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Index to Volume XXXI.

- A Nice Book (Bradford), 363.
Actea Racemosa (Baker), 388.
After the Ball Is Over, 217.
All Along the Line (Jones), 537.
Allen Treatment, 521.
An Asiatic Cholera Case (Sarkan), 462.
Anaphylaxis, 427.
An Appendix Case (Cliver), 330.
Appendicitis, Conditions Simulating (Morley), 413.
Argentum met., 412.
Ayurveda, Homœopathy in (Muk-ergee), 27.
Believers in Medicine and Action (Collins), 370.
Better Doctoring for Less Money, 193.
Bichloride Poisoning (Wieland), 124.
Blood Pressure, Treatment of High (Kellogg), 230.
Boosting Chicago Hahnemann (Mitchell), 367.
Breath (Wolcott), 499.
Breathing Stops When Falling Asleep (Vandenberg), 553.
Butyric Acid, Proving (Macfarlan), 17.
Bureau Wrecking (Mitchell), 291.
Cancer Curable by Medicine (Peterman), 329.
Cancer of Stomach, Cure (King), 152.
Cancer of the Stomach (Simmons), 65.
Cancer Officially Considered, 260.
Cancer Problem (Clarke), 26.
Carbuncle Case (Raye), 462.
Cataract Operation (Fellows), 127.
Characteristic Symptoms in Prescribing (Coleman), 11.
Chills Suppressed With Quinine (Thornhill), 404.
Chronicles of the Farm (Blanke), 118, 416.
Climate and Tuberculosis (Henderson), 45.
Clinical Exchanges (Leggett), 564.
Clinical Excerpts From Lippe (Leggett), 444.
Clinical Experiences (Hallman), 485.
Clinical Udinology and Renal Diseases, 80, 330.
Clinical Urinology Research Work (Mitchell), 562.
Cos, The Oracles of (Ramseyer), 304.
Criticism of Case No. 1 (Ross), 26.
Crotalus, 75.
Cure of Small Growths by Medicine (Farrington), 441.
Cystitis "Cured" (Mitchell), 563.
Definite Remedy for Definite Symptom (Jones), 407.
Definite Therapeutics (Jones), 353.
Diabetes Mellitus, Institutional Treatment (Mitchell), 30.
Diabetes Mellitus, Prognosis (Mitchell), 180.
Diagnosis, The Hand, etc. (Jones), 205.
Diathesis, Influence on Selection of Remedy (Royal), 400.
Diphtheria (Lovett), 172.
Diphtheria, Treatment of (Curtis), 550.
Dispersed Tonsils in Relation to Rheumatism (Taylor), 464.
Drug Sources (Tafel), 251.

- Effect of Hot Weather on Excretion of Urine (Mitchell), 423.
- Emetin, 139.
- Emetin, A Note of Warning, 241.
- Epilepsy, A Case of (Kelly), 360.
- Ever, The Latest, 368.
- Experiences (Bremser), 357.
- Eyes in Relation to Diseases, Thyroid (Taylor), 258.
- First Prescription, The (Hermann), 248.
- Fleas, 559.
- Foot and Mouth Disease, 141.
- Formic Acid (Webster), 163.
- Formic Acid, Dosage (Clarke), 120.
- "Foundation of Modern Medicine, The," 387.
- Fracture in the Winter Season (Clive), 126.
- Gelsemium, Verifications of (Coleman), 196.
- Germ Theory, Knocking the, 465.
- Germans and Prussians, 139.
- Graphites Case (Ross), 18.
- Halbert's Philosophy (Mitchell), "Hahnemann's Homœopathy," 483.
- Heart and Kidney Case (Mitchell), 564.
- Heart Damage (Hood), 79.
- Hecla Lava Useful in Osseous Growths, Is (Haines), 533.
- Homœopathy, The Future of (Mitchell), 366.
- Homœopathy, The Winning Horse (Nair), 265.
- Homœopathic Clinches (Siebert), 243.
- Homœopathic Journals, Increasing Interest in (C. M.), 484.
- Homœopathic Materia Medica Specialists (Coleman), 317.
- Hottentot, The (Miller), 414.
- How Not to Do It (Dr. G. W.), 149.
- How to Prescribe Rapidly, Intelligently and Successfully (Jones), 19.
- I. A. H. at Philadelphia, 300.
- Increase in Malignant Disease, 431.
- Indiana, Centenarians (Clarke), 262.
- Indiana News Items, 22.
- Indicanuria—Colds (Mitchell), 177.
- Indol, Proving (Griggs), 436.
- Infantile Paralysis, 435.
- Infantile Paralysis (Blighton), 493.
- Infantile Paralysis (Morgan), 549.
- Infantile Paralysis, Belladonna for (Foreman), 417.
- Institute Defense (Mitchell), 132.
- Institute Notes, Baltimore, 991.
- Interesting Facts (Jones), 506.
- Internal vs. External Treatment (Pompe), 223.
- Iris Tenax (Johnson), 174.
- Iris Tenax (Stockbeiger), 226.
- Jones, Eli G. (half-tone), 418.
- Kali Bichromicum, Demonstration of (Leggett), 361.
- Lachesis vs. Bryonia, 75.
- Last Word, The (Fanning), 119.
- Lathyrus Sativus in Infantile Paralysis (Johnson), 369.
- Lest We Forget (Jones), 253.
- Making of a Homœopath, The (Boger), 58.
- Matter and Medicine (Grosvenor), 341.
- Medical Church Speaks, 169.
- Medical Colleges, Short-Comings of (Guild Leggett), 550.
- Medical Compulsion, 168.
- Mexican Case (Valiente), 513.
- Mezereum Case (Raye), 270.
- Milk Boiled, Kitten Fed on, 86.
- Neuilly Hospital, 98.
- New Homœopathic Medical Society in Chicago, A (C. M.), 517.

- New vs. Old, 531.
- NEW PUBLICATIONS.
- ANSHUTZ. Therapeutic By-ways, 227.
- CLARKE. Gun Powder, 39.
- DAVIS. Childbirth, 85.
- ELLINGWOOD. *Materia Medica*, 83.
- LOWRY. Your Baby, 38.
- MOFFAT. Therapeutics in Ophthalmology, 569.
- MORRIS. Microbes and Men, 56.
- MORRIS. A Surgeon's Philosophy, 84.
- MORRIS. Doctors vs. Folks, 135.
- Trachoma, 136.
- VANDEBURG. Respiratory System, 35.
- WILSON. Nervous Diseases, 568.
- OBITUARY.
- Temple, 175.
- Thacher, 118.
- Optimistic Profession, The (Becker), 542.
- Oracles of Cos, The (Ramseyer), 304.
- Our *Materia Medica*, 560.
- Our Victories (Bergman), 3.
- Pellagra (Perdue), 105.
- Pertinent Facts, 543.
- Philosophical Problem, A, 2.
- Phthisis (Vandenburg), 62.
- Platanus Occidentalis* (Williams), 218.
- Pneumonia, 99.
- Pneumonia, Treatment of (Pier-son), 51.
- Pneumonia, Treatment of (Van Blighton), 72.
- Poliomyelitis (Guernsey), 512.
- Poliomyelitis, 339, 416, 425, 429, 493, 512, 546.
- Potentized Remedy, Verification (Rabe), 438.
- Practice of Medicine (H. V. H.), 145.
- Prescribing for the Sick (Jones), 156.
- Prostate, Search the (Wieland), 123.
- Psora, 429.
- Recollection of Forty Years' Prac-tice (Jones), 66.
- RECORDER, Discusses (Woodruff), 121.
- Renal Function, The Test for (Houston), 78.
- Rheumatism and Sciatica, A Fre-quent Cause of (Moat), 268.
- Romance, A Medico Tragical (Pul-ford) 557.
- Sassafras, 220.
- Sea Sickness (Hallman), 488.
- Sea Sickness, Aconite in (Aitchson), 361.
- Selecting the Remedy (Vanden-burg), 534.
- Serum, Horse, 176.
- Sleep Obsession (Boger), 511.
- Simple Cases in Everyday Practice (Jones), 446.
- Skin Diseases, How to Treat (Col-lins), 467.
- Some Free Advice, 550.
- Specialist Department (Mitchell), 29, 78, 123, 177, 229, 274, 330, 372, 422, 467, 519, 562.
- Suggestion, The Power of (S.), 74.
- Surgeons, Value of Hom. Remedies to (Farrington), 100.
- Surgical Complications and Grippe (Cushing), 130.
- Symptoms, Comparative Value of (Starkey), 245.
- Tarentula Cubensis, Proving (Mac-farlan), 346.
- The Men Who Made Homœopathy, I.
- The Initial Habit (C. M.), 532.
- The Specialist (Morrow), 458.

- Therapeutics (Progressive Med.), 161.
 Therapeutic Facts (Jones), 324.
 Theriaca, The Modern, 97.
 Thuja in Herpes Cincinnatus (Mukerjee), 450.
 Thuja Occidentalis (Starcke), 395.
 Tongue Symptoms in Typhus, 433.
 Tubercular Patient, How to Feed (Hood), 29.
 Tuberculinum, History of (Thornton), 210.
 Turpentine, 75.
 Two More Unfortunates, etc., 289.
 Typhoid Fever (Sperling), 418.
 Unity, A Plea for (Hermance), 554.
 "Unusual Case" Again, 514.
 Urine Analysis for Control of Diet (Mitchell), 422.
 Vaccination Against the Exanthemata (Benedict), 70.
 Vaccination, Objections to (Clarke), 223.
 Vagaries of Health Boards (Wilcox), 453.
 Various Things (Jones), 111.
 Verification (Leggett), 257.
 Verification, Old School (Hermance), 116.
 Walnuts, English, Effect on Eyes (Foster), 121.
 What Ailed Him? (552).
 What Is Sauce for the Goose Is Sauce for the Gander, 195.
 Watch Him Grow (C. M.), 516.
 Who Killed Cock Robin? 49.
 Whooping Cough, Early Diagnosis, 261.
 Whooping Cough, Sambucus Niger (Markham), 536.
 Who's Who in Medicine, 76.
 Wine of Cardui Suit, 382.
 Winning His Spurs, 221.

THE HOMŒOPATHIC RECORDER

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THE MEN WHO MADE HOMŒOPATHY.

Dr. Eli G. Jones writes, himself being the graduate of a "regular" college:

It would be a good thing some day if you in one of your editorials would mention the names of prominent homœopaths on both sides of the Atlantic who were converted from the old school:

This can be done better by stating facts than by giving names. Hahnemann, a highly educated "regular" physician, thought out and worked out the theory that the great general law governing therapeutics is that a drug will cure symptoms of disease similar to those it will produce, if it is administered in doses smaller than are necessary to produce the drug symptoms or "physiological and mental effect." The most striking illustration of this rule is the use of small doses of *Ipecac*, a drug noted for its ability to produce nausea and vomiting, also to relieve those conditions, a fact and practice acknowledged by all physicians. This, in brief, is what that learned "regular," Dr. Hahnemann, taught in the then leading medical journals of Germany. A good many took up with this new principle and they, with Hahnemann, were the founders of Homœopathy—all "regulars."

By some curious mental twist the majority of the physicians took a violent dislike to Hahnemann's "new principle," so much so that they ostracized and dubbed as "quacks" those of their brethren who practiced it. Many went back from the new principle but the strong ones naturally refused to be submissive to this arbitrary dictation, and they became "homœopathic physicians." Later they were accused of being "sectarians."

This outline of history shows that every homœopathic physician on the other side of the Atlantic is a "regular" by gradua-

tion, in Germany, France, England, Spain and in every other European country, because there are no homœopathic medical colleges in the old countries.

In the United States the same held true in the beginning, for there were no homœopathic colleges in this country until 1833 when, owing to the attitude of their brother "regulars" some men, led by Dr. Hering, established the Allentown School in which "regular" medicine could be taught, plus Hahnemann's "new principle." Many other similar colleges followed the lead of the Allentown School in later years.

From this it will be seen that Homœopathy, as in time the new principle came to be termed to distinguish it from the old rule of opposites, or allopathy, was discovered, taught and practiced during the first fifty years by "regular" physicians only, for there were no others.

And to-day as in the past, the practitioners of Homœopathy are every year increased by men from the "regular" ranks, men who like those in the beginning are made of the stuff that brooks no dictation. It would be a little too personal to give a list of names, besides it would take up too much space.

It is said when a graduate of the schools does take up with Homœopathy he becomes even a stronger believer in its principles than are our own graduates because he has been through the old practice and is in better position to compare the two. The homœopathic graduate is, at first, sometimes a bit confused by the terrific din kept up concerning what the old school is *about* to do but never seems to get nearer than the promise of what a "further investigation" will be needed to accomplish. There is no difference between the two schools but in the matter of therapeutics, and as the old school's therapeutics are about like mixed pickles, one cannot see why they should get so excited over more addition, namely, Hahnemann's "new principle."

A PHILOSOPHICAL PROBLEM.

Havelock Ellis is writing a series of articles for a magazine named *Physical Culture*, on the subject of "Contraception." He writes, among many other things, that, although the physical evils

to husband and wife have been exaggerated, still, he admits, that there have been some which "could have been avoided had trained medical help been at hand to advise better methods," etc. Elsewhere he quotes Herbert Spencer, to the effect that the more evolution the less fertility, which seems to point to the alleged fact that the perfectly evolved man will cease to procreate his kind. This may be true, for Spencer was a great scientist, and possibly the fact, if it be a fact, is an evidence of the wisdom of God Almighty. Where a fellow creature arrives at the state when he thinks that he is IT, and that there can be nothing beyond, if he did not cut himself off, probably his fellows would, and the great court of the rest of us sinners would return a verdict of "justifiable homicide."

Those two giants, the *North American Journal of Homœopathy* and *The Medical Advance*, have been having a tilt on this subject lately. Far be it from the RECORDER to butt in in this conflict, yet it has always seemed to us that in this matter, as in several others, we, if supreme arbiter, would do nothing; for if a man does not want a posterity in all probability the world would be better without it. So why jaw about this very personal affair!

OUR VICTORIES.

By N. Bergman, A. B., M. D., Chicago.

Read at the meeting of the Regular Homœopathic Society of Chicago.

Man is born on the battlefield; his whole life is spent in a ceaseless struggle against seen and unseen foes, known and unknown, who constantly are at work on his destruction.

It seems appropriate, therefore, that we, who by choice, have entered the ranks of the Grand Army for humanity in its battle against disease, suffering and death, make warfare our topic on this occasion. Discouraged and defeated, perhaps, at times, we are more strongly than ever resolved to bring forth our very noblest efforts, to give out the very best within us to those who weary in the unequal struggle against this archenemy of humanity,—disease.

I am aware that I bring no tidings but what you have received before, but is it not refreshing to quaff from the foun-

tain of sweet memories of battles hard fought and won? The truth about our victories will make the poor sufferers confide and trust in us; will unite and strengthen us, fortify us against prejudice and ridicule and give us the only happiness worth possessing, that of doing for others. A few instances may therefore be recalled, which may serve to inspire us with new confidence and give us increased strength in the practice of our glorious healing art.

A CEDRON CASE.

In the fall of 1898, while practicing in middle Illinois in a district where malarial disorders are very prevalent, I was called one morning to attend Mrs. H. S., who was suffering from a very severe facial neuralgia. The pain was of the severest character, entirely incapacitating her during its duration. It was of a paroxysmal nature, involving only the right side of the head, the attack coming on exactly at 7:30 A. M. and lasting till 5:30 P. M., on the minute, when she would get up, prepare dinner and eat, go to bed and sleep well all night, arise for breakfast and then submit again to the misery at exactly 7:30. This had now been going on for about ten days, during which time she had exhausted the resources of three physicians, in line of opiates, analgesics and other sedatives.

I looked into the case carefully and my choice of remedy fell finally upon *Cedron*, because of the suspected nature of the complaint and the remarkable clock-like regularity of the appearance and disappearance of the symptoms. Ten drops of the tincture were mixed in one-third glass of water, and a teaspoonful given at once. Inside one hour the patient was asleep, awoke in time for a good dinner and enjoyed a good night's rest. In the morning the fatal hour struck *without* its dreaded accompaniment, and she spent the first day in a week and a half in the enjoyment of full health. This *one* dose cured. I watched my patient for several years after this, and there was not again the slightest return of the trouble. This case was plainly one of "dumbague" of the quotidian intermittent type.

CHILLS AND FEVER—ARSENICUM.

Another case of a more active form of the same type of fever is worthy of mention, as it sets forth the difference in results be-

tween our and the allopathic treatment of such disorders. Mrs. N. presented herself with a clinical history of chills and fever coming on every third day at about noon or a little after. The different stages with their amelioration by heat, peculiar thirst, time of appearance and other symptoms pointed clearly to *Arsenicum*, which was given in the 30th potency. She came to me on her well day, and began at once to take the remedy. The next day passed without the slightest symptom of fever, and the paroxysm stopped then and there.

The previous year, at the same time, she had suffered for sixteen weeks under allopathic treatment, and as this had proven a "bitter" disappointment, she now sought homœopathy for relief.

This patient lived in my own town, and I was able to watch her for several years afterwards, and there was no repetition of the attacks.

I believe you will agree with me that the malarial fevers offer one of the most grateful fields for the action of our homœopathic remedies, especially in the quinine-suppressed and otherwise maltreated cases, and I am sure we all live in happy memories of what homœopathy did for our boys of the Spanish-American war, who returned so-saturated with the poison from the islands in the Pacific and the Caribbean sea. Considering now particularly the periodicity, which is perhaps the most prominent feature of malarial disorders, we will find other conditions, which we cannot possibly trace to any malarial origin and which still show a marked periodic return of fever and other symptoms. Puzzling and annoying as these may be, we shall find that our medication applies here as favorably, in elucidation of which point the two following cases may be of interest:

TWO CASES—PERIODICITY.

On September 13th, last year, was called to the bedside of Mrs. J. C., æt. 20, primipara, whom I found in labor. A hasty removal to the hospital was undertaken and after a short and normal labor a fine baby girl was born. The patient rallied well and showed, for several days, only a slight elevation of temperature, such as may be expected from strain and exertion. But suddenly a suspicious looking fever came up quite high one day, and thinking the same perhaps due to a remnant of secun-

dines I curetted carefully and had the satisfaction of seeing the uterus contract nicely the next few days, but the fever remained as high as ever. The lungs and blood were examined for fear of tuberculosis and malaria, but with perfectly negative results. The fever record was studied methodically and I found the rise began at about 12:30 P. M., gradually going up to 102-103 and even higher the next few hours to return to almost normal at about 5 P. M. There was no rise again until about noon the next day and patient was feeling well generally. *Arsenicum* suggested itself and one dose of the 1m potency was given on the tongue, and *Placebo* every hour. The next day no fever and not the following, and my patient made a rapid and uneventful recovery. The sudden disappearance of the fever was much commented on by the internes of the hospital, and when informed that *Arsenic* had accomplished this, they inquired very interested and astonished how much of a grain I had dared to give. An equally perceptible and incomprehensible coolness arose between them and me when I told them that it was one dose of the 1,1000th homœopathic potency of *Arsenicum* I had given my patient. What, in this case, caused this peculiar fever I have never been able to explain.

The next case is equally interesting and quite similar and, according to symptoms, *Arsenicum* seemed indicated, but why it did not cure I am unable to discover, unless it was due to the fact that this latter case was more psoric and therefore in need of a deeper acting antipsoric than *Arsenicum*.

The patient was a young married woman, Mrs. J. G. C., mother of a boy about two years of age, who, in the beginning of December, 1907, was seized with daily fever attacks in early afternoon, lasting sometimes until evening, leaving her prostrated and weak, but free from temperature after the night's rest, only to come on after luncheon the next day. There was no chill and no pains, except headache at times, but thirst and high fever. Considering the case one of latent malaria I gave *Ars.*, *China ars.*, *Nux v.*, *Natrum mur.* and other remedies during the course of three or four weeks, but without the slightest impression on the condition. Finally *Tuberculinum* was given on the strength of the clinical note "when the indicated remedy

fails to relieve or permanently improve," and it produced an immediate and brilliant cure. I should have thought of this remedy earlier, I confess, for, no doubt, *Tuberculinum* was the indicated remedy. This became clear to me afterwards, as I recollected that I had brought her through an attack of scarlet fever about ten months before, and her mother through pneumonia about one year previously, so there was evidently here a marked state of psora, which could not yield to any other remedy. I never forgot this lesson, and its application in numerous cases since has saved me much embarrassment and worry.

CACHECTIC.

In the following case particularity it served me well and, I believe, a life was saved here by the timely administration of this grand remedy.

About three years ago, in the early winter, I was called to see Mrs. E. A. R., a young married woman, whom I found suffering from severe attack of influenza with morbid intestinal involvement. The catarrhal and nervous rheumatic symptoms yielded soon, but a profuse and exhausting diarrhœa persisted in spite of my remedies, proper diet and other accessories. The patient was extremely weak and cachectic and seemed to go rapidly to her dissolution, when I concluded to try *Tuberculin*, which was given in the 1,000th potency. The result was most gratifying; the patient recovered quickly, and there has never since been a repetition of this ailment. Though the family history is negative in this case, I suspect a tubercular taint, which possibly will explain the wonderful action of the remedy.

PYÆMIA.

The study of these two last cases will open a very interesting field of consideration and discussion about how far, in very severe cases, we may go on symptoms purely, and when and to what extent our clinical experience should determine the choice of remedy. In both these cases, as far as I can see, *Tuberculin* was the true simillimum, but on which symptoms? Many remedies have a similar diarrhœa and febrile manifestations, but every one failed except just this one.

I do not think that I have ever felt such an overwhelming grati-

tude for being a homœopath, or taken such a keen delight in the cure of any case as the following, in which Homœopathy was pitted against not only one of the gravest diseases, but also against the most abject poverty with its squalor and most unsanitary conditions, and still coming off victorious. It stands out to me as one of the most brilliant exhibitions of the truth of our teaching and the most successful application of the same. On March 31, 1912, I was summoned to attend little Sarah M., 5 years old, who was reported to me to be critically ill. With some difficulty I located the house in one of the poorer districts of the Northwest side, in the rear of a saloon back in an alley, ankle deep of mud, ashes and refuse. The big room, its floor on the level with the alley, served as kitchen, laundry, store room, dining room and hospital (while the bed chamber was one foot below this room), and here on a table, wrapped in a blanket, I found my little patient. She had been taken with pneumonia about eight days previously, removed to a hospital on the West side, and while there pyæmia set in, necessitating surgical interference for vent and drain. But as the case failed to improve and in the opinion of the hospital staff became hopeless, she was allowed to be taken home to die. Her temperature now was 105°, pulse 160, and respiration 50 a minute, and she certainly did not seem able to survive the night. The wound was dressed, a new drainage tube inserted, and *Pyrogen* 500 was given every two hours until midnight. The next morning I found my little patient not only alive, but decidedly better, the temperature one degree lower, pulse and respiration considerably slower and no delirium. The medicine and general treatment was continued as before for the next four days, when the temperature was down to 102.5°, with corresponding pulse and respiration. *Hepar sulph.* 1m was now given in single doses for the next five days, and at the end of the second week the wound had healed considerably, and my patient was on the high road to recovery. *Silica* and *Chamomilla* in occasional doses completed the cure, and when in the middle of May the spring arrived with its green lawns and flowers, little Sarah was out in the park trying to restore the rose on her own little pallid cheeks. *Pyrogen* was here the remedy that turned the tide, and may we not well say here, "whether derived from purest

gold or purest filth, our gratitude for its excellent services forbids us to inquire or care?"

I cannot refrain from including in this paper also a case which, by its distinct character and rapid cure, will stand out as a powerful proof of the wonderful possibilities and remarkable depth of action of our medicines and the vast superiority of our methods over those of the old school. The case was prosaic enough—to the outsider—though quite formidable indeed to the poor sufferer, and though she gave her money and undying gratitude without stint, I believe I was more pleased about the quick action of the grand old polychrest than about my remuneration.

In the early summer of 1913 Mrs. A. sought my advice for the cure of a great wart on her nose. A week previously she had consulted an old school physician, who had declared the excrescence to be of a cancerous nature, that a surgical operation was necessary, and, as a preliminary, had applied a sort of a plaster to soften the wart and facilitate its excision. But by the end of the week the growth had assumed such proportions and such an ugly appearance that she became frightened and rushed over to me for my opinion. I assured her of the true nature of her ailment and of the possibility of a cure. From all symptoms taken together the choice fell on *Causticum*, which was given in the 30th potency, two doses a day. In just eight days she returned, the wart entirely gone and her nose as clear of growths as anybody's. I believe that my astonishment was much greater than her pleasure over this cure, and to make it certain, I raised the potency of the drug and gave a few doses to be taken at longer intervals. This took place over two years ago, and there has been so far no recurrence of the lesion, so I feel it was a permanent cure, and my respect for our great polychrest has been on the increase ever since.

A LEG ULCER CASE.

Only one more case, which is of special interest and which I wish to mention because of its specific nature.

Mrs. W. R. P. presented herself at my office on August 19, 1908, with the following history: Three years previously had observed a red spot just below the patella of her left limb, which grew in size and depth, until a very angry looking ulcer had

formed. The same had been treated with both local and constitutional means, even including Christian Science (if it can be classed among constitutional treatments), but so far without any improvement; on the contrary it had increased in virulence and size constantly. It now measured $4\frac{1}{2}$ inches in length across the leg and 2 inches in width, and was surrounded by an areola of hot, flaming red skin, very tender and sensitive. The ulcer itself was of the "punched out" character, its edges sharp and well defined and intensely red and its surface of a mottled scarlet and bluish red, covered by a thin acrid pus. The lady's husband had previously informed me of a syphilitic infection he had suffered from before his marriage, and which he—although he was assured of being cured—suspected as the cause of the trouble. All local treatment was discontinued, except sterile linen applications and olive oil to keep the surface softened, and internally I gave *Merc. sol.* 30x, a dose twice daily, and later once a day, and instructed the patient to report in about ten days. On August 31st I saw her again, and as there was very little change the same remedy was repeated again once a day. On September 19th the medicine was changed to *Merc. corr.* 200, a dose every two or three days, and this was followed by quite an improvement in the general looks of the ulcer and a diminution in its size. On October 12th *Nit. acid* 30x was given, because of the continued angry appearance of the edges and bleeding surface of the ulcer. This remedy brought about quite an improvement locally, but was changed on October 25th to *Syphilinum* c. m., one dose, because of the severe nightly unrest and pain. On November 12th placebo, as the previous dose appeared to still assert its influence. By November 30th the ulcer had healed considerably, the sharp edges having disappeared and a healthy looking granulating tissue extending between the same. I now thought of *Radium bromide* to finish the cure, which was given in a single dose of the 30th. December 15th found the patient holding her own very well, and the ulcer repairing rapidly. On January 5, 1909, the potency was raised to the 1,000th, one dose on the tongue. When I again saw my patient February 1, 1909, she was not doing so well, so interpolated a dose of *Syphilinum* cc., which brought her again a long step forward towards recovery. Between March 2d and

September 22, 1909, she had only three doses of *Radium* 1m, which completed the cure, the ulcer now being perfectly healed and covered by a pink, smooth and natural skin.

This was indeed a long battle, but a glorious victory, and to all appearances a lasting one, as I have very recently heard from my patient the gratifying news that her knee has remained perfectly well.

In the analysis of this case, I think we are obliged to say that all the remedies did their share in the cure, but that the chief honor belongs to *Radium* and especially *Syphilinum*, which latter remedy gave the well needed lift when the other medicines seemed to lag in their attention. In syphilitic patients remedies are often of a short lived action, and have to be changed; this condition always calls for the interpolation of this powerful nosode which never disappoints, if given high enough and at long enough intervals.

My friends, what is there in our medication that enables us to gain these victories, to cut such laurels for our beloved Homœopathy? Simply that we have the *truth*; let us, therefore, tell the world and show the world that we possess it, let us as never before rally around our standard, close up our ranks and march forward to new victories!

4872 Winthrop, Ave.

THE IMPORTANCE OF CHARACTERISTIC SYMPTOMS IN PRESCRIBING.

By Daniel E. S. Coleman, Ph. B., M. D.,
Prof. of Materia Medica at the New York Homœopathic
Medical College and Flower Hospital.

At the beginning of my studies in materia medica some seventeen or eighteen years ago I was impressed by these statements in Dr. Nash's "Leaders in Homœopathic Therapeutics:" "Good off-hand prescribing can be done in simple uncomplicated cases if we have fixed in our minds, for ready use, the *characteristic* symptoms. The elder Lippe was remarkable for such ability."

"In actual practice there are two kinds of cases that come to every physician. One is the case that may be prescribed for with

great certainty of success on the symptoms styled *characteristic* and *peculiar* (Organon, sec. 163). The other is where in all the case there are no such symptoms appearing; then there is only one way, viz., to hunt for the remedy that, in its pathogenesis, contains what is called the tout ensemble of the case. The majority of cases, however, do have standing out like beacon lights some characteristic or 'keynote' symptoms which guide to the study of the remedy that has the whole case in its pathogenesis."

Nothing is more erroneous than the supposition that the "key-note" method of prescribing, so called, is careless. He who is a good ready prescriber must have a more profound understanding of the action of remedies than those who consider it necessary to work out *every* case by the use of the repertory. Repertory analysis is necessary in complicated cases where the *characteristics* are not prominent, or where one's memory fails, and thorough drilling in such work should be done by the department of materia medica.

I do not wish it understood that I consider the memorizing of "keynotes" all that is necessary for the student of materia medica. He should first obtain a knowledge of the general scope of drug action before learning the important characteristics so necessary to successful prescribing. The vastness of our symptomatology would make prescribing a hopeless task if it were not for these leading symptoms which guide us to a proper selection of a remedy. The great pioneers of our school, like Adolph Lippe, Henry Guernsey, Constantine Hering, C. G. Raue *et al.*, were remarkable for their knowledge of characteristics and the ability to apply such knowledge to the cure of the sick. The power to prescribe quickly for the great majority of cases left more time to study the really complicated ones.

Following are a few cases by way of illustration:

Case I. Bronchitis and œdema of the lungs in an old diabetic patient, female, aged 80. Her family had given up all hope. The *red streak down the centre of the tongue* led me to prescribe *Veratrum viride*. She responded promptly and made a complete recovery. It is interesting to note that this remedy helped her many times previously for other conditions. The *red streak down the centre of the tongue* led to its choice.

Case II. Male, æt. 92. Catarrhal pneumonia, characterized by a *large accumulation of mucus in the lungs with great difficulty in raising*. Notwithstanding his age and that I was obliged to keep the windows closed on account of his wife and daughter, who were extremely sensitive to air, the latter being a well-known authoress, *Antimonium tart.* 6x, in repeated doses, cured him in a short time.

Although his daughter, the authoress, was sensitive to air none of her stories lacked "atmosphere."

Case III. Female, æt. 60. Constant, incessant nausea, sometimes accompanied by vomiting and associated with great weakness. The patient felt better from *heat and in hot weather*. I am not including the common symptoms in these reports. Two years' treatment with her former physicians (of the "old school") proved worthless. Her last doctor, a well-known and broad-minded man, said: "Go to a homœopath and he will cure you."

I was led to *Arsenicum album* on account of the *weakness and relief from heat*. This remedy, in the 6th potency, improved her at once and completely cured in about two months. At first it was repeated frequently and the intervals between doses were lengthened as she advanced toward recovery.

Case IV. Male, æt. 61. Pulmonary tuberculosis, bacilli present in the sputum. Oct. 4, 1915. Anorexia, debility, emaciation, hoarse cough, cough hurts head. Raises large quantities of *thick, yellow, tenacious mucus*; nasal catarrh. Weight, 120 pounds. R̄. *Hydrastis* θ, gtt. x, in half glass of water, ʒii four times daily. Oct. 11th. Decided improvement, cough and expectoration reduced one-half. Oct. 18th. Weight, 121¾ pounds. Raises less and cough does not hurt head. Oct. 25th. Weight, 124 pounds. Dec. 6th. Improved. Weight, 129¾ pounds. Dec. 13th. Weight, 130¾ pounds. Dec. 20th. Weight, 132¾ pounds. Jan. 10th. Coughs and raises very little. *No rales*. Weight, 134 pounds. Mar. 6th. Does not cough or raise. Weight, 139¼ pounds. Mar. 15th. Weight, 140½ pounds. July 6th. Weight, 150 pounds, the heaviest he has ever been in his life. He is well to-day, has no cough or expectoration, and the physical signs are negative. The anorexia, debility, emaciation and cough, although present in the pathogenesis of *Hydrastis*, did not aid me to choose that remedy. The character of the

sputum was the "keynote" leading me to the proper selection. At first I repeated the remedy regularly, four times daily, but as he improved, I diminished the frequency of the dose.

This case is not presented to show a rare result obtained from a homœopathically indicated remedy in tuberculosis. After a large experience with this disease, I am convinced that it is curable if not too far advanced. The most efficient treatment, in my opinion, is the administration of the similar remedy along with the ordinary hygiene and dietetic measures. The above patient remained at his business with only a slight alteration of his diet and habits.

Ars., *Ars. iod.*, *Caust.*, *Phos.*, *Iod.*, *Sil.*, *Sulph.*, etc., have served me well in tubercular cases, but I believe *Hydrastis* to be more often indicated than is generally recognized. It is an important remedy, worthy of serious consideration.

Case V. Male, æt. 39. Neuritis of the right arm of four months' duration. "Old school" treatment did not help. Symptoms: *Pain intolerable*, < *at night*, insomnia and *anxious restlessness*. Unable to move hand. *Caused by sleeping by an open window*. *Fear* was a prominent symptom, and strange as it would seem, caused him to look under the bed before retiring. When I began treatment he was actually confined to bed however. The characteristics stood out prominently. Under *Aconite* 3d, in repeated doses, he improved at once, slept the first night had pain only on motion by the second day, and on the fifth could move hand and arm without pain. He made a complete recovery in a short time. *Aconite* 3x was also prescribed for a time.

I have often found this remedy indicated in neuritis, often of considerable duration. It is a great mistake to think that *Aconite* is indicated only in acute conditions. Sub-acute and chronic ills yield to its influence when the *characteristic* symptoms are present. It is true that the pathogenesis of *Aconite* usually resembles the symptoms of acute disease, but this is not invariably so. Not long ago a physician friend suffered from neuritis caused by *exposure to cold, dry air*, with *aggravation of the pain at night*. He thought that it had lasted too long for *Aconite* to be indicated. I gave him that remedy and he was promptly cured.

Case VI. Male, æt. 17. First, second and third toes of left foot crushed. Amputation performed. Three unhealthy ulcers remained. Great pain at night, preventing sleep. No improvement in three months from *Bichloride of Mercury*, *Creolin*, *Balsam of Peru*, *Ichthyol*, *Calendula* and *Aluminum acetate* externally; *Hepar sulph.*, *Nux vom.*, *Silica* and *Calendula* internally, and *Morphine* hypodermically, prescribed by attending surgeon and his assistants. Re-amputation was considered by the surgeon, a man of great ability in his field. When called in the case I prescribed *Arnica* 30th, internally, and a dilute *Arnica* dressing, externally, on the following characteristic indications: *Great soreness with fear of being struck by those approaching the bed.* He improved at once, slept the first night after receiving the remedy, and was completely cured in nineteen days.

Case VII. Female, æt. 59. Referred to me by prominent surgeon. Symptoms: Eleven years before right kidney removed for cystic degeneration. One and one-half years later the left kidney was in such a condition that a second operation was performed, which consisted of stripping of the capsule and anchorage. The surgeon said the remaining kidney was so diseased that he would have removed it had there been a third. Two years later she was operated for gangrened appendix. April 8, 1910. Symptoms: *Chill* and fever *after eating great exhaustion* cough with dirty, white or yellow expectoration of *putrid* taste, *great dyspnea*, could not take a deep breath, fever, chills and terrific night sweats, of offensive alkaline odor, drenching the bed clothing several times each night, *thirst during the fever*, urine dribbled and smarted on passing, profuse yellow leucorrhœa, constipation with no movement without enema, *great gastric distress*, could only eat a few selected articles of food, < ABOUT MIDNIGHT AND FROM COLD, > HEAT. Weight, 100 pounds. The highest daily rise of temperature, 103.6; lowest, 101.2. A diagnosis of tubercular kidney was made by an "old school" physician.

Urinary analysis: Quantity in 24 hours, 37 oz.; reaction, neutral S. G., 1.010; Albumin, trace; sugar, negative; urea, approximately 1 per cent.; total solids, 17.242 grams.

Microscopical. Pus cells, epithelia from convoluted tubules, containing fat globules and granules, complete and incomplete

triple phosphates and uric acid gravel. Diagnosis, chronic interstitial nephritis with probable tuberculosis.

℞. *Arsenicum album* 6th, b. i. d.

Occasionally I would repeat the dose q. 2 h. when the symptoms were active.

Steady improvement until May 6th, when *Arsenicum* ceased to help. I then prescribed *Silica 30x trituration* upon the characteristic, *extreme sensitiveness to cold*.

Continued improvement, the chills, fever and sweat disappeared, she was able to get out of bed and resume her duties, gaining fifteen pounds in several months.

During January, 1911, suffered from badly infected hand and lost slightly in weight. I prescribed *Hepar sulph.* on the "key-notes," *thick yellow pus and sensitiveness to cold air*. Later when the pus became *thin* and scanty I resumed *Silica*. June, 1911. Weight, 118 pounds, gain of eighteen pounds; flesh firm and healthy, constipation cured can eat regular meals, is active in getting about; in fact, she is free from all her old symptoms.

Urinary analysis, June 21, 1911. Imperceptible trace of albumin, *no pus cells or epithelia*. The diagnosis of kidney lesions is based upon the presence of pus cells and epithelia and not upon the albumin.

At present, October, 1915, the patient shows no signs of retrogression, and is in remarkably good condition for one possessing her pathological lesions. I am obliged to see her only occasionally, and she responds promptly to the indicated remedy. At one time she had a sensation of *constriction of the chest, as if squeezed by an iron hand or band*. *Cactus grand.* promptly cured. Again, she had a pain in the back *following the course of the ureters* which was removed by *Berberis*. *Arsenicum* or *Silica* is the remedy usually indicated when she feels the necessity for treatment. This is infrequent, however.

I could repeat many cases showing the importance of the homœopathic remedy in surgical conditions, but time does not permit.

Closing, I wish to repeat that I am not advocating "rough and ready" methods or "easy roads" to prescribing, such an idea is far from my mind. It requires more study and much greater ability to hold the important symptoms in one's mind for ready

use than to work out each case as it appears. Of course, a prescription rests on the totality of the symptoms, but the characteristics lead us in the proper direction. We must also remember that some symptoms are of very little consequence from a prescriber's standpoint; hence, *the importance of characteristic symptoms in prescribing.*

101 W. 78th St., N. Y.

BUTYRIC ACID—A PROVING.

By Donald Macfarlan, M. D., Philadelphia, Pa.

Butyric acid occurs in the animal organism under a variety of conditions. It is chiefly characteristic of butter, being found there in the form of an ester, a triglyceride, and as such constitutes the chief fat of butter and milk. To butyric acid set free by fermentation is due the peculiar rancid taste and odor of contaminated butter. When milk sours, milk sugar is converted into lactic acid by the lactic ferment of various bacteria. The lactic acid is then acted upon by butyric acid ferment contained in the air. Butyric acid in pure condition is a strongly acid liquid, mixing with water in all proportions and having a boiling point of 163 degrees centigrade. It may be present in the gastric contents under abnormal conditions, viz., with a markedly diminished hydrochloric acid secretion. In excessive fermentation in the enteric tract butyric acid may be formed in significant amounts.

The following provings were conducted under the Constantine Hering Foundation at the Hahnemann Hospital of Philadelphia and upon students at that institution. The students took the 3d potency of the remedy every two hours, and in all the proving was carried along approximately about seven weeks or more. Mention will be made in a brief fashion only of those outstanding characteristics strongly indicative of the main sphere of action of the drug. All the symptoms about to be summarized are strongly characteristic and were persistently provided in such a manner that they might be denominated truly enough the Red String Keynotes calling for the employment of this useful medicine in the cure of the disease.

(1) Great fearfulness and a pronounced disposition to worry

over all sorts of inconsequential trifles. Thoughts of an impulsive nature brooding about self-destruction. (2) Tremendous formation of gas in the whole belly—much belching of gas—a great deal of the gas is passed at the “call” to stool which in many cases fails to come. Complete loss of appetite. Straining at stool very marked. Stools become small like lumps. Intermittent belly cramps which are below the umbilicus. These are the distinctive symptoms of the enteric tract, and they are highly prominent. (3) The drug induces a peculiar effect on the superficial part of the body. It has a very pronounced and awfully malodorous foot-sweat. Students at the Hahnemann College often had to constantly change their socks, a thing quite foreign to the provers under normal conditions. It had another local effect and just as distinctive. It causes a crumbling away of the finger nails. This was very decided. (4) The backache, it is no exaggeration to say, was of the most aggravated kind. It lasted in the subjects of this experiment for days together. (5) A very reliable modality was perceived while watching the effects of this steady proving, and that was that all symptoms are decidedly worse at night. This was as pronounced as the sleeplessness which the drug produced.

A GRAPHITES CASE.

E. V. Ross, M. D., Rochester, N. Y.

A lady, æt. 30, light complexioned, came to be treated for constipation. Her symptoms were as follows: Would have a stool only once or twice a week, and then only when she took some powerful cathartic. Fæces hard, dark and covered with slime. Menses pale, irregular and scanty, oftentimes leucorrhœa instead of menses; leucorrhœa white and comes in gushes. (*Calc. ost., Lyc., Sabina, Silicea.*) Raw, moist places between fingers. Says she has been growing “fleshy” of late. *Graphites* 30m cured.

And now what this lady cannot quite understand is: how medicine taken for constipation could cure *all* her other ailments, regulate the bowels, stop the leucorrhœa and establish and regu-

late the menses, remove the rhagades from between her fingers and make life worth living.

What can pseudo-science say to this? The indicated remedy will do more to cure constipation than all the laxatives, cathartics, physics and other makeshift palliatives this side of Hades. If the laity would only "get wise" and say to the "old school," Brethren, in the words of the "Sweet Swan of Avon," "Throw physics to the dogs. I'll none of it." How much better off they would be.

HOW TO PRESCRIBE FOR THE SICK RAPIDLY, INTELLIGENTLY AND SUCCESSFULLY.

By Eli G. Jones, M. D., 1404 Main Street, Buffalo, N. Y.

If a physician wants to gain the *confidence* of his patients he must show them that he has *absolute* confidence in *himself* and *perfect* confidence in his *remedies*. That is the foundation upon which every doctor must *build* if he wants to make a *success* of the practice of medicine. Be careful what *thoughts* you carry into the *sick room*. If you are *afraid* of the disease, if you have *doubts* in your mind about your ability to *diagnose* the disease or to cure it, those doubts and fears will be transferred to the *mind* of the patients (for thoughts are *things*). Your patient "takes on" your feelings of *doubt* and *uncertainty*, and the result is that the battle is *lost* before the *first* gun is *fired*. You *can't* make your patient believe in *you* unless you believe in *yourself*, and you *can't* make them have any *faith* in your *remedies* unless you *show* them by your *manner* that you *believe* in your *remedies*. Very many times a physician is negative when he should be *positive*. Your patients are always negative, but are *receptive* to your *suggestions*. Don't say, "I think so," "I hope so," "I guess so," for that kind of talk only *weakens* the confidence in *you*. A doctor when he changes his medicine every day, or changes his diagnosis now and then, is *weakening* the *confidence* of his patients. I always tell my patients, "I am giving *this* remedy because it is the remedy *indicated* in your case, and because it *is* indicated in *your* case it *will* help you." I always tell them just what each rem-

edy is designed to *do*, so they will *know* just what to *expect* from *each* remedy. To be a *good* prescriber is to *know* the *true* indications for each remedy. That should be the *highest* ambition of *every* doctor. I always say to my students, "When you prescribe for a sick person, just imagine that I am standing at your side, and I should ask you *why* do you prescribe *that* remedy? What is the *indication* for it? What do you *expect* it to do?" When a physician can give an *intelligent* reason for every thing he does and for every remedy he prescribes, he is a *good* physician, and will make his *mark* in the world. I don't want a physician to tell me what he has *heard* or *read* about a remedy, but I want him to tell me what he *knows* about the remedy from actual *clinical* experience; that is the *only* thing that *appeals* to me. Our books on materia medica are full of remedies that are "good for" this or that disease, but that is all *guess* work and uncertainty. Give us a *clear cut indication* for *each* remedy, then we will have something *definite*, something that we can *depend* upon in the battle with disease and death. When a physician knows the *true* indication of remedies, when he has mastered the *definite* action of drugs by this *manner* he gives me the impression of a man who has a *reserve power*, a man who is *fitted to meet any emergency*. I have met with *such* men in my time, and I felt that I was in the presence of a *physician*, of one who was *fitted* to heal the sick.

"A wise physician skilled our wounds to heal,
Is more than armies to the public weal."

Several years ago I sat in the office of a physician in New York City. He had practiced forty-five years, his hair was white with the "flowers of old age." A patient come into his office to consult him, who had fallen upon the sidewalk; the full force of the fall was felt on the coccyx. As a result of the injury she was suffering *excruciating* pain. The old doctor asked her one or two questions, then turned to his desk and prepared two small vials of medicine. He gave them to her with directions. Now it was not what this good man *said* or what he *did*, but his *manner* gave the *impression* of a man who had *absolute* confidence in *himself* and in his *remedies*. I followed up the above

case and I learned that the patient entirely recovered, and for many years after never felt any *effects* of the fall. I wonder how many of the readers of "THE RECORDER" could prescribe "off hand" and "hit the bull's eye the first time" as this doctor did?

I had a visit at one time from a physician (regular) of Cleveland, Ohio. While he was at my house my old friend, Dr. Joseph E. Wright, Westfield, N. J., called to see me. I am of the opinion that Dr. Wright is about the *best* prescriber of the homœopathic school of medicine in New Jersey. The doctor from Cleveland had a half dozen cases of different diseases that bothered him, so I said to him, "Tell Dr. Wright about your cases," and he did. Dr. Wright outlined a treatment for each case. I heard from the doctor in Cleveland later on that all of the cases recovered with the remedies suggested by Dr. Wright.

A student of mine, Dr. Fred. Carter, Cambridge, Vt., came to visit me. I had not seen him for some time. As I sat looking at him I could not help noticing the great *difference* in his *manner* then, and the first time I met him. He gave me the impression of a man who had *found* himself, who had learned the lesson of *self* reliance, of a physician who had *absolute* confidence in *himself*, and in his *remedies*. A feeling of *awe* came over me, for I felt that I was in the presence of a *physician*, one who was *fitted* to *heal* the *sick*. I said then, "Oh, how I wish that I had 10,000 physicians *like him*, scattered over this country. Just think of the *vast* amount of suffering they could *relieve*, of the many precious *lives* they could *save*."

Dr. Carter says: "My treatment for typhoid fever in 'Definite Medication' *is a Winner.*"

I believe that it is *God's* work, and it is good work *fitting* these physicians to do their *best* work for the sick. It *means* the *lessening* of mortality, the *saving* of *human* life!

A few years ago I was called to Staten Island, N. Y., to see a case of cancer of the uterus. The thing that caused the patient the most suffering was *not* the cancer, but a chronic diarrhœa. She had tried five different physicians and they had failed to check the discharges. In looking at her tongue I noticed it *brown* in center and *red* edges. The kind of tongue that indicates *Bap-*

tisia. I gave her *Tr. Baptisia*, 20 drops in 4 ounces of water, one teaspoonful ever two hours. It checked up the diarrhœa. A regular physician was called in consultation on a case of typhoid pneumonia that was supposed to be past help. He advised the treatment as given in "Definite Medication," and the patient was restored to health. When women have *fainting* spells without any *apparent* cause, it would lead us to suspect ovarian tumor, and *Apis mel.* is the remedy indicated. A physician wants to know what is the "*cause* of a woman sleeping with her arms up over her head?"

If we knew *why* a woman does certain things we would have Solomon beaten by a city block. But in this case when a woman is always found in the morning with her arms up over her head, lying on her back with thighs drawn up on the abdomen, it generally means hysteria, and *perhaps* nymphomania, and *Platinum* 3d x is *the* remedy she needs. It often happens that a woman will get *cold* when the "monthly period is on," then they get a fearful *headache*. They need:

℞. *Tr. aconite*gtts. iii.
 Tr. cimicifugagtts. xx.
 Aquafl. ʒiv.

Mix. Sig.—Teaspoonful once in half an hour, until the flow starts.

I have had patients get a diarrhœa from eating *veal*. *Kali nit.* 3d x is the remedy they need. Some patients will tell you that they take cold *easily*, they do not *perspire* like other folks. *Kali carb.* 3d x is the remedy they need. An old man came to me for treatment. In reading his *pulse* it was rapid, *feeble*, pale, *trembling* tongue, also *cold* legs below the knees, *weak* vitality. Pulse and tongue point directly to *Calcarea hypophosphite* 1st x, three tablets three times a day. A good doctor should never be *surprised* at anything, he should expect the best and be *prepared* for the worst. If a patient comes and pays you a bill of ten or fifteen years' standing take it all as a matter of course. Remember "that the vilest sinner may return as long as the gas meter works."

Lumbago is one of the things that calls for quick relief. You can *cure* it with:

R. Tr. gelsemium,
 Tr. cimicifuga,
 Tr. bryoniaaa fl. ʒii.

Mix. Sig.—Give 10 drops in tablespoonful of hot water every half hour until *relieved*.

A physician wants to know what is the *first* remedy indicated in ovaritis? If there is *throbbing* pain it calls for *Belladonna*. Wherever inflammation is *localized*, as in abscess, boils, carbuncles, ovaritis, congestion of os uterii, in the *first* stage with *throbbing* pain remember *Belladonna* as the remedy *needed*.

A lady came to consult me from one of our large cities, *supposed* to be the *center* of medical wisdom. Her physician had told her that she had appendicitis, that her abdomen was full of *gas*, and that it would *explode* and kill her. Now wouldn't that jar you some? It did me. In reading her tongue it had a yellowish white coating on the *back* of it (*Nux vomica*). She also had displacement of uterus (retro-version). I gave her *Nux vomica* 2d x, three tablets once in three hours, and for the uterine displacement *Caulophyllin* 3d x, three tablets four times a day. I used some good uterine wafers locally. My patient recovered under this treatment and *without any explosion*.

INDIANA NEWS ITEMS.

Dr. W. H. White, of Edinburg, has entirely recovered after a severe attack of autointoxication. The doctor is looking fine, and is one of the busy homœopaths of his State.

Dr. J. N. Records, of Franklin, made a fine cure during the last year of a very bad case of psoriasis, giving but a few doses of *Sepia* in high potency. The case will be written up for the RECORDER.

Dr. H. A. Adams, of Indianapolis, lately told a patient that was much "run down" that he would be put on Alfalco, the new "Alfalfa tonic." "What do you think I am, a cow?" exclaimed the patient. The doctor having occasion to talk to his patient's wife over the phone a few days later, asked how her husband was, and got the reply, "Oh, he's fine; is speeding along splen-

didly, with his head up in the air and his tail over the dashboard."

Dr. D. R. Saunders, of Franklin, has his hands full as member of the health board, trying to keep down a threatening epidemic of diphtheria and small-pox.

Dr. Sollis Runnells, of Indianapolis, predicts that Col. Roosevelt will be our next President. Dr. Runnells is an ardent Bull Mooser.

Dr. J. B. W. Stewart, of Wabash, says that Dr. Walter Sands Mills' book on Practice is the "best and most practical book in my library."

Dr. Addison Michael, of Noblesville, says that his records show that in over 1,700 cases of errors in refraction that he has corrected, that cases of a high degree of hyperopia and premature presbyopia almost entirely have been in large coffee drinkers. Doctor also believes that coffee drinking is the cause of many cases of catarrh.

Dr. A. L. Gordon is now located at Flora, Indiana. Being so near to Frankfort he will have the advantage of consultation with that staunch homœopath, J. A. Rice, who is his relative.

Dr. J. L. Whittinghill, of Evansville, wishes the profession to know of the wonderful results he has had in goitre cases. He uses *Thyroidin 2x*, three tablets three times a day. He has also met with much success in using the same remedy in cases of arthritis.

The Indiana homœopathic doctors are, as a rule, a busy set, getting the cream of the business in their various locations.

The three brothers, the Doctors Stewart, of the Pennway Building, in Indianapolis, are to be congratulated upon their splendid system of "working together" on their cases, which they talk over daily and give each other the benefit of the full experience of all. The doctors are firm believers in the law of "Similaris."

M. R. F.

A "CANCER SYMPOSIUM."

Editor of the HOMŒOPATHIC RECORDER.

A California medical journal, quoted in your November issue, wittily says of the cancer symposiums, erstwhile so popular with medical journals, that "they are usually designated cancer research numbers—but it would be more accurate to designate them cancer rehash numbers."

While the present writer has never posed as a particeps criminis in one of the multiple investigating committees or symposiums, whats to hinder him from conducting a little one all by himself, and from asking that witty editor if he really considers that the logical deduction that cow-pox vaccination is a probable cause of some cases of cancer is a "rehash?"

Possibly that editor has collided with that idea in the past, but if so it was because of "adaptation" of my original claim to that effect, made in 1893. For another medical editor, who was also lecturer in a Chicago medical college, appropriated the idea and lectured before his class to the effect of his belief in its truth, and, perhaps fortunately for me, giving no credit in the college Clinique, though he had previously published my medical society essay on the subject in the *Medical Century*, July, 1898.

And the matter came nearer home to this same California editor. For *Life*, quoting from his Eclectic medical journal of May, 1915, in which a Los Angeles physician contributes a "cause of cancer" "lifted" bodily from one of my articles, and which *Life* could have found in the original in a New York journal of January 26, 1909.

Let these be considered complimentary adaptations or quotations, and that I am not mentioning in the least by way of criticism.

I will not inflict a long cancer story on your busy and perhaps non-receptive readers. But, at the risk of being charged with the offense of rehashing, I will say that it may be profitable to ponder this presentment of the London *Lancet*: "All work honestly directed to the solution of the tremendous and baffling problem of the origin of cancer must be welcomed, whether we are prejudiced or not against the conclusions come to." And don't forget to remember what Hilty said: "Truth, wherever

it may be sought, is, as a rule, so simple that it does not look learned enough."

And, as Huxley said: "It is better to have a wrong theory, than none at all, for if there is a theory the facts, or supposed facts will be collected and built around the theory, and after a while the truth is found out." As the most eminent biologists and pathologists of the world, for a long life time up to the leading men of to-day, have nothing but theory to offer as to the cause of cancer, any man's theory may be as good or better than any other's.

W. B. CLARKE, M. D.

Indianapolis.

A CRITICISM OF CASE No. 2.

Editor of the HOMŒOPATHIC RECORDER.

Under the caption: "Three Cases and Their Lessons," in the RECORDER for October, '15, there is cited a case (No. 2) of a child cured of convulsions, etc., with *Calcarea carbonica*.* Now the criticism I offer is: That to a homœopathician the most important and interesting part was omitted, *i. e.*, "The symptoms that this child presented in the beginning of his trouble were taken as the guide in the choice of the 'similar' homœopathic remedy (*Calcarea carbonica*). This was given in minute doses. No more convulsions followed."

Now what were the symptoms that this child presented in the beginning of his trouble that called for this remedy? A child of leucophlegmatic temperament; a fat child with light complexion; light hair and blue eyes; large head; large, open fontanelles; dry, flabby skin; profuse head sweat, especially when it sleeps, wetting the pillow all around? Or, what then?

It was evidently a good cure, but, alas! the report is like playing Hamlet, with Hamlet left out.

E. V. ROSS.

Rochester, N. Y.

*Vide article by Dr. J. F. Edgar, HOM. RECORDER, Oct. 15, p. 505.

HOMŒOPATHY IN AYURVEDA.

Editor of the HOMŒOPATHIC RECORDER.

Long before Hahnemann wrote, the sages of India discovered the true theory of medication. By treatment they meant the medica, the dietic and the mode of life which a patient should adopt. They arranged the treatment under six heads with respective examples, as follows:—

1. Treatment contrary to the cause of the disease, *e. g.*, hot applications in catarrh from cold.

2. Treatment contrary to the disease, *e. g.*, astringents in diarrhœa.

3. Treatment contrary to the cause and the disease both, *e. g.*, curdled milk in dyspepsia causing diarrhœa.

These three are allopathic. There are cases where these applications are necessary. A known foreign substance within the stomach must be removed by an emetic or a purgative.

4. Treatment similar to the cause of the disease, *e. g.*, suppurating medicines in suppuration. To create some anxiety or apprehension in madness from anxiety.

5. Treatment similar to the disease, *e. g.*, emetics in vomiting. Purgatives in dysentery.

6. Treatment similar to the cause and the disease both, *e. g.*, hot applications in burning, wine in disorders from drinking, swimming in malaise from bodily exertions, etc. These three are Homœopathic. Thus we find that the Ayurveda took both the theories as correct and used them in suitable cases. We must help the delivery pain with a similar drug and not with a contrary one. Many of our disorders are like the delivery pain. It is the effort of the nature to drive out some foreign substance from the system, which we call the symptom of a disorder. An unknown substance within the stomach causing griping pain must be removed by a similar drug. So Hahnemann said, "The disease is unknown." Where the disease is known we must take allopathic measures and where the disease is unknown it is very rational to take homœopathic measures. We, living in so highly cultured a century, must not, by our dogmatic sentiments, show ourselves more backward than the beings of the primitive ages.

They used both treatments. We are naturally daily following both the treatments. We satiate our hunger with the food and it is allopathic. We remove the urging to stool by evacuation and it is homœopathic. We do not evacuate to satisfy the hunger, nor do we eat to remove the urgency to stool. So it is better to have both the treatments to make the medical science perfect and to use them respectively where they are needed. It is a mere boasting to say that all diseases are known and it is not rational to say that all diseases are unknown. So do not frown at me, my good allopath, when I prescribe *Baptisia* 30 to check the typhoid fever, which is unknown, and do not frown at me, my good homœopath, when I prescribe *Quinine* to kill the malaria, which is known. Be rational enough to use both to complete your science! The sleep is a treatment. It causes accumulation of mucus within the system. It cures those disorders which cause accumulation of mucus within the system, *e. g.*, diarrhœa, dysentery, cholera, pneumonia, etc., and it is homœopathic. It cures mania by cooling the system through the accumulation of mucus and it is allopathic. After all, let us come to a good and safe conclusion and do away with our one-eyed dispute between both the parties.

A man on the coast calculating that sun evaporates so many gallons of water daily, finds out that after a period of so many years the world will be waterless. A man on the mount calculating a fall of so many gallons of water daily finds out that after a period of so many years the world will be inundated. They are both mathematically correct. But the man seeing both the sides will say the world will continue as it is. As it is, so it will be, no change whatever! The same gallons of water make a circuit round the sky and the earth.

It is very easy to quarrel, but very difficult to keep up unity. If you conceive deeply and observe scrutinizingly you will find out Allopathic and Homœopathic both are processes of cure that we are unconsciously undergoing daily in our lives.

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THE SPECIALISTS' DEPARTMENT.

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OUR CONTRIBUTORS.

In this issue we print the observations of Dr. C. T. Hood, of Chicago, on the dietetic treatment of pulmonary tuberculosis and append some criticisms of our own upon modern treatment of diabetes.

THERAPEUTIC NOTES.

How to Feed the Tubercular Patient.—Dr. C. T. Hood, of Chicago, says: "The patient suffering from pulmonary tuberculosis requires not only good food sufficient to meet the daily expenditures of bodily energy, but also requires an excess of easily digested and assimilable foods, as we all know. The routine egg and milk diet offers the greatest amount of food in the simplest form; but all patients cannot properly digest and assimilate quantities of milk and eggs. Many can manage very good quantities, if the bowels and liver are well looked after. Others can care for only small quantities. Some can take cream without milk, some can take raw eggs in sherry, in grape juice, lemon juice, malted milk, etc.; but he who orders milk and eggs to all of his tubercular patients will fail. Each case is a law unto itself. We have had good results, even better results, with scraped raw meat in place of too many eggs; rare cooked meats of all kinds; fruits in abundance, especially grapes, oranges and apples. Too much stress cannot be laid upon the fact that all tubercular patients have more or less impaired digestion, hence special attention must be given to this condition. Large quantities of undigested food is harmful, and that no digestive organs will work well unless the waste is properly carried away. Occasional colonic flushings have done much good. There is much difference of opinion regarding the use of wine, whiskey, etc. Where a certain amount of wine or whiskey aids digestion and does not in-

crease temperature or pulse, they do good; they should, however, be taken with the meals only. Oatmeal in any form is a most nutritious food for these cases; it can be taken in large quantities, with milk, in cakes, fried in butter, in bread, crackers, etc. Cornmeal, as hominy with milk or fried in cakes with butter, or as cornbread, and cheese of any kind if acceptable, usually is beneficial."

THE INSTITUTIONAL TREATMENT OF DIABETES MELLITUS.

CLIFFORD MITCHELL, M. D.

In my paper read at the Institute I took the ground that diabetes is one of the most formidable maladies of modern times, that the death rate is steadily increasing, and that at the same time no really radical or permanent cure for it has been discovered.

No doubt you may have seen in the newspapers of late certain statements which tend to produce the belief that a cure for diabetes has at last been found. This is not the case, for no real cure for diabetes has been discovered, and I am at a loss to understand why usually conservative physicians have allowed their names to appear in the papers, chiming in with the assertions regarding the new "cure," which, in my opinion, are unwarranted by results obtained in practice.

It is true that of late a remarkable improvement in the therapeutics of diabetes has taken place if by such improvement is to be understood the temporary suppression of urinary evidences of the disease.

Control of the patient, moreover, to a greater extent than ever before, now spells control of the disease. But control of the patient is obtained, as a rule, only by having him stay in some institution, and suppression of the urinary evidences of the disease while it can now be accomplished speedily and safely in an institution, is dependent for its continuance when the patient is not in an institution on the amount of will power of the patient.

Unfortunately for those optimists who regard diabetes as a thing of per cents and calories to be regulated by weights and

measures of diet, diabetes is not merely a disease but an addiction. What diabetic was ever seen or heard of who had not a fondness for carbohydrates long before sugar in the urine appeared, and are we to believe that this addiction for sweets can be permanently eradicated by a two or three weeks' stay in an institution of any kind?

The discovery of Dr. Frederick M. Allen, of Boston, that by starving a patient both sugar and acetones can be removed from the urine, has been taken advantage of by certain thrifty individuals who have established sanatoriums where the diabetic is faithfully fasted for the same price weekly as would be charged him were he given three square meals a day!

It is probably in the interest of these institutions which like the proverbial mushroom are springing up almost everywhere that we see such glowing paragraphs in the newspapers heralding the cure found by this, that or the other "research hospital" for diabetes.

Now let us not forget that diabetics may live more than twenty years in spite of crude or unintelligent treatment, hence it may take us a long time to find out just what becomes of the cases treated by modern methods.

Nevertheless let us not deny that such men as Menyhert, von Noorden, Allen and others are doing things with diabetics which to the public and general practitioners may indeed appear "wonderful."

The principal features of the Allen treatment are rest and fasting followed by a sparing diet.

Curiously enough the homœopathic principle is in evidence in this as in other successful therapeutic methods. When a normal person is fasted he suffers eventually from acidosis, and diacetic acid appears in the urine. When a diabetic with acidosis and diacetic acid in the urine is fasted, the acidosis is cured and diacetic acid disappears from the urine. So also does the sugar. In the Allen method the patient is put to bed and given nothing but water, coffee, and whiskey until the sugar and acetones disappear. This requires from two to three days, as a rule, but in some cases takes five. As soon as the sugar and acetones are gone 150 grammes, five ounces, of vegetables daily, of the five

per cent. class are allowed and gradually more vegetables, fruits, potato and oatmeal or even bread until the amount of carbohydrate reaches 3 grammes to the kilogram of body weight, which is, in a person of 132 pounds, 180 grammes or six and one-half ounces per diem.

When the urine has been free from sugar for two days on the vegetable diet nitrogenous food is added to the vegetables, and finally fat, the amounts regulated according to the weight of the patient. The details of treatment would take up too much space to be printed here, but can be found in the *American Journal of the Medical Sciences*, Oct. 15, 1915.

The real question now is what becomes of the "cured" diabetics. In talking with several of them who have visited me for examination on their way home after institutional treatment I have been unable to discover any diminution of their desires to eat what does not agree with them. It is possible that if they "back-slide" they may be worse off than before. Moreover it is unlikely that most of them will observe the rule to take nine hours' sleep and a rest of one hour daily.

Again in younger patients the disappearance of sugar and acetone creates too much optimism. In some cases young women have become pregnant thinking themselves really cured so that much conservatism should be observed by the family physician in advising the patient as to regimen after leaving the hospital.

The Modern Treatment of Diabetes Mellitus.—This consists of rest, diet with the patient under control, administration of alkalis when necessary, also in some cases that of enzymes. For suppression of the acetone bodies rest in bed, as a rule, is necessary as fatigue induces the presence of these substances in the urine.

The treatment differs in details in different countries; for example, von Noorden relies upon diet and alkalis, of which he prefers sodium citrate and magnesium perhydrol. Menyhert, of Buda-Pesth, uses a restricted diet but relies principally upon keratin-coated pills of sodium bicarbonate and of enzymes. He declares that he has never lost a patient out of 600 treated. Leviton uses Armour's pancreatine dissolved in water, fifteen grains at a dose, given by the rectum as soon as dissolved, half an hour after each meal.

