



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

H670.3

H55

B244174 A

GENERAL LIBRARY,
UNIV. OF MICH.
NOV 8 1910

Vol. IV.

AUGUST, 1910.

Number 2.

The
HERING QUARTERLY

Devoted to Hahnemannian Homeopathy.



E. B. BECKWITH, M. D., Editor.

It is not lack of faith, but
lack of knowledge that
makes a man forsake the
law in time of danger.

DR. H. C. ALLEN.

Entered at Batavia, Ill., Post Office as Second Class Matter.

Subscription 50 Cents a Year. 15 Cents a Copy

Publisher: JAMES E. FORREST,
BATAVIA, ILLINOIS.

The Hering Quarterly,

Devoted to Pure Hahnemannian Homeopathy

Vol. III. Table of Contents For May. Number 1.

	PAGE.
Caesarean Section or Hysterotomy, With Report of Six Cases, by C. Edward Sayre, M. D.....	1
The Indicated Remedy of Erysipelas, by J. S. Slabaugh, M. D.....	11
The Carnegie Report, by Robert M. Morris, M. D.....	12
Editorial	
The Teaching Corps of Hering Medical College.....	14
Fairness in Medical Investigation.....	16
Personals.....	20
Book Reviews.....	24

Business communications should be sent to the publisher, James E. Forrest, Batavia, Ill.

Contributions, exchanges, books for review and all other communications should be addressed to the editor, E. B. Beckwith, M. D., 55 State Street, Chicago, Illinois.

The Hering Quarterly.

Vol. III.

BATAVIA, ILL., AUGUST, 1910.

No. 2.

CAESAREAN SECTION OR HYSTEROTOMY WITH REPORT OF SIX CASES.

BY C. EDWARD SAYRE, M. D.,

Professor of Gynecology Hering Homœopathic Medical College and Hospital, Gynecologist to Chicago Homœopathic Hospital, Member International Hahnemannian Homœopathic Society, Chicago Homœopathic Medical Society, Regular Homœopathic Medical Society, Englewood Homœopathic Medical Society, etc, etc.

Caesarean section is one of the earliest operations in medical history. Pliny says, that Caesar was so-called from being taken by excision from the womb of his mother, and that such persons were called caesones, from the Latin caedo, to cut. This is an improbable story, as there were other Caesars in the family before the man who made the name famous.

Pliny also states that Manlius and Scipio Africanus, were delivered by section, as well as a number of other persons noted in history, as Aesculaepius, and Edward Sixth of England.

Travelers in Africa say that the operation has been done by the savages for centuries, the mother opening the abdomen herself, and it is claimed with considerable success.

The operation has at various times been made a matter of statutory enforcement. Numa Pompilius decreed that every pregnant woman who died should be opened, and the

*Read before the Englewood Homœopathic Medical Society, Jan. 11th., 1910.

Senate of Venice in 1608 decreed that practitioners should perform the operation under heavy penalties on pregnant woman supposed to be dead. In 1749 the King of Sicily put to death a physician who neglected to operate on a dying woman advanced in pregnancy.

During these earlier days the operation seems to have been done only upon women just dead, or at the point of death, in the hope of saving the infant. The earliest record we find of its being done on a living woman occurred in 1491.

It is only since 1890, however, that the operation has come to take its place as a well recognized surgical procedure in certain cases, where delivery is impossible by natural means.

In all cases in which there is a relative dis-proportion between the size of the foetus and the pelvis, so that it is impossible for the mother to deliver herself, the physician must decide the safest means to accomplish the result. In practically all cases, where the head will enter the brim of the pelvis, delivery can be accomplished by the use of forceps, with low infant and maternal mortality, but with more or less laceration of the perineum.

When, however, the head will not engage after a reasonable time and good contractions of the uterus, we must decide between craniotomy, high forceps or cæsarean section.

The high infant mortality from high forceps, estimated by various writers at from 25 to 75 per cent, as well as the high maternal mortality should decide in favor of Cæsarean section in a great majority of cases. A careful study of the recent literature on the subject of caesarean section shows a maternal mortality of from one and two-tenths per cent to two and six tenth per cent. in uninfected cases; and in all cases, including those operated upon because of carcinoma, placenta prævia and eclampsia, each having a high mortality of its own, the mortality is only about twelve per cent.

Not only is the mortality greater after delivery with high forceps, but the recovery is very much longer, as the maternal soft parts are so bruised that the vital resistance of

the tissues is lowered, and as a result many of them become infected and we seldom have good primary union following repair of the lacerations which are inevitable.

“Doctor Willis Bandler (Trans. of the Sec. on Obs. and Gyn. N. Y. Academy of Med. Nov. 26, 07) reported one case of cæsarean section and gave the following as indications for the operation. First—Atresia of the vagina; second—carcinoma of the cervix; third—Primipara, when, through advanced age, or other causes, the birth canal was undilatable, or where the child could not be delivered without deep lacerations and destruction of the tissues, even though the pelvis and head were normal; fourth—wherever rapid delivery meant saving of the child; fifth—Eclampsia; sixth—some cases of Placenta prævia centralis; seventh—Justo-minor pelvis; eighth—flattened or rachitic pelvis.”

We should always examine carefully and measure every patient at least two months before delivery is expected, to determine the relative size and shape of the pelvis, as well as to discover any tumors which may complicate delivery. If anything should be discovered, such as a generally contracted or flat pelvis, carcinoma of the cervix, or fibroid, so that cesarean section offers the only safe method of delivery for both infant and mother, we should acquaint the husband of the fact at once, and possibly the patient also. Arrange to have her taken to the hospital a month before term, and operate as soon as the first pains occur, as the patient is then in the best possible condition; not being exhausted by ineffectual efforts at expulsion.

Statistics show that the best results are thus obtained. “Doctor Edward Reynolds” (Trans. Am. Gyn. Soc. May 07) “gives probably the most valuable data on the operation.” He had performed the operation thirty times without infant or maternal mortality, but in order to obtain accurate statistics, he secured the reports of all the cases in the world’s literature which the officials of the Boston medical Library were able to find on caesarean section done within the last ten years, by operators who had done not less than

five cases. From these he eliminated all cases in which caesarean section had been performed for carcinoma of the cervix, eclampsia, placenta praevia or complicated by other operations having a mortality of their own; such cases being plainly inapplicable to an inquiry into the mortality of caesarean section as such. Cases involving operation on the tubes and ovaries for the prevention of subsequent pregnancy were included, these being regarded as an intrinsic part of the caesarean section.

