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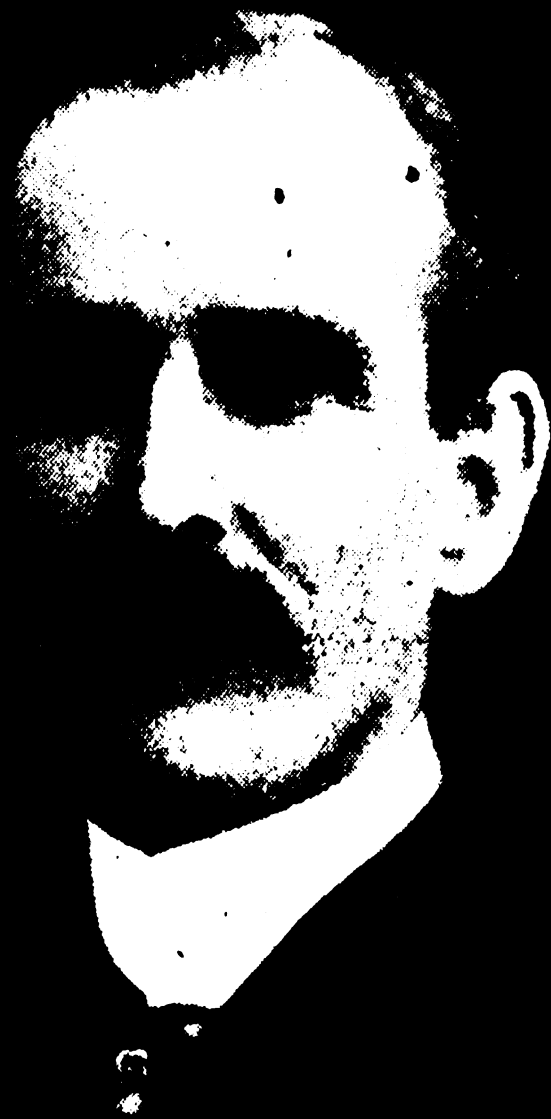
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*The Hering Quarterly*

# The Hering Quarterly.

Devoted to Pure Hahnemannian Homeopathy

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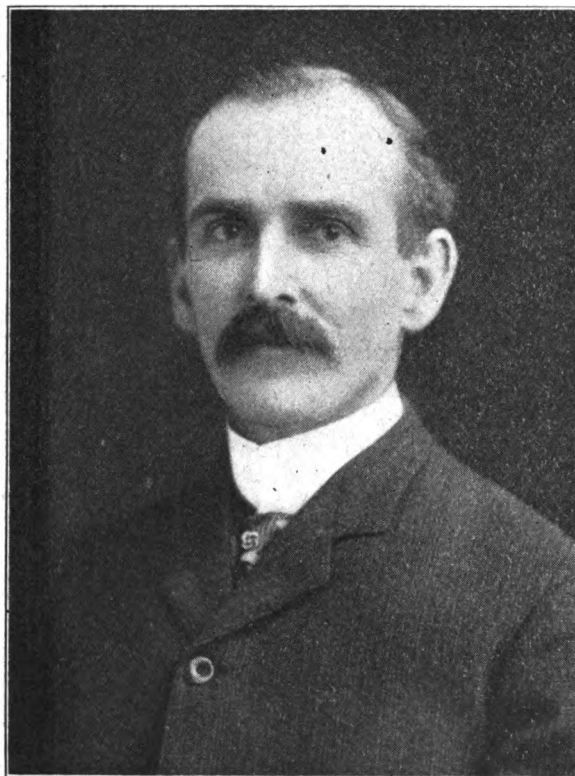
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**R. N. MORRIS, M. D.**  
**Dean of Hering Medical College.**

# The Hering Quarterly.

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## WHAT WAS IT?

By J. A. TOMHAGEN, M. D.

Professor of Clinical Medicine, Hering Med. College, Chicago.

H. G. P., age 43. In April, 1905, the gentleman came to the office, complaining of a lump or a tumor in the abdomen. He had previously consulted two of Chicago's most prominent surgeons, who had diagnosed the condition as cancer, and had refused to operate, stating that they believed the removal of the tumor would only hasten death and could in no wise relieve; that the condition was an incurable one.

The patient had lost his father and sister some time previous, both having died from cancer.

He was of a bilious, motive temperament, dark hair and eyes, sallow complexion, angular features.

On physical examination a tumor was found as large as a grape fruit, to the left of the umbilicus.

Pain radiated from this point all over the bowels.

Constipation habitual, for fifteen years.

Stools dark, hard, dry, like sheep dung.

Yellow abdominal wall. Turns more yellow at times.

Appetite, thirst and sleep normal.

Drinks four or five cups of coffee daily.

Constant sour taste.

Gradual emaciation.

Rheumatism at times for twenty-one years. First attack of the inflammatory type in the ankles. Confined to bed ten weeks.

In the summer of 1904 had rheumatism again in the feet. Used everything he could think of locally for relief. Since the feet are relieved he has distress in the bowels. Sister

died of cancer of the pyloric end of the stomach at the age of forty-four.

April 20th, 1905. Received one dose of Plumbum, C. M.

April 27th, 1905. Complains of colicky pains in the bowels. (Pathogenetic.)

Bowels have moved every day since the first visit.

May 6th, 1905. Looks and feels better. Pain less radiating the last week and no more cramps.

May 13th, 1905. "Have gained three pounds in three weeks." Unable to find any tumor or swelling in the omentum or intestines.

May 27th, 1905. Improving generally "Bowels feel as if drawn to my back." (Pathogenitis).

June 10th, 1905. Scarcely any pain.

June 24th, 1905. Weight 134 pounds.

July 8th, 1905. Still improving. Feeling very much better. Patient thinks he is almost well.

July 22nd, 1905. Still improving.

August 5th, 1905. "I feel well. My weight now is 136 pounds."

August 19th, 1905. Weight 138 pounds. Pain practically gone from the bowels. Bowels move regularly every day.

Sept. 2nd, 1905. Still improving.

Sept. 28, 1905. An attack of acute follicular tonsillitis. Placebo.

Oct. 14th, 1905. Again improving rapidly.

Oct. 28th, 1905. Improving generally. Slight pain in bowels.

Nov. 11th, 1905. Weight 140 pounds. Felt pain once in bowels since visit October 28th. Complains now of a nodule in the left upper lid. Has been developing for three weeks. Rheumatic pain in the nape of neck. (Said that father had had rheumatism.) Placebo.