Things Forbidden the Diabetic.—What every diabetic wants is an alphabetical list of articles of diet which should be avoided by him. This can not be arranged with exactness to suit all cases, but in general it may be said that diabetics should avoid the following articles unless specially permitted by their attending physicians:

- | | |
|----------------------------|-------------------------------------------|
| Acorns. | Dates. |
| Arrowroot. | Figs. |
| Artichokes. | Flour. |
| Ale. | Fried eggs and fried foods in
general. |
| Bananas. | Fruits except grape fruit. |
| Barley. | Gluten bread. |
| Beans except string beans. | Grape Nuts. |
| Beer. | Hominy. |
| Berries. | Honey. |
| Biscuits. | Ice cream. |
| Breads. | Jams. |
| Breakfast food. | Jellies. |
| Buckwheat flour. | Lentils. |
| Buttermilk. | Lima beans. |
| Cake. | Macaroni. |
| Cakes. | Meals. |
| Candy. | Milk. |
| Canned meats or fish. | Mixed drinks. |
| Cereals. | Molasses. |
| Champagne. | Muffins. |
| Chestnuts. | Nuts except butternuts and
pignolias. |
| Chocolate confectionery. | Oatmeal. |
| Cider. | Oats. |
| Confectionery. | Pancakes. |
| Cordials. | Parsnips. |
| Corn in any form. | Pastry. |
| Corned beef. | Peanuts. |
| Corn meal. | Peas. |
| Corn flakes. | Persimmons. |
| Crackers. | Pickles. |
| Cream of Wheat. | |
| Currants (dried). | |

Pies.	Sugars.
Potatoes.	Sweet potatoes.
Preserves.	Sweet drinks.
Prunes.	Syrups.
Puddings.	Tapioca.
Rice in all forms.	Toast.
Rye flour.	Vinegar.
Sago.	Waffles.
Sausage.	Wheat.
Spaghetti.	Wheat flour.
Starches.	Whey.
Stout.	

CLEANED THERAPEUTICS.

"*Conium* has been highly lauded in scirrhus of the mammæ—and it surely has to its credit the removal of many scirrhus-like glandular enlargements though, as by reason of such non-surgical removal we have not been able to make a definite microscopic diagnosis, we cannot offer such proof.

"About two years ago a case of mammary tumor in a patient who about three years before had one breast removed for a similar growth, and whose surgeon again urged operation, came under homœopathic care—after less than a year's treatment the tumor was entirely dissipated under the use of *Conium*."—*Dr. A. Korn-
doerfer in Hahn. Monthly.*

Penna. Trans.—"I have gleaned that in *Kali phosphoricum* we have a *near* specific for that very common and disagreeable condition we call canker sore mouth. I cannot recall how many times I have been asked to prescribe for this ailment, but I assure you that *Kali phosphoricum* has never failed me. I have always used the 6th trituration, directing my patients to allow a tablet to dissolve on the canker, once or twice daily. You will be surprised to see how promptly two or three doses will effect a cure. Several of the tissue remedies are placed on record as curative of diseased conditions of the mouth, but *Kali phosphoricum* has few equals in canker sores.—*Medical Century.*

BOOK REVIEWS.

THERAPEUTICS OF THE RESPIRATORY SYSTEM. Cough and Coryza, Acute and Chronic. Repertory with Index. *Materia Medica* with Index. By M. W. Van Denburg, A. M., M. D. "Similar can be cured by similars." Proof: An intelligent application of the drug-symptoms in this book. 782 pages. Cloth. \$5.00, *net*. Philadelphia: Boericke & Tafel. 1916.

When one takes a preliminary run through this remarkable book his first impression is apt to be that any firm who would agree to put so much money, as is here represented, into a purely homœopathic book in these days of doubt and unrest must have a strong belief in the permanency of Homœopathy, for this is a text-book, and a big one, that can be, and will be, used by homœopaths only. It is a big and laborious work completely covering an important field, a work for all time, a work that will live as long as Homœopathy is practiced and that, evidently, the publishers believe, will be as long as there is need of physicians in the world. It is not a book that will ever become "out-of-date," for it is founded on the verity of the Law of Similars, a law that "changeth not," nor passeth away.

In his Introduction the author writes: "The primary objects of this book are to save time and to render the work of the physician more efficient. It saves time by bringing together all the drugs applicable to a given case; it renders the work of the therapist more efficient by enabling him to select with greater precision the drug he will use."

The book opens with a "General Index to Repertory" running to page 36 in double column; this is the general guide in any case you are studying. Next comes a "Shorter Index" intended to assist beginners who are not familiar with the use of a repertory; this runs to page 43. Next are two pages of directions as to the best way of using the book. Then begins the Repertory which runs to page 488. Let us give an illustrative example. The General Index gives under "Everlasting Cough" six sections. Let us select "Exhausting Cough: Loose;" here are to be found eight remedies. The first reads:

"Loose croupy cough at night ; with exhaustion ; difficult breathing ; *Arum drac.*"

Following the Repertory comes an "Index, Names of Drugs," to page 494, embracing about 300 drugs, or a little over. Then comes the "Materia Medica," completing the book, pages 495 to 782. This part is a brilliant summary of the sphere of each drug in what has been termed "The Kingdom of the Lungs."

Such is Van Denburg's book. It represents an enormous amount of labor, and will save its owner much time and work, for the author has done it for you, and all you need do is to familiarize yourself with the plan to have a complete therapeutic mastery over the diseases of the respiratory system in all their ramifications. Just consider the epidemic that has prevailed, and is still prevailing, this winter, 1915-'16, what an enormous help such a book would have been to the over-worked doctors, some of whom, alas, succumbed to the prevailing terror of the Kingdom of the Lungs themselves. It is a book for the doctors of the Grand Army of *Similia*.

MICROBES AND MEN. To-morrow's Topics Series. By Robert T. Morris, M. D. Illustrated. 539 pages. Cloth. Garden City, New York. Doubleday, Page & Company, 1915.

When Dr. Morris wrote this book he must have indulged in a dry smile as he thought of the reviewers, for on the paper cover wrapping of the book is the legend, "What this book is about. Some extracts from the Index." These "some" embrace 56 topics, the first being "Primal Affection" and the last "Women in Careers," and between these we find "Alcohol," "Prohibition," "The Psychoses of Love," "Microbe and Mind," "Mysticism," "Neitzsche," "Prophecy on a Scientific Basis," "The Jews," "Decomposition of Character," "Prussian Protoplasm," "Traitschke," "Women," and forty-one other topics! Now what can a reviewer say! Well, for one thing he can say, it is a mighty interesting medley. Here is the way it opens:

"Schopenhauer says that life is a great mistake, and he proves it. Sir John Lubbock says that life is a beautiful gift, and he proves it. Tennyson says that nothing worthy of being proven can be proven, nor yet disproven, and he tells us under the cir-

cumstances to choose the sunnier side of doubt." To this, among other things, Morris comments, "Man is the only animal capable of developing a philosophy which can make him unhappy."

"And there ye are," as Mr. Dooley was wont to say.

Going a little further, we quote from Morris: "Have these tendencies towards unhappiness and toward race destruction no meaning?" Yea, they have. This destruction "is done through an agent of sublime power,—the microbe, which attacks the cells of which all men and organic structures are composed." And later, "Protoplasm is the basic unit of organic life." That is the fundamental argument of the book. The late opera writer, Gilbert, remarked "there is a fallacy somewhere, if we could only find it." Let us search. Let us put it in the form of a query: Is the brilliant surgeon, Robert T. Morris, of New York City, the author of this book, ruled by his microbes or does he rule them? To go a step further: It seems to us that Dr. Morris is seeking to put Darwin's doctrine of the "survival of the fittest" on a modern medical scientific basis and sees in the microbe the God who does it. Yet, as even the most eminent medical scientist has never accused the microbe of having any intelligence, the final analysis of his argument tries to show that the universe is ruled without brains, or, what is the equivalent, intellect, or wisdom, yet for many thousands of years that old universe, beyond the comprehension of microbe, or even of his creature, man, has gone its way without jar or jolt! Summer and winter, seed time and harvest. Let us make one more quotation from the book—though it is one that lends itself to quotations.

"A man is only what his microbes make him. With a normal proportion of symbiotic bacteria he is the good citizen; with an excess of inimical bacteria he may become what I call the criminal essayist or novelist. When he speaks it is not he, but the microbe, that is speaking. Freedom of will is subject to dictation by the microbe."

Years ago the theologians fought over the doctrine of "free will." In the light of modern medical science they were a foolish lot of men. The difference between the jail-bird and the good citizen is a matter of microbes. Neither are responsible for their microbes, seeing that the microbe is the superior to man, his

servant, consequently Dr. Morris lands us in the ancient doctrine of Predestination, in which the teachings of the Ten Commandments are foolishness, for we are what our microbes make us and so, microbes help us! We cannot be otherwise. That is where modern scientific medical philosophy lands us, for this book is an able epitome of it. In the beginning microbes created the earth and man. Microbes they are and to microbes they shall return.

There is, however, the possibility that Morris has sprung on his confiding brethren a bit of fine irony. As such it is a success.

YOUR BABY. A Guide for Young Mothers. By Edith B. Lowry, M. D. 254 pages. Cloth, \$1.00. Chicago: Forbes & Company, 1915.

This book is one of a series by the same author. She starts out with this one on the premises that about one-half of the babies born into the world die before they are a year old, and adds that these deaths might have been avoided by proper care. Also the mothers are not to blame for they did the best they knew. Then follows the statement, quite true, that in some countries every able bodied man must serve a military training. The hitch here is obvious, for the military is trained to destruction, while motherhood is the basic love of perpetuation, a love that is notable for being unselfish. For this reason, plain to every one, we are inclined to think that real motherhood cannot be taught by books or doctors. Books, as does this one, can give the young mother points on the care of the baby, but as for the mother love, which is the basic love, or its antithesis, the dislike of offspring, they can teach nothing, consequently if writers would cut out the morals and tell the young mother what every grandmother, who raised a stalwart family, knew, they would be useful. Sometimes it seems to us that the more advice the mothers get the weaker are their offspring. This one tells us, for instance, that the eyes of the new born should be washed out with a solution of boric acid, a substance that was discovered by Homberg in 1702, but did not come into its present use until a comparatively recent date. In fact, it came in almost contemporaneously with the universal use of eye-glasses. This says nothing

against Dr. Lowry's advice but—it wasn't needed when man was in, if not a better at least a healthier state. This observation is not directed against modern preventives, but the idea that by them the world can return to its pristine health by medicinal means. Doctors can meet present conditions—or make the attempt—but they cannot remove the cause that makes the use of boric acid in the eyes of the new born necessary. If they must preach morality let them take their texts from causes and not from effects.

SPEAKING OF OPERATIONS. By Irwin S. Cobb, author of "Back Home," "Europe Revised," etc. Illustrated by Tony Sarg. 50 cents. George H. Doran Company, 38 W. 32d St., New York City.

Cobb is a humorist, but it seems from this book that the surgeons got the joke on him, as, with due regard for that august body,—what do you call it? The Royal College of American Surgeons?—or something like that, they generally do. Mr. Cobb had a pain in New York, *i. e.*, Cobb was in New York and, consequently, so was the pain—but it was in him. He consulted a knife-man he had met at a base ball game, where the k. m. was willing to cut the umpire's throat from ear to ear without fee. The first thing the Eminent one did was to thump him, Cobb, take his temperature, and \$15.00, which, we think, was quite modist. But we err, this man wasn't a k. m., but a diagnostician, proved by the fact that he diagnosed that all Cobb had was \$15.00. Next—but if you want to know what befell a man so unwise as not to go to a Homœopathic physician, buy the book. It ranks with Harvey King's *Medical Union No. 6*, though written by the victim. Worth reading.

GUN POWDER AS A WAR REMEDY. By John H. Clarke, M. D. Homœopathic Publishing Company. London.

A very neat and elegant pamphlet, the subject matter of which is the use of gun powder in therapeutics. The same matter was published in the *HOMŒOPATHIC RECORDER* for August, 1915. It is worth reading, or re-reading.

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EDITORIAL NOTES AND COMMENTS.

A Change in Policy.—The *New England Medical Gazette*, in its December number, announces that Drs. Harold L. Babcock, David L. Belding and Helmuth Ulrich have been added to its editorial staff; these, in addition to Drs. Wilcox, Ring, Wesselhoeft and Hooker. Of the future it says:

It will henceforth be the policy of this journal to supply reviews of current medical literature, which will by no means be confined to homœopathic publications nor to subjects directly pertaining to homœopathy. Nevertheless an especial effort will be made by the staff to bring to the attention of its readers such laboratory and clinical investigations as pertain directly or indirectly to the law of similars, and to awaken an interest among the profession to the advances in pharmacotherapy. Homœopathic periodicals are prone to two great errors. There is too much exaltation in a polemic vein of the wonders of homœopathy, and too little on the intensely interesting progress which is being achieved through laboratory and clinical investigations throughout the entire field of medicine. The *Gazette* is well aware that it has sinned in these respects, but with the completion of its fiftieth year it has taken steps to overcome these faults.

Good luck and good wishes to you, neighbor, in this departure. The RECORDER has never been able to see any good that has been done for either patient or physician by the new order of things. The results are not as good as old Homœopathy gives. In other days every one called in a physician when ill, but the nihilism bred by the new order of things has spread to the people and every year millions of them are added to the already

huge multitude who no longer call in a physician. The report of Secretary Houston puts the loss in animals during the past year at two hundred and twelve million dollars. No such loss or even remotely approaching it occurred in the pre-pharmacotherapy days. These facts, namely, the diminishing number of persons who apply to physicians and the enormous loss of cattle under pharmacotherapy inclines the RECORDER not to go chasing the rainbow gold of modern medical sciences.

Eradicating Typhus.—According to various reports typhus reached nearly 9,000 new cases daily in Serbia, when at its worst. To-day the disease has about ceased in that country. It is suspected that typhus was at the bottom of all the great historic plagues and typhus seems to be but a synonym for filth and vermin. The American Red Cross and the Rockefeller Foundation did the work by cleaning the people, their clothes and their homes of filth and lice; when these were disposed of the terrible epidemic ceased—and invading armies succeeded them. No serums or vaccines seem to have been employed, nothing but cleanliness.

More About Typhoid Inoculation.—The Under Secretary of War was recently asked in the British House of Commons concerning the ill effects of typhoid inoculation. The reply was, in conclusion, that such queries were “grotesque misrepresentations of the results of a treatment from which the army had derived incalculable benefits.” In the same issue of the *British Medical Journal* containing the foregoing item it is said that the Parliamentary Secretary of War informed the House of Commons that from April 25th to October 20th approximately 79,000 men had been removed from the Gallipoli peninsula on account of illness, chiefly bowel troubles—typhoid, paratyphoid and dysentery. This says nothing of the troops elsewhere. As nearly the entire army is now inoculated we can hardly blame members of Parliament for wanting to know.

How Is It Done?—The *Medical Times* makes the positive statement that quinine destroys the plasmodia of malaria and thereby cures. It then asks if any homœopathic practitioner in this year of grace seriously believes that his medicine cures “on the ho-

mœopathic principle of *Similia*” and not, as in malaria, “because they destroy the plasmodia?” The RECORDER does not pose as an authority, but holds the opinion that *all* cures by medicine are made on the principle. It holds the opinion that the men who fight “plasmodia,” bacilli, or bacteria, are like Don Quixote when he fought the windmills. The idea that you can *see dis-ease* is a logical and philosophical absurdity. It is like fighting smoke to put out fire. How does the *Times*, or any one, know that the plasmodia are the *cause* of malaria—or whatever else you choose to term that unpleasant state?

Pellagra.—Sandwith reports his observations on pellagra, extending over about fifteen years, in *Lancet*. These, in the main, agree with the conclusions arrived at by the experiment made at the Mississippi convict camp, noted in the last issue of the RECORDER. Sandwith believes “that pellagra is not caused by what a man eats, but by what he fails to eat.” It, and, in his opinion, beri-beri, an allied disease, are the result of insufficient nutrition. This probably accounts for the fact that a number of men say white bread is not a fit diet. White bread, maize or corn, and rice are good in themselves, but man cannot thrive on them alone.

Tetanus.—Sir David Bruce, Surgeon General Army Medical Service, contributes a paper to the *Lancet* covering the tetanus situation from August, 1914, to August, 1915. It is needless to go into details, but will quote two of the “conclusions:” “1. In the 231 cases under review the mortality was 57.7 per cent.” “5. In regard to the therapeutic effect of antitetanic serum, the evidence would go to show that this action is not well marked.” In other words, the serum does not seem to do what the theory back of it demonstrates that it should do, or in still other words it is a—failure.

Etiology.—A country doctor asks the editor of the *Journal of the A. M. A.* whether burning of leaves in the fall “is responsible for outbreaks of diphtheria.” The editor replies that this is an old superstition “probably based on the rise in the diphtheria morbidity which occurs during the fall season.” No doubt the editor is right, but how does he make his statement agree with

the orthodox assertion that the sole and only cause of diphtheria is the Klebs-Loeffler bacillus? Do those "bugs," to use the vulgar term, hibernate, if the word be permissible, during the good old summer time and come to life amidst the fogs, cold, snow and ice of winter? It is a pity that *Jama* doesn't recognize journals like the *RECORDER* so that, for the welfare of humanity, which it has at heart, it could shed its great light on this subject. But, alas!

Loyalty.—The *Iowa Alumnus* has an editorial header, "A Word About Loyalty." It treats of the "sunshine" loyalist, the "lethargic," the man who has got all out of it *he* can and "doesn't care," of the man who is grateful to the school, its journal and supports them and:

Last, and we mention his last because that seems the proper place for him, is the man whose loyalty permits him to receive free of charge such services as the Association now finds it possible to render; whose loyalty permits him to receive for two or three or four years the magazine of his school; and yet whose loyalty does not permit him to pay for the magazine when the subscription is due. This is an example of absorbent loyalty.

This seems to mean that if a journal has helped you, open up and *pay* for it—for journals must be supported to live. If you do not like it have the courtesy to say so, do not let it come to you and get angry when a bill is sent to you.

Olive Oil in Pregnancy.—Answering a correspondent the editor of the *Medical World* writes, in effect: The use of olive oil in pregnancy is well established. Many physicians have their pregnant patients take olive oil regularly. By having their tissues more or less filled with fat labor seems easier. If olive oil agrees to the woman's taste this seems to be an excellent suggestion. In the Mediterranean region, and in Asia Minor where olive oil is a staple article of diet, the women seem to bear children with but little trouble.

A Hint.—V. E. Henderson, of Canada, as quoted by the *Critic and Guide*, warns dentists and physicians against cocaine and

other local anæsthetics being given without a third person being present. These anæsthetics may cause erotic hallucinations. Cases are mentioned where a local application of cocaine has caused girls afterwards to charge the dentist with what might be termed sexual assault, a charge that may blast an honest man even though false. The world more readily believes evil than good of you.

Another Richmond in the Field.—Drs. Cole and Chin, *Archives of Internal Medicine*, Chicago, Nov., tested fifty-one specimens of spinal fluids. In several cases the Wassermann has given negative results while the coagulation test has been positive; in fact, of the fifty-one cases, the coagulation test gives eleven more positive than the Wassermann, making a difference of 21 per cent. more positive for the coagulation test. So is the burden of the honest doctor aggravated! Soon you will have to not only make a “Wassermann,” but to punch a hole in your patient’s spine—if he is fool enough to permit it—and make a “coagulation.” And when all of this is done you are just about where you started. Is not the homœopathic “totality” not only saner but more scientific? Sometimes after wading through the morass of the big weekly journals the opinion obtrudes itself that the writers are more concerned in diagnosis than cure.

Seize Substitute Specifics.—Such is the heading of a bulletin issued by the U. S. Dept. of Agriculture. It seems that certain manufacturers in the United States have been imitating the labels of “neosalvarsan” and peddling that German product to the trade. The bulletin says:

This fraud is held to be particularly flagrant, according to the medical experts of the Department, not alone because a worthless preparation is sold for a high price, but mainly because neosalvarsan is usually administered by injection directly into the blood of the syphilitic patient. The cheap substitute is not only worthless in the treatment of this disease but when injected directly into the blood might work considerable injury.

In this last named particular it is no different from the teutonic original, many deaths from which have been reported. The offi-

cial are entirely right in confiscating these frauds, but why not go a step farther? Once in our pilgrimage we were a bit intimate with a man whose degree of "M. D." bore the stamp of a university that men are proud to hail from. Talking of the various "salvarsans," he said that if he had the disease it is supposed to cure he would hike for the wilderness and camp out for a year. "Why not be cured by good old Homœopathy?" we innocently asked, but he smiled and said that Homœopathy was not "recognized." So the matter ended with our Parthian arrow that of the three treatments mentioned, the homœopathic was not only the sanest but the most scientific.

Climate and Tuberculosis.—Dr. H. L. Henderson, Astoria, Ore., turns loose an article, "Fallacies and Superstitions Concerning Climate," in the *Eclectic Medical Journal* for March, that is a literary bull in the medical china shop. He contends that the prevailing notion that a "high altitude" is best for pulmonary tuberculosis is a grievous error, as is, also, the other theory, that the tuberculous need a dry, warm climate. Concerning the first fallacy it need but be said that the higher the altitude the lighter the pressure and the less oxygen. Go high enough and life is impossible. On the other hand, those who go to the dry places are delighted at first because they do not spit as much as they did before, but the reason is that the air evaporates the moisture and in consequence that which should have been coughed up remains in the lungs and the last state of that patient is worse than the first. Henderson maintains that the real climate to benefit the tuberculous is the moist, pure air to be found at the sea-level. In his concluding paragraph he writes:

"In my daily work, as a new patient suffering with tuberculosis in some pulmonary form, on arriving from some elevated inland place, tells me of the experiences through which he has passed in some lauded 'high altitude,' or, perhaps, in a 'dry climate,' and experiences the relief that he feels to his previously oppressed breathing, the easing up of his irritating cough and the disappearance of all tendency to hemorrhage, together with the refreshing sleep and increased appetite, I become more and more convinced that our previous climatic theories and

convictions, each bolstered up with many years of orthodox teaching and literature, are all wrong, and that an immediate revision and destruction of our former ideals in that relation is necessary, and we must begin over again and study climate and its influences just as rigidly as we study any article of the *materia medica* and its therapeutics activities."

Dwarf Small-pox.—The usually sane *Buffalo Medical Journal* discusses "The Possibility of Vaccination Against the Exanthemata." The nub is, that as vaccination sets up a "dwarf" small-pox, which is not so fatal as the big small-pox, why not give the people all the other diseases in this category in the same manner? This is badly put by us, but it is the gist of the argument. Are not these "dwarf" diseases inflicted on all but a return to the worship of the Hindoo goddess of disease, namely, to voluntarily become ill to appease her? Isn't health better than a "dwarf" disease? Is it necessary to depart from health to retain health?

Tetanus.—Far be it from the RECORDER to contend with learned doctors on their own premises, but even a homœopath may point out conflicting statements of which, if the one be true the other must be error. The *Journal of the A. M. A.*, December 11, says that

The war has shown two very important facts concerning this infection: 1. The germ is more or less universal in the regions of warfare. 2. The results of its infection may be made negligible by the preventive use of tetanus antitoxin.

The infection referred to is tetanus. On the other hand, the equally authoritative *British Medical Journal*, of a prior date, quotes Dr. Koenig, of Germany, to the effect that in spite of the tetanus antitoxin the mortality remains "alarmingly high."

As for the first statement, that the region of the war is infected with the germs and, consequently, the inference that the reason for the disease lies in that fact, we all remember that quite recently the Health Service of the U. S., in order to demonstrate that vaccine virus is not responsible for tetanus in the vaccinated, heavily infected some virus with tetanus germs,

vaccinated certain animals, peculiarly susceptible to tetanus with it, but no tetanus developed. Here are four conflicting statements from eminent medical scientists. This journal, *The H. R.*, inclines to the belief that Dr. Koenig and the U. S. are both right, even though the latter carries a contradiction to the numerous cases of tetanus following vaccination, by another class of medical scientists.

Further on in the same issue of the *J. A. M. A.* from which the foregoing is taken, and under the heading, "Theories of Delirium Tremens," we read: "It has been thought that delirium tremens is an acute infection occurring in chronic alcoholics." In a sense the D. T.'s, and tetanus, are akin—the patient is beyond his own control. The point we are reaching for is this: If tetanus is caused by independent micro-organisms so, according to the *J. A. M. A.*'s logic, is the D. T.'s. However the editor of that journal sees the point and brings up the same objection we raised above. He writes, anent alcoholism: "Numerous objections have been raised to each of these theories." Aye, there's the rub! One scientist says, t'ain't so. They dispute each other, yet unite in saying that, We are the scientists and there are no others! May it not be that disease is the result of the violation of law?

Bacilli the Cause of Disease?—From the World's Congress Transactions (1893) let us quote the following as a reminder: "Dr. Conrad Wesselhoeft: To-day the great question comes up, What is the cause of cholera? We have all supposed it was the cholera bacillus, just as we supposed the bacillus of consumption produces consumption; but it is beginning to be understood more and more that something besides the bacillus and its chemical products is necessary to produce any disease." Dr. Wesselhoeft was a true but misunderstood prophet, or, at least, ahead of his times, for to-day the bacillus is still the *cause* of diseases in all orthodox circles—even though it isn't.

From Frying Pan to Fire.—The *Jour. A. M. A.*, in its abstracts, has one from the *Presse Médicale*, Paris, from which we quote: "Rimbaud deplors that the present technic for vaccination against typhoid does not protect against paratyphoid. This has continued its ravages, while typhoid has been nearly stamped out in the French army in the region where he is stationed."

PERSONAL.

A medical cynic (not a homœopath) once wrote: "The average life of a medical fact is four years."

An enthusiastic editor once wrote that the best part of his journal is the advertising pages.

There is nothing like a bad cold to knock a patient's faith in medicine.

Recently read of a drug that would produce "immediate effects." So will hydrocyanic acid, alias HCN.

"Will you remember me?" asked the legless man of the doctor, who, in answer, gave a diplomatic professional smile.

Good Health asks, "Can women be honest?" Possibly, if they try.

"Whence the gash?" "Safety razor," replied the gashee.

No, Mary, it would hardly do to call a studio an artery.

The unpopular man in North Carolina is appointed revenue collector and thus disposed of.

"A little learning is a dangerous thing" is a quotation that always fits the other fellow.

Mandy used Cologne to show that colored ladies could be Colonial Dames as well as the white ones.

"We put up at the Marlborough-Blenheim and took our meals at Childs," remarked two ingenuous youths.

The man (or woman) who talks, sings, whistles, slams doors, smokes, etc., in hotel bed-rooms would be missed with pleasure.

Many a man stands in his own light thinking he is in the lime-light.

Mary wants to know what is the devil's "due" that we should give him? Thou hast us there!

Remember, brethren, that editors want your name, not a Chinese puzzle. Use letter heads.

"Is genius normal?" asks a contemporary. Yes, but very rare.

Kilroy thinks neurotics are "just plain d—n fools."

Dr. Elmer Lee remarks that sometimes elevation to power makes "an inoffensive citizen a tyrant." Alas! too true.

When the fly goes into winter quarters the death-rate rises.

What is gained linguistically by substituting "top milk" for "cream?"

A certain remedy will prove useful "when the symptoms agree." Well, what's wrong? Nothing.

Our grandfathers said it is "the Devil," this scientific generation says it is "the Jinx."

Isn't it a compliment to the giver to look a gift horse in the mouth?

Anyone can bank on something, but checking is another matter.

The man with a clear conscience ought to take stock.

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“WHO KILLED COCK ROBIN.”

But then he isn't dead. The classic quotation is used, well, as the children who read the old tale would say, “Just because.” What killed Homœopathy? Many, many things, but it isn't killed, only in the individual mind it may be dead, but that doesn't affect the law—only the individual's mind. Because the late, lamented Paul Kruger did not believe that the earth is round, and pronounced the man who said it a fibber, did not affect the fact in the least. For fear some one may question this concerning Oom Paul let it be said that Slocum, who sailed around the world in a small craft without anyone else being in the boat, relates it in the narrative of his famous voyage.

Some men say that Homœopathy never was alive to be killed.

Some men say that compound tablets did the trick.

Some men say that alternating remedies was the beginning of the decline and fall.

Some men say the “mongrels” are responsible, while others retort that the “visionaries” had a hand in it.

Some men, a good many, indeed, say that Homœopathy could not stand the “fierce white light of modern medicine,” and, like the bats and other superstitions, it fled before that light.

All of this is stirred up by an esteemed friend who writes: “My God! My God!” concerning certain articles published in the RECORDER, and then says, “Yet you wonder why Homœopathy is not accepted by all thinking men!” This gentleman is a good homœopath, but is a strong believer in the Germ Theory of Disease.

Having mentioned all the reasons, that occur at the moment, assigned for the alleged death of Homœopathy, let us add another, The Germ Theory. It, and internal medication, cannot

live in the same house, the one excluding the other. All know how Hahnemann was jeered and hooted for saying in his *Chronic Diseases* that suppressed itch, among other things, is a cause for chronic diseases. Hahnemann was sadly misunderstood in this matter, but that is another story. The itch, the critics had in mind, was the one caused by the mites, and, of course, internal medicine cannot remove these, and until they are killed the "disease" remains. If this is true of one disease it is true of all. The prevailing notion is that all diseases, from tuberculosis to toothache, are caused by "micro-organisms." "Micro" means "small," and "organism" is defined in this sense, as "any living being." If it is impossible to cure itch-mites by internal medicine, it is equally true of other diseases caused by the body being invaded by micro-organisms, or germs. If one holds this belief as to the origin of any disease he must abandon the use of curative medicines, as Osler and his followers have done. Most men perfunctorily express a belief in this tenet of orthodox medicine, but do not really believe in it. If they did they could not conscientiously prescribe medicine—which they do.

From all the foregoing, if reasoned out right, it follows that the germists and the homœopath cannot live together in the same house—if each believes what he professes. For why should a homœopath who believes that pneumonia is caused by micro-organisms give the patient *Aconite*, *Phosphorus*, *Antimonium tart.*, or any other medicine? It would be like giving drugs to clear out the itch-mite, or the "chiggers" or "jiggers" that get into you sometimes when you go into the tangled forest.

That the scientists who academically preach micro-organisms as the primary of disease, and flout heredity or conditions as a cause, do not, at heart, believe what they preach is shown by the fact that when ill, that is to say, and as they profess to believe, when they are invaded by micro-organisms, they want "something to cure" them—and will take it.

We read much of what has been done in many places in eradicating diseases in tropical countries—and no one denies that the work has been a noble one—but, when you sift it down, it means cleanness and pure water. These sweep away the gross diseases, which are but cases of poisonings, but, for all that, in communities where the sanitation and water is of the best, there

still remain the deeper diseases. What is their cause? Micro-organisms? Is it not rather climatic, or due to violation of law, or heredity? And what better relief than to turn to law, that is to say, to Homœopathy, which is a mighty law? The germ theorists tell you, when you are ill, or when they report it, that your illness is due to certain micro-organisms that have got into you. The original "germ-killer" idea, which is the logical sequence of this faith, has miserably failed, with the result that the followers of Osler, if honest in their following, give placebos—and leave it to the nurses. Homœopaths can, and do, cure diseases by a SCIENTIFIC LAW. They cannot remove causes, but they can and do cure effects, otherwise, illness.

Now, in conclusion, the RECORDER is willing and does print any *cures by medicine*, if reasonably sure of the honesty of the report, because it believes that the world has but scratched the surface of the cures by medicine that are possible, and this is done because of a belief that all cures by drugs are done under a universal Law, namely, Homœopathy.

TREATMENT OF PNEUMONIA.*

By W. H. Pierson, M. D., Chicago.

Statistics show a frightful mortality from pneumonia. Why is this true? Can we, as Homœopaths, lower that mortality? Are we living up to the measure of our ability? Would our records carry conviction if opportunity was given for demonstration? Why is there such a frightful mortality following this disease manifestation? There can be but one answer—the means employed for the removal of the cause has not been properly selected. This suggests the possibility—nay, more, the probability that the real, fundamental cause has not been recognized.

It is not the purpose of this paper to enter into an exhaustive study of the causes contributing to this serious condition; but we trust a brief summary of results sought for in the treatment will enable you to grasp the full force of each suggestion.

There are two radically different types of individuals that must

*Read before Regular Homœopathic Society of Chicago.

come under your observation. A careful differentiation is necessary at the very beginning of the treatment because of the radical difference in the *significance* of the symptoms presenting. Let us pause for a moment and emphasize the importance of the fact that it is here pre-eminently that we must study the *peculiarities* of the individual, as made manifest in the symptoms under observation. Be sure that a proper value is given to these symptoms from the very beginning, because your success or failure may be traced direct to your judgment at this point.

Fully 90 per cent. of all cases show a *predisposing* tendency entirely independent of the disease, per se. These symptoms relate to the *individual*, and many times point to the *curative* remedy although only indirectly associated with the symptoms appearing, from which your diagnosis has been made. It is with this very type that Homœopathy has won its greatest triumphs, and where a failure to recognize and understand the significance of *peculiar* symptoms has resulted in additions to the list of *those who might have been saved*.

A study of Hahnemann's indications of the psoric constitution will show the *causal* relation between the *disease* manifestations and the *curative* effect following the administration of the indicated remedy.

Pneumonia ranks next to tuberculosis in frequency, and practically from similar *predisposing* and *exciting* causes—vitiating atmosphere—impaired vitality through prolonged nervous or mental strain—sudden, or prolonged exposure of an exhausting nature.

The remaining 10 per cent. presents a picture in which *cause* and *effect* balances. There are no predisposing tendencies. The severe exposure accounts for the entire disease manifestation. This type calls for vigorous and prompt action on the part of the physician, and the employment of measures independent of but complementary to the indicated remedy. We can dispose of this type with but few words because most of them recover under almost any form of treatment.

In the past bleeding was resorted to and recoveries followed. It might be clearly indicated where the disease is ushered in by a sudden chill—sometimes repeated in a few moments—followed by a high fever, with full bounding pulse, dry,

hot skin, anxious, restless frightened look, difficult respiration with sharp stitching pains which are *aggravated by lying on the side affected*. The lower half of one lung—usually the right—being involved; but even here the “homœopathic lancet” will give better results because the vitality of the patient has been conserved. Under these conditions the lower potencies in frequently repeated doses are indicated. Topical applications for the purpose of relieving the engorgement of the lungs may hasten the recovery; but, as a rule, the evils following topical applications over-balance the benefits because of a failure to properly interpret the symptoms presenting—a routine form of treatment because *it is pneumonia*.

One of the first problems to be solved is how best to sustain the vitality of the patient. In its consideration our attention will be directed to the quality and quantity of the air to be inhaled. As a rule, the inflammation has focal centers in one, or more of the lobes of one lung, so that the aerating surface is restricted, and, at the same time, the respiratory muscles inhibited by pleuritic or intercostal complications. This emphasizes the importance of an abundance of pure, well tempered air.

The next thing is to look to the comfort of the patient, mentally as well as physically. In this regard there can be no rule of action because the *peculiarities* of the *patient* will be disclosed through this inquiry more accurately than in almost any other way known. Whenever he expresses a desire for something that seems irrational, or illogical, you will make careful note of the same because in it you may find the key to the curative remedy. Perverted likes and dislikes belong to the patient and not to the disease, hence the importance of giving to them careful consideration.

The patient must be nourished during the progress of the disease, and in this factor of the treatment the same careful differentiation is required as in determining the type of the disease. Food that can be assimilated with the least tax upon the vitality of the patient is the great pre-requisite.

The lungs being primarily devoted to the proper aerating of the blood we might expect little difficulty with the digesting of the food; but we must remember that we are dealing with a class who, as a rule, have vitiated constitutions which antedate

the pneumonia, and consequently presents an important part in the true "totality of symptoms."

SPECIAL INDICATIONS.

You may be wondering why we have said so little about the therapeutic indications for remedial agents. Our reason for deferring our consideration of this important factor in the treatment until the present time is for the purpose of putting proper emphasis upon the fact that our remedial agents should occupy a *complemental*, or *supplemental* position in the general plan of treatment. The tendency is to give to it undue prominence with the result that nature is *handicapped by meddlesome interference on the part of the physician*. "Haste makes waste." Do not be in a hurry over the selection of the first remedy. Follow the indications and do not seek to anticipate conditions because by so doing you may be placing an additional tax upon the vitality of an already impoverished constitution.

Jahr says, "If *Aconite* does not effect speedy relief, I know of no better remedy than *Sulphur* 30th, in water—a teaspoonful to be given every three hours, for 24 hours, at least." This is given for the purpose of illustrating the fact that the most frequently indicated anti-psoric remedy has been found in his experience to be the "king of anti-psorics:" but you will find, as a rule, clear indications for this or any other remedy, and if such indications do not present themselves you can afford to wait, *because the vital force is capable of attending to the work unaided*.

In the first stage, we may have a *venous* engorgement instead of the *arterial* and the following symptoms will be suggestive of the general indications:—

chill, shaking—head hot—bluish lips and finger nails—
passes from chill into a deep, heavy sleep, with loud snoring (this might be mistaken for opium):

pulse—weak, slow or intermittent:

lower jaw sunken:

extremities temporarily paralyzed and the upper part of one or both lungs involved.

The antecedent history might lead you to think of *Lachesis*, *Opium* or *Carbo veg.*, but *Kali hydriodicum* more perfectly

meets the indications. Three classes of people may present these symptoms—children, old people and those who have been victims of alcoholism.

Another class in which the engorgement is of a capillary nature constitutes the most perplexing form because of the variety of the presenting symptoms. Typical of this class will be

chilliness, for two or more days, with rapid pulse and respiration ;

palpitation of the heart on slightest exertion, with general faint, all gone feeling, alternating with restlessness, suffocative attacks in a warm room, and hot palms, soles and vertex. The indications are made still stronger for *Sulphur* if there be morning diarrhœa.

When the disease is ushered in by a severe and sudden chill not followed immediately by fever ;

respiration rapid with rapid, slow or interrupted pulse ;
cold sweat ;

nausea with intense vomiting and possibly diarrhœa ;

headache may be severe with labored respiration because of the engorgement and pleuritic complications.

There should be no question about the indications for *Veratrum viride*.

Another type, occasionally met with, gives indications of cerebral complications with sudden rise of high fever ;
skin hot and dry ;

face flushed with injected eyes ;

delirium, with threatened convulsions ;

drowsiness with starting in sleep, etc. These indications point to *Belladonna*.

HEPATIZATION.

The treatment during this stage of the disease depends upon what has gone before. If you have been called to the case early in its manifestations you should have such complete control as would insure favorable prognosis. The treatment consists in watching the progress toward recovery ; but when called after hepatization has become thoroughly established and the vital force nearly exhausted by reason of unaided or *antagonizing* efforts, this stage presents problems so varied that we can only

hope to consider a few of the complications and leave the rest to your combined wisdom and experience.

The more urgent the condition, the greater must be your care in the selection of your remedy. In the first place make a complete history of the case from the very beginning for the purpose of determining the *causes* which have contributed to the present state of the case. Remove such causes as seem to antagonize nature's efforts and then *study the symptoms remaining* for indications of the *constitutional* remedy. Let us make this doubly emphatic because your success will depend upon your ability to conserve the lowered vitality until nature is able to reassert herself. If you find that *Sulphur* was indicated in the beginning, it will almost surely show its indications now. At the same time it may be one of the best possible remedies to avert suppuration.

There will be a weak heart, a cough, a labored respiration, etc., but remember that these symptoms are common to all cases of pneumonia and consequently are of little value in the selection of the *curative* remedy. It will be the *peculiar* symptoms that must become your guide, for example:—

the pulse may be more rapid in proportion to the respiration showing heart weakness. If no heart tonics have been given this relative proportion should be carefully watched while your prescription should be based upon the totality.

The temperature should begin to recede by the fourth day and should be remittent in type and when so found be ignored as an indication for a remedy. The expectoration, during the early stage, should be frothy mucus and later a semi-transparent, viscid, gelatinous, tenacious *but never opaque*. Streaks of blood with the final rusty sputa is common; but if it takes on the purulent, offensive or prune juice character you are to make note of the same. The cerebral symptoms should disappear with the first stage and require attention when the *delirium* or *coma* shows an *increasing* tendency.

In the great majority of cases we find pain one of the most prominent symptoms of the initial stage. It is of a sharp, stabbing character and located in the region of the inflammation, but usually disappears within the first week. *Peculiarities* with reference to pressure, motion, position, temperature, light, noise, people, etc., are of great differential value.

DIFFERENTIATING SUGGESTIONS.

Cough.

With dry, tickling, worse nights, *Bell.*

Almost choking, worse about 3 A. M., *Kali-c.*

Rare, with great rattling in chest, *Senega.*

With copious, frothy expectoration, *Tartar emet.*

Expectoration breaks and flies like thin batter on paper, *Phos.*

Expectoration falls in water to bottom, leaving train of mucus,

Calc. carb.

Expectoration rust-colored, with whole mouthful at time, stringy and easily separated, *Lyc.*

Expectoration, clear blood, *Phos.*

Respiration.

Can scarcely speak above a whisper, *Puls.*

Expectoration shorter than inspiration, *Bry.*

Great rattling of mucus *without* cough, *Tart. emet.*

Dyspnoea worse after sleep, *Lach.*

Fan-like movement of alæ nasi, *Lyc., Phos.*

Mental.

Stupor, with burning head, red, hot cheeks, contracted pupils, closed mouth, *Phos.*

Delirium, nervous, *Bell.*

murmuring, gesticulating, *Phos.*

groping with hands, as if hunting for something, *Opium.*

sees people in room who are not there, *Hyos.*

Perspiration.

Whole body except lower extremities, *Opium.*

very hot, *Opium.*

semi-lateral, *Puls.*

without relief, *Cuprum, Lach., Merc., Lyc.*

H. W. PIERSON, M. D.

THE MAKING OF A HOMŒOPATH.*

By C. M. Boger, M. D., Parkersburg, West Va.

Homœopathy came to some of us by inheritance, some have acquired it by learning, while still others have drifted into it or had it thrust upon them. To all, however, it can have a living meaning only as it is loyally followed. If we would pluck its fruits, we must also be willing to climb the ladder, rung by rung, that will reach them. Now this ladder is the pursuit of pure science and its rungs are the hard facts of actual experience, barren of theory in its lower reaches, but affording the most glorious possibilities from the upper ones. Such higher realizations are based upon work, work and yet more work, even if part of it seems needless, for there are dark shades as well as light ones to be filled out in every educational gain.

Pathologists have plagued us and limited our hopes by their misleading deductions, careless prescribers have thrown confusion into our ranks, and worse than all, the schools have poisoned our youth with materialistic and nihilistic ideas. These are Dead Sea apples of homœopathy, and yet there remains no sphere of life where living faith will sooner make us whole, than in the practice of the science of homœopathy in its purity. Corrupting it with other methods will get us nothing; not even the respect of the allopaths.

Our journals tell of many a homœopathic cure, but the reasons for the correct choice of the remedies are rarely given. Perhaps this is because reason is such an elusive and many sided thing, and does not appeal to all of us in the same way; yet be it remembered that it is in the very nature of truth to prove itself from all angles, hence special perspectives are not always appreciated at their market value.

Each prescriber instinctively feels for a starting point around which he may arrange the whole morbid symptom complex in an orderly and comprehensible manner. Such being the case, he should be able to unerringly pick this out, as the essential or key symptoms, so as to follow it and thus also perceive its relation

*Read before the Homœopathic Southern Association at the recent Cincinnati meeting.

to the rest of the picture. If he is either unable to detect it, or cannot find its counterpart in the pathogenetic text, he must necessarily fall back upon the more general, but a little less peculiar symptoms. The former method requires the more acute discrimination, but is also very certain in action. The latter generalizes much more, hence leaves greater room for inferences, thereby increasing the element of uncertainty, although it is sometimes capable of yielding the most brilliant results. In either case success depends upon being able to perceive the harmony that links symptom to symptom and to recognize the real deciding factor, be it found in the beginning in the form of a general key symptom or at the end among the minutiae. This factor may belong anywhere, although in actual practice the mental phase, as pointed out by Hahnemann, easily overshadows all the others.

In making comparisons every bit of knowledge comes into play, chemical, botanical and symptomatic; nothing can be overlooked with safety. If, for instance, we find the desired symptom under a drug one of whose constituents is hydrocyanic acid, then the whole prussic acid group comes up for comparison and we may perhaps even be compelled to piece out an imperfect pathogenesis with data from a fuller one; but the final decision in the choice will almost surely rest upon the relative general aspects combined with the mental phases presented.

For every prescriber the practical question of how to find a desired symptom must come up. This is the crux of the whole matter, and a fairly large acquaintanceship with professing homœopaths enables me to say that but rarely does one find them possessed of the needed equipment for correct prescribing. This appalling state of affairs begins in college, where the minutiae of bacteriology, microscopy and pathology are rigorously crammed into the heads of the students, but of methodical and purposeful searching in the materia medica they are blissfully ignorant. The consequence is that even the well informed homœopath is almost completely disarmed when confronted by a difficult case, if he has only the usual, very small homœopathic library to fall back upon. Would you trust even a great surgeon, to do a trephining operation with a small pocket case? Certainly not; and yet you are asking our ordinary practitioners

to get good results without the necessary tools, or even the knowledge of how to use them. This is the gall and wormwood of homœopathy, and yet so rich is it in resources, and so powerful are the recuperative powers of nature, that this badly handicapped doctor has done wonders in an unbelieving world and has made a place for himself by the sheer force of superior success. But let me warn you, one of his most powerful arms is growing weaker, because the inherent recuperative power of nature is being recognized more and more fully by the profession and laity alike. The time is not far off when the homœopath will hold his place only by the fertility of the resources of the *materia medica* and his ability to use them.

Most men just out of school don't have the means of buying all sorts of books, nor is it desirable that they should be misled by very much of what is printed in the name of homœopathy. A little personal experience will give you my ideas along this line.

A recent allopath university graduate asked me what books would give him the clearest insight into our science: I could recommend but pitifully few; so I wrote and asked him not to begin too high up, but be content to read Clark's "Homœopathy, All About It," Burnett's "Fifty Reasons" and Wheeler's "The Case for Homœopathy," in the order named. This he did, and then came quite a distance to see me. We talked dynamics, pharmaceutical procedure, daily practice and what not, with the result that he went home satisfied and ready to take up Nash's "Leaders in Typhoid," and then Farrington's "Materia Medica," all of which made the step to a reading of the *Organon*, with Kent's "Philosophy" as a commentary, much easier. Jahr's "Forty Years' Practice," the "Synoptic Key" and Bœnninghausen's "Characteristics" were next taken up with the greatest ease and satisfaction, especially as their teachings were also gradually verified in his practice. The "Materia Medica Pura" and "Chronic Diseases" of Hahnemann, along with Allen's "Handbook," will complete his working-day library. The expense is the very lowest possible and the material will be enough to keep him busy for a long time, although Hering's "Guiding Symptoms" and Clark's "Dictionary" will help to round out some of the vacant places in the future.

Now for the result. The following excerpts from his letters

tell the tale: "I am now doing 100 per cent. better work with Homœopathy than I could do with Allopathy. It is a good joke on Dad, but he has seen some of my cures and they all occur so promptly, that several times I have caught him slyly reading Nash's "Leaders." Again, "I am getting along better than I had expected with the remedies; indeed, I am using the remedies exclusively now except in one case. After that is finished I do not anticipate using any other means in the treatment of sickness, but the homœopathic treatment. I have had very interesting cases also." This is an instance of what can be done by correct guidance.

The modern Allopath sees more than enough of the negative side of therapeutics and is therefore especially open to correct instruction, but do not for one moment delude yourself into believing that half way homœopathy appeals to him in the least. He knows, only too painfully, the limitations of his own work and is therefore more than suspicious of advice which includes many things of which he can tell you much more than you can possibly teach him. My advice is, never try to instruct the other fellow in his own work.

Now for the other side. Reasons which impel an unsatisfied Allopath to look into Homœopathy may also be strong enough to excite the born follower of similia to gaze over the fence into neighboring pastures. These certainly do look very green to the lazy, stupid or unprincipled man, as witness the fact that Homœopathy has never had the desperate struggle with all kinds of quackery that is so sad a blemish on Allopathy. Less than two months ago an eminent surgeon said: "I wish I knew more about Homœopathy, but it is not a lazy man's job." This man sees the real kernel even if he cannot profit thereby; many another is in the same predicament. Don't for one moment allow yourselves to think that the ordinary Allopath is deceived by your little subterfuges and evasions of the law. You are only earning his contempt when you show by your acts that you are not up in what you profess to know. A poor workman is at once correctly placed when he begins to side step.

There is much evidence to show that the advance of general science has given apologetic homœopathy its deathblow, and it remains for us to decide whether we are going to die with it or

are going to mend our ways and become real healers of the sick. If all physicians really strive to cure it would seem that success must be measured only by their abilities. This is to a large extent only apparently true, because all upward paths lead finally to the summit, however devious they may seem to be. No two prescribers will follow exactly the same course in finding the simillimum, yet if both be true followers of the law they must finally choose the same remedy. This being true we can see how necessary it is to develop each man's ability along its own natural lines; in other words, make the instruction fit the man, and he will just as surely end in making his application of the law fit the patient.

PHTHISIS.

By M. W. Van Denburg, A. M., M. D., Mount Vernon, N. Y.

Somewhat over three months since I was called to see a hopeless case of tuberculosis.

A tall, spare man, 38, printer, bookkeeper, and clerk, for he had followed all these pursuits. He had spent four or five years in Colorado, returning from Denver to die.

Very profuse expectoration, thick, not difficult, but very distressing, especially at night; not obliged to sit up when coughing; very abundant sweats, often twice in twenty-four hours; clothing and bed "wringing wet." Temperature self taken, $103\frac{1}{2}^{\circ}$ to $104\frac{8}{10}^{\circ}$; never below 102° . Appetite very poor and whimsical.

In midst of coughing spells vomits frequently; afraid to eat because of vomiting; not able to get out of bed. Certainly not hopeful, even for temporary relief.

Taking the three most prominent symptoms in chronic cough: Abundant, thick sputa; offensive. Abundant night sweats. Vomiting of food with cough. And a fourth, peculiar symptom, coughs while lying down without desire to sit up.

Under "*Chronic Cough*" (*Old people*)? "The Therapeutics of the Repertory System" gives much more than we can quote here—but the following is of interest:

Chronic, loose, profuse, difficult, tough, purulent mucus, aged and enfeebled, *Ammoniacum*.

Chronic, copious, thick, offensive sputa; hectic fever, *Balsam Peruv.*

Severe cough, shakes whole body; in spells two to three hours apart; thick yellow mucus or pus, *Dros.*

Chronic bronchitis; abundant free muco-purulent sputa, *Eucal.*

Chronic, obstinate loose cough; profuse muco-purulent sputa, especially in morning; not worse lying; much worse eating; it causes gagging or even vomiting with the cough; sweats profusely day and night, *Myosotis*.

Chronic cough; purulent offensive sputa, Phos. ac.

Under "*Abundant Sputa*," "*Thick*," three pages of symptoms are given, under various "sub-headings;" but we must abbreviate: The heading, "*Abundant, Purulent, Chronic Sputa*," gives the following:

Chronic, long-lasting, racking loose cough, with pus-like sputa, *Agaric.*

Chronic easy abundant purulent sputa, *Antim. tart.*

Loose suffocating cough; abundant sputa, frothy or purulent, or, mucus and blood, *Bufo.*

Chronic loose cough: abundant purulent, yellow mucus; nervousness; worse at night; stitching and oppression of chest, *Codeine.*

Chronic loose cough: profuse, yellow-green sputa; soreness in chest, *Copavia.*

Abundant, purulent, difficult: chronic bronchitis, *Grind.*

Chronic cough: after cough copious purulent sputa, *Kreasot.*

Chronic, obstinate cough: profuse muco-purulent sputa, especially in morning; loss of flesh; night-sweats; gagging and vomiting after meals, *Myosot.*

Chronic, loose cough: copious purulent sputa, *Plumb.*

Chronic, profuse purulent sputa, *Silic.*

Profuse, chronic, loose cough; purulent expectoration; weakness and tickling in chest, *Stann.*

Chronic loose cough: copious, purulent, blood-stained mucus; fever, with night-sweats; draft of cold air gives feeling of ice in chest, *Sul.*

Chronic loose cough: copious, purulent sputa; hectic fever; pains in chest; occasional bloody sputa, *Tril.*

Two remedies are here suggested, *Sul.* and *Myosotis.*

An additional symptom in favor of *Sulphur*, not given above, was great fear of cold; he wanted all windows closed; he wanted to be near the fire.

℞. *Myosotis* 2x, on No. 6 disks, was in the following week changed to *Myosotis* 2x, ½ drachm to 1/3 glass water. One teaspoonful every hour while awake.

In one week the sweating was reduced to once a day, and much less profuse; the cough had ceased to cause gagging, and the appetite was good; that is, he was eating a substantial amount of nourishing food. Diet was without restrictions, as there seemed to be no possible hope of recovery. The temperature in the third week did not go above 100° at any time; the night-sweats disappeared, only a little sweating about head and shoulders; and patient was out of doors once or twice.

As this was a charity case, he was kept supplied with medicine from my office, and reports given once a week, or oftener. He finally became morose and refused his medicine for some two weeks, trying this and that, losing appetite and increasing cough, but the night-sweats did not return.

About the first of May, 1914, he was reported very bad and I called. He had a pulse of 110 to 120; respirations were not badly labored; had a strong grasp of the hand, and could get from bed to chair alone. Coughed less than formerly, but the cough was very painful "inside the chest." "It seemed tearing the flesh." "As if everything was raw." "He dreaded to cough." The sputa was fairly abundant, thick, muco-purulent, not of pus only, not greenish, not disgusting.

He was evidently in much distress when coughing; at other times fairly comfortable.

Most evident symptoms: Very painful cough; loose, purulent. Extreme pains and soreness of inner chest. Extremely painful when coughing.

"Painful Cough," of course, covers pages of symptoms, and there are about thirty sub-headings in the Repertory.

Out of these choosing:

"Torn Pain in Chest," we have too many to quote here, but

under "Violently Painful Loose Cough" we have, scraping and pain in chest, with loose cough; worse lying down and at night, *Colchic*.

Horribly painful loose cough, as if the lining of the larynx would be torn off; sputa profuse, viscid, gray or bloody, *Medorrh*.

Very painful localized pains in lungs; whole chest outside and in painful; dry, scanty, or loose cough, *Medorrh*.

℞. *Medorrhinum* 200x (and higher). Ten drops to one inch water in bottom of glass; take one teaspoonful one-half hour to three hours, as case requires.

Continue *Myosotis* 2x when not taking *Medorrh*.

Four days later the painful cough had very greatly lessened, the rest was less broken, and the whole condition much more comfortable; one week later the improvement still continues.

This is a hopeless case; there is marked amphoric breathing, and both lungs are largely involved. I cannot see how the patient continues to live, but such is the case.

CANCER OF THE STOMACH.

By Howard J. Simmons, M. D., Blackfoot, Idaho,

There has been so much investigation and discussion of cancer in its various forms and locations, in the past and present, and the prognosis has always been the darkest, that in this day and age, except from a few level-headed physicians of a school of experience, and of a non-jealous disposition, one hardly dares to relate his experience and convictions upon cancer being cured unless hailed as a quack or a four-flusher, particularly if the treatment be not of the most popular school of medicine.

I was called to see a case of stomach trouble in a man about fifty years of age, who had been suffering more or less for several years with the usual symptoms of indigestion, gas, constipation, and pain after eating, almost unbearable, and occasional attacks of vomiting. And, as time went on, all the symptoms increased, so that with each attack of vomiting there was considerable hematemesis. The patient gradually lost weight until emaciation was marked. At this time he was practically unable to retain any nourishment and it was while in this condition that

I was called to see him. After a thorough examination I was quite sure that he was suffering from cancer of the stomach, as the burning, twisting pain in the pit of the stomach was a little too severe for ordinary stomach trouble.

Being a graduate of an Allopathic School, I put him on an allopathic treatment. After a thorough trial of this method, the patient gradually became weaker, his mouth and oesophagus became ulcerated until he could scarcely swallow. His condition being serious I recommended consultation, and one of the local doctors was called in. The diagnosis of cancer was made with a prognosis that the patient would probably live about two weeks.

No doubt the prognosis was correct if the same treatment was to be continued, and as this treatment had proven inefficient I decided to try the Eclectic treatment, as recommended by Dr. Jones, a well known Eclectic physician, in his book on cancer (*Its Causes, Symptoms and Treatment*). After a thorough consideration, I put the patient upon the following: Loyd's Liquid Hydrastis and Dilute Acetic Acid, alternating every two hours with Fowler's Solution after nourishment. With this treatment as a basis and a few other drugs, as recommended in this book for the concomitant symptoms that arise, constituted the treatment of this case.

The patient gradually gained in strength, the symptoms gradually decreased and within six months I felt that the disease was under control and to-day, after two and one-half years have elapsed, the patient is practically normal. He does his own work and when last I saw him, a month or so ago, he informed me that I would have to give him something to keep him from eating so much.

RECOLLECTIONS OF FORTY-SIX YEARS PRACTICE.

By **Eli G. Jones, M. D., 1404 Main Street, Buffalo, N. Y.**

After I had graduated from a medical college, and was then a physician in embryo, during my vacation in my native town, in Maine, I was called to visit a lady who was *supposed* to have an ovarian tumor. There had been a consultation of three reg-

ular physicians, one of them a prominent surgeon of that State—and after an examination of the patient they had agreed upon their diagnosis as above and a day was set for the operation.

When I examined the patient my diagnosis was “pregnancy and dropsy as a complication.” The doctors “laughed me to scorn” and all the old ladies in the town gave me the ha! ha! ha! The night before the operation was to have taken place the lady was confined; with the birth of the child large quantities of water came away, thus proving the *truth* of my diagnosis.

My mother was visiting a friend next door to the patient and she was *more* than pleased to think “her boy” had beaten the old doctors.

When I finally settled down to practice medicine, it was in a country village in Vermont. In the spring of the year with the frost just coming out of the ground, and a very sickly time, I had a wife and five dollars in money as my capital to begin the practice of medicine. I had no money to buy a horse and carriage, so I got a four-wheeled sulky *without* any *springs*. I hired a horse and began my practice. I was not aware of it until afterwards, but nearly every farmer in town had a mortgage on it. There was no market for the farmers and very little money in sight. I had all the business two horses could do and the first four months all the money I took in was *twenty-five cents for service on a justice jury*. (Can any of you readers beat that for a hard luck story?) While in that town I learned the lesson of *self-reliance*, but it was a *hard, bitter* lesson for me. In my field of practice there were physicians of the old school and all of them were helped *financially* by their parents, but I had to *depend upon myself*. When I began to cut into their practice and *cure* cases they had *given* up my troubles began. They tried to starve or freeze me out, but I *stuck* to it. They had it *in for* me and only bided their time. I had the misfortune to lose a patient by death. Then *their* time came; they had my patient examined by post-mortem to prove that I *poisoned* the patient. “The stage was all set,” and it seemed to them that they would have me where they *wanted* me, but “man proposes and God disposes;” at the post-mortem examination was one of the *most prominent* physicians in Vermont, of the regular school. After they adjourned to the hotel for consultation, he

“told them *very plainly* that the child died from consumption of the bowels, that my treatment had *nothing* to do with the child's death.” It was very *plain* to be seen that the child died of consumption of the bowels, for the intestines were hanging in *shreds*, all wasted away.” In this scheme of the doctors I *beat* them with *one* of their *own* men, and made more *friends* than I ever had before.

While in practice in that town, I was called to visit a merchant's wife in the village. She had been examined by an old school physician in the next town, who was *supposed* to be the *source* of medical wisdom for *that* part of the country. He not only made a vaginal examination of the patient, but he passed a *sound* up in the uterus and decided that “the *womb* was *empty*, that the woman *was not* pregnant.” After I had examined the patient my diagnosis was “*pregnancy* with a tumor in the abdomen attached to the bowels full of gas.” She was taken to the Massachusetts General Hospital in Boston. After making an examination the physicians said they “*could not make a diagnosis*.” The patient was then taken back to Vermont; on her way home she stayed over night at a friend's house in New Hampshire. During the night she was taken sick, a doctor was called; the first thing *he* did was to pass a probe into the *tumor*, a lot of gas escaped, then labor pains began and in due time the child was born and again *my* diagnosis was *confirmed*. In the later years of my life I was called to see a young lady. She was the daughter of a *very* prominent family; a beautiful girl, the *idol* of her parents. Three physicians had examined her and their diagnosis was *pregnancy*. The girl was disgraced and the family heart broken. A friend of the family induced them to call me into the case. After a thorough examination of the case my diagnosis was “*fibroid tumor of the uterus*.” I put her under medical treatment and *cured* her.

See “Treatment for Fibroid Tumors of Uterus” in my Cancer Book. The reader should remember that “when the neck of uterus appears to you as *hard* as the end of your *nose*, pregnancy should *not* exist, but if appears *soft* as your *lips* the uterus most likely contains a *fetus*.” In my student days I attended lectures from four different professors on obstetrics. One of them had, at *that* time, the *largest* obstetric practice of *any* physician in

Philadelphia. He had practiced for thirty years, and *never* used the forceps in confinement. I have, in my time, had 300 cases of childbirth, but I never used the obstetric forceps or had a pair in my office. I have *passed* the age when a physician should be chloroformed, I have done the *best* work of my life *since* I was *sixty* years old. Dr. Benjamin Rush, after he had practiced medicine forty years, said he was "only a student of medicine." They say it is hard to "learn an old dog new tricks," but I try to learn some *new* ones every day. I have never studied any *harder* in my life than I am doing *every* day.

A good, old physician in New York City, *eighty-three* years old, writes me that he "has been a student of mine for the past year (in reading my article in the RECORDER)." A homœopathic physician, after he had practiced medicine thirty years and was "old and grey" in his profession, came to study with me because he realized there were *some* things *yet* to be learned about medicine. My *best* students have been physicians who have been in practice fifteen or twenty years. It takes about *that* length of time to knock the *conceit* out of a doctor and bring him to a realization of how *little* he really *knows* about *medicine*. He is then in a proper frame of mind to *absorb* information and I can then teach him *many* things he *don't* know. *Some* of our young doctors, after they graduate, *think* they know *all* there is to be *known* about medicine. For in the "bright lexicon of youth, there is no such word as *fail*." The talk of old physicians bores them, they consider them a "back number," a "has been." If you want to have medical *wisdom* handed out to you in big chunks, just listen to their chatter. When I have heard *some* of *them* talk I have been filled with *wonder* and amazement that the Almighty has allowed me to practice medicine with so *little* medical knowledge!

One of them said to me, "A doctor may have practiced medicine thirty or forty years, but his experience did not amount to anything unless it was written down in tabulated form." Verily, "Out of the mouth of babes and sucklings," etc.

Fortunately for the *credit* of our young men they are *not* all *alike*. Some of them *realize* that they *don't* know *all* there is to be *known* about medicine, and are *willing* to be taught and *ambitious* to know how to *do* things in their profession. An old

school doctor, who had practiced medicine thirty years, came to study with me. He told me when he was through with the course of study, "You have told me *very* many things I have never read of or heard of. It has been worth thousands of dollars to me." If you make a practice of learning *one* therapeutic fact *each* day, that will be 365 in a year.

That adds just so *much* to your medical knowledge. What you *know* about medicine is your *working* capital. A doctor writes about a physician that is cutting into his field of practice, curing some of his patients. He wants to know "how he can get the best of the *other* fellow?" If it was my case I should find out what remedies the *other* fellow uses and *use* them as *he* uses them and thus "*beat* him at his own game." I would try to do *all* that he did, and just a *little bit better*.

CONCERNING THE POSSIBILITY OF VACCINATION AGAINST THE EXANTHEMATA,

Editor of the HOMŒOPATHIC RECORDER.

Dear Doctor:

In regard to your comment on my editorial, "The Possibility of Vaccination Against the Exanthemata," I can only state my personal opinion as favorable to the deliberate establishment of a "dwarf" disease corresponding to any prevalent and serious human infection, provided that experience showed the same general lack of danger and the same efficiency as for vaccinia which corresponds to variola. However, as stated in the editorial, there is, so far as I can learn, no other known analogue, and there is not likely to be a close analogue except for infections due to low forms of animal germs. The exanthemata were specially considered because their germs are not known, and, therefore, may be similar to the protozoon fairly well established for variola and vaccinia. Most other infections have known germs, either bacteria which are obviously not susceptible to such modification of life cycle as is held theoretically for vaccinia-variola or animal parasites for which the circumstances are such as to preclude the probability of similar modifications or to render direct therapeutics superior to prophylactic inoculation, for instance, in syphilis.

From the practical standpoint, typhoid vaccination and the prophylactic use of diphtheria antitoxin, are somewhat analogous to antivarioral vaccination. I do not feel, however, that the last word has been uttered as to these two diseases, and in neither case can it be said that a dwarf disease has been established. So far as I know, there are no other common infections to which the administration of germ products, as a strict prophylactic for general use, has been established, by evidence which can be considered sufficient.

I can very readily understand how any individual practitioner of medicine may hold views differing from those of others, even of the majority. For example, while I believe in the use of diphtheria antitoxin, I consider that a good deal of the improvement in death rate under its use, as compared with earlier forms of treatment, is due to the inclusion of very mild cases in series established by bacteriologic tests instead of clinical symptoms. But I do not comprehend how, as the editor of a homœopathic journal, you oppose vaccination, either in the limited or a broader sense. The modern conception of an infectious disease seems to me the logical scientific development of Hahnemann's itch-mite theory. The treatment by germ products is literally *similia similibus*, it illustrates the idea of drug proving, it is an extension and not a distant one, of nosodes, it is in accordance with the general principle of seeking a remedy in the environment of the cause and comes close to exemplifying the old jest of using the hair of the dog that bites you, which really refers to the same principle. The development of successive germ-culture is somewhat analogous to the development of potencies and the size of the dose of the active ingredient employed is so much less than that of any ordinary drug employed by the old school of physicians that it conforms reasonably well to the original homœopathic idea. Of course, this is the point of view of an outsider, but it seems that vaccination is in accordance with every homœopathic principle and that, if any difference exists, it ought to receive its warmest support from this body of the medical profession.

Sincerely yours,

A. L. BENEDICT,

Editor *Buffalo Medical Journal*.

Buffalo, N. Y., Jan. 25, 1916.

THE TREATMENT OF PNEUMONIA.

Editor of the HOMŒOPATHIC RECORDER.

After reading Dr. Walter Sands Mills' statement concerning pneumonia and its treatment, I thought the report of a few cases, which have come under my care, might be interesting to some of your readers.

In 1873, the latter part of November, I was called to see a young man, nineteen years old, suffering from a very severe case of lobular pneumonia of the right lung. All three lobes were involved. Temperature, 105.5°; pulse, 135, and very full; tongue, very dry and red; drinks water freely, but swallows with difficulty; very delirious; his bowels were very loose; urine scant and very high colored; abundant rust colored sputum; cold feet and hands.