He divided them into three classes. First, primary section, those performed in advance of labor at an elected date, or with the advent of the first pain. Second, secondary sections, those performed after a certain amount of labor, that is, as soon as the test in labor has shown that the natural powers are likely to fail, and before serious exhaustion sets in. Third, late sections, those performed after the natural powers had failed to affect the natural passage of the brim of the pelvis.

His completed table contains 289 cases operated on by 20 different operators; of these 82 were primary, 158 secondary and 49 late.

The 49 late cases showed a mortality of twelve percent.

The 158 secondary cases were all done during the first stage of labor, none had over six hours of strong pain, or 24 hours of trifling pains; they were therefore favorable cases and the mortality was three and eight-tenths percent.

The 82 cases done before labor, or with the advent of the first pain, yielded one death, one and two-tenths percent, and would have been absolutely clear of mortality had he felt at liberty to exclude this one death, as not only due to an accidental technical slip, but also furthered by the incompetence of an assistant. The patient collapsed a few hours after labor, at a time when the operator was away at a distance. An assistant saw her, and pronounced it a mere nervous faintness, needing no treatment. She died in a short time, and at the autopsy the uterine sutures, which were of

catgut, were found *untied* and the abdomen full of blood. The operator himself called it an unnecessary death, due to faulty technique and the incompetence of the assistant.

The six deaths occurring early in labor all occurred from infection.

He offers the following conclusion. "First, it is clear that the mortality of the primary section is less than that of the section performed during labor. Second, it seems also clear that the section performed during labor is safer than that undertaken after failure of the natural powers. Third, it is desirable that cases which are to be subjected to the caesarean section should be selected as such in advance of labor, whenever the conditions makes this possible."

This is a very strong argument. None of my cases, however, would come under his first classification, yet there was no infant or maternal mortality.

—Dr. G. M. Boyd (Am. Jour. Obst. 1909 page 289) reports 20 cases without infant or maternal mortality. Four of his cases were second operation and one the third. He is of the opinion that a second operation is no more dangerous than the first, and quotes Wallace (Obst. and Gyn. of the British Empire, Vol. 2, Page 555). He says, "Taking into consideration 60 modern cases, caesarean section was performed twice in each of 43 cases, three times in each of 15 cases, four times in one case, and five times in one case. The mortality in the 60 cases was nine and five tenths per cent."

In searching the literature preparatory to writing this paper, I was struck with the large number of caesarean sections for dystocia due to ventral-fixation or suspension of the uterus. This is an operation I have always condemned in every woman during the child bearing period; after the climacterac it is an easy and satisfactory method of maintaining the uterus in the normal position, but there are other operations I much prefer even in these patients.

I believe the reason it is performed so frequently, is because it is the easiest operation and is done by many aspiring

young surgeons who lack the surgical skill required to do any other operation for the relief of retrodisplacement of the uterus.

Dr. T. J. Watkins reported two cases to the Chicago Gyn. Soc. December 15th, '05 of Caesarean Section for dystocia due to utero-vesical fixation, and reviewed the literature on the subject. Martin (*Am. Jour. Obst.* Vol. 49, No. 5) collected 425 cases of pregnancy following ventral fixations and suspensions which showed 116 abnormal labors. Caesarean section was performed in eight of them. Of the 116 cases there were 7 maternal deaths.

Lynch (*Montasseh. f. Geburts. und. Gynak.*, bd. xix. h. 4.) reviewed the literature to date and found 21 cases of caesarean section performed for complications resulting from ventral suspension and fixations of the uterus. He found a report of ten cases of rupture of the uterus which occurred as a result of these operations.

I have done six caesarean sections, none of which have been reported. The first three were done a number of years ago and my case book, which contained a record of them, was lost while I was west. I can only state that in each instance caesarean section was done as a last resort, after forceps had been tried in two of them. Yet there was no infant or maternal mortality.

Case four. Mrs G., American, age 33, primipara. Referred to me by Dr. H. C. Allen. Family history: Father living, mother dead, two brothers and one sister living. Sister married, one child, forceps delivery at seven months.

Patient entered the Chicago Homoeopathic Hospital January 14th, 1909, one week before term in perfect health. I saw her the next day and found a very small woman, being only five feet in height but well proportioned. Pelvis measured, anterior superior spines nine inches, trochanters 12½ inches, diameter of Baudeloque 8½ inches. While the distance between the anterior superior spines was one inch below the normal, the trochanteric is the average normal, and the diameter of Baudeloque is one half inch greater than the

average, therefore, I told her, and fully believed myself that she would have no trouble during delivery.

She had occasional pain nearly every night after she entered the hospital. Labor pains began at 2 o'clock on January 21st. I reached the hospital at 6 A. M., and on examination found slight dilation of the cervix, but no engagement of the head. After waiting a couple of hours, her pains increasing in severity, I made another careful examination, and found no progress had been made, and then discovered that while the true conjugate was about five inches, the pubic bones were united at an acute angle, which effectually blocked the head from engaging. I then called Dr. Allen by phone, and told him I anticipated trouble, and asked him to come and see her, which he did, arriving at 10 o'clock. I told him then that I believed the only way to deliver a living child would be by *cæsarean* section, but at his request I applied forceps. After about ten minutes' careful traction, and a careful examination of the pelvis himself, he agreed with me, and we allowed the patient to awake from the anæsthetic. She at once consented to the operation, was prepared for section, and again anesthetized by Dr. J. M. Alford, the junior interne, assisted by Dr. B. A. McBerney and Dr. Brasse, the senior interne, an incision was made to the left of the umbilicus just large enough to admit two fingers, which were then introduced to locate the bladder, which may be spread over the anterior surface of the uterus and is easily injured. I then enlarged the opening between these two fingers above and below until I could deliver the uterus from the abdomen; hot towels were then packed around it, a rubber tube was placed about the neck and a longitudinal incision made from the fundus down, the child grasped by the feet, but could not be delivered until the rubber tube about the neck of the uterus was loosened, as it was also around the child's head; when this was loosened the child was easily delivered, the cord cut between two forceps and handed to Dr. Allen and Dr. E. H. Pratt, who happened also to be present. The placenta was rapidly removed by sweeping the hand around the inte-

rior of the uterus, as were also the membranes. There was not much bleeding, but the uterus did not contract as well as in my previous cases, and I believe it was due to the strangulation of the rubber tube. This is the only case in which I used it; in all the other cases the circulation was controlled by one of the assistants grasping the broad ligament.