Dec. 9th, 1905. "Stomach feels well" and the sore place in the bowels is gradually disappearing. Slight rheumatic pains shifting rapidly about the body.

Dec. 23rd, 1905. Cramping pain in the bowels occasionally. Placebo.

Jan. 6th, 1906. Bowels have been more sluggish. Tumor in upper eyelid remains. On account of bowels being more sluggish another dose of Plumbum C. M. was given.

Jan. 30th, 1906. Complains of La Grippe. Pain over right eye. Soreness in the muscles generally. Placebo.

Feb. 3rd, 1906. Improved some after having had "the Grippe Medicine."

March 3rd, 1906. Discharged as cured.

April 21st, 1906. Had bad headache. Placebo.

August 2nd, 1906. Examined him again. Could find no tumor and no other symptoms.

Sept. 6th, 1906. Neuralgia of right supraorbital nerve to ear. Tongue coated white, sore pain in pit of stomach. Chelidonium C. M.

March 16th, 1906. Complains of headache, chills, fever, thirstlessness, anorexia, pain over both eyes, alternating first one side then the other. Drinks much milk which agrees. Lac Caninum DMM.

June 17th, 1907. Heaviness in the bowels, shifting blurring before the eyes followed by headache. Placebo.

Sept. 19th, 1907. Drank a glass of cold beer in July and had more or less pain in the bowels since then off and on. Arsenicum MM.

April 1st, 1908. An attack of follicular tonsillitis, tongue white coated and slight indigestion. Placebo.

April 17th, 1908. Improving. "I look better than I have for twenty years."

May 4th, 1908. Complaining of articular rheumatism, tongue coated white, drowsy, headache. Pain more over right eye. Placebo.

August 5th, 1908. Drank some more cold beer which was followed by cramps and diarrhoea. Arsenicum 51M.

After this date the patient went back to the surgeons who had formerly examined him, for another examination. They could find no tumor, and pronounced him cured. They told the patient that had they not previously examined him they would not have believed that he had ever suffered from the tumor.



## HOOKWORM DISEASE IN ITS RELATION TO THE NEGRO.

BY CH. WARDELL STILES, Ph. D.

Chief of the Division of Zoology of the Hygienic Laboratory, United States Public Health and Marine Hospital Service.

(Public Health Report, July 30, 1909, United States Public Health and Marine Hospital Service.)

During the last seven years considerable literature has appeared in regard to hookworm disease in the United States, but nearly all of these articles treat of the malady as found in the white race. The present paper is prepared with special reference and relation to the negro.

### CAUSE OF HOOKWORM DISEASE.

Hookworm disease is caused by the presence of small worms belonging to a group of round worms known technically as *Uncinariine*. Two different kinds of hookworms occur in man. One of these is known popularly as the "Old World Hookworm," the other as the "New World Hookworm." Both of these parasites are known to occur in Africa, the home of the negro, and both have been found in the negro. The Old World hookworm is relatively rare in the United States, where the great majority of cases of infection must be attributed to the New World parasite.

The New World hookworm is known technically as *Necator americanus*, which means "the American murderer." This name was given to it because of the great number of deaths it causes, directly or indirectly. It is about one-fourth to one-half inch long and about as thick as a small hair-pin. It has hard cutting plates or jaws guarding the entrance to its mouth, with the aid of which the parasite fastens to the intestinal wall.

### WHERE THE HOOKWORM LIVES.

In its adult stage the hookworm is found fastened to the lining membrane of the small intestine. It is also sometimes found in the stomach. It makes a wound, sucks the blood, and produces a poisonous substance which injures the person infected.

A person may harbor a few hookworms, or several hun-

dreds, or several thousands, according to the amount of infection to which he has been subjected. As children are usually subject to infection more than are adults, the disease is usually more common in them.

#### HOW THE HOOKWORM DEVELOPS.

These parasites do not multiply in the intestine, as their eggs require oxygen in order to develop. It is important to recall that for every hookworm found in the bowels a separate germ (young worm) must enter the body.

The parasites in the bowels lay hundreds of eggs which are discharged by the patients in their stools. An ordinary stool from an infected person may contain thousands upon thousands of these eggs. This is an exceedingly important point to remember, for it is only through the discharges from the bowels that these eggs escape from the patients, and if all such discharges are properly disposed of hookworm disease can be stamped out of existence.

A few hours after the eggs are passed by the patient a young embryo develops in the egg and escapes from the egg shell. This tiny worm, which is scarcely visible to the naked eye, feeds for a few days. Within about a week it sheds its skin twice, in somewhat the same way that a snake sheds its skin. It now continues to live in the cast-off skin, but it takes no more food until it enters a person.

#### HOW THE HOOKWORM ENTERS HUMAN BEINGS.

The young worm may enter persons in two different ways. First, it may be swallowed in contaminated water or food. Secondly, it may bore its way through the skin. This second method of infection is doubtless the more common. The young hookworms, in boring through the skin, produce an attack of "ground itch" (also known as "foot itch," "foot-sore," "dew-itch," "dew poison," etc.) Thus "ground itch" is usually the first stage of hookworm disease. It is quite generally believed that the wearing of shoes will prevent ground itch, and this popular belief is correct to a great extent, namely, so far as ground itch on the feet is concerned; wearing shoes will therefore *reduce* but not *eradicate* hookworm disease.

After entering the skin, these young worms make their way to the blood, and pass with the blood through the heart to the lungs. From the lungs the parasites pass up the windpipe, down the gullet, through the stomach to the small bowels, where they gradually shed their skin two or more times, become mature, and then begin their work of injuring the wall of the intestine, of sucking the blood, and of poisoning their victims.

#### FACTORS FAVORING HOOKWORM DISEASE.

*Climate.*—Climate has an important influence on these worms. The hookworms which infest man require a certain amount of warmth in order to develop and on this account they thrive better in the South than in the North. Therefore, generally speaking, this disease is a tropical and sub-tropical malady. In the United States it is a southern disease, and its occurrence north of Maryland is exceptional. For practical purposes, we may say that the Potomac and the Ohio rivers form about the natural northern limit of its distribution, although some few cases do occur north of these streams.

*Soil.*—A loose soil, such as a sandy soil, is much more favorable to the development of the worms than is a hard, compact soil, such as clay.

*Moisture and Shade.*—As the drying action of the sun is usually fatal to the worms when on the ground, shaded and moist localities are more favorable to the disease than are unshaded and dry localities.