This young man had lost his father, mother, two sisters and one brother with tuberculosis and he was very dissipated, and had laid out three cool November nights. He had been sick three or four days before I was called. Treatment *Ver. vir.* 1x and *Phos.* 3x. The next day, the same treatment was continued. On the third morning I found him much worse and the delirium was active and hepatization extensive. He now received *Bell.* 2x and *Phos.* 3x in alternation every hour; 20 drops of *Bell.* and 20 drops of *Phos.* in separate glasses; a teaspoonful for a dose. Cold pack was applied to his chest and changed as often as it got warm. It looked very bad, and not much hope was entertained of his recovery. When I got home I took Baehr's practice as my consultant. He says that *Bryonia* 6x and *Phos.* 6x, given alternately, every hour, will often save apparently hopeless cases. So I went to see him again that day, administered these remedies, at the same time continuing the cold pack.

The next morning I found my patient much improved and he went on to a complete recovery.

Case 2. Miss C. M., aged 21, one of our finest public school teachers. A very severe case of typhoid-pneumonia. Temperature, 105.4°; pulse, 138, and very strong; tongue very dry and red; great thirst; face, deep purplish red; eyes staring; very delirious; severe cough with an abundant bloody sputum; urine

highly colored and scant in quantity. Treatment, *Bell.* 1x, 20 drops in a glass half full of water, and *Phos.* 3x, 20 drops in a like quantity of water. Dose, one teaspoonful every hour in alternation.

The next morning symptoms about the same, and the same treatment continued. In the evening, face not so deep red, delirium same, pulse 130 per minute and very full; sputum becoming rust colored and very abundant; temperature, 105.6°; *Ver. vir.* 1x was substituted for *Bell.* and a cold pack was applied over the whole chest, at about 2 o'clock A. M. Saw her again early in the morning and found all of her symptoms modified. Pulse, 120; temperature, 102°; sputum less abundant; delirium, much less; drinks frequently large draughts of water; tongue, yellowish-white, and less dry; bowels moved normally; urine lighter colored and more in quantity. Treatment, *Bry.* 2x and *Phos.* 3x, in alternation, every hour. Cold packs continued.

From this time on, under these remedies, this patient made a fine recovery.

Case 3. E. H., aged 3 years. This child had been sick three days when I was called. I found her very sick with broncho-pneumonia. Both lungs involved. Temperature, 105°; pulse, 150 per minute; respiration very rapid; each breath accompanied with a groan; cough very hard; very thirsty; sibilation very intense in the upper lobe of both lungs; tongue very dry and red; bowels, not very free; rolling of her head and eyes closed.

Treatment, *Aco.* 2x and *Bry.* 2x, in alternation, every hour. This treatment was continued for three days with little if any mitigation in the severity of the symptoms. I now substituted *Bry.* 30x for *Aco.* and gave *Phos.* 30x, in alternation, with *Bry.* every hour, and applied the cold pack to her chest. To our great satisfaction, an improvement set in and she went on to a speedy convalescence.

Case 4. Mrs. M. D., aged 89. A case of broncho-pneumonia. Severe cough; abundant bloody sputum; temperature, 104°; pulse, 125, and full; quite delirious; bowels constipated; urine highly colored and but little of it; tongue, very dry and coated yellowish-white; great thirst; the right lung and bronchi extensively involved, and she was very restless.

Treatment, *Bry.* 1x and *Phos.* 3x, in alternation, every hour. *Arsenicum* 2x, evening and morning. This case progressed slowly to the stage of gray hepatization; the sputum assuming a purulent character lightly streaked with blood, and became very abundant. The temperature, 102°; pulse, 100, and but little delirium. She now received *Cal. carb.* 3x and *Sang. cani.* 1x, in alternation, every hour, and *Ars.* 2x, morning and evening. The cough continued for two weeks, gradually losing the puriform character and becoming mucous in appearance and finally ceasing when my patient became convalescent, and lived two years in comparatively good health, and then died of pneumonia caused by a severe cold.

I am partial to cold packs for all young subjects.

Fraternally yours,

W. VAN R. BLIGHTON, M. D.

North Tonawanda, N. Y.

THE POWER OF SUGGESTION.

Editor of the HOMŒOPATHIC RECORDER.

My driver, an old Virginia darkey, was one of the happiest, cheerful and reliable men ever employed by me. He was quartered in a comfortable room in my stable, adjoining an alley inhabited by colored people. Naturally, my old John made acquaintances there and specially in a family directly opposite my stable. Suddenly I found old John morose, depressed, entirely changed—and though I urged him to tell the cause of this, he remained silent for a long time, until one day he informed me he would have to leave me and confessed “that Mrs. P. had put a spell on him, had ‘conjured’ him.” All reasoning and arguments failed to convince him of the absurdity, so I concluded to apply the law of S. S. C. to his case. I assured him I had the power “to bust that spell all to pieces.” In the evening I gave him two packages of pulverized charcoal, with which he was to make a cross on Mrs. P.’s doorstep, just as the bell struck 12, midnight. If this was carried out faithfully the charm would be broken. John was overjoyed and nervously awaited the hour for his liberation. He carried out the directions carefully and the next morn-

ing and thereafter was the same happy and cheerful creature of before.

R.

Washington, D. C., Jan. 4, 1916.

LACHESIS AND BRYONIA.

The *Chironian* reports the discussion of several remedies at the last meeting of the State Society from which the following is culled:

Dr. Glen I. Bidwell, author of *How to Use the Repertory*, said that among the peculiarities of *Lachesis* is burning pains in the feet. Sensitive to light pressure, even of the bed clothes. Patient may awake coughing. It is a "hot" remedy.

Dr. W. H. Dieffenbach said that with symptoms of flushes and nervousness give *Lachesis*, but if patient feels cold give *Bryonia*, which is a chilly remedy.

Dr. J. S. Barnard remarked that sometimes a patient complains of burning in the head yet the thermometer will not show unusual heat; or a smothering sensation all over; possibly the beginning of sepsis; these need *Lachesis*.

Dr. W. B. Gifford said that the tincture of *Bryonia* and of *Grindelia*, in water, applied externally, proved efficacious in cases of obstinate rhus poisoning.

Dr. Bidwell related a pneumonia case where patient was delirious, talking of school days and wanting to go home. Also, Dr. B. B. Clark told of the sequel of a gripe case, where patient could not rest at night because of constant figuring. *Bryonia* gave quick relief in both cases.

This may apply to any idea that constantly haunts the mind when trying to sleep.

TURPENTINE AND CROTALUS.

"Outside of my profession, I am connected with an institution to which I devote Tuesday evenings. One of my patients had been recommended to take turpentine for worms. One of his neighbors told him that he had worms, and had better take it; and he did so. A few hours afterwards, he had a hæmor-

rhage from the bladder, which was intense. They brought him to my office; and, not finding me there, they went to an old school physician, who gave him some medicine. What it was, I do not know; but the result was that when he got home, he was almost in spasms from excessive pain. He felt that he could not stand it any longer; and his brother-in-law became so frightened that he came down and hunted me up. I was just going home. He said, "Doctor, we will have to have some medicine, or you will have to come over." I said, "I am too tired to go, but, what is the case?" He replied, "I think it is poisoning from turpentine." I prescribed *Crotalus*, and asked him to report in the morning, if the patient was not better. He was better of the pain, but the hæmorrhage was continuing, and was excessive. It always came following the urine, so I felt confident that the trouble was in the bladder; because the urine passed first was clear, and then the blood followed. I went there and examined the patient very carefully, and made up my mind that, in addition to the poisonous effect of the turpentine, he had another condition. I asked him some questions, and he said that he had always had trouble in checking hæmorrhages. I concluded that *Crotalus* would be likely to reach the condition, and gave it in the 12th potency. After the first dose he improved; and within twenty-four hours the hæmorrhage had ceased and the bladder had come to a normal condition.

"That is one of the characteristics of this drug; and I felt confident, before he had taken the first dose, that it would cure the case. I am a believer in homœopathy, and think that we are chasing too many rainbows. We are reaching out after things that are not to be, when we have them right in our hands. I am not a scientific man, but a trained homœopathic doctor, who has learned the old style of prescribing, which I carry out in all my work."—*Dr. Rayner, Penna. Trans. Hahn. Monthly.*

WHO'S WHO IN MEDICINE ?

What constitutes a "regular practitioner?" Does the fact that I am also a graduate of an Allopathic college make me any more a "regular practitioner" than I was before I received its diploma? The inference that only Allopaths are "regular practitioners" is

a gratuitous insult that they have freely peddled out to Eclectic and Homœopathic practitioners for "lo, these many years." Possibly Leonard Keene Hirshberg, the publicist, who heads his effusions in the public press with his picture and his A. B., M. A., M. D., (Johns Hopkins), is the true type of a "regular practitioner?" If so, and the following from his pen, clipped from a daily newspaper, is a fair sample of the goods displayed, then I, for one, am glad that there is a separatist school with which I may identify myself; it reads: "Nowadays, all the wise who know, say: 'Use the knife first, physical measures next and drugs never, or at least, last.'" If this is the voice of infallible scientific authority, small wonder that the laity are losing faith in us and deserting us for Osteopathy, Chiropractic, Christian Science, Weltmerism and Apostolic faiths. Candidly, the wise who know—in fact, any who have had any practical experience, say: "Such vaporings are the veriest drivel," still it is spread abroad in the land as "education" and is given credence because of good repute of Johns Hopkins. More shame to Johns Hopkins.—*Dr. H. C. Smith, M. D., Glendale, Cal., in California Eclectic Medical Journal.*

Good Brother Taylor, of the *Medical World*, editorially gives instruction on how to prevent grippe. Here is an extract: "Epidemic sickness to a large extent becomes engrafted upon an organism already more or less debilitated by overwork, loss of sleep, lack of food, poor cooking, bad hygienic conditions lack of ventilation, dusty atmosphere, obnoxious and distressing odors, excessive indoor heating, inactivity, dissipation, etc. What we must do is to instruct our patients in the avoidance of these conditions and to build up a healthy physique that will carry its own immunity." Good advice and possible to follow in Utopia.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

OUR CONTRIBUTORS.

In this number our contributors include Dr. Grant Houston, surgeon, Joliet, Illinois, and Dr. C. T. Hood, internist, Chicago.

THERAPEUTIC NOTES.

The Test for Renal Function.—Dr. Grant Houston, of Joliet, says :

"I spent some time at Baltimore a few years ago under Geraghty, Roundtree, Young and other men in the urology department and have had quite a large experience with the sulphone-phthalein kidney function test in my surgical work, particularly in prostatic cases, and while I appreciate the fact that the profession is somewhat divided on the value of this test I am absolutely positive it has helped me to save the lives of several patients. I believe it is a trustworthy indication not only of the general function of the kidney, but as an index to the patient's resistance. I saw two old men, one seventy-four and the other seventy-seven, last Sunday in Dwight, Illinois, on whom I had operated for prostatectomy, both of which were very forbidding cases. The kidney function test notified me of their condition and I followed up their general treatment until the function test became favorable, after which we did their work and they are both alive and doing well. Another old man was brought to me to have his work done by another physician from another town and they had planned to operate in a day or two. When he came under my care we made the function test and found only 3 per cent. elimination in two hours. This man was then put on special treatment, diet, etc., for over two weeks, at the end of which time the function test indicated over 70 per cent. We then operated and the old gentleman went home completely well.

"I find that the value of this test is particularly great in the handicapped patients and all prostatectomy work is in handicapped people. They are at the wrong end of life for a great deal of abuse and the character of the work is in a filthy field. Young is one of our very successful men in urology work who still clings to the sulphone-phthalein test in his clinical work."

To What Extent Is a Heart Damaged?—Dr. C. T. Hood, of Chicago, answers this question as follows:

"If the murmur is well defined and the first sound of the heart as heard at the apex, not replaced by the murmur, and the apex is only a little to the left of the nipple line and the pulmonic second is little accentuated, no dyspnoea is present and the pulse fair, the lesion is slight. If the murmur is soft and blowing in character and wholly, or to a great part, replaces the first sound at the apex, and the apex is well to the left of the nipple line or even in or beyond the axillary line, the pulmonic second distinctly snappy, the lesion is a severe one. If the murmur is soft, the pulse small and irregular, the finger nails, and often the fingers, blue and cold, the apex impulse tappy, and the second sound at the apex lost and dyspnoea present on slight exertion, the case is one of combined regurgitation and mitral stenosis, whether the presystolic murmur or roll of the stenosis is heard or not.

"It is to be borne in mind that it is not the amount of hypertrophy present that means perfect compensation, but how well is the normal standing of the circulation being maintained. As a rule, a great amount of hypertrophy means a severe lesion and a small amount a lesion of less extent and gravity. The management of this particular class of cases is, first, forbidding overtaxing of the heart. His watchword is "Go slow. Take things easy." Avoid excesses of all kinds. Look after the digestion and bowels, observe regular habits of life. Such cases should be impressed with the importance of reporting to their medical adviser every so often where the condition of pulse, heart's action and pulmonic second is to be noted. If the patient is complaining of cough, inability to lie down and dyspnoea on exertion with or without edema of the feet and legs and scanty urine, compensation is ruptured to a greater or less degree."

CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D.

The Urine in Pneumonia.—The writer has not seldom referred to him the urine of patients suffering from pneumonia, on account of the finding of albumin by the attending physician. It is interesting to observe that in elderly patients who at first show but little of the so-called "typical" symptoms the urine findings are characteristic of pneumonia early in the course of the disorder. Almost the first thing to be noticed is the high per cent. of urea which in some cases also is increased in total amount even though the patient be eating little or nothing. Another feature is the occurrence of coarsely granular casts which may be very numerous as the disease progresses even though the albumin remain only a trace.

The following report of analysis illustrates beautifully the condition of the urine in a case of pneumonia, occurring in an elderly man, before the crisis:

Volume in 24 hours, 500c.c.

Color, increased, reddish.

Odor, slightly increased.

Acidity in terms of decinormal sodium hydroxide, 116 degrees.

Specific gravity, 1029.

Urea, per cent., 3.7. Urea, total, 18.50 grammes.

Ammonia, per cent., 0.143. Ammonia, total, 0.7 grammes.

Phosphates, per cent., 0.52. P_2O_5 , total, 2.6 grammes.

Chlorides, per cent., 0.059. Chlorides, total, 0.3 gramme.

Ratio of urea to chlorides, 62 to 1.

Indican moderately increased. Traces of albumin. Plenty of large coarsely granular casts.

The above report is exceedingly interesting showing as it does such a high per cent. of acidity, urea, and phos. acid, with such a low per cent. of chlorides. In such a case the diagnosis of pneumonia can almost be made without seeing the patient.

In another case of pneumonia the specimen of urine obtained showed five per cent. of urea.

Leptothrix in Urine.—The writer has recently demonstrated the presence of extremely fine hair-like threads in urine which

resemble the leptothrix organism. It must not be forgotten that patients occasionally spit into chamber vessels in which urine is being collected and that such moulds as leptothrix found in urine may really come from the mouth.

Early Diagnosis of Renal Tuberculosis.—The writer in conjunction with Dr. J. A. Toren, of Chicago, is making a study of the early recognition of renal tuberculosis. The urinary features are traces of blood and a few renal blood cells, irritability of the bladder, and polyuria, while the blood analysis shows leucopenia and relative lymphocytosis. Details of the diagnosis are to be found in the writer's paper, "What Modern Urinology Can Do for the Surgeon."

Beware of the Fat Man!—In this same paper the writer has warned surgeons to beware of the fat man who sits in an office all day and rides to and fro in an automobile over smooth pavements. Such a man may have a pain in the loin suggesting appendicitis, but the real trouble may be renal calculus. The writer suggests before operation for appendicitis that the patient be made to exercise and the urine voided after such exercise be examined for traces of blood and renal red cells.

Negative Urine Findings in Calculous Diseases.—It is a fact that the urine of a patient at rest may show no evidence of the presence of stone and the case may be mistaken on account of pain for appendicitis. In one instance a patient passed a small oxalate calculus in the urine voided for examination in the writer's office and yet no evidence of stone, except the stone itself, could be found. Had this patient been put through vigorous physical exercises before calling upon the writer it is likely that red cells could have been found in the urine.

The Diabetic Diet.—In considering the diabetic diet first arrange the various vegetables, fruits, etc., into the class of materials which contain five per cent. of carbohydrates or less. These are cauliflower, lettuce, spinach, tomatoes, rhubarb, sauerkraut, string beans, celery, asparagus, leeks, beet greens, watercress, cucumbers, Brussels sprouts, sorrel, endive, dandelions, radishes, pumpkin, kohlrabi, broccoli, vegetable marrow, sea-kale, Swiss chard, egg plant, cabbage; of the fruits, olives, grapefruit; of the nuts, butternuts and pignolias. Clams, oysters, scallops, liver, fish-roe and sour pickles are included in this five per cent. class.

In cases where there is trouble with the tolerance the boiled vegetables may be cooked three times.

The ten per cent. list—or as some put it the eight or more per cent.—includes the following: Onions, beets, turnip, squash, carrots, okra, mushrooms; lemons, oranges, cranberries, strawberries, blackberries, gooseberries, peaches, pineapple, watermelon; brazilnuts, black walnuts, hickory nuts, pecans, filberts,

The fifteen per cent. class includes parsnips, lima beans, artichokes, peas; apples, pears, huckleberries, apricots, blueberries, cherries, raspberries, currants; English walnuts, almonds, beechnuts, pistachios, pinenuts.

The twenty per cent. list includes: Macaroni, rice, corn, baked beans, shelled beans, and potatoes; also bananas, plums, and peanuts.

Chestnuts figure in a forty per cent. class by themselves.

Requirement By Calories.—The patient, when completely at rest, requires only 25 to 30 calories per kilogram (2.2 pounds) of body weight. Every gram of carbohydrate food he takes gives him four calories, every gram of protein four calories, of fat nine, of alcohol seven. Oatmeal affords approximately 110 calories, uncooked meat 40, cooked meat 60, butter 240, one egg 75, cooked bacon 155, bread 90, one grapefruit 40.

According to Joslin the amount of food required by a severe diabetic patient weighing 60 kilograms (122 pounds) is as follows: 10 grammes of carbohydrate, 75 of protein, 150 of fat, 15 of alcohol yielding respectively 40 calories, 300, 1350, and 105 or a total of 1795 calories.

The Pituitary Body in Diabetes.—Considerable interest is now manifested in the relation of the pituitary body to diabetes both insipidus and mellitus. For example, Motzfeldt, of Christiana, reports three cases of diabetes insipidus measurably helped by the extract of the posterior lobe of the pituitary and Fry, of London, declares that definite histological changes occur in the anterior lobe of this same pituitary body in diabetes mellitus.

BOOK REVIEWS.

AMERICAN MATERIA MEDICA, THERAPEUTICS AND PHARMACOGNOSY. By Finley Ellingwood, M. D. 564 pages. Cloth, \$5.00. Published by Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.

The pages of this handsome book are more than 8vo., being about 10 x 6½ in. The paper, binding (cloth) and press work are good. Professor John Uri Lloyd contributes a chapter on Pharmacy and Pharmacognosy. Just here we might mention that the title page covers much more than we have given—we but indicate the work's main title. Seventeen years have elapsed since the first volume, or edition, of this book appeared and this one represents the discoveries, or advances, since that time. The aim of the author has been "that the work shall be at once recognized as highly authoritative in every practical particular." In the "Contents," after a number of sections devoted to "vaccines," "hermones," "Schuessler" and other things, the drugs treated in the body of the book are divided into ten "Groups," the first being "Sedatives and Depressants" and the last "Agents Acting Upon Micro-Organisms and Parasites." From this it will be seen that the remedies do not follow each other in alphabetical order. In the first chapter of "Groups," we find *Gelsemium*, *Aconite*, *Veratrum*, *Bryonia*, *Rhus tox.*, followed by six other chapters in this group, while "Group X" has two chapters on "Agents Acting on Micro-Organisms and Depressants." The "Index of Remedies" covers over ten pages, set in what looks like six-point type and embracing somewhere near 1,800 names, though some of these, no doubt, are but synonyms. After this is an "Index of Diseases" running from page 519 to page 564, which completes the book. In this Index each disease, or condition, is named in black letter type, while the remedies that may be prescribed for it follow in alphabetical order. So much for the book. If you want an eclectic materia medica, this is the latest, fullest and completest.

The eclectic materia medica and the homœopathic run side by side in a general way in the matter of broad indications, as, for

instance, the small, hard pulse, hot dry skin and other keynotes of *Aconite*, but the eclectics, like the older school, stop with the "tenement of clay" and ignore the human being who temporarily inhabits it. In other words, studying the mentality of the patient in connection with his physical signs, pain for the indicated remedy does not enter into their system, yet it, with cause, constitutes the higher realms of therapeutics.

However, this has nothing to do with Dr. Ellingwood's excellent work from which every homœopathic physician can obtain really valuable points on the use of drugs.

A SURGEON'S PHILOSOPHY (To-Morrow's Topic Series). By Robert T. Morris, M. D. 581 pages. Cloth. Doubleday Page & Company. Garden City, N. Y. 1915.

This book, be it premised, is not the philosophy of the American College of Surgeons, but the philosophy or, "a working religion of my own," that of the author's. As a god is essential to all religions, save that of the modern and advanced man, it may be interesting to quote a part, at least, of Dr. Morris' god:

The conception of a personal God is constructively fanciful. God is a practical working model of nature, placed in the minds of different races of men in order to spare them the trouble of trying to comprehend the whole of nature. Nature placed the idea of a personal God in the mind of man as a working library of herself. * * * We have really needed Theology in our great civilization up to the present time. * * * I would no more do away with the idea of a personal God than I would do away with the idea of fairies for children.

This last, the allusion to children, causes "Nature" to bring to mind the sometimes spoilt children of the rich; and to unconsciously associate them with the children of modern medical science who are so rich in observations of facts which they do not know what to do with and petulantly fling away the wisdom of the ages. Their gods are the microbes, more numerous than the dust of the earth—did not Dr. Morris practically say so in *Microbes and Men*? Yet they stew and brew their gods into a medicine to fight their own acts, that is, the acts of the gods. As they so maltreat their deities, they must be the superiors of the dieties and this is the terminus of their religion. It is not as impressive as the flames and thunder on Mount Sinai; in fact,

to the skeptic the new theology is somewhat amusing. "Our God," writes the genial Dr. Morris, "may be one of a billion Gods." Also: "As a matter of fact every man has his own God." If the reviewer were a member of our good author's church we would move an amendment: *Resolved*, That every man is his own God, and the one who can lick the others is chief.

However, aside, from the new theology, the book is full of sparkling wit and sanity. If the Rockefeller could discover a microbe killer, for which the great Texas scientist, Radam, sought that would put a quietus on Morris' theology, we would most heartily commend the happy philosophy of the book. "One gets to note the individual character in trees just as he notes the individual character in animals." A bit like that warms one's heart.

PAINLESS CHILDBIRTH. ENTOCIA AND NITROUS OXID OXYGEN ANALGESIA. By Carl Henry Davis, A. B., M. D., 134 pages. Cloth. \$1.00. Forbes & Company, Chicago. 1916.

Dr. Davis is associate in obstetrics and gynæcology in Rush Medical College. He says: "There is no logical reason why woman should suffer during labor." Also: "If labor is a purely physiological process it should be free from pain as are other physiological processes." What about "cutting teeth?" However, this little book is a plea for the use of nitrous oxid oxygen, and the man who buys it must decide on its merits, though in view of the fact that millions are born where the gas is unknown, nor neither is "twilight sleep" it looks as if labor requiring such things is an acquired habit of our "civilization."

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EDITORIAL NOTES AND COMMENTS.

That Missing Name.—The paper headed “A Comparison of Rhus tox., Bryonia and Ruta grav., in Acute Rheumatism,” page 590, December, 1915, RECORDER, to which no name was attached was contributed by Dr. Alexander C. Hermance, 767 St. Paul street, Rochester, N. Y., whose excellent papers have helped to make this publication a sound and sane homœopathic journal.

Boiled Milk.—A year or so ago the London *Lancet* printed a communication detailing the results of feeding kittens on raw and heated milk. Those fed on the raw milk thrived while those fed on the milk that had undergone the germ-killing process died, apparently, from malnutrition. In the *American Journal of Diseases of Children*, Jan., quoted by the *Journal A. M. A.*, reports of somewhat similar experiments are made, by Drs. Daniels, Stuessy and Francis. In brief, the rats they fed on boiled milk never reached more than half their normal size nor was there any reproduction among them. The health boards of this country have spent a great deal of money, and compelled others to spend still more, in killing germs in milk, yet, according to these experiments, the results must have been distinctly harmful. Disease bearing milk is not made wholesome by Pasteurizing or heating, while wholesome milk is deprived of its nutritive qualities by the process.

Emetine.—The medically scientific world has adopted this drug with enthusiasm. It has become, like its predecessors, a cure-

all. Still Dr. H. H. Dale, *British Medical Journal*, Dec. 18, sounds a note of warning on "Chronic Poisoning by Emetine." He experimented with the drug on cats and rabbits. In cats the effect was lethargy "deepening to a terminal coma," while the rabbits experienced "a profuse diarrhœa, attended with rapid evacuation." Dr. Dale is quite apologetic, but thinks there is grave danger in pushing emetine beyond "the limit," which seems to be an uncertain line. It is a bit curious that our scientific brethren should go pell-mell after a new drug on faith alone, seeing that they are scientific, or say they are.

Tetanus in the Russian Army.—A Russian medical journal, *Russkiy Vrach*, reports that out of 66,110 wounded Russian soldiers, in a given period, only 95 suffered from tetanus, and of these 74 died from it. Probably few of these men received prophylactic doses of anti-tetanus serum. Yet this record is better than that of places where it was freely used. The same abstract (*J. A. M. A.*) says of the developed cases, "No benefit could be detected from treatment with anti-tetanus serum."

A Typhus Problem.—W. Whitchurch Howell, F. R. C. S., writing to the *British Medical Journal*, of "Typhus in Serbia," says, among other things: "The majority of patients were Austrians, and, as Professor Morrison pointed out recently, the mortality amongst them was noticeably greater than among the Serbs, owing probably to their being prisoners, of poor physique, and not accustomed, like the Serbians, to live on 'pork and beans.'" The text-books tell us that no specific germ has yet been discovered for this disease, yet it is a very terrible reality. According to Dr. Howell's note, quoted, it results from present and previous conditions. Is it not reasonable to surmise that other diseases for which a germ has been discovered may not follow the same course as to origin? That the germ is a secondary factor in the etiology of the disease? To say that a given disease is caused by a swarm of little organisms, and not by conditions, seems to be irrational. Perhaps not, but it seems so.

"Purely Selfish."—Good Dr. H. G. W., who edits *The Long Island Medical Journal*, writes that there seems to be more ty-

phoid in the Borough of Brooklyn this year than usual; that the number of virulent cases are unusually large and that those who have been immunized by vaccination are not exempt. In speculating as to the cause of this the *Journal* says that the dose may not be large enough, or repeated as often as it should be; that there may be those in whom even partial immunity cannot be induced by less than six or seven doses; that there may be those in whom immunity is of the briefest duration; that "it is perfectly evident that the longest period" of immunity "does not exceed three years;" that the fault may lie in the vaccine; that could the vaccination be enforced the disease would be rapidly stamped out and that opposition comes only from those "whose point of view is purely selfish." The child-like confidence displayed in this and similar writings is in itself, as confidence, admirable, but it is difficult to see why those who have it not are selfish.

Real Science in Medicine.—S. Arrhenius, Ph. D., M. D. LL. D., F. R. S., has written a book, *Quantitative Laws in Biological Chemistry*, which, if accepted, will necessitate a long additional course of study in our medical colleges, a very long course, namely, higher mathematics. Concerning this book (London. G. Bell & Son) the *British Medical Journal* says:

Eighteen months ago Dr. Svante Arrhenius delivered the Tyndall lectures at the Royal Institution, choosing for his subject the mathematical treatment of biochemistry. He has now amplified these lectures, and published them in the form of a book containing six chapters. These are cast in the rigid lines of physical chemistry, and deal with various aspects of chemical reactions and chemical equilibrium in their particular applications to the living body and immunization. The author is at pains throughout to show that life is after all a matter of mathematics, and that living processes, like the processes of inorganic nature, are amenable to mathematical treatment by means of graphical representation, logarithms, coefficients, integration, and the like.

In the language of the ungodly, the author has "seen" scientific medicine and "raised" it.

Concerning Heredity.—One of the big medical journals, one that expounds the medical law and gospel, recently had a long editorial on "The Effects on the Offspring of Lead Poisoning in the Father." The conclusion is that it is so bad on the babies that something will have to be done to stop it. There is no in-

tention here of disputing the argument, but the question arises, how do they agree with the statements by the same expounders that heredity plays no part in disease? The old idea was that certain diseases ran in families, but that was hooted out of respectable medical society for, if true, it upset the microbe end of things. Yet here, in the editorial mentioned, it is said that the lead disease does affect the offspring; then so does degeneracy; and, so, why not tuberculosis, cancer, gonorrhœa, syphilis and all other diseases? In other words, back to the starting point.

A Handy Booklet.—The American Protective Tariff League has just issued a unique pamphlet, entitled "Roster of the Sixty-Fourth Congress," which will be useful to every person who wishes to communicate with any member of congress. The pamphlet also includes letters of approval of the Tariff League's work from a large number of Congressmen and practical business concerns. We presume a free copy will be sent on request, even to a free trade man. The address is 339 Broadway, New York City.

Medical Terms.—The following is clipped from a paper by Dr. A. Rose, of New York, in *Pacific Medical Journal*, in which he deals with the blunders made in the use of learned terms. However, as no one seems to know the difference the high sounding verbal freaks answer the purpose for which they are used. Dr. Rose is by nativity a Grecian:

Fact is the nomenclature of the Royal College of Physicians of London is exactly as unscientific in regard to many terms as the American nomenclature and it is impossible to understand why American physicians should accept barbarous terms given by ignorant Englishmen instead of correcting here in America the errors in our own nomenclature. This suggestion therefore is not to be taken seriously, but as long as our Committee on Nomenclature is composed of members who do not distinguish Greek and Latin, who do not know the meaning of many words derived from classical languages, the Committee itself is not to be taken seriously.

"Treatment of Scarlatina."—A list of medicines that may be required in the treatment of scarlatina if conducted according to Modern Methods is given in an allopathic exchange. The list includes quinine, urotropin, antidiphtheritis serum, silver nitrate, Loeffler's solution, guaiacol, iodine, menthol, eucalyptol, calomel,

salines, digitalis, strychnine, camphor, ammonia, atropin, theobromine, sodio-salicylates, theophryllin, elaterin, epsom salts and chloral hydrate, besides accessory measures. This treatment, together with the disease, must be quite an experience, for the surviving sufferer to look back on.

"Typhoid Following Typhoid Vaccination."—This is the heading of an editorial in the *Journal A. M. A.*, caused by the fact that three students at Delaware College, Newark, Del., came down with typhoid after they had been vaccinated against that disease. The *Journal* concludes the editorial as follows:

It is plain that instances of this sort are employed to discredit the practice of typhoid vaccination, and it is much to be wished that all such occurrences should be investigated and a careful statement of facts placed on record. Newspaper reports of such happenings which reach us from time to time, and the experience recently described by Sawyer, show the need for all the information we can obtain regarding the practical application and value of antityphoid inoculation.

The editor should have added that the investigation should not be conducted on the assumption that the practice is a fixed medical star. It should also include a careful study of the after effects on the people, remembering the fact that the internes and nurses of the French hospitals threatened to strike if the practice was forced on them.

Appendicitis.—A correspondent of the *British Medical Journal* (December 25) writes a short note concerning nine cases of appendicitis that came under his care at Sitiawan, Lower Peak. Five of them called for immediate operation but "the illiterate coolie classes always dread the knife," and all thoughts of operating had to be abandoned. All recovered except a fifteen-month infant who also had generalized peritonitis. This leads the correspondent to conclude that the fact "justifies the opinion that even seemingly hopeless cases might at times do well under proper medical care and treatment."

Ethics.—As the newspaper stories go there was a doctor recently elected to the Presidency of a State Society, "regular." Afterwards it was discovered that for years he had carried a card in his local paper, which probably reached to near the borders of

his county, which informed the people that he was a "specialist" in a certain ill—nervous, if we remember right. Well, when this was discovered he was deposed from his office and expelled from the society for unethical conduct. Perhaps the society did right, for we know nothing of the underlying facts, but, on the surface, it seems a bit rough to jump on a man, a country doctor, for a card in his county paper announcing the fact that he made a specialty of, say, "nervous diseases?" This, to be sure, is treading on very delicate ground; but, for all that, and in despite of ancient tradition, would it not be a benefit for the public to know of a man who can cure "nervous diseases?" If he cannot do it—why, there's the rub, that makes calamity of an advertising doctor, and of the others. And, again, there arises the old Scriptural injunction about letting your light shine! Taken as a whole, the RECORDER feels that it is too big a problem for it to tackle.

Right in line with this, the *N. Y. State Journal of Medicine* tells of a case where the member of a state association and of the A. M. A. was expelled for "fee splitting." It adds, "the practice immediately decreased in all parts of the state." Is not the man who "splits" his fee also guilty? And were not the others "in all parts" equally culpable? Our readers can settle it.

To Make Men "Good."—Here are a few of the "blue laws" once in force, as quoted by Dr. J. E. Roberts:

"No one shall be a free man or have a vote unless he is converted and a member of one of the churches allowed in the Dominion."

"No food or lodging shall be offered to a heretic."

"No one shall cross a river on the Sabbath but an authorized clergyman."

"No one shall personally cook meals, make beds, sweep house, cut hair, or shave on the Sabbath Day."

"No one shall kiss his or her children on the Sabbath or Fasting Days."

But their soul goes marching on at every meeting of the state's legislators.

Protect the Toads.—F. M. White, in *Our Dumb Animals*, re-

lates how his garden was freed from insects, that were his despair, by toads. One was accidentally killed. Its stomach was opened. "There were cutworms, caterpillars, thousand legged worms, beetles, cockroaches, sow-bugs, cabbage worms, moths and cucumber beetles. A snail and a slug an inch and a half long. All told we counted forty-six noxious insects, besides flies and a few small bugs." White made a little artificial pool in his garden and soon toads were plentiful, and his vegetables flourished as never before.

Recently Graduated, Attention.—"The late Dr. Thomas F. Rochester used to paraphrase Benjamin Franklin's proverb thus: 'Keep your office hour and your office hour will keep you.' And we want to urge on the younger members of the profession that the keen competition of an over-crowded profession necessitates close attention to duty rather than emulation of the habits of business men."—*Buffalo Medical Journal*.

This reminds us of a group of men we recently met at a luncheon. There was a master builder, a skilled building material man, a real estate man, a merchant, a college man and the RECORDER man. The common opinion of these experienced men was that there is too much college education and not enough of the practical, of that which is learned in the shop. If these employers of men find this to be so in their vocations, is it not true in medicine? About ten years of class room theory is now required by the medical powers, with a bit of hospital work, which is a very different thing from the actual experience in private practice. This brought up the question in the RECORDER man's mind: Was not the old plan of a species of apprenticeship to an experienced practitioner, mingled with some lecture-room theory, better than is ten years of theory and no practice? No one can learn to build cathedrals by looking at the pictures of other men's work (who never heard a lecture) or listening to the lectures of men who have never built one. Heresy? Perhaps and, then, perhaps not.

Foundation.—This is from *The Medical Review of Reviews*:

"Disease," said Hahnemann, "is a spiritual dynamic derangement of a spiritual vital principle." Upon such a mystical foundation no human being could build a rational structure.

Inasmuch as when the "spiritual vital principle" ceases in the body, or leaves it, the body returns to the microbes whence it came is not that vital principle quite concerned in a rational structure of medicine? If a man believes that the soul is only a sort of chemical microbe that goes back to mud with his body then Hahnemann was in error. If otherwise, then, brother, you have much to learn from Hahnemann.

A Befogged Science.—Dr. Alex. Hill writes the *Lancet*, London, on the "Pleomo-orphism of Germs." Here is his letter:

Sir:—It may be worth while, without expressing any opinion regarding the possibility of a specific organism assuming various forms, to call attention to a fault in reasoning into which clinicians and pathologists fell in the past, and from which it is possible that some have not yet shaken free. The discovery of a specific cause of certain groups of symptoms led to the conclusion that every disease is due to a germ. This axiom is fully established. It does not follow that the converse is true—viz., "every germ produces a (specific) disease." The possibilities of reaction to toxins are very limited. We find three or four morphologically distinct germs producing an identical disease, typhoid fever. If we classify symptoms, we find a given reaction evoked by a large number of different poisons. It may well turn out to be the case that there are many more kinds of pathogenic germs than there are diseases; and yet it would be a mistake to throw any doubt upon the individuality of "diseases." Each disease is a group of physiological reactions which always occur in combination, resulting in a condition which calls for a perfectly definite course of treatment.

It is possible in this Age of Progress and credulity that some one some day will discover that disease is not an animal or a vegetable, and that germs are not either, but are merely alterations in tissue marking the change from the normal to the abnormal, commonly dubbed "disease" caused by violation of the laws of health—intentional, ignorantly or hereditary.

"Worthless."—Answering an inquiry the *Jour. A. M. A.*, remarks that *Helonias*, *Senecio* and *Avena sativa* are "worthless drugs." In the bright lexicon of the modern allopath it appears that all drug-simples are worthless. If you want to be up-to-date you must inject the product of diseased tissue in some form. Some day there will be a big revolt. It is not improbable that the present practice will be anathema, the herbal simples redis-

covered and the discoverers hailed beneficent scientists. The men who say that *Cactus grandiflorus*, *Echinacea*, *Hamamelis*, *Pulsatilla*, *Calendula* and many other remedies are useless, betray a most lamentable ignorance, unworthy of the true physician. The men who scorn the old remedies can string out polysyllabic words, but the other physicians can cure disease, and sooner or later the public will flock to them.

Statistics Then and Now.—In the early days the homœopaths were much given to statistics to which the allopaths replied, in substance, that nothing lies like figures. To-day they are at it themselves, as we all know. In the *Berlin Klin. Woch.* Goldscheider and Kroner report the results of their investigation of typhoid among the German soldiers, inoculated and uninoculated, with anti-typhoid. They studied 300 cases of the disease “in patients who had been previously inoculated.” To shorten a long paper they found that the death rate among the inoculated was 6.9, and among the uninoculated 12 per cent. But they then take up the subject of complications following the inoculation or, rather, they quote Matko who followed carefully 3,000 cases of inoculation. In these there were, besides the usual fever and malaise that occurs in all, there were noted cases of pain in wrists and ankles, hot swollen joints or articular rheumatism, acute nephritis characterized by hæmaturia, intestinal complications, bronchial coughs, recrudescence of pulmonary tuberculosis, miliary tuberculosis, colic and diarrhœa.

In other words, Matko observed 3,000 cases of men made ill by the inoculation, some terminating in disability and one in death, in order to keep away a disease that it is admitted is caused by bad food or water. The three men quoted do not praise or condemn, they give facts.

War Hospital Therapeutics.—“One of the bravest of the soldiers we had the honor to minister to was one Fortas, a man of 50, whose arm was amputated as a result of a severe shrapnel wound received on the Marne battlefield. The stump did not heal kindly, he told us, prolonged suppuration supervening. He suffered much from palpitation of the heart, relieved by minute

doses of *Digitalin*. He had softening at one pulmonary apex—the left, I think—and he also had recurring hæmoptysis, for the most part relieved by *Millefolium*, but occasionally the tickling cough, with some hæmorrhage, called for *Ferrum aceticum*, which was given with advantage. The neuritis was relieved by *Hypericum* in doses ranging from IX to 30, but latterly subcutaneous injections of Dr. Arnulphy's arsenical solution were of much benefit." * * *

"Appendicitis was not an uncommon after-effect of trench warfare. One of our soldiers came to us after operation. He had sciatica as well, but his chief trouble was pain in the appendix region, frequently calling for *Belladonna* or *Mercurius corrosivus*. Soon after admission he had congestion of the right lung with some hæmoptysis, which quickly yielded to *Phosphorus*. Of cases of specific disease we had but one we could be sure of. Adequate doses of *Potassium iodide* assisted alike the patient and his medical attendants." * * *

"On visiting Dr. Hoyle's Hospital, at Melun, we found that he had just received quite a number of these cases in addition to the wounded. He was, unfortunately, away. We heard from Sister Paul and other sources how much Dr. Hoyle valued *Calendula* in cases of lacerated and other wounds. He was giving his dyspeptics peptonized milk—the medicinal treatment was not mentioned to us." * * *

"I have omitted to mention a case of lateral sclerosis, which we conceived to be due to the hardships endured. Here *Lathyrus* was of advantage and the drug was perseveringly continued. Neither have I mentioned a case of chronic inflammation of the transverse colon. The tenderness was very well marked, but in the early stage it was not confined to the portion named, but affected the region of the caput and sometimes even the sigmoid. There was never seen by us the mucous casts and shreds associated with this disorder, but the nervous elements incident thereto were not wanting. *Dioscorea*, *Mercurius corrosivus*, and sometimes *Belladonna*, were of service herein."—*Dr. A. E. Hawkes in British Homœopathic Journal*.

PERSONAL.

"Ignorance is the root of evil," saith that female Solomon, Ella Wheeler Wilcox.

Also, says Ella, "God is wealth and health." Go up, John D.

"I can't catch anything," said the unlucky fisherman, "because I've been vaccinated."

"Chew" your way to health! Also "starve," "eat," "drink," "bathe," "exercise," "rest," "deep breathe," "fill" and "imagine" your way.

To see a surgeon carving at dinner causes nervous persons to shudder.

You can say many a thing that is true, humorously, that you dare not seriously.

The reader has a certain pleasure in discovering a proof error, so why deprive him of it?

You cannot acquire humor any more than you can good looks.

"Predigested food! Who digested it?" asked the patient.

Professor Jowett once remarked that "even young men are not always infallible."

"Expression"—"like a woman having three husbands and three sets of children scattered through the country."—*Ella Wheeler Wilcox.*

Between "carriers," from man to bug, and vaccines, life will soon become just one medical riot.

Mythology—"the *science of myths.*" (The *Italics* ours.)

The "Quack" is, "a pretender," note the curious definition of the dictionary man!

Smart Alects say that some of our monkey ancestors would easily recognize their descendants.

"A few days and full of trouble," said Claude, with hand on his head, after his return from New York.

"We want many new subscribers," wrote the young editor, just as though it was original.

"I would rather write a good sentence than receive one from the court," said Claude.

The man with a mission, or in the up-lift game, generally wants you to put your name on the subscription paper.

Read old medical books—you will be astonished at what they can teach you.

Curious, but they say a donkey has more sense than any other animal.

It is difficult for a very stout person to stoop to low things.

True that a rolling stone gathers no moss, but it sure scatters the moss in its path.

They say, but it may not be true, that two Southern men had a shooting match about who would boss the Sunday School.

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THE MODERN THERIACA.

The old time, and at the time, very learned practice, so much so that no one dared dispute it, was the *theriac*, or *theriaca* (*i. e.*, Gr. "wild beasts") "compounded of sixty or seventy or more drugs." Apparently the science back of it was the same as that which makes the modern schrapnel shell so effective in killing—it would hit some thing. As time passed, which is a habit it has, the number of different drugs was reduced in the prescription to fifty, forty, thirty, twenty and ten drugs, until to-day the last prescription the writer saw was of five drugs. Robert Koch leaped over the ancient fence and evolved a single drug, tuberculinum, that was to work wonders, but did not. However, the idea was so alluring—a specific drug for a specific disease—that the theriacally weary, but honest men, would not let it die. Koch's idea was that a specific micro-organism was the cause of a specific disease—tuberculosis, for example. Therefore, according to sound logic, there must be a specific remedy for such a disease. His remedy failed. In place of questioning Koch's premises the learned men went helter-skelter after his alluring theory, with the result that to-day the world is deluged with biological products, each scientifically certain to cure something or other, according to the laboratory theories based on laboratory experiments. Each new laboratory product was the *ultimate thule* of modern medical science, but the acid test at the bed-side, or in the camp, showed to the clinician that there were fields beyond fields in medicine; in other words, it showed them that the biological product, so beautiful in theory, would not do what the laboratory said it must do. Experience teaches. In fact, it teaches many things to many minds. It taught some men to go back to nature's laboratory for their medicine, to the old tinctures

that were in use until Koch sprung his theory. It taught others to hike back to the predecessor of Koch who invented the theriaca, otherwise the schrapnel of medicine, otherwise the very much multitudinous prescription.

In proof of this let it be noted that two learned doctors, with a goodly portion of the alphabet hitched to their names, advocate in the *British Medical Journal*, Jan. 15, the mixing for inoculation against typhoid, paratyphoid and bacillary dysentery, the "Shiga, Flexner, Kurse, Hiss and Russell strains in equal proportions." The writer does not know what these eminently named bacilli are, but even so it requires no stretch of fancy, but only the historical perspective, to see other learned ones adding to the mixture, Klebs-Loeffler, Koplik, Pfeiffer, Schuerlein, Czaplowski, Guillebeau and so on, until the circuit is completed, back to the theriaca when without doubt the profession will be more learned than ever, or ought to be if experience teaches.

The idea of mixing biological products is not new, it did not originate with the two gentlemen in the *British Medical Journal*, but has been growing up for several years past. If these products do what the enthusiasts say they will do why mix them? If, singly, they will not do what is claimed for them will they do any better collectively?

Gentlemen, though you write much about science you will always wander in a fog of medical error until you realize the central science of medicine, the Science of Therapeutics, commonly known as Homœopathy.

WHY?

(The following is the leading editorial in the *Homœopathic World* for February. One is not quite sure, after reading, what is the real cause of this fine hospital being closed. Every good homœopath in the United States will read the announcement with deep regret.—Editor of the HOMŒOPATHIC RECORDER.)

THE END OF NEUILLY.

The Homœopathic Hospital at Neuilly has to cease its activity after nearly a year of work. Hampered from the outset by nearly all the difficulties of organization that beset emergency undertakings, burdened with expenses unduly disproportionate to its size, and continuously striving to supply a staff sufficient for

its work, it has triumphed over all difficulties, met all expenses, and achieved a medical and surgical success which have brought it the highest regard and appreciation of the authorities and won for it the affection of those who have benefited by its existence. This is matter for congratulation for Homœopathy and the generous public which has supported this homœopathic effort, a public ranging from Britain to Russia, from America to Japan. Now the effort in its present form and in its present place must end. But is there, therefore, to be an end of activities distinctly homœopathic at the seat of war? We shall never believe that. Although there are many homœopaths upholding with credit our special flag in many places, there is only one homœopathic hospital besides Neuilly, and that is the hospital at Petrograd, associated with Dr. Brasol and his colleagues. Frankly, we do not consider that to be enough. When the doors are shut at Neuilly—doors of a homœopathic institution must open elsewhere for sick and wounded, and we have the serenest confidence that the generosity and enthusiasm which have made Neuilly a radiant achievement will not end with the necessary curtailment of this effort, but will continue to build up a record that shall surpass all that has been done, and keep a place for the name of Homœopathy in this greatest and most terrible of wars.

PNEUMONIA.

The latest "Health News" bulletin issued to the public by the U. S. Public Health Service is on "Pneumonia." It may possibly be somewhat confusing to the public not well versed in medicine. The disease, the Bulletin says, is steadily growing, the fatality about equaling that of tuberculosis. "It is distinctly a cold weather infection," also it is "invariably a germ disease. The predisposing and exciting organisms are so numerous that it would be futile to attempt their enumeration. Many of them are constantly present in the mouths and throats of healthy persons, and it is only through the aid which we unwittingly extend to them that they are transformed from harmless organisms to one of man's most powerful enemies." And again. "The presence of other diseases is the great predisposing cause of pneumonia." After mentioning many other things leading to the

disease, from lack of food to "indiscriminate coughing," the paper concludes this part of it by saying that alcohol "is in truth the hand-maiden of pneumonia." After this comes a statement that all will understand and none dispute. Here it is:

"There are problems connected with immunity, predisposition and the occurrence of epidemics which are yet to be solved. It is known that pneumonia frequently attacks those who are perfectly well, and who apparently have observed every hygienic rule. Whether this is due to the increased virulence of the organism or to other causes is unexplained."

From this we learn that pneumonia is caused by cold weather, that the predisposing organisms are innumerable, that many are constantly present in all of us, that other diseases are causes, also lack of food, coughing, and, finally, alcohol is the hand-maiden of the disease. The conclusion, quoted above, is, in substance, that men know nothing about the cause of the disease though they have much theory.

THE VALUE OF THE HOMŒOPATHIC REMEDY TO THE SURGEON.*

By Harvey Farrington, M. D., Chicago.

Every physician who understands the principles of Homœopathy, and has learned to use his remedies with some degree of proficiency, realizes their efficacy in surgical cases, no matter what the condition of those cases may be. But unless he has the "courage of his convictions," when confronted with a desperate situation, he is apt to resort to crude drugs, vaccines and other measures which appeal more to the materialistic turn of mind to which human nature is so prone. This is especially true of the man who specializes in surgery. Dealing in the concrete phases of disease, excising day after day, year after year, neoplasms and diseased tissue, opening abscesses, setting broken bones, often with brilliant results, he is very apt to weaken his faith in the invisible, the dynamic, at least when it comes to a patient in extremis.

There are a few men of ability in our school who fully appre-

*Read before the International Hahnemannian Association.

ciate this and daily make use of the homœopathic potencies in their surgical cases. But the majority of so-called homœopathic surgeons differ little in practice from the men of the old school, except that they are usually more inveterate druggers, and in apeing their old school brethren, they often make use of agents that the latter have thrown overboard as useless or harmful. Yet if you question their right to the name homœopath they are offended. More than once I have asked one of the men why he did not try a remedy now and then. The answer was: "I am a surgeon, and you must admit that my work has nothing to do with Homœopathy" (which, as a matter of fact, was true); or, "I am too busy operating, and have no time to study *materia medica*." Plainly this is begging the question. It has the ring of insincerity. If the surgeon is really convinced that a timely dose of some well-selected remedy will forestall complications or control them should they arise and assist in promoting clean-cut, rapid recoveries after operation, he could readily find the means of giving his patient the benefit of it. I admit that a man must have a certain form of mind to be a great surgeon, and quite another form of mind to qualify as an expert in homœopathic therapeutics. But anyone possessing an average knowledge of the *materia medica* may obtain excellent and gratifying results in the majority of conditions to which his surgical cases are liable, and in the more serious instances he can call to his assistance a good internist. But experience shows that he is more likely to depend upon powerful alkaloids and the local application of antiseptics. It is a blot on our school, and our colleges are chiefly to blame for it. They teach so little of Homœopathy that the students do not understand its barest essentials. They are not *started right*—how then can we expect them to adhere to its principles when so many potent influences draw in the opposite direction? The object of my paper is chiefly to remind our surgical men of their duty in giving more attention to this branch of our therapeutics and to give a few instances of the results that may be obtained.

The subject falls naturally under four headings:

- I. The value of constitutional treatment as leading up to and preparing for the operation;
- II. The value of the potency in emergencies while the patient is on the operating table;

III. The value of the remedy for immediate after-effects, such as shock from the operation itself, from the anæsthetic, from hæmorrhage, vomiting or syncope, and the relief of pain; and,

IV. The value of the simillimum during convalescence.

It is recognized by all schools of medicine that every means should be employed to put the patient in the best possible condition before operation. The old school depend upon diet, hygiene and "tonics," iron or manganese or both in the weak and anæmic, and if the heart is weak, strychnia is certain to be an ingredient, and so on. If the operation is considered urgent, he is hustled into the operating room and given a chance for his life, while the attendants stand by with hypodermics in case of collapse! Another patient, who is worn out by pain and coincident loss of sleep, is given morphine in order that he may get the requisite amount of rest (?) to carry him through the ordeal. And yet, a careful study of the action of artificial stimulants will show that they are followed by more or less reaction in the opposite direction, with proportionate danger to the patient. For the "regular" to make use of such means is excusable, as but few of them have Osler's keen powers of observation, but the homœopath should know better. He has at his command a materia medica so rich and varied that there is scarcely a symptom complex that it will not cover, and the swift, gentle action of its remedies will do no violence to nature. Moreover, the treatment of supposed surgical conditions for months or weeks previous to the time set for operation may bring with it some surprises. I could adduce numerous cases where a perfect cure with the entire removal of gross tissue changes resulted, but this belongs to another phase of the subject and some future paper. The following two, taken from my records at random, illustrate what can be done in preoperative treatment:

CASE I.—MISS M. E. R., æt. 52. Under good homœopathic care all her life; in fair general health, but suffering from vague occipital fulness, hot flushes, sluggishness of the bowels, etc., and a strange sense of tightness in the abdomen. Her mother died of cancer at the age of 68. Her father earlier in life of some disease the nature of which she could not remember. She passed the menopause three years previously with but little trouble. Physical examination revealed the presence of a large tumor in

the pelvis, apparently a fibroid on the uterus or an ovarian cyst. I referred her to a surgeon of my acquaintance in whom I had explicit confidence. In view of the size and position of the growth, he advised removal with the knife. Relatives persuaded her to employ an old school surgeon, however, so that the case was practically taken out of our hands. A complete hysterectomy was performed, bringing away a fibro-cyst weighing fourteen pounds. She bore the anæsthetic well but suffered a good deal from gas pains (having had the usual cathartics), but her convalescence was so rapid and thorough that she was the talk of the whole hospital. Now six months after the ordeal she is well and vigorous, though still under my care for the occipital symptoms. The surgeon took much credit to himself, and called her his "star patient."

CASE 2.—Mrs. E. W. B., æt. 42, had been treated by me for appendicitis, pyo-salpinx of the right side, a uterine fibroid, and many chronic conditions during the past fourteen years. The remedies were selected on the totality and had helped her greatly until within the past nine months or so she had started with periods of flooding. Occasionally she had spells of excruciating pain in the region of the ovaries, especially right. *Sulphur* in various potencies relieved temporarily, but it was evident that she was going downward. The tumor was increasing in size and seemed to be involving the Fallopian tubes. Her mother had died of sarcoma of the uterus and adjacent organs. I reluctantly turned her over to my friend, Dr. J. W. Hingston, of Chicago, who operated on her last January. *Sulphur* was the last remedy that she had had up to within an hour or so of the operation, when a dose of *Arnica*, high, was given. Ovaries, tubes and all of the uterus excepting a small portion of the cervix were removed. Both appendages were tightly bound down by adhesions. The right ovary was scarcely more than a flattened mass of cicatricial tissue, and the left showed considerable degeneration. There was a nodular tumor, fibrous in structure on the fundus, reaching through the muscular tissue in several places to unite with similar nodular masses within the organ, and microscopic examination revealed these to be typical adeno-sarcoma. Although she was on the operating table an hour and a half, there was very little nausea from the anæsthetic, and her convales-

cence was nothing short of phenomenal—it was the wonder of nurses, internes and clinicians. Although her strength has not returned as rapidly as in the case of Miss R., it should be remembered that her previous condition was far worse, and for months she had had almost constant pain and frequent metrorrhagia. But there was this marked difference: while Miss R. suffered from pain and flatulence after operation, Mrs. B. had scarcely any, and had no constipation after leaving the hospital. This was due chiefly to the fact that instead of the stereotyped “physic” the night before, her bowels were emptied by high rectal enemas and suitable homœopathic remedies were given after she returned to consciousness. As to her subsequent history, no one can tell. At present she seems to all intents and purposes well. It would seem that some time the malignant trouble will reappear. Whether it could have been prevented had she been in more skillful hands I am unable to say. Miss R., however, was a patient of Dr. Ad. Lippe in her early life, and of Dr. H. C. Allen up to the time of his death. If we knew more I am confident that we could cure practically all these cases, even those tending to malignancy. You should remember the *Arnica* just before operation. Give it unless some other remedy is clearly indicated, and give it high. Routine prescribing, as a rule, is pernicious, but here is an instance where it is justified by the results.

Emergencies during operation are among the most trying that the surgeon has to meet. He will prevent a fatal outcome in many instances if he has his wits about him and is able to choose his remedy quickly. For sinking of the vital forces he should think of such remedies as *Camph.*, *Carbo veg.*, *Arsen.*, *Lach.*, *Laur.*, *Veratr. alb.*, and possibly the *Arnica* if symptoms again call for its exhibition. Uremic or other factors may require him to go outside of this list. If the anæsthetic is the exciting cause, and the patient stops breathing, he may lower the head, dilate the rectum or whip the soles of the feet, etc., but give a remedy indicated by the symptoms. On returning to consciousness the patient may need *Camphor*, *Ipecac*, *Nux vom.*, etc. Hæmorrhage may be more quickly and permanently controlled if the usual mechanical measures are followed by such remedies as *Ipecac*, *Bellad.*, *Lach.*, *Hamamelis*, *Millefolium*, *Phos.*, *Crotalus horr.*, etc.

In general, the same remedies are called for in after-effects. For shock after a surgical operation, the remedy par excellence is *Stront. carb.* Aside from shock, nausea and vomiting most frequently demand attention. *Phosphorus*, *Arsenic*, *Ipecac*, *Bryonia*, *Nux* are remedies to be kept in mind, and if chloroform was used, especially *Phosphorus*, *Bismuth subnit.* and *Chloroform* (in a high potency), according to indications. A common symptom after laparotomies is distension of the bowels with gas. Sometimes it comes on very rapidly with coldness and sinking, and I have seen at least two patients die because the surgeon failed to leave proper directions with the attendants. *Carbo veg.* is perhaps more frequently the remedy, but *China*, *Lycopodium*, *Terebinth* and *Raphanus* must not be overlooked. The relief of pain is perhaps the most difficult of all for it requires a knowledge of a wide range of remedies. And yet there are certain ones that are needed oftenest and which may be readily mastered by a little extra burning of "midnight oil." Thus *Staphysagria* will usually control pain at the seat of operation, especially in the incised wound. *Hypericum* is to be preferred if nerve endings are involved, as after an operation on the rectum especially if it has been dilated a la the orificialist. But for pain in the stump after amputation, *Hypericum*, *Allium cepa*, *Asafœtida* and *Ammonium mur.* should be studied. Moreover, stitching pains point especially to *Aconite*, *Belladonna*, *Bryonia*, *Kali carb.*, *Spigelia*; burning pains to *Arsenicum*, *Apis*, *Carbo veg.*, *Phosphorus*, *Sulphur*; bruised soreness to *Arnica*, *Apis*, *Baptisia*, *Bellis per.*, *Nux vom.*, *Rhus*, *Pyrogen*, and so forth. The man who knows how to use these few will find little opportunity for his hypodermic syringe.

Infection, that bugaboo of the surgeon, will lose much of its terrors if only he will take time to consider *Hepar*, *Silica*, *Lachesis*, *Rhus*, *Echinacea*, and *Calendula*, not only locally, but internally. No other substance has been discovered which can equal this juice of the common marigold as a healer, especially in jagged, torn wounds oozing pus. Even the old school are using it, though their results are not as satisfactory as ours for they persist in extracting from the dried plant. *Calendula* seems to have the power to stimulate the natural processes of repair. Some of our homœopaths in the war zone are demonstrating its

value in scalp wounds where the pus has burrowed extensively through the loose subcutaneous tissue. To reach it with antiseptics would mean the scalping of the poor victim. But taken **internally** *Calendula* at once changes the nature of the discharges and the wound begins to heal. One would think that the whole medical world would hail such a discovery as a God-send—but it is too bigoted. It will continue to smear the outside with **strong germicides**—it will continue for years to hunt the *microbes* while the patient is dying of the *disease*. What would the “ordinary” surgeon have done in the following case:

Mrs. J. M., æt. 37, a patient of Dr. Hingston's. Both subjective symptoms and physical findings clearly pointed to pyosalpinx of both sides. She was emaciated, her skin was yellow, **and she was running a temperature of about 101.5°**. The doctor had called me in consultation twice in the hope of curing this woman with medicine. At the time set for the operation he had an infected hand and was obliged to call to his assistance another surgeon. There was a large abscess on the right side with extensive adhesions, the breaking up of which, though done with the greatest care, ruptured the thin walls of the sac and turned its contents into the cavity of the abdomen. The patient was naturally very weak after the prolonged siege and after returning to consciousness rallied but slowly. But there seemed nothing alarming until the fourth day when Hingston called me to see her. Signs of septic infection had caused him to reopen the wound, and now pus was welling up from somewhere deep in the abdomen. To reach the focus would mean another operation of unknown length, and absolutely, the patient was too weak to stand it. The outcome looked very dubious indeed. We decided not to venture any further interference, but to trust to remedies alone. *Sulphur*, given on the symptoms, and also because it had done more than any other remedy before the laparotomy was performed, was followed by *Arsenicum* and *Silica*. Convalescence was slow, but eventful. The drains were removed in about a week and the wound healed shortly afterward. Under the usual cruder methods this woman never would have recovered; it would have been impossible to reach the source of the pus with antiseptics, and she was too weak to withstand further anæsthesia, and handling of the abdominal viscera.

During convalescence treatment must again revert to the constitution and, naturally, a wide range of remedies must be drawn upon. Much can be done even if the operation has been ill-advised. Frequently symptoms reflex from some pathological lesion that has been corrected continue to trouble the patient. A well-selected remedy will usually afford relief. The following is an excellent example of this:

Early last March (1915) an official of one of our mail order houses asked me to call and see one of his stenographers who was obliged to give up her work on account of spells of abdominal pain. I found a girl of about twenty years of age. The pains, located in the region of the appendix, were dull, almost constant, and marked by occasional spells of stitches or shooting pains, sometimes extending down the anterior crural nerve of the same side. Frequent spells of vomiting, with or without nausea; sour eructations, worse after pork or fat things; much thirst; flushes up the back of the neck to the head; constipation, no urging, stool in hard balls; headache on waking in the morning, better after rising and getting about; sweat on the palms of the hands; menses every three weeks, profuse, dark, clotted, accompanied by chilliness and tearful mood. Mentally, she was apprehensive, nervous, easily startled, inclined to weep and craved company. Five years ago she was operated on for appendicitis. She was apparently well for two years or more when the above-mentioned spells began—at first slight and at long intervals, then nearer together. She went to the surgeon who had operated and was told that adhesions had formed and that she must undergo another operation. She entered the hospital on June 30, 1914, and the adhesions were broken up, giving her complete relief for about two months. Since then the spells had gradually increased in severity until now she had had to stop work. After a careful examination I told her that I agreed with her surgeon and that the only possibility of relief was the knife. It seemed impossible to me that symptoms due plainly to a mechanical cause would be amenable to medicine. She was greatly discouraged, and it was not until the latter part of April that she mustered up courage to undergo another ordeal. May 4th I was called to see her again. It seems that two secondary hæmorrhages, two weeks apart, and consequent formation of blood-clots in the wound had

prevented healing by first intention and prolonged her stay in the hospital. This time there was only a few days' respite when the same old symptoms came back. I reviewed them with her carefully and found that the "vomiting" was really a gulping up of mouthfuls immediately after a meal, and that the food was usually unchanged. I gave her one dose of *Ferrum met.* (the dmm. of Swan, since that was all I had with me.) The effect was almost immediate. From being almost bedridden in a short time she was able to get back to work. On May 28th she reported that she was feeling much better in her general health, but that the vomiting and local pains—which in my estimation were due to adhesions—had returned, recurred in moderate degree. Three doses of the *Ferrum*, this time B. & T.'s 200th, two hours apart, were all that were necessary; since then there has been no sign of trouble. No matter what the future of this case may be, it is a triumph for Homœopathy. Even if it may not convince the most skeptical, it should at least cause him to look into the subject of the value of the homœopathic remedy to the surgeon.

30 N. Michigan Boul.

PELLAGRA IN THE UNITED STATES.

By E. M. Perdue, A. M., M. D., D. P. H. Professor of
Tropical Medicine, Eclectic Medical University,
Kansas City, Mo.

It is a matter of painful regret to note that the homœopathic medical journals are publishing articles and editorial comments of uncertain sound concerning pellagra, and are even referring to the silly experiments of Goldberger with some degree of allowance. Has the spirit of Samuel Hahnemann so far forsaken the homœopathic fold that homœopathic physicians no longer recognize his plain and insistent teachings?

Before writing anything more uncertain about pellagra, or giving even qualified assent to the identity of the scurvy of an unbalanced diet and pellagra, it is suggested that each homœopathic physician and editor go back to the fountain head and read "silicea terra." Then examine his pellagrous patients again:

Pellagra is a chronic intoxication with silicea.

Pellagra is caused or produced by colloidal silica in drinking water coming from clay soils.

Pellagra is strictly localized and contracted only in those regions where the water commonly drunk is derived from clay soils.

From Maryland to Texas the Atlantic and Gulf states lie in part in the Coastal Plain. To the north of Maryland the Coastal Plain rapidly narrows and disappears with New Jersey. To the west of the Coastal Plain is the Piedmont Plateau extending to the foot of the mountains as its name implies. Between the Coastal Plain and the Piedmont Plateau is the well defined scarp called the "Fall Line." Along the Gulf of Mexico the Coastal Plain is called the Gulf Coastal Plain. In Alabama the Piedmont Plateau is called the Ashland Plateau. The Gulf Coastal Plain extends as far north as the mouth of the Ohio river, this part being geologically known as the Mississippi Embayment. The Ozark, Boston, Oachita, Arbuckle and Wichata Mountains with their plateau constitute another highland to the west of the Mississippi river. This highland and its slopes are pellagrous. The mountains are made up of the oldest crystalline and igneous rocks. Their slopes and surrounding plains are silicious clays and shales. On the northern and western slopes of the Ozarks and on the same slopes of the Appalachian and Cumberland Highlands are extensive exposures of the carboniferous. Some of these exposures are Pennsylvania and Mississippian limestones. Other extensive exposures are sandstones and shales. Devonian sandstones and shales lie close or are intermingled. The soils resulting from the disintegration of these rocks are in some places silicious and pellagrogenic, in others they contain sufficient lime for the region of their distribution to be immune from pellagra. For these regions pellagra is not very prevalent in Missouri; ninety per cent. of the pellagra in Kentucky is confined to the southeastern counties of the state; the southwestern county of Kansas is a pellagrous focus.

Pellagra prevails in Maryland, Virginia, North and South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Texas, southern Oklahoma, Tennessee and Arkansas, because the soils of these States are composed of clays derived from the igneous and crystalline rocks.