The uterus was then wiped out with gauze and closed with interrupted catgut sutures in two layers. There was some slight oozing between some of the sutures when the rubber tube was removed, which was controlled by a few more sutures placed between those already in. The uterus was then returned to the abdomen, which was closed in layers. Time, 45 minutes.

She left the operating room in good condition. The temperature rose to 101 at 10 o'clock that night, but was at 100 the next morning. I saw her about 9:45, before my lecture in the college, next door, and found her condition very satisfactory. At a few minutes after 11 I returned, and found her with an acute dilation of the stomach. Knowing the high mortality of post-operative acute dilation of the stomach, I was very much alarmed, but it was quickly relieved by passing a stomach tube and washing the stomach, followed by a high potency of opium.

She carried a temperature of from 99 to 102 until the twelfth day when I anesthetized her and curetted, and found a small shred of membrane in the cervix. The temperature remained practically normal from then on. She left the hospital at the end of four weeks in excellent condition.

The baby, a fine girl, weighed $8\frac{1}{2}$ pounds. The breasts never filled to speak of, and after trying for ten days with the child and with the pump we gave it up and placed the baby on a bottle.

I saw them last Sunday and both are in perfect health.

Case 5. Mrs. A., age 28; native of Sweden. Primipara. Five feet seven and one half inches tall. Pelvic measurements anterior superior spines nine and one half inches. Crests twelve and three quarter inches. Trochanters thir-

teen inches. Diameter of Baudeloque seven and one quarter inches.

Was called to this case by Dr. Henry G. Meyer, about 10 o'clock at night, July 6, 1909. Pains had begun at 10 o'clock in the morning, were regular and severe. On examination, I found the cervix slightly dilated, head above the brim and too large to engage.

I advised cæsarean section as being safer than high forceps for both mother and child which was readily agreed to by patient and husband, but strongly opposed by her sister. However, she finally consented, and patient was removed to the Chicago Homoeopathic Hospital, arriving there at 1:30 A. M. On examining again I found no progress had been made since former examination, so prepared for cæsarean section.

Assisted by Dr. Meyer and Dr. Knapp, and a senior student, who was taking the place of Dr. Alford, the senior interne who was away on his vacation. The anæsthetic was administered by Dr. Miller, the junior interne. I performed the operation practically the same as in the former case except controlling the circulation by having an assistant grasp the broad ligaments instead of using the rubber tube. Delivered a vigorous eighth pound boy. Time 55 minutes.

Recovery was uneventful, highest temperature 100.7° the second day. When I visited her the third day, she said she felt well enough to get up and take care of her baby. Left hospital at the end of three weeks, but was up and around hospital a week before leaving.

Case 6. Mrs. M. Native of Scotland. Age 31. Primipara.

Referred to me by Dr Shroeder when he left for Philadelphia to take an internship in the Hahnemann Hospital.

Pelvic measurements anterior superior spine nine inches, trochanters 12 inches, the diameter of Baudeloque six and one half inches. A very small woman, only four feet ten and one-half inches tall.

Slight pains began in the afternoon of August 6th. I

was called at 11 that night. She was having moderate pains. On examination found os slightly dilated, head above the brim, and evidently too large to engage. I told the husband that the only way to deliver a living child would be by section. He asked me to wait until tomorrow, to which I readily consented, as she was not at all exhausted. I went to bed, leaving orders to be called if she seemed to be making any progress. I got up about 6:30, and found her about the same as the night before. I then explained the situation to her, and she consented at once. We took her to the Lakeside Hospital, and operated at 10 A. M., assisted by Drs. Pappik and Leavy, the senior and junior internes. The anesthetic was administered by Dr. Harrison.

The operation was practically the same as the first, except hemorrhage was controlled by the grasping the broad ligaments, and the skin was closed by clips instead of sutures. Delivered a fine 8½ pound boy; time, 36 minutes. Patient left the operating room in good condition.

That evening at 9 temperature rose to 102½, pulse only 74, no pain, slept fairly well. Continued to have temperature from 99½ to 102 until the seventh day. The wound was examined several times, but looked perfect. Clamps removed on ninth day. On the morning of the twelfth day slight discharge in lower end of the wound from slight skin infection. The temperature gradually fell to normal after the seventh day. Left hospital at the end of three weeks, and began doing her own housework one week later.

THE INDICATED REMEDY OF ERYSIPELAS.

BY J. S. SLABAUGH, M. D., Nappanee, Ind.

Before entering upon the discussion of this case, I wish to make a plea for more clear cut discussions of remedies in our medical publications. It was largely through the influence of the article published in the November Hering Quarterly and written by Dr. C. V. Urbom, of Rockford, Ill., that I was able to make the speedy progress in the case which I am about to report.

But now for my case. R. Y. age 27, married. Had been in charge of a "regular" physician for 5 days and was steadily growing worse. On the fifth day after the disease had spread from his nose to both his ears and some distance into the scalp, the family became alarmed. The attending physician had informed the family in the morning of March 11th, 1910 that there was no "way under the sun" to check the spreading of the disease but that it was a self limited disease; that it would last two weeks and perhaps three weeks; that it might spread over the entire body and that in as much as the man already had a temperature of 105 deg. and a very weak pulse, he probably would not live.

In the afternoon of the same day I was called to the house. I found the patient as described above. In addition I noticed that the parts were very sensitive to touch and that the patient was constantly chilly. He said he had not slept five minutes at a time for four nights.

Hepar 12x was given.

March 12. Temperature was 102°, the patient had slept from one to two hours during the night. The spread of the disease seemed to be checked. B continued.

March 13. Temperature 103° patient was more restless, had slight epistaxis, the disease was again spreading. It was now largely on the left side of face and head and was spreading to the right. The pulse was rapid and feeble, the parts very sensitive, and the patient reported that sleep did him no good.

Lachesis 200 in repeated doses was now given.

On March 14. Temperature 98.6° pulse normal, the disease had spread no further since the first dose of Lachesis was given and the patient said he had a good night's rest and felt much better.

From this time on the patient had no more temperature and rapidly improved.

In two other cases of erysipelas, I have been able to check the disease in from 12 to 24 hours with the indicated remedy.

In no case have I found it necessary to use any local application of any kind.

THE CARNEGIE REPORT.

BY ROBERT N. MORRIS, M. D.,

Dean of Hering Medical College, Chicago.

Regarding Homoeopathy, the Flexner report says: "Homoeopathy has two options; one, to withdraw into the isolation in which alone any peculiar tenet can maintain itself; the other to put that tenet into the melting-pot."

