M. D. Stevenson, Akron, Ohio (*Journal A. M. A.*), used a tampon composed of proper treatment of cases by microscopic standpoint is emphasized by B. half inch wide by one-sixteenth thick, wrapped as in a cigarette with gutta percha tissue, the free edge being gummed down by some sterile ointment except at the ends. These smooth surfaced tampons are easily and usually painlessly removed, and he thinks they are much better than trusting to local medicinal applications in cases of postoperative hemorrhage. Sterile water or salt solution should be dropped at the ends to cause the tampon to swell and fill the passage. Two can be used side by side in a very wide fossa and they can readily be narrowed by clipping.

DO SOMETHING! BE SOMEBODY!

When a patient calls you he needs help, or he needs advice, oftentimes both. Can you give either? Can you deliver the goods? Will you better his condition, or if this cannot be done, are you able to warn him of impending danger? Can you inspire confidence?

Will it be said of you, as we heard it said a few days since of an old practitioner now gone to his reward: "His was a master mind; he was master of his profession; he was independent, fearless, and cared nothing for the opinions of his fellow practitioners, but I tell you when that shaggy old head was felt against your chest, and your pulse throbbed under that large smooth finger, you felt, you knew you had a doctor; you took courage; you gained new hope; you felt sure you would recover." And his clientele was very large.

Germiletum is a mild antiseptic solution that may be used with good results in all diseases, wherever an antiseptic solution containing the ingredients of Germiletum are indicated. As Germiletum is much more concentrated than the general run of antiseptic solutions now offered the physicians, it must be diluted to meet the indications in all official work.

In buccal affections, in disease of the mucous membrane of the throat, Germiletum may be used full strength. For vaginal or urethral douches or injections, dilute and use warm. For hemorrhoids, rectal fissures, the astringent properties of Germiletum will give quick relief. Saturate a gauze pad with full strength Germiletum and bind in position. For rectal injections, dilute and use at body temperature. For skin diseases of acid diathesis, use Germiletum full strength.

In general use Germiletum in all perversions of the mucous membrane, catarrh of the nose and throat, in solutions as indicated.

In milder solutions as in vaginal or urethral or rectal injections, use warm solutions of Germiletum, as it adds to its efficacy, but is not essential when used merely as a mouth wash, and in the very many ways in which a disinfectant and deodorizer can now be used.

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oughly antiseptic, preventing decomposition of secretions, acts upon the vaso-motor system, emptying the blood vessels. In a great many cases of chronic nasal catarrh if a twenty-five per cent solution of Glyco-Thymoline is used daily or several times a day accumulated secretions will be softened and removed, the membrane made clean and kept clean. It also is sufficiently antiseptic to produce asepsis of the parts, which will be kept healthy by the daily use of Glyco-Thymoline in the toilet of the nose. Pure water used alone for this purpose is irritating.

The clinical report of a couple of cases may be interesting and not without value:

CASE 1.—Mrs. C., each winter has attacks of Nasal Catarrh, a thin watery discharge from both nostrils. There seems to be but little mucus or solid matter connected with it. The ordinary astringent application only gave ordinary relief. After using a 25 per cent solution of Glyco-Thymoline the trouble entirely disappeared. If it returned it was soon relieved by local applications of Glyco-Thymoline.

CASE 2.—Miss L., had been troubled with atrophic catarrh for a number of years. The nasal cavities would fill with large crusts which became very offensive. Ordinary treatment only gave relief as long as it was kept up. After continuous use of 25 per cent solutions of Glyco-Thymoline with 1 per cent of resorcine the cavities were kept clean and the membrane restored to a more normal condition so that the crusts did not form and now only occasional use gives entire relief.

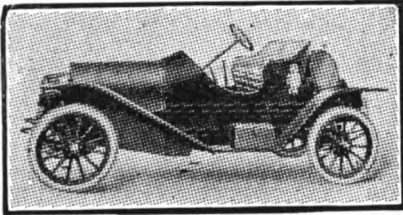
“theories are flexible speculations, facts are rigid realities.

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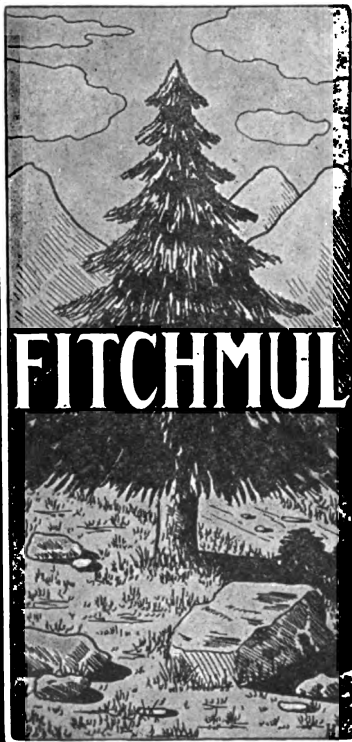
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