Pellagra is essentially a disease of a fixed agricultural popula-

tion living upon a worn and exhausted soil of determinate geologic origin. Agriculturally the United States is a new country. The soils of the pellagrous area originally covered with forest contained the original alkalies of disintegrated granite and the organic humus of the ages. But because of their character, they were especially liable to leaching and erosion under improvident methods of farming. Now the alkalies are gone, the timber cover has been cut away, and the wash from these soils is acid and silicious. The majority of the country people depend upon springs and shallow wells for drinking water. This water is described as the best of "freestone" water. Therefore, it is pellagrogenic.

In these regions there is very little limestone. This is largely confined to the mountain valleys. There are, however, two notable exceptions. The area of Cretaceous exposure known as the "Selma Chalk" of Mississippi and Alabama and the "Black Prairies" of Texas, and the area comprising the outcrop of the Jackson and Vicksburg formations in Mississippi and Alabama, are both calcareous prairies in themselves immune from pellagra. However, these areas are in part covered by the Lafayette and Grand Gulf formations, clay, sand and gravel. When these are thick enough to be the source of water supplies, the areas may have pellagra.

Northern areas comprising Michigan, Wisconsin, Indiana and Illinois are in part covered by glacial drift from the great pre-Cambrian shield around Hudson's Bay. Where this glacial area is lacking in limestones there is some pellagra.

There is some pellagra on the north Atlantic coast and on the Pacific coast for the same reasons as given above.

Pellagra is not found in limestone countries. Therefore, it is not found in prairie countries. Prairie countries are prairie because their soils contain too much lime for trees to grow well. Pellagra has the same geographical distribution as pine timber. Pine timber grows on acid soils.

The poison of silica is antidoted by the alkaline carbonates and by the carbonates of the alkaline earths. The alkaline carbonates are the carbonates of sodium and potassium. The carbonates of the alkaline earths are the carbonates of calcium and magnesium. Pellagra is prevented by drinking a water of temporary hardness, that is, a hardness caused by the presence of the carbonates of calcium and magnesium.

The presence of the chlorides and sulfates of calcium and magnesium in water reinforces or aggravates the poisoning of the silica intoxication. Therefore, chlorid and gypsum water should be avoided in pellagrous regions.

To prevent pellagra in rural communities, clean out the wells and springs, wall them with limestone laid in Portland cement mortar. Cover them so that clay will not be washed in from above. Place good broken limestone in the bottom a foot or two deep. Add a little lime to the water from time to time.

To prevent pellagra in cities having a pellagrogenic water supply wall the reservoir with a limestone concrete. Place broken limestone on the floor of reservoirs. Use limestone screenings as a part of the sand in filters. Add plenty of lime as a coagulant in filtering the water.

The toxic poison of pellagra is readily antidoted by the administration of a solution of sodium citrate, by sodium carbonate, milk of magnesia, calcium lactate and liquor calcis.

While the patient is being treated with the antidote, all the symptoms can be treated by the indicated remedy which need not be suggested to any trained homœopathic physician.

By these means pellagra is readily prevented and cured without change of domicile, diet, labor or sanitary environment.

Negatively stated, pellagra is not caused by unbalanced diet, lack of proteids, or a maize diet. Pellagrims in the south are not underfed, overworked or unsanitary. Pellagra is not their fault. The rich and the poor are alike afflicted.

The prevalence of pellagra in the southern part of the United States is merely a coincidence of geology and latitude.

VARIOUS THINGS.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

Reports have reached me from different parts of the United States that *Eupatorium perfoliatum* has been the most frequently indicated in the epidemic of la grippe. When a patient comes to you who has had a cold and left them with a tickling cough, and a sense of rawness in the chest, *Kali mur.* 3d x is the remedy, three tablets once in two hours. It acts like magic in such cases.

In intercostal neuralgia we have one remedy that will cure it so *quick* it will *please* you. *Tr. asclepias tuberosa* 20 drops once in two hours.

A lady came to me for treatment, she had been in a hospital. They kept her there a while to find out what *ailed her*. In reading her pulse I noticed a decided *irritability* to it that I could not account for in her *present* condition. Later on, I found she had been having epileptic fits, but none very lately. That explained the *feeling* in her pulse. She had a pretty constant burning pain *under the ribs* on the *left* side, she had *sour* vomiting several times a day. The *nausea*, burning pain in *left* side, bloating of abdomen pointed directly to *Tr. carduus mar.* as the *main* remedy, ten drops three times a day. To control the *sour* vomiting *Nux vomica* 2d x, three tablets once in three hours.

It stopped the vomiting; the side was *decidedly* better in less than a week. She is now rid of all the pain in her side caused by the *enlargement* of spleen. That organ is now its *natural* size.

A lady came under my treatment from one of our large cities. In reading her pulse I found a marked *intermission* (functional weakness), she had *dizziness*, *shortness* of breath, from the *stomach*, on the slightest *exertion*, *swelling* of ankles. She can't lay down in bed at night, has to be "*propped up*" in bed. These symptoms point to enlargement of the liver. Examination of her side revealed a *perpendicular* enlargement of liver. *Tr. chelidonium* was the remedy indicated, 10 drops three times a day. A *dull* expression of the face and *red* veinlets in *white* of eyes showed a congestion at the *base* of brain. That indicates *Tr. belladonna* 1st x, ten drops, once in three hours. In a few days she could lie down in bed and sleep like "other folks." The treatment reduced the enlarged liver to its natural size.

Dr. Juan Antiga, Havana, Cuba, a student of mine, writes me of the wonderful success he is having in the treatment of leprosy with *Comocladia dentata* and *Anacardium off.* Dr. Antiga is a *very bright* man, and has a *very large* practice in Havana. *Kali chloratum* is indicated in the puerperal state with *offensive* lochia, a peculiar odor like the dissecting room. It may be *retained placenta* or *decomposed* blood clots. The tongue is a *dark red* and dirty white coating. This indicates *Chlorate of potash* 1st x, one-half drachm in half a cup of water, teaspoonful once in two

hours. Of course, the placenta and blood clots should be removed if possible; but the above remedy will be the one *indicated*.

Dr. Samuel King, Warren, Pa., a student of mine, reports a case of cancer of stomach cured in a man 72 years old. Several physicians in Kansas City, Mo., and in Warren, Pa., had examined him and they all *agreed* upon the *diagnosis*, and then told him there was no help for him.

Dr. Ben. Bradley, Hamlet, Ohio, *one* of the best prescribers of the eclectic school in Ohio, had a regular physician consult him about a *peculiar* case he had. The lady patient said she had a "feeling" at times "that she wanted to run backwards, and jump up and down and crow like a rooster." (She must have been a female suffragette.) Dr. Bradley advised *Cocculus indica* 30th x; it seemed to be *the* remedy indicated to help the woman to overcome her feeling to imitate a rooster.

A physician who had become quite an *expert* in diagnosis *without* asking any questions—one night a young man came to consult him. The doctor began to tell him about his "aches and pains" and the *cause* of them. After he had finished what he had to say, he asked the patient "if he thought he understood his case." The young man said, "Yes, doctor, you have hit the nail right on the head, but I came to consult you *about the crabs?*" The *best* local treatment for the crabs is equal parts of *Tr. Sanguinaria* and cologne water; apply three times a day. A medical student wants to know "if crabs are indigenous to low countries." Our professor of surgery used to say "that it was a popular belief among the people that Providence lost sight of a medical student during his four years at a medical college." When you have a patient with *puffiness* about the eyes, especially in the *morning*, a smooth *red* clean tongue, with momentary *numbness* of *fingers*, lookout for Bright's disease.

There are very many physicians who read THE RECORDER that are *not* homœopaths, and some of them write to me now and then for "more light." They want to know about the best books on new school literature. The best book as a "stepping stone" to one who wants to learn the *essential* facts of homœopathic materia medica and practice he should procure a copy of "The Elements of Homœopathic Theory, Practice, Materia Medica, Dosage and Pharmacy," by Dr. F. A. Boericke and Dr. E. P.

Anshutz. Then the next book in your course of study should be Blackwood's "Materia Medica." It gives you indications for each remedy. It contains the *meat* of what you want to know about remedies of that school. The more advanced student will study Nash's "Leaders of Homœopathy" *early* and *often*, until you have *mastered its contents*. The *latest* work on eclectic materia medica is Ellingwood's. A *good* work on physio medical materia medica is Lyle's. Dr. T. J. Lyle, Salem, Ohio.

Dr. Horace R. Powell, a very prominent physician of the regular school in Poughkeepsie, N. Y., wrote me only a short time before his death, "That in difficult cases he often consulted the Repertory in the *back* part of 'The Twelve Tissue Remedies of Schuessler,' by Boericke and Dewey, and he generally found just the remedy he *needed*."

During the year I get a great many letters from physicians of *all* schools of medicine asking my advice about difficult cases. Last year I received over 2,000 letters of that kind. I *like* to help my brother physicians in this way; each case is studied *carefully*, and the symptoms *analyzed*, and the remedies are prescribed as indicated. I take as much *interest* in each case as if it was my *own* patient, and I am just as *anxious* to help them. This has been a great part of my work for thirty years, and I have *fitted myself* for it by a special course of study. Very much of this work has been *gratis* to the doctors, but it takes so *much* of my *time* and *study* that I feel it only *fair* and *just* that they should enclose a fee of five dollars when asking for advice about their patients.

In *most* of the cases of ladies that come under your treatment for headache (excepting sick headache), if you ask them if their head feels *sore* on the top of it; if it feels *bigger* than it ought; if it feels *confused*, they will say "yes," and *Tr. belladonna* is the remedy they need; 1st x, five drops once in an hour, for three hours, then once in three hours. Female emigrants when they come to this country from across the ocean are often troubled with suppression of the menses. *Platinum* is the remedy needed, 3d x. A lady complained of a sensation of an *ice cold* hand on the *forehead* in the afternoon with *spasmodic* contraction in *right* eye. *Tr. hypericum*, 6th x, ten drops once in two hours. A lady wants to know what is "good for" a person that is all the time

wanting to *stretch* and *yawn*." *Chelidonium* is the remedy indicated. I am aware that there "are others," but this remedy was my "*first love*." You will now and then find a case of rheumatic fever or inflammatory rheumatism with *red elongated* tongue and they are *thirsty* for lemonade, and with the above *kind* of tongue lemon juice is *the* remedy indicated to cure them. Give them lemonage as often as they want it. For post-partum hæmorrhage you *will like the effect* of *Tr. cinnamon* given in from one-half to one teaspoonful as often as needed to check up the *flowing*. You can make your own tincture from the oil. Cinnamon, ʒi, to alcohol, 98 per cent., ʒviii. It should be carried in the pocket case.

I have met with *some* homœopaths in my time who refused to *see* anything good outside of their *own* school of medicine. I would most respectfully call the attention of such men to the words of one I believe was a *genuine unadulterated* homœopath, author of "Medical Genius." He says in the preface of his book, "There is a middle belt between the extremists of the two dominant schools of medicine comprising anoble class of the medical fraternity who, without let or fear of any faction, aim straight for the cure; with these is sacredly preserved, in its entire vitality, the very pith of all the pathies, the sole purpose of healing the sick." These are *splendid* words of a *great* man in his day and generation (Dr. Stacy Jones). I am often asked about books that will help a doctor to diagnose disease by the eye, pulse and tongue. The best work to study tongue indications is "Repertory of Tongue Symptoms," by Dr. M. E. Douglas, published by Boericke & Tafel. The *best* work on *practical* diagnosis to help you in learning to *read* the eye, pulse and tongue is "New Field," by Dr. Wm. H. Burgess. It is a book that *every* physician should *study early and often*. Dr. Burgess was in his time one of the *really great* physicians and teachers of practical medication. His daughter, Dr. Mary L. King, East Chattanooga, Tenn., was my *first* lady student. As she was the first I told her she would have to make good, and she has! One of my preceptors in my student days was a homœopath, a graduate of the old school, a man that I *loved* and honored. Under his instruction I became *well grounded* in materia medica of the homœopathic school. There were men no doubt who were better on theory than he was, but he was a *bear* on *curing* his patients.

During the years I attended medical lectures I listened to lectures in five different medical colleges. We had some professors in *those* days who could stand up before a class of students and lecture on *any* department of medicine *without* any manuscript or notes. They *knew* medicine as *very* few physicians do at the present day. *Some* of our modern professors copy their lectures out of a medical book, and read from a manuscript to the students. That is the *modern* idea of lecturing. At six different times in my life I have been offered a professorship in a medical college, of the regular school and the eclectic, but I felt that I wanted to learn *how* to *cure* the sick first *before* I undertook to teach any one else. My latch string has always been *out*, and my folding bed down to physicians of *all* schools of medicine. I know *no* distinction, but welcome them *all* as *brothers*. I have known of physicians *using* the remedies of some other school of medicine and getting good *results* from them, then they turned round and *ridiculed* and condemned the *source* from which the remedies were *obtained*. I could never do *that*, it is contemptible, my conscience would not let me do it, for it is like "*stabbing a friend in the back.*"

1404 Main St.

SOME OLD SCHOOL VERIFICATIONS.

By Alexander C. Hermance, Rochester, N. Y.

Will *Calcareo sulph.* cure phthisis? This is the question asked by a writer in one of our allopathic journals. He then goes on to relate the brilliant results with *Calcium sulphide* in tuberculosis. One case of two years' standing with cough, profuse expectoration, fever, hæmorrhage, night sweats, etc. He does not say that a bacterial examination of sputum was made, but that the physical examination shows the lesion to be located in left lung. He does not claim this case is cured, but is astonished at the wonderful results obtained with *Cal. sulph.* in clearing up all conditions presented. Patient having resumed his work, holding his weight and is feeling perfectly well,—
 "There are none so blind as those who refuse to see."

If we will take Hering's *Guiding Symptoms* and turn to the proving of *Cal. sulph.* we will find there the following characteristics :

Chronic cough of tuberculosis.

Cough with hectic fever.

Short asthmatic respiration with hectic fever.

Pains in the chest. In the sternum.

Sphere of action is in the connective tissue.

Arrests hæmorrhage.

Abscesses—suppuration.

Was this not a good homœopathic prescription?

Another reports *Staphysagria* as a specific for lame back associated with orchitis. He learned this in prescribing the drug for a case of orchitis, which it cured. The patient telling him it had also cured a backache of ten years' standing. That he has found the remedy exceedingly efficacious in lumbar myalgia. The success of the treatment in some cases being remarkable. He cites a case of lame back in a laborer, probably due to strain, who was told by his attending physician he would have to go to bed for two weeks. After taking *Staph.* he returned to work the next day, and was not troubled again for two years.

The editor, in commenting on this remedy concludes his remarks by saying: "What a lot of useful plant remedies we do have but with which most of us hardly are acquainted."

Listen to a little symptomatology of this drug (Hering's Guiding Symptoms):

Pains in the back as after over-lifting.

Pains in small of back, sacrum and hip joint.

Orchitis, testicles inflamed with burning stinging pains.

Drawing and pressing pains in testicles—orchitis, crural neuralgia.

The third discovery is the specific action of *Ipecac* in post-partum hæmorrhage and shock, in which the writer extols its wonderful virtues. Who of us here do not recognize the *profuse bright red hæmorrhage from the uterus*. The heavy, oppressed breathing with *nausea*; the deathly pale face, sometimes livid; eyes sunken, breathing quick, anxious; sighing and general symptoms of shock under *Ipecac*.

If our allopathic brethren would consult a homœopathic materia medica they would find their so-called specifics were simply homœopathic *simillimums* nothing more, nothing less, but that would be recognizing the law and homœopathy is unscientific and not to be considered.

CHRONICLES OF THE FARM.

By Dr. A. Blanke.

One warm afternoon when everything seemed to shimmer in the glorious rays of the sun, so bountifully shed on all, Professor Graye Goose, Dr. Mallard Ducke, Mr. A. Donkey and Captain Olde Horse, stood in the shade of the big barn, the first two named discussing, as usual many things, Life among others. Finally Mr. Donkey asked "What is Life?" There was a moment's pause between the two learned ones and then by tacit consent the Doctor replied:

"Life is vitality, the essential condition of existence of animals and plants. It is the state of existence characterized by metabolism."

There was a silence. The Captain dozed, Mr. Donkey's ears drooped, the Professor juked his head uncertainly a few times, while the Doctor, with his head on one side calmly contemplated the questioner. Finally, after an unusual silence the Donkey asked:

"What is metabolism?"

"Metabolism," promptly replied Doctor Ducke, "is tissue change, that is to say, anabolism and catabolism. I trust I have made my answer clear?"

The glorious sun poured its heat and light on everything. The inhabitants dozed in happy contentment. Finally Captain Olde Horse opened his eyes and remarked: "Such is Life."

OBITUARY.

Jesse W. Thatcher.

Jesse W. Thatcher, M. D., was born in Chester Co., Pennsylvania, May 18th, 1850, he died at his home in Philadelphia, December 29th, 1915. Between these dates lies a strenuous life of useful activity. Being graduated from Hahnemann Medical College before he was twenty-one years of age, he entered upon his life of service to humanity. "He that will be greatest among you let him be your servant." Never did he shirk one duty, never hesitate at self-sacrifice nor self-denial; he would do the work he was responsible for at any cost, such life is heroism. With these firm traits of character there was a genial and gentle side to his nature. He was a man of "clean hands and a pure

heart," and that hand was as beneficent as his heart was sympathetic and generous. He was honest and upright in all his dealings with an integrity that was incorruptible.

It was a source of profound thankfulness with him that he had been privileged to be a student under the master minds of Professors Charles G. Raue, Constantine Hering and H. Noah Guernsey. He loved his profession and delved deeply with painstaking care; he was loyalty itself in unswerving devotion to the homœopathic law of cure. This he knew (if practiced in its purity of principle) to be as immutable as the law which governs the rising and the setting of the sun.

With a wide-reaching success in ever-increasing practice, his over-taxed strength succumbed suddenly and the noble spirit left the tired earthly body for higher service in that just and promised land, the glories of which it hath not entered into the heart of man to conceive.

THE LAST WORD.

Editor of the HOMŒOPATHIC RECORDER.

Our brainy scientists are continually urging the people to be careful and fortify themselves against germs, microbes, etc., and after they get the public aroused to the proper degree of excitement they tell them that germs cannot affect healthy organisms or tissues, and yet they say germs produce disease. Well, dear reader, it must be assumed that all organs and tissues are healthy previous to being attacked by disease. Now, then, if germs cannot attack healthy tissue, how can they produce disease? Let our scientists answer. If this absurd theory were true then, the strong and the weak would be equally susceptible and no persons would be immune. Would it not be more sane for us to return to the old theory, namely, that certain diseases are inherited by certain victims, and numerous others are acquired through self-abuse, bad habits, dissipation, etc., and still others by colds and neglect in not seeking relief until too late? You know our organs are all sympathetically connected and cannot remain disturbed very long without affecting the one next in nerve sympathy with it. This whole bug theory is going to explode some time in the near future, and then what will happen to the faithful?

DR. E. B. FANNING.

Colorado City, Colo.

THE DOSAGE OF FORMIC ACID.

EDITOR of the HOMŒOPATHIC RECORDER.

I should have answered your letter of Nov. 16, sooner, but my spare time has been taken up by a Zeppelin casualty in my own house. On account of these nocturnal birds of prey the streets of London are kept in darkness after sundown, and accidents are consequently frequent. At the beginning of December Mrs. Clarke became one of the victims, and sustained a bad fracture from a fall. She is now, I am happy to say, recovering; but you will understand that the event put *Formic acid* somewhat out of my mind.

You tell me your correspondents ask about the dosage. In my article I gave the details as known to me, and I hope your readers would test the dosage there described, and improve on it. But I will tell you how I manage. In prescribing for cases of varicose veins, polypi and catarrh, such a condition, in short, as that described by Mr. Ellison, I order an ounce or two of a solution of *Formic acid* in the proportion of one part of the acid to eleven parts of distilled water. Of this I order one teaspoonful to be taken in a tablespoonful of water, once or twice a day after food. I regard it given in this way as a kind of medicinal food, and I do not find that it interferes with any other indicated remedy that I wish to give at the same time.

A correspondent in Vancouver, Wash., whose name I am unfortunately unable to decipher, who is troubled with catarrh, rheumatism and cramps, asks me if taken as Mr. Ellison suggests would cause a proving in him. I think it probably would not, I should think it well worth risking.

Anyone wishing to repeat Dr. Krull's experience I should advise to use the hypodermic method advised by him. But there could be no harm in trying various homœopathic preparations of the acid on his indications if anyone likes to do so. It should be remembered, though, that he administered single doses at long intervals. In these cases, if administering it by the mouth, I should give the dose, not after a meal as in the crude one of Mr. Ellison, but in the manner of the unit, doses of Dr. Cooper—not less than two hours after a meal, and at least an hour before any food is taken again. That is to say, taken on an empty stomach, and allowed to act undisturbed before digestion is again set in action.

You say some of your readers ask if *Formic rufa* will answer the same purpose as *Formic acid*? I think most probably it would. But this is a question which experience will have to decide. It is open to anyone to try and report results, and there will be no risk to patients in making the trial. In prescribing *Formic acid* or *Formic rufa* on the indications of the *Formic a.* provings, I should vary the potency and frequency in exactly the same way as I do with *Acon.*, *Bell.*, or *Bryonia*.

Yours as truly,

JOHN H. CLARKE.

No. 8, Bolton St., W., London, England, January 9, 1916.

EFFECT OF ENGLISH WALNUTS ON THE EYES.

Editor of the HOMŒOPATHIC RECORDER.

I write you a few lines. I don't know whether it will interest you or not. I have always had perfect eyes, never had any affection of lids in my life. About twenty years ago I got in the habit of eating English walnuts. One day I had a stye on my eyelids, and I could not account for it any way except to blame the English walnuts. I abandoned the eating of them and treated the stye and cured it. After waiting three weeks I again repeated the freely eating of the walnuts, and in three days I had another stye on my eyelids. I again abandoned the eating of them and cured the stye, and after waiting four weeks I repeated the eating of walnuts, and in three days I had another stye, and so I concluded the walnuts did it. I procured a fresh new walnut and trituated in sugar of milk and then into alcohol, and run it up on decimal scale to the twelfth attenuation, and since then I have had more than a score of cases, and I gave one does of the twelfth attenuation of this *Nux jugulans of mine*, and they all got well in less than forty-eight hours, and they were not troubled with styes again.

DR. L. P. FOSTER.

755 Monroe St., N. E., Minneapolis, Minn.

DISCUSSES THE RECORDER.

Editor of the HOMŒOPATHIC RECORDER.

Have just read the Jan. number of HOMŒOPATHIC RECORDER. I think we readers take it for granted that the editor and con-

tributors understand that we like the articles, for we continue to subscribe and *kick* if we do not receive our number regularly. Personally, I had an idea that the contributors got many congratulatory letters on their articles or else got pretty severe drubbing if their articles were not satisfactory. I have enjoyed some articles very much, and made use of the knowledge imparted in practice. There have been some I didn't agree with, but not being a writer myself I would hesitate very much to criticise. I might not be able to marshal my facts in such a masterly manner as the writer.

Now yesterday I read your article on "The Men Who Made Homœopathy," and enjoyed, and I was making a call and met two ladies that my patient said he had been trying to convert to Homœopathy, so your article came in fine. I told them that the brightest and best allopaths couldn't stand for the treatment and they left allopathy and became *homœopaths*. It quite jarred them. Just by luck I had put one of Biddle's tracts, "Answers to Questions Concerning Homœopathy," in my pocket; I gave it to them to read.

Lately, I have been trying to give that tract to each school teacher I can reach, and think I shall send to each member of the Board of Education, as you take notice that old school physicians are decidedly in majority in inspecting school children, and they sway the teachers and B. of E. to agree to their methods. So even the children are influenced against Homœopathy. If the B. of E. members and teachers have an intelligent understanding of Homœopathy the O. S. couldn't put through so many schemes as they do.

Tell Dr. Blanke that I for one have enjoyed the "Chronicles of the Farm," and have read them out loud to the evident enjoyment of others. I hope he will not kill the goose, but will use the golden eggs to hatch up more stories.

I know you won't believe it now, but I hate writing letters; so when I get started it is hard to stop.

After reading Dr. Clarke's article on *Formic acid* I got a supply. Have only had chance to use it once; it acted beneficially, but I could not say markedly so.

Yours truly,

FRANKLIN C. WOODRUFF, M. D.

154 W. Grand St., Rahway, N. J.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

OUR CONTRIBUTORS.

In this issue we print two important articles from the pen of Dr. Frank Wieland, one on the prostate and the other on mercury poisoning. The attention of our readers is particularly directed to the necessity for reporting these poisoning cases, if the physician wishes to keep himself out of trouble. Dr. Wieland, it will be remembered, is medical director of Montgomery, Ward & Company, Chicago.

A seasonable article appears in our department this month on "Fractures," written by Dr. Paul M. Cliver, lecturer on Fractures at Hahnemann Medical College, Chicago.

We also present an article by Drs. G. M. Cushing, of Englewood, Chicago, and A. C. Conrad, Chicago, on "Some Surgical Complications of Recent Grippe Epidemic."

We are pleased to receive articles from these surgeons and to be able to show the profession of what stuff "the younger set" are who are coming to the front in Chicago. In Wieland, Cliver and Cushing we have three men who have had a wealth of surgical experience.

THERAPEUTIC NOTES.

SEARCH THE PROSTATE.

FRANK WIELAND, M. D.

From observation of articles in medical journals one gathers, more and more, that the prostate is finally coming into its own as a trouble maker. A recent journal article speaks of the possibility of its having an internal secretion. There should be no doubt of this, in the mind of anyone, who has observed patients after prostatectomy. There are symptoms out of all proportion to surgical shock only. The depression, the suicide mania and the irritability all give evidence that nature is calling for something of which it has been deprived.

In its relation to impotence of the young and "husky," the prostate is more than significant. One should not insult Homœopathy and the homœopathic remedy by expecting results from internal medication. If the causes of impotence are mechanical or toxic, how can even a carefully selected remedy, alone, be expected to give results? There comes to mind the case of a young man of thirty-two—thirty-two is very young when one is considering impotence—who, following a gonorrhœa of three years back, had gradually lost his power of erection. His mental depression was extreme. He had a morning drop. His three years of urethral injections, of vaccines, and of internal medication had done no good. No one of his many physicians had ever thought of his prostate, and yet this was so full and bulging with old-time pus that he had an obstructive constipation. Massage of the prostate, by emptying the pus and debris from the swollen gland, gave him immediate relief. After the first treatment, he slept the entire night with no disturbance from urination. On the morning of the third day, he awoke with an erection, the first in many months. At the end of ten days, no gonococci were found. The morning drop has ceased. He is the happiest man on earth.

Surely, if we are in the practice of medicine for the good we can do humanity, we are superficial if we do not include in the totality of the symptoms the only thing that really makes a difference.

Search the prostate. Your reward will be, not in the next life, but the very next day.

BICHLORIDE POISONING—A RECOVERY.

FRANK WIELAND, M. D.

The patient, woman of great personal charm, in a fit of desperation, emptied the contents of a new bottle of bichloride tablets into her hand and threw them into her mouth. How many she took and how much of the poison was retained will never be known. In about two minutes she vomited. She had fortunately eaten her dinner, and this may be a large factor in the successful outcome of her case. Medical assistance was at hand in about ten minutes. The patient was lying on the bath-room floor, straining to vomit, and giving the appearance of great physical

distress. She was given milk in large quantities. This was ejected, coagulated and stringy. The dose was at once repeated. After the milk began to come up white, with no blue coloring from the tablets, she was given olive oil to drink, to give, if possible, relief from the severe burning. This was not retained, but it did seem to control the burning. The poison was taken at eight o'clock. By ten she had begun to vomit blood, and her cramps were so distressing that she screamed with pain. She was given a quarter grain of morphine. The latter may have been poor judgment, when we consider the necessity of elimination, but there was no other way of controlling her pain and the rolling about in the bed.

A hot electric pad was kept over the abdomen, and another over the region of the kidneys. She was allowed no water, but as much milk as she could take. None of it was retained.

For twenty-four hours she was semi-stupid. She had not even a drop of water for nearly two days. Thirty-six hours, I think it was, when we began to give her twenty grains of baking soda, in a full glass of hot water, every three hours. Also, she was given milk, diluted with lime water, every two or three hours. She was kept in bed, with plenty of heat. The bowels were moved by enema. The first urine passed became solid on being heated. It was quite bloody. Each day the albumin diminished, and the quantity of urine increased. On the twelfth day she was allowed some strained broth. Her only symptom remaining is bleeding gums. She is to remain on liquids for several weeks to come.

I had a similar case a year ago. The patient, a man, had so far recovered that he was up and dressed. I foolishly allowed him to have some solid food for his Sunday dinner. He was still up in the early afternoon. Later, he began to distend, and died about eight that night. I feel sure he would have recovered if I had adhered to the liquid diet that had brought him so near to recovery.

These cases are police cases. That is, they must be reported to the police department, as well as to the health department. As the patients usually die, and their deaths are considered as from violence, a physician will get into serious trouble with both the coroner's office and the police department if he omits the little

formality of notification. Never let the feelings of the family interfere with the requirements of the law. While the family will wish protection, they will rarely pay a fine for the physician, or be able to restore a license that has been revoked. It is a case of "Safety First" for the doctor.

The patient of whom I have spoken had no medicine except the morphine as sedative, and the soda, the latter slightly antidotal.

FRACTURES IN THE WINTER SEASON.

PAUL M. CLIVER, M. D., CHICAGO.

Preliminary Note.—About the middle of December, 1915, Chicago, after a day of rain, experienced a freeze-up which turned the streets into vast areas of ice. I made the prediction that in two hours from the time of the freeze there would be five hundred fractures in Chicago. If others had as many as I had, the prediction was conservative, for in less than forty-eight hours I had my hands full of all sorts and conditions of fractures, Colles' fractures, Potts' fractures, fractures of the legs and various other fractures. The fracture work has been unusually severe this year, owing, probably, to the fact that the amount of snow has been just enough to cover the slippery ice.

Observations on Cases Handled.—One Colles' fracture with marked displacement did not at any time show any tendency to swelling. Adjustment was easy and, according to the X-ray, approximation was perfect. The after-result was also perfect. Such a case I have never before seen. As the arm was thin, any swelling could have easily been detected.

Another case of Colles' received home treatment for sprain fifteen days before surgical advice was sought. The deformity was marked and characteristic, and immediately recognized by the physician employed who referred the patient to me. The X-ray confirmed the diagnosis and, in addition, showed comminution and impaction of the lower end of ulna. Under anæsthetic manual effort broke up the rather firm union present. The result is a useful hand, the lady using it at our request for crocheting in about three weeks following the adjustment, while the cast was still on.

The most unusual experience of the winter was with another

Colles' where the X-ray showed the fracture to be lacking in any perceptible displacement. No adjustment was, therefore, at first thought necessary. We applied merely a simple anterior and posterior splint. Pain, swelling and visible deformity persisted. A second set of X-ray pictures showed the same condition as the first. I asked for counsel and consultant advised ignoring the X-ray and performance of adjustment as if deformity was shown. The advice was sound and the patient as a result has an arm as good as new, with a little widening, only, of the wrist.

One patient with injuries below the knee only, resulting from being run over by an automobile, lost all reason, and is only beginning to recover normal mentality at the end of two months.

On the fifth of February three shoulder cases were brought in to me, all the result of falls. The one that seemed the least like a fracture turned out to be a complete fracture of the neck of the humerus.

Some Fracture Don'ts.—Don't immobilize fingers in cases of Colles' fracture.

Don't give gas in a fracture where flexion of a part is to be maintained (as in Potts' fractures), that is if you use plaster-of-paris dressing. The patient will nearly always strain on awakening and thus undo your work.

Don't rely upon an X-ray taken from only one direction. Always take two or more. In one case recently treated an anterior-posterior view showed not the slightest trace of fracture of the tibia but the lateral view showed an oblique fracture about four inches long with some over-riding.

Don't think you have got to "set" every fracture that happens. Some fractures, even though there be displacement, are best not touched at all but immobilized. This is particularly of fractures of the head of the humerus.

Don't neglect to take pictures three or four days after adjustment. Your correct approximation may have slipped out of place and you should know it.

Whenever possible dress the fracture frequently and massage the parts thoroughly.

Dr. Fellows' Cataract Operation.—In answer to a letter to Dr. C. Gurnee Fellows, of Chicago, who has had a large experience in cataract operations, the following cheering answer was received:

Feb. 9, 1916.

DR. CLIFFORD MITCHELL,
25 E. Washington St.,
Chicago, Ill.

Dear Doctor:

You asked me for something about my cataract operation, and I am glad to reply.

I am constantly meeting patients who have been told by their family physicians that cataracts are commencing or have already progressed sufficiently to interfere a good deal with vision, and have advised them not to do anything until they are blind, thus compelling the patient, in many cases, to stay in semi-darkness indefinitely before he even consults the oculist.

This is the advice that was given to the last generation by the operators, and I am sorry to see that such advice is given even now in some existing text-books. I want to remind the readers that rapid advances have taken place in the field of ophthalmology, and that it is hardly safe to trust text-books more than two or three years old upon such a subject.

It is true that the former operation for the removal of the lens was a hazardous procedure, and that it was more satisfactory when the lens was completely opaque, but people ought to be informed that the old things have passed away and that the old advice is absolutely wrong, for an immature lens can be removed at practically any age, and physicians are denying their patients the possibility of sight because they are not up to date in their own reading.

Another bit of advice that I am constantly hearing quoted to elderly people is that they are too old for operation. I recently had a case where the family were willing to discuss operation upon the father, who was eighty-five years old, because of his age, and for a long time he was not even given the privilege of deciding for himself, but when the family were converted to the idea the father readily consented and had a successful operation.

A physician, of supposedly good standing, has this week told me that his mother, seventy-eight years old, has lost most of her sight from cataracts, and that he feels that she is too old to undertake the operation, but he is offering his own advice, and not obtaining the latest ideas from others.

In answer to this statement I want to say that I have never seen a patient whose age alone would contraindicate the operation. It does not cause the shock of general surgery, because it is done with a local anæsthetic. It does not demand a long rest in bed, and could even be done without having the patient go to bed, if it were necessary. It does not involve as much risk as the ordinary sicknesses to which we are all subject.

Therefore, I state without any hesitation, first, that cataracts can be safely removed at any time of life; second, that patients need not remain half blind for an indefinite length of time; third, that the doctors who do not give their patients the latest and best advice are themselves behind the times.

You may all have heard of the so-called Indian operation, which has been so much written about of recent years. This is a new method of operating immature cataract which has been practiced extensively in India, and is now being followed by a few men throughout the rest of the world.

This has perhaps been one of the means of educating oculists to the fact that cataracts can be removed, and without going into details as to method, it may be safely stated that there are several methods by which it can be safely done.

the method of preliminary capsulotomy, which has its objections, but is nevertheless safer. There are two steps to this operation, but they are done on the same day and sometimes at the same visit, thus removing some of the difficulties of the other methods. This method is particularly applicable to young people, and even this is not necessary in people sixty years of age or beyond.

I think it is not unwise to remark at this time that, like many other diseases, cataract may be prevented, and I should advise early and repeated examinations of the eyes of healthy individuals, for the development of incipient cataract may be retarded, perhaps indefinitely; but when a cataract is really developed, it does not absorb, and long-drawn-out treatment is inadvisable and inexcusable.

Very truly yours,

C. GURNEE FELLOWS.

Boulevard Building, 30 North Michigan Avenue, Chicago.

SOME SURGICAL COMPLICATIONS OF THE RECENT GRIPPE EPIDEMIC.

BY G. M. CUSHING, M. D., AND A. C. CONRAD, M. D., CHICAGO, ILL.

The so-called grippe epidemic which has recently been prevalent in Chicago and vicinity, besides many other localities throughout the United States, was marked by the large number of cases and the many complications requiring surgical interference.

It was in the latter cases that were brought to our attention that several interesting notations were made.

Every case had a stage of sickness before entering the hospital, or developed a respiratory or tonsillar infection a short time following the operation which was identical with the so-called grippe.

CASE NO. 1.—An adult male, *æt.* 62, had an infection of the upper passages and an aching and soreness of the body, which was termed grippe. This was followed in several days by an acute suppurative appendicitis of an extremely virulent type. Operation was performed but recovery was prolonged because of an annoying cough which persisted throughout the illness.

CASE NO. 2.—An adult male, *æt.* 35, with an identical history as that above. The operation revealed a gangrenous appendix. A cough persisted throughout the entire sickness.

CASE NO. 3.—An adult female, *æt.* 33, had an attack of so-called grippe followed in four days by an acute appendicitis. At the time of operation the patient still had a cough and bronchitis, but the urgency of the case demanded immediate operation. After a stormy convalescence the patient made a good recovery.

CASE NO. 4.—Young adult female had an attack of acute appendicitis preceded and complicated by a cough and cold. As in the previous case the urgency of the situation demanded immediate operation. Several days later the patient developed a lobar pneumonia. She recovered after a severe prolonged illness.

CASE NO. 5.—A young girl, *æt.* 13, had an attack of grippe attended by tonsillitis, cough, etc. The soreness seemed to localize over McBurney's point, and physician referred case for operation. There was a leucocytosis of 25,000. An operation which revealed a slightly inflamed appendix was performed immediately. Two days following she complained of pain in shoulders and knees

and developed all the symptoms of an acute rheumatic fever. Throat cultures showed a pure staphylococcus infection; the blood culture was negative.

CASE NO. 6.—Was one of chronic appendicitis which was operated but three days later developed a sore throat and tonsillitis. Leucocytic count was 26,000. A thorough physical examination failed to reveal any localized infection. Throat and blood cultures showed pure staphylococcus growths. The temperature was 103° and there was profound toxæmia present. All therapeutic measures were unavailing and the patient died. The wound healed by primary union and apparently had nothing to do with the infection and death.

CASE NO. 7.—A young lady, æt. 26, had grippe followed in a week by an acute hepatic colic. Operation was immediately performed, and an acute empyema of the gall bladder and gall stones were found. The gall bladder and appendix were removed and the patient ran a normal temperature and did well for seventy-two hours when she developed a lobar pneumonia and died seven days later.

CASE NO. 8.—A young lady, æt. 28, had grippe during childbirth, and five days after a normal delivery developed a sore throat and temperature of 103°. An examination of the pelvis revealed the uterus and adnexa to be in perfect condition. There were no perineal or cervical tears, and the lochia was normal. The temperature rapidly rose to 105.4°, the leucocytic count was from 24,000 to 32,000, there was profound sepsis present, and the patient died on the fifteenth day, post-partum. Blood cultures showed a pure hemolytic streptococcus infection.

CASE NO. 9.—A woman, 38 years of age, was referred for Cæsarian section, because of pelvic deformity. She was at full term and had been in labor for seventeen hours. The operation was performed under gas-oxygen anæsthesia and was completed in nineteen minutes, a living girl baby was delivered. This patient was suffering from an infection of the upper air passages at the time of her admission to the hospital and developed a lobar pneumonia within a few hours following her operation. The operative field remained in perfect condition at all times, the lochia was normal and there were no symptoms other than those confined to the chest. This patient died on the ninth day of her

illness, due to a second lobe of the lung becoming involved in the pneumonic process.

CASE NO. 10.—A child, æt. 4 years, had a cold, cough and **general infection of the upper air passages**, which lasted for several days. This was followed by a middle ear infection and later by an **acute mastoiditis**. The child was desperately sick when we first saw her, and the tissues about the mastoid were extremely **sensitive and greatly swollen**. An immediate operation was performed and a large quantity of pus was liberated. After removal of all **necrotic bone** and thoroughly draining the mastoid cells, the patient recovered.

We feel that this group of cases serves to show what difficulties we, as surgeons, have been laboring under during the past two months, and no doubt other surgeons have had similar experiences; at any rate the crowded condition of the hospitals would indicate it.

We have approached these cases with fear and trembling, well knowing the difficulties and dangers which beset them, but the urgency of their surgical features demanded immediate interference in many of them regardless of their other symptoms.

Others developed complications following the operation which we feel were due to a lighting up of the respiratory infections which had existed before. We are well aware that such cases as we have reported may and do occur at any time regardless of **infections in other parts of the body**, but we feel very confident that they become surgical because of pre-existing infection in the **upper air passages** and that their recovery was greatly retarded and much more burdensome than it would have been under other circumstances.

THAT INSTITUTE DEFENSE COMMITTEE.

In the year of our Lord 1911 the undersigned in company with divers and sundry other enthusiasts spent money in a visit to Narragansett Pier for the purpose of attending a meeting of the American Institute of Homœopathy. "The idea" was to rouse the Institute to a sense of impending dangers, which those of us in close proximity to certain influences didn't need "a house to fall on us" to make us see.

Owing to the kindly efforts and friendly influence of Dr.

Walton, of Cincinnati, one of the few loyal friends still left, we succeeded in getting the chairman's ear long enough to propose a resolution to appoint a committee to collect a fund for "defense." We did not specify in exact terms what the "defense" was to be for, nor against whom we proposed to defend ourselves.

* The Institute at that time was blissfully unconscious of the perils in store for Homœopathy, and the writer's efforts were cleverly side-tracked to make way for more "important" business.

We observe, however, that of late there is more talk of "defense." The reason is obvious. Possibly some new (?) resolution will be introduced by "interested parties" and go through with a whoop next summer. We, too, shall be "interested" but not pecuniarily.

The attention of those interested in keeping homœopathic institutions "going" is respectfully directed to the speech of Paderewski, the Polish patriot, delivered at the Auditorium in Chicago on February 7, 1916.

The reasons why Poland fell are so similar to the reasons why Homœopathy may fall as to require neither comment nor observation.

C. M.

DR. HALBERT'S PHILOSOPHY.

There were those who years ago insisted that David Livingstone, the African traveller, did not particularly relish the efforts of a semi-autogenous committee to find him, when he did not admit that he had ever been lost.

In an analogous position to Livingstone is, evidently, Dr. H. V. Halbert, of Chicago, judging from a waggish editorial which he has published in the January *Clinique*.

Without obtaining Dr. Halbert's consent, it seems, the faculty of Hahnemann Medical College voted him editorial assistance he did not ask for in the shape of an editorial committee he did not himself select.

His criticisms of the journalistic merits and deficiencies of the editorial committee aforesaid are most amusing and should be read by every one who has any sense of humor.

In the midst, however, of his satirical utterances Halbert does not forget to philosophize somewhat after the fashion of Lord

Chesterfield. The fact that a prophet "hath no honor in his own country" appeals to him, and he says, "a prophet who once leaves his own country is a fool to go back to it."

Some of us may remember another philosopher, Dr. Wilson Smith, who discovered that there was no mention in the announcements of either the Chicago Homœopathic Medical College or of Hahnemann Medical College of the names of either J. S. Mitchell or Ludlam, the very next year after they died.

There is something in this philosophy worthy of our serious consideration. Our perspective of a man's real value is often narrowed by personal considerations of the most petty sort. The fact that a certain man is of real service to us in a public way may be obscured by the fact that his personal peculiarities "get upon our nerves" and offend our prejudices.

C. M.

OUR CONTRIBUTION TO MODERN MEDICINE.

We read in the *Bulletin* of Hahnemann Medical College, of Chicago, an address by Dr. H. R. Chislett, of that city, in which he speaks hopefully of the acceptance by the "dominant school" of the homœopathic law, and urges us to reconstruct our materia medica on a scientific basis as our contribution to modern medicine. This is indeed a laudable undertaking, so far as we ourselves in particular are concerned, but does any one believe that when we have completed our *magnum opus* the dominant school will gladly accept it? In our humble opinion the only thing the aforesaid school will gladly accept is our application for membership; otherwise, "nothing doing."

C. M.

Marie, aged twelve, lymphatic temperament, plump, and a fair-haired blonde; bearing some spots of lentigo upon her skin; health habitually good. When two years old had two convulsions; when four years old fell with a pitcher cutting her hand. From this moment, squinting of right eye inward. The rectus internus habitually contracted, was sometimes tremulous with slight clonic motion. *Sulph.* 30; no benefit. *Hyos.* 3, twenty-four doses in eight days cured this affection, which had lasted eight years.—*Dr. Gallivardin.*

BOOK REVIEWS.

DOCTORS VERSUS FOLKS.—Tomorrow's topic series. By Robert T. Morris, M. D. 365 pages. Cloth. Doubleday, Page & Company, Garden City, New York.

This is the third of Dr. Morris' trilogy. See *RECORDER*, Jan. and Feb. It is also, in the reviewer's opinion, the best, for the author does not try to build a theology on microbes, but deals with that with which he is familiar—pardon, good doctor, the seeming jolt. The argument of the book, as the reviewer sees it (subject to correction), is that the specialist grew out of the all-round physician, otherwise, the "family physician," and when the cycle is completed the specialist will return to that from which he sprang. In other words, as we see the author's meaning, an ill in any part of the body may find its center in a corn, an ingrowing nail, a bad tooth, or in any other unlooked for place, or condition, and the man who can view the patient as a whole, the General Practitioner, is the greatest Specialist even though he has to call in a man who knows better how to trim the corn, or pull the tooth than he does. Again, in other words, the coming Specialist is the man who knows the whole human body and not one of its parts only. When the medical millennium arrives, as the reviewer reads the book, the General Practitioner will not sit at the feet of the specialist to learn wisdom, but will call upon him to do certain work as he directs. But let Dr. Morris speak—page 155: "The extension work of specialists into the fields of one another is bound to continue until we complete a circuit tomorrow and arrive again at the general practitioner." Force is added to this opinion of an experienced man by the reported fact that a big majority of medical students are heading from the class-room to a "specialty"—while the true specialty is the man who can view the patient as a whole and not his nose—or the point of departure of his discarded matter.

Dr. Morris points out further complications in this matter of specialists, (page 159). After stating that "there are specialties within specialties" and even these "have frequently enough cases they would like to try over again just once more," he continues: "It is only in the profession that expert men are properly known

to each other; consequently it is very unsafe for a patient to place himself under the care of any specialist excepting under the advice of the family physician. This in turn places a heavy responsibility upon the family physician." To this the author adds, but elsewhere, page 155, "Specialists without general training are prone to go very far wrong." Again, elsewhere: "Specialists who have not enjoyed general practice first, lose much beside professional spirit. Centuries before Christ a Hindoo physician, Sasruta, said: 'He who knows but one branch of his art is like a bird with one wing.'" From this it seems that Dr. Morris has not much respect for the specialists who impatiently and sometimes, apparently, proudly exclaims: "Oh! I know nothing about therapeutics," or whatever it may be. Once we heard several specialists in a bunch of medical men, say, in effect, Oh, we know nothing about so and so, and this with a certain air of pride. Yet everything in the human being is intimately related, and the man, be he a country doctor or a New York specialist, who can see the case as a whole, is the big man. Now, we are not "knocking" specialists, but culling a few points from the book of a man who has been through the mill, for their benefit.

One more point—for all. In substance. If you have taken root in a small place don't pull up and go to a big city. If you fail, and the doctrine of chances show you will, and go back, people will think you did not size up to the big city and you will never regain your lost place. Remember that the Mayo brothers did not go to New York—but New York goes to them.

The author, Dr. Morris, takes a sly knock at Homœopathy, but like Tony Weller, we can but say, "As you grow vider, you grow viser. Vidth and visdom go together, Sammy."

Finally, this is a good book for any young graduate to read, and, for that matter, even for the gray beards, for it genially discusses many matters, such as are indicated in this review, concerning the practice of medicine that are worth considering.

TRACHOMA. Its Prevalence, Its Effects Upon the Vision, and the Methods of Control and Eradication.

This is the title of a 40 page, 8vo. pamphlet issued by the "National Committee for the Prevention of Blindness," at 130

East 22d St., New York City. A free copy will be mailed to any physician on request to the foregoing address. The pamphlet contains about twenty-five half-tone illustrations pertaining to the disease, which, in other days, was known as "granulated lids." Very little is said about treatment which seems to be regarded as external only. Homœopathic books mention for this disease, *Aconite*, *Arsenicum*, *Bellodonna*, *Euphorbia*, *Merc. iod.*, *Phytolacca*, *Sanguinaria*, *Sulphur*, and other remedies for internal medication. Will not some of our physicians write for the RECORDER something about the treatment?

"REGULAR" THERAPEUTICS.

Dr. D. L. Field, of Jefferson, Ind., in *Medical Summary*, after enumerating many drugs once popular, but now "to be found on the medical scrap pile," writes:

What is the rage to-day, may be junk in ten or twenty years hence! I believe it is the rule that the mass of medical men have more faith than knowledge. We are prone to try anything, however extravagant the claims, and in a majority of instances, we are disappointed. The profession is going daily on *antis*, *sera*, *vaccines*, *bacteria*, etc. This craze may, ere long, be followed by a treatment based on entirely different views of diseased conditions; and a different line of remedies. Who knows?

This chaotic condition will continue until our confused friends learn that each drug is an entity and will produce certain distinct symptoms all its own. If they will learn these peculiarities and administer, in minimum doses, a given drug in sickness for the conditions resembling those it will produce, they will no longer continue their vain quest. This is Homœopathy.

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EDITORIAL NOTES AND COMMENTS.

The Humor of the Learned.—The orthodox, ferociously honest and ultra hater of medical frauds, namely, the *Journal of the American Medical Association*, prints an anecdote, the gist of which runs as follows. A Scotch grave-digger stepped aside in a narrow path to let the doctor and the minister pass, in the order named. The doctor asked him why he did so and the grave-digger replied, that he knew his place. To be sure the doctor must precede the man who preaches the funeral sermon, and the man who digs the grave, if one is to have a legal death, but why jibe the doctor, even if he is a “regular?” Jokes on doctors even though they bear the imprint of the journal of the impeccable A. M. A. are in bad taste. Are not all the patients of Hippocrates dead?

A Possibility.—A medical news item mentions the fact that a certain medical school has added another year to its students’ labors. If this craze keeps on it will be that a man who fulfills all the requirements, when finally graduated, will be ready to coldly meet his undertaker.

Varying Views.—One exchange recently treating of the numerous vaccines that all should receive, says, “The inoculation of the above vaccines in man is harmless.” Another exchange in the same mail told of a Canadian volunteer who after enlisting was inoculated with one of the harmless vaccines, with the result that he went stone blind and has been pensioned. Some men think

that even in cases where no apparent bad effects follow these numerous inoculations, that, nevertheless, they sap man's vitality; that while an uninoculated army may show a few more cases of disease, yet the men will also show more vim, and endurance, and also make better recovery from illness or wounds.

Defining Scientific Medicine.—"The words 'science' and 'scientific' are frequently in the mouths of doctors, but they are very apt to be used loosely, without precision. Science is exact knowledge, and to be scientific is to seek for fact and not for opinion, to observe and experiment, rather than to conjecture, to be slow and tentative in conclusion and swift only to reconsider and test again. This is the ideal, and of the ideal we should never lose sight. But in medicine we have as yet very little exact knowledge, and our observations and experiments are all made amid a welter of contending factors which render clear conclusions exceedingly difficult to reach. Yet we have to act or withhold from acting, and in the emergencies of disease can only make the best use of such light as is available. The full light of complete knowledge may be for our successors, but we struggle in the twilight of ignorance and the fog of error."—*Dr. C. E. Wheeler, London.*

Emetine and Ipecac.—Probably few of the men who are using "Emetine" know that is not a new drug. Sir Donald Ross, in a lecture before the Royal Society of Medicine (*Lancet*, Jan. 1), said "Emetine was first separated from Ipecacuanha by Pelleties and Magendie in 1817 and was, I believe, first recommended for dysentery by Bardsley, of Manchester, in 1829." *Ipecac* was first known in the year 1600, and has a varying history, being at one time regarded as a specific for dysentery and then thrown aside as worthless. Ross thinks "the trouble was that it was given in quite inadequate doses and for periods which were quite too short to compass complete cure." The real trouble was the ignorance of the law of similia; *Ipecac* will cure its own form of dysentery but is useless in that of *Merc. cor.* or of other drugs. Learn the principles of Homœopathy, gentlemen, and you will be wonderfully more efficient with drugs.

The Germans and the Prussians.—The *British Medical Journal*, quoting Professor J. Cossar Ewart, who seems to be a Scotch-

man, Dr. Quartrefages, and an unnamed American ethnologist, say that the Teutons are "a blend of the dolichocephalic Cro-Magnon and Chancelade races which flourished in Europe at the end of the ice age," while the Prussians are not Germans, but are related to the Finns, and other primitive races of Western Russia, who ruled by the sword alone. In other words, the German is of the same stock as Central France and the Alpine regions and the Prussians are related to the Russians, Finns, Danes and Swedes. Seems to be a sort of mixed family fight going on. We might add that England is made up of all these races, plus the Irish which complicates things more than ever.

"War Nephritis."—The *British Medical Journal*, translates from *Wien med. Woch.* an account of a meeting recently held by physicians to discuss "the etiology of the serious outbreaks of 'nephritis,' which have occurred among the soldiers not only in the trenches, but among those not yet in active service. The disease, while not very fatal, incapacitates the man for active service. Among other things "it was also frequently suggested that inoculation against typhoid fever might have been responsible." (See *British Medical Journal*, Jan. 8, page 64.)

Hypodermics.—"In 1839 Magendi found that rabbits which had been injected with egg albumin died after a repetition of the injection. Sixty-five years later Theobald Smith observed similar phenomena following injections of horse serum. In 1898 Hencourt and Richet found that repeated injections of eel serum into dogs caused increased susceptibility in these animals. In 1903 Arthus showed that, when rabbits were injected at first subcutaneously and later intravenously or intraperitoneally with milk or serum, serious symptoms of dyspnoea, convulsions, diarrhoea or even death ensued. Rosenau and Anderson observed that guinea-pigs sensitized with watery extract of peas reacted violently to subsequent injections of the same material; three out of five died."—*Strickler and Goldberg on "Anaphylactic Food Reactions in Dermatology."* *J. A. M. A.*, Jan. 22.

Looks as if the old and natural route of medication by way of the mouth is safer, as it is better, for the patient. Repeated injections must have a deleterious effect on man as they have on beast yet that is the prevailing practice among the erratic "regulars" today.

Foot and Mouth Disease.—In his Message the Governor of Illinois says that from Nov. 1, 1914, to May 8, 1915, foot and mouth disease cost the State \$1,211,232. The second outbreak from Aug. 8, 1915, cost \$593,634.32. He says the outbreak was "unquestionably" due to serum. The outbreak a few years ago, according to U. S. officials, was traced to calves used in producing vaccine virus. *Merck's Report* for January, treating of the disease, says: "If there are no complications the disease runs its course in about two weeks and the patient recovers." Considering the "fierce white light" of the 20th Century, one can but conclude that it is so fierce as to blind some men.

A Nose Case.—A printer's man dropped in not long ago, on business bent—but that is another story. Here is the real story. Years ago he had two ugly pimples on his nose—scars yet visible—that he picked and pressed, with the result that his nose became clubbed and red, "a regular rum-nose though I never drink." He applied to Dr. C. F. Drane, once well known in Baltimore, but, at the time, in Philadelphia, who took him to Hahnemann College Hospital, where Dr. W. B. Van Lennep, the great surgeon, happened to be. The surgeon said, "Get some *Carbo animalis* 6x and take it." This was done and our visitor said, "It cured me," which was quite true so far as appearances go today, and the event happened a number of years ago. "Van Lennep sure deserved credit for that work" this man said—and all others will agree with him.

The Importance of Examining the Urine.—Mills, in his recently published *Practice of Medicine*, remarks in the part devoted to chronic Bright's disease: "Patients really ill of Bright's disease will present themselves with symptoms pointing to nervous, vascular, or digestive systems so often that it is always wise to resort to a urinary analysis before making a positive diagnosis. It is my rule to examine the urine of all patients in private practice no matter what the ailment." If you do not have ready access to a urinary analyst it is well to have a book that will give you the needed information. The best book on the subject, according to common belief, for this purpose is Dr. Clifford Mitchell's *Modern Urinology*, which is not only complete but *modern*.

The Tuberculosis Fight.—"The National Association for the

Study and Prevention of Tuberculosis reports that during 1915 more than \$22,500,000 was spent in the anti-tuberculosis campaign, an increase of \$7,500,000 as compared with a decade ago."—*Jour. A. M. A.*

An observer recently stated that while the disease was arrested temporarily by good feeding and rest in sanatoriums, this did nothing towards curing it. If the Association would buy a copy of Van Denburgs *Therapeutics of the Respiratory System* for the 600 sanatoriums on which nearly all the money was spent and treat the patients according to its principles many actual cures would follow, and much be done towards eradicating the disease.

Haiselden.—Of course, everyone knows that Dr. H. J. Haiselden, of Chicago, advised against trying to save the Bollinger baby's life. Very likely he did right, but was unusual. Being unusual it was nuts for the newspapers. They took it up and the doctor's name was soon known from the Atlantic to the Pacific.

And the "movies" got after him who before was a plain M. D., only that and nothing more. This was too much noise for the sedate Chicago Medical Society. So they disciplined him for getting so much in the sun of publicity. Strangest of all the Christian Scientists' journal reproaches him for not operating. If this keeps up the C. S. healers will be carrying hypodermic syringes before long, and the Chicago Society will be preaching that disease is hallucination.

Public Sentiment.—The following is clipped from an editorial in the *Evening Bulletin*, of Philadelphia, which has a circulation of over 380,000 copies daily. The editorial is headed "An Eugenic Voltface" and concludes:

But aside from its immediate application, the change may be significant also of growing unrest against some oppressive and inquisitorial laws that amount to what has aptly been called "medical tyranny." The popular intelligence, which though it may not always grasp the scientific importance of abstract theories, quickly realizes when they overstep the bounds of reason, is not yet ready to hand over the individual's entire liberty and pursuit of happiness into the hands of health boards, particularly when the personal and domestic relations are concerned. Nor will it be likely to do so until medicine becomes a less speculative and experimental science than it is at present.

Due to Quinine.—The following is clipped from *Public Health*

Reports, Jan. 28, 1916. Scene, California. "This patient received his infection in the spring of 1914 and carried it over the winter months. When seen in October, 1915, the patient was not having severe paroxysms. While he did not always have a distinct chill followed by fever, he had an attack every third day, ranging in severity from a slight chilliness and headache to a paroxysm of the regular type, with temperature. The atypical type of paroxysm was probably due to the fact that he was taking, at the time, more or less quinine in the form of patent medicines." Quinine is the same whether in a patent medicine, or a prescription. This case is respectfully referred to our "regular" brethren, with the hint that all is not disease that appears so, some of it being the result of too much drugging.

Heredity.—According to press report "leprosy has been definitely proved to be a hereditary disease by the United States Public Health Service. The discovery upsets theories heretofore held in the medical world." Presumably it is the theory that all disease is produced by germs that is upset. The studies were made in the leper colony at Molokai in the South Pacific.

Tennis.—The *Critic and Guide* bats out the statement, "*Similia* was known to the ancient Hindus, as they used yellow plants against jaundice, poisoned arrows, against poison "and red cows in diseases of the blood." In another place it relates as a curiosity the ancient preparation of the "elixir of mummy," which was said to be good "against infection." That is akin to what is being done today (vaccines) only today the human extract is made from the fresh, instead of the dried, diseased human, but the preparation is used for the same purpose, as was the old elixir of mummy.

Preventing Typhoid.—The following is clipped from the Berlin letter to the *J. A. M. A.*, Jan. 29, the section being headed, "Prophylactic Vaccination Against Typhoid and Cholera:"

At a meeting held in the Kaiser Wilhelm Institute, November 16, Professor von Wassermann discussed this problem, basing his statements on his experimental research. He found that white mice were immune to typhoid infection by way of the bowel and that the blood of these mice killed the typhoid bacillus. He assumed, therefore, that there was some relationship between this immunity of the intestinal mucosa and bactericidal substances in the blood.

PERSONAL.

"When not sure of your ideas," says Claude, "use big words that no reader understands."

"Water," said the boy scientist, "is a colorless fluid that turns black when you wash your hands in it."

"Cleaned Therapeutics." RECORDER, Jan., 1916, p. 34. Read "Gleaned Therapeutics" and damn Lancaster, Pa., with a clear conscience.

"The way to save money," headlines an editor, but Mary says the only way is 'not to spend it."

Why pestilence? Germs? Nix! Cussedness, filth and selfishness.

Pat.—"I'm discindid from the Irish King." Mike.—"Ye know the dead cannot defend themselves."

The man who hath no music in his soul and whistleth not is a desirable neighbor.

Said an Edinburg professor, "The Scotch keep the Sabbath and everything they get their hands on."

The good die young and ye old Bucke dyeth to look young.

Never give up a car seat on the score of old age, or you hunt trouble.

The allopath's cry "prevention!" But "cure? there ain't such a thing."

"Burglars in the House!" whispered the Congressman's wife. "Naw! only in the Senate."

When the newspapers print "she outstripped her rivals" it almost sounds naughty, but isn't.

No one is quicker to fight that than a pacifist.

The beginner's machine generally suggests auto-intoxication.

Dr. J. D. Buck, one of our Cincinnati Seniors, discusses "scientific morality" in "T. K.'s" journal, *Life and Action*.

Medical R. of R.'s says "Chicago is the home of blastomycosis." Chicago claims everything!

"A surgeon well known to posterity" is a scintillation from H. V. H. of *The Clinique*.

Pumps on the feet, Mary, are not good for water on the knee, and you know it, else the board shouldn't have passed you.

Claude says when he was asked, at the dinner, if he liked Crabbe's Tales he was flabbergasted for a moment.

You may possess a riding-habit, but no horse.

Dr. R. E. Lloyd asks, "Can life be explained?" Passed on to the psychological reader.

The Monroe Doctrine was defined by a boy as meaning "Shinny on your own side."

How old a person is who was born in 1880 depends on the sex.

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THE PRACTICE OF MEDICINE, HOW NOT TO DO IT.

The RECORDER feels it to be a duty to give its readers two leading editorials that recently appeared in our medical journals, for both are true and should be heeded, not only by homœopaths, but by all other physicians. The first (we give them in chronological order) is "The Practice of Medicine," by Dr. H. V. Halbert, editor of *The Clinique*, of Chicago, and the second, "How Not to Do It," by Dr. De Witt G. Wilcox, editor of *The New England Medical Gazette*, of Boston. Study them both, reader, and go to Baltimore next June, to the American Institute of Homœopathy and do your share towards steering Homœopathy away from the modern therapeutic morass:

The Practice of Medicine.

I have always wanted to write an editorial on the practice of medicine, but when I stop to think there really isn't any such thing. We abandoned this long ago—when we discovered the germ theory. It was then we began to treat people through the laboratory and assumed a spirit of watchful waiting so far as disease pertains. Furthermore, we are not making any doctors since the medical requirements were increased; we are simply manufacturing specialists.

If a young man is fool enough to incline to the "medical field" to-day he must spend a certain number of years in college studying astronomy, higher mathematics, ancient history and the dead languages; then after making a few more units in foot ball and other athletics he is pushed along into the so-called medical college of today. Here he works a long time in the laboratory; sees the surgeons operate; he becomes acquainted with the different specialists and finally, with a good knowledge of diagnosis, he comes

forth from the medical college when about forty years of age. During a year of internship he takes part in a great many operations, continues his laboratory experience and becomes expert in diagnosis. Then he goes away for post-graduate work and finally takes up the practice of operating and diagnosing at about the age of mental decline. By this time he is stale enough to be called a doctor. He has not learned to take care of the sick because the faculty, being modern, did not believe in it and did not teach it.

Whenever this doctor is called to a sick man he is expected only to diagnose the case and then open the windows or the abdomen. If surgery is refused he looks for the focus of infection and treats it with a vaccine, if he can not cut out the cause otherwise he removes the patient's tonsils or pulls out all of his teeth. At all times he is a surgeon or a diagnostician or both. He is never a doctor in a sense of caring for the patient. It is not considered proper to have any ailments or suffering which are not corrected in this way. The man who feels he is sick has no choice in the matter; he must furnish a bona fide focus of infection amenable to surgery or he must be satisfied with a diagnosis. Of late I dread to ask a student for the medical treatment of any disease for his only answer is sure to be: "Give him calomel in divided doses and follow with salines." You see he has lived with the surgeons while in college. They still call these institutions "medical" colleges, but that is a modern misnomer. Strictly they are places where a man goes for medical knowledge and comes out with surgical technique. The institutions exist for the surgeons and are dominated entirely in their interests. The few medical men who are kept for ornamentation are in reality nothing but contributors.

Right here I want to say that I am not objecting to diagnosis or surgery. The first is an absolute essential at all times and many times the latter is required. I am simply finding fault with the fact that the practitioner of medicine—the doctor so to speak—is at present put into the usufruct barrel. As an entity he is overlooked. We have forgotten the man who looks after sick people, and we are sending out students who have no faith in medical technique. The gallery draws the crowd.

Not long ago I sat at a banquet, with a prominent medical man

of the dominant school. We drifted into shop talk. We spoke of all the prevailing diseases. I found he had no faith in medicine. He felt that all we could do was to diagnose a case and then trust to "rest in bed" as the only remedial agent. I wondered then, if this was the belief of our prominent "medical" men, how, in the world, could we expect to interest our profession in any therapeutic line. We are ourselves to blame for the modern chaos in treatment because we are chasing the spectacular and the specific. I have followed the course of some of our "renowned" men who today are the fad. They perchance are advertised in the daily paper by the fact that they have taken a special train to see a very sick man of wealth. They make a thorough examination, according to modern technique and then they issue a bulletin. The next day they announce a diagnosis and later they tell us the patient is dead. There is no "treatment" of the case for they evidently believe he should be satisfied in knowing the diagnosis so that he may not die in ignorance of his disease.

A man came to my office not many days ago in a perturbed state of mind over the death of a sister. He had called one of the well known "bulletin" men who sent her forthwith to the hospital. With a corps of assistants all the known methods of examination and "observation" were carried out and in a few days she was dead. The relatives were informed that all possible help had been rendered because they finally discovered she had pneumonia and there was no help for that. She had received no treatment because, there being no specific, no help could be given. Think of it—in this age of knowledge "nothing to do for pneumonia!" I might mention similar experiences ad infinitum and nauseam also.

By such examples we are sending out highly educated young men and women into the field of practice and virtually telling them not to treat or even care for a case of pneumonia. While writing this I am reminded of an experience of my own not long ago: with another practician who has been a successful "treatment man" and two good nurses we worked persistently with confidence in our treatment in a serious case of pneumonia in an old man beyond ninety and were rewarded by his complete recovery. Had we accepted the pessimistic view that nothing was to be done he would have been numbered with the dead. Many of my readers with

me, might quote many a case of the kind because we had a treatment to give and believed in taking care of our patient while nature developed her own antitoxin.