Very well; let us choose the latter and not only put Homoeopathy into the melting-pot, but cast it without stint or reserve into the crucible together with all other forms of education which pretend to fit the student for the removal of abnormal symptoms by which we recognize sickness. We do not for one moment claim to have in homoeopathy all that there is in the removal of such symptoms. The great field of surgery, asepsis, hydro-therapy, antisepsis, suggestion, diabetics etc., are ours by right and tradition.

Our claim is that we can cure every case that is curable by internal medication, by the administration of the remedy selected according to the law of similars.

It does not follow that we claim to amputate members, remove abscessed appendices, enucleate glaucomatous eyes or do other impossible things even with our most powerful potencies.

Many such serious operations are avoided, however, by the timely use of the similar remedy. It is useless to enumerate instances. We all have had them in our experience many times repeated. That there are forces which are unable, in the present state of enlightenment, to measure or gauge accurately, yet which exercise a powerful influence upon our vital force for both good and ill, we no longer question.

The mind cure, Christian Science, faith cure, and other forms of suggestive therapeutics can no longer be dismissed by a shrug and a sneer. They are real things, valuable alike to the practitioner and patient. We must recognize them. Why not meet them more than half way?

When you can carve water, and mould air, you can then treat diseases by name. Remedies to be curative, must be individualized.

Specifics for diseases are impossible. We only recognize disease by the signs it may present, which we call symptoms. When no symptoms are present, there can be no disease.

Homoeopathy treats the patient and its effort is to remove the signs of disease, thus allowing the material forces to restore that equilibrium which we term health. Every patient is an exception and must be treated as such. Come with us and a feast of truths will be spread before you. Take out of the crucible, what proves to be the truth. Find out for yourself and we fear nothing of results.

Editorial

THE TEACHING CORPS OF HERING MEDICAL COLLEGE.

For years the teaching corps of old Hering has been looked upon as one of the strongest in the whole field of Homoeopathy. It is a matter of much gratification, therefore, to be able publicly to announce additions to our active force for this year, which place us away and above all colleges, as having on our faculty the strongest men now teaching Homoeopathy.

Our most recent additions are:

Drs. James Tyler Kent,
Elmer E. Vaughan,
George E. Dienst,
H. S. Llewellyn,
A. H. Grimmer,
George H. Carpenter,
Frank B. Schroeder,
Archie S. Byle,
J. A. Stefanski,
Joshua H. Lewis,
George G. Starkey,
Roy D. Stone,
Eugene Q. Moulton,
John H. Cadmus,
H. H. Sherwood,
C. S. Tisdale.

Dr. J. T. Kent is one of the most widely known of living homoeopaths. It is a question whether he has achieved more fame through his invaluable Repertory, or through his great work in Materia Medica, or through his prescribing

and class-room teaching. He will lecture twice a week to the entire body of students.

Dr. E. E. Vaughan is not only a careful prescriber, but one of Chicago's best surgeons. It is almost entirely through Dr. Vaughan's personal efforts that the Chicago Union Hospital has been built up, until it now ranks as one of the best equipped hospitals in the city.

Dr. Dienst was one of the most popular lecturers in his college last year, and we are sure he will have the regard and attention of our students from the first. Dr. Dienst has traveled widely, spent several years as a missionary in China, and brings to his work the result of years of profound study.

Dr. Grimmer has had careful preparation in *Materia Medica* under Dr. Kent, and is particularly adapted to teach that subject.

Until a year ago Hering was the only college in the world offering a course on the Organon, or Homoeopathic Philosophy. That department is now very strong. Dr. Llewellyn will devote his lectures entirely to the Organon, and there will be supplementary lectures by Dr. Kent, Dr. Edwin A. Taylor and Dr. Grimmer.

Drs. Starkey and Sherwood have been elected quiz masters for Dr. Kent's *Materia Medica* work.

Not only are the above departments strong, but every department in the college has had new life infused into it.

The work of the Freshman and Sophomore classes will be stronger than ever before in the history of the college.

The Department of Surgery is at least as strong as that of any college in the city, and has some of the best surgeons now in practice.

The Department of Women's Diseases is not only strong in didactic work, but Drs. Sayre and Lange have one of the finest and largest clinics in the city. Every Senior and Junior has opportunity to make actual examinations, and diagnose and treat cases under most able direction.

The outlook is bright for a large Freshman class and for many additions to the other classes this year. All friends of Hering should do their utmost to send us students, that the teachings of Homoeopathy may become more widely disseminated, that the people may receive the best possible scientific service, which only homoeopathic physicians can give, and that the young doctors may learn how to become the most successful in practice, both in curing diseases and saving patients from needless operations; or, if operation is essential, be prepared to do it with unexcelled skill. This is the course Hering offers in 1910-1911.

The law of *Similia Similibus Curantur* is taught and exemplified in every chair and clinic in the college. No combination tablets or alternating of drugs, nor external or local applications of ointments, are to be taught here. Pain can be cured by the indicated remedy more quickly than it can be suppressed by the hypodermic. This is the only college in the world where all the chairs adhere strictly to the one law of cure. Consequently our students have not only to learn all that is taught in other colleges, but the real law of cure in addition. In no other way, however, can the cures be made and relief given as quickly, gently and surely as by following the one law of Homoeopathy.

FAIRNESS IN MEDICAL INVESTIGATION.

THE report of the Carnegie Foundation for the Advancement of Learning has stirred profoundly the entire medical profession. In that way, if in no other, it has done good. The faculty of many a medical college will be a little more careful in the future to keep their hours filled and their standards of work high.

It appears, however, as suggested in *The Homoeopathic Recorder* for July, that the ideal of the Carnegie Foundation, as voiced by Messrs. Flexner and Pritchett, is to apply trust methods to medical schools, and so close the smaller ones, and have only a few of the larger schools to do all the teach-

ing. From an economic point of view this might be wise, but from an educational point of view it is very unwise. It has been well demonstrated that in large classes, of, say, 400 or 500, the average of scholarship is considerably lower than in small classes, say 20 or less. Hence while in the very large colleges the students might have more elaborate apparatus before them on exhibition, in the smaller colleges are the actual resources of each student educated and tested, and a higher grade of scholarship and individual ability maintained. This has been amply demonstrated by comparative statistics by Dr. J. A. Egan, the very able secretary of the Illinois State Board of Health, in *The Medical Advance* for June.