#### SOIL POLLUTION.

It has been stated in the foregoing that the only way by which the hookworms' eggs escape from the patients is through the stools. As this is also the usual method by which the typhoid germs escape, it is seen that careless disposal of the body waste is favorable to the spread of both of these maladies. The contamination of the ground with disease germs is known as "soil pollution," and other things being equal, hookworm disease will increase in frequency as soil pollution increases, and will decrease as soil pollution decreases.

The comparative statistics thus far available for Georgia and Florida show (in accord with what theory demands) that in our Southern States hookworm disease is more common in the negro than in the whites.

#### THE EFFECT OF HOOKWORM DISEASE.

*Direct Effects.*—To put it into technical language the negro (when compared with the white) presents a *relative immunity* to the direct effects of hookworm infection. This observation carries with it a very important thought, namely, that probably the negro race has had this disease for so many generations in Africa that it has become somewhat accustomed to it. This thought may be a very comforting one to the negro from one point of view, but from another viewpoint it must be decidedly disquieting to the white race, for it carries with it the thought that on an average, in the rural districts from the Potomac to the Gulf the 833 negroes to the 1,000 whites (found in eight states) represent *theoretically* 833 possible hookworm reservoirs who do not suffer so seriously from the direct effects of the malady, who are therefore not so likely to come under treatment, but who are likely to act as spreaders of the disease to the rest of the community; it also possibly indicates that the negro has brought hookworm disease with him from Africa, and because of his soil pollution has spread it broadcast through the South, thereby killing thousands, and causing serious disease among tens of thousands of others.

In severe infections the patients may be underdeveloped both physically and mentally; they present an anemia (often mistaken for malaria); the skin may be dry and tallow-like; the hair is dry; the shoulder blades are often very prominent and the abdomen is frequently swollen ("pot belly"); there is usually a tenderness in the pit of the stomach; in about half of the severe cases there are (or have been) ulcers on the shins; in about 90 per cent of the cases the patients have had "ground itch"; the hair in the arm-pits and on the pubes is frequently very scanty. Hookworm disease is the most frequent cause of "dirt eating." It is also the most common cause of anemia found among farm and cotton-mill

hands in the South. The patients are weak, and this weakness brings with it an indisposition to work, frequently interpreted as "laziness."

*Indirect Effects.*—As this infection injures the intestinal wall, brings about an intestinal catarrh, and thus interferes with the digestion, it naturally increases the chances of death in case a person is infected at the same time with some other disease in which good nourishment is important for recovery. As hookworm infection decreases the number of red blood corpuscles, it also increases the chances of death in case a person is infected at the same time with some other disease in which a good supply of oxygen for the tissue is important for recovery. Since good nourishment and proper functioning of the blood are two of the most important factors in recovery from pulmonary tuberculosis (known commonly as consumption), it is to be expected that persons who have both tuberculosis and hookworm disease will stand less chance of recovery than will persons who have consumption but not hookworm disease. *In other words, hookworm infection has an indirect effect in increasing the death rate from pulmonary tuberculosis.* It has been estimated that it about doubles the chances for death in cases of this disease. Now, even admitting that the direct effects of hookworm infection on the negro are less than on the white, it is a suggestive combination of facts that the tuberculosis death rate is about three times as great in the negro as in the white (namely 490.6 to 173.5 per 100,000).

It is evident, therefore, that the eradication of hookworm disease is of great importance to the negro in this fight against tuberculosis.

Quite recently some very important observations have been made in Manila upon the indirect effects of hookworm infection. When the Americans took charge of Bilibid prison the death rate was 238 per 1,000 per year; by improving the sanitary conditions this death rate was reduced to about 75 per 1,000; here it remained stationary until it was discovered that a very high percentage of the prisoners were infected with hookworms and other intestinal parasites; then

a systematic campaign was inaugurated to expel these worms, and when this was done the death rate fell to 13.5 per 1,000.

NEGRO EDUCATION AND HOOKWORM DISEASE.

Hookworm disease has a serious effect upon the mind and prevents children from fully and properly assimilating the education which the country is offering them. Hookworm children are apt to study and learn with difficulty. As I visit the country schools and pick out the children suffering from this malady, the teachers generally exclaim: "Why, doctor, you have picked out the most stupid children in the class!" That same mental handicap which this disease places upon the white children seems also to rest upon the negro children.

The point to be made is this: Because the effect which this infection has upon the mind, the present soil pollution (which spreads the disease) so prevalent among the negroes is necessarily resulting in a severe handicap in the mental advancement of the negro children.

As nearly as can be estimated (admittedly a rough estimate) the physical condition of the Southern country school children with whom I come in contact is such that they can not possibly assimilate much over 70 per cent of the education they receive; in other words, somewhere about 30 per cent of the educational efforts are wasted, and prominent Southern educators have stated that this estimate is very conservative. It may be stated that many of the country schools and country churches are breeding places for disease, and whatever they may do for education and religion *they are in their present insanitary condition a menace to public health*; a large number of the country schoolhouses and country churches are not provided with any privy, and children congregating at the schools by polluting the soil may spread disease to one another.—*Medical Brief*, Nov., '09.

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**A MAKEWEIGHT.**

"Waiter, one of these oysters is bad."

"Well, sir, you'll see I've given yer two extra."—Tatler.

**THE USE OF THE ALLEN REPERTORY IN SELECTING THE INDICATED REMEDY.**

BY A. E. SMITH, M. D., Freeport.

With a profound and respectful recognition for his virtues, and an ambition to do him honor in his accomplishments, I desire to refer to the deceased member of our profession, whose name appears in the title of this paper, in the most appreciative manner, for he was a faithful and persistent worker for the cause of homœopathy. Those that knew Dr. Allen personally and came in contact with his every day efforts, know that the height of his ambition was for the success and onward march of the particular school he affiliated with in his chosen profession.

Dr. Allen's slip repertory as compiled by him from Bönninghausen's book on therapeutics may be by some condemned, but it has been a saving grace to some others; it has started an ever widening wave of encouraging investigation for the cause of Homœopathy in the way of selecting the indicated remedy that is not likely to cease in the history of his adored profession; for it holds out a method of accurately selecting the indicated remedy by the shortest possible and time saving route.

All true homœopathic physicians recognize it as a fact, that all the curable ailments of mankind are brought to a satisfactory termination much more quickly when we are able to make application of the indicated remedy, at the right time and in the right potency; by the right time I mean a time when the functioning of bodily organs and tissues are still maintained by the processes of metabolism; and by the right potency I mean the potency or strength of the drug that will be utilized by the system in the process of metabolism to correct the errors in the system that are responsible for the manifestations that we collectively utilize to assist in determining a name for, or the classification to which the disease that produces these symptoms belongs; and it is right here that each recognizes his inadequacy; thereby giving to every man the right to utilize his own

judgment in selecting the potency of the indicated remedy and its method of application.