The present day agnosticism in treatment is pitiful. Why go on with so much scientific procedure if diagnosis is the only alternative? The trouble is largely due to the fact that we are losing faith in our care of the sick and because we are forgetting the art of practice. A prominent old school man recently said in a public speech "that Hahnemann was nearly one hundred years in advance of his time." Why then has he and all his following refused to look into homœopathy? I am not apologizing for any of the eccentricities or the idiosyncrasies which have been promulgated by the extremists of our school. We have not made the best of our principle and we have been made ridiculous by preposterous claims and much fool talk. It is unfortunate that, as a school, we have been recognized and estimated by the pranks of those who are not our leading men. Nevertheless we are ready to state that the bulk of our practitioners, always on the defensive and in the beginning ridiculed, have been unusually successful in their work and have built up a large following in many places. These men, however, have been liberal in practice and awake to all that is new and scientific. Every one of them will tell you that, while they are physicians in the broader sense, they have nevertheless recognized the efficiency of the homœopathic method of practice. Neither the single remedy, the single dose, nor the potentized drug has been the entity by which the results have been obtained.

The greatest claim of Hahnemann was not for the virtue of the law of similars but for the totality of symptoms as a guide to treatment. In other words his aim was to treat the patient and not the disease alone. He studied the symptoms because they were expressions of the underlying pathology and in his day we had no better method for the appreciation of pathology. He was painstaking in getting the history and in making the examination to form a diagnosis; but when the latter was made he applied his remedies and general treatment to the care of his patient who presented the symptoms of the disease. Unfortunately, in his day he had no aid from the laboratory and the scientific knowledge which we have today he could not use because it was unknown. Had this been possible we are sure that he would have availed

himself of this help to the fullest extent. His followers, I mean the majority of them and especially the practical ones, have adapted themselves to all of these utilities. When Hahnemann, in his day, spoke of the "picture" of the case he meant as we do today all that pertains to a perfect diagnosis but he went farther for he held to the truth that such a "picture" was the guide in practice. What better method of procedure can we find today?

In my practice I recognize this as the crux in the application of homœopathic methods. We must take into consideration everything that we find by our diagnosis. We must recognize the disease and the symptoms which are calling for help. Then by the use of every modern method by surgery if you please or by our remedies we must treat the patient for the affliction which has come to him. In my association with those of the dominant school I am appalled at the indifference to any treatment aside from surgery. They seem to have no definite theory of medical procedure and this indifference is growing into neglect. Patients are being absolutely neglected and the treatment given is often worse than none at all. The habit is creeping into the homœopathic profession as well. The art of practice is lost from sight. We shall soon be nothing but surgeons and specialists. Is there any wonder that the people are rushing to Christian Science and other intangible and hopeless methods for physical relief?

H. V. H.

How Not to Do It.

Under the signature of "S" appears an interesting contribution from Paris to the *Boston Medical and Surgical Journal* bearing date of December 25, 1915. The writer has made a number of previous contributions to this *Journal*, all of which bear the ear marks of first-hand information or actual personal observation; hence they may be taken as official or dependable statements. In the letter of December 25th, "S" describes in an interesting style the surgical care given the wounded soldiers in French field and base hospitals, and then proceeds to give some inside information regarding the medical care of the sick soldiers who are not in any sense surgical patients. He says:

"But when we come to the medical side of the subject we find a very different state of affairs. . . . But there has been one unquestionable blot on the picture, and a serious one,—

the handling of the army *medical* cases. This has really been something too awful, and if the history of this side of the question ever comes to be written, it could be fitly entitled: A treatise on how *not* to take care of the medical cases of an army in time of war. The fact seems to be that the organization of that branch was hopelessly bad even in time of peace, and apparently so utterly bad that it broke down so completely that every one connected with it is so thoroughly disheartened as to be incapable of an effort to improve it so long as the war lasts. Later on it will have to be made over from the bottom up."

The words "This has really been something too awful" might be interpreted variously, but as we already have had some information upon the subject it is not difficult to understand just what is meant. It means that the therapeutic nihilism which has gradually undermined old school medical treatment has become so widespread, that when this so-called "system" was suddenly called upon to be of some actual use in a very critical period it broke down entirely, so much so that "everyone connected with it is so thoroughly disheartened as to be incapable of an effort to improve it."

Could any one ask for a more complete and outspoken acknowledgment of the failure of old school medical treatment to meet present day requirements than is given by this writer who has been in the field and knows whereof he speaks? Can there be any greater travesty upon "modern scientific medicine" which so blatantly claims to represent "all there is in medicine" and which denounces every other claim to therapeutic value as "sectarian medicine" than this statement by one of their own numbers, who says that the medical treatment of the sick soldier in the French hospital is a "blot upon the picture, and a serious one," and who further states that when it comes to be written up in full it could be fitly entitled "A treatise on how *not* to take care of the medical cases in time of war?"

To justify this "awful state" our friends of the old school may claim that this woeful lack of medical treatment was due to a lack of organization, which may be partly true; but there can be no effective organization without a basic element of principle backed by confidence. As there is palpably no principle or system in old school therapeutics, only chaos or nihilism, how can

there be confidence? One cannot have confidence in something that is so intangible and unreal that it does not exist even in imagination, hence cannot be organized.

The reason that there has been no organization for the care of sick soldiers requiring internal treatment is because the Medical Corps in charge of affairs and composed of old school men have felt their utter helplessness when it come to prescribing drugs. It is just as "S" says: "Everyone connected with it is so thoroughly disheartened as to be incapable of an effort to improve it!"

Now turn to the other side of the picture and note what a handful of enthusiastic homœopathic physicians are doing for these same sick soldiers whose care by old school methods has been a "blot upon the picture." It is quite possible that "when the history of *this* side of the question comes to be written up" it will *not* be entitled a "treatise on how *not* to care for the medical cases in time of war."

The hospital at Neuilly, France, which has been established and is maintained by homœopathic friends and whose recognition as a hospital unit was made possible only by the earnest pleas and powerful influence of "friends at Court," is doing a splendid work for the non-surgical sick soldiers by giving them the benefit of internal treatment with drugs, the selection of which has a tangible basis of scientific value. The enthusiasm and devotion manifested by the physicians in charge of this hospital is an evidence of their belief in the power of drugs when administered by a method that is backed by some semblance of science. "The proof of the pudding is in the eating" and these scientific prescribers are obtaining results in that they are curing their patients and sending them back into the trenches. Surely there is nothing "too awful" about this hospital nor is it a "blot upon the picture."

If this were the first time that old school therapeutics had utterly broken down in time of need the picture would not be quite so dark. Although eighteen years have elapsed, it is easy to recall and still easier to read of the "flunk" made by real "scientific medicine" in the days of the Spanish War. Can there be found in history a more disgraceful episode in "scientific medicine" than the widespread prevalence and high mortality of ty-

phoid fever which attended the American soldiers at the time of the Spanish War? Their methods failed utterly to prevent or to cure typhoid fever. And right here permit us to make a statement which we are ready to back by facts. It is this: That the typhoid-stricken soldiers who were sent home, to be cared for in hospitals, made more rapid recoveries with a consequent lower mortality when placed in homœopathic hospitals under homœopathic physicians than did those in old school hospitals under old school treatment.

Is it not almost time for the representatives of a "system" which has become an acknowledged failure (this acknowledgment coming from their own leaders), to look about them and if not ready to accept some other system to have at least the temerity and the breadth of mind to investigate a system which has stood some pretty severe tests for over a hundred years?

D. G. W.

CURE OF A CASE OF CANCER OF THE STOMACH.

By Samuel King, A. B., M. D., Warren, Pa.

Mr. Philip W——, aged 35, of this county, came to my office three years ago. He stated that his aunt, whom I had treated for an epithelioma of the face, had asked him to call and consult me in regard to a growth which he had in his stomach. I drew from him the following history of his case:

He stated that for several years he had been working in the oil fields, but for two or three years past had been troubled a great deal with what he thought to be stomach trouble or indigestion. Three or four months before calling on me his condition grew rapidly worse, and at intervals he would have attacks of severe gripping pains extending back to his back, which seemed to be more than he could endure. His home physician pronounced his pain gall-stone colic, and another physician confirmed or agreed with the diagnosis. Both physicians advised an operation, and he went to the hospital where an operation was performed, but told me he did not know whether gall-stones were removed or the doctors had been mistaken. At any rate the pains and disagreeable symptoms of which he complained were not relieved by the operation, and one of his physicians advised him to consult a leading surgeon in Cleveland. The Cleveland

surgeon diagnosed his trouble as a growth in the stomach, but did not advise an operation for its removal, stating he did not think an operation would prolong his life. He returned home when his physician prescribed morphine for the pain and some tablets to aid digestion.

At the time he came to me, he had a gnawing, heavy pain constantly, but immediately on taking food the pain was so severe that he often threw up his meals before he was half through eating. The pain was a twisting, cutting pain, radiating in different directions, and especially back to the spine, which at times was most severe. He also had an intense burning in the stomach like coals of fire, and his mouth filled with a sour fluid that set his teeth on edge. To control his pain and make life endurable he was taking one-half grain of morphia every three or four hours. He was very weak, emaciated and sallow, and had lost rapidly in weight.

On examining the region of the stomach, a growth could be easily felt near the cardiac end. It produced a slight elevation which was very tender to the touch; in fact, he could not bear the weight of my fingers or his clothing or bed clothing to touch it. It had a base of over three inches in diameter, hard and irregular. The pulse was weak and rapid, and the tongue showed a dirty brown coating. He was an inveterate cigarette smoker, had had trouble with his wife, who finally left him. This last stated fact had caused him a great deal of worry and anxiety, and I simply mention it because worry is very favorable to the production of cancer; in fact, worry and cancer go hand-in-hand. And finally he had been a drinker.

TREATMENT.

I contend that cancer in the stomach or in any part of the body is nothing more or less than the out-cropping of a uric acid condition due to an overloaded blood; that cancer of the stomach is a uric acid tumor having its seat in the walls of the stomach which have been weakened by a long period of abuse and indigestion, which, when it breaks down, is nothing more or less than a uric acid ulcer. A causeless tumor never existed or continued to exist, when the cause of its origin and growth had been removed by the proper diet and remedies; and yet I realize that there comes a time in the growth of every malignant tumor or:

ulcer when no remedy selected to meet the indications seems to produce any apparent result. But that there are reasons for these failures to which I believe I can lend a little light in some later articles on the subject. To substantiate the above I would like to add the following clipping from a New York paper:

London, Nov. 11.—Seven patients suffering from cancer have been cured “by assisting nature’s efforts,” says Dr. Robert Bell, head of the cancer research department of the Battersea general hospital.

“We have been able to demonstrate beyond doubt,” Dr. Bell added, “that the healing powers of nature, if sufficiently assisted by regulating the diet regimen of patients, together with the administration of therapeutic agents, has proved, in many cases, quite competent not only to overcome the disease, but to bring about complete recovery.”

Therefore, to act upon the tumor I gave five drops of *Acetic acid* 1x dil., and three grs. of the *Fluoride of calcium* 6x, once in four hours because *Acetic acid* has a tendency to dissolve the uric acid cell and the *Fluoride of lime* has a tendency to soften and dissipate hardened knots, glands, kernels and tumors in all parts of the body. Also for the catarrhal condition present and its tonic effect upon mucous membrane, I gave twenty drops of colorless *Hydrastis* and three grs. of *Nux vomica*, 4x once in four hours. But as lime salts are neutralized by acids I gave the *Calcium fluoride* and *Hydrastis* together and the *Nux vom.* and *Acid* together, alternating the two combinations which would make them two hours apart.

For the burning pain in the stomach I gave three drops of Fowler’s solution once in three hours until this symptom had disappeared which in this case took nearly two weeks.

For nervousness, melancholy and discouraged feeling I gave three grs. each of *Kal. phos.* and *Silica* once in three hours. These were continued for one month or more.

For the hæmorrhage from his stomach and flatulence of both stomach and bowels I gave him *Carbo veg.* 3x, three grs. once in two hours.

For the griping, cutting pains in stomach and bowels *Dioscorea* was given, one teaspoonful with about five grs. of *Magnesium phos.* 3x in one-half cup of hot water and sipped. But

at times during the first two weeks of the treatment I had to depend upon one-half to one tablet of Abbott's H. M. C.

This line of treatment was kept up for three months dropping out certain remedies when the symptoms calling for them no longer existed. During the last month of treatment, in addition to the *Acid*, *Hydrastis* and lime, he was given the triple arsenates with nuclein, and to clear up his complexion and as a glandular alterative, the syrup of *Phytolacca*.

Locally, across the stomach and especially over the region of the tumor, I ordered, applied as long as he could, conveniently each day, a compress wet with a solution of epsom salts or acetic acid 1x, and I preferred him to use each of these compresses for a time each day, which he did. The epsom salts solution dissolves the urates in the skin and in the tissues beneath and also opens up the pores, and, therefore, purifies the blood and increases the circulation, while the acid acts upon the tumor locally in much the same way as it does in the stomach. This was continued until the pain was gone and the digestive powers of the stomach had much improved.

DIET.

He was ordered to take nothing into his stomach but ice cold buttermilk and milk until he was able to keep warmer foods down, which was several days. Then followed malted milk, Eskay's food, graps nuts, over which was spread pineapple juice, fruit of all kinds except bananas, and many of the vegetables and soups.

I forbid coffee, tea, meats of all kinds, eggs, fried articles of all kinds, fats and greases, alcohol in any form and morphine.

The patient gained in strength and weight, and the last I heard of him was three or four months ago when he was perfectly well and was working on the street car lines in James-town, N. Y.

And in conclusion I would like to state that this man had been condemned to die by good physicians, that he himself had given up, and only came to me as a last resort, that he had no money, not even enough to pay his car fare, and this I sometimes paid. If he got well and was able to go to work again he was to pay me for my time, money and treatment all of which I furnished. He is alive and well to-day, and has never as much as thanked me.

for what I did. I make this last statement for the benefit of those who may have occasion to treat some of these cases of cancer; that you will find many patients like the one whose case I have just described. This is due, in some cases by the doubt and remarks passed upon the case by the home physician who has been taught that such conditions are incurable, and he ridiculed the patient for even believing that he had been afflicted with cancer and was now cured, and rather than believe or admit that any physician outside of the allopathic school can and is curing cancer along rational and humane lines, he will admit that he must have been mistaken in his diagnosis. Just one example:

A man in a nearby town could get no help from his home physicians and was advised by them to consult two specialists in Buffalo. Both agreed that he was in the last stages of cancer of the stomach, and told him in his own words to me: "We would not be surprised if you did not live to get home." He did live to get home and to call on me the next day. He is alive and pretty well to-day after five years. A year or so after coming to me, I asked a man in his neighborhood who was in a similar condition to call on him in order that he might verify my statements in regard to my experience and treatment in his particular case. The former patient was very indignant, and told the gentleman that he did not know that he had ever had cancer of the stomach, and, furthermore, he did not approve of my sending people to him. This was the first and last patient sent him.

The treatment in these cases is that laid down by Dr. Eli G. Jones.

PRESCRIBING FOR THE SICK.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

When a physician *knows* the materia medica of the *five* schools of medicine, he can do just five times as much for the sick as the man who knows only one. To illustrate my point, I was called to Bristol, Conn., in February, in consultation with Dr. A. A. Dewey, of that place. Bristol has a population of 15,000, and forty doctors there. Dr. Dewey *leads* them *all*, with a practice of \$10,000 a year, 95 per cent. cash, and forty confinements a year. This is a *fine* example of what a young man can *do* when he has

the materia medica of *five* schools of medicine to *draw* from. No matter *what* school of medicine he comes in *competition* with, he can *beat* them, for he can do *all* that the *other* fellow can do, and *more!*

A regular physician writes me: "I would give anything if I only had faith in drugs." I have had *hundreds* of letters like the above in the past thirty years and they *all* tell the same story, a *lack* of confidence in drugs. I *pity* such men with all my heart and *soul*, for I know it is the *fault* of their *education* at the medical college. As a prominent regular physician said to me, "As we have been *taught* so we believe." If the medical colleges of the regular school had *taught* their students the definite action of remedies, and *then* to *cure* the diseases *common* to our country, there *never* would have been such a thing as drugless healing and medical nihilism in America. They *alone* are to *blame* for the *fact* that there are in our country today 35,000,000 people who *depend* upon some *form* of drugless healing, when they are sick. In looking back over my student days in the regular school, I cannot recall a *single* disease that I was taught *definitely* how to *cure*. There is an element of *doubt* and *uncertainty* in *all* their teaching, and when a doctor goes out from that school to practice medicine he carries *with* him that feeling of doubt and uncertainty. Is it *any* wonder that so *many* regular physicians are getting sick and *disgusted* with the old "shot-gun" practice and are looking for something *better*, something more *definite*?

I have in my time studied about *all* the different forms of drugless healing, and practiced them. I also took a *personal* course on hypnotism under one of the best teachers in this country, a student of Bernheim, of Paris, France, and I know this to be a *fact* that *all* forms of drugless healing have their *limitations*.

If a physician *knows* materia medica he need have *no* fear of *competition* with *any* form of drugless healing on earth. In all the years of my experience I have *never* known of a doctor who was *well grounded* in materia medica *ever* becoming a drugless healer. I had a letter from Dr. L. Bayle, Annonay Ardeche, France, a graduate of the regular school. He says: "Since I became acquainted with Homœopathy I have acquired more practice than I can attend to, but I want to study with you, to *increase* my knowledge of how to heal the sick." His photograph

shows him to be a *bright, brainy* man, the *kind* of men I *love* to teach. We must remember that disease writes its language in the face, eye, pulse and tongue, when the face has a clear, *healthy* look; clear, *bright* expression to the eye; pulse *full, strong* and *regular*; tongue, *light red*, moist, *cleaning*. We say the person is in good health and so they are. Now a *variation* from the above must be *disease* or an injury in *some* form. A lady came to consult me; in reading her pulse, it was small, *frequent, intermittent*. The eyes had a *staring* expression; when I have seen *that* expression to the *eye*, it tells me that the person either has been *insane*, or will be in the near future. I said to her, "Your pulse tells me that you have had some great *strain* upon the nervous system, some *shock* to the brain." Then she told me that she had been in *great* trouble and had been nearly insane with it. The *pulse* and *eye* indicate *one* remedy, *Kali phos*. In the early years of my practice I was called to see a small child given up to die by several doctors, from inflammation of the bowels. When I reached the house and stood by the cradle, the little child lay with its *mouth wide open*, like the young robins when you go near their nest. My common sense told me that the child's mouth open *that* way meant that the child was *burning up* with an *inward* fever—and nature was *trying* to tell me what to *do* for the child. I picked out the most intelligent woman out of the many in the room, and directed her to get some ice and pound it up fine, then to sit down by that child and feed the ice to it from a teaspoon until its mouth *closed up*, then *stop*. The pulse was *hard, full* and *quick*, the pulse of *Aconite*, and that was the remedy I gave. The bowels were very hot and tympanitic, child lay in semiconscious state, so *Belladonna* was given for *that* indication. I had applied over the bowels a light poultice of pulverized flax seed, wet with warm water, teaspoonful of saleratus to the pint of water, change poultice once in two hours, it is a *grand* application over the bowels in enteritis and in typhoid fever. It maintains an *even* temperature and *assists* nature in the *healing* process.

In the early evening I called to see the little patient; as I looked down at her she looked up and smiled, she had a moist perspiration, bowels had moved once, abdomen felt *softer* and more natural, and the little patient was better and finally recovered.

In that same town I was called out one morning by the merchant who had a store under my office. He would not tell me what the case was, but when we reached the house it was full of people. They showed me into the sick room. There were candles burning near the bed. Three doctors had given the patient up to die, their diagnosis was "inflammation of the bowels." The priest had been there to attend the patient and they all seemed to think that he would die. I sat down by the patient, and read the pulse, eye and tongue, then passed my hand over the bowels (the patient was a boy, about 14 years old). I could not find a solitary symptom of enteritis, but what I *did* find was obstruction of the bowels, colon had impacted feces. I had in those days a Comp. Fluid Ext. *Senna*, and *Jalap*, with a little ginger in it, made from the Eclectic "Anti-Bilious Powder." I gave him one teaspoonful in three hours until it operated on the bowels. This treatment cured the patient. In another case in that town a middle aged man had typhoid pneumonia. He lay like a dead man for ten days. You could scarcely see him breathe, he was as helpless as a baby. Some of the prominent people in town went to the family and urged them to get an *older* physician, but they stuck to me. He belonged to three secret societies so everybody *knew* him. I gave him *Tr. Baptisia*, ten drops, once in three hours, and *Quinine*, 2 grs., with one teaspoonful of *good* whiskey and two teaspoonfuls of water, once in three hours, and another life was saved.

The above three *desperate* cases *cured*, established my reputation in a town of 10,000 inhabitants and eight doctors and helped me build up a practice of \$6,000 a year. It goes to prove that *success will tell*. The people *want* the physician who *cures* his patients. Now and then you will meet with a case of acute rheumatism; in reading the tongue, it is *broad* and *pallid*. Don't stop to think of the remedies that are "good for" rheumatism, but give the patient *Bicarbonate Soda*, because *it is indicated in that kind* of a tongue. Add a teaspoonful to a glass of water. Give a teaspoonful every two hours. I have seen a woman with all the symptoms of threatened miscarriage, with the above kind of a tongue, and a *sour* stomach, and ten grains of *Bicarbonate Soda* in a little water, at one dose, was *all the remedy needed*.

In reading the tongue when it is a *deep red* color we know

there is an *excess* of alkaline salts of the blood, and that the patient needs an *acid*, so we prescribe *Hydrochloric acid* dil., 15 drops in four ounces of water. Give a teaspoonful once in two hours. In reading another kind of tongue we find *pallid* mucous membranes, with a *dirty white, pasty* coating, demands alkaline sulphites, so we prescribe *Sulphite Soda* one drachm in cup of warm water. Give one teaspoonful, once in three hours, whatever the disease *may* be, that *kind* of tongue indicates *that* remedy. It is one of the *best* antiseptics we have. You may see a patient with brown spots on the *forehead*, *yellow* round the *mouth*, *pain* round the *umbilicus*, yellowish *white* coating on *back* of tongue. The above symptoms are *strong* indications for *Nux vomica*. If you have only *one* of the above symptoms, *no* matter *what* the disease may be, *Nux vomica* will be the remedy *indicated*. I have learned by experience that it is ten times as easy to prescribe for the sick *when* you know *how* to read the *eye*, *pulse* and *tongue*. *Apocynum can.* is a good remedy in rheumatism *when* it is indicated. If there is a tendency to œdema, a *puffiness* to the skin, and it has a blanched, *glistening* appearance, you may prescribe the above remedy with confidence. Tr. *Apocynum can.*, gtt. x, *Aqua fl.*, ℥iv. Mix. One teaspoonful once in three hours.

I had a letter from one of our homœopathic friends; he is much *concerned* because "I don't prescribe *all* my remedies according to the law of Hahnemann." I *don't*, I plead *guilty* to that. In all the years of my life I have never *worshipped* at the *shrine* of any man. I have *tried* to make the *best* use of what *brains* I had instead of *depending* on some one else's brains. I have as much *respect* for Dr. Samuel Hahnemann as *any* Homœopath living. I fully *appreciate* the *value* of the law of "Similia," but *no* man, dead or living, can formulate a *law* of therapeutics and *demand* that I shall *stick* to *that* and discard everything else. No, my dear friend, I *am*, and always *will* be, a free lance in medicine, ready—

"To seize on *truth*, wherever found,
On Christian or on heathen ground,
The plant's divine *wherever* found."

I have always urged my students to live *above* all "isms" and "pathies," *above* all the bickering and quarreling among the doctors and be a PHYSICIAN.

What earthly *difference* does it make *how* a sick person is *cured*, so long as the treatment is *safe* and *sane*, and leaves *no trace behind*?

When I was a baby, in my mother's arms, I had enteritis; the family physician, an old school doctor, gave me up to die. A homœopathic physician was called in and his treatment saved my life. In 1866, when an epidemic of diphtheria swept over this country and so *many* died from it under old school treatment, I had that disease as bad as any of them in our town, but a homœopathic physician carried me through successfully. In 1882 I had catarrh of the stomach and bowels, could not retain *anything* on my stomach, *no* one thought I would *ever* get well. Again my life was *saved* by homœopathic treatment. In the materia medica of the homœopathic school of medicine, I have found diamonds and *precious* jewels. I feel that in writing this series of articles for the RECORDER I am simply paying a *debt of gratitude* to a school of medicine for which I have the most *profound respect*.

THERAPEUTICS FROM THE J. A. A. P. M.

(The following therapeutic hints, slightly condensed (but not any way changed), are copied from *The Journal of the American Association of Progressive Medicine* of which our contributor, Dr. Eli G. Jones; Professor John Uri Lloyd, the Cincinnati botanist and philanthropist, together with our esteemed friends, Drs. Royal S. Copeland, Dean of the New York Homœopathic Medical College, and Dr. W. E. Reilly, who sternly watches the doors of the American Institute of Homœopathy as Censor, are honored members. The RECORDER congratulates the *Journal* on its therapeutics. They are both sane and sound. Also homœopathic):

Soreness of Feet and Soles—*Natrum carb.*

Ulcer on Heel—*Natrum carb.*

Ulcer on Instep—*Lycopo.*

Has coryza every time she menstruates. *Graphites.*

Chronic ulcers lasting for years, with little ulcers around large one. Varicose veins with bluish spots around ulcer. *Lachesis.*

Small wounds bleed profusely. *Lachesis* and *Phosph.*

Blisters forming on skin in gangrenous condition, blisters filling up with bloody serum. *Ars.* and *Laches.*

Erysipelas, with or without blisters, *Apis mel.*; with large blisters, with or without water, *Rhus tox.*

Hæmorrhage from any surface, dark, blood looking like charred straw, *Lachesis.*

Cough on coming into warm room, *Natr. sulph.* and *Puls.*

Cough on going into open air, *Phosph.* and *Cimex.*

Bleeding hæmorrhoids, *Sulph.*, *Nux vom.* and *Lycopod.*

Has not the power to forcibly expel the urine, instead of making segment of circle or being thrown out in curve, it dribbles away and drops perpendicularly down from meatus, *Hepar sulph.*

Sufferers from curbed sexual desire need *Platina*, *Picric acid* or *Conium.*

Lochia stops at proper time, then commences again, *Rhus tox.*

Nymphomania in lying in room, *China* and *Platina.*

Natrum mur.—A marked indication for this remedy is dryness of various portions of the mucous membranes, has dryness of lips, mouth, tongue, posterior nares, larynx and vagina.

Anacardium has two wills, one commanding what the other forbids, with great weakness of body and mind.

Predicts the day she is to die, in childbed or fever. There is also restlessness and tossing about, *Aconite.*

Palpitation lying on left side, *Natr. carb.*, *Phos.*, *Pulsat.*

Cough when she stops walking, *Ignatia.*

Some complaints come on when ceasing to move, *Natr. mur.*

Persistent mapped tongue in typhoid fever, *Taraxacum.*

Marasmus—Violent thirst, canine hunger, weak body, depressed mind. Child looks like little old person, *Natr. mur.*

If urine not voided in time, pain in bladder, *Sulphuric acid.*

If not voided immediately after desire appears, suffers violent pain and trembling, *Sepia.*

Pain in kidneys, if desire to U. not immediately attended to, *Conium.*

Marasmus—Where occiput sinks in and leaves margin sticking out—atrophy of cerebellum—usually found in bastards—who die from this cause most frequently, with emaciation and pappy stools, *Natr. mur.* is indicated. (Where depression in occiput is present, always fatal.)

Procidencia of womb, *Secale* is a wonderful remedy.

Intermittent fever—*Natr. mur.* has all sorts of periodicity, commonly 10 to 11 a. m., also *Nux vom.* Coldness in extremities, then back, then head; has bursting headache, lasting during chill and fever; ameliorated by sweating. *Nux vom.* wants to be covered in all stages. *Natr. mur.* wants to be uncovered during the hot stage, and but little in the sweat. Has but little bone pains.

Eup. perf., bones feel as if they would break, and has no relief from motion.

Alum and *Graphites* never sweat, skin dry, great diuresis, fluids excreted by kidney.

Apis, anus seems to stand open, stool like chopped tomato, tomato sauce.

In wasting diseases, exhaustion, coma, dyspnoea. Cold sweat, unable to lie down, cold tongue, wants to be fanned, *Carbo veg.*

Like load in chest, as if heart is clutched, lump in throat, want to be uncovered, feels as if heart would stop beating, one dose *Lachesis*.

Little later, patient tosses, nervous, irritable, snappish. Continued motion of head, wants to place head in somebody's lap, one dose *Tarantula*.

Frequent desire to urinate with profuse discharge, *Arg. met.*

Frequent and profuse, but SCANTY (characteristic), *Apis*.

Frequent and at night, scanty discharge, *Phosph.*

Involuntary at night in bed. Frequent profuse flow, *Puls.* Quick urging to urinate. Urine passes easily and freely, flow copious and clear. Aggravation at night, *Argent. nit.*

Urine passed in large quantities (*Eup. perf.*), especially at night, (*Amb.*), *Phos. acid.*

Headache of school girls, tired nondescript character, *Calc. phos.*

Complaints worse when thinking of them, more marked than in any other remedy, *Oxalic acid.*

FORMIC ACID.

Herbert T. Webster, M. D., Oakland, Cal.

Last August, my attention was called to this agent through reading an article in the HOMŒOPATHIC RECORDER. Since then I have been giving it considerable attention and have found it a

valuable resort in a few chronic cases. I feel that it is destined to become a remedy of much benefit and that we are neglecting a means of relieving many stubborn chronic ailments.

Chronic rheumatism is one of its most important fields of action, though other painful states come under its influence. A young man, who acquired syphilis about three years ago, came to me complaining of loss of ambition and general debility, and also, what disturbed him most, a constant pain in the right side. He had been under treatment about two months without relief when I put him on *Formic acid*. I gave him enough to last a month, with instructions to report when the medicine was finished. At the proper time he appeared at the office and informed me that he was feeling much better and that the pain in his side was gone.

A middle-aged woman, cook in a large establishment, had been under treatment for some time for a severe pain in the lumbar region, which extended into the right side at times. This was so severe that it almost interfered with work sometimes, and at critical moments. She had been operated for ovarian trouble several years before and believed that the pain was connected, some way, with the old trouble. I was puzzled as to what to do for her finally, for the list of remedies for muscular pain had been pretty well exhausted. As a final resort I put her on *Formic acid*. When she returned, about four weeks later, she came to pay me and was genuinely delighted with the fact that she had been entirely relieved of the severe pain that had troubled her so long.

In two cases of chronic articular rheumatism in which I have tried it results have been promising. In one case, enlargement of the joints of the fingers became very much lessened and stiffness of the legs, which had troubled her very much in walking, was markedly relieved.

Mr. L., a Civil War veteran, had an attack of "shingles" at the Soldiers' Home, at Yontville, six weeks before consulting me. He informed me that he had not been able to sleep a wink for all that time. The pain affected his left pectoral region and the back of the shoulder so severely that he was in agony the greater part of the time. I put him on *Magnesium phos.*, 3x, alternated with *Kali phos.*, 3x, and also gave *Formic acid*. Three days

afterward, his daughter, from Berkeley, at whose home he was stopping, called for more medicine and reported him free from pain with the exception of slight twinges at long intervals. The *Magnesium phos.* was discontinued, and the *Potassium phos.* continued, in connection with the *Formic acid*, with *Arseniate of Quinia*, 3x, for a tonic effect. The patient has now been under treatment for a fortnight, and when the last report came in, two days ago, he was reported free from pain, up and around, eating and sleeping well; in short, convalescing.

This drug is credited with a selective influence on the eyes. For a time, the writer, who has noted a considerable failure of vision within the past year, has been taking it, and has found much satisfaction from its action. I do not believe we have a more positive remedy for failing vision when the ocular apparatus is not obstructed than this. Where only functional failure of the eyes is present, one can hardly go wrong prescribing it, if reports are true. I intend to give it a thorough investigation in this direction.

Dr. John H. Clarke, of London, England, has given this remedy particular attention and has published, in connection with comments of his own, some very interesting and convincing testimony by letters from a layman, a Mr. R. W. Ellison. I will quote the most interesting parts of these letters:

"Sir: As you appear to be the only medical man who has made any study at all of the important subject of *Formic acid*, I thought I would detail my experience with it. About two years and nine months ago, I added to my daily diet from one to two grains of this substance, with the result that it has produced the following results in my body: Polypi and fibrous matter absorbed from my nose; nose, tongue, lips and some other parts greatly reduced in *thickness*; chronic catarrh of nose, throat and intestines practically cured. Stiff joints throughout the whole body have become loose; short sight diminished by 50 per cent.; eyes have changed in color from light slate gray to a darker shade; varicose veins in left leg and others at base of neck now of no consequence; facial and bodily appearance so altered that even my own mother is puzzled and I can meet and converse with people who formerly knew me very intimately without my identity being discovered.

"I started this treatment on a sort of vague conjecture that *Formic acid* might be as necessary (or partially so) as I found it to be to so many tropical and other creatures. For example, it figures very largely in the diet of all insect eating creatures and the frugivori. Even bears are known, at certain seasons, to eat large quantities of red ants, which they search for on decayed branches of trees, etc., and thus produce certain alterations in their tissues which make their flesh practically worthless for eating purposes. It is true that in the case of rabbits and chickens to whom I have given *Formic acid* I have not noticed this to be the case, but then the quantity supplied was small. I have also tried its effects upon a sickly and scabby pony and found it quickly restored the animal to health, as well as giving it a beautiful, healthy crop of hair (anyone who cares can produce this result in the case of an old pony). * * * My age is thirty-one. I was diseased from childhood and the only part of my life that has been *entirely* free from suffering is the last twelve months. The method will be followed up till the day of my death. * * * I may add that my father died of ulcerous gastritis after being ill the most of his life, I am told. The last three of his family turned out 'wronguns,' my elder brother having been operated upon a number of times for tuberculosis, and the younger one being supposed to have it also at the time he died. I have also been supposed to have been tuberculous myself, but a well-known cancer specialist, who went closely into the matter recently for other purposes, told me incidentally that in his view all my complaints were perhaps caused by some sort of gout. Anyhow, I have seen my relations losing their lives in very painful ways from diseases which I now know to be completely curable. For example, my father's sister died a few weeks ago from a tumor, after having suffered from stiff joints most of her life.

"I was formerly obliged to take great care of myself in order to survive at all; now, I smoke incessantly, I 'drink' if I want to, I keep late hours, and do all the things that are injurious, but I feel no ill effects whatever and I know that twelve months from now I shall have fewer physical defects than I now have. I find, for instance, I can now make out the time by some public clocks. Twelve months ago I could not. Moreover, instead of living

upon milk, macaroni, and such like stuff, which I formerly had to do, owing to gastritis, I eat any mortal thing that is produced and never feel any discomfort."

We find in Mr. Ellison certainly a cheerful advocate of *Formic acid*. My own experience convinces me that here we have a wonderful searching remedy. I must use it considerably longer before I become well acquainted with it, but a brief knowledge of it has been a very encouraging one. Dr. Clarke who has probably investigated it more extensively than any other physician, concludes his remarks as follows:

"In the concluding words of Dudgeon's article: 'Tuberculosis, chronic nephritis and carcinoma are not diseases in which we can claim a great amount of success. * * * So, where other remedies fail or can not be discovered we may take Solomon's advice and 'go to the ant.'"

The following clinical summary is appended: "Apoplexy; brain, affections of; bruises; chorea; cough; diarrhoea; dislocations; dropsies; eyes, affections of; facial paralysis; foot sweat checked, consequences of; gout; hair, falling out; headaches; nodes; overlifting, complaints from; paralysis; rheumatism; sight, affections of; spine, affections of; spleen, pain in; throat, sore."

Naturally, we are interested in the subject of dosage. I incline toward the opinion that my doses have been rather excessive, though they have not disturbed one appreciably. However, I feel the effect in the stomach and head for thirty minutes or an hour after taking. A particularly sensitive person might be disturbed by it. I add one drachm of Merck's pure *Formic acid* to two ounces of alcohol in a pint bottle, then fill the bottle with water. Of this, a dose is half a teaspoonful, once a day, immediately after breakfast, so as to mix the drug with the food. One dose every twenty-four hours is sufficient, the medicine exerting its influence until the following morning. It is my intention to add a quart instead of a pint of water to the next batch and still restrict the dose to half a teaspoonful once a day. While the dose I am using produces no untoward symptoms, more or less drug effect follows its inhibition, and I believe that the smallest dose which will produce the desired effect is the proper one. A tablespoonful of water may be added to the dose before taking. In this way it is a pleasant acid drink.—*Eclectic Medical Journal*.

THE EFFECT OF MEDICAL COMPULSION ON DOCTORS.

Whether compulsion is needed to protect the public health is aside from the question considered here, which is what is its effect on doctors, that is, on their business. The following attributed to Dr. William Pepper is clipped from the *Journal of the A. M. A.*:

"From the existing medical schools we may expect a constant improvement. The only menace to medical education in this country lies in the fact that the American public seem to fairly welcome each and every new brand of drugless healing. No matter how illiterate, how untrained in every branch of knowledge tending to enable them to diagnose disease, if these quacks but claim to be the exponents of a new cure our gullible public flock to their offices and often pay high for the folly. If uneducated individuals are to be allowed to spend but a few weeks or months, or to take correspondence courses to acquire a sufficient knowledge of the latest variety of drugless healing to enable them to go forth and treat their fellowmen, while regular practitioners of medicine must have graduated from a four-year high school and then have spent one or two years in college and four years in a medical school, then the danger is near, and medical education will still need reform."

Dr Pepper blames the American public for the fact that the cults thrive while many a good, honest doctor is passed by by those seeking treatment. It is assumed that if these irregular healers could be put down by the strong arm of the law all would be well, an assumption that may be doubted and here are a few grounds for that doubt.

In Philadelphia, during the last week in February, a colored man who had been feeling somewhat ill for several days, yet who continued his work, travelled in the street-cars, and visited the theatres, had an eruption break out on his person. He then called in a physician who diagnosed a case of small-pox, notified the health board who removed the man to the municipal hospital, a procedure to which no one objected. But following this, about daybreak, a cordon of police roped off the entire block and then fifty doctors, backed by policemen, aroused the sleeping citizens and vaccinated them, whether they would or no. A few positively refused and could not be intimidated, in these cases two policemen, one in front and the other in the rear, were stationed at the house and none allowed to leave.

The newspapers admitted that the people were angry, but argued that the action was based on public necessity, something that can be passed by here as not being relevant to the present consideration. One man not living in the block said he did not see on what principle in law or medicine doctors and policemen had the right to enter a man's house who had committed no crime and was not ill.

Another Philadelphia man sent his two little children to school. The medical inspectors sent them home because they had not been vaccinated. The truant officers arrested the father, who said he would not have them vaccinated, and was fined.

In Rochester, N. Y., a somewhat similar incident occurred only the Rochester man said he would allow the child to be vaccinated if the city would financially guarantee him against physical damage to the child. He was arrested and fined \$25, with the alternative of prison.

These are samples of hundreds of instances in which the public has been angered by medical compulsion for which the medical profession is blamed. The right or wrong of the compulsion, as said before, is not considered here, all that is sought for is to point out the fact that these arbitrary acts are hurting the medical profession's business. To be sure the homœopaths are not, and never have been, in favor of oppressive and repressive medical laws. They want the liberty to practice their profession unmolested. The allopaths tried to put them down and failed. Furthermore, read that editorial by Dr. De Witt G. Wilcox in this issue of the *RECORDER* and you will have another reason why the people grope about from cults to quacks and from quacks to patent medicines. Even a spondylo-therapist or a spiritualist healer could not do worse than these men, who want all power, have done. They tried to make medicine an exact science and have only succeeded in making a mess of it.

THE MEDICAL CHURCH SPEAKS.

The report of the "Twelfth Annual Conference of the Council on Health and Public Instruction of the American Medical Association," published in the *Journal* of that Association, is rather interesting, showing, as it does, the spirit of things in the A. M. A. For example, Dr. Henry M. Bracken, St. Paul. (presumably,

Minn.), said it was the duty of legislatures to confer on health boards both legislative and police power. He is reported as saying:

"I think it is generally conceded that we cannot carry on efficient health work without the authority of the board or council to make regulations, and it is recognized that these regulations come under police control, and it is possible for legislatures really to transfer the power of legislating to such a body as this. One can readily understand that unless this is possible, progress in public health work is to be greatly interfered with because no legislature will formulate laws that will make it possible to administer health work as councils or boards that are more or less familiar with this kind of work."

Surely this is asking much, for it would make the health board to be an *imperium in imperio*. Dr. John N. Hurty, of Indianapolis, Ind., backed up Dr. Bracken and showed, indirectly, that the people are not fitted to rule themselves. He is reported as follows:

"There is such a thing as Nature, and then there is another such thing as human nature. It is with human nature that we have principally to deal in this work. Human nature is moved principally by self-interest, which is decidedly different from selfishness. If you wish to convince a man you must appeal to his self interest. Only about 10 per cent. of people can think; 20 per cent. are able to think what others think, and 70 per cent. cannot think at all. Education is a great force in uplifting mankind, but you cannot educate brains that are not educable—brains that have nothing in them to educate, and that fact must be considered. The great mass of people must be forced and compelled to do that which is necessary for their own salvation."

That is the same view once entertained by the doctors of divinity, and, in some places, sternly enforced, but after much tribulation was abandoned. Perhaps the men of the A. M. A., being apparently of the very small minority that can think, might do better, at least they are willing to try. But if they do they will also have to have the power to levy taxes (as well as the power to think) to carry out all the plans and things suggested. For instance, Dr. Albert W. Hinman, of Dundee, Ill., said: "There is not a food on the face of the earth as a food product

today that contains as much filth as milk when you take it as a whole, and considering that it is produced promiscuously all over the country." The inference is that all milk and farms where it is promiscuously produced should be inspected. Now, as farms with cows on them are promiscuously scattered all over this country every farm should be inspected daily. To do this would require a larger army of inspectors than would be required for an army to defend the country in case of war. It is also to be noted that "filthy milk" will not keep and, in short, all this blather about filthy milk, to use slang, is hot air.

Our humble advice to the health boards is for them to cease aspiring for police, legislative and taxing power, and to confine themselves to the duties for which, back in the past, they were created, namely, to suppress nuisances. The word "nuisance" is capable of much stretching. Originally it meant, foul sanitary conditions, but the modern health board has stretched its meaning so that it covers all that the Church is supposed to cover, namely, the regeneration of humanity. The intentions of the gentlemen of the health board may (or may not—no one can judge) be very laudable, but the truth is that they are ambitiously trying to bite off more than they can chew, just as did their ancestors, the doctors of divinity, when they sought to drive, instead of leading, the people—90 per cent. of whom cannot think, according to one of the shining lights of the modern aspiring health boards.

As the matter stands today any masterful man on a health board, with an accommodating bacteriologist, can imprison almost any citizen in the land. He can announce that a certain citizen is infested with this, that or the other "germ" that is a "menace to the public health," which fact makes one think that Dr. Hurty was right when he said that 90 per cent. of these "free and independent" citizens cannot think, else they would not submit.

In conclusion, let it be stated that this is not a condemnation of health boards, but rather a protest against those ambitious ones who believe that "the great mass of the people must be forced and compelled to do that which is necessary for their own salvation." Their salvation against "germs," the scientific devil, yet, in effect, our genial Dr. Robert T. Morris says that in the

beginning were germs, and the world and man was made by them—so the fight is against our creators.

As a P. S.—Let these boards attend to sanitation and leave the treatment of actual disease to the physicians.

DIPHTHERIA.

Editor of the HOMŒOPATHIC RECORDER.

I believe that the entire old school profession accepts the fact that anti-toxine is the only curative remedy for diphtheria; and I regret to say that the majority of the homœopathic followers are given to accept the same as fact. I am not surprised that the former should do so, but no ordinarily well qualified homœopath should be willing to surrender himself to such doctrine. That the mortality should be so much less since the introduction of anti-toxine does not follow that it is because of it. Those whose experience reaches back to early in 1850 well know that the disease now is by no means as virulent as in those early days. And further, it is far less virulent today than it was twenty years ago. In a practice extending over forty years I can see a marked difference in the character of the disease. There are those of us who treated the disease throughout that entire time before anti-toxine was introduced without the use of that so-called drug, whose record is as low in mortality and even better than in the practice of those who rely on the anti-toxine serum. Then again the cases recovering under pure homœopathic treatment are rarely if ever followed by dangerous sequelæ that render the patient impaired for life.

Roland M. Gregg's book on *Diphtheria* should be in the hands of every man who aspires to be a homœopath and if carefully studied will furnish him with means to meet the most virulent cases of the disease. This I can verify, for it was my main reliance long before anti-toxine was discovered and I have found its treatment fully equal to all that is claimed for the later treatment. I will say nothing of Gregg's theories for be they as they may the therapeutics are sound and founded on the laws and rules as expounded by Samuel Hahnemann are eternally true and will ever prove efficacious. In forty years' practice I have met a goodly number of cases of diphtheria and in that number some very severe cases—as virulent as such cases can become and recover.

Three cases in January, 1916. Case No. 1. Entire fauces dark red and somewhat swollen, breath foul, tem. 102½, weak, pulse rapid and small, right tonsil covered with a large membrane, thick and black on the inner side for the space of one-fourth inch from the circumference, fainting when sitting up, rapid beating of the heart, membrane beginning to form on the left tonsil. Specimen of mucus sent to the laboratory at Columbus announced the finding of the diphtheritic bacillus, confirming my diagnosis.

Two powders of *Lycopodium* 6m, dry, on the tongue, was speedily followed by a cessation of the trouble and a satisfactory recovery. Nothing further was used but a mild throat wash of *Perman. potash*.

Case No. 2. I did not see this case in person. It was in the same family as was No. 3. Reported to me as quite similar in symptoms, but beginning on the left side of the throat. The case was, however, not so old. *Lach.* 6m, administered as in the former case, made a prompt recovery. Case No. 3 was similar to last and received *Lach.* 1m. I did not see these cases oftener because of the great distance from my office and the almost impassable conditions of the roads. Nor would they have done better if I had made numerous visits. I am not as fond of making long drives, however, as I was forty years ago and find such drives far less needed in any and all cases.

Another case two years ago. Found lady with high fever, dark, swollen throat, quite painful, with a dark yellow membrane well deposited on each tonsil following a soreness of the throat of two or three days' time. Half of the membranes, each of which were as large as a quarter of a dollar, were quite black and the whole very offensive. No bacteriological examination was made in this case, but to my mind it was plainly sufficient. *Bell.* and *Merc. protoiod.* were prescribed and proved all that was needed, the patient making a rapid recovery.

Another case was treated with *Apis mel.* The characteristic for the remedy being a very much elongated and swollen velum palati two-thirds covered with a dense white and partly black membrane. It was a speedy and satisfactory recovery.

What need has a homœopath of anti-toxine or any other of the old school unscientific drugs when he possesses an armamentarium unequalled by that of any others.

Popular demand may call hard on one for the use of the so-called popular remedy, but if I were so hard pressed by outside influence that I could no longer withstand it I think I should do in these cases as I have done when I have been pressed to give *Morphine* unreasonably—give a large hypo-injection of sterilized water and satisfy the meddlesome friends.

It is wonderful what satisfactory results you will get from it.

A. A. LOVETT.

Eaton, O., Feb. 28, 1916.

IRIS TENAX.

The following letter, though not addressed to the RECORDER, is published in the hope that some reader may be able to identify the plant. As for proving the drug it might be stated here that while the publishers of this journal, to whom the letter is addressed, are willing to supply drugs for provings, they are not in position to conduct them:

Messrs. Boericke & Tafel.

Gentlemen:—During last year I tried practically every homœopathic pharmacy in the United States to get *Iris tenax*, but not one of them seemed to know of the remedy. I then wrote to Dr. John Henry Clarke, London. He very kindly handed my letter to Jas. Epp & Co., 60 Gernyn Street, I. W., who sent me the *Iris tenax* 3x. They stated that they received their supply from Dr. Heath, but “didn’t know where he got it.” The remedy has given splendid results, in one case having about all the abdominal symptoms of the remedy as given in Clark’s Dictionary of *Materia Medica*. I wrote to Dr. Geo. Wigg, at Portland, Oregon, who Dr. Clark, in his dictionary, gives as the prover of the remedy, under the name of *Iris minor*. This letter failing to find Dr. Wigg, was delivered to Dr. Miller, of Portland, who evidently had no knowledge of the remedy. He handed my letter to the firm of Woodward, Clarke & Co., and they know nothing of *Iris minor*. This all seems strange to me, as Oregon is given as the home of the plant, and the prover was an Oregon physician.

My case, a young lady, had suffered since infancy with abdominal pains; was always more or less emaciated during infancy and girlhood; subject to cholera infantum, but during and

following puberty became terribly constipated, and has taken purgatives continuously until I gave her *Iris tenax*. She has improved the past six weeks, has gained wonderfully in flesh, complexion has cleared up and she says she now begins to know somewhat of the joy of living.

Would it not be well for your firm to take up the remedy and have further proving made? If my health was good I would certainly prove it. If I can induce some one or more healthy persons to lend themselves to the experiment will see what we can do.

Yours truly,

CHAS. E. JOHNSON.

219 E. Lamar St., Sherman, Tex.

OBITUARY.

Dr. John B. Temple.

Another homœopathic pioneer has gone to his reward, Dr. John B. Temple, of Marshallton, Pa., a town not far from Philadelphia. He was born in 1828 and consequently was approaching the age of 89. Death occurred on March 9. He was an adept with fine tools and once made a penknife that is supposed to be the smallest perfect knife in the world. It was exhibited at the Chicago World's Fair. While yet a young man he felt that his true calling was medicine, but not having the money to go through college, and with only a common school education, he bought homœopathic books, studied them faithfully and entered in practice in his home town which he never left. Though the people knew all about his medical education, nevertheless he at once entered on a large practice and was so successful that it continued up to within a week of his death, he having been unusually busy during the past winter. He knew only Homœopathy, but that was enough to cause the people to come to him for many years and through successive generations. A Chester county man told us "Dr. Temple was a character, the people, when really ill, sent for him from all over the country." It wasn't "Doc Temple," but Homœopathy they sent for. This is worth salting down in your memory, ye who would trail after the allopathic will-o'-the-wisp.

HORSE SERUM.

The *New York State Journal of Medicine* recently printed an editorial praising "Horse Serum as a Hemostatic." This brought out a letter from T. H. Farrell, of Utica, N. Y., which is printed on the editorial page, March. After stating that he had used the horse serum with seeming good results Dr. Farrell continues:

"On September 5, 1914, I operated E. B., age 19, a young man standing at the head of his class in one of the best technical colleges in this country. The operation consisted in the removal of portions of the middle and inferior turbinals which were obstructing his respiration. I had operated on his nose previously without any unpleasant sequelæ. This time he came to the hospital brimming over with animal life and good spirits, accompanied by his father.

"The operation was performed about 9 A. M. under cocaine anæsthesia. On visiting the hospital about 4 P. M., in order to operate another patient, I found his father very nervous because of a persistent oozing from the boy's nose and because of a most unnatural depression of spirits and lack of animation in conversing. More to relieve the father's mind than from the necessity of the case, I ordered the house surgeon to give 10 c.c. of a horse serum put out by a reputable house. Before the house surgeon could leave the room, the patient complained, in quick succession, of feeling hot, then of nausea, and then of difficulty in breathing. At the same time he began to tremble. The house surgeon hastened to tell me and I hurried to the room. By this time the boy was unconscious, the breathing labored, the pulse weak, the lips and tongue greatly swollen and livid. In spite of restorative, including the pulmotor, he died in a very few minutes."

"There have been other instances of anaphylaxis in varying degree in our community; but the rapidly fatal ending in this case was *appalling*. Any one who uses horse serum must be prepared for this eventuality."

Probably nothing else in medicine has been so skillfully advertised as serum; in fact, it was so worked that today physicians are blamed if they do not use it, and health boards have even threatened those who refuse. If a patient dies without serum the physician is tacitly or openly blamed.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D.

Indicanuria Following the Epidemic of Colds.—Whether it is a cause or an effect is not apparent but we have noticed that since the epidemic of “colds” has struck Chicago the number of patients with indican in large amount in their urine has increased materially.

The various manifestations of indicanuria are interesting but we attach little significance to this condition, unless the indican reaction is marked compared with the urea percentage.

We incline to the opinion that patients with indican in their urine are often subjects of neuritis and myalgia. In nearly all the patients who complain of these troubles we find marked indicanuria.

The interesting clinical point is whether treatment as, for example, Toren's, which lessens the indicanuria, will also help the pain suffered.

Since it is some time since Toren's treatment was described, it may not be out of place to repeat mention of it.

The patient is given one grain of calomel, on retiring, in one dose. The day following he is given ten grains of salol after each meal. The two days following five grains of salol after each meal are given. The drugs are then discontinued for one week. If the indicanuria persists, the treatment is repeated.

Ichthyol per rectum has been tried by clinicians for indicanuria with reported success. The improvements made in the lactic acid-bacillus treatment of late are said to be obtaining good results. John Carnegie, chemist, Blackstone Hotel, Chicago, has a particularly good fermented milk which serves as a useful adjunct in the treatment of indicanuria.

Inasmuch as radium is claimed to help the neuritis following grippe, etc., it will be interesting to observe whether this much

vaunted agent can also lessen indicanuria. If so we shall be pleased to give it full credit in these pages.

Camphor As a Preservative of Urine.—We are still pleased with camphor for preserving urine shipped from a distance and have of late been able to make diagnoses per urine from specimens sent all the way from Florida. As already stated, a piece of gum camphor the size of a bean will preserve a pint of urine and possibly more.

Lymphocytes In Urine.—Since we have begun using staining fluid in examining urine sediments, we have been struck with the infrequency of lymphocytes in the sediments. In only three cases coming under our observation have these corpuscles been found. Nearly all urinary pus is composed of nucleated corpuscles. The nuclei are, however, not always easy to see without the addition of agents which bring them into prominence.

Bread for Diabetics.—A palatable bread for diabetics which, at the same time, shall not increase the sugar in the urine is something we have long been wishing for. At the kind suggestion of Dr. H. H. Blodgett, of Boston, we are trying the Lyster bread, made in Andover, Mass., for those of our patients who can afford to buy it. Two of our patients declare that they do not like it.

Institutional Treatment of Diabetes.—Patients undergoing the Allen treatment for diabetes should not leave the institution before they have in some measure regained strength as they are likely to fall victims to the epidemics of colds, pneumonia, etc., on account of lessened resistance. This is a serious objection to the Allen method, inasmuch as the expense of hospital stay can not be undertaken by any but those who are well to do. Some charitable person should endow a hospital where this treatment can be had by those of moderate means.

Diabetes was once a rich man's disease, but in these days of strenuous life almost anybody may expect to be stricken with it.

Indifference of the Profession.—A friend of ours complains of the indifference of the profession in regard to our discovery of the relation of the ammonia excretion in the urine to the toxemia of pregnancy and wonders why doctors fail to take advantage of so simple a means of safeguarding the pregnant woman. Our answer to his complaint is that, in the first place, no mention of

this discovery has as yet appeared in any old-school journal, and second, there is no commercial interest exploiting (or profiting by) the discovery. These two facts are sufficient to account for the professional apathy complained of.

Renal Function Tests.—There is already a bewildering number of tests for renal function and the end is not in sight. But a trouble not yet overcome is the correlation of renal function with clinical conditions:—that is the determination of what bearing the state of renal function has upon the condition of the patient. The whole subject is complicated and difficult of interpretation and at present is more suited to the strictly technical side of medicine than to the purely clinical.

Failure of Digitalis.—Those who are complaining of the failure of large doses of digitalis to relieve cardiac troubles should bear in mind the fact that it is difficult since the war to obtain the English digitalis which, as shown in the *RECORDER* some time ago, is the best for relieving cardiac dropsy, renal hyperæmia secondary to cardiac diseases, etc.

The fresh infusion of the English digitalis leaves is the preparation which can be relied upon in such cases. If the American is used the results may be nil.

Choice Between Digitalis and Strophanthus.—So far as our own experience goes strophanthus is better in renal and digitalis in cardiac conditions, but there are those whose tolerance of strophanthus is bad.

Urinary Trouble Following Colds.—We have noticed that a number of those who have suffered from the recent epidemic of colds have also had trouble in the bladder with frequency of urination and pus in the urine. For these symptoms, besides the ordinary homeopathic remedies so well tried, the drugs suited to destruction of the bacterial organism may be used. These drugs are urotropin, helmitol and salol. The last named is probably the best for colon-bacillus disturbances.

Safeguarding the Pregnant Woman. Dr. Raymond E. Peck, of Davenport, Iowa, has interested himself in our discovery of the lowered ratio of urea to ammonia in the toxemia of pregnancy and reports to us that he has recently succeeded in raising this ratio from 7 to 1 up to 18 to 1 in the case of a pregnant woman, who manifested this low ratio (7 to 1) **before** the appear-

ance of albumin in the urine, thus beautifully substantiating our claim of detecting eclamptic toxemia before albumin can be found.

Thyroid Extract in Nephritis.—There seems to be a tendency to take up the use of thyroid extract in the treatment of chronic parenchymatous nephritis, some clinicians expressing satisfaction in results obtained. A friend of ours interested in this matter reports by letter to us that he used the extract in one case with apparent improvement but that two months later the patient died with typical uremic symptoms.

We still stick to our belief that the reports of "cures" of chronic parenchymatous nephritis are every one of them merely coincidences, inasmuch as in our long experience with this obscure malady we have seen sudden and unaccountable ameliorations take place with or without medicine and the remedy that happens to be given at the time of the amelioration may get the credit for it, when none is deserved.

Acidity After Alkaline Medication.—A friend of ours who used the now prevalent Fischer's solution intravenously in a case of nephritis with edema was surprised to find the acidity of the urine increase suddenly, following this alkaline treatment of Fischer. It was Ralfe, of London, we believe, who showed long ago that the administration of strongly alkaline solutions was followed by a rise in the acidity of the urine after the alkali had been eliminated. A natural reaction on part of the body seems to take place in such cases.

THE PROGNOSIS IN DIABETES MELLITUS.

We divide diabetics into two or three classes according to the ease with which they respond to dietetic treatment, those from whose urine sugar easily disappears on dieting (without the appearance of acetone bodies) being called mild cases, while those in whom the tolerance is poor (with acetone bodies in the urine) being called severe cases.

But the matter which is of prime importance is the immediate prognosis. Why is it, for example, that two patients in whose urine ammonia is high, and acetone bodies abundant, may pursue a far different course, one dying in a few weeks and the other improving under treatment? There are some diabetics for

whom any kind of treatment, new or old, is useless. Fasting fails to remove the acetones or to relieve the nausea, vomiting, weakness, neuritic pains, etc. Such patients appear to form toxins from their own tissues, since they do not digest or assimilate food enough, when vomiting often, to account for the toxemia.

We know of one case in which the patient was practically without food for two weeks and yet the acetone bodies increased in the urine rather than diminished. The Allen treatment is of no avail in such cases. Nor are drugs of value as the patient vomits everything. Washing out the stomach does not succeed in removing anything which relieves the condition.

These cases may properly be termed malignant, if they run a short course, but the termination of most diabetic cases is along these lines. After a time the blood is so saturated with toxins that nothing can be done to remove them and, by that time, the morbid process is so vicious that in all probability toxins are formed from the tissues themselves, some fault of metabolism being pronounced.

What we want to know is just when the toxemia is so complete that the patient is beyond possibility of recovery.

From recent investigations of the writer upon the urine of a woman dying of diabetes it becomes apparent that there was a toxin in the urine of this woman which is not present in the urine of the writer's other patients. An excellent opportunity for comparison was had with that of the urine of a man who had apparently an enormous amount of acetone and a high ammonia coefficient. The reactions obtained were, however, not the same as in the case of the woman and the man has done well under treatment.

There is either a great increase in acetone which is not readily determined or else some new and hitherto undiscovered toxin is responsible for death in the fatal cases, while in the patients who yield to treatment this kind of peculiar toxemia is wanting.

In any event the writer finds it possible to decide by chemical comparison (using certain new reactions which will be elaborated as soon as time allows) whether a given patient is voiding urine which is similar to that of the above mentioned woman dying from diabetes or not.

The writer thinks that certain apparently mild cases of dia-

betes may have a tendency to become severe suddenly, and that all patients should be watched carefully no matter how mild they appear to be. For example, I have examined recently the urine of a man who has only one per cent. of sugar in his urine on a moderately restricted diet (which includes the ten per cent. class of articles) yet in this urine diacetic acid is fairly plenty though he is not constipated. Patients coming to the writer after being cured (?) by the Allen treatment may show less than one per cent. of sugar in their urine but yet the acetone bodies are there in plainly recognizable quantities. Such cases are in greater danger than those in whose urine no acetones have been ever clinically recognizable, but the tests for the acetones alone fail to show us just when the patient is about to take his fatal plunge downward.

There are those observers who insist that four grammes of ammonia in the 24 hours' urine is a sure sign of death. It is likely that in most cases this is true but the writer has seen one case of recovery, that of the man mentioned above, who was voiding three and one-half grammes of ammonia per 24 hours who manifested no serious symptoms otherwise, who insisted that he felt well, and who was not weak but able to attend to business affairs. The acetone bodies and the ammonia are increased by fatigue and it is possible that at times diabetics pass greater amounts of these substances, after physical strain, than we are aware of and yet recover on resting. When, however, a patient who has been in bed for a week or two passes three grammes or more of ammonia in 24 hours the prognosis is decidedly unfavorable.

It is not the ammonia, however, which is responsible for the death of diabetics. The ammonia formation is merely an effort of the body to antidote the acidosis. The toxins which kill the patient are not acetone, nor diacetic acid, and probably not beta-oxybutyric acid, since the peculiar reactions obtained by the writer in the urine of the woman dying from diabetes were only obtainable in the freshly voided urine and ceased to be obtained long before the tests for the acetones became faint.

In other words we are dealing with a toxemia which is not definitely recognized, but which the writer is practically certain can be identified as a *sui generis* condition and which should be discovered in every case.

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EDITORIAL NOTES AND COMMENTS.

Logic.—A cow gets foot and mouth disease. The veterinarians kill her to stop the disease. Their premises must be, that the cow is the origin of the disease from which she suffers. If not, why kill her? Why not seek a remedy? Why not seek the cause? An analogous reasoning runs through all latter day medical science, as is evidenced by the quarantine regulations in force, which really means that the victim of a disease is a cause of the disease, which is, as every philosopher knows, an error, because it would be turning an effect into a cause, which is an impossibility, something that would be like arguing that the victim of a shrapnel shell is the cause of the shell.

Trachoma.—Dr. A. S. Stemler, Good Hope, Ohio, read a paper at the last meeting of the Ohio Eclectic Medical Association that is printed in the *Eclectic Medical Journal*, for March. Without going into details it may be stated that the treatment consists of boric acid, bichloride, atropine, nitrate of silver, salt, vaseline, sulphate of copper, cocaine, boroglyceride and plain cold water. These were applied externally. No internal treatment was mentioned. If trachoma comes from without this treatment is worthy of consideration, but if from within it is obviously palliative, and therefore not real treatment. We once knew of a family of nine children. One had trachoma. The others did not know of the danger of contagion. None of them were afflicted, though today the youngest is far past the adult age. A bald fact like this is a hard nut to crack.

The real problem in the matter is to first decide whether trachoma is a poisoning by contact, or whether it is a disease. On this hangs the treatment. Can any reader answer this and give us any experience with the internal treatment of granulated lids?

Russian Practice.—From abstracts found in the *Journal of the A. M. A.*, it looks as if the physicians of the allied armies, and those of the central empire, might learn of the Russians. In brief, Dr. Shirokogoroff, in *Ruskiy Vratch*, says that the soldiers of the Russian army are taught the danger of body-vermin, cleanliness is insisted on, and when a man does come down with the typhus he is taken away “unloused” and cleaned up. Nothing is said of vaccines.

Wanted—A Modern Paracelsus.—Dr. L. Zupnik, in *Vienna Clinical Weekly*, writes of the treatment of typhoid fever with mouse vaccine. He “found that a vaccine made from mouse typhoid bacilli seemed to influence clinical typhoid as effectually as the specific vaccine, while it did not cause such severe by-effects as seem to be inseparable from the latter in intravenous injection.” Really, does any physician think that the putting of the extract of diseased mice into the blood of a sick man is scientific therapeutics? The quotation is from the *Journal A. M. A.’s* abstract of Dr. Zupnik’s paper.

Antitetanic Serum.—Dr. F. Hamburger contributes a study on the action of antitetanic serum to the *Vienna Clinical Weekly*. He calls attention to the way in which tetanus treated early with large doses improves and then keeps about on the same plane for from five to seven days. Then comes an exacerbation and death soon follows unless large amounts of antitetanus serum are injected anew, which may save the patient. The burden of the paper is to give more and more serum. Cannot our friends see that in this they are but climbing the same old tread-mill of the past? George Washington had a bad cold, probably today it would be called “grip.” He bled himself, so the story goes, but getting no better he called in his family physician who also bled him. Getting no better a consultation of physicians was called, and they bled him, until nothing but serum appeared and Washington died. There were no homœopaths then. Cure is a healing angel not a constantly more drastic devil.

Modern Treatment of Asiatic Cholera.—In the *Indian Medical Gazette* Dr. L. Rogers gives the current method of treating cholera. On admission the patient is given hypodermically 1/1000 gr. of atropia sulph., repeated night and morning. If the blood pressure is not over 70 mm. or the specific gravity is 1.063 or over, “give an intravenous injection of sterile hypertonic saline of three, four, five or even six pints,” in accordance with the specific gravity of the blood. “Permanganate of potash is to be given in 2 gr. pills made up with kaolin and petroleum and preferably coated with salol or keratin,” every 15 minutes, and continued according to the severity of the case. Other drugs like pituitary extract, and caffen sodium salicylate, may be called for, but the foregoing is the essential treatment. This is not quoted as a contribution to therapeutics, but rather to show homœopaths they are not missing much, nor their patients, when such treatment is absent.

Thymol.—In an editorial on “Facts About the Behavior of Thymol in the Body” (*J. A. M. A.*, March 4), it is stated that little if any of the drug is excreted in urine or feces, therefore “no satisfactory explanation has as yet been found for this apparent disappearance of the administered phenols.” Whether this is a mere academical discussion or whether the Thymol does harm to the hook-worm victims is not clear. Would *Cina* do any good?