The particular features dwelt upon by Messrs. Flexner and Pritchett in their now famous (or infamous?) report are pathology and laboratory facilities. It is readily admitted that it is wise and necessary for a physician to have a knowledge of pathology and bacteriology and all the laboratory tests for aid in diagnosis. But why are these features so emphasized?

Is diagnosis the most important part of medicine? To those who can treat a disease only after they have named it, that may be true; but to those who treat the patient regardless of the name of the disease, the diagnosis is not of chiefest importance. Those latter physicians study what is curative in medicine, and what is curable in disease, and the best method of applying the curative agent.

If, indeed, the gentlemen of the Carnegie Foundation really have at heart the advancement of medical science and the promotion of the best means of healing, then let them not only prove which of the allopathic schools are the best equipped, and have the largest endowments, but let them close all *their* smaller colleges. For, as Dr. L. A. L. Day, so wisely suggests, the profession of allopathic medicine is already overcrowded. By diverting young men from this path they would do a favor not only to those men, but also to those who are striving (many of them almost in vain) to make a liv-

ing from their practice. The average income of the physicians of the United States is only \$500 a year. In view of these authentic figures, it is no wonder they wish to close colleges and raise the standards until the number of medical students decreases materially, and consequently the number of competing doctors decreases. Then each could have a practice large enough to give him a respectable living. But even then they can not put out of practice the bungler. The ranks of Homoeopathy, however, are not overcrowded. This is partly due to the fact that it takes a very high order of intelligence to understand Homoeopathy and master its principles and *Materia Medica*; but also because there is always a demand for the services of a good homoeopath.

Let the Carnegie Foundation study the death rates of the various systems of healing, and determine which is the most successful in saving acute cases.

Let them study the chronic cases, and determine which system has the most success in curing and removing painful and persistent conditions and diseases.

Let them study the way that medicines are prepared, and the way they are administered in the varying doses and compounds.

Let them study the treatment of the ills of pregnancy, and its result on the children. The greatest medical work in the world is to eradicate from the unborn child its hereditary physical taint and tendency toward disease. This will give us truly a "new race," and it is the highest form of prophylaxis of disease.

Let them discover the natural laws of cure, if there are more than one. If there is but one, let them put that to the test, honestly, fairly and squarely, and publish their failures to the world. When Hahnemann discovered the law, *Similia Similibus Curantur*, he gave that challenge to the allopathic profession, of which he was one of the best educated. It is now a century since he did it, and not one failure has yet been published.

If these gentlemen will awake to the marvelous oppor-

tunity they have for benefiting sick and suffering humanity in the present, and improving the health of oncoming generations, they can then use the millions of dollars at their command to make the medical world wonder at the marvels they achieve, instead of suing them for damages, as The Medical Brief reports is being done in St. Louis.

What we need in medicine is loyalty to truth. The tendency is to say: "My system, right or wrong." We should say: "Where truth leads, I will follow."

Furthermore, in their investigations the Carnegie Foundation should be perfectly fair and just. It would be manifestly unfair for a committee of Presbyterians to try to investigate the accuracy of teaching in the Methodist college; likewise an allopath like Dr. Flexner cannot, from the nature of things, give an unbiased judgment as to the merits of an eclectic, physio-medical or homoeopathic college.

The square deal would consist in investigating not merely laboratories and the teaching of pathology, etc., but the comparative death rates in the various schools of practice. Such investigations would show which colleges turned out men who could heal the sick and relieve the suffering. That is what humanity wants, rather than to find which best trains its students in the identification of bacterial and pathological structures.

The pathology can be determined positively only after death. Hence it is not popular in our neighborhood. The people want the doctor who can keep them living, not the one who can tell them how their insides will look after they are dead.

Yes, gentlemen, give us investigation, but do it on the square, and in ways that will advance the cause of humanity and of truth.

E. B. B.

Personals.

Drs. A. S. Byle, F. B. Schroeder and J. A. Stefanski of '09 have completed their year's internship in the children's Homoeopathic Hospital in Philadelphia, Penn., and have returned to Chicago. Dr. Byle's new sign is at present decorating the front window in the parental home at 3215 Flournoy St. The word "Homoeopathist" on it shows that he is not afraid to show his colors.

Dr. Schroeder is taking Dr Pollach's practice during the latter's vacation.

Dr. Stefanski has celebrated his return by having an attack of the jaundice. In a few days, he will have an office in South Chicago.

Dr. F. B. Cogswell is taking a month's vacation at his home in Lake City, Minn., after 2 years of internship in Philadelphia and Washington, D. C.

Dr. E. W. Enos, '10, is taking a 3-months' internship in the Metropolitan Hospital, New York City. He has charge of a ward of 100 tubercular patients in the last stage of this disease, and the fact that there is a lower death rate in this ward than in that of the second stage speaks well for Dr. Enos' prescribing.

Dr. W. H. Enos of Alton, Ill., is suffering from a severe case of blood-poisoning. It is hoped, however, that he may soon be out of danger.

Dr. G. H. Hockett, '10, took the July board in Indiana, and is soon to open an office, in his home town of Anderson, Ind.

Dr. Chas. A. Gardner, '10, made a flying visit to his home in Hyattville, Wy., after his graduation, and July 1, became an interne in the children's Homoeopathic Hospital, of Philadelphia.

Dr. L. B. Wheeler took the Colorado board the first of July, and while waiting the returns is spending his time on his ranch at Axial, Col. He writes, "I rode forty miles yesterday to the postoffice and back, and didn't even draw a post-card."

Dr. H. B. Dean, '10, passed the April examination in Ill. and now has charge of Dr. E. T. White's practice during the latter's European trip.

Dr. N. M. Choudhuri has gone to his home in Calcutta, India.

Dr. W. B. McDonald and wife are now in Scotland.

Dr. Roy D. Stone is interne in the Chicago Homoeopathic Hospital.

A. O. Ellison, class of '11, is busily engaged in farming at Alhambra, Ill. (Helping his father.)

R. G. Richardson, class of '12, says one word will tell just what he is doing this vacation—"Nothing." He has made some brilliant cures, and won several converts to homoeopathy.

H. H. Jones, '11, is traveling in the West; at the last report he was in Los Angeles, Cal.

G. D. Larrison is in Amboy, Ind.

Dr. Isabel Lane Baker and her husband, of Folsom, New Mexico, have made a three weeks' visit in Chicago.

Dr. Frances M. Lane is an active partner in the Bradbury-Lane Hospital at Cody, Wyo.