The matter of selecting the best indicated remedy is a problem that all, even those who are well read in the homœopathic materia medica, stumble on and few outside of the ranks of Homœopathy are willing even to investigate; so it is not only up to the homœopathic physician to have an excellent knowledge of the homœopathic materia medica and be able to use his every opportunity for doing good work with homœopathic remedies, applied in accordance with the law of similia, but it is his duty to his school to let the results be known, not only to the professional brethren of his own school, but to all that he consistently can that are interested in the healing art; not boastingly, but in an earnest, sincere and inoffensive manner; and not only should he let the results be known, but the method whereby he determines his selection of a drug.

It is in the matter of drug selection that Dr. Allen proposed to simplify the manner and bring it within the possibilities of every man, whether his memory of materia medica was all that he might wish for or not. This repertory is to the medical man what the sliding scale rule is to the mathematician, and in order to obtain practical, quick and effectual results from the use of the repertory, one must learn to be a symptom getter; having once obtained this knack, the Allen repertory is a time saver of great merit.

From my personal work with it during the last year I have the following eight points to offer, and solicit in the discussion of this paper the personal experience of all those that are making use of this repertory.

1st. That the best proven remedies are the more frequently selected, thus indicating an imperfection in the system.

2nd. That five or ten well selected and prominent symptoms frequently gives the same remedy selection as when from fifty to one hundred slips are selected.

3rd. That in all chronic cases sulphur and psorinum are the more frequently indicated.



4th. That even in the most careful selection results do not always indicate that the repertory has given the right remedy.

5th. The off-hand prescribing and the repertory will frequently make the same choice of a remedy.

6th. That as far as I am able to judge, the confidence of my patients is not shaken by my use of the repertory in their presence.

7th. By being attentive to your symptoms and noting the remedy selected, the more one uses the repertory the more efficient off-hand prescriber one becomes.

8th. That while I consider the repertory many times is of great assistance, it appeals to me that a perfectly reliable repertory can be compiled only after all the remedies entering into the compilation have been proven in an equally complete and systematic manner.

DISCUSSION BY E. A. SICKELS, M. D., DIXON, ILL.

Before taking up for discussion the points mentioned by Dr. A. E. Smith, in his admirable paper, I wish to say a word or two in reference to the author of the repertory under discussion. It was Dr. H. C. Allen who put me right in the practice of homœo-therapeutics. By his earnestness and unselfish giving of his time for the advancement of his chosen school I believe he has done as much or more than any man of our day for the advancement of pure Homœopathy. In criticism he was kind, yet he always impressed me with the fact that it was the truth that he was endeavoring to impress. Gifted with an analytical and discerning mind he was abundantly able to further the cause for which he virtually gave up his life. He always held foremost the point that it is the *totality* of the *symptoms* which determine the proper remedy and further the fact that the homœopathic remedy will cure in the most speedy and pleasant manner.

We find, section 182 of the Organon: "The physician's highest and *only* calling is to restore health to the sick in the shortest, most reliable and safest manner, according to clearly intelligible reasons." This being true it behooves

us as homœopathic physicians, anxious and eager to do not only the best for our patients but for the cause of Homœopathy, to investigate and make use of the best means to this end. Personally, I have found the Allen slip repertory to be the best. I have used Bönninghausen for some time. It has not the later proved remedies, and is open to the objection of requiring a good deal of time in writing and cancellation. I have worked six hours on a case according to Bönninghausen with the best results and cured the case, but when can a busy man find time for more than a few such cases?

I use Kent frequently, but more to get a *hint* as to the proper remedy. I find in Allen's slip repertory a means of deciding on a remedy, and not devoting more than ten to thirty minutes time. Furthermore I find the more the system is made use of the more expert one becomes in its use. We find in the Organon, section 104 "when all the prominent and characteristic symptoms collectively forming an image of a case of chronic, or any other disease, have been carefully committed to *writing* the most difficult part of the labor will have been accomplished." To this I can say amen. The case must be written out and *properly* so written. If this work is properly done we have a permanent record, and I may say that succeeding illnesses may be cured by consulting the first record (if it has been properly taken). In working out cases by this method I have often seen a red line of tuberculosis, syphilis, sycosis running through the whole case. The case must be carefully taken. One cannot write down a few symptoms and get the proper remedy. This leads to confusion. You must prescribe for the patient not the *disease*. You must get the modalities. These are the things which individualize the remedy. One never sees two cases of pneumonia or typhoid exactly alike. All diseases are modified by previous miasms existing in the system, consequently the remedy must be selected to cover these peculiarities as manifested, and these peculiarities we call modalities. Without going too much into theory (as my time is limited to five minutes) I will take up the point mentioned for discussion in the previous paper.

The doctor speaks of the best proven remedies being most frequently selected and thus indicating an imperfection in the system. This is certainly true. Hahnemann did not perfect Homœopathy. He discovered the law and gave it an impulse which has kept it moving. His writings today are authority. In the light of modern research we can see reasons for some of his statements which to him were facts and not explainable in the light he had. Just as a machinist uses most the tools with which he is most familiar, so we naturally use most the remedies which are best proven and are found to be reliable.

In view of the fact that this imperfection exists, I bespeak a more careful and systematic proving for the new remedies. It is only by increasing our armamentarium that we can in the end hope to reach perfection.

It is a fact that a few well selected symptoms frequently give the same remedy as a much larger number. In selecting symptoms for guidance to a remedy we must take the peculiar and uncommon symptoms and the modalities of the case together with such symptoms as cover the case generally. These are sufficient and will point as surely to the remedy as a larger number.

It is a fact that sulphur and psorinum are more frequently indicated. Why is it so? We find in *Organon*, section 80: "Psora is the only real, fundamental cause and source of all the other," (excluding sycosis and syphilis) "countless forms of disease," and again, *Kent's Lectures on Homœopathic Philosophy*, page 159. "It can be said that at least seven-eighths of the chronic maladies existing at the present date are due to psora." We, today, find tuberculosis to be a form of psora. This being true why should not the two principal anti-psorics be most frequently indicated? It is right they should.