“Trench Nephritis.”—The English Royal Society of Medicine (*B. M. J.*, Feb. 19) has been considering the epidemic of inflammation of the kidneys so prevalent among their soldiers in the mightiest of wars just as the German and Austrian doctors did not long ago, and with no better results. It seems to be something new in army diseases, and no one knows its cause. Some of the Austrian doctors suggested that it might be the result of the inoculations the soldiers undergo. The Indian troops do not suffer from trench nephritis. It would be enlightening to know if they have been inoculated against typhoid, etc. Two facts stand out. 1st. The disease is very serious. 2d. No one knows the cause, or how to cure it. Better send for some good homœopathic physicians.

“Segregation of Consumptive Soldiers and Others.”—Such is the

heading of a letter to the *British Medical Journal*, by Dr. J. Lewis Thomas, a "tuberculosis officer." He says that segregation camps will be "urgently necessary" and "the problem of segregating the infective consumptives will have to be forced, and will tax the administrative genius of our empire." Dr. Thomas bases his argument on his belief that consumption is contagious, and an empire is to be strained on account of an unproved medical theory. The whole matter is one of theory *vs.* fact; of the biological laboratory *vs.* the clinician. We once asked an old clinician, forty years in the harness, whether he believed tuberculosis is contagious. "No," he slowly replied, "my wife died of it and we always shared the same bed." He did not die of consumption. This incident is a fact, yet the theory proposes to tax the genius of an empire to sustain it as it has already laid a tax of about twenty-three million dollars a year on the United States, with the result, according to the U. S. Census, that there has been no appreciable change in the effects of the disease. This riding of laboratory hobbies does not improve the standing of the honest doctor before the people who, while credulous, are not fools, and who rightly believe that tuberculosis is the result of heredity, or, as they put it, "running in the family," or, growing up from conditions of life. Also, it may be mentioned, this old idea is coming to the fore again, while the idea that disease results from a breed of small animals is on the wane.

Permeable vs. Impermeable Dressings.—The English physicians are discussing the merits of impermeable dressings for wounds in their medical journals, the *British Medical Journal* and the *Lancet*. Some of the letters are quite warm. Apropos of this we met a robust, athletic friend two years ago who walked with a cane and had one foot in a big carpet slipper. He had been playing with his boys and barked his shin, as he stated. He had it dressed at a drug store though the hurt was very insignificant. Apparently the druggist applied liquid plaster or some impermeable dressing. The foot and leg began to swell and the man came near losing not only his leg but his life and suffered for months. Do not know whether he ever fully recovered.

A. C. S.—The American College of Surgeons, so it is announced, begins this year with an endowment fund of \$500,000,

contributed by its members. They sure must have money! Wonder what an American College of Family Doctors could raise?

Doctoring to Death.—"The following item appeared in the *Baltimore Sun*: 'Benjamin E. Davis will be hanged shortly after daybreak this morning. . . . Dr. William L. Smith, jail physician, visited him and said his condition had improved and that he could see no reason why he should not be hanged, from a standpoint of health.' Thus do we see the importance of modern hygiene, for it has been demonstrated by laboratory tests that if a man is hanged when in poor health, the results are liable to be serious."—*Medical Review of Reviews*.

Something of a Problem.—Some one once said, "A fool can ask more questions in a minute than a wise man can answer in an hour." This is quoted from memory and in sooth the authorship is unknown to the writer. However the statement is true and the fool might further complicate matters by asking if the wise man were entitled to the term. This is preliminary to the statement of fact that since the Japanese-Russian war the nations have paid increasing attention to the water, food, clothing and general sanitation of their armies. The results have been amazingly favorable. But with all this work of protection against certain diseases came in the practice of inoculating the soldiers with the very disease against which the sanitation is designed to protect them. The inoculation is given all the credit for the good work. In this instance the fool's question is obvious to all. What is the wise man's answer?

The Test of Reason.—Dr. J. von Duranyi, in *Deut. Med. Woch.*, Berlin, discusses cholera. He tells of epidemics started by healthy carriers who had been quarantined for the regulation five days. If you study the proposition, two points present themselves that are puzzling to one who would follow the science Duranyi represents. The first is the fact that healthy persons could be infested with the germs of cholera and yet be healthy. The second one is that in this age of sanitation the feces of anyone should be allowed to get in the food or drink of the citizens. Even the excreta of the healthy is not healthful. And then as a subsidiary puzzle, older readers will remember that about 30 years

ago von Pettenkoffer, and seven others, voluntarily drank water containing millions of cholera germs direct from the victims of that disease at Hamburg, Germany, and experienced no appreciable ill effects.

Alcohol and Pneumonia.—The United States Public Health Service is sending out special bulletins stating that “alcohol is the handmaiden of the disease, which produces ten per cent. of the deaths in the United States,” namely, pneumonia. One who has read the original paper issued by the Service is puzzled to know whether this excerpt is circulated as science or on the grounds of morality. A search among cases of death from pneumonia of acquaintances shows that they were all abstainers or their use of alcoholic drink was so slight as to put them practically among the abstainers. Not one was what could be termed even a steady drinker. Science is fact not sentiment. Drinkers do die of pneumonia and also of other diseases just as do the abstainers, but the question is: Is pneumonia their special disease?

Hay Fever.—Dr. Wm. Scheppegrell, of New Orleans, President of the American Hay-Fever Prevention Association, contributes a long paper to the *J. A. M. A.*, Mar. 4, on the subject of the cause and prevention of the disease. He estimates that one per cent. of the people are subject to the disease; that rag-weed (*Ambrosia artemisiifolia*) causes about 85 per cent. of the cases, and other weeds of that family the remainder; the way to eradicate the disease is to eradicate the weeds. This is confirmatory of the prevailing belief, but back of it looms that for which Hahnemann sought in his *Chronic Diseases*, probably the least known, but most important thing in disease, Predisposition. Why is one per cent. afflicted and ninety-nine per cent. escape when all are equally exposed to the apparent cause? Surely that was a mighty quest of Hahnemann’s!

The State Responsible.—In a decision rendered by the common pleas court at Akron, O., the State, under the workingmen’s compensation law, is held responsible for physical injury or death, following compulsory vaccination. A man in that city was

compelled to submit to vaccination under threat of losing his job. The health board vaccinated him and he died from the effects of the operation, at least it was so determined for the verdict was in favor of the widow and the State must pay her about \$2,500. A few verdicts like this would break up the vaccine farmers for the State could not stand the financial strain and, left to themselves, the people would not be vaccinated.

Trichinosis.—In discussing Dr. Leon Bloch's paper on this disease Dr. M. Herzog, as reported in the *J. A. M. A.*, said: "Trichinosis is not so rare as it is supposed by most practitioners. The clinical history and the signs and symptoms of trichinosis are such that the diagnosis is very difficult. However, the diagnosis becomes easy if proper laboratory methods are used, particularly in examining the stools and the blood. The number of cases reported in the literature in the United States since the report of the first case was published in 1842 is 1,550, with 240 deaths. From these figures the impression is created, first, that the disease is comparatively rare, and second, that the mortality is high. Both impressions are erroneous. The disease is not so rare as one would imagine, and the mortality is not high save in exceptional cases."

If One Why Not the Other?—*Health News*, issued by the U. S. Public Health Service, says that in some regions, as, for instance, two counties in the Yazoo valley, 40 per cent. of the people are infected with malaria, and the average in malarial sections is 4 per cent. "Over 2,000 *Anophele* mosquitoes in malarial districts were dissected during the early spring months without finding a single infected insect, and not until May 15, 1915, was the first parasite in the body of a mosquito discovered." "The Public Health Service, therefore, concludes that mosquitoes in the latitude of the Southern States ordinarily do not carry the infection through the winter. This discovery indicates that protection from malaria may be secured by treating human carriers with quinine previous to the middle of May, thus preventing any infection from chronic sufferers reaching mosquitoes and being transmitted by them to other persons." The drainage of swamps is advocated, an excellent measure, though as human beings, according to the above, infect the insects, one can hardly

see how drainage can stop the disease. Looks as if some of our learned ones were sadly tangled up by their germ theories, and this the more so as they use medicine by the ton for one disease, while for other germ diseases, pneumonia, for example, they say, there is no remedy. If these gentlemen would throw aside prejudice, pocket their professional pride, and study Homœopathy, a great medical light would arise and shine on them.

Typhoid Vaccine.—"The editor of *American Medicine*, in criticising life insurance circulars that exploit the general use of typhoid vaccine, adds:

"The statement that 'typhoid fever can be driven from the country by typhoid inoculation' is absolutely false, and if tried will be followed by a dreadful aftermath of tuberculosis. It is a distinct shock to find such bad advice coming from these companies, when we had all so confidently predicted their great opportunities for prolonging life. It is now evident that these men who have devoted their lives to diagnosis and prognosis, have had no time to keep in touch with means of prevention and cure. All physicians should warn their patients to ignore the dangerous advice of these two companies in this direction.

"There is no question that those who are greatly exposed to typhoid should be inoculated, such as nurses in charge of typhoid patients or soldiers campaigning in endemic territory, but these are selected classes free of disease, and the risk of tuberculosis is far less than in the general population. The vaccinationists have become so obsessed with the good that they cannot see the harm, even overlooking and suppressing the deaths they have caused. They make the childish defense that these cases are mere coincidences. It is an open secret in France that cases of typhoid in the vaccinated have not been reported. The Germans do not think it has any practical prophylactic value, and have ignored it."—*Medical Council*.

How is it that there is "no question" that soldiers should be inoculated in view of what our esteemed *Council* says of the "open secret" in France, and the ignoring of the practice in Germany?

Allopathic Therapeutics.—The *Medical Review of Reviews* has been inquiring as to which are the most used drugs, 107 teachers in 39 medical colleges furnishing the data. Thirty-one drugs en-

tered for the race. Morphine is easily the leader with a vote of 102. Then follows calomel, 94; quinine, 85; digitalis, 70; iodine, 35; ether, 28; arsenic, 28; salicylates, 21; iron, 16; strychnine, 10; diphtheria antitoxins, 8, and so trailing on down. Really, gentlemen, of the 39 colleges, you ought to employ some homœopathic physicians to treat the uses of drugs and then morphine would fall from the top, possibly fall out of sight. Morphine is a very restful drug; its terminus is the sleep that knows no waking.

“Wood Alcohol—Poison.”—Rhode Island requires that any one who sells Methyl, or wood, alcohol, shall label it “Wood Alcohol—Poison.” Also any one who uses it in the preparation of food, drink, toilet article or medicine, shall be fined \$50 or not more than \$500. An excellent rule and one that should be strictly enforced, for wood alcohol stands for blindness and death, too big a price to pay for cheapness.

Legal Autopsies.—The following is condensed from the *Southern California Practitioner*: A man died. Doctor did not know the cause. Body taken to an undertaker’s establishment, a brother and sister attending to details. At their request an autopsy was held. Cancer of the liver revealed. The widow lived in another city. When she heard of the autopsy she suffered such a shock that she sued for \$20,000. She was awarded \$1,000. We quote: “Superior Judge Grant Jackson ruled that a widow is entitled to the control and disposition of the dear body of her husband and that it cannot be touched without her full knowledge and consent.” This is California law. It seems to open up great possibilities for widows.

Politics.—Whatever else may be said for or against them all must admit that the men of the A. M. A. are good politicians; they could even give pointers to the —— party. A bill was introduced into the lower house of Congress recently, which provides for the free transmission through the mail of all that the health boards may see fit to print. If health boards issued wisdom only the proposed measure might be a good thing.

PERSONAL.

If the new order of pharmacy keeps on will have to grow standardized human beings for their extracts.

Philadelphia is credited with a "Feeble Minded Exhibit."

When every kid, male and female, becomes a college graduate who will wash the dishes?

If the writer could hear the type-setter the air might be blue on both sides.

Telling a fact is not necessarily the same as speaking the truth.

"A Ford is a Joke, but, alas, most of us cannot afford a joke," sighed Mary.

Don't jeer bad spelling for, like the undertaker, it will get *you* in time.

"Mental catharsis" is some term!

A medical cynic remarks that "many of the attacks of brief melancholy may be removed by a purgative."

The *average* scientist is one who follows the push.

Bored ears are commoner than ear-rings.

Because a man he says he "knows" a thing merely throws it to the jury.

All shady trees are nice except the family tree.

Lawson Tait once said that the true estimate of an operation was its remote effect.

A wicked newspaper headline told the world that "Minnesota Girls Want Men That Dance."

"Awake, Pat, the ship is sinking!" "Well phwat's that to me? 'tisin't my ship."

"Magnostherapists" and "Suggestotherapists," hats are in the ring. Hurroo!

You cannot sweep back the tide with a broom! Gosh, aren't we the truth-teller?

"Pat, are oysters healthy?" "Oi never heard wan of them complainen."

Many a big man reposes under his wife's little thumb.

Why not examining boards for professional reformers?

"Who Invented Hell?" asks Amelia M. Ricker. Was it "invented?" What is it?

The bank cashier sometimes becomes a runner.

Fine! We all can now talk base ball.

Many a man is so humane that he even objects to beating a carpet.

Everything has its use, though it is difficult to see it in the man who stole your overcoat.

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“BETTER DOCTORING FOR LESS MONEY.”

That heading is the title of a paper by Richard C. Cabot, M. D., in the May number of the *American Magazine*. The editor of the *American* prefaces the article with the statement, “Dr. Cabot, of Boston, is one of the most distinguished physicians in the United States.”

Not long ago Dr. Cabot threw out an indirectly good word for Homœopathy at which a number of homœopaths were quite pleased. But, somehow, it reminded us of a sketch *Punch* got off a few years ago, one representing two London street boys gazing at a big opera poster announcing the fact that Patti would appear in such and such an opera. Remarked one urchin to the other, “They say she isn’t arf bad.”

Dr. Cabot opens his popular paper by saying that at the Mayo clinic a patient is examined by specialists in all fields of medicine before anything is done to him. These men receive salaries, and the fee for the clinic is determined by a business agent whose duty it is to “discover approximately the income of every patient visiting that clinic.” The paper is too long for us to give a detailed abstract of it, so suffice it to say, that, in a general way, Dr. Cabot thinks that the plan of the Mayo clinic should be generally adopted, because by it no specialist is subjected to the temptation to perform a useless operation, or give a treatment not needed merely because he wants the money, all of which is excellent. He also says that the general practitioners do the same, *i. e.*, take money from patients unjustly. On this point we quote from the Cabot paper:

“Some harmless liquid or tablet is prescribed in order that the patient may not go away empty-handed, with the sense that he has got nothing out of the visit, although every educated physician knows that most diseases

are not appreciably helped by drugs, and that few of the symptoms which people complain of are much helped by medicines. Nevertheless, most physicians continue in their practice outside hospitals to prescribe a number of quite useless though harmless drugs, under the belief that their patients demand them and will not be content without them."

Also further on:

"This sort of practice, as I see it, is quackery, for a quack is a person who leads his patients to believe that he has medical resources which, in fact, he does not possess. How can we possibly educate our patients to take care of their health intelligently when we are fostering in them all sorts of superstitions about drugs, plasters, liniments, and electricity?"

There are two noteworthy points in this. The first is the statement that medicine is useless. The second is double edged, for if you, an educated physician, prescribe medicine you are a near quack, while if you believe in your prescription you are an ignoramus.

All of this can be sifted down to a question for the jury, namely, a question of fact. Are the general practitioners who prescribe medicine quacks or ignoramuses? Or are the men who seemingly know everything about disease except how to cure it pretenders or ignorant? Probably every reader of the *RECORDER* could give authentic cases, facts, of unfortunates who had been through the scientific medical mill and came out worse than when they went in, who had been cured by the needed medicine. A belief in medicine has persisted through all the ages, but it is going out with the few and is being supplanted by the witchcraft incantations, by which you first see the disease-devils by the aid of a microscope, and then shoot at them with hypodermic syringes loaded with devils from other diseased men or beasts.

Dr. Cabot, no doubt, is quite honest in his beliefs, but errs when he thinks that he and his class are the only educated physicians. Undoubtedly, if this modern medical scientist is taching the people truth in the pages of the *American Magazine* it must follow that all the doctors, from Hippocrates down to the day of the men of his class, were quacks, or very ignorant men. But, then, the charitable philosopher can reflect on the fact that the medical men of each cycle, era, or age, have entertained the same opinion of their medical predecessors that Dr. Cabot does of his, all save the homeopaths, who have not attempted to "improve" on the natural law of *Similia*, but only to develop it, and thereby add to their ability to *cure* disease.

WHAT IS SAUCE FOR THE GOOSE IS SAUCE FOR THE GANDER.

A homely old proverb but what it conveys is broadly true, or ought to be but sometimes isn't. The world is chiefly made up of folk, the scientists being quite few and dependent on the folk for a living, very much so indeed, for the average medical scientist would starve to death if it were not for the common people. The RECORDER holds no brief for the proprietary medicine men, as its advertising pages show, but still it believes that What is Sauce for the Goose is Sauce for the Gander. Officially, according to the law, as we see it, who are not a lawyer, the American Medical Association, *i. e.*, the allopaths, have no more legal right to dictate in things medical than have the national bodies of the eclectics, the homœopaths, the Christian Scientists, the osteopaths, or the patent medicine men, yet they do it, shouldering the others out, and with a certain cock-sureness that is irritating to the ordinary citizen who has a dim idea of the fundamentals of common law. These gentlemen sit as a self-appointed judiciary on all the proprietary medicines advertised, some of which they scientifically damn and others they approve. Why one is damned and another approved no mortal knows save the self-elected censors. To go outside of the proprietary drugs, these men will condemn a certain drug that it not proprietary, yet investigation shows that there are more physicians prescribing it daily than any other drug. In the eyes of the law these men who prescribe the condemned drug are just as legally physicians as is the coetrie that says the drug is "useless." Who is right? The laboratory theorists who hardly ever enter the chamber of the ill or the clinicians who are there daily?

In the laboratory *Calendula* (for an example) is not a germicide, while bichloride of mercury is, yet in actual practice *Calendula* not only prevents suppuration but heals cuts or mangled flesh quicker than any known substance. The late Dr. Helmuth confirmed this, as have many others, yet it is put aside because it will not act in the laboratory as it does at the bedside. So it is with other useful remedies; one after another they have been thrown out until at that top-notch, Johns Hopkins, only four are recognized as ethical, and these are among the least useful.

Some men think that, regardless of "school" or condition of servitude, the clinicians should do as the elephant did to the nest of partridges, sit down on it, namely, on the little nest of men who coolly damn all drugs (some in use in the days of Hippocrates) save those made in the laboratory, such as serums, vaccines, or drugs with names so long that they have a perspective. The official journal of the A. M. A. has condemned many proprietary advertised in medical journals for years, and calls on the physicians to ostracize every journal that carries the advertisements of anything that it damns, yet a glance at the proprietories it admits to its own pages will prove to every clinician that its sheep are worse than the goats it has cast out. A doctor told us recently that he looked over the records of a druggist friend with a big prescription business and found that over 25 per cent. of that prescribed was proprietories condemned by the ruling powers of the A. M. A., yet prescribed by the members of that body.

This interests homœopathic physicians indirectly, yet vitally. For example, the ruling powers announce that, let us say, *Cactus* is inert. The logical sequence of this is that the man who prescribes it (or any of the condemned medicines) is an ignoramus. An ignoramus should not be allowed to treat the sick. Consequently put them down. Every year they give the screw another turn or two, squeezing the men who do not follow their dictates a little more, evidently with the object of eventually squeezing the life out of them and leaving a clear field for the men who at bottom do not believe that there is any Balm in Gilead—and if there is it is worthless—and that the only thing to do is to "open the bowels," and then "operate." However, the world will not stand for this monopolist, "altruistic" scheme. The elephant will sit down on their little nest and squash it.

VERIFICATIONS OF GELSEMIUM.*

By Daniel E. S. Coleman, Ph. B., M. D., New York.

At a recent meeting of the New York Materia Medica Society the members were asked which remedies they would choose if confined to the use of two only. Nearly every one mentioned *Gelsemium*.

*Read before the New York State Homœopathic Society, Rochester, N. Y., April 12, 1916.

Why should I select such a popular remedy as this beautiful and fragrant southern plant for the subject of my paper, one so often indicated? This popularity is the very reason for my choice. So valuable a medicinal agent cannot be too often discussed. We must not let the desire for reprovings, new provings, animal experimentation, etc., dim our judgments and lead us into the error of neglecting to study and verify the rich pathogeneses already in existence. While one should favor all new endeavors which lead to greater or easily acquired knowledge, I think the more obvious shortcoming lies in the failure to properly study the action of previously proven remedies. The art of prescribing is bought at the price of constant and close application. There is no other way.

If well known symptoms are mentioned in this brief resumé, and such must necessarily appear, it is because they have been personally verified. It is hoped, however, that there may in the discussion of this great polychrest be something of interest to the elder practitioners and of value to the younger.

The introduction of *Gelsemium* into medical practice resulted from an error. A Mississippi planter was cured of bilious fever by an infusion of the root, prescribed by mistake for another plant. A "quack" learning of this cure sold it under the name of the "Electric Febrifuge." It was mentioned in the works of Elliott and Frost, and Dr. Porcher, of South Carolina, after observing their statements again brought it before the medical profession in his report on medical botany at a meeting of the American Medical Association in 1849.

In 1852 Dr. John Henry made the first proving, Dr. W. E. Payne proved the fluid extract in 1859, and Dr. E. M. Hale published his "Monograph on *Gelsemium*" in 1862. Dr. Douglass was associated with Dr. Hale in his experiments. Other provings and poisonings with many verifications have added to our knowledge of this valuable therapeutic agent.

The reason this remedy is so often indicated is due to the similarity of its pathogenesis to the nervous symptoms induced by the stress and strain which our modern civilization develops. The languid, drowsy, exhausted, trembly and orethistic state is observed so often by the practicing physician that comment upon it seems unnecessary. How often have I heard patients

asking for that therapeutic counterfeit, a "tonic," and how often have I benefited such patients with *Gelsemium* prescribed upon homœopathic indications. We must not fall into the error of thinking that the *Gelsemium* patient is not fearful or anxious because he seems indifferent, listless and apathetic. He is nervous and irritable, but his exhausted nervous strength overpowers his energy and produces the "don't care whether school keeps or not" condition so frequently present.

There is a mental symptom of this remedy resembling *Borax* which I have observed: "Child starts, screams and grasps the nurse or crib and screams out from fear of falling." The difference is that the fear in *Borax* is while they are actually descending, while in *Gelsemium* it is present when the patient is lying perfectly still. I have seen children awake from sleep, cry out that they were falling, and raise themselves from the bed. *Gelsemium*, and not *Borax*, was indicated. *Sanicula* has this symptom in conjunction with intermittent fever. Apprehensive of some unusual ordeal causing diarrhœa, profuse or involuntary flow of urine, etc., "complaints from bad or exciting nerves." I have verified a number of times.

The head and face symptoms are very important, and I will present a few of the frequent cases which have come under my observation:

CASE I.—Male, age 51. Headache for forty-one years without obtaining relief. The best men at Johns Hopkins and other well known institutions were unsuccessful. Symptoms: Sense of pressure as from a dull weight in the right supraorbital region, sensitiveness to touch. This was constantly present. First on Fridays, then on Wednesdays, he would have severe pain starting in right supraorbital region and extending over the entire head. Pain increased in severity until his suffering would become so excruciating that he thought he would become insane. The slightest noise or jar was intolerable, could not even stand the faintest whispers. Confinement to bed was necessary one day each week. This he never escaped for forty-one years. \mathfrak{R} . *Gelsemium* θ , gtt. x, in a half glass of water, $\mathfrak{5i}$ half hour before meals, and at bedtime. The remedy was prescribed two days before the weekly exacerbation. He had only slight trouble that day, and has been entirely free from it ever since, excepting

once, after he had discontinued the medicine for a time, there was the faintest suspicion of pain.

CASE 2.—Male, 41. Similar case with a Monday exacerbation. Two drops of the tincture of *Gelsemium* four times daily were necessary before obtaining results.

CASE 3.—Male, age 33. Jewelry polisher. Duration of disease two years. Symptoms, Dec. 22, 1914: Pain began over left eye in the morning, < motion, bending forward and light. The pain would become so severe that attention to work was impossible, and although a man of ordinarily calm demeanor he would cry and act as if he were losing his reason. The day he came to my office he was in such agony that he frightened those in the waiting room, and I was fearful of his doing himself personal injury. The ordinary minute dose had no effect, but the pain completely disappeared from two five drop doses and one two drop dose of the tincture extended over about half an hour. I then instructed him to mix ten drops in a half glass of water and take two teaspoonfuls a half hour before meals and at bedtime. I also instructed him if the pain returned he could take five drops extra, but not to repeat more than once. He found it necessary to resort to this only a few times. Dec. 27, 1914. No return of trouble. R. *Gelsemium* θ , gtt. x, in a half glass of water, \mathfrak{z} ii four times daily. I told him to stop medicine after taking a certain length of time, providing he had no return of symptoms. March 25, 1914. No relapse. He has remained well ever since.

The late Dr. William E. Wells, a famous dentist, told me the following: A physician friend had suffered from trifacial neuralgia so long and severely, obtaining no relief from any treatment experienced, that he concluded to commit suicide. Walking along the avenue with head bowed in painful contemplation of his family's shock and grief at his act, he glanced up and beheld a doctor's sign. Almost mechanically he entered and was ushered into the presence of an old, dried-up physician resembling an Egyptian mummy, who turned out to be a botanical practitioner. After relating the case, he was given a bottle of dark brown medicine with directions to take thirty drops and repeat in an hour if necessary. The pain stopped after the first dose, but the second was taken to make sure. He never had a return, and cured many of his own patients with the remedy. It was *Gelsemium* tincture.

This large dose was in *great excess* of what we would give, but it shows the value of this drug nevertheless.

The question that interests us as scientific, or homœopathic, therapeutists is what is the *modus operandi* of *Gelsemium* in neuralgia. Is it due to depression of the sensory portion of the spinal cord? Let me quote from White's "old school" "Materia Medica and Therapeutics" (Wilcox): "It is occasionally used for neuralgia and migraine; how it acts is quite uncertain; the dose must be pushed, and often the drug fails." *Gelsemium* cures neuralgia by reason of its homœopathicity, which is shown absolutely from the symptoms appearing in the provings. *Neuralgic pains are very prominent*. It will cure only when the symptoms of the patient resemble those of the drug. That is why the "old school" fail. It is impossible to record the pathogenesis in a limited paper, it can be found in the Cyclopædia of Drug Pathogenesis, Allen's Encyclopædia, and other complete works. Here is a fragment from Dr. Henry's provings: "Pain in left side of head extending from parietal eminence to mastoid process of temporal, periodically recurring." Periodicity was a prominent symptom in a number of my cases. "Heaviness of head alleviated on profuse emission of watery urine." "Pain in occiput, > reclining head and shoulders on a high pillow," "vertigo with dim vision," etc., are well known and oft repeated symptoms. Hale mentions "periodical hemicrania (over one eye)" as a clinical symptom.

The eye symptoms appearing in the provings are of such a nature that *Gelsemium's* usefulness in visual derangements is of large importance. "Drooping of the eyelids," "dimness of sight and vertigo," "smoky appearance before the eyes, with pain above them," "total blindness very soon after the dose, with violent dizziness," etc., etc., are among the symptoms appearing in the pathogenesis. Many of my cases of asthenopia, especially from muscular weakness, have yielded to the action of this remedy. A report of two cases of hysterical amblyopia may be of interest.

CASE I.—Male, 39 years old. History of long continued nervous strain. Impaired vision, could not see print with right eye, and distant objects appeared as if covered by a dense fog. Left eye was also affected, but could read with difficulty. A well

known homœopathic oculist made a diagnosis of hysterical amblyopia. I prescribed a small fraction of a drop of *Gelsemium* four times daily upon the following symptoms: Great lassitude, difficulty in holding urine, drowsiness, could hardly keep the eyes open, occasional tremor, desire for absolute quiet on account of nervous exhaustion, occipital headache, and fog before the eyes. Immediate improvement and complete cure in about two months.

CASE 2.—Miss A., age 36. Missionary to China. In September, 1911, following nervous strain and small-pox, she noticed that her eyesight began to fail until she could not read, and distant objects became scarcely discernible. A bad prognosis was given by an "old school" oculist. I diagnosed her case as hysterical amblyopia, and prescribed *Gelsemium* as in Case 1. The prominent characteristics leading up to its choice were great nervous exhaustion and the local eye symptoms. Complete cure in a few months.

In both these cases the remedy was discontinued when improvement was marked, and resumed when it ceased. Neither of these cases presented any objective symptoms on ophthalmoscopic examination, the trouble resulting from central nervous disorder. The eye symptoms probably result from paralysis of the motor cells in the floor of the fourth ventricle and aqueduct of Sylvius. The homœopathic relationship is obvious.

When we come to the ear we find *Gelsemium's* curative power in no way diminished. "The pains which ascend from the back to the occiput often affect the ears;" "rushing and roaring in the ears;" "sudden and temporary loss of hearing;" "digging in the right ear, also stitches," are symptoms suggesting its utility. My clinical experience with it has led me to regard it with the utmost confidence. Many years ago my attention was called to its value in earache (otitis media acuta), and the results have been of such a nature that strong characteristics of some other remedy must be present for me to rule *Gelsemium* out. For the greater part of my life it has been my custom to swim considerable distances, and on more than a few occasions I have been unfortunate enough to develop acute otitis resulting from blowing water through the Eustachian tube. *Gelsemium* has been my remedy as it has been with a number of my patients. "Neuralgic otalgia, especially when periodical;" "earache from cold (in-

ternally, also a drop or two on cotton put in the ear),” are clinical symptoms given by Hale.

What homœopathic physician would not feel keenly the loss of *Gelsemium* in respiratory conditions? It has been one of the most frequently indicated remedies in acute coryza, characterized by thin watery discharge with more or less sneezing, dull headache, chilliness, especially in the back, fever, cough, hoarseness, sore throat and chest.

It is almost specific, if I may be permitted to use the term, for stoppage resulting from acute congestion with difficulty in breathing. The turbinates seem full of blood.

Dr. J. C. Morgan developed a tingling and “sneezing followed by tingling and a sense of fullness of the nose” on the first day; “sneezing and dull headache” on the sixth day of his proving. “Watery discharge from the nose” appeared in some of Dr. Douglass’ provers. The history of the number of times *Gelsemium* has been prescribed for la grippe, with the exhaustion, dull aching over the body, etc., would fill many large volumes.

Inflammation of the tonsils or pharynx with pain on swallowing extending into the ear is an oft repeated characteristic. The redness is not so bright as in *Belladonna*. Again, “paralysis of the organs of deglutition.”

A couple of stomach cases may be of interest. Case 1, female, age 26. Under treatment with “old school” physicians for one and a half years without help. Jan. 14, 1916. Pain in the left side of abdomen, flatulence, no appetite, bowels irregular, *weak and drowsy*, > *open air*. R. *Gelsemium* θ , gtt. x, in half a glass of water, \mathfrak{N} ii q. 2 h. Jan. 18th. No pain. Relief began almost immediately, flatulence and appetite much improved. Slight headache. R. *Gelsemium*, four times daily. Feb. 7. *No stomach symptoms. Congestive headache coming suddenly bending forward*. R. *Belladonna*, 3 q. $\frac{1}{2}$ h. Later, I prescribed *Nux vom.* on indications. Feb. 17, 1916. *Weakness in stomach, tires easily*, no pain, poor appetite. R. *Gelsemium* θ , on No. 40 pellets, 3 pellets 4 times daily. The only other remedy prescribed was *Colocynth* 3, for colic, > bending double and from heat. She has required no treatment since Feb. 26th.

CASE 2.—April 3, 1916. Excessive flatulence, gas constantly forms, has to press frequently on stomach to expel it. Soreness

of stomach and liver. Sensation of weakness in stomach. Constipation. Head feels tight. *Ptosis of right eyelid, has to almost constantly push it up.* Duration of trouble, several weeks. R. *Gelsemium* θ , on No. 40 pellets, 3 pellets q. 1 h. I heard from him in a few days and he was greatly improved. Let me quote a few symptoms from the pathogenesis: "Eructations" (Dr. Douglass): "Eructations of wind and bland fluids" (Dr. Morgan). "Sour eructations" (Dr. Vincent). "Feeling of emptiness and weakness of the stomach and bowels" (Dr. Douglass). "Want of appetite in the afternoon" (Dr. Fincke). "Alternate increase and loss of appetite" (Dr. Vincent). Pain, variously described, was a very prominent symptom and eructations of gas frequently occur. Constipation, found in both these cases, was produced in the provings. "Insufficient stool at 10 A. M." "At 11 A. M., having put off the usual defecation, had a slow stool, leaving a sensation of more remaining to be passed, and abdominal repletion." "Attempted to pass a stool, but much wind only passed, in the evening" (Dr. Morgan). Of course, diarrhoea is more characteristic, especially when prolonged by emotional causes.

"Urine increased in quantities, clear and watery." "Frequent micturition, wants to urinate every half hour" (Dr. Douglass). "Frequent emission of clear limpid urine, with seeming relief to the dulness and heaviness of the head" (Dr. Vincent). "Urine much increased in quantity" (Dr. Joshua Stone). "In nearly every instance the profuse emission of watery urine was accompanied by transient chilliness, tremulousness, and an evident alleviation of the sensations of heaviness of the head, dulness of mind and dimness of sight" (Dr. Hale). These symptoms show the power over the urinary organs, as I have had occasion to verify many times. "Enuresis from paralysis of the sphincter" is a valuable "key note."

"Inefficient labor pains from uterine inertia" and "rigid os uteri during confinement" are clinical symptoms which I have found valuable in confinement cases.

Gelsemium should not be forgotten in cardiac conditions when the proper indications are present. Feb. 28, 1916. Female, age 22. Great weakness, especially in knees, marked dyspnoea, poor appetite, is never able to eat breakfast, heart very irregular and

weak, pulse 92 per minute, systolic murmur heard at the apex and transmitted to the left. R. *Gelsemium* θ , on No. 40 pellets, 3 pellets four times daily. April 8, 1916. Says that she never felt better in her life, appetite good, can eat breakfast. Pulse 82.

Of course nothing can cure an organic murmur, but we can help the patients with the indicated remedy when the mechanical condition of the dilatation with broken compensation is not present.

"Irregular beating of the heart from 12 M. till 5 P. M."
 "Pulse frequent, soft, weak, almost imperceptible;" "feeling as if the heart would stop beating if she did not move about," are a few of the pathogenetic symptoms.

"Chilliness especially along the spine;" "fever without thirst;" "transient chilliness (accompanying profuse urination)" are a few symptoms often observed by me in practice. Dr. H. C. Allen says, "*Gelsemium* is one of the few remedies that have the regular periodic fever *without chill*."

It is difficult for me to stop writing about this wonderful medicinal substance which the school of Hahnemann has developed to relieve poor, suffering humanity of many of its ills, but time presses and I must hasten to close.

Regarding potency. There are high potentists low potentists, and medium potentists. To reach the pinnacle of our art however, we should be all three. We know, or should know, that some remedies like *Natrum mur.* and *Silica* act better high. Other remedies act better in medium strengths, and still others show greater efficiency in the lower attenuations or in the tincture. *Gelsemium* belongs to the last class.

It is my custom to mix ten drops of the tincture in a half glass of water (about four ounces) and to give two teaspoonfuls at a dose. If I desire to give pills, I saturate No. 40 pellets and prescribe three at a dose. When we figure out the actual amount it is found to be quite minute. Four ounces of water contain about 1,920 drops. Each drop of the mixture would contain $1/192$ of a drop, and 2 teaspoonfuls $120/192$ of a drop. According to the American Homœopathic Pharmacopœia, the drug power of *Gelsemium tincture* is $1/6$. Therefore, the amount of drug in each dose would be $120/1152$ or less than $1/9$ of a grain. The tincture made from the directions given in the Pharmacopœia

of the U. S. has a drug power of $1/10$. In this case, $1/16$ of a grain would be the dose. A two dram vial will hold approximately 110 to 120 No. 40 pellets. Ten drops will saturate them. Let us figure out the actual amount in a vial containing 120 pellets. $10/120$ drops \times 3 pellets = $30/120$ or $1/4$ drop. The drug power is $1/6$ or $1/10$. Therefore, $1/24$ or $1/40$ of a grain would be the amount of each dose.

I remember one old lady patient in whom I reduced a temperature of 103° to normal in a few hours with the 30th potency of *Gelsemium*.

In a recent case of asthenopia, the 3rd accomplished a cure. I have used this potency and also the 3x quoted often with good results. I repeat, however, that *Gelsemium* is a remedy which acts better low. Few, I think, will contradict this. Again, triturations are not so efficacious because some of the medicinal power is lost when dry. The question of actual dose is a purely personal preference and has *absolutely nothing to do with the principles of Homœopathy*.

THE HAND AS AN INSTRUMENT OF DIAGNOSIS, AND TO FIND THE INDICATED REMEDY.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

The hand is the most *delicate* instrument for diagnosis that can be *conceived* by the mind of man *when* it has been educated when a doctor learns *how* to use it. To have his *eyes* at his fingers' ends. We all know how *extremely* sensitive are the hands of a blind person. If you place anything into their hands, they will tell by the *feeling* of it what it is. Men who are in the habit of handling much money learn to detect the difference between good and bad money by the *feeling* of it. In conversation with a doctor who made a *specialty* of the treatment of hernia, I asked him the question, "How can you tell the difference between a hernia and any other *swelling* in the abdomen?" His reply was, "By the *feeling* of it." When a blind person has some one near and dear to them, and they want to know how that person *looks*, they will pass their hand over this person's face, and thus with their *hands* draw a *mental* picture of just *how* that person *looks*. A doctor should have just as *sensitive* hands as a *blind* person.

Then he can detect the *slightest* variation of the *pulse* from **normal** to abnormal. Thus he can by delicate manipulations with his hands, over the abdomen, detect diseased conditions in the abdomen and *any growth* in the human breast and the *nature* of that growth. In my student days I was taught *how* to detect the different conditions of the os uteri by *digital* examination. When placing my fingers upon the os uteri I could if I had been an artist draw a good picture of the *diseased* condition existing there by the *feeling* of the parts to my *fingers*. In this way I could diagnose congestion, ulceration, enlargement, pregnancy, fibroid tumor, displacement and cancer by *digital examination* and *not* by *peeking* through a speculum. **The Almighty gave us** our eyes and hands to *aid* us in the diagnosis of disease and we should learn how to *use* them to the *best* advantage.

Nearly fifty years ago there lived an old physician in Augusta, Maine. He was a very blunt, plain spoken man, and was very apt to say just what he *thought*, in not very *choice* language. A young physician was called to a case of fracture. His excuse for not taking the case was, "That he did not have any *splints* with him," so they dismissed him and called the old doctor mentioned above. When they told the old physician what the young man said, he made the remark, "Well, he had his *paws* with him, why didn't he use *them*?" The story *made* a great *impression* upon my mind when I heard it, it was then I realized how important it was for a doctor to know *how* to *use* his *hands*.

Several years ago I was visiting some friends in New York City. While at their house a lady in the house (who was an "opium eater") took an *over-dose*. The result was a *coldness* of hands and feet, all the *blood* seemed to settle in the trunk of her body. The pulse was scarcely perceptible. I had no medicine, but I knew *something* had to be done and done *quickly*. I wrote out a prescription and sent a messenger for the remedy. Fortunately for the patient I had learned *how* to *use* my *hands* in desperate cases. I stood behind her, and with my *right* hand on her *heart*, with the left hand I began to make vibratory massage down the *spine*, followed by *long, firm strokes* with the hand down the whole length of the spine. My object was to *force* the blood *through* the *heart*, and start the *circulation* of the *blood* throughout the body. In a very few moments her pulse

began to come up, and she was practically out of danger *before* the medicine came from the drug store. It goes to emphasize the fact that a doctor should know something else besides the mere *dispensing of drugs*. A young man had been to a dentist to have an *ulcerated* tooth extracted. The dentist made a bad job of it, he did not get the *tooth* and the man was nearly *crazy* with *pain*. He came to consult me. I said, "I can put you to sleep and *stop* that pain." I knew that he had no *faith* in hypnotism, so I said, "I don't care whether you have any *faith* in what I am going to do or not, all I ask of you is to do as I tell you." I put him to sleep and made suggestions "that when he had slept an hour he would wake up and the *pain* would be *all* gone." In an hour he woke up. I said, "How do you feel now, does your tooth ache?" He said, "No," and went out about his business. A doctor *can't* read a patient's pulse and be holding a watch in his hand, and *counting* the pulse at the *same* time. You *can't* do *two* things at the *same* time.

Counting the pulsations of the artery is a mere *farce*, it don't tell us anything about the *character* and *quality* of the pulse. In reading the pulse we have to take into consideration, first, the *temperament* of a person, for that affects the pulse, also whether patient is *excited* about anything, whether he has had any kind of *stimulants*, or *Quinine*, *Glonoïn*, *Strychnia*, *Iron*, etc.

Sexual excitement, grief and mirth all write their language in the pulse, to him who can *interpret* it. We may have a patient with *high* grade of fever, *great* arterial *excitement*; the pulse is just the *kind* of pulse we should *expect* to find, it is *full*, *hard* and *quick*. The pulse of *Aconite*, and *that* is the remedy *indicated*. That stage of fever lasts only a *short* time and in *most* cases before we reach the bedside of the patient the pulse has *changed*, it is now *full* and *soft*, the pulse of *Ferri phos.*, and that is *the* remedy indicated. You may see a stout, plethoric woman, with *red* face, *almost* purple, a *dull* expression to the *eye*, *red* veinlets in the *white* of her eyes. You don't need to ask her if her head aches? For her *face* tells you that and her pulse is just what we should *expect* it to be, *full*, *bounding* pulse with *tension*, tells you as plain as *words* can tell you, "Give me *Veratrum vir.*, for it is *what* I need." We may see another patient with very *red* face, *bloodshot* eyes, *throbbing* of carotids; now

place your fingers on the pulse, it is just the *kind* of pulse we should expect to find, *full bounding*, with a *globular* feeling to artery, as it strikes against the fingers. That indicates *Belladonna*. When you see a lady with *hollow* eyes, *dark* circles round the eyes, a *pearly* tint to the *white* of the *eye*, you know that there has been a *drain* upon her system, and the pulse is just what we should *expect* it to be under the above condition, *irregular*, *weak* and *small*, and it points directly to *China*. In another case, lady patient has *very pale* face, *ashy* pale—*blushes* at the *slightest* emotion, *pale* tongue, all *red*, parts *pale*. The pulse is just what we should *expect* it to be, a *small*, *thin*, *soft* pulse, and *Ferrum* is the remedy. Lady looks *thin*, *emaciated*, *sallow*, *oily skin*, eyes look *wet*, as with tears, *melancholy*.

The pulse, when we read it, is what we *might* expect. It is *rapid intermittent*, the pulse of *Natrum mur*.

We sometimes meet with patients, *very pale* face, *blueness* of lips, eyelids and tongue, *veins* distended, *deep* sighing respiration, showing poor circulation of the blood and the pulse corresponds to the patient's condition, *very slow*, *weak*, *irregular*, intermits every third, fifth and seventh beat. It is the pulse of *Digitalis*. A lady has a *startled* expression to the *face*, is *nervous*, don't sleep much, has bad dreams that *frighten* her, pulse has more *sharpness* to the *strokes* than normal. This is the pulse of *Rhus tox.*, and *that* is the remedy she needs.

When we study carefully the appearance of the *face*, and general condition of a sick person, we can judge pretty near what kind of a pulse they *should* have. With our fingers on the pulse we think of the normal pulse, full, strong and *regular*. Then we think of the pulse under great arterial excitement, *full*, *hard*, *quick*. Then we think of the pulse, of *weakened* vitality, *weakened nerve* power. They will all occur to us with our hand on the pulse. *Tension* to the pulse may mean pain in some part of the body, *nerve tension*, and *contracted* capillaries. A weak *discouraged* feeling to the pulse, more *rapid* than normal, means *weak* nerve power, *lack* of vitality, as found in *Cancer*, and in some *severe strain* upon the *nervous* system.

A good way to learn to *read* the pulse is to study the pulse of a case of well developed pneumonia, *read* the pulse, fix it in your mind, just how it *feels* to you. Then take a case of consumption,

read the pulse of that, remember the pulse is *accelerated, full and soft*. Get a chance to read the pulse of a well developed case of cancer. It has a weak, discouraged feeling to it, more *rapid* than normal. Then take a case of nervous prostration, where there has been a *great drain* upon the brain and nervous system, read the pulse, *frequent, small, intermittent*. In this way *study* carefully the pulse of *each* disease, until you *know it*. When you read the pulse, forget everything else, *concentrate* your mind on what you are *doing*. Experience will be your *best* teacher.

Just as fast as you get the pulse of *one* disease *fixed* in your mind, then study the next one. In this way, step by step, you will be learning something that will *help* to put you in the *lead* of *all* other physicians around you. If the professors in our medical colleges would teach their students *how* to read the eye, pulse and tongue, it would be a hundred times more *valuable* to them than squinting through a microscope. Our young men that are being turned out from the medical colleges "now-a-days" get the idea that surgery is the *main* thing, the "money-getter," that the physician is a "back number," a "has been." In these modern times he is merely an *agent* to furnish *material* for the surgeon to *operate* on. There *was* a time when the old family doctor was loved and respected in the community. To his patrons he was a "friend in need," a tower of strength in the sick room *prepared* to meet any *emergency* that might arise in the family. In these modern days the old family doctor has to take a back seat, "go way back and sit down," while the surgeon is *very* much in the limelight, but it will not *always* be so. When the physician is *fitted* to *heal* the sick he will "*come into his own*."

Our doctors should remember the words of one of the fathers in medicine, "*Surgery is the last resort of an incompetent physician*," he *cuts out* what he *can't* cure. A doctor can oftentimes relieve *pain* with his *hands*, when he knows *how* to place his hands. You should remember that the *right* hand is *positive*, the left hand *negative*; when you want to relieve *pain*, rub your hands together until they are *hot*, then throw them down and snap them as if you were throwing *water* off of your hands. By doing this you bring the magnetism *into* your hands. Now place the left hand (negative) over the *painful* part, the right hand on the opposite side of the limb or body. *Concentrate* your

mind on what you are *doing*, and *will* the pain away; as soon as you *feel perspiration* in the palms of your hands, the patient will *feel* the good effects of your treatment.

When a part is *inactive* and you want to arouse it to action, place your *right hand* (positive) over the part and your left hand on opposite side. I have oftentimes helped my patients a good deal by telepathy. At night before I go to sleep I hold the face of my patients before my mental vision, and send out to them suggestion of courage, health, etc. I believe I have benefited my patients very much in this way. An earnest, heartfelt prayer to the All Good will make it a hundred times more *effectual*. A physician should love justice and mercy, he should be charitable and *walk humbly before God!*

HISTORY OF TUBERCULINUM AND COMPARATIVE STUDY WITH TUBERCULIN.*

By Eugene S. Thornton, Ann Arbor, Mich.

Some wise philosopher has said, "There is nothing new under the sun," and as one delves into the past almost all that may at first seem original is but a composite of what has been before. "The serpent's sting the serpent's sting heals," was taught by the Egyptian Epopets three thousand years before the "Wise Men from the East" followed the Star of Bethlehem to the manger wherein lay the Christ Child. This thought was revived by Xenocrates, 400 B. C.; while the great truth that the toxins developed in the body have the power when properly attenuated of curing the very disease that gave rise to them was brought forward by Dr. Lux, a homœopathic physician in 1823, just one score years before Robert Koch's umbilical cord was severed in the little Prussian city of Clausthal, and he was turned loose to paddle his own canoe in this great world abounding with bacteria and protozoa; and just 67 years before this "Great Apostle of *Tuberculin*" published to the world his observations with boullion extract containing dead tubercular bacilli as a cure for phthisis; that was heralded with the blast of trumpets, and was for the

*Thesis written for Department of Materia Medica U. of M. Homœopathic School.

time being discarded with a dull thud because they had no idea of the size of dose to administer, and were only aggravating the conditions that they hoped to cure.

In a little German Homœopathic Pharmacopœe, by Dr. A. Rolling, published in Leipzig in 1836, one reads on page 235 under "Pneumophthisin" the following:

Lungenschwindsuchteiter

X Verdunnung

Von die Lunge und die Verzehrung.

Das Pneumophthisin erhält man wenn man der Eiter, der bei eitriger Lungenschwindsucht abgesondert wird potenzirt.

Dieser potenzirt Stoff nach Lux's Aussage gegen das erste Stadium dieser Krankheit, spezifisch in der Gabe von 3 Kugelchan (X).

Pneumophthisis

X Dilution

One saves consumptives if one potenzizes the pus which is secreted by purulent phthisis.

This potenzized substance acts according to Lux's statement specifically against the first stages of this disease in doses of 3 drops. (X.)

In 1830 Dr. Hering came forward advocating the saliva of the rabid dog as a remedy for hydrophobia and phthisis as a remedy in tuberculosis. Dr. Biegler records in the *New Organon*, July, 1879, on page 439, its use in a case of tubercular meningitis. Swan published his work on *Morbific Products* in 1886, which contained the action of *Tuberculinum*.

Burnett's new cures were recorded from 1885 to 1890, and during the period from 1879 various homœopathic writers recorded their result with this agent. In the development of the nosodes Hahnemann had no part whatever, though he sanctioned Hering's work.

It was not until 1890 that Koch published to the world his observation with *Tuberculin*. The above brief history shows clearly the priority of work accomplished by the observers of the homœopathic school.

PREPARATION OF BACILLINUM AND TUBERCULIN.

In the preparation of *Bacillinum* or *Tuberculinum* homœo-

pathic pharmacists employ the pus from a tuberculous lung in which the tubercle bacilli have been found microscopically. This was originally put in glycerine, and the lower potencies made with pure water to which gradually some alcohol was added in higher potencies.

Old *Tuberculin*, or Koch's original preparation, was made by taking a veal bouillon containing 4 to 5 per cent. glycerine and 1 per cent. peptone, inoculating it with tubercle bacilli and keeping it at a temperature of 38 C. for 6 to 8 weeks in a shallow layer in flat bottomed flasks; at the end of this time there was an abundant growth with copious film formation. The cultures were then evaporated to one-tenth of their bulk and the bacilli were killed by exposing for 1 hour to a temperature of 100 C. The result of this process was *Tuberculin*, which evidently contained dead tubercle bacilli and their cell contents.

The "new *Tuberculin*" of Koch's is produced by triturating high virulent tubercle bacilli, mixing with water, centrifugating and finally passing the resultant fluid through a Chamberland filter and adding glycerine, thus securing the toxic product from the germs.

Many authorities consider it best to reserve the name "*Tuberculinum*" for this preparation of Koch's, as it is almost universally known by that name. Burnett's "*Bacillinum*" is now almost generally accepted as the name of the original homœopathic preparation, and though its originator, Swan, named it *Tuberculinum*, it owes its present position in therapeutics to Burnett, and it will simplify matters if Burnett's nomenclature be retained.

COMPARISON OF THE ACTION OF TUBERCULIN AND BACILLINUM.

Investigation tends to bear out the facts that the action of *Tuberculinum* (Koch's *Tuberculin*) and that of *Bacillinum* shows no appreciable difference, and many physicians believe them to be identical, regardless of the fact that Koch and the majority of his followers administer *Tuberculin* hypodermically, while the homœopaths give it by mouth.

Dr. Freymouth, a German investigator, in 1905, in controversy of the statement of Koch, has proved that *Tuberculin* is under certain conditions active when given by mouth, and produces effects similar to those of injections of this substance.

Dr. John A. Kolmer, instructor of experimental pathology and

bacteriology at the University of Pennsylvania, in his text book on "Infection, Immunity and Specific Therapy," published in 1915, says:

"It has been shown that reaction may follow the oral administration of *Tuberculin*. But absorption is so irregular that a quantity of *Tuberculin* may be absorbed suddenly and cause unexpected reactions. Much depends apparently upon the state of digestion and upon the condition of the alimentary tract. The oral also deprives the physician of the benefits to be obtained from using the local reaction as a guide. Otherwise the method is simple and the *Tuberculin* may be administered in the form of tablets or capsules. It is important, however, to exercise supervision over the patient (as if it wasn't in all methods). S. Solis Cohen has used the oral method and reports very favorable results."

(You members of the homœopathic school please note closely and see if you do not hear something that sounds very much like a 6x dose.)

Dr. Cohen says: "*Tuberculin* residue (T. R.) triturated with milk sugar is given with skim milk, whey or beef juice. The initial dose is 0.000001 mg. Both subjective and objective symptoms are watched for. The dose is repeated once or twice weekly, according to results. It is gradually increased by increments of 0.000001 mg. to the reaction point and then dropped one point lower, and so continued for some weeks. Later, a further increase is attempted, and if reaction is not shown is proceeded with in a similar way. The arbitrary increment of 0.000001 mg. is maintained during this remittent progression until 0.0001 mg. is reached. After that the increment may be raised to 0.0000.1 mg. Thus by successive stages, a maximum dose is attained at a point determined for each individual by all the factors in the case, including the rapidity of increase, character and intensity of reaction and maintenance of tolerance, as well as the local and general signs of improvement. The treatment is continued with intermission for many months and may be resumed if necessary from time to time over a period of years."

At the present time *Tuberculin* is never used for the purpose of obtaining strong reactions such as Koch originally insisted on getting. Koch administered a dose large enough to elicit a strong

constitutional reaction and repeated it at intervals of one or more days, until that dose no longer produced a reaction, after which a still larger dose was given and the former procedure repeated. Many—too many—were unable to pass through this therapeutic furnace unsinged, and, in fact, the results obtained led to the period known as Hamman and Wohman stated “to the consequent downfall of the arrogant therapy to a humble position, whence it is just emerging, chastened and refined, to assert its modest but now truthful claims to a therapy, less spectacular but more healing, less forceful but more gently persuasive; healing a few, helping many and hurting none.” A whole sermon on Homœopathy in a few words.

While there is this general unanimity of opinion regarding the harmful effects of strong reactions, yet tubercular therapists may be divided into those who scrupulously avoid all reaction, those who are a little bolder and do not object to a very mild reaction and those of an intermediate class. In the first group are Sahli and Trudeau; the former claims that it is absolutely essential first of all to do no harm. These observers adopt no fixed doses, but study the individual patient remembering what is to be avoided.

In November of 1906 in an address before the Boston Homœopathic Medical Society Dr. Richard Cabot, of Harvard Medical College, said:

“No one in this country has had so much experience with tuberculosis as Trudeau, of Saranac Lake. No one has tested so critically the merits and demerits of *Tuberculin*. As a result of this fifteen years’ experience of its use he published, last August, an account of his methods. What dose does he use? Not the 10 milligramms often used in the early 90’s; not the 1 mg. or $\frac{1}{2}$ mg. recommended later. At present he begins his treatment in febrile cases with 0.00001 of a mg.” “What fixes this dose,” he continues, “precisely the homœopathic principle, namely, to produce a definite good effect without observable ill effects.”

This brief history and comparative study of *Tuberculinum*, showing clearly therapeutic piracy without giving credit to those to whom credit is due, is only one of the many recorded in the history of allopathic medicine. Still such piracy is legitimate, for the dictates of humanity are paramount, and no school of

medicine owns the world. After all is said and done the patient is entitled to and should get the combined best efforts of both, but what the homœopath cannot understand is why they desire to "kill the goose that laid the golden egg." They hope their objections are founded upon scientific investigation and their intentions upon a Christian basis, yet the wide awake homœopath is not unmindful of the Portuguese proverb that says, "Hell is paved with good intentions."

It is ridiculous and absurd to argue a question that can easily be proven by experiment, and such is the "Law of Similars." Von Behring before the Berlin Physiological Society many years ago demonstrated the immunizing action of his tetanus antitoxin in infinitesimal doses. Dr. Sisca, an allopathic physician of Queensland, says:

"While Homœopathy on the one side has for over a century stood with its feet on the immovable ground of its fundamental principle, allopathy has been slowly but surely turning around until a very large part of what Homœopathy has always stood for, in substance if not in so many words, is fully recognized by allopathic lecturers and authors."

And Cabot's timely admission that the opsonic index is distinctly homœopathic and that the experience of Koch, Behring, Trudeau and Wright in the light of the theory promulgated by Hahnemann in 1796, only add further evidence to the infallible "Law of Similars," and that the use of *Tuberculin* is a form of vaccination which illustrated better than any example known to him the approval of homœopathic principles in the allopathic school.

And further, as Macbeth says, "Come fate and champion me in this utterance." Victor C. Vaughan, ex-president of the A. M. A. and Dean of the Department of Medicine and Surgery of the University of Michigan, has proven the theory of Homœopathy in his "Split-Protein Research Work." He says in his lectures in Physiological Chemistry before a class composed of both homœopathic and allopathic students, "One millionth of a mg. will sensitize and a small dose stimulates while a large one paralyzes." "I mean, of course," he continues, "mathematically small, not homœopathically," yet he never attempts to explain the difference, but chuckles over his 0.000001 mg. results.

As the toxins from the tubercular germ buoy the consumptive to ever hope that a cure is sure to come ultimately, and as a traveller lost in the desert sees the mirage and stretches out his parched hands as he staggers onward through the burning sands hoping false hopes, seeing false visions, so do the members of the allopathic school hope false hopes, see false visions, when they dream of the overthrow of Homœopathy. It seems:

“Between two worlds they hover like a star,
 ’Twiixt night and morn upon the horizon verge.
 How little do they know that which they are.
 How less what they may be. The eternal surge
 Of time and tide rolls on, and bears afar
 Their bubbles; as the old burst new emerge.”

“They are like an infant crying in the night,
 Like an infant crying for the light,
 With no other language but a cry.”

“They see through a glass darkly, but some day face to face,”
 and that time seems not far distant.

COUNTY KINGS SOCIETY ENDORSES A BILL.

At the March meeting of the Homœopathic Medical Society of the County of Kings (Brooklyn) the legislative committee brought up the bill now before Congress, the design of which is to aid tuberculosis patients who are stranded in states wherein they are not residents. The title of the bill would lead one to think that there was an intention by the Government to control the treatment of such cases as it purports to standardize the methods. The object of the bill is to have the general government pay one-half the expense of such cases, the state the other one-half, but in order that the state may claim the share from the Government the institution must reach a specified standard of efficiency. The secretary was instructed to write to the representatives of this district to express the endorsement of the society of the bill.

Dr. Albert Comstock read an interesting paper on Iodine. Dr. F. H. Lutze read translations of clinical cases from the writings of Samuel Hahnemann, with the remedies prescribed. Dr.

William H. Freeman read a paper on the remedies used by him in the recent epidemic of grippe, stating that *Nux vomica* had been curative in about 70 per cent. of his cases, and *Natrum mur.* in about 25 per cent., while *Bryonia* had been curative in practically all cases of dry cough, pleurisy or pneumonia during the epidemic. Other drugs which were occasionally needed in exceptional cases or for complications and after effects were *Arsenicum*, *Kali iod.*, *Pulsatilla*, *Capsicum*, *Sepia*, *Causticum* and *Carbo veg.* Dr. Roy Upham read an interesting paper on "Pyloric Obstruction Due to Ulceration."

L. D. BROUGHTON, *Secretary.*

AFTER THE BALL IS OVER?

The New York *Medical Times* lets go the following editorial under the heading, "The Medical Scapegoat:"

"Why is it that a specialist can muddle along with a sympathetic ophthalmia, or a glaucoma, or a rapidly occluding laryngeal growth, or an eye full of pus, or a mastoid, and get away with it? Is he sacred?

"This very specialist has been known to take every opportunity to denounce the criminal culpability of the general practitioner who has done things far less heinous.

"Then there is the surgeon who is continually talking about why his results in cancer are so bad, in other words talking about the physician who fails to diagnose the disease early. He also deplures the delays and therapeutic ineptitudes of the family physician in abdominal cases. One would think that this gentleman was a reincarnated saint. But we know a thing or two about his own sins of omission, like neglected post-operative dressings of all kinds, even the most delicate, where such neglect threatens sepsis or destruction of vitally important structures. As to his delays in reaching cases that have been called to his attention by practitioners, and his postponements after the cases are decided to be immediately operative, every doctor is informed.

"The tuberculosis experts, professional and lay, have a particular grievance against the family physician, who never, to their minds, makes a sufficiently early diagnosis. All very well, but the family physician never sent non-tuberculous children to a tuberculosis sanatorium in order to inflate its recovery rate.

“Upon the whole we think the general practitioner has been too much of a scapegoat for the profession, and we move that some of the abuse and odium be diverted. We open the ball with the aforesaid gentle hints.

(What the *Times* considers “gentle hints” other editors might look on as “rough house play.” The hints are at least interesting, showing the state of a part of the medical world.—Editor of the HOMEOPATHIC RECORDER.)

**PLATANUS OCCIDENTALIS.
A REPORT OF FIVE CASES.***

W. H. Williams, M. D., Middletown, O.

At the last meeting of this society a paper was presented on the drug *Platanus occidentalis*, “The Lancet of the Eye,” bringing forth the properties of the drug to remove and cure chalazia. During the discussion which followed it was the concensus of opinion that it would be better if we could have distinct case reports on the use of this drug rather than a general statement of facts.

As there come to all of us patients who refuse operation, I determined to try the remedy on those patients with chalazia who refused to have their trouble removed surgically. And so at the suggestion of our president I beg to present these five cases; first, to make a report on the drug and, second, to bring the subject before the society again that others may be heard from.

CASE I.—Dec. 23, 1914.—Betty Louise, age 3 years. About two years ago parents noticed two small growths on the lower lid of the right eye, one about as large as a split pea and the other about half that size. The growths were firm and seemed to be attached to the tarsal cartilage with the skin freely movable over them. Conjunctiva of the lower lid congested. Gave *Platanus occid.* gtts. iij, t. i. d.

Was called to see the case about two weeks later and found that the chalazia were somewhat softer but that there was an

*Presented at the Annual Meeting of the O., O. and L. Society, Chicago. Reprinted from O., O. and L. Journal.

acute inflammation of the upper lid, having the appearance of a sty. Fearing some irritation from the drug I discontinued it for about a week. Most of the inflammation on the upper lid had subsided by this time so *Platanus* was given again, but only one drop b. i. d. It was continued in this way for almost four months; then it was stopped as the medicine was all gone and parents thought the chalazia removed. I saw this case again in April; only a small thickening remained of the chalazia.

The sty of the upper lid gradually disappeared also. Continued *Platanus* θ gtt. ii, t. i. d.

CASE 2.—Wm. C., 13 mo. Jan. 12, 1915. Case presented with a small growth on the lower lid of the left eye which the parents had noticed for the past two weeks. Growth was about the size of a small split pea and had all the characteristics of a chalazion. Gave *Platanus* θ gtt. j, t. i. d.

Jan. 19, 1915. Parents returned for more medicine with a favorable report. Increased dose to gtt. ij, t. i. d.

Did not see this case until April 15th. At that time the growth had entirely disappeared, and on palpation but a slight thickening could be felt. Continued the drug.

CASE 3.—Miss K. Age 26. Saw this case first on Feb. 27, 1915. There were two growths, each about the size of a pea, on the lower lid of the left eye. Each one was firmly attached to the tarsal cartilage with the skin freely movable over them. These had been growing for the past three months. Gave *Platanus* gtt. iii, t. i. d.

March 22. The smaller of the two cysts seemed to be leaving. The larger one about the same.

April 1. An acute inflammation with much edema had set in about the larger cyst, with a yellow spot in the center as though it would point and break through the skin. Continued the drug, but in 2 drop doses.

April 6. The redness and edema had almost left but cyst still had the appearance of rupturing through the skin.

April 30. At this time the smaller cyst was about gone, but patient said it had ruptured through the conjunctiva. The larger one was about the same as before. Patient had discontinued treatment because last prescription did not have quite the same color and taste as before.

CASE 4.—March 30, 1915. H. S. Male. Age 22. Small tumor on lower lid of right eye about the size of a pea, attached to tarsal cartilage but not to skin. *Platanus* gtt. 4, t. i. d., were given.

April 30. Tumor somewhat softer and smaller. Patient now desires same removed surgically.

CASE 5.—Mrs. M., age 39. Small tumor on left lid about the size of a pea of about two months' duration. Diagnosis, chalazion. *Platanus* θ in 4 drop doses, t. i. d.

April 30. Tumor at this time somewhat softer and slightly reduced in size.

These conclusions are not given as final but from this little experience I am led to conclude the following:

That *Platanus* will soften and remove chalazia.

That it acts better in children than in adults.

That it must be persisted in for a long time.

SASSAFRAS.

Lust's *Herald of Health* is not given to therapeutics in the ordinary sense of the term, yet the following interesting proving is clipped from its pages for April. No name given, so probably Dr. Lust wrote it. Heading is "Sassafras (*Laurus sassafras*)."
The dictionary gives *saxifraga* as the botanic name. At any rate it is the well known sassafras root bark. Here is the quotation:

"Some years ago I was called to see a family who were strangely afflicted with weakness and although they experienced no pain or real loss of strength, there was a general weak, tired feeling. I at once asked them if they had not been drinking sassafras tea. Yes, they had been drinking it for a month or longer, because they liked it very much. I explained to them the nature of the bark and they were soon feeling as strong as ever.

"This bark is of great value when combined with other suitable vegetable medicines in the treatment of syphilis, scrofula, rheumatism, and skin diseases. But in no case should it be boiled. When used alone, its most desirable qualities are its influences upon the capillary circulation of the blood and upon the absorbent organs.

"The powdered bark is of great value in cases of bruises, congested swellings and old sores. It should be mixed with or sprinkled over the surface of poultices for the above use.

“When mixed with ground mullen and boiling water poured upon it, it is a superior application for swollen face, chronic abscesses or any condition where the flesh is swollen and congested. In such cases it relieves the pain and reduces the swelling quickly, and may be used in local dropsies.

“The oil of sassafras is among the very best of the nervine stimulants and relaxants. It is very valuable in almost all liniments for rheumatism, deep congestions and inflammations, abdominal and pelvic swellings, dropsies, sprains, bruises, etc. It may be used internally in doses of from 2 to 4 drops on sugar for painful menses, but is not as good as the infusion of the bark for this ailment.”

WINNING HIS SPURS.

(Contributed.)