Dr. Rose R. De la Hautierre is doing a great work among the poor of Los Angeles, Cal. She still retains her love for her alma mater, and sends a cheery, hopeful greeting.

Dr. George H. Carpenter is spending his vacation at Clear Lake, Ia.

Dr. John H. Cadmus is spending his vacation in the woods near Jenkins, Minn.

Dr. J. B. S. King, the able editor of the *Medical Advance*, has been elected Emeritus Professor of Chemistry and Toxicology, at Hering.

Dr. Gertrude Dobson has consented to remain another year in charge of the dispensary at the college. During her administration the dispensary has become self-supporting, and more; and the number of patients has nearly doubled. How does that speak for the doctor's popularity and efficiency?

Dr. John Merlin Alford and Dr. Shirley Foote, were married June 17. They will reside at Galva, Ill., where Dr. Alford has built up a fine practice.

Dr. E. B. Beckwith and Mrs. E. Blanche Steinman, Hering 1911, were married June 29.

Mr. Miguel A. Valiente, '11, is spending his vacation with his parents at their home in Baranquilla, Columbia, So. America.

Dr. Nettie Campbell has removed to Davenport, Iowa.

Dr. H. A. Yergin has entered practice at Davenport, Ia.

Dr. H. C. Schmidt has been superintendent of Red Springs Hospital, Shoshoni, Wyo.

Dr. and Mrs. Elmer T. White have spent the summer in Europe, so the doctor could visit the great hospitals. He is studying particularly diseases of the stomach and intestines.

Dr. Paul Pollach is in Europe on a short business trip.

Dr. Robert N. Morris, Dean of Hering College, was one of the busiest Knights Templar in the city during Conclave week. Dr. Morris was on the committee of health and sanitation.

In the dispensary over 5,000 patients were prescribed for in the presence of the students during the past year. That is getting practical experience.

Dr. J. A. Tomhagen is back from an extended vacation, and is not only in the best of health and spirits, but is going to continue at the college, the clinic, which was so well attended last year, and in which he made many brilliant cures.

Dr. Geo. L. Hughes is spending his vacation in Michigan.

Dr. James West Hingston is spending his vacation on the great lakes, going as far as Buffalo and return by water.

Dr. Robert N. Morris is spending his vacation in Onekama, Michigan.

QUERY?

Minneapolis, Minn., March 22.—Mrs. Guy E. Smith, of this city, is dead as the result of being inoculated with anti-toxin today.

She died in convulsions five minutes after the antitoxin had been administered by a physician.

Mrs. Smith was visiting Mrs. Benjamin Franklin, Jr., who had been ailing.

While Mrs. Smith was at the Franklin residence a physician called and pronounced Mrs. Franklin's trouble diphtheria. He inoculated both women.—Chicago American.

Has anyone ever had such a result from the use of Diphtherinum or any other homoeopathic prophylactic or remedy? The editor will gladly receive and publish reports. Show this to your patients, and see if they wish to try this kind of prophylaxis, even when furnished free by the city?

BOOK REVIEWS.

THE SCIENCE OF LIVING, OR THE ART OF KEEPING WELL. By William S. Sadler, M. D., Professor of Physiologic Therapeutics, Post-Graduate Medical School of Chicago, Director Chicago Institute of Physiological Therapeutics, etc. Illustrated, Second Edition. Chicago, 1910: A. C. McClurg & Co. 420 Pages. Price \$1.50 net.

When a man is chosen to do a great work, the best man is selected, according to external standards. The resulting work is then more or less excellent, according to the ability of the author to qualify himself, and fill his contract.

On the other hand, when a man is so full of his subject that in spite of a busy professional life, he takes time from his rest and recreation to prepare a book, he is moved by a purpose higher than "the greed of gain," that book usually bears the marks of high devotion to principle, willing self-sacrifice, and the broadest preparation for the work, for which he has been selected by some higher powers.

The Sciences of Living is such a work, and Dr. Sadler is such a man.

Dr. Sadler says "The author's purpose in this work is to present to the lay reader, the teacher, the student, and the health-seeker, a concise outline of Modern Hygiene as developed in the great research laboratories of the world, free from scientific technicalities and medical terms—to tell the Story of Health in plain everyday English."

He has accomplished his purpose well, and has made the work really interesting. One usually reads this class of literature, because he ought to, but I have read this with real pleasure.

The illustrations are ample, many of them original, and they really illustrate the text.

It is a book that everyone interested in making the most of his physical possibilities would do well to "read, mark and inwardly digest."

DISEASES OF THE DIGESTIVE SYSTEM. By E. O. Adams, M. D., Professor of the Theory and Practice of Medicine and Clinical Medicine, Cleveland Homoeopathic Medical College, 1910. The Cleveland Homoeopathic Publishing Co. Price \$1.50. 350 pages.

Dr. Adams Says: In no department of Internal Medicine have there been so many advances made during the last few years, as in that part pertaining to the digestive tract. These advances have resulted from knowledge obtained from recent physiological experiments, from increased surgery in these regions, and from a development of laboratory methods for investigating the functional activities of these organs.

"This book is designed: 1. To give the newer ideas which have developed, in addition to the older and established ones: 2. To give a technique for laboratory methods of diagnoses, which is as simple and practical as is that used in examining the urine. 3. To give directions in regard to dietetics which are in accordance with modern knowledge of the chemistry of foods and of the physiology of digestion. 4. to give remedies, together with their indications, which the experience of fifteen years of especial attention to this class of disease has demonstrated to be of value."

Dr. Adams deals with the diseases of each part or organ of the digestive system in a concise and systematic way; and he has so simplified the laboratory methods of diagnosis as to make one want to make examinations of stomach-contents, for the pure joy of it. This part of the work is of undoubted value both to those physicians who were in the field before these exact methods were known; to those younger men who wish a convenient working manual, and particularly to those medical students who wish a practical guide to the study of these diseases and methods.

The work is particularly well adapted for use as a syllabus in the class room.

In the light of all these virtues, however, it is distress-

ing to have the book published as Homoeopathic and in its treatment suggest local applications, ointments, hypodermics etc., and limiting the potency to the 2x, 3x or rarely the 6x; only in one or two instances recommending anything as high as the 30x. Certainly experience does not show uniformly better results with the lower potencies. In fact, Hahnemann, who did not have our present high potencies, declared in favor of the 30th centesimal. The most careful prescribers of recent days more and more are using the high potencies, going to the cm, mm, and dmm. It is true, however, that the higher the potency used, the more accurate must be the prescription.