Gentlemen, this is not theory, it is a fact. The more I study the philosophy of disease and apply it, the greater is my respect for the discoverer and exemplifier of this system. When I can cure an invalid of 18 years, never well since typhoid, with psorinum; when I can cure a case of gastric

ulcer with hemoptysis complicated with rheumatism, with psorinum and sulphur; when I can cure a most severe case of tic douloureux resisting morphine, with a few doses of sulphur; I say when one does these things he knows whereof he speaks. Had I the time I should like to refer to the gastric ulcer case; she vomited blood for four days continually, was nourished by enema six weeks, had most severe acidity of stomach for years, had been maltreated by morphine twenty years previously. This woman, after six months, is *well*. What could an allopath do toward cure in such a case? This case received only psorinum, sulphur and nux vomica. I could show records of twenty cases of whooping cough cured in one week by such remedies as Phos., Ars., Sepia, Sulphur, etc. These remedies were found by means of Allen's slip repertory and all prescribed for a strict individualization of the symptoms.

Gentlemen, we can every one of us do as well or far better if we will get down to the first principles. Study the materia medica and use the repertory. It takes time but results will more than repay. Furthermore our successes will redound to the glory of the school of medicine we profess to practice.

If we find the repertory has not given the proper remedy I believe the trouble is in taking the case. Some patients cannot give their symptoms. Some have none (apparently). Go over case again, giving emphasis to modalities, and you can frequently get the remedy.

I am sure we can all remember our brilliant results, and I do most unhesitatingly say that the use of the repertory most surely does make off-hand prescribing more certain. Often my mental prescriptions are identical with that worked out by repertory.

It is my custom to use the repertory in the presence of my patient. The day has passed when people expect the doctor to have in his head the whole materia medica. Watching one differentiate a case is sure to give confidence and give a reputation for carefulness, which is far ahead of the old "try it and see way." In the presence of intelligent

people I believe it is wise to use the repertory where they can watch you. Of course the better our remedies are proven and the more acquainted with them we become just so much more reliable will our repertories be, and just so much more can we expect certain results.

In closing I will add that my success in prescribing by use of the repertory has been far in advance of what I had ever hoped it could be. And I would by no means ever go back to prescribing on physiological drug action or on such parts of materia medica as I could remember. The use of the repertory offers the only exact and scientific method of prescribing.—*The Clinique*, Oct. 9.

### LACHESIS.\*

C. V. URBOM, M. D., Rockford, Ill.

We are all familiar with Lachesis, and consequently I have nothing new to offer. All that remains to be done now is to refresh our memories from the storehouse left to posterity by our great masters; put it to the test and proclaim its superiority to the medical world.

Those who have no knowledge of Lachesis do not know what they are missing. Lachesis has a wide range of action, is often indicated, and useful in broken down constitutions, and troubles incident to the climacteric age.

Hering's Guiding Symptoms contain 91 pages of printed matter on Lachesis, and its importance in throat and skin lesions is evident, as it covers 14 pages on that subject alone.

It would be a vain attempt to try to memorize all symptoms of a remedy in order to be a good prescriber; what is needed is a picture made up of the totality of the symptoms, and concentration or crystallized out of the characteristics of each remedy.

Paragraph 153 Organon of the Healing Art, reads in part as follows: "In search for a specific homoeopathic remedy corresponding to the disease to be cured, the more striking, singular, uncommon, and peculiar signs and sym-

Read before the Northwestern Homoeopathic Medical Society, Oct. 14th, 1909.

ptoms of the case of disease to be cured are chiefly to be kept in view; for it is more particularly these singular ones in the selected medicine that correspond. The more general and undefined symptoms demand but little attention."

These statements lead us at once on the right path of using our armamentarium, and following those hints I wish to call your attention for a few moments to the more striking, singular, peculiar, and uncommon signs and symptoms which make up the real picture of Lachesis.

The following are the four corner stones on which Lachesis rests in all its actions, and if they are not there, Lachesis is ruled out, as it will do more harm than good to persist in it: Aggravation after sleep, left side, sensitive to touch, and bluish discoloration. The mental symptoms ought to come in and take the first rank, but in all cases that have come under my observation, very few of them have developed, but we may encounter them any time, particularly in severe febrile conditions.

Aggravation after sleep. It makes no difference what the ailment, it points to Lachesis. and Lachesis should be the first remedy thought of, if at the same time the left side is affected or from left to right. Should the patient and parts be sensitive to slight touch or particularly be sensitive to the touch of clothing around neck or elsewhere, then it is doubly sure that we have the picture of Lachesis before us. We can prescribe, go home, and be sure of an improvement for our next visit. Three legs under the stool and it will stand, but if we get the fourth, it will stand up better. Bluish discoloration will complete the requirements, and to the above you may add what you find.

We may diagnose diphtheria, erysipelas, ovarian tumors, or any disease where Lachesis is known to have cured, prescribe it and utterly fail, because the case did not present the characteristics of the drug.

Hundreds of remedies are indicated in headache, but there is only one kind of headache Lachesis cures, and that is when the striking, peculiar, singular and uncommon symptoms of Lachesis are present, which are: patient sleeps

into headache, aggravation in the heat of sun, before discharges are established, head sensitive to touch, pain begins left side and the face and lips present a purple or bluish color. The causes for this kind of headache may be from any source, but it matters not, Lachesis will cure the headache, and the cause to, as a rule.

According to Hering, there is no remedy so often effective in breaking up an attack of quinzy at its inception, nor in promoting resolution in the later stages, as Lachesis. but before putting such statements in practice there should be a conception of the fact that Lachesis quinzies are left sided or begin on left side extending to right, very sensitive to touch, and bluish discoloration, and aggravation after sleep.

In diphtheria Lachesis has won its greatest battles, although it was feared at one time that antitoxin would press it out of service, but Lachesis is just as effective as ever. I never use antitoxin, and never lost a case of diphtheria. Here as ever < after sleep, sensitiveness to touch, left to right, and bluish discoloration, we may add sticking in ear when swallowing, liquids when swallowed return through the nose; can swallow solids without much discomfort, and very offensive odor from the throat.

Lachesis is malignant, it poisons the blood, destroys the fibrin, affects the pneumogastric nerve centers, hence the heart, lungs, alimentary tract and the whole economy are out of order.