Once upon a time in the Mighty Metropolis of Medical Rule “The Society” unanimously elected a Bunch of Recent Graduates because the Society needed Young Blood and, also, more Money. This Society was very Ancient and very Respectable. What Dr. Bossum said no man dared dispute else he lost Caste and was regarded with Much Suspicion. Also Drs. Longebear, Whyte-wescot, Igllasses, Bluffum and Several Others, backed up Bossum, which effectually kept good order and subordination. At the Meetings when any man would read a Paper that did not meet with the approval of the Elect one of that inner Body would arise and say that “In my forty years’ Experience I never heard of this Practice, and I am inclined to Think that—well—er——” and then the Worm was Crushed.

Now, it so fell out that after the Recent Graduates had looked over the Field one of them read a Paper on the “Eosinophilic,” in which he casually alluded to the “eosinophilic,” the “oxyphilic,” the “tetrabromfluorescin,” the fluctuation of the lymphocytes, and, also, to the neutrophiles, mononuclear Things, the polymorphonuclear cells in the nuclei, their prognostic Value and to other Elementary Things, for which he begged the Society’s Pardon, but he “had been asked by our worthy President to prepare a paper,” and so on. After Dr. Freshgui had read his essay the President, Dr. Bossum, asked if there were any one who wished to Discuss the paper, casually glancing at Drs. Longe-

beard, Whytewescot, Igllasses and Bluffum. After a Pause Dr. Bluffum arose and remarked that in the name of the Society he wished to thank Dr. Freshgui for "his very interesting, if slightly elementary" paper, a paper which showed that the essayist was on the right track, and he predicted "that our young friend will become in time an Ornament and a credit to our Society." There was much Relieved Applause when Bluffum sat down, while Dr. Freshgui, in Closing the Discussion, remarked that he was Much Gratified, and found that he had "much to learn About the Society." The President then somewhat hastily called for the "next paper," as Doc. Smith, who had the most Lucrative Practice in town, whispered to Doc. Jones, "What en thunder does it mean," to which J whispered back, Shading his Voice with his Hand, what sounded like "dumfino." Thus it was that Freshgui Won his Spurs. Let it here be stated that this is not an Accurate but an Impressionist's Report, and consequently not very Accurate.

SOME OF A HOMŒOPATHISTS OBJECTIONS TO VACCINATION.

Editor of the HOMŒOPATHIC RECORDER.

Dr. A. L. Benedict, editor of the *Buffalo Medical Journal*, in a communication to the RECORDER, in answer to an editorial criticism that criticised, "can not comprehend how the editor of a homœopathic journal can oppose vaccination, as it seems in accordance with the general principle of seeking a remedy in the environment of the cause, with the nosodes, and with every homœopathic principle—and so vaccination ought to receive its warmest support from this body of the medical profession."

Thanking this learned gentleman for his delicately-turned compliment in thus neatly and rightly placing the Homœopathists in the medical profession, of itself nearly an impossibility a short lifetime ago, perhaps if our Oslerian friend will enlighten us as to what the component parts of the vaccinating agent of the present day consist of—nominate the poison which constitutes the "cow-pox" now in use—we will, after proper proving, be in position to absorb expert instruction along the line of operative technique he may lay down.

Does he know? Does any one outside of the confidential man

of the pus-producing factory or farm know (if, indeed, he does)? The vaccinating agent has been changed about twenty times. What is it now—Sir Monkey Copeman's monkey serum, or a select imported brand of foot and mouth disease yeast?

The similia of vaccination has not been proved with a single one of these blood-disordering "agents," nor has any but imaginary proof been adduced that any of them ever prevented a case of small-pox except in those it killed.

One molder of medical opinion probably boasts that he "belongs to the school of experience," so he must know that cow-pox vaccine, or what you may call it, does not go to the disease itself for its element of cure, as does antitoxin, etc. And he must also know that there is a great difference between offering the human system something which it can select or reject in whole or in part, in the regular old and physiologic way, and crowding it directly into the blood and absorbents, a la the modern rush style.

Does our student know that the vaccinating material which Jenner used in his historic bamboozling experiment was not cow-pox, or from a cow? If he does he is as one in five hundred of its users. This foul stuff was abundantly proved by Creighton in his "Cow-pox and Vaccinal Syphilis," and in Crookshank's "History and Pathology of Vaccination," to have been matter from a buboe. See Crookshank's delicate fac simile of Jenner's pictures of the sores he tapped for vaccine (taken from Jenner's original manuscript) and their masterly comparison with Ricord's elegant plates showing the development of syphilis by hours.

Small-pox is a negligible quantity in sanitary matters now, thanks to the modern toning down or refining of and neglect of vaccination. Measles is now carrying small-pox's old danger sign—so it is now in order to transpose their names and rehitch the vaccination goat.

W. B. CLARKE, M. D.

Indianapolis.

INTERNAL vs. EXTERNAL TREATMENT.

Editor of the HOMŒOPATHIC RECORDER.

Allow me to correct Dr. Frank Wieland's statement in article headed, "Search the Prostate" (RECORDER, March, p. 123), that diseases pertaining to enlarged or diseased prostate from tonic

causes cannot be cured by internal homœopathic medication. Such assertions from specialists who should know better can only injure the cause of Homœopathy and put a damper on the efforts of some weaker homœopaths to cure their patients on homœopathic principles of just such diseases and others like it.

The case of impotence mentioned due to suppressed gonorrhœa of three years back, and which he is supposed to have cured by manual manipulations, certainly was a patient who could have been cured by the proper internal homœopathic remedy, which would have brought back the old gonorrhœal discharge, and further curative remedies would have cured that rationally and patient would have been brought to a normal state of health again. This particular patient must still be suffering from the effects of his suppressed clap in some form or other, as he is not cured fundamentally.

This reminds me of a certain patient years ago, a recent graduate of a homœopathic college in Chicago, who contracted gonorrhœa, and was treated by Professor T., one of the best prescribers of our school. The cure was not quick enough to suit the victim hence quit Dr. T. and consulted Dr. W., also a homœopath, who made a specialty of this particular disease. This specialist promptly cured (?) the patient by injections. Shortly after this supposed cure the patient came down with appendicitis, and had in due time appendix removed instead of being cured homœopathically. (Query: Are not a good many of the appendicitis cases due to suppressed gonorrhœa? Let those who have the opportunity investigate and examine pus for gonococci.) All went well for a time, until the internal disease force of, first, his gonorrhœa, then, secondly, his appendicitis caused, thirdly, an inflammation of the liver and subsequent formation of an abscess of the liver. The victim of misplaced confidence and erroneous treatment died after the operation on his liver to empty the abscess. When patients are made sick by having their discharges suppressed by external means they can only be radically cured by first having these disease manifestations reproduced at their original point of elimination.

Apropos regarding Dr. Eli G. Jones' statement in regards to *Eupatorium perfoliatum* having been the most frequently indicated remedy of la grippe this year. I had two cases of la grippe

in which this remedy was indicated and both were cured promptly inside twenty-four hours on one dose in the 1,000th potency. When truly indicated this remedy acts like lightning in la grippe.

A. A. POMPE, M. D., H. M.

Vancouver, Wash., March 31, 1916.

PUBLICITY AT BALTIMORE.

April 6, 1916.

Dear Doctor:

It is the aim of the Press Committee to give the American Institute extensive publicity through the Associated Press and International News, which control practically all the newspapers of the United States.

You are scheduled for a paper at the Baltimore meeting. Will you kindly send me a copy of your paper before June 1st? Extracts will be made and due credit given you. These extracts must be in the hands of the press before June 10th.

This is important, and I trust you will assist me by complying with this request at the earliest date. Synopses will not do, we must have the complete paper.

Keep this letter before you, and do not pigeon-hole or destroy it.

Yours in the work,

SCOTT PARSONS,

Chairman Press Committee.

CONGRESS OF STATES AT BALTIMORE.

April 6, 1916.

My Dear Doctor:

There will be a meeting of the Congress of States at the Baltimore session of the American Institute, Tuesday, June 27th, at 9 A. M.

At this meeting the question of federating our state and local societies with the American Institute will be considered. Ways and means for bringing about this most important movement

will be presented, and it is desirous that every state and local society have representation at this Congress.

Will you kindly appoint two or more delegates from your society who are members of the American Institute, and who you know will attend?

Federation has the approval of the Board of Trustees of the American Institute and has been sanctioned by the majority of the state societies, and we are desirous to launch the project at Baltimore.

Will you kindly give this your earnest consideration.

Fraternally yours,

SCOTT PARSONS,
Special Representative,
Council on Medical Education.

IRIS TENAX.

March 15, 1916.

DR. E. P. ANSHUTZ,
Philadelphia, Pa.

Dear Sir:

Receipt is acknowledged of your letter of March 13 asking for information regarding *Iris tenax* and *Iris minor*. So far as my books of reference indicate there is no account of either of these species in our ordinary medical literature, although in botanical and horticultural works some descriptions of both the species are to be found. The following statements may serve to put you on the track of the information which you desire:

"*Iris tenax*. This species has a short creeping root stock, and flowers some shade of blue or white. It occurs wild in the western United States and is a common plant from Washington to California in the coast region." See the following references:

Curtis' Botanical Magazine, 3343.

Botanical Register, 15:1218.

The Garden, Vol. 56, colored plate 1175.

Iris minor = *Iris arenaria*, var. *minor*, Hart. This species also has a creeping root stock and bright yellow flowers. It is hardy but rarely cultivated. See Botanical Register 7:549. For

further information see article on Iris, Bailey's Cyclopedia of American Horticulture.

Yours very truly,

W. W. STOCKBERGER,
*Physiologist in Charge of Drugs and
Poisonous Plant Investigations.*

U. S. Agricultural Dept., Washington, D. C.

(See April RECORDER, page 174, where inquiry is made concerning this plant.—Editor of the HOMŒOPATHIC RECORDER.

BOOK REVIEWS.

THERAPEUTIC BY-WAYS. Being a collection of therapeutic measures not to be found in the text-books. Collected from all sources. Condensed and arranged by Dr. E. P. Anshutz. 195 pages. Cloth, \$1.00, *net*. Philadelphia: Boericke & Tafel, 1916.

As it is not according to literary ethics for an author to pass judgment on his own book as a reviewer, no attempt will be made to do so here. During the thirty years that I have been connected with the old publishing house of Boericke & Tafel—a house antedating the author's birth—there passed under my review many books, journals, transactions, pamphlets, to say nothing of personal interviews with physicians and others. Of course, the great bulk of this matter was in accord with the regular practice of the school of which the writer of the paper was a member, but ever and anon there would crop up something peculiar to the author or speaker, or, in theatrical parlance, an "aside," a little hint or suggestion that seemed worthy of preservation. So it came about, after many years had passed that the idea of collecting this flotsam and jetsam was put into practice, and this book is the result. What is it worth? That is up to you, reader, to decide. Some of it no doubt is foolishness, some of it worthy of consideration, and some of it valuable, but all of it was given by whoever started it, in good faith, even though that faith may have been based on superstition.

The book opens with "Adenoids" and ends with "Yellow Fever." The Index covers nine pages, no drugs being indexed,

only the names of the diseases or conditions for which a remedy is given, these probably exceeding two hundred and fifty. Every reader no doubt will find matter in the book with which he is familiar, for the therapeutic by-ways and the main traveled road often run close to each other and sometimes in this work a bit of the latter is included. The hints or items are short, probably averaging five to the page, though some of them are only two lines while in a few instances one may cover half a page. Where definitely known the name of the man quoted is given, but the greater part is anonymous.

Let the remedies in one section be given as a sample. Under "Old Age" are nine paragraphs, and the remedies mentioned are Nettles, Lycopodium, Thiosinamine, Conium, Apples, Honey and Oil, Lemons, Phosphorus and Mezereum. Under "Rheumatism" are fourteen sections, the first being credited to Dr. Aug. Korndorfer, and consisting of the substitution of cotton or linen underwear for woolen in some cases. Under "Skin" are fourteen sections. Here is the last:

"*Spongia*.—A Maine doctor, Dr. Percy, once claimed that *Spongia* was a sure cure for all sorts of skin affections—'two drop doses three times a day,' in the tincture."

Under "Kidneys," among others, is Germain See advocating milk sugar as the safest and most efficient diuretic known. Under "Germs" a "Mr. Chamberlain," quoted by Fernie, says that cinnamon is a more effective germicide than bichloride, and under "Hair" some one tells you to get your hair cut in the new moon to prevent baldness. So the book runs. Probably worth the dollar it costs.

We are told that the 6th edition of Dr. William Boericke's ever popular *Materia Medica* will be on sale May 10th. It contains 1,250 pages, is printed on India paper, is 1½ in. in thickness, and weighs less than 15 ounces. Price, \$3.50. Boericke & Runyon publishers. Hope to have a review of this book in JUNE RECORDER.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

THERAPEUTIC NOTES.

Incontinence of Urine in Children.—Debout d'Estrées declares that three glasses daily of Contrexéville water, Pavillon spring, taken for three weeks will in most cases produce a satisfactory result in the case of incontinence of urine in children. The remedy is so simple as to be worth trying in some annoying case which has defied treatment in other ways.

Isotonic Salt Solution in Psoriasis.—Our genial friend, Dr. J. Burnie Griffin, of Jacksonville, Florida, has succeeded in curing one or two obstinate cases of psoriasis by the use of the isotonic sea water. He also advises use of this agent in the marasmus of children.

Therapeutics of Pain.—Dr. T. D. Adlerman has a shot-gun prescription for the relief of pain which consists of salicylic acid, tincture of gelsemium, colchicum, macrotys, conium, and apocynum.

Cream of Tartar as a Diuretic.—We are pleased to observe that Dr. Biggar, of Cleveland, recommends cream of tartar in cases where the urine is small in volume. Biggar uses it as a substitute for lemonade or phosphates in convalescence.

The Karrel Cure for Dropsy.—This is practically starvation both as to food and drink, the patients receiving but 800 c.c. of milk in 24 hours.

Treatment of Engorged Kidney.—In some cases in which the kidney is engorged with blood to such an extent as to be incapable of functioning Edebohl's operation of decapsulation is still used by certain operators with claimed benefit as in acute post-scarlatinal nephritis, some cases of ascending infection of the bladder (surgical kidney) and in some cases of acute toxic infection of the bladder.

Uremia in Chronic Interstitial Nephritis.—According to Fisher the so-called uremia occurring in the course of chronic interstitial

nephritis is really edema of the brain secondary to sclerosis of the arteries supplying the brain.

Treatment of High Blood Pressure.—Kellogg, of Battle Creek, uses hydrotherapy in the treatment of high blood pressure his theory being that blood pressure is never higher than it needs to be and that the only rational methods of dissipating or mitigating this symptom must be those addressed to the cause. Hence he advises the following:

“In high pressure cases in which extensive vessels changes have not taken place, and which are not seriously complicated by renal disease, the pressure usually falls at a most gratifying rate under the influence of prolonged tepid baths, followed by short cool applications. A fall of 20 millimeters may often be observed as the result of an electric light bath or some other form of sweating bath. In cases of arteriosclerosis of the splanchnic vessels or generalized degeneration of the vessels, the improvement which can be secured by hydriatic methods will not be so marked nor so great, but nevertheless results in by far the great majority of cases are so good as to afford satisfaction to both patient and physician and render the patient a distinct service, giving him a few more months or even years of useful and comfortable life.

Partial cold rubbings, such as a brief cold towel rub, or a mitten friction with water at 65° to 75°, may be utilized to great advantage if care is taken to avoid chilling the patient. It is well to apply a hot bag to the spine or feet during this application to insure against chilling. All the above hydriatic applications may be repeated two or three times a day with advantage.

The wet girdle and heating packs to the legs, worn at night, are measures of value in combating degeneration of the splanchnic vessels. The wet sheet pack, preceded by vigorous friction of the skin, and followed by a cold mitten friction or a salt glow is also a measure of very considerable value.

The partial electric light bath, applied in succession to various parts of the body, and continued until the skin is thoroughly reddened, is one of the most effective of all means of dilating the surface vessels and clearing the tissues of waste products. The cabinet electric light bath may be employed in cases in which the pressure is not high, and the vascular changes are still in an in-

ipient state. The arc light bath may be employed in the same way to excellent advantage. The sun bath, used with precaution and repeated daily until the skin is thoroughly tanned, is one of the most effective means of combating degenerative changes in the subcutaneous vessels.

The sinusoidal electric bath, at a temperature of 94° to 98°, also baths at the same temperature combined with the faradic or galvanic electric currents are very serviceable in this class of cases.

Moderate hydiatic measures of nearly every sort improve metabolism and thus check the degenerative processes which give rise to high blood pressure.

The most significant triumphs of hydrotherapy are: (1) In the treatment of advanced cases of arteriosclerosis in which the patient after having passed through a period of very high blood pressure presents himself with a lower and lowering pressure, and the characteristic symptoms of failing compensation, dusky skin, a large liver, gastric and intestinal disturbance, dyspnea, over-exertion, loss of memory, scanty urine, and other indications of general functional failure. It is, of course, impossible to accomplish as much for these cases as can be done for cases less far advanced, but one may often have the satisfaction of seeing a patient who appears to be at the very door of death brought back to the enjoyment of fair health."

The Sigmoidoscope in High Blood Pressure.—In several cases in which we have not been able to account for the high blood pressure by the amount or renal changes shown by the urine, the examination of the patient with the sigmoidoscope has shown us that the offending organ is really the colon. In all cases, therefore, where treatment has been unavailing this possibility must not be forgotten. Dr. Franklin Patterson (with Dr. E. H. Pratt, of Chicago) makes a specialty of sigmoidoscopic examinations.

Pernicious Vomiting of Pregnancy Without Acidosis.—Assuming that by the term acidosis, now used by many who may not stop to think what it means, is understood that condition of the blood which manifests itself in the urine by the presence of the acetone bodies and a relative excess of ammonia, we are pleased to report a case of pernicious vomiting of pregnancy without this acidosis. The urine was referred to us by Dr. Gilbert Fitzpatrick,

the patient being one with a history of pernicious vomiting in every pregnancy, this being the fourth.

In the urine of previous patients suffering from pernicious vomiting we have found very low ratios of urea to ammonia, even as low as 2.7 to 1, as well as presence of acetone bodies. In several such cases cure has been effected by large doses of sodium bicarbonate, according to the suggestion of Dr. Blodgett, of Boston.

In this particular case no result was obtained from use of the bicarbonate, and the reason for the lack of success is apparent when one considers the following analysis:

Volume of urine in 24 hours	500 c. c.
Specific gravity	1032.
Acidity, fifty degrees (that is five c. c. of decinormal soda solution required to neutralize ten c. c. of urine.)	
Total acidity in terms of hydrochloric acid. .	0.9 gm.
Total solids	38 grammes.
Ammonia, per 24 hours	0.385 gm.
Urea	12.5 gm.
Uric acid	0.5 gm.
Creatinine	1.1 gm.
Ratio of acidity to ammonia	1.1 to 1.
Ratio of urea to ammonia	32 to 1.
Ratio of urea to uric acid	25 to 1.
Ratio of urea to creatinine	12.5 to 1.

The high figures of uric acid and creatinine in this case are of interest. They may be due, of course, to the muscular waste taking place, but if this were the cause, we should expect a higher figure of urea which is usually increased in wasting disease, as, for example, diabetes.

In any event, however, the fact remains that not a trace of diacetic acid could be found in the urine, and the usual clinical test for acetone was negative.

There must be, therefore, more causes than one for the pernicious vomiting of pregnancy since in this case no real acidosis, such as is commonly found, could be demonstrated.

The mental condition of the patient was reported as one of extreme despondency.

The Toxine of Diabetes.—Recent experiments of the writer have

demonstrated without doubt that the urine of severe cases of diabetes contains a substance not found in appreciable quantity in the milder cases and which is neither acetone nor diacetic acid. Normal urine and the urine of mild cases of diabetes appear to contain this substance or a similar one in very small amounts, about one-tenth the quantity found in severe cases of diabetes.

A PROVING OF FORMIC ACID.

The following letter, printed here without abbreviation, is taken from the pages of the *Journal of the American Medical Association*, Jan. 8. It is from communications like this that Hahnemann, in part at least, built his *Materia Medica Pura*:

To the Editor:—In the summer, noticing that some of the dahlias in my garden failed to grow well, I went literally to the root of the matter and found there the troublesome insect, *Aphis radialis* with *Formica flava*, the yellow ant, encouraging its depredations. I crushed numbers of the ants with my fingers, noticing at the time the pungent odor which they emitted, which was, of course, due to formic acid, especially abundant in this species.

At about this time, my hands began to present symptoms of eczema—itching (much aggravated after the taking of salted food) and formation of vesicles, with subsequent thickening and cracking of the skin. I did not associate these symptoms with the handling of the ants until they had recurred under the same circumstances for several seasons. I now avoid the annual attack of pseudo-eczema by avoiding the yellow ants.

The facts appear to me to suggest the dependence of genuine cases of eczema on the presence of formic acid, since this acid has been detected by various chemists in the perspiration.—*E. M. B. T., New Bedford, Mass.*

This is especially interesting in view of what Dr. John H. Clarke, of London, wrote in the *RECORDER* of Aug., 1915, concerning this drug.

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E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

EDITORIAL NOTES AND COMMENTS.

Recorder for 1916.—Owing to the unusually large number of new subscribers received this year the publishers are unable any longer to supply a complete set of the back numbers for 1916. February, March and April numbers are still obtainable, but January is out of print. Of the 1915 volume there are a few bound volumes left, but no complete sets unbound, the September number being exhausted. The publishers supposed they had reserved an ample supply for 1916, but the demand was greater than they had counted on. A very good and also very candid friend told us, not long ago, that we printed a good deal of "trash" in the journal. Very likely. But what is trash to one man is good stuff to another. It reminds us of the artist who painted a picture which his friends said was a good picture. Then he took them one at a time and asked each to point out any defect they saw. When he had made the round there wasn't a single uncriticized thing left.

Some will criticise Dr. Clifford Mitchell's excellent Specialist Department, and others will say "it alone is worth the price of the journal." Some say Dr. Eli G. Jones' papers are not sound Homœopathy, while many others highly praise them. Some say the "Personal" page (which isn't personal) could well be censored entirely out, while others say "it is the first thing I turn to." So it goes, but all say that collectively "the picture is a good one."

Treating Pneumonia.—Readers will remember the editorial by Dr. H. V. Halbert, in the April issue of this journal, and also by

Dr. DeWitt G. Wilcox, concerning present day "regular" treatment. Apropos of these the following is clipped from a paper by Dr. Hobart Emory Hare, who is professor of therapeutics in the Jefferson Medical College of Philadelphia—and there is none better in its class. Dr. Hare's paper was published in the *Therapeutic Gazette*. Among other things he said:

As to the treatment of croupous pneumonia, I do not think I am guilty of excessive language when I say, "For God's sake let them get well." Do no harm. Let nature's laboratory make the needed drugs. Do not make the patient strive to be a victor over disease and medicine. No one can see the treatment of many of these cases, and, if they get well, fail to exclaim after seeing the number of drugs used, "What a wonderful constitution the patient has." The point is not to try to treat the pneumonia.

Another Disappointment.—The editor of the *Therapeutic Gazette*, Dr. H. A. Hare, writing of vaccine therapy, says: "We think that it may be stated without much danger of contradiction that so-called vaccine therapy has not proved as successful as it was thought it would be soon after it was introduced. After the enthusiasm born of its novelty had passed away it became increasingly evident that there were a number of factors which prevented it from being universally applied." The reasons for the failure are then stated, but they do not concern men who know homœopathic therapy. The enthusiasm of novelty seems to be the fundamental of current medicine always after "the latest," as though that was science.

Dreams.—So far as known no one can satisfactorily account for dreams, one of the most common phenomenon in life. More of our life is spent in sleep, which includes dreams, than in any other one thing we do. In sleep we put forth into strange realms, experience strange things, yet, curiously enough, are never surprised at anything that occurs, though we may there experience all the other human emotions from joy to abject terror. May it not be possible that there is another "missing link," the missing of which shuts us from an unknown and greater region which we but glimpse in sleep?

A Problem.—Our most estimable, learned and, on the whole, respectable contemporary, *The Journal of the American Medical*

Association, devotes more than one of its broadside pages to the scientifically unimportant subject of a "Cold in the Head." It says, among other things, that "colds spring up suddenly among groups of persons when there are possibilities of a common exposure," which is quite true, and, "on the other hand, an acute nasal catarrh or so-called 'cold in the head' sometimes promptly follows exposure to drafts in a way that seems to exclude the probability of any primary infective agent." The well meaning editor of *J. A. M. A.* earnestly labors over the proposition but arrives nowhere, being between the germ devil and the deep sea of experience. Sad, but true, that the man who ties up to germs as the sole etiological factor, has a hard road to travel.

Inching In.—*Medical Freedom* is a journal that is condemned by some medical journals, also by certain physicians who probably do not quite realize the signs of the times, as, otherwise, they might see that it is fighting their battles. In this connection read the following from that journal's page:

In a letter published in the Congressional Record and sent to physicians, Hon. William Kent, of California, refers to H. R. 8352 "To standardize the treatment of tuberculosis in the United States, to provide Federal aid in caring for indigent tuberculous persons, and for other purposes," and says "This bill is the result of careful study and consultation, not only with leading medical men, but also with the Secretary of the Treasury and the Surgeon General, Dr. Rupert Blue."

A big opening! But our point is that if medical treatment is to be standardized by "law" as applied to tuberculosis, the same rule, by legal precedent, must apply to other diseases, so, good doctor, what becomes of you and your ideas, knowledge, experience and freedom if they run contrary to Congressional treatment?

Epidemics and the Death Rate.—As a rule an epidemic does not increase the death rate. The Indian letter to the *Lancet* says that in Calcutta during the year 1915 there were over 25,000 cases of small-pox. The death rate per 1,000 was 28.5, while in the preceding year it was 28.3. The lowest rate the city ever experienced was 27.2. A certain number of persons have to die each year and apparently the only difference an epidemic makes is that more of them go by that route than by, if it may so be

termed, the respectable roads. The Turks could put up a pretty stiff argument for Kismet.

Free Advice.—In an allopathic exchange the directions are given concerning a certain drug, in a certain disease, that it “should be given by subcutaneous injections three or four times a day throughout the entire disease.” Also if the disease becomes complicated the injections should be “given by the intraspinal method.” The advice to be given here is a bit oblique. If the man who sends in the injections is quite sure of his diagnosis and equally sure that the drug will accomplish a cure, then there is nothing more to be said. If he is not sure on either point he is assuming a great responsibility, for his drug, once in the patient’s life current, is there and cannot be removed. The only true methods are the homœopathic. The old school methods are failures, as they admit.

Unfairness.—We all are infected with it more or less, because we are more or less all partisans. The *Providence Medical Journal* tells of a boy who had diphtheria. An osteopath treated the case at first and then a physician, evidently an eclectic, was called in who gave *Lobelia*. The boy died. The inference is that had an allopath been called in the boy would have recovered. Does every case of diphtheria treated by our “regular” friends with antitoxin recover? O, “regular” brother, if the coroner is to be called in whenever any one dies outside of your pale cannot you see that, according to reason, he should be called in when the like misfortune happens under your treatment? Your treatment as you and the rest of us know is constantly changing—that of the others remains the same. You damn your past treatments and, judging from a two thousand years’ experience, you will soon damn your present treatment. Is it right or just that your so-called science, founded on quick-sand, should be the ruler? Do your best according to your dim and shifty light for humanity, but do not call in the police to put out your rival’s tallow dips. There is only one Science in medicine, Homœopathy, yet you never hear of it calling in the police to protect its “business.”

Scientific Medicine vs. the Science of Therapeutics.—An edi-

torial in the *British Medical Journal*, headed, "Shortage of Drugs in Austria," opens up a field of thought. Among the drugs that are short are *Digitalis*, *Camphor*, *Ipecac*, *Senega* and *Hydrastis*. The Austrians are seeking for substitutes, which is in accord with the teachings of what is known as "scientific medicine," but could a man versed in what is known as "the science of therapeutics" find a substitute for, let us say, *Ipecac*? He could not. *Ipecac* is a distinct thing in itself, and nothing can take its place. To be sure *Ipecac* is an "emetic," and, to be sure, there are other emetics, but no other *Ipecac*. Mustard and lukewarm water will produce vomiting as well as *Ipecac*, but it will not take the therapeutic place of the latter. Therein lies the difference between "scientific medicine" and the "science of therapeutics."

The "Wassermann Test."—Dr. Herbert Terry contributes a paper to the *Providence Medical Journal* on four cases of syphilis from which comes the following: "The fourth case shows the utter unreliability of the Wassermann test in the first weeks of syphilis and this is when a diagnosis is most important. In fact, I believe that by the time the Wassermann test shows positive the chance for a rapid cure has gone." This being so, gentlemen, why not take up with the only thing in medicine that has stood the test of a century, namely, the law of similia?

A Tip.—The Institute Special will be via the B. and O., and the B. and O. runs through West Virginia. A good road with much fine scenery. The *Atlantic Monthly* for April has a long paper on prohibition. Among other things it says that West Virginia swarms with "deputies" who are empowered to board trains and search passengers and their baggage for that flask so many good men were wont to carry, and if found you are liable to be haled before some one and fined or jailed. Doubting the *Atlantic's* statement we met a man who had lived there, West Virginia, until quite recently. "Yes," he said, "they are sharp on the coaches, but rather easy on the Pullmans." Perhaps being doctors the guardians of virtue may let you pass—you, that is, who carry flasks, if any do.

Boiled Water.—We met a gray-head in medicine recently—name needless. A thing is true in itself whether a Hottentot, or

a much lettered name, is back of it, or, it is not true. This man was dead-sure that boiled water caused much typhoid and prevented none. "Why," said he, "look at Doctor ——, who was an enthusiast on boiled water! He had typhoid twice. He never drank anything else. I drank from the hydrant, am older than he and never had typhoid." We know that this is reasoning from a single fact, so make no comments. It is one man's experience.

The Trend of Scientific Medicine.—Our very finely printed contemporary, *The American Journal of Clinical Medicine*, sometimes gets off really good stuff, as witness the following:

When we read that Johns Hopkins has abolished its chair of materia medica, we wonder whether this can be because there is nothing more to be learned of drugs or whether they are so absolutely worthless that the time spent in their study is simply wasted. Probably the action was taken because nobody cared enough for the subject to attend the lectures on it.

The *A. J. C. M.*, however, spoils its good stuff by advocating a certain so-called specific. Really, brethren, there are no specifics to a name, yet in truth every drug is a specific, and the only one, to its own sphere of action. The real science of curative medicine is to find the sphere of each drug which, as you know, is itself, and it is nothing else, nor can it work outside of its own sphere. The fact that the Johns Hopkins has stilled the very heart of medicine shows that it is like *Digitalis*, as Hughes puts it (if we remember aright), "a dead heart in a still living body." Is this a bit severe? Remember that from the lowest savage up to the most scientific doctor, when the last named is ill, all men ask for medicine to cure. When the Johns Hopkins man is in the flush of health he decries medicine, but when he thinks death is near he is not much different from the aborigine. Consequently as a scientific man he should not ignore a principle of anthropology as plain as this.

PERSONAL.

"A hero's serum is often more valuable than his muscle," writes "H." in Providence M. J. What wonderful faith!

Do not get gay, son, for you, too, will be old (or dead) very soon.

When the game is gone we can, at least, hunt trouble.

"There is no fool like an old fool" harvesting wild oats, save a young one sowing them.

A young ladies' college magazine refers to the young men as "squeezers."

Where does Self-esteem stop and Conceit begin?

Man confesses his sins, but if you accuse him of one he sues you, or tries to lick you.

Elbert Hubbard once wrote of Respectability and Its Remedy.

"Do Women Want to Vote?" is a foolish paper in the *Atlantic Monthly*. Who knows?

Just a bit curious! The courts require you to swear, yet may fine you if you do it voluntarily.

"Prescription," in Roman law, means the same as "squatter's sovereignty" in American lingo.

Curious, but "priest" and "presbyterian" come up from the same verbal root.

Curious, but the stately word "protocol" really means "first glue."

How our big words come down to the elementary when we size 'em up!

"Protozoa" = "first animal"—but what's the use?

Much is heard about the "rest cure." Is not there a possible "work cure?"

"Magnificent evacuations in the coffers" is the way an Asiatic described his heavy payments.

A Chinaman who couldn't pay his doctor, though grateful, wrote, "Vengeance belongeth unto God."

"What troubles you?" "Nothing. My wife made me come." "Remarkable case! \$10.00."—*Life*, adapted.

If you do not remember your past folly what is the use of reincarnation?

Individually *vox populi* generally consists of slamming those who do not *vox* as you do.

"Nothing can be known," says a mystic exchange. How about that bill you owe?

Surely the world spins. Here is the charming Lillian Russel writing for a medical journal. Parquet seats, \$2.50. 'Ware scalpers!

"The unfired diet," Mary, does not refer to your reprehensible slang. It means uncooked.

A doctor wrote of "thought pills," but the pharmacist told an inquirer that he didn't carry them.

THE HOMŒOPATHIC RECORDER

VOL. XXXI

LANCASTER, PA., JUNE 15, 1916.

No. 6

“EMETIN: A NOTE OF WARNING.”

The above headline is copied from our learned contemporary, *The Journal of the American Medical Association*. It is a good editorial, that follows the quoted headline, at least in parts—which is about all one can ask of an editorial. It starts in by saying that proprietaries do not always do what is claimed for them. The proprietary (?) referred to is “emetin.” Its use has largely increased. “The physician is rightly suspicious of such products,” remarks our contemporary, but therein errs, for if he, the physician, had been suspicious its use would not have “largely increased.” This is proved by the following quotation from the editorial:

Two cases from the Johns Hopkins medical clinic are described in which symptoms of poisoning and in one instance death resulted from the administration of emetin hydrochlorid. The fatal case occurred in a man who entered the hospital with a diagnosis of syphilis and amebic dysentery. He was treated for twenty days by subcutaneous injections of emetin hydrochlorid. The average daily dose was $1\frac{1}{2}$ grains; the total amount he received was 29 grains. A pre-existing slight diarrhoea was at first ameliorated and then markedly intensified till, on the eighteenth day of the treatment, there were eighteen stools in the twenty-four hours. This diarrhoea ceased five days after the discontinuance of the injections. From the sixteenth day on, signs of grave kidney mischief developed. There were marked acidosis and acute renal insufficiency, with blood in the urine. Bronchopneumonia supervened and, after a period of dyspnoea, the patient collapsed and died thirty days after the first injection and ten days after the last.

The question before the problematical jury here is: Did the man die of the disease or the remedy? Emetin, according to textbooks, is an alkaloid of Ipecac. The provings of Ipecac have been summed up: “Stools, pitch-like, green as grass, like frothy molasses, with griping at navel. Dysenteric, slimy.”

The next case cited, also from Johns Hopkins, was a woman who, under half grain doses, "developed intense diarrhoea with pain and tenesmus," which "cleared up six days after withdrawal of the emetin," though after this developed "a toxic delirium which lasted one week." The editor then remarks that:

The particular preparation employed in this second case was, therefore, suspected to be unusually toxic. This suspicion was confirmed by an elaborate experimental research into the toxicity of emetin hydrochlorid preparations obtained from five different commercial sources, in the course of which investigation sixty-two animals were used. The toxic effects manifest themselves in various ways, but in using emetin one must be on the lookout for such danger signals as intense diarrhoea, albuminuria, and peripheral neuritis.

These two cases were good provings but apparently poor therapeutics. The editor chides the chemists but admits these effects may be due to the "greater purity" of the emetin used. But, dear sir, do you think you, in a state of health, could receive 29 grains of emetin hypodermically without feeling it, or perhaps worse? Can you expect a sick man to stand it better than a healthy one? Does not the fault lie rather with your school's therapeutics than with the drug which, if pure, is itself and cannot be anything else? Is it fair to blame drugs for acting according to their nature when you put them into human beings? Cannot you men with all your learning see that while a little salt adds zest to food too much spoils it, and that the same rule holds good in all things? Honestly, without prejudice, and for the good of humanity, you men ought to shed your skin of prejudice and learn from Homœopathy, if not its magnificent therapeutics, at least the effects of drugs on the human body. If you will do this you will be more useful, for what avails the knowledge of what the patient's trouble consists if you do not know the remedy?

"A boy was epileptic for nine years; latterly, the attacks were lighter than before, but came every day, in the afternoon. *Agar. musc.*, morning and evening, for one week. In four weeks he was quite well, then had one relapse; he now takes a dose every two days."—*Dr. C. T. Liebold.*

HOMŒOPATHIC CLINCHERS.

By A. H. Siebert, M. D., Louisville, Ky.

In the course of our everyday practice we often bump up against cases that we are not able to do anything with and very readily begin wondering why we ever studied medicine, and especially homœopathic medicine; we do not attribute our failures to our lack of knowledge of our remedies but blame the system, and wonder how a patient could get well on so small a dose of medicine that we would use up a pencil and several sheets of paper trying to figure the amount of medicine in a given dose.

We feel that the theory of Similia sounds plausible, and that the records of our provers are truthful, but still there is that element of doubt after we have failed to relieve several cases.

Just about the time we are in this quandary along comes a chronic case whom all the doctors in our community have had a trial at and have failed to relieve, and we decide that this is our opportunity to prove or disprove Homœopathy, and it is just at this point that we really give Homœopathy a chance, which we do not do in our acute cases where we prescribe off-hand.

We pull down our *materia medicas* and repertories and go to work partly because we want to make a cure and partly because we want to show the other fellow what we can do. Just here we begin getting results and cure 90 per cent. of our curable cases, and our estimation of Homœopathy again jumps about 1,000 per cent., but Homœopathy is just the same as it was fifty years ago, the trouble is that we only give it a chance now and then when we are pinched for results.

It is to these isolated cases that I have given the name homœopathic clinchers, because they clinch these patients to us and clinch our faith in Homœopathy.

I am not an exception to the rule, for I have ridden on the crest of the wave of enthusiasm and have delved in the depths of despair, so to speak, but my faith in Homœopathy still remains due to these clinchers, of which I will recite a few, which I have gathered from my practice.

These cases have increased my faith in Homœopathy, in the repertory and in the high potency.

The first case is one of a lady 21 years of age; married; gives

history of menstruation starting at 14, and of never having had a normal menstruation in that time: menses late, profuse, clotted, and first day almost has spasms, has to go to bed and have constant attention; has chilliness, severe pain, aversion to company, irritable. This case worked out *Lyc.*, which was given in the 200x, one dose. She has now passed through four menstrual periods since that prescription, and every one has been normal, no pain, and has not been in bed at any time.

CASE 2.—Stomach case, sharp pain half hour after meals; craves coffee, relieved by hot water, gradual loss of weight, throbbing headache through temples relieved by sleep, stitches in right chest, vertigo, mouth dry, bad taste, thirst little and often, no appetite, restless, unrefreshing sleep, dreams of ghosts, menses agg., first day relieved by heat and pressure, pain in coccyx. *Nux v.* 200 cured this case.

CASE 3.—Another stomach case of similar nature which had been doctoring for about four years with both schools, but was getting worse instead of better. This case was cured by repertory prescription of *Lyc.* 500—1 m.—cm.—and is still in perfect health after four years.

CASE 4.—Menstruation too often and profuse, only three or four days apart; severe headache, sensitive and nervous, vertigo, desires company, better in open air. *Sepia* 200 was this patient's remedy.

CASE 5.—Skin trouble in a girl; blonde, blue eyes, very excitable and irritable; skin becomes mottled, eruptions form followed by blisters which break and form crusts, dull headache, especially around eyes, patient subject to sore throat. *Petrol.* 200 and 500 cured this case.

CASE 6.—History of having doctored for six months with four old school doctors with no benefit; pains in sacro-iliac, joints, kidneys act too freely, urine hot, burning, weakness in general, puffiness of abdomen after eating, shortness of breath, dull headache, stooping aggravates, shifting pains, motion aggravates, hands feel swollen, bowels and menstruation very irregular, menstruation painful accompanied by backache.

This case responded nicely to *Psor.* 200, *Lyc.* 200 and 1 m. This patient has since become pregnant and reports the best of health, which was not the case with a former pregnancy.

CASE 7.—The records of this case have been lost, but it was a case of acute articular rheumatism of the hand and wrist, very painful and swollen. This case had resisted the off-hand prescriptions of both Dr. Baldwin and myself, also some old school treatment which I had instituted in a hope of getting some results. I was about to the end of my rope, so to speak, and it was here that I decided to give the repertory a chance; this case came out *Hepar sul.*, which cured entirely with potencies ranging from 200th to cm. There has been no return or aggravation after four years. Patient has perfect use of the hand.

These cases and many others of a similar nature on which I have spent the time necessary to study them carefully have proven clinchers to my faith in Homœopathy.

I do not mean by this that we should work out every case in the repertory, for many of our acute cases would be well before we had chosen our remedy, and again our acute cases often give a clear-cut symptomatology of the indicated remedy.

My plea is to not lose faith in Homœopathy when we fail to get results.

Remember that our memories are more liable to mistakes than a theory which has stood the test of years.

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COMPARATIVE VALUE OF SYMPTOMS IN THE CHOICE OF THE HOMŒOPATHIC REMEDY.

By A. H. Starke, M. D., Kansas City, Mo.

Many of us have been chagrined on taking a record of a case to a consultant to find that we had recorded many symptoms, but had omitted to ascertain the characteristic peculiarities of the patient, especially those manifested during his present illness. We were in the predicament of the student who brought a long record of symptoms to a master prescriber, and was told that he had "no case." By this was meant that the characteristic or individualizing symptoms of the patient had been left out.

Having carefully made a case record in accordance with the rules prescribed in Hahnemann's Organon, paragraphs 84 to 99, we are not yet ready to look for the remedy. A very important task still awaits us. Though the record should comprise the

totality of symptoms, yet these symptoms may vary greatly in their importance when it comes to the selection of the curative remedy.

In order that no misunderstanding of terms may occur, it may be well at this time to give an explanation of terms to be used hereafter.

For diagnostic purposes two classes of symptoms are commonly distinguished, namely, common and pathognomonic. By common symptoms are generally understood such as are common to a number of diseases, while by pathognomonic, those which characterize the disease, or, in other words, give it its name.

The symptoms of the *materia medica* we divide, first, into pathogenetic and clinical, and, second, into generic or common and characteristic.

By pathogenetic symptoms are to be understood those that are obtained from provings on the healthy individuals or derived from toxicological observations; while clinical symptoms are such as have been repeatedly observed in the sick, following the administration of a remedy. It would seem to me very desirable if the purely pathogenetic symptoms of our remedies could always be distinguished in our *materia medica* from those which are clinical.

Common symptoms of provings are such as are common to many remedies, and in diseases are found as diagnostic symptoms or are such as are peculiar to nearly all illnesses. These are of very low value.

Characteristic symptoms are those which are peculiar to but one or only to a few remedies, and such as are strange, rare and peculiar, and, therefore, uncommon in the patient.

Again, symptoms are distinguished as subjective and objective.

Subjective symptoms are such as either the patient or a prover alone can experience, while objective symptoms are those which the physician himself can obtain by the aid of his senses alone, or aided by various tests or by certain instruments of precision.

And last, but not least, is a classification of symptoms into generals and particulars, also known as locals.

Symptoms in either group are important, but the former always outweigh the latter, so that at times one general symptom may count for more in the selection of a remedy than a number of particulars.

Generals are defined as symptoms of the patient as a whole, or any symptoms which the personal pronoun I is used to describe, while particulars are those which are predicated of a part of the body only, and, hence, are also known as local symptoms.

Generals, therefore, include the mental symptoms, the desires and aversions as well as the various modalities which apply to the individual as a whole.

The mental symptoms, from the degrees of value, may be divided into three groups. The first group comprises those of the will, manifesting perversions of the loves (affections) together with the various fears. Examples of the foregoing are: She hates her child; is jealous; fear of solitude. These are most interior, and are often concealed from the physician as also from the world in general, but when obtained are of the highest possible value in the selection of the proper medicine.

Next point of value are perversions of the understanding or intellect, manifesting illusions, delusions, hallucinations, delirium, etc., as exaltation of trifles; delusions of grandeur; delusions of persecution.

The third group embraces perversions of the memory, which are of the lowest value among the mental symptoms.

Next in order are the physical generals which manifest the physical loves and the sensations of the body as a whole. Here as well as elsewhere any deviation from the normal, as an excess, decrease or entire perversion, constitutes a symptom. The higher in rank among these are perversions in the sexual sphere.

Hahnemann has said that the strange, peculiar and characteristic symptoms of the patient are particularly to be attended to. These may occur among mental symptoms or among other generals or else among particulars, and must, therefore, be of varying importance and rank. The modalities usually afford us the most important source of these characteristics.

Continuing with physical generals we next come to perversions referred to the stomach, as desires for and aversions to foods; thirst for hot and cold drinks, etc., because the appetites are manifested through the stomach.

Next come the relations and reactions to environment. Time; heat and cold; damp and dry; menstrual aggravations and ameliorations; position; pressure; motion, with train-sickness, etc., and various food-aggravations.

And last, the particulars or physical locals are to be considered. One need not expect the curative remedy to cover all the local particulars, if only the generals are well covered. It sometimes happens that local symptoms are opposite in modality to the generals, in which case the general symptoms much outweigh the local ones.

In considering a case it is well to learn to omit the useless particulars, the common particulars.

Coming further down the scale into the particulars, we resort to the classification made by Dr. Hering, viz.:

A symptom to be complete must satisfy the following three points: 1. Sensation. 2. Location. 3. Modality.

Sometimes it is the sensation, again the location, but most commonly it is the modalities which are most characteristic of a case of illness, and hence differentiate between otherwise very similar remedies.

To briefly sum up:

The most valuable of all symptoms are the striking, peculiar and uncommon. Of the foregoing, the first grade are those of the mind, then of the patient as a whole, and of the utmost importance is the great "test" of most symptoms, the modality.

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THINGS TO BE OBSERVED AFTER THE FIRST PRESCRIPTION.

By Dr. Alexander C. Hermance, Rochester, N. Y.

The observation and treatment of a case following the first prescription depends greatly upon whether it has been correctly taken in the beginning. As Hahnemann says in the *Organon*, Section No. 104, "When all of the prominent and characteristic symptoms collectively forming an image of a given disease have been carefully committed to writing, the most difficult part of the labor will have been accomplished."

This is one of the first principles to be complied with in mak-

ing a homœopathic prescription. After all the symptoms have been tabulated under the various headings according to the system used by the prescriber, and compared with the proven remedies, we are then prepared to make our first prescription by selecting the drug covering the totality thereof. The various methods used in working out cases differ considerably according to the repertories and reference books used. But as all roads lead to Boston, it matters little which one we take so long as we arrive at the desired point.

Now that we have made our first prescription what are we to especially observe following its administration? We all know that objective symptoms are among the most valuable. Therefore to be a good prescriber we must be a good observer. The first observation is as to the action of the remedy. Has the case improved? Or, on the other hand, become worse. Perhaps it has stood still, nothing new having developed, and no change in the previous symptoms. Right here is where the man who lacks confidence in his remedies, and the one who is over-anxious, falls down.

When to change the remedy and the repetition of the dose requires experience, confidence, and knowledge of drug action. Many cases are spoiled by too frequent repetition. Therefore we must closely observe the conditions so as to correctly translate the symptoms presented, comparing them closely with the drug picture. If we are reasonably sure of our remedy, we should be loath to change it without exceptionally good evidence which calls for same. Better change the potency or give a placebo, and wait. If the case is properly formulated and remedies listed according to their proper value, we have but to refer to them to make our second prescription should we deem it necessary. Under no other method can a proper homœopathic prescription be arrived at. I have seen cases, one in particular, where *Arsen.* 3x was given every half hour for several days. The child growing continually worse, *Arsen.* was abandoned and other remedies resorted to without result. The case was one for *Arsen.*, and the child improved upon *Placebos*, to be later cured by *Arsen.* in a higher potency in infrequent doses.

Observe whether the patient is following directions regarding diet, habits, etc. The vocational diseases developed by the

various industries of the day are numerous, and require close attention if we are to expect satisfactory results. A case in question where *Aluminum* was given for lead poisoning, patient being employed in a lead pipe works handling the pipe all day. Of course, he did not improve as I had reason to expect, and I found, upon inquiry, that he had not followed instructions and changed his work. I could not expect to cure this patient without first removing the aggravating cause.

Observe strictly your patient's diet or you will be up against a hard proposition. Oftentimes in trying to complete a cure, diet is a most important factor. We should be good dietitians as well as homœopaths. We are often credited with curing our patients by diet instead of medicine, or our cures are attributed to good nursing by our enemies. I have heard men say that the homœopathic remedy would work in spite of anything, and that may be so to some extent, but working and curing are two different propositions and to do the latter we must observe the case from all points.

Environments contribute or retard the action of the remedy and the surroundings of the patient should be closely observed. The atmosphere of the sick room should be harmonious and free from all source of irritation. A case now under my care shows the importance of this. The patient, a man of a highly nervous temperament, seemed regularly, and without apparent cause, to be much worse between certain hours at night. I found that this was the time the wife usually relieved the nurse, and she, being a very apprehensive and nervous person, began to talk immediately as to the probability of his dying, hence the cause of the nightly aggravation. Another nurse being substituted for the wife has obviated a change of remedy. If I had depended wholly upon the symptoms in the rubric, such as "aggravation after midnight" or any particular hour of the night, it would have proved valueless, as by close observation the cause was very apparent.

VERIFICATION.

By S. L. Guild-Leggett.

A patient, an hour and a half under anæsthesia for the extraction of two difficult wisdom teeth, came to the office three days later still suffering from nausea with vomiting of all food and drink. She said she was "all in," shaking and trembling with weakness. Her condition did not seem similar to *Phos.*, a remedy frequently needed in these cases, and further search seemed necessary. Finding a hint of the use of *Nitro-Glycerine*, in appreciable doses, as a remedy following nausea and faintness after surgical operations, I read it up in Hering, finding it exactly fitted the conditions. Gave one dose of *Glon. cm. F.* with perfect relief of all symptoms.

Syracuse, N. Y.

DRUG SOURCES ; A COMPARISON

By G. H. Tafel, Ph. G.

Some years ago the Council of Pharmacy of the American Medical Association investigated *Echinacea* chemically, microscopically, histologically, by the guinea pig route, weighed it in the A. M. A. scientific scales, found it wanting and cast it into outer therapeutic darkness. The Council of Pharmacy has done the same with *Cactus grand.*, *Pulsatilla*, and other useful drugs.

Dr. John Uri Lloyd, the well known authority, says of *Echinacea*: "This is a powerful drug as an alternative and antiseptic in all tumorous and syphilitic indications," etc. Dr. Charles Blair, the well-known author of Blair's *Materia Medica*, says of *Pulsatilla*: "Fluid extracts and other preparations made from the dried herb are inert. The only trustworthy preparation is the German homœopathic tincture, which is prepared from the fresh herb. Cattle can eat hay containing the dried herb of *Pulsatilla* without being harmed, but if they eat the green plant in pasture they become sick." Does it not seem probable that Dr. Blair has put his finger on the very reason for the difference between the findings of the Council of Pharmacy of the A. M. A. and other eminent investigators and physicians, *i. e.*, the difference in the method of preparation of the drug under examina-

tion? The homœopathic pharmacist makes his plant tinctures of the fresh plant, whereas the A. M. A. druggist makes his from the dried plant, and may not the two tinctures resemble each other possibly in name only? *Pulsatilla* is one of the great remedies of the homœopathic physician, and it is made by the homœopathic pharmacist from the fresh, undried plant. It, no doubt, contains an essential principle which is volatile. The close study of this plant seems to bear this out for the *Anæmone Pulsatilla* when freshly crushed emits a peculiar pungent odor which is not present in the tincture made from the dried plant. If *Pulsatilla*, *Echinacea* and *Cactus grand.* are changed in the process of drying and made inert, may not other drugs be changed and rendered if not inert at least less active, and could not some be improved by making the tinctures, extracts, etc., from the fresh, undried plant?

In the course of drying, medicinal plants are subjected to numerous changes; fermentation, as in the case of tobacco and vanilla; oxidation, as, for example, senega and other plants containing oils, and the dissipation of volatile plant essences, thus we can easily see that a tincture or preparation made from a fresh, undried plant and one made from a dried plant may have very different therapeutic effects because one does not contain all of the plant principles that the other does. Dr. Fred. B. Kilmer, in the *American Journal of Pharmacy*, says in an article on the cultivation of Medicinal Plants: "The living medicinal plant containing the most delicate and sensitive substances in materia medica is handled by rough, coarse, destructive methods, mixed, sophisticated, adulterated by unscrupulous middlemen. The organic structure of highest complexity and containing the most delicate principles known to science is handled more roughly than ore from the mines or lumber from the forests." Dr. Kilmer is, of course, speaking of the plant drugs supplied to the A. M. A. pharmacist. Moreover, between the A. M. A. pharmacist and the plants there stands a series of middle men; first, the digger, he sells to the local druggist who accumulates a lot of a special drug; when he has sufficient to ship he sends it to the receiving station of a large drug broker, from him it goes to the laboratory of the manufacturing pharmacist. No such array of intermediaries stands between the homœopathic pharmacist and the plant

from which he wishes to make a tincture or extract. The homœopathic pharmacist sends out his botanist and gathers the living plant and makes it up immediately into the tincture; all the plant essences are preserved and no changes from fermentation, evaporation or oxidation take place.

When gathering plants for homœopathic tinctures there is less danger of mistaking one plant for another because the living plant is gathered and its habit of growth, its leaves, its flowers, color and general appearances make it easy to identify; whereas after the plant is dried and the leaves shrivel and fall one species looks very much like another, and it is, therefore, sometimes difficult or well-nigh impossible to distinguish one from the other. For years the A. M. A. pharmacists were using the bark of Mountain Maple thinking that they were using *Viburnum op.* The error was discovered in 1914. During all these years the patients of the doctors who prescribed this drug were not getting what their physicians ordered. *Ruellia ciliosa* has often been substituted for *Spigelia marilandica*, the true pink root. And these are not wilful and fraudulent substitutions, they are due to the difficulty in differentiation. In the dried state the two plants resemble each other so closely that it is next to impossible to differentiate between them. Therefore, from seemingly every point of view the tincture or extract made from the fresh living plant is to be preferred to any other.

LEST WE FORGET.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

I have seen cases in my practice where the patient did not get any better or any worse. The case just seemed to hang fire, no appetite, indifferent as to whether they died or got well. I just suspended *all* medicine for two days. Then gave *Tr. Veratrum vir.*, one drop, once in three hours. It is interesting to watch the *pulse* in such patients; in a few hours it will feel stronger and more regular. The patient will begin to want to eat and seem to have more life, more ambition. They are getting the *primary*, the stimulating effect of the remedy. In a few days, by *careful* reading of the eye, pulse and tongue, you will find the *indicated* remedy and it may be given in place of the *Veratrum vir.*

I had a very interesting letter from Dr. D. E. Bremser, St. Louis, Mo., a regular physician, one of the *brightest* young men that I have ever met. A man who is *doing things* in his profession. He speaks of a "lady, 52, who had been subject to convulsions every other Sunday, about noon, although she seemed to be unconscious, yet she kept *talking* all the time." *Lachesis* was the remedy that *cured* her. This same doctor had a case of pneumonia in a man of 91, whom the family had given up to die. *Mercurius* 30th was the remedy indicated in *his* case, and it restored him to health.

In ill effects from *falls*, where the *head* is *injured*, *Natrum sulph.* is the remedy *indicated*, 6x. three tablets, once in two hours.

In dysuria from *stricture* of the urethra, *Tr. Gelsemium* 1x is *the* remedy, ten drops once in two hours. I have had patients come to me with an eruption on the body as a result of going in swimming on a hot day in summer, when the blood is overheated, *Tr. Bellis perennis* (English daisy) 1x is *the* remedy, ten drops, three times a day. An old physician writes me for advice about his own case, he says after he gets into bed at night he "is driven nearly crazy by a *burning* and *itching* of the anus." *Antimonium crud.* 6x is *the* remedy he needs, three tablets, three times a day, and to apply *Salicylic acid*, grs. xx, to vaseline, one ounce, apply three times a day.

I lately received a very nice letter from the doctor, telling how much *better* he was, that he "could now go to sleep at night in peace and comfort." Doctors get sick much the same as other folks, but they are apt to *neglect* themselves, for *all* their time is taken up with looking after the sick and suffering. Doctors, as a rule, don't have much *sympathy* for each other when they are *sick* (more's the pity). During the past twelve months I have had fifty physicians under my treatment and I am very thankful that I have been able to be of *real* service to *nearly* all of them. Then it came *my* turn to be sick, on the 13th of April, Mrs. Jones found me lying on the bedroom floor unconscious, at 4 o'clock in the morning. The side of my head was bruised and one eye black and blue, where I must have fallen against the table, but it was all a *blank to me*. I had been "fighting off" this apoplexy for two years, but it *got* me at last. The *heat* and *soreness* on *top* of the head, with *dull, heavy* feel-

ing in the head, indicated *Ferri phos.* 6x and I took three tablets, once in two hours, to *clear up the brain*. I watched the pulse and when I felt any *fullness* or *tension*, I took *Tr. Veratrum vir.* 1x, ten drops, often enough to keep the pulse *soft*, and *equalize the circulation* of the *blood*. To absorb the exudate we have *Kalimur.* 3x and *Arnica* 30x, ten drops, once in three hours, to *dissolve the blood clots* on the brain. The last two remedies I am taking at the present time.

I have been reading a book, lately just off the press, entitled "THERAPEUTIC BY-WAYS," by ye editor of RECORDER, Dr. Anshutz. It *ought* to have been called "THERAPEUTIC FACTS" for that is just what it is, and the *real* value of the book is that it contains treatment *not found in the text books*. The *indication* for each remedy is *clearly* defined, and the proper *dose*. It is a book that I can *honestly* advise *all* my students and medical friends to *get* for it will be a *real help* to you in *everyday* practice. It is the *little* book with the *big* idea. It reminds one of what the girl said about her beau, "He was little, but Oh, my!" I want to advise our younger readers (older men know better) to never *argue* with a *woman*, she may lose everything on earth that she holds *most* dear, but she will always retain her *opinion*, and it is just as dangerous to trifle with *that*, as it would be with the business end of a wasp. Therefore, *don't* trifle. If she calls you a "fool," don't try to *argue* the question *with her*, for it is just possible that she may have had some "*inside* information" about you. In our medical journals the question is often discussed "why physicians don't attend their medical society?" The answer seems *easy* to me, our medical societies at the present day are merely a *forum* where the surgeon can *exploit* his brilliant operations and where the specialist can *advertise* his wares. All this is *not* of any special *interest* to the ordinary physician. Many of the papers read before these societies are so *dull* and *dry* that they would put a man to *sleep* if he had delirium tremens (that is, *provided* he *heard* any of them read). When I have heard some of these papers read on the "Whenceness of the Whatness," etc., I often feel like taking my pipe and going off in a corner by myself and meditating on some of the *practical* things of life, viz., on how to cure boils, ingrowing toe nails, stomachache, etc. *Theorizing* will never

get us anywhere, *facts* are what we want to know, one fact is worth a *dozen* theories.

I have letters, books, and pamphlets sent to me to criticise, my students sometimes ask me to criticise their treatment of a case, but I most respectfully *decline* the task. I am aware of the fact that criticism is a "two-edge sword," and must be handled with *care* lest we *hurt the feelings* of a *brother* physician. "Oh, that mine enemy would *write a book*," then would I proceed forthwith to "rip him up the back!" We have a right to *respect* the opinion of a brother physician, even though it may differ *entirely* from *ours*. We must take into consideration the fact that his *experience* may have been *different* from our own.

The modern physician when he wants to know if his patient is *digesting* his food, he proceeds to analyze the urine and feces. That means a fee of \$2.00 from the patient or as much more as he will stand!

We must remember that the *tongue* is a *mirror* of the *stomach*. If you want to know the *condition* of a person's stomach *read* the tongue. It is an "open book" to him who can *interpret* the signs. I can always tell by a glance at the patient's tongue whether they are *digesting* their food or not. You may meet with a person apparently in ordinary health. In reading the tongue if it is covered with a yellowish white coating, with *red papillæ* sticking up through the coating *all* over the tongue, it means the *invasion* of some *acute* disease. I have seen that *kind* of a tongue 24 or 48 hours before an attack of pneumonia, measles, small-pox, typhoid fever, etc.

If you see that kind of tongue in cancer, consumption, Bright's disease, diabetes or any chronic disease, it is nature's "*danger* signal." It warns you that the disease is taking on an active form and you have got to "get busy" and *do* something for your patient or the *disease will get the best of you*. A good physician should be able to read the "danger signals" as *rapidly* as an engineer can read them on the fast express train. In aphonia from a cold or congestion of the vocal chords, *Tr. Ipecac 6x* is *the* remedy, ten drops, once in half an hour, until the voice returns.

In your cases of gleet the patient will tell you that they "still have a few drops of the discharge that glues up the orifice of

the urethra in the morning." You will find that *Sepia* is the remedy they need, 6x, three tablets, once in three hours. You will meet with some lady patients who are *quick*, nervous, *fidgety*, they have had some *severe mental strain*. *Valerianate zinc*. 3x is the remedy they need to tone up the nervous system, three tablets, four times a day.

A *right-sided* headache that comes on at 9. A. M. and lasts until noon, needs *Cedron* 6x. I received a letter from a physician in British India, he informs me that he "has practiced allopathy for thirty years, but lately he has taken up the 'Tissue Remedies' and has *better success* with them." This is the consensus of opinion of all the doctors who have prescribed these remedies *intelligently*. The "Code of Ethics" was *supposed* to be a "Code of moral laws." It seemed to serve one *good* purpose. It prevented a regular physician from *exposing* his ignorance in the presence of an *irregular* physician. A regular physician volunteered to enlighten me as to the *real* definition of the Code of Ethics; of course, I was interested, I wanted to know. He said it was "to *do* everybody you *can*, but be d—d careful that they don't do you, for that would be *unethical!*" I have, in my time, known *some* doctors who were all the time preaching about "what was the ethical and what was unethical," when *they* themselves were so *crooked* they couldn't walk straight.

The *less* a doctor has to say about the *ethics* of the profession the more *respect* I have for him.

I realize the fact that the future for *me* is an unknown quantity, yet I have always felt that I should not be called *home* until my work was *done*. I shall continue the series of articles in the RECORDER as long as I am able to write them. I *hope* to be able to teach some more students for I feel that it is *God's* work and it is a *good* work, *helping* our physicians to be *better* doctors, to *fit* them to do *more* for the sick than they *are* doing. It means the *lessening* of mortality, the *saving* of *human life*.

The 26th of July is my birthday; if I live until *then* I shall be 66 years old. It has been suggested to me that I have a "birthday letter party." I shall be glad to get a letter on *that* day from *all* my students and medical friends.

"Shall old acquaintance be forgot and never brought to mind?" The beautiful lines of the Poet Whittier are a great *comfort* to me and they often occur to my mind—

"I know not *where* His islands lift,
 Their fronded palms in air,
 I only know I cannot drift
 Far from His loving care.
 I know not, *what* the future
 Hath of marvel or surprise,
 Assured am I in life or death,
His mercy underlies."

THE EYES AND RELATION TO DISEASE

The latest Harveian Lecture is by James Taylor, M. A., M. D., Edin., F. R. C. P., London. Its title is "Nervous and Other Medical Disorders as Seen at an Eye Hospital." It is printed in *The Lancet*, 3/25. The first disease taken up is "optic atrophy and, really, no one can learn anything from the lecture concerning what the sufferers are after, namely, cure, but he can learn this oblique fact. "Now, in the great majority of these cases," there were 233 of them, "the optic atrophy was found to be associated with other conditions." There is no fault to be found with Dr. Taylor's conclusion, but it points to the very obvious fact, that had the other conditions been cured there would have been no optic atrophy, and, also, to the very logical terminus that until they, the causes, are cured or removed, there can be no hope of that result by treating optic atrophy. This is shown by the following quotation from the paper: "Among the cases of optic atrophy must also be mentioned a few in which the condition is a toxic one—the result of tobacco often with the addition of alcohol." Or this quite long, long quotation, but worth reading:

"There is little doubt in my mind that the cause of the different phenomena in Grave's disease is an excessive thyroid secretion. I have known one case in which all the symptoms and signs—except an enlarged thyroid—developed in a patient who took large quantities of thyroid with the view of reducing a not excessive corpulency. It is difficult to avoid the suspicion that in many cases fright or other emotional disturbance has some causal relationship to the onset of the symptoms in this disease. It has, of course, been pointed out by more than one observer

that a well-marked case of Grave's disease—with wide-staring eyes, rapid heart, tremor, and perspiration—is really a pictorial representation of terror. In what way emotional disturbance acts so as to perpetuate this picture it is not easy to understand, although several theories might be suggested. Incidentally it may be mentioned that there is a similar difficulty in reference to chorea and the effect of emotional disturbance in evoking the signs of this disorder, and I may mention the fact that I have known a case of Grave's disease in which the manifestations of the disorder in each case followed almost immediately on the shock of observing that menstruation, which had not been anticipated or prepared for, and the nature of which was not understood, was actually present.

"I should like to say just a word about the progress of these cases under ordinary out-patient treatment. I do not wish to minimize in any way the gravity of this disease. One has seen cases go wrong both physically and mentally; one of the most terrible disasters is the sloughing of the corneæ, which sometimes results in complete destruction of the eyes. Nevertheless, in the vast majority of the cases the outlook is good, and a cure more or less complete is confidently to be anticipated. Of the 31 cases I have referred to not one has definitely become worse, several have been completely cured, and in most the disease seems to have become quiescent. I always prescribe *Belladonna*, and from the manner in which the patients return for treatment and the discomfort which they frequently say they experience when they are without it for a few weeks I cannot but think that it is a most helpful drug in this disease."

The "conclusion" of Dr. Taylor's paper is also worthy of careful attention, indicating, as it does, the truth of what Hahnemann taught, that the patient as well as the totality of his symptoms should be viewed.

"This, gentlemen, concludes what I fear is a very cursory and superficial review of the varied and most interesting classes of cases I have had the opportunity to see at Moorfields. I wish it had been possible to follow them up more completely and effectually than I have been able to do, but I think what I have said will have impressed upon you the extraordinarily varied medical interests which, as it were, converge at any eye hospital.