With these exceptions, Dr. Adams' work is admirable, and we are glad to have it.

TRUSTWORTHY.

"Rufus, you old loafer, do you think it's right to leave your wife at the washtub while you pass your time fishing?"

"Yessah, judge; it's all right. Mah wife don' need any watching. She'll sholy work jes' as hard as if I was dah."
—Medical Brief.

DELICACY.

Mrs. Smith was engaging a new servant, and sat facing the latest applicant. "I hope," said she, "that you had no angry words with your last mistress before leaving?" "Oh, dear, no, mum; none whatever," was the reply, with a toss of her head. "While she was having her bath, I just locked the bathroom door, took all my things and went away as quiet as possible."—Medical Brief.

THE RETORT COURTEOUS.

An old darky wanted to join a fashionable city church, and the minister, knowing it was hardly the thing to do and

not wanting to hurt his feelings, told him to go home and pray over it. In a few days the darky came back.

"Well, what do you think of it by this time?" asked the preacher.

"Well, sah," replied the colored man. "Ah prayed an' prayed, an' de good Lawd he says to me, 'Rastus, ah wouldn't bodder mah head about dat no mo'. Ah've been trying to git into dat chu'ch myself for de las' twenty yeahs, and ah ain't done had no luck."—Medical Brief.

Hering Medical College.

TO THE HOMEOPATHIC PROFESSION.

H AHNEMANN says: "The physician's high and *only* mission is to cure the sick." His highest ambition should be to perfect the Science of Therapeutics by which this end may be most surely attained. Anatomy, Bacteriology, Chemistry, Histology, Physiology and Pathology, are much more thoroughly taught than they were twenty-five years ago; why not teach a better Homeopathy and keep it abreast with all scientific progress? Why not make it in fact, as in name, the Science of Therapeutics?

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 polypharmacy; 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.

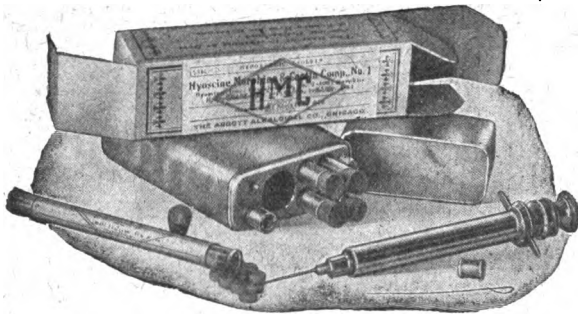
Why not teach the student how to eradicate the so-called inheritances of tuberculosis, cancer, gout, etc., etc., and thus improve the health and increase the longevity of the race? Why not teach true prophylaxis for all diseases, acute, epidemic and hereditary?

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.

The best there is in Homeopathy is none too good for your students; they should begin where you leave off, not where you began.

Address

**THOMAS G. ROBERTS, M. D., Registrar,
72 Madison St., Chicago, Ill.**



A Panacea For PAIN

H-M-C (Abbott) is without doubt, the best
ANALGESIC, ANESTHETIC and ANTISPASMODIC
combination yet known to medicine.

It replaces morphine or morphine and stropine, giving better results without the unpleasant after effects.

The minimum of morphine in H-M-C gives the maximum effect.

None of the usual after effects due to morphine alone.

No constipation, nausea or disturbance of digestion.

A combination that gives results—that "makes good."

CLINICAL REPORTS FROM THE BEDSIDE.

H-M-C Satisfactory in One Thousand Cases.

I have used about one thousand H-M-C (Abbott) tablets and have obtained nothing but satisfactory results. I have used them in cases of labor, to produce general anesthesia and to relieve pain. It relieves pain better than any other combination of medicine and I have discovered no bad effects following its administration. When the heart is weak and action rapid, and volume of pulse small, the heart is strengthened and the pulse increased in volume. In painful inflammatory diseases of the abdomen, the exhibition of a tablet hypodermically will enable one to manipulate the abdomen and make a satisfactory examination.

Spencer, W., Va.

Dr. J. E. McQuains.

Prefer H-M-C as a Pain Reliever.

I prefer the H-M-C tablets (Abbott) to anything I have ever used as a pain reliever.

Huntington, Ind. Dr. E. E. Gengelbach.

H-M-C A Complete Success.

I have used H-M-C tablets (Abbott) in several cases of confinement, also in D. T's and found them a complete success. Have not had one bad case in one whole tube and have never had to use more than two tablets in any one case. Would not be without them for anything.

Lancing, Mich.

Dr. P. Thompson

Has Used H-M-C (Abbott) for Three Years.

I find them fine in all pain but especially in labor and minor operations. While the patients do not sleep they do not feel pain. Having been using for three years with nothing but good results.

Pittsburg, Ga.

Dr. E. H. Hice

H-M-C Ideal Pain Remedy.

Your H-M-C tablets are an ideal remedy for pain.

Agnos, Ark.

Dr. W. M. Tally.

Special \$1.00 Offer If you are using this preparation you know our claims and these statements are true, therefore, push it along. If you do not, and will test it, Send One Dollar and we will send you prepaid, once only: Two tubes of each strength: No. 1: hyoscine hydrobromide gr. 1-100; morphine sulphate, gr. $\frac{1}{4}$; cactin, gr. 1-67. Per tube of 25, 40c. No. 2 (Half strength of No. 1): Hyoscine hydrobromide, 1-200, morphine sulphate, gr. 1-8, cactin gr. 134. Per tube of 25, 30c. \$1.40 worth for \$1.00. **SEND IN YOUR ORDER NOW**

The Abbott Alkaloidal Company

Home office and laboratories
CHICAGO.

San Francisco, 371 Phelan Building
Seattle, 225 Central Building
New York, 251 Fifth Avenue
London, 17-18 Basinghall Street

A TEXT-BOOK of CLINICAL MEDICINE

THE PRINCIPLES OF DIAGNOSIS

By Clarence Bartlett, M. D.

245 Illustrations. Six Colored Plates. 976 Pages. Cloth,
\$7.00, net. Half-morocco, \$8.00, net.
Postage, 52 cents.

"Dr. Bartlett's work cannot fail to become the standard text-book on diagnosis in both America and Great Britain."—*London Homeopathic Review*.

"Here is a chance for our friends of the old school to show their fairness by admitting it as a text-book in their own colleges, for we venture the statement that if they will examine this book as we have done they will find it the best work in the English language on the subject."—*Medical Century*.

"If a book is to be judged by its helpfulness we predict for this a position on a shelf quite handy for ready reference, and it will retain that position for many years to come."—*Medical Advance*.