When Lachesis has such destructive power over the blood, we would naturally think of it when we meet with severe skin lesions, such as gangrene, ulcers, ecchymosis, carbuncles, abscesses, erysipelas, malignant scarlatina and others. We must learn to spell Lachesis right if we are going to cure them all: < after sleep, sensitive to touch, left to right, and bluish discoloration. The ulcers are blue, extremely sensitive to touch, offensive, pimples round about the ulcer, < after sleep, generally on the left side or extending from left to right. I have cured many with Lachesis, and that remedy has brought me the largest part of my practice. They say he is good for blood poison, but with

Lachesis I have done the work. By the way, when speaking of blood poison, at this writing I am treating a case like this: a stout and healthy looking man punctured his left hand with a pointed tool about ten days ago. It apparently healed up until a week afterward, when it suddenly began to pain and swell, the swelling extended up to the elbow, it was very sensitive to touch, inflamed and red, the left hand; could not sleep for two nights. Lachesis had no standing with me in this cause, and the extension upwards of the pain and swelling I thought of *Ledum palustre*. I gave him an ounce bottle of that remedy, to be taken every two hours. It worked like a charm and it brought me three paltry dollars. Nothing like *Ledum* in punctured wounds, insect's stings and when pain travels upward, it prevents tetanus.

Carbuncles, abscesses, gangrene, erysipelas, or any skin disease which Lachesis will cure are all bluish, sensitive to touch, < after sleep and left sided. The snake has an old grudge against the feminine side of mankind, and perhaps that is the reason why women are more often subjected to its ravages than men, but men have the distinction, at times, to be possessed with the real monster. Therefore Lachesis cures many ailments in drunkards, even the objectionable purplish tip of the nose, but at this moment we are more concerned about the women.

I am convinced there are hundreds of suffering women in this city today who need Lachesis, but cannot get it, because someone is in the way. In the course of time, however, some of them pass through the gauntlet of quackery and Lidia Pinkham's Pills, and safely land in the hands of a homoeopath, receiving Lachesis, and forget their past tribulations.

At menstrual periods and during climaxis Lachesis is a very common remedy. If we will take notice they will complain of a great deal of flushes of heat, surging and boring in the head, with nausea and vomiting during menses. The menstrual flow and hemorrhages are black blood, pain in left ovarian region extending to right, induration and



suppuration of ovaries from left to right. The uterine region is very sensitive to touch, they cannot endure the touch of the bed clothes. Complains during pregnancy. Inflammations of the veins of the legs. Varicose veins. blue or purple, extremely sensitive to touch. Pain in the uterine region shooting upwards to the chest. The uncommon, striking, peculiar and singular signs and symptoms has set their stamp on everything, and being a little alert we can accomplish wonders.

This is true with all our well proven remedies. Who could not discern Arsenicum in its burning, midnight aggravation, relieved by heat, restlessness and peculiar thirst? No one could mistake Rhus tox., for Bryonia, nor Nux Vomica for Pulsatilla. They all have the striking, uncommon, singular and peculiar symptoms characteristic for each individual remedy, and taking them as starting points, our Materia Medica can be mastered, and good prescribing be done. I will leave this with you: aggravation after sleep, left to right, sensitive to touch, and bluish discoloration.

### **HURRAH FOR ROCHESTER!**

**“The Strongest Homœopathic City in the World.”**

The homœopaths of western New York recently held a “combination meeting” in the beautiful city of Rochester, New York. The meeting proved a great success, and a reunion of homœopathic strength for the great state of the eastern seaboard, resembling—in many respects—our recent Congress in London. The special occasion was a celebration of the one hundred and fifty-fourth anniversary of Hahnemann’s birthday. The meeting was held to meet Dr. R. S. Copeland, the new Dean of the New York Homœopathic Medical college, who seems to have been winning golden opinions by his tact and good management of the affairs and interests of this important college, and also to listen to his oration on “The Scientific Reasonableness of Homœopathy.” Eight papers were also contributed by other physicians of eminence, each of which seems to have attained a high standard of excellence. Some two hundred physicians at-

tended, and the proceedings closed by a banquet on the concluding evening. Incidentally we may see the importance of Rochester as a homœopathic center, and the flourishing condition of our science in its midst. Rochester boasts of being the strongest homœopathic city in the world. Its population is 200,000. There are about seventy-five homœopaths practicing in its precincts. It has three homœopathic hospitals, numbering together 300 beds. Best of all, perhaps, the homœopaths all pull together, the "Hahnemanns" and "liberals" have buried the hatchet, and harmony and good fellowship are said to prevail on every side. Our congratulations to Rochester, New York! Long may our brethren there flourish and dwell together in unity!—*British Homœopathic Review*.

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### THINKS VACCINATION CAUSE OF CANCER.

Dr. W. B. Clark, a well-known physician, insists that vaccination is the cause of cancer. He says:

"A cancer was practically unknown until cowpox vaccination began to be introduced. Cancer, I believe, is a disease of cell life, a disturbance of its equilibrium, manifested by the rapid growth of cells and the consequent building up of a tumor. I have had to do with at least 200 cases of cancer and here declare that I never saw a case of cancer in an unvaccinated person.

"The way vaccination causes cancer is like this: It takes 21 years to make a man and but four to make a cow, the former being of slow cell growth and the latter rapid. To put the rapid-growing cells, or protoplasm, of a diseased animal (in a condition of virulent infectious activity), into the slow-growing cells of man, is to disturb the equilibrium of cell life and create that disparity, disarrangement and disorganization which, when the season for cancer comes late in life, results in cancer, if not tuberculosis earlier."—*Physical Culture*.

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Visitor—What have you in artic literature?

Librarian—Cook books Pearyodicals.—*Brooklyn Life*.

# Editorial.

## OPENING OF THE COLLEGE YEAR.

The formal opening of the college year was marked by a reception given by the members of the faculty and their wives to the students, old and new. Many of the alumni were present; and visitors from out of town and friends of students and faculty made up a large gathering,

The program included addresses by the Dean, Dr. R. N. Morris; the Registrar, Dr. Thomas G. Roberts; Dr. E. T. White, from the faculty; Rev. Father Creamer, from Trinidad, British West Indies, and Dr. W. H. Smith, formerly Dean of the Hahnemannian Medical College of Kansas City, Mo.

Following the program refreshments were served.

It was particularly gratifying to have most of the students back on time and ready for work. Nor were they disappointed in getting the work they came for, as nearly every professor on the faculty filled his hours from the first day. The Juniors are already complaining of too much work, while students from some neighboring medical colleges have plenty of time to visit our lectures and clinics, to which visitors are cordially invited.

The Freshman class is greatly increased in numbers this year, and there are some students from other colleges in each of the other classes. While we do not seek to proselyte students from other colleges, yet we feel that it is a genuine compliment to have them come to Hering "to see Homœopathy practiced and to hear it taught," as they do not get it in any other college. Here the principles as laid down in "The Organon" are exemplified in every clinic and taught from every chair.