I have always regarded ophthalmic surgeons as amongst the most highly trained and scientific members of our profession. What I have said will have brought home to you the necessity, not only for highly specialized training in their own special work, but also the need for a broad general basis from which to work; and I hope it will also have impressed upon those of us who are not ophthalmic surgeons how necessary it is to recognize the importance of ocular and visual signs as indications of many different kinds of medical diseases."

All signs point to a growing recognition of the fact that the old homœopaths traveled the only scientific path.

CANCER OFFICIALLY CONSIDERED

Health News, issued by the New York Department of Health, for March, is a cancer number. As a State Department of Health has great power these days it is well to heed what it says. This issue of the New York organ opens as follows: "This number of the *Health News* presents to its readers authoritative expressions of opinion in regard to cancer," which, in short, tells all that is known by the Department on the subject, but, they add, even this "is by no means reassuring." The cause has been diligently sought, but "thus far without definite results." There is no known "specific" treatment, "the cure consists in the complete surgical removal of the growth at the earliest possible moment," that is to say, of moles, warts and growths that are to be found on all, probably even on the surgeons themselves, for who is free from skin blemishes? If any man says he can cure cancer he is an imposter, or a fool, for the Department knows no cure but surgery and what it does not know, we may infer, is not worthy of consideration.

Dr. Francis Carter Wood, Director of Cancer Research, George Croker, Special Research Fund, contributes the leading paper, nearly nine pages. The following statements are made in the sub-headings: "Cancer Not a Germ Disease." "Cancer Not Contagious." "Cancer Not Hereditary." For all of these let us be devoutly thankful, for if the Departments get the notion that the disease is contagious there would be a Hades of trouble let loose on the long suffering public. Dr. Wood's next state-

ment is that "Cancer Attacks the Healthy." One must not be too greatly condemned if he doubts this assertion, for that is all it is. If he had qualified it by making it read "apparently healthy" it would have been a truism. Next comes, "How Cancer Begins." It begins on the outside from warts and moles, but Dr. Wood can only guess at the beginnings of internal cancer. As for its nature "cancer is a very curious disease, which is due to the running away of certain parts of the body tissue." As for treatment it is surgical, "no form of internal medicine will cure a cancer; that we know absolutely." That being official any physician who does not believe it must be cast out of the medical synagogue.

The last paper is by Dr. F. L. Hoffman, who gives "The Statistical Evidence of Cancer Increase," which no one can dispute. So the matter stands. The Department says it knows nothing about the disease save that it cannot be cured by medicine, but can be cut out if on the surface, or in reach of a knife. If any man says he has cured cancer by medicine he is denounced as an imposter and sometimes threatened with prosecution. Is this the calm science of which we all hear so much and see so little?

When men like the late Dr. T. F. Allen, to say nothing of many other physicians, report cures of cancer one can readily believe that cancer has been and can be cured by homœopathic medicine. Do not look for "cancer remedies," but study the case on the lines laid down by Dr. Starke in a paper in this issue of the *RECORDER*, and do not be afraid to make the trial with whatever remedy those lines lead to.

"THE EARLY DIAGNOSIS OF WHOOPING-COUGH"

(The following, with quoted heading, is lifted without change from the *British Medical Journal*):

The early diagnosis of whooping-cough is one of the trials of the general practitioner, and, in the absence of an epidemic, one is liable to be misled into allowing a child with an apparently harmless cough to infect others while the unmistakable signs which subsequently develop are still lacking.

During an outbreak last year I had considerable opportunity

for observing probable cases in the earliest stages, and I found that every case of suspicious cough which showed marked conjunctival congestion in the region of the external canthus subsequently developed whooping-cough. In examining for the sign one directs the patient to look towards the nasal side of the eye under examination, when, on separating the lids at the external canthus, a tumid, congested mass somewhat resembling a large phlyctenule may appear on the bulbar conjunctiva, just within the external canthus. This swelling may or may not be accompanied by injection of the palpebral conjunctiva, but I have come to regard it as an indication in doubtful cases of this nature.

H. W. JACOB, M. D.

Malvern.

INDIANA THE HOME OF MANY CENTENARIANS

By W. B. Clarke, M. D., Indianapolis

That Indiana is the home of many centenarians and nonagenarians is abundantly shown by the accompanying table. While no claim for completeness is made as regards the whole State, but rather the opposite, this much is certain—that I have the verifying clipping of every case herein cited, and have personally interviewed many of them. While many of those notable instances of longevity have now passed away, quite a number are still alive. Indeed, on January 1, 1915, no less than 48 centenarians were alive in this State of 2,800,000 population, and I have the particulars regarding each of them.

The oldest man to die in 1915, Drewery A. Massey, near Connersville, was 108 years, 8 months old, and the oldest woman was Nancy Raymond, Indianapolis, 107 years, who I saw two weeks before her death. The oldest woman still living whom I saw in 1915 was Sarah A. Hayden, Worthington, 105 years. She came from Virginia when 20 years old, married in Indiana, and, as all the old people of the neighborhood know, has lived on the Hayden farm more than 80 years. One of these centenarians, Mrs. Boudinet, Terre Haute, lived 80 years in one house.

Wherein lies the art of living long? In a recent editorial in the Ft. Wayne Journal Gazette, we read: "The old-timers of country life were very sturdy old folks, who worried not about

germs or infections. Probably they lived longer than the modern generation that has become so fussy about germs or infections." One of the "old codgers" himself, who was asked for his secret of attaining such great age, answered: "I guess as how I got a good start afore the new doctors discovered the pesky germs now flyin' 'round."

As it is now, a very old person usually "comes from a long-lived family," and often seems able with impunity and immunity to violate many apparently well-founded rules of sanitary science or even right living as we understand it. He has been able to take the hard knocks of the world at first, and later, usually, to live simply and temperately, and maintain a cheerful disposition, to love and seek the society of the young, as far as they would allow it, but has never possessed an overweening ambition to keep "in the social swim."

And why should it seem so remarkable that a human being, amid pleasant surroundings and in good physical and financial condition, attains the age of one hundred years? As the foremost biologists tell us that all forms of animal life under similar favorable conditions normally remain on earth from six to eight times the period required to reach maturity, why should not man, the master of all animals but himself, often do considerably better than half as well?

The writer believes that Mr. Benson, in a magazine article, cracked a sound nut and got out the kernel whole when he said: "The best proof that we are all-but unable to recognize our individual needs is the fact that so few attain great age. It therefore follows that most of the aged are more fortunate than they are wise when they stumbled upon habits that happened to be suited to their own individual requirements."

The great question, it seems to me, is the proper combustion, assimilation and disposition of the heterogenous mass of "food" taken into the stomach and intestines. So, with all that has been said on the subject of old age, either by the students or actual participants, we might as well take for granted the primal fact that all these centenarians or other very old people were equipped with unusually efficient drainage or eliminating systems, especially with reference to the liver and intestines, kidneys, lungs, skin and glandular system. Otherwise the poi-

sons taken into the body and the poisons generated in the body would have permeated the medium in which the cells existed and killed the body.

A tabulated report of my work will probably most graphically present the results, particularly, at least, as given below. The first part of the study is confessedly fragmentary, and the last part is rather deceptive, as it includes many living ones carried over from the previous years (designated in my itemized list with a *), and also includes quite a number, alive or dead, added in 1916. No account was taken of those 88 or 89 years old, some of whom have since become nonogenarians—for I had no intention at first of continuing the search so long. The study was originally begun for the purpose of contravening some of the exaggerated Metchnikoff bacillus bulgaricus lactis claims, not necessary to mention here. And the figures may be good grounds for the claim that Indiana, in proportion to her population, may have more old people than any other portion of the world. The table follows:

Age.	1915.	1914.	1913.	1912.
100	48	24	15	8
99	12	6	6	..
98	15	9	7	3
97	26	10	15	2
96	27	20	11	6
95	39	19	14	8
94	49	22	17	7
93	46	25	24	15
92	49	42	17	16
91	81	39	43	18
90	113	82	52	35
	<hr/>	<hr/>	<hr/>	<hr/>
	505	298	221	118
Total centenarians				95
Total nonogenarians				1047
				<hr/>
Total centenarians				95

Many points of interest developed in this rather laborious search, but only one will be mentioned here, viz.: There were a few more women than men in this list, and of the practically 600

women in it not even one Missed it through life—every one of them was married, and many had large families; one had 14 children, another 13, another 12, and so on down. I found one Miss of 89, but none 90. One man, Riley Sheppard, Noblesville, had 29 children (three wives). Indeed, fertility seems correlated with longevity, as shown by the study of Karl Pearson in England, for, as the editor of the *Journal of Heredity* (March, with two fine pictures of five-generation families) puts it, the peculiar physique, the vitality, and the toughness of constitution in both men and women which make longevity possible are also associated with fecundity.

HOMŒOPATHY THE WINNING HORSE IN THE MEDICAL DERBY

By Dr. S. N. Nair, Pudukotah, South India

HOW I ESTABLISHED MY PRACTICE.

It may probably interest many a brethren of my profession, who, after graduating in the art of medicine, find their professional path generally in their own lands among their own people, nay, among their kith and kin, to go through these few lines which explains how I established my practice in a place that I have never seen before.

Ever since I was a student at Quilon, a small but beautiful and very ancient seaport town on the Malabar coast, it struck me that I should adopt a profession which would be useful to human beings, profitable to myself, and helpful to my successors. Ideas after ideas and subjects after subjects came to my memory, but none of them made me happy until I found a natural taste to study medicine, a profession which very closely touched my meditation but did not give entire satisfaction, as I observed many a case being treated in the local hospital, where they generally use coloured medicine and advertised specifics.

One day I wrote and asked my father whether he could advance me funds to proceed to Germany or America, where I could obtain a true and unpolluted scientific knowledge and the reply was not only quite unexpected but also made me sick of life, and consequently not long after I left home for Calcutta, without the consent of my mother, the beloved of beloveds.

"Aide toi, le ciel t' aidera." In this magnificent city of the Indian Empire I found a change and newness. The language is new. The people are new. The customs, habits and temperaments of the habitants are new. "What could I, poor, young man, do here?" was the thought approached me. These are the days of bombs and outrages. *"Faire d' une pierre deux coups"* was my principle. The third day of my arrival in the old capital, I got a fine footing under the late Kumar, Rameswar Maliah, in the District of Burdwan, in Bengal. The philanthropic old man died after one year and nine months of my enlistment in his office. But within the period I had not only learned the local language, but also earned the round sum of Rupees 975, which was hardly sufficient for my two years' stay in the city of Calcutta. I came down to the capital once more and soon after obtained a sound but less profitable position under the local government. The new position was so good and convenient that I could stay most of my time at home and this aroused in me the old but unchanged aspiration.

One day in August some five years ago, I matriculated at a Homœopathic College and regularly attended the usual evening lectures, but as the college was growing old the paid professors, especially the head of the staff, became too old in their actions. In consequence I and many of my colleagues went over to the "Central Homœopathic College," the grand and long standing institution of its kind in India. Here, regular lectures were delivered by Doctors W. Younan, M. B., C. M., J. N. Grose, M. D., A. N. Mukerjee, M. D., and many other eminent medical men of the day. With another complete two years' practical and theoretical course, I was able to sit for the final examination.

Just after the declaration of the war, I volunteered to serve in the English army and was sent to France. There I suffered all sorts of hardships on the field in Flanders, under thundering cannon-fire, incessantly raining bullets, but managed to come back unwounded.

The sudden change of the climate and diet made me sick on returning home and hence I was compelled to take a long leave from the civil duty to regain my lost health and vigour.

Some time ago I came to this interior town in the Southern Presidency to interview H. H., The Maharajah of Pudukotah, who

had just returned from Australia with his English wife (The Rani). Before I could leave this place, the news of the arrival of a homœopathic physician was brought to the notice of the public, through the agency of some patients, whom I had cured with our "colourless, tasteless, smellless, insignificant doses," as the allopathic brothers here name my medicines. From the points of climate, civilization and surroundings, I never thought of establishing my practice in this interior town of Pudukotah, but the daily demands of the public are such that I can hardly find convenient time for my routine.

In this town of 27,854 people, there are two hospitals and two English, and more than a dozen native physicians, but from figures collected, I get more paying cases than any one of them.

Important cases treated by me:—

Mr. Ramanatham Pillay, Astrolegger. Age 52.

Came under my treatment on the 30th January, 1916. Hic-cough was the prominent symptom. Been under hospital and native treatments, but to no effect. Had temporary relief for the time being, but worse after discontinuing the mixtures. *Nux vom.* 30x, one dose. Much better. Throbbing of the temporal arteries, quick pulse, the circulatory excitements, and gastric irritation accompanied by severe spasms still persisted. *Vert. vir.* 100x, six doses. On 2d February, 1916, "Dr.! After taking your medicines I am completely well, but give me something for constipation," said the patient. On 5, 2, 1916. *Nux vom.* 30x, one dose. On February 6th, 1916. This very patient handed me a beautiful present, and since then I received not less than 73 patients through his personal influence. I could see him almost daily at my Dispensary with a proud and smiling face.

Crasell Kavari A. Age 30. Delivered one baby some eleven months ago and ever since suffering from pain in the stomach, alternate constipation and diarrhœa. General weakness of the body. Cannot walk, talk, or sit for a while, owing to weakness. Treated at local hospitals, by allopaths, and native physicians, but no permanent improvement. Just before my taking up this case, she used to take tender cocoanut toddy in the morning and when intoxicated her food would find its way out by vomit or undigested stool. 24th January, 1916. *Nux vom.* 30x, two doses.

On 28, 1, 1916. No more vomiting, but pain increased four hours after retiring to bed. Comparatively night time was bad. Hungry feeling remained all through. She preferred dirty, torn bed, pillow and wrapper. Naturally very unclean. *Sulp.* 30x, nine doses.

On 28, 1, 1916. Again constipated. *Nux vom.* 30x, six doses.

On 30, 1, 1916. Much better. All complaints are centered about the stomach. *Ant. crud.* 6x, twelve doses.

On February 9th. Keeping normal health. Attending to household duties.

A FREQUENT CAUSE OF SCIATICA OR RHEUMATISM

Editor of the HOMŒOPATHIC RECORDER:

Mr. J. B., age forty years, weight two hundred and twenty-five pounds, made the following statement:—

“I am now, and have been for several months past, suffering from sciatic rheumatism in my left leg below the knee. But the pain is most severe in my heel. I am scarcely able to get about. Worse when getting in or out of street cars. Have taken medicine, bathed in hot water and liniments of various kinds, but have not found anything to give relief.”

Examination revealed no swelling, no redness or abnormal heat, only a little soreness at the heel and around the ankle joint. I frequently come in contact with cases having the same symptoms and invariably diagnosed as sciatic rheumatism. Ninety per. cent. of these cases are caused by pressure.

As in this and similar cases it will usually be found on one or more sacral nerves anywhere below the promontory of the sacrum. The reasonable question will be asked, what is making that pressure? Answer,—some malposition of the intestinal canal. But not sufficient to seriously interfere with the bowel movements. Nevertheless, the tube becomes lapped, twisted or pocketed. The latter more frequently than the two former; which is usually filled with fecal matter; the same in time becomes so hard that injections of warm water or oil or cathartics of any kind will not dislodge it. Also that portion of the mesentery attached to the displaced section of the bowel I often find

too low down, lapped and twisted that adds to the normal mass that makes the pressure.

Treatment in this case, as follows:—

Placed him on his back, hips slightly elevated then introduced the middle finger (it being longer) of the right hand into the rectum and just above the sphincter I found a heavy fold or lap in the posterior rectal wall and pushed it up as far as possible to relieve the tension caused by this displacement.

About an inch above the lap also found an oblong hard body about the size of a hen's egg resting on the middle third of the sacrum and to the left of the median line. Now with finger still in rectum and left hand on the pelvic wall, pulled upward from low down in both groins and inward towards the median line and pushed backwards and upward towards the spine and above the promontory of the sacrum was able to relax the pelvic viscera to better facilitate the manipulation that took only forty minutes to entirely clear the rectum of all obstruction as far as could be reached with the finger. He made an appointment for his next treatment, but did not take it, as he had no more trouble.

From that day to this (April ninth, 1916) he has not had an ache or pain.

W. S. MOAT, M. D.

3332 N. 17th St., Phila., Pa.

A MEZEREUM CURE

Editor of the HOMŒOPATHIC RECORDER:

Mr. G——, æt. 45, had a long-standing itching spot with the diameter of a quarter of an inch on the dorsum of the right foot near the base of the first phalanx. "It was simply a red spot with no sign of suppuration." It itched violently periodically—several times a day, especially when becoming warm in bed or after a walk, compelling scratching until, sometimes, blood would ooze. He consulted me about it one day in October last and I advised him to apply a little juice of *Calotropis gigantea* to the itching spot. He did it and the itching spot disappeared. But one day towards the close of December last when I had just gone through the page xii of the November RECORDER, he paid me a visit, along with a Professor and some others. Immediately

after taking his seat he put off his boot and stocking of the right leg and began scratching a spot on the foot. I noticed it and jocosely said, "Mr. G——, what is the matter with you? You seem to have forgotten all about decency." He replied, "Oh, I can't help it. The old itching spot has come out again and gives me awful trouble whenever I am little bit warm. If you don't care to cure me, I don't know what I shall do next." I gave him a dose of *Mezereum* 30, saying, "This shall cure you permanently and radically within a fortnight. This is the prescription of our Savant Lippe and it must work a miracle." The Professor remarked sarcastically that he would like to see how a dose of medicine given by mouth could produce any effect on the particular spot of the foot. If it did, he would persuade himself to believe that he was still living in the days of miracles. However on the 20th day Mr. G—— saw me and said that he was all right. I examined the itching spot, but could not find any trace of it. Mr. G—— visited me yesterday again with the said Professor and the other friends and showed them all the itching spot which had completely disappeared. They examined it carefully and simply marvelled. So did our Savant Lippe work a miracle.

G. RAYE.

March 13, 1916, Gauhati, Assam, India.

BUREAU "WRECKING"

Editor of the HOMŒOPATHIC RECORDER:

Apropos of the coming meeting of the Institute, and in the interests of fair play in general, allow me to express the hope that no Bureau "wrecking" will be countenanced at the meeting, such as happened, for example, during the session of the Society of Physical Therapeutics in Chicago last year.

When a Bureau has filled its lists with essayists and disputants who are present in sufficient number to occupy the time, it is unfair to these persons to inject into the proceedings a "rank outsider" who has been unannounced on the programme.

As long as such things happen there will be an excellent excuse for refusing to attend the meetings, or for declining to

waste time in preparation of a paper, on the part of those who believe in fair play and democratic equality.

Yours fraternally,

CLIFFORD MITCHELL.

HO FOR AMERICAN INSTITUTE OF HOMŒOPATHY

A LETTER FROM PRESIDENT ALDRICH.

My Dear Doctor:—The forthcoming meeting of the American Institute of Homœopathy, at Baltimore, Maryland, June 25th to July 1 next, is the Seventy-second Annual Session of this, the oldest national medical society of the United States.

If you are not already a member, will you not join this year to help in the good cause of Homœopathy?

We all know that the leaders and workers in the Old School, that the men who are doing things in research work, are almost daily making discoveries and proving the truths and theories advanced by Samuel Hahnemann generations ago, and that no less a personage than one of the leaders in surgery of the Old School, at the recent Surgical Congress in Boston, made the statement that Samuel Hahnemann, brilliant physician that he was, was eighty years ahead of his time.

Such admissions should show us the advantages of working for the advancement of our school and doing all in our power to put it in the forefront of medical progress, and such a result can only be brought about by a radical increase in numbers. Will you not help? I surely hope so.

Write R. M. Richards, M. D., D. Whitney Bldg., Detroit, Mich., for application blanks.

Yours fraternally,

HENRY C. ALDRICH.

CIRCULAR LETTER TO THE MEMBERS OF THE I. H. A.

Office of the President,
1330 West King Street,

Toronto, Canada, May 12th, 1916.

Dear Doctor:—I wish to remind you that your active co-

operation in the work of the coming convention of the I. H. A., to be held in Philadelphia, June 21st to 24th, is very desirable for your own personal advantage and also for the welfare of the Association.

The proceedings are an inspiration to renewed good work for the ensuing twelve months, and the busy practitioner gains much by breaking away from the deadly monotony of practice, and mixing for a few days with his fellows from far and near.

A man returns to his work positively rejuvenated by the relaxation of forgetting his worries in the interesting details of the business of the meeting.

Bring with you notes of any discoveries you have made, or applied, regarding little things that help to make practice easier. For example:—What kind of a pocket case do you carry? What is the simplest and best tongue depressor? What are your favorite obstetrical forceps? What material is best to retain a thermometer in its case and ear tips on a stethoscope? What do you find best to remove peas, beans, buttons, etc., from nose and ears, and cinders from the eyes? Where possible, bring the instrument with you and a pleasant hour may be spent in the presentation of the different ideas to the convention.

Headquarters will be at the Aldine Hotel, Chestnut and Nineteenth Sts., where rates have been arranged at two dollars per day for room, and four dollars for room and meals.

It is advisable to write immediately to the hotel for reservation of the accommodation you wish to have.

Yours fraternally,

H. BECKER.

BOOK REVIEWS.

POCKET MANUAL OF HOMŒOPATHIC MATERIA MEDICA. Comprising the Characteristics and Guiding Symptoms of all Remedies (Clinical and Pathological). By William Boericke, M. D., Professor of Homœopathic Materia Medica and Therapeutics at the University of California. Sixth edition, revised and enlarged. With the addition of a Repertory, by Oscar E. Boericke, A. M., M. D. 1,250 pages. \$3.50. New York. Boericke & Runyon. 1916.

Probably the most complimentary thing we could say about our old friend, Boericke's book (you see, reader, we were somewhat chummy in the days when William was a medical student at Hahnemann, Philadelphia), is to quote from his title page "sixth edition, revised and enlarged." We have the third edition on our desk and its date is 1906, so in ten years have come three new editions, each printed from type. The book is truly a pocket book and though containing 1,250 pages is only $1\frac{1}{4}$ inches in thickness and weighs only 15 ounces. The outside measurement is six by three and one quarter inches. It is printed on India paper, very thin, but of fine quality. It opens with *Abies Canadensis* and ends with *Zingiber*, taking in on the way, on a rough estimate, about 1,200 drugs. Following this is a Repertory and a very useful Therapeutic Index. The book does not contain the whole materia medica even though it does embrace every drug probably that has a place there. And this reminds us of what once happened. Back in the early days of this country we had a remote relation (even though we were not in existence at the time) who was a great political speech maker. His strong point was the Constitution. One day someone asked him, "Sam, did you ever read the Constitution?" "Hades, No!" was his reply. "Why, all the books in the world couldn't contain the Constitution of these United States of America." Some of Sam's spirit has come down to the reviewer, for he believes that Allen's *Encyclopædia*, Hering's *Guiding Symptoms* or friend William's *Pocket Homœopathic Materia Medica*, none, nor all of them do, or can, contain the homœopathic Materia Medica, because every known (or unknown) substance is homœopathic to the symptoms it will produce, if it be administered in the appropriate *potency*. Similia is as limitless as any other law of nature. However it is supererogatory for us to say that the book under review is a most useful one, which "sixth edition" proves beyond cavil.

"Gangrenous pneumonia; the smell from the breath and expectorated matter was terrible; pulse, 110; expectoration profuse; he would feel hot air seemingly coming from middle lobe of right lung, and then expectorate the offensive sputa. *Lach.* 6 cured him."—*Dr. Yeomans.*

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

THERAPEUTIC HINTS.

Ankle-Strain.—For the relief of this condition when the ankle is not sprained but only strained Toren straps the foot in partial flexion and eversion with surgeon's plaster, and applies cold water for ten minutes every half hour. Harm is done these cases by immersing the foot in hot water as usually practiced by the laity.

Backache.—Not every backache is due to kidney disease, on the contrary many a one is due to other causes than kidney disease. The writer recommends a dose or two of milk of magnesia in cases of backache with indicanuria and absence of kidney elements in the urine.

Dropsy.—The salt-free dietary has been recommended as a means for removing dropsy, the old theory being that the cause of the edema in nephritis is the retention of NaCl in the tissues and that the latter in consequence require a greater amount of water to maintain the salt in solution. But in my experience even when no edema is present albuminuria may lessen and symptoms improve when care is taken to keep the amount of NaCl down to where not more than 5 grammes appear in the 24 hours' urine. The Luetke method for determination of NaCl in the urine enables us to check the patient's dietary as regards salt. All the salt necessary to maintain health is said to be 15 to 75 grains daily (1 to 5 grammes) at most according to Abrams.

Milk Diet.—Milk diet in nephritis is an old story. Milk diet helps *some* cases of acute and subacute nephritis. Why? It is my belief that the help is an indirect one and that the aid is due partly to the exclusion of salt, milk being poor in sodium chloride. This also is nothing new, for as you know, a salt free diet was instituted years ago in the treatment of nephritis and with claimed success.

Nephritis and Retinitis Albuminurica.—Years ago there flour-

ished upon the west side of Chicago—if any one can be said to flourish there—a sturdy physician whom we may call Dr. B. Dr. B. was by nature a most genial and courteous gentleman, but when one insurance company after another rejected him, and one doctor after another gave him up in despair, as ready to die from Bright's disease at any moment, his disposition changed from yielding to obstinate and he insisted upon living for 18 years after every one had said he couldn't live six months; and, what is more wonderful, spent the last *six* years of his life afflicted with retinitis albuminurica in both eyes, which condition, as you know, usually brings about a fatal termination in a year. Dr. J. H. Buffum, the oculist, became interested in his case and published an article in one of the journals dilating upon his extraordinary longevity. Dr. B. finally died, but not from uremia or in fact not directly from kidney trouble at all, but, as I am told, from septic infection due to a boil on the back of his neck. I examined his urine for many years, and never failed to find plenty of albumin and plenty of casts. The secret of his successful fight against the disorder interested me and after a time I found out that he was living chiefly on buttermilk. He was as obstinate in his devotion to buttermilk as he was in his adherence to life, and assured me that, whenever his eyesight began to grow worse, he would live exclusively on buttermilk and crackers, until to use the simple language of an unscientific past—"it began to clear up," when he would add food to his dietary for a time.

I tried to apply the buttermilk diet to other patients, but in no instance could I find any one who would adhere to it as faithfully, as persistently and as tenaciously as did Dr. B.

Fisher's Treatment.—Dr. Martin Fisher, of Cincinnati, believes in giving salt in large doses in the treatment of edema, his theory being that edema is due to the acidosis present and that high salt concentration antagonizes the action of the acids which prevent oxidation in the kidney cells. Many have tried Fisher's solutions of sodium carbonate and chloride, some reporting favorably and some not. For our own part we try to individualize our cases, preferring Fisher's solutions in nephritis due to poisoning from external agents where there is no doubt of the interference with oxidation in the kidney cells.

The Allen Treatment.—The fasting treatment for diabetes was originated it is claimed by Dr. H. Carrington, of New York, who, in a plaintive letter to the *New York Times*, speaks as follows:

“In this connection, may I be permitted to point out that this discovery is not altogether so new or so revolutionary as it has been thought by many, even by the medical profession? As long ago as 1902, I myself studied a case of diabetes, and watched its cure by fasting, which I then advised. In this case, the patient fasted for twenty days, taking nothing but water, and the cure was so complete that a physician, living in another city, refused to believe that the ‘sugar specimens’ sent him at the beginning and end of the twenty days were from the same man! I have recorded this case in my ‘Vitality, Fasting and Nutrition,’ pp. 187-188, published in 1907, and which was referred to at the time by my reviewers as a ‘curious theory of nutrition,’ and dismissed.”

Dementia Praecox.—Dr. Bayard Holmes, of Chicago, having placed at our disposal the literature of his investigations into the subject of dementia praecox we shall take pleasure in excerpting therefrom as opportunity affords. From a reprint from the *Illinois Medical Journal*, issue of January, 1916, we print his conclusions regarding the lipoid containing organs and their relation to adolescent insanity. (His paper is a plea for immediate liberal research on dementia praecox. Dementia praecox furnishes 10 per cent. of the admissions to our insane asylums.)

“The phenomena which we find in dementia praecox are not unlike the phenomena which are so obvious in acute infectious processes, or in conditions for which there are obvious, adequate mechanistic causes. The disappearance of the lipoids of the testicle, the adrenal and the brain in pneumonia is frequently accompanied by the delirium of pneumonia. The same may be said of erysipelas, typhoid, small-pox and such localized infectious conditions as appendicitis and abscess of the liver. The abnormal adrenalin reactions of dementia praecox are not unlike these reactions when the superior cervical ganglion, or the ciliary ganglion, is excised or when the whole organism is poisoned with one of the toxic amines. The appearance of the toxic amines in the stool occur in dementia praecox, accompanied *in*

a few cases at least by the same intestinal deformities as we find in the cases operated upon by Arbuthnot Lane and studied by N. Mutch from a bacteriologic and a chemical standpoint. The further association of cyanosis which in some cases is due to methemoglobinemia and polycythemia is only a further exhibition of the action of intestinal infection upon the normal secretions of the intestinal tract and the normal elements of the food."

Dry Diet in Nephritis.—Dr. A. C. Tenney advocates care in the diet of nephritis in the way of excluding liquids at meals. Liquids in nephritis should be taken between meals only, says Tenney.

Natrum Sulph.—The *W. klin. Woch.*, Vienna, reports that Dr. Chigoff treated 280 cases of dysentery, cholera and kindred ills with sodium sulphate, which is our *Natrum sulph.* The dosage was not very severe, being a 20 per cent. aqueous solution, teaspoonful every two hours. This is interesting because it confirms our materia medica, which says that *Natrum sulph.* is the remedy for ills originating from exposure to cold and wet weather, and the like. The most of these men most likely had been in the trenches, which are generally both wet and cold.

Pepper in Worm Fever.—Dr. J. A. Robertson, of Georgetown, Georgetown Demerara, contributes a short paper to the *British Medical Journal* of October 9, on "Pepper in the Prophylaxis and Treatment of Filariasis." After naming several races that use much pepper in their food, who are not infected with filaria, while others who use very little are noted as harborers of these parasites, he adds:

"To prove my theory that pepper has something to do with the prevention of manifestation of filariasis, I experimented with tincture capsici in cases of acute filarial fever and lymphangitis, and found that the fever and lymphagitis yielded promptly to the administration of the drug."

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EDITORIAL NOTES AND COMMENTS.

“Maryland, My Maryland.”—A land of springs of water, rivers and noble bays. A land of plenty. A land of good living, of good men and fair women. Baltimore is its heart. The American Institute of Homœopathy meets in Baltimore this year. The date of the meeting is June 25th-July 1st, inclusive. Dr. Henry C. Aldrich, of Minneapolis, is President, a good man and true. What more is there to say? This—go to that meeting. Let it be a big one. Homœopathy is again coming up, fast. The wandering of the profession through the biological wilderness of vaccines is nearly over. There is nothing in that parched and barren land. The ever veering allopath has found it wanting when weighed in the scales of curative therapeutics. He is coming back to the old remedies. He has put everything to the test but Homœopathy. The signs are he is coming to it, at least individually. Perhaps in the near future he may come collectively. Get on the rising tide. Go to Baltimore!

The New York State Society.—In a note on the recent meeting of this Society the *North American Journal of Homœopathy* says that some men went to Rochester to attend its funeral but found it very much alive. A good meeting, and a live one. Treasurer had \$14,000 to the good. Oh, you plutocrats! The “younger men” were elected, namely, Drs. Geo. R. Critchlow, president; Frederick M. Dearborn, first vice, and

Glen I. Bidwell and R. I. Lloyd, second and third vice-presidents. These young men ought to doff their caps to the N. A. for the compliment though, in sooth, it is hard to tell where youth stops and the senior age begins, unless you see the birth certificate, and are familiar with the By-Laws of the Institute. Old age is but a superstition.

Vaccine Treatment.—Though homœopaths do not employ this treatment the following conclusions are interesting. They are from a paper by Whittington in *Lancet* on the use of vaccines in typhoid, 230 army cases:

From all this it would appear (*a*) that it is in just those cases in which the physician so much requires help that vaccine is disappointing; (*b*) that vaccine neither shortens the fever nor reduces the number of complications in even that class of case which is likely to do well; and (*c*) that there is a decided suspicion that vaccine increases the incidence of hæmorrhage.

Therefore, the conclusion is that the use of a stock vaccine in typhoid cannot be recommended as a routine treatment.

I should add that these conclusions are largely contrary to the impressions which I received during the treatment of the earlier cases. I had not then seen a sufficient number of similar cases which did well without vaccine, and being rather biased in its favor I gave undeserved credit to this treatment.

Homœopathic treatment would be equal to a full army corps in any big army in which it would be employed.

The U. S. P. H. S. and Tuberculosis.—The United States Public Health Service has, by invitation, been investigating the tuberculosis condition at Cincinnati, where the mortality from that disease is above the normal. When one considers the flood of printed and spoken matter that has deluged the country on this disease, to say nothing of the exhibits, caravans and "movies" that have illustrated it, the conclusions of the U. S. men are curious. They are also puzzling. In the first place germs and infection are not mentioned, but instead poverty, unsanitary conditions, overcrowding and heredity are given as the chief causes. The Irish, German, and Scandinavians are the chief sufferers, not only in Cincinnati, but in all other cities, or at least it holds true in sixteen American cities, where figures were obtained. The African race is also peculiarly susceptible to the

disease. On the other hand, and here is the puzzle, the Jewish and Italian races have a low tuberculosis rate, yet every one familiar with the quarters occupied by these people knows that they are not noted for sanitation, freedom from over-crowding and the like. Facts seem to pull away from current medical theory. Sad—for the theory—but true, according to the U. S. P. H. S.

Wit.—Wit must have a vein of truth else it is not. Much of that put forth as wit is but verbal horse-play, that passes with those only who know no better. To illustrate the point take the following from an exchange:

The homœopathic system, sir, just suits me to a tittle,
It proves of physic, any how, you cannot take too little;
If it be good in all complaints to take a dose so small,
It surely must be better still to take no dose at all.

There are several angles to this. If the physic be vaccines, serums and similar laboratory physic it is not wit but a very serious truth. If it be a tilt at what our learned brothers term the imaginary homœopathic dose, what about their ultra microscopic micro-organisms, that will pass a Berkenfeld filter? This imaginary microbe *must* be there else their whole scientific fabric is like water spilt upon the ground which cannot be recovered.

Luckily!—A good many of us discontented mortals believe we are not properly appreciated. Some openly say so and nearly all think so, at least at times. There is a good deal of truth in this wide-spread feeling, but, in fact, it is, perhaps, fortunate for the majority of us that such is the case—not with you, of course, but with the majority, for “appreciation” is “a just estimate of value.”

Septic Wounds.—From English medical journals it is learned that the medical corps is now treating septic wounds with a ten per cent. solution of ichthyol and glycerine instead of boric fomentations. If the army physicians could be induced to use *Calendula* as a dressing both for fresh and for septic wounds

they would find the results far superior to any other dressing. Very few wounds dressed with *Calendula* will become septic and, better still, will rapidly heal. Pity the medical corps cannot be induced to use this agent, for it is not only better, but much cheaper than anything else and now is the time that an unlimited supply could be obtained. *Calendula* will not kill microbes, they say; but we know it will heal cut or lacerated flesh. It is a case of theory (in the saddle) *vs.* fact.

Making Milk Wholesome.—Our good old Uncle Sam's Health Service sends out frequent bulletins. Far be it from us to dispute the statements made, but "Unpasteurized milk frequently spreads disease" is a puzzling proposition, because milk that will cause disease in its natural state can hardly be made wholesome by warming it up. One often wonders why those working in the fierce white light of modern medical science cannot see this very plain proposition. If heat kills the microbes and renders the milk wholesome, then it scientifically follows that disease is an animal (or vegetable) and not a result of violated law. Will the U. S. P. H. S. tell us *what disease is?*

Salvarsan and Tabes.—"I do not get many cases of syphilis to treat. When I do get a case I am still old-fashioned enough to believe that mercury is one of its chief antidotes, if not *the* antidote. I have read somewhere that since the advent of salvarsan tabes dorsalis and G. P. I. are on the increase." The foregoing is quoted from Dr. McLachlan's paper in *British Homœopathic Journal*. The hint that "salvarsan" stands for an increase in tabes dorsalis is worth considering and is, incidentally, a good diagnostic point for the future. We have been informed by laboratory men in old school colleges that vaccines are "going out"—put to the test they have failed. The same source of information said that salvarsan pointed the way for the therapist of the future, seeing that "vaccines had failed." Well, according to medical men—Ishmaelites you may call them—outside of the "regular fortifications," Jenner's vaccination leads to cancer (and other disagreeable things), typhoid vaccination to tuberculosis and, now, Dr. McLachlan intimates that, the salvarsan leads to tabes! Cannot the still

powerful "regulars" see the hand-writing on the wall? All of their "scientific" preparations from Koch's "lymph" to Brown-Sequard's "elixir," and down to Salvarsan, have proved to be worse than failures.

Treatment.—It was often said in the past that "Germany is the home of modern scientific medicine." That may be true, but if one may believe what Dr. Goldscherder said at a recent meeting of the Berlin Medical Society the science seems to be chiefly in the term or assertion. In treating typhoid, "calomel, opium, quinine, aspirin, pyramidon, digitalis and caffeine were poured into the patient," said he. Incidentally he said he was not sure of the effect of typhoid vaccine. Reports from German, French, English and all other sources show that in actual medical treatment the much lauded modern science, therapeutically, is not as good as was old allopathy—and it was not worth much.

"The Toxicology of Salvarsan."—This is the title of a paper in the *British Medical Journal*, by Drs. Wilcox and Webster, of the St. Mary's Hospital Medical School of London. Very full data is given. It may be of interest to know that the paper says the drug, salvarsan, is contra-indicated in diseases of the kidneys, of the circulatory, respiratory and nervous systems and in advanced age. Only the robust can safely receive it. The writers coolly tell us: "In cases of death after salvarsan arsenic is found in the abdominal viscera—for example, spleen, kidney, liver, suprarenal glands, etc. It is also found in small-amounts in the muscles and blood." They give details of a number of deaths from the drug, *i. e.*, death from an alleged curative agent.

"Do You Know?"—Do you know that every drug from Koch's "Lymph" down the long line to "Salvarsan," *alias* 606, have been patented, trade-marked or secret drugs? Big money makers? Do you know the stern ethics of the *J. A. M. A.* on the matter of proprietaries and patent medicines? Do you know that none of these trade-marked, patented, secret, or eth-pharmaceutical preparations are ever condemned by the medical guardians of ethics?

Do you know the reason why? We don't.

The Origin of Intelligence.—Somewhere Hahnemann writes, in effect, "God mercifully permitted Homœopathy to be discovered." Sounds queer, does it not, in our present day laboratory science? Suppose a baby born of healthful, intelligent parents, carefully nurtured, but not instructed, not allowed to hear the sound of a human voice, and all that goes with that sound! Suppose that baby grown to manhood, what would it know? We originate nothing, even though we may think we do. We learn much and, like mental chemists, from it form new combinations. Perhaps you see the point of Hahnemann's statement—a scientist without guile—when he wrote what is quoted above.

"Eugenical News."—Volume I, No. 1, of this publication comes to hand, for which we return thanks. The journal is in size four pages, it is bi-monthly, and the price is twenty-five cents a year. The address is: "Eugenic Record Office, Cold Springs Harbor, Long Island, N. Y." Write, get a copy, if interested. The founder is Mrs. E. H. Harriman, whose late husband, we believe, was not unknown in the Union Pacific and on Wall St. Among the "Board of Scientific Directors" is Alexander Graham Bell, whose name, if we mistake not, is well known in connection with a telephone Company; William H. Welch, and Irving Fisher, of Yale? Also others.

The estimable aim, as we make it out, is the regeneration of the human race. Whether the eminent Board of Scientific Directors can do as well in this enterprise as some of them have in financial lines remains for the future to determine. Also whether Eugenics can take the place of Christianity as a regenerating measure is also undetermined in some minds. Many substitutes have been tried before, but none seem to have succeeded. Perhaps the Scientific Board may do better.

"Old Fashioned Drugs."—Such is the title of a paper in *Medical Summary*. It is rather suggestive. In the first place it is a misnomer. *Aconite* is Aconite, always has been and always will be, unless nature changes. But it is also suggestive in this, a question. Is the serum from a vicious horse the same as that from a gentle horse? The learned gentlemen who claim the

high seats in the medical synagogue write of serum, say, anti-toxin, as if it were a fixed thing, yet it is drawn from many horses of many characters, and possibly of many lurking diseases. Is it not true, therefore, that the scientific drugs are more unscientific than *Aconite*? The same holds true of all modern drugs derived from man or beast, each must necessarily take on something of the character of the man or animal from which they were obtained.

On a Certain Phase in Medical Journalism.—While considering it we reached out to a lot of exchanges for a text. Here it is, from the first one picked up: "A Case of Marked Temporary Aphasia After Ligature of the Common Carotid Artery for Traumatic Aneurysm." Let it be stated there that after many details the writer of the paper concludes with the hope that the patient may recover the ability to speak and think. The point is, that our very learned medical journals are brimming over with cases in this class, rare cases, cases that ninety-nine doctors out of a hundred will never run up against, yet a report of cures of headache, earache, toothache, bellyache, coughs, colds and the like would be far more useful to the ninety-nine, but they rarely get them in the learned journals. Instead they get cases like the one whose headlines are quoted above, or one illustrated with fine cuts of abnormal conditions only to be found in the dregs of humanity. Do the editors think that their readers know all about curing every common ill, or have they turned the ninety and nine cases over to "nature" and taken refuge in the abnormal where no one can say them Nay and "nature" is helpless?

Somewhat Mixed.—The following is taken from the *Journal of the American Medical Association*:

"SCURVY AND PASTEURIZED MILK.—During a discussion on "Vitamins" at a meeting of the Academy of Medicine, New York, the opinion was expressed and confirmed by reports of clinical observations that Pasteurized milk was responsible for a mild form of scurvy which was apparently on the increase in this city. The fact was emphasized, however, that this did not mean that the use of Pasteurized milk should be abandoned

but that it should be supplemented by orange juice or other suitable antiscorbutic. Following this meeting the department of health announces that instructions have been given to the physicians and nurses of its milk stations and the baby welfare work in the homes to be on the outlook for any of the early signs of scurvy and to insist on the use of orange juice or other suitable antiscorbutic when babies are exclusively fed on Pasteurized milk. It is also announced that the department of health has no intention of altering its policy with reference to Pasteurized milk and that it likewise does not look with favor on any administration of milk control in any community which eliminates the privilege of securing a safe high-grade raw milk for those whose lives may depend on its use."

Let us be thankful that natural milk will be permitted where "lives may depend on its use." The be-deviled milk causes scurvy, but "the department has no intention of altering its policy," but will add a curdling acid to the baby's food to counteract the Pasteurized folly instead of permitting the baby to have the only food on which it can thrive.

Florida.—The idea some of us have, that Florida is a languorous southern region, where men dream away their lives in hammocks, is an error, if we may judge by *The Florida Grower*, published at Tampa. For example, in 1896 the town of Miami had 260 inhabitants and today they number 19,013. That equals a western boom, does it not? A good many homœopathic physicians have located there in recent years and seem to be doing well.

"Every Child Has a Right to be Well Born."—Many most worthy and honest ladies and gentlemen say this in print, or by speech, and each one as though it were quite original. The question of the rights of the non-existent is so metaphysical that it will be passed by. As to the other phase, granting the claimed right, how, with the best intentions, is it to be acquired, for so it must be even though it be a right. In the course of a fairly long life we have known of children born to strictly Christian, moral and well behaved parents who were mental and physical freaks, while, on the other hand, we have known of children born to veritable rounders who were virile,

healthy, and grew up to be what is known as good citizens. How is the "right" to be enforced?

Scientific Fairy Tales.—A writer sounds the alarm, first blown by Sir William Crookes. "He," Crookes, "called attention to the threatening fact that at the increasing rate of consumption the nitrate beds of Chili would be exhausted before the middle of this century. It was a warning to the human race, raised by one of the deepest scientific thinkers of our generation. It meant no less than that before long the race would be confronted with nitrogen starvation. The less nitrogen there is available as foodstuffs the nearer the population is to starvation." We are not a scientist, or the son of a scientist, only a plain scribbler, but we wonder how the world got along for 5,000, or 500,000 years—scientists slightly vary in this matter—before the nitrate beds of Chili were discovered.

The "Tempest in a Tea-Pot."—Our very dignified *American Journal of Surgery* for April has a leading editorial on "Anesthetic Mortality." It says, among other things: "To the up-to-the-minute operating teams throughout the country who play no favorites in anesthetic agents or methods, this tempest in a tea-pot about anesthetic mortality holds nothing of vital interest." Without intending to be hypercritical, this must read a bit queer, especially to one who considers putting himself, or some one else, under the knife.

The Supreme Court.—The following clipped from the discussion of a paper in the *N. Y. State Journal of Medicine*—the paper was by Dr. H. N. Squier, of Utica, and the discussor was Dr. H. D. Furniss, of New York City, who, among other things, said: "I think it is well to bear this in mind, especially as guinea pig inoculation is considered the court of last resort." Surely a curious court of last resort!

The Old Dilemma of Logic.—The following is copied from an esteemed "regular" contemporary: "I consider it ignorance or cowardice on the part of the physician to be frequently resorting to opiates in his general practice." But, brother, as you, or your "big men," say drugs are useless, what else is left you

but the opiative effect? If you are as strenuously honest as you say you are what are you to do? Cabot says the man who prescribes drugs is a quack or an ignoramus. You say the man who uses opiates is a coward or an ignoramus. In the meantime the bystander, seeing this hair-pulling match, wonders if either of you are worthy of the position you have seemingly assumed by divine right—a right, as you know, that does not pertain to men. Possibly you are both right, in a sense, because no man should use dynamite unless he knows how—and yet dynamite is quite useful, if you know how to handle it. Yes, brother, you and Dr. Cabot are both limitedly quite right.

A Canadian Case.—The Canadian Letter to *The Lancet*, Jan. 22, relates the case of a woman who consulted a physician who found a lump in her right breast and also one in her left breast. By consent a surgeon was called in who cut out the right breast and then, while the woman was still under anæsthetic, cut away the other breast also. "Later trouble arose in the arm corresponding to the second operation," and she brought suit for damages, the court holding that "a surgeon might, in fact, be open to blame if he failed to perform a second operation where he found such necessary for the cure of the patient." Certainly, but it seems, from the basis of the suit, that the second operation did not cure the patient. Such cases prove the need of scientific medicine, namely, Homœopathy.

Salicin in Heroic Dosage.—"The use of salicylate of soda in rheumatism is the last of the Osler quartette of the 'only curative remedies.' Mr. Nankivell after taking ten grains of salicin produced a rise of temperature to 101°. This he repeated twice. (Dr. Wheeler's paper in the British Homœopathic Society.) A stout, well-nourished woman, æt. 25, was treated for rheumatism with salicin, and although she received 1,400 grains in five days her temperature continued to rise, until at her death it was 111°. Dr. H. L. Chase produced from the 3x dilution of salicylic acid soreness and pain in the right deltoid and gastrocnemius changing the next day to the left wrist and forearm. There was soreness to touch and on motion."—*Dr. E. S. Coleman, in Medical Times.*

In heroic dosing it is really a question whether the dose or the patient is the hero.

PERSONAL.

They say Baldknob mountain is named after a certain doctor—do not all claim the honor!

Each generation flatters itself that it has emerged from the darkness of the past.

Another trouble, a bacterium, *crenothrix polyspora*, the microbe of iron. Possibly once known as "rust."

The conversation around a tee, Mary, is not always suitable for a tea.

Married men, said Binks, should be conscripted for they have had more experience in fighting.

The dressing of a chicken depends on whether it is for the table or the altar.

Remember, graybeard, that you also once were very fresh, so, indeed, was Hippocrates.

Youth isn't wisdom, no more than are whiskers.

Does an auto detract from the leg's efficiency? Does an adding machine from mentality?

A religious exchange writes of one "who has been working in the heathen business"—a missionary.

When a man "stakes his reputation" the question of its value arises.

If surgeons could operate on *long* after-dinner speeches man would arise and bless surgeons.

A respectable ex. feelingly mentions "Dr. —— who has so often moved the adjournment of our meetings."

Binks says he once stood on his dignity but it hurt it.

Man may be "stunned," "shocked," "electrified," "petrified," or "flabbergasted," yet it amounts to the same thing.

Fiction: Pretty near everything that is printed.

Once, says *The Bulletin*, "playing hookey" was a fine art, but now the player is a "defective."

Claude says a man may open his heart with comparative safety, but not a surgeon.

Light fiction publishers have been defined as "gas meters." Ancient, yet true.

A reserved girl. One engaged.

"War, murder, divorce and scandal come from eating meat."—*Troubetzkoy*. Get up another "party."

A ribald journal mentions "Oshkosh, Timbuctoo, Kalamazoo and other such places."

"Please don't whistle" should be posted in every trolley car, store and office.

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TWO MORE UNFORTUNATES—RASHLY IMPORTUNATE.

Dr. Ludwig Hektoen contributes the leading paper to the *Journal of the American Medical Association* (No. 21, 1916). It is headed "Vaccine Treatment." The editor devotes a page to comments on the paper. The editorial opens as follows:

Looking backward over the development of active immunization by vaccines during the last fifteen years, we appear to be at the termination of one epoch in the therapeutics of infectious disease. In this issue Hektoen traces the stages by which vaccines which were first employed with attempted scientific control have come into indiscriminate and unrestrained use, with no guide beyond the statements which commercial vaccine makers are pleased to furnish with their wares. Already most physicians are realizing that the many claims made for vaccines are not borne out by facts, and that judging from practical results there is something fundamentally wrong with the method as at present so widely practiced. As clearly shown by Hektoen, "the simple fact is that we have no reliable evidence to show that vaccines, as used commonly, have the uniformly prompt and specific curative effects proclaimed by optimistic enthusiasts and especially by certain vaccine makers, who manifestly have not been safe guides to the principles of successful and rational therapeutics."

That vaccine treatment is a failure is acknowledged by the editor, but why, when "out of this wild period from which we are emerging," as he says elsewhere, put the blame on the manufacturers? Surely you do not look to drug houses for guidance? The RECORDER has always opposed this "therapy" and knows nothing of the manufacturers, but feels quite sure that they but parroted what you preached.

An effort is made to rescue vaccine prophylaxis from the wreck, but if the treatment is a blunder so is the prophylaxis. The end products of disease put into a well man are just as hurtful as when put into a sick one. The editorial concludes:

The fact that much time and effort of the past ten years appear now to have been wasted, so far as positive results go, should make us doubly cautious in accepting a new and somewhat similar procedure until opportunity has been afforded for its verification under conditions favorable for scientific control.

There is a certain innocence, or guile, in this excellent caution, but when one remembers that the vaccine therapy was born in the innermost chamber of laboratory science, he is not sure which; but the experienced man in medical history feels certain that many will follow the next cap and bells that comes dancing down the "regular" medical pike.

CANCER.

The second is more in the nature of revolt. The old homœopaths, the eclectics, herbalists and some others believed that cancer is curable, not every case but still curable, by medicine. The orthodox, as a rule, say that these men are ignorant, or else they are quacks. They say that the only thing to do with cancer is to cut it out, the alternative, where this is impossible, being morphine. But now comes Dr. L. Duncan Bulkley (*N. Y. State Journal of Medicine*) who says, among other things:

And yet, gentlemen, after many years of study, observation, and experience, I believe that the present, common attitude toward cancer, is all wrong, and that while surgery may always have its function to perform, in removing certain obnoxious products of the disease, more or less efficiently, curing some patients and prolonging the life of others, it can never hope to lessen greatly the morbidity of cancer. I believe, however, that its morbidity and mortality can be materially diminished if intelligent, serious, and prolonged attention is given to it from a medical standpoint, along metabolic lines, which line of thought finds abundant support both from laboratory work and from statistical teachings and clinical experience, all along the past years.

Later in his paper Dr. Bulkley, after showing the steadily increasing mortality from heart disease, nephritis and apoplexy, continues:

Now cancer closely follows the same lines of increasing mortality, only it exceeds them all, it having risen over 25 per cent. in the same thirteen years; the death rate for 1913 was 78.9 per 100,000, the highest ever attained, in spite of ever increasing activity in the study of cancer, and transcendent zeal, intelligence, and skill in the surgeons, who are trying to control it.

I submit to you, gentlemen, if the argument does not seem overwhelm-

ing that cancer is no longer to be regarded as a purely local disease, but that, as its death rate rises coincidentally with that of the other diseases mentioned, it must have a more or less similar cause; and with the utter failure of surgery to control its increase, we must look in some other direction for means to check its morbidity and mortality?

He then quotes many of the really great doctors of the past that treatment should be directed to "an endeavor to amend and alter the state of a cancerous constitution." Even the very modern surgeon, W. J. Mayo, is veering around to this view. How can this constitutional amendment be done better than by homœopathic treatment? The old homœopaths and the men who believe that cancer is curable by medicine were right! One more quotation:

The real problem in regard to the prophylaxis and cure of cancer, therefore, relates to such a modification of the conditions of life as will induce a perfect blood stream which carries on a perfect anabolism and catabolism, resulting in the formation of normal body cells, in place of the heterologous cells of cancer.

Homœopaths, 'you have a magnificent opening, and the old sneer of "trying to cure cancer!" is lifted.

NOTES, COMMENTS AND GOSSIP CONCERNING THE INSTITUTE AT BALTIMORE.

As usual the opening session was the memorial meeting on Sunday evening, June 25. The reporter was not present, but was told that T. Franklin Smith, for twenty-six years the faithful treasurer, received the most attention from the speakers. He joined the Institute in the year 1860. The following are the names of those for whom the in memoriam services were held with date of joining Institute:

Eugene W. Beebe, 1870.

James A. Bennett, 1881.

Arthur F. Bissell, 1853.

Alonzo P. Bowie, 1871.

John W. Branin, 1891.

Amelia E. M. Burroughs, 1883.

Israel B. Chantler, 1912.

Charles A. Church, 1871.

Charles H. Colgrove, 1892.

M. Louisa Cummings, 1881.

J. B. Gregg Custis, 1879.

John J. Detwiler, 1858.

George M. Dillow, 1883.

Albert W. Forbush, 1909.

Gertrude Gooding, 1890.

Herbert A. Harrison, 1897.

Frank D. Harter, 1912.

William G. Hartley, 1901.

Robert B. House, 1875.

Duncan Macfarlan, 1891.

Sarah J. Millsop, 1887.
 Anton E. Neumeister, 1908.
 Arthur W. Palmer, 1892.
 Andrew J. Richardson, 1890.
 Thomas Shearer, 1867.
 Charles N. Shellenberger, 1893.
 Lewis Sherman, 1875.
 Standley G. Small, 1900.
 Winfield S. Smith, 1894.
 George W. Spencer, 1912.
 George P. Sword, 1900.
 Charles M. Thomas, 1875.

Gabriel F. Thornhill, 1910.
 Phillippina Wagner, 1893.
 Ziba D. Walter, 1872.
 George H. Wilkins, 1886.
 Ida M. Wright, 1912.
 Franklin D. Worcester, 1895.
 David B. Umstead, 1906.
 John D. Zwetsch, 1902.
 Edgar R. Bryant, 1895.
 James T. Kent, 1904.
 James T. Sherman, 1899.
 T. Franklin Smith, 1860.

The headquarters were in the Hotel Emerson, a very fine place, but it struck the reporter that the space for things in general was rather contracted. The meetings and the exhibits were held in what is known in modern parlance as the mezzanine, half way—with the worst of the half against us—between the ground floor and the first floor, consequently the ceiling was rather low and, on Monday, at least, rather warm. However, barring this, everything was very agreeable, and the Baltimore men did their best, and their best was excellent. Man will probably growl no matter what is offered him.

On Monday afternoon there were three meetings being held in as many rooms. The reporter took a look at each and found that the big crowd was assembled in the materia medica section where every chair was taken, and some men were standing. This is mentioned because of the frequent assertion that the Institute has lost interest in Homœopathy. The foregoing fact seems to demonstrate that the reverse is the fact—the interest really centers in the great Law.

We were told that Dr. H. P. Bellows in relating a case of accidental proving of *Atropine* remarked that everything pointed to the fact that Hahnemann's proving of *Belladonna* covered them all. The inference being that a good tincture of *Belladonna*, or potency, will do all, therapeutically, that can be accomplished by the alkaloids.

Asked Dr. William Boericke how things were coming along in California, and he answered, in effect, "fine." He said that the attitude of the old school was, "If you men have anything to show us we are willing to be shown." The allopathic professor in the University of California had attended nearly all of

his lectures. Also Dr. Guy B. Manning, a sound homœopath, of San Francisco, was a power in the Board of Health, the "regulars" being very friendly. And why should not they be, inasmuch as Homœopathy is the direct road to the cure of human ills?

There were many Pacific coast men present, Boericke, Ward, Florence Ward, Manning, Miller, of Portland, Ore., last year President of the Institute, and probably others we did not meet in the hurly-burly, for indeed at one of these meetings you may miss your most intimate friend.

New York, so far as we could see, showed up with Drs. J. B. Garrison, F. M. Dearborn, A. B. Norton, R. S. Copeland, R. F. Rabe, C. Gennerich, W. G. Crump, Sprague Carleton, H. Schenck, of Brooklyn, W. H. Dieffenbach, Sidney Wilcox, G. B. Roberts, J. F. Simonson, J. H. Fobes, W. W. Blackman, of Brooklyn, and many others whose names have got away.

Among others we ran across was Dr. W. L. Morgan, of Baltimore, who told us he was 86 years of age, and, as he put it, "still at it."

Dr. James C. Wood, of Cleveland (Wood's *Gynecology*), was on hand, of course. He is one of the fathers of the Institute, and has a new, practical book in hand that will work for the good of sound Homœopathy. Dr. Wood is one of the American College of Surgeons.

Caught a fleeting glimpse of Dr. J. B. S. King, of the late *Medical Advance*, both Chicago. That is about all one sees of King, and this glimpse came about through a tap on the shoulder as he was making for a stairway or elevator.

Headquarters for the various side societies were down in a brick paved basement that looked like a "rathskeller," though there was no beer or waiters in evidence. Perhaps those came later, if at all.

Dr. J. B. Schultze, of Columbus, O., was present, of course, as he is one of the faithful. From time immemorial he has promised the RECORDER a write-up of a case that was decidedly interesting but—it cometh not. If he is not careful we will corner him some day, get the details and write it up ourself.

The wheels of time placidly and serenely roll on regardless of man. The official program, so ably edited by Dr. Hobson,

prints a list of those who became Seniors in the year 1916, and are thus entitled to the red badge. There are 74 who were thus exalted. Being human it is probable that some of them might still like to be classed with the youths who sport the blue badge. Some of the new crop of seniors do not look the part, but the reporter will not become personal in this matter, and will bet a Chicago cigarette against a Pittsburgh stogie that none of them feel like aged men. Also, as truthful record of events, it must be said that the average senior seems to be more frisky than the blue ribboned freshmen.

Dr. Moyer, of Columbia, Pa., told us the following: When he was practicing in Oklahoma an allopathic doctor asked him to visit a patient about to pass over the Great Divide by the heart disease route. "I can't do anything more for him," he said. Moyer said the man seemed about at the point of death, and suggested a teaspoonful dose of *Cratægus oxy.* every two hours. The other man had never heard of it, but was given a 4 oz. bottle. The next day he reported that the man was "immensely better." He was told to reduce the dose to 20 drops. Was not told whether he recovered completely or not.

The New York Medical College and Hospital for Women had quite a fine exhibit under charge of Grace I. Harper, the most attractive of which was a large number of water colored drawings of plants used in medicine. They were really well done, and as true to nature as water colors could make them. Asked how many students this college, so little known, had, Miss Harper replied that on the average they had from forty to fifty, and added that it was the place for young women to go who wanted to study medicine.

Dr. Dienst handed us a card, a "Pledge" of the "International Society for Homœopathic Research," which is a Chicago society that has hopes of extending over the whole country. The "Pledge," in effect, is to study sound Homœopathy as laid down in the ORGANON. If any reader is interested let him address Dr. G. E. Dienst, Aurora, Ill., for particulars.

One eminent gentleman, at an informal gathering, who has been very successful, remarked that his success had been due to his "professional ability—or affability," he wasn't sure which. And this leads us up to President Henry Aldrich's address, the

keynote of which was loyalty to the principles of Hahnemann. This, again, leads one into queer conclusions—queer to some at least. If Homœopathy is anything it is a Law of what we commonly term "nature," or God, yet the Law remains the same, eternal and unchangeable. There is big thought in this! Men in allopathic, homœopathic, eclectic, or any other medical colleges, may talk as they please about the discoveries of modern medical science, yet the mere fact that this, that, or the other microbe is present in a given disease in the nosological category proves, or establishes nothing that leads to *cure*. What, for instance, in that science would lead to, let us say *Thuja* for a certain kind of warts, or to *Aconite* for its feverish, restless and fearful states, or to any of the indications for the verified homœopathic drugs—or, more properly, to the uses of drugs, verified by the eternal and unchangeable Law? Modern medical science can offer nothing in the cure of human ills—nothing, as is proved by its dismal list of failures. What is science today is "out-of-date" to-morrow. Dr. Aldrich was right in preaching "loyalty"—if men are after the cure of human ills (as the A. M. A. says it is) and not fees. However this is just a little aside from the great meeting, and from present appearances it will be the greatest in recent years.

The Homœopathic College of the State University of Ohio had a unique, curious and confirmatory (confirmatory of the universal Law of *similia*) exhibit. It consisted of about sixty pathological specimens from animals on whom the various drugs had been tried, as, for instance, the fatty degeneration of various organs actually produced by *Phosphorus*. This exhibit goes far to prove to the most skeptical that in big doses the drugs will actually produce the conditions that the small dose will cure, which, as said before, proves the truth of Homœopathy. This display was a most interesting one and brought homœopathic "imagination" right down to earth so that the most materialistic could *see* its truth. Dr. A. E. Hinsdale and his assistants worked up this remarkable display.

Hahnemann Medical College, of Philadelphia, had another exhibit the like of which was never seen before, namely, about eighty or ninety potted and growing plants used in medicine, *Belladonna*, *Bryonia*, *Aconite*, *Chamomilla*, *Dulcamara*, *Baptisia*,

and others. The energetic Dr. W. F. Baker, Professor Borneman, and Dean Pearson presided over this botanical display, which did them credit.

Dr. John V. Allen, of Frankford, Philadelphia, who at the Boston meeting of the Institute gave the reporter the hint about *Arundo maur.* as a remedy for hay fever, gave us another one that may be useful to the general practitioner. Here it is. When the child is listless, no appetite or vim, yet apparently there is nothing otherwise wrong—tongue, pulse, heart, bowels, etc., being normal—give it *Arum triphyllum* 3, and the next day the mother will be delighted. Said he had repeatedly verified this. Allen is a great delver in the "By-ways of Therapeutics." Apropos of that the little book, just published under that name, seemed to be a universal favorite. One old practitioner, whose name escapes us, said that forty years ago he had verified one of its prescriptions, *i. e.*, honey in bunions or chilblains, on his own person, and was surprised to see it in this book.

Quite a number asked "who is that man Jones who writes for the RECORDER?" We could only reply that he is an old practitioner who has a saving faith in drug therapeutics, sadly needed in this day of A. M. A. therapeutic nihilism, and an honest man who believed in what he wrote. Surely a good recommendation.

Had the pleasure of meeting our old friend, Dr. William Harvey King, of New York, author of that biting skit *Medical Union No. 6*. He is looking hale and hearty, so that evidently electricity agrees with him.

Also, about the same time we ran across our big Philadelphia surgeon, Dr. Wm. B. Van Lennep, and also Dr. G. B. Roberts, of New York, equally famed for his skill in surgery. Also Dr. M. O. Terry, who, we understand is major or colonel in the N. Y. National Guard. We last met "the general" at Detroit, where he gave us some points on olive oil in appendicitis, and said that an Irishman once referred to him as the "ile docthor." (See old files of this journal.) Just here several told us that they had their RECORDERS bound and kept in their libraries for reference. Excuse this bit of RECORDER laudation.

Asked an old-timer of the Institute how Aldrich conducted himself in the president's chair. "Fine," was the reply, "dignified, very courteous and all we could ask of a presiding officer." He

said other nice things but we will not report them for fear our old friend from Minneapolis might not find his hat to fit him. We put this in because Aldrich was the first man to extend the glad hand to the reporter—at Omaha—when the aforesaid reporter was a veritable tenderfoot, and felt very lonesome. By the way, this is a good propaganda hint for the seasoned Institute men—give the strangers the “glad hand.” It tells, and don’t you forget it.

The *Sun*, of Baltimore, quotes the following from a paper read by Dr. R. C. Wolcott, of Columbus, O.

“*Arnica* is a wonderful whooping cough remedy. It is excellent in cases of erysipelas, as well as in cases of children threatened with convulsions in the beginning of a severe attack of infantile fever. It is a potent remedy,” he told his audience. “The action of *Arnica* upon the tired, weakened hearts of athletes, glassblowers and those subjected to severe strains strengthens and does not stimulate.”

Dr. Scott Parsons, in charge of the press bureau, made a fine address on the subject of federation among homœopathic societies. This federation is not for domination but for protection. He said, in effect, there are 174 big and little homœopathic societies in the United States, 184 hospitals, besides colleges, journals, etc. These ought to unite—and so they ought. The homœopaths ought to present a solid front in law making and, if they do, they are strong enough to get and hold their rights. We haven’t the space to go into what was done in the many meetings, but you will find the full details in the Institute’s official *Journal* so ably edited by our esteemed co-worker, Dr. Sarah M. Hobson, whose address, and also the *Journal’s*, is 917 Marshall Field Building, Chicago, Ill.

There was a lively set-to over the “definition of Homœopathy” until umpire Aldrich called time, and so Homœopathy is still undefined. How would “The Road to Health” do? Suggested this to Dr. Krause who is especially interested in the matter, but he merely looked at the presumptuous one as though he were looking at a curiosity. Krause doesn’t take to badinage much. However, come to think of it, that wouldn’t be a bad definition even if it is a barbarism in the eyes of the learned.

Had the pleasure of meeting Dr. A. H. Ring, one of the

editors of our stately contemporary, *The New England Medical Gazette*, also Dr. Hills Cole, who guides the veteran *North American Journal of Homœopathy* in the way it should go, also Dr. G. Harlan Wells who steers the *Hahnemannian Monthly* in