"It makes no difference what school you belong to you need this valuable book."—*Medical Gleaner*.

"Accurate, thorough scientific, and fully up-to-date."—*Wm. Oster, M. D., John Hopkins University*.

"It seems to me thoroughly up-to-date in that seriously important department of medicine—Diagnosis—*J. P. Sutherland, M. D., Boston School and University of Medicine*.

"Taken as a whole, the book is by far the best of its kind on the market."—*Critique*.

The above comments are from representatives of every branch of recognized medicine and everyone highly endorses the book.

Boericke & Tafel,

PUBLISHERS

New York,

Philadelphia,

Chicago.

Mr. William H. Sherwood

...gives...

Normal Piano Lessons

with questions and answers thereon
by Correspondence
to those

Preparing to Teach Music
and unable to leave
home to study with
him privately.

The lessons are highly
endorsed by Paderewski.

A Few Partial Scholarships Available.

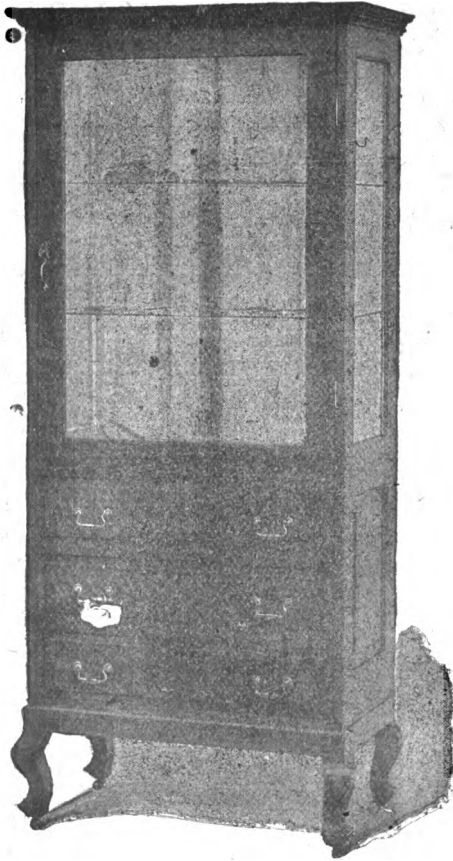
We also teach Harmony,
Counterpoint and Composition,
by Correspondence,
as well as Voice, Organ,
Violin, Cornet, Mandolin,
Banjo and Guitar.

Success Guaranteed.

**Siegel-Myers
School of Music**

1355 Steinway Hall, Chicago.

Instrument Cabinets.



Style No. 7 A, plain glass throughout . . . **\$22.50**

Style No. 7 B, with plate glass shelves . . . **\$25.00**

Style 7 D, bevel plate front and plate shelves . . . **\$27.50**

Finely finished quarter sawed oak golden oak polish. Door cushioned. Interior in white enamel. 3 glass shelves; 67 inches high, 28 inches wide and 15 inches deep.

Style 10, with mirror, \$18.75 without mirror . . . **\$16.50**

Oak, golden oak finish. Door cushioned, inside white enamel and plain glass throughout, beveled French plate mirror, 70 inches high, 26 inches wide and 15 inches deep.

Truax, Greene & Company

Physicians and Hospital Supplies,

CHICAGO,

**WISE WORDS.****A Physician on Food.**

A physician out in Oregon has views about food. He says:

"I have always believed that the duty of the physician does not cease with treating the sick, but that we owe it to humanity to teach them how to protect their health especially by hygienic and dietetic laws.

"With such a feeling as to my duty I take great pleasure in saying to the public that in my own experience and also from personal observation I have found no food to equal Grape-Nuts and that I find there is almost no limit to the great benefit this food will bring when used in all cases of sickness and convalescence.

"It is my experience that no physical condition forbids the use of Grape-Nuts. To persons in health there is nothing so nourishing and acceptable to the stomach especially at breakfast to start the machinery of the human system on the day's work. In cases of indigestion I know that a complete breakfast can be made of Grape-Nuts and cream and I think it is necessary not to overload the stomach at the morning meal. I also know the great value of Grape-Nuts when the stomach is too weak to digest other food.

"This is written after an experience of more than 20 years treating all manner of chronic and acute diseases, and the letter is written voluntarily on my part without any request for it."

Read the little book, "The Road to Wellville," in pkgs. "There's a Reason"

Ever read the above letter? A new one appears from time to time. They are genuine, true, and full of human interest.

CHANGE.**Quit Coffee and Got Well.**

A woman's coffee experience is interesting. "For two weeks at a time I have taken no food but skim milk, for solid food would ferment and cause such distress that I could hardly breath at times, also excruciating pain and heart palpitation and all the time I was so nervous and restless.

"From childhood up I had been a coffee and tea drinker and for the past 20 years I have been trying different physicians but could get only temporary relief. Then I read an article telling how some one had been cured by leaving off coffee and drinking Postum and it seemed so pleasant just to read about good health I decided to try Postum in place of coffee.

"I made the change from coffee to Postum and such a change there is in me that I don't feel like the same person. We all found Postum delicious and like it better than coffee. My health now is wonderfully good.

"As soon as I made the shift from coffee to Postum I got better and now all of my troubles are gone. I am fleshy, my food assimilates, the pressure in the chest and palpitation are all gone, my bowels are regular, have no more stomach trouble and my headaches are gone. Remember I did not use medicines at all—just left off coffee and drank Postum steadily."

Read "The Road to Wellville," found in pkgs. "There's a Reason."

Ever read the above letter? A new one appears from time to time. They are genuine, true and full of human interest.

Medical Students

and those intending to study medicine, should investigate the great advantages offered by : : : :

Hering Medical College

Hering Medical College embraces in its curriculum all the branches taught in other Medical Colleges and in addition, is the only college in the world teaching : : : :

Pure Homeopathy

its principles, philosophy, practice and materia medica from every chair, and exemplifying them in every clinic. : : : : : : : :

Clinical Facilities here are unequalled in America : : : : :

Homoepathy is Scientific

Homeopathy has more prophylactic power than all other schools of medicine combined : ; : : :

Homeopathic practitioners are able to cure a larger percentage of all diseases, acute and chronic, than any other system of medicine :

Opportunities for the purely Homeopathic Physician are abundant : : : : : : : :

For particulars address

THOMAS G. ROBERTS, M. D., Registrar,
1002 Chicago Savings Bank Building, Chicago, Ill.