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We are pleased to be able to present as a frontispiece this month the photograph of Dr. Robert N. Morris, Dean of Hering Medical College. The doctor has enthused the whole faculty, who are working with renewed zeal for "Old Hering" and Homœopathy. Although Dr. Morris is specializing in

surgery, yet he is one of our most careful prescribers. He has the esteem and the loyal cooperation of every student of the college and every member of the faculty. We feel that already the future success of the college is assured.

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Will the schools receiving this issue of the QUARTERLY kindly send to the editor their recent catalogues, and a copy of each of their school publications?

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### OBITUARY.

It is with deepest sorrow that we announce the death of Dr. Josephine McKenzie Roberts, which occurred very suddenly at her home on Nov. 8th due to angina pectoris.

Burial was at Ainsworth, Iowa.

She was born Sept. 13th, 1850, near Pittsburg, Pa. While she was still young her parents moved to Iowa. In 1877 she married Dr. D. Milton Kiester, a graduate of Jefferson Medical College, Philadelphia.

In 1880 Dr. Kiester died, and for several years thereafter she was engaged in teaching in the Eastern Iowa Normal School.

She graduated from Hering Medical College in 1887, and the next year began practice in Davenport, Iowa, where she was very successful.

In 1904 she became the wife of Dr. Thomas G. Roberts, of Chicago, and began practice here. Soon she became identified with the teaching corps of Hering, and for several years past has held the professorship of the diseases of women.

She had a large circle of friends and was loved by all who knew her intimately.

---

Resolutions, by the students of Hering Medical College.

WHEREAS: Death has removed from our midst our beloved professor, Dr. Josephine Roberts, who was an ardent and untiring worker for Hering College and the cause of Homœopathy, who by her gentle and pleasant manner has endeared herself into our hearts, therefore be it

*Resolved:* That we, the students of Hering College, take this occasion to express our deep sense of loss, be it further

*Resolved:* That we extend our heartfelt sympathies to the bereaved husband in this the hour of his affliction, and further

*Resolved:* That a copy of this resolution be given the husband of our late teacher and friend and also a copy to the *Hering Quarterly* for publication.

Signed by the Students of Hering College.

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### PERSONALS.

418 Putnam Ave., Brooklyn,  
N. Y., August 13, 1909.

E. B. Beckwith, M. D.

*Dear Doctor:*

I like the *HERING QUARTERLY* because of its fidelity to Homœopathy, and helps to maintain the fabrics of homœopathic education and Hering College, the monument of the revered and lamented H. C. Allen. May it ever be true to his memory and his principles.

Yours fraternally,  
B. L'B. BAYLIES.

---

Dixon, Ill., Aug. 19, 1909.

*Dear Doctor:*

Enclosed please find money order for \$1.00 for the *HERING QUARTERLY*.

I enjoy the articles and am deeply interested in the success of Pure Homœopathy. I have found by experience it is the only true system.

Respectfully, E. A. SICKELS., M. D.

---

Omaha, Neb., Aug. 23, 1909.

Thomas G. Roberts, Registrar,  
Hering Medical College, Chicago.

*Dear Doctor:*

The catalogue you speak of in yours of the 2nd was received, for which many thanks. I am one of those who feel

a keen interest in the perpetuation of the Hering Medical College along the lines so dear to the heart of the late Dr. H. C. Allen. I regard it as a worthy example of what a homœopathic college should be in assuring to the students a thorough working knowledge of the Homœopathic Materia Medica and basic principles, together with a careful training in the allied branches of general medicine and surgery. The great need of the day among most of our graduates of homœopathic colleges is a better understanding of the nature and capabilities of remedies and proper methods of case taking. It is here Hering College is filling a "long felt want," and will be a power in making the homœopathic profession what is clearly its privilege.

I wish I could send you a student. There is no young man I know of just now medically inclined. I was absent from my practice all of last year and am not yet fully settled again. You have my best wishes.

Fraternally, S. J. QUINBY.

Sunderland, Eng.

*Dear Dr. Beckwith:*

I am greatly taken with your QUARTERLY and wish it every success.

Fraternally yours, J. CALL WEDDELL.

Mangalore, India.

*Dear Doctor:*

Your note about the HERING QUARTERLY to hand. From the report I send you you will see I am about the busiest man in India. Actually there are 50 lepers in the asylum, 70 in-patients in our hospital and over 150 out-patients every day. Our dispensary, sending medicines to all parts of India, is certainly the largest and the most reliable in these parts.

However, to encourage the good cause and to give my people some good homœopathic reading, I send you \$2 for my subscription to June, 1911. My subordinates may find time to read it.

I belong to the New York Jesuit Mission, and in the Chicago college must be some old friends of mine.

Yours truly, AUG. MUELLER, S. J. K. i. H.

Dr. C. Hanchett Cannon, of Eugene, Oregon, has been for a few days renewing old acquaintances in Chicago.

Dr. George Royal, of Des Moines, Iowa, a member of the Council of Medical Education of the American Institute of Homœopathy, recently visited Hering College, and made a stirring speech which was highly appreciated.

Dr. J. S. Slabaugh passed the Indiana Board with an average of 89 per cent, and has located at Nappanee, Ind.

Every graduate of the class of 1909, of Old Hering, passed the State Board. Certainly the college is doing good work.

All Iowans were proud of the record made by W. L. Bywater, M. D., professor of O. O. and L. at S. U. I., and Detroit where he so satisfactorily filled the position of Secretary of the O. O. and L. Society, and was re-elected to the same position.—*Iowa Hom. Journal*. So is HERING!

Dr. Paul Pollach is in Europe to visit his mother.

Dr. Krysinski is taking Dr. Pallach's practice, and Dr. Norman L. Reynolds is lecturing on mental diseases.

#### NEW PUBLICATIONS.

**PREMATURE BURIAL AND HOW IT MAY BE PREVENTED** with special reference to trance, catalepsy and other forms of suspended animation, by William Tebb, F. R. G. S., corresponding member of the Royal Academy of Medical Sciences, Palermo; Author of "The Recrudescence of Leprosy and its Causation;" and Col. Edward Perry Vullum, M. D., late Medical Inspector U. S. Army; Corresponding member of the New York Academy of Medical Sciences. Second edition by Walter R. Hadwen, M. D., L. R. C. P., London; Member of the Royal College of Surgeons, England; Licentiate of the Society of Apothecaries, London. Published by Swan Sonnenschein & Co., Ltd., London, 1905.

This remarkable book first discusses very clearly trance, catalepsy, Human Hibernation, premature burial and narrow escapes, and then elucidates fully the signs of death. This chapter alone is of great value to every physician in this country. In England it is of value also to the layman, as a

physician is allowed upon the word of another person, and without personal examination, to certify to a death, even though he has never seen the deceased, a fact which seems almost incomprehensible to Americans.

Cremation is suggested as one very sure preventative of premature burial. An institution, however, of infinitely greater advantage to the supposed dead is the waiting mortuary, which exists in many towns in Germany, "in which the bodies of the certified dead are deposited until the evidence of putrification is apparent." Mortuaries have been legalized in Germany since 1795, and continue in high favor. By a simple mechanism, the slightest sign of life in a body in the mortuary chamber is announced to the skilled attendants in the next room, and immediate assistance is rendered.

While only one in fifty thousand might revive, yet it seems worth while to try to save that one from the horrors, which everyone must appreciate, of being buried alive.

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QUAIN'S ELEMENTS OF ANATOMY, Editors: Edward Albert Schafer, LL. D., Sc. D., F. R. S. Professor of Physiology and Histology in the University of Edinburgh, Johnson Lymington, M. D. F. R. S. Professor of Anatomy in Green's College, Belfast; Thomas Hastie Bryce, A. M., M. D., Lecturer in Anatomy, University of Glasgow. In four Volumes. Vol. I Embryology, by T. H. Bryce. Illustrated by more than 300 Engravings, many of which are colored. Eleventh Edition. Longmans, Green and Co., London and New York. 1908. Pp. 275. Royal Octavo. Price \$3.50.

This series of volumes is intended to cover every phase of human anatomy, and each volume is a complete text-book in itself. It is divided into General Embryology, which traces the development of the foetal appendages and of the foetal tissues; and development of the organs, tracing the development of every organ of the body.

In every respect this is a superior work. The arrangement makes it easy to find just the part desired. The index, so essential to a book of this kind is very complete. The mechanical execution is adequate.



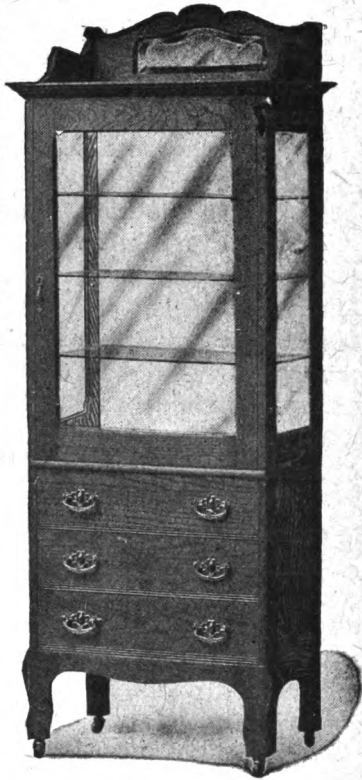
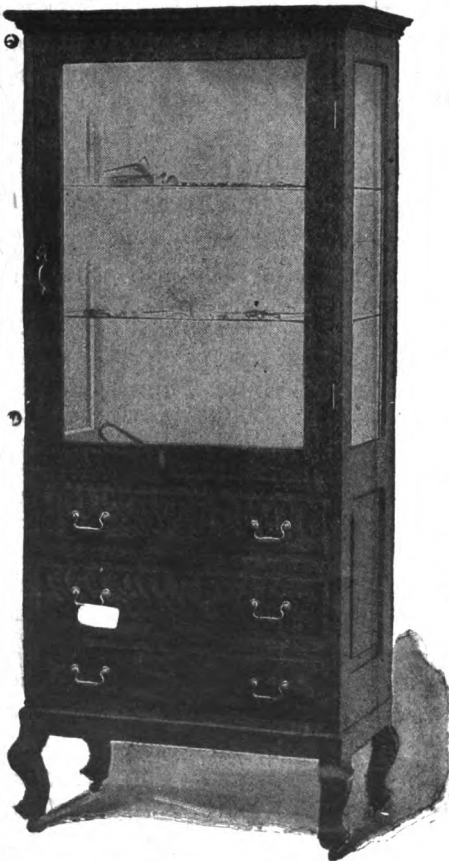
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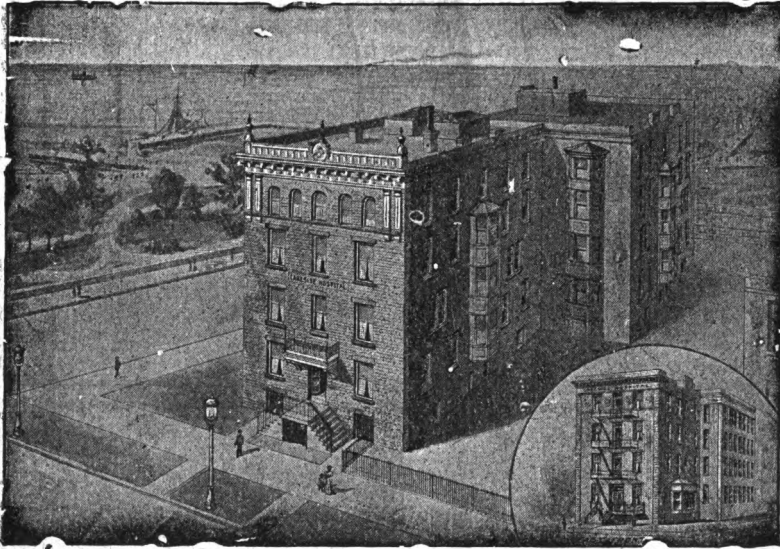
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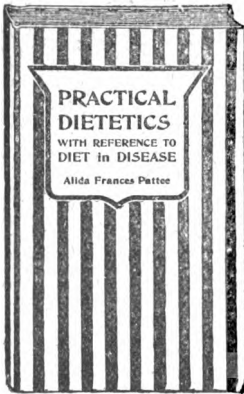
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Why not teach the student how to select the single remedy and how to use it when selected, in both acute and chronic diseases, so that he need not alternate or use combination tablets? If he is taught how to find the remedy he will never resort to poly-pharmacy; he can do much better with his own science.

Why not teach him how to cure appendicitis without surgery; diphtheria without anti-toxin; ague without quinine; gonorrhœa and syphilis without constitutional sequelæ; and consumption without change of climate? Homeopathy, correctly applied, will not only do all this in all curable cases, but it will greatly reduce the present mortality rates in all diseases.

Why not teach the student how to eradicate the so-called inheritances of tuberculosis, cancer, gout, etc., etc., and thus improve the health and increase the longevity of the race? Why not teach true prophylaxis for all diseases, acute, epidemic and hereditary?

Hering Medical College will teach your students how to do this work and enable them to successfully take up the burden when you lay it down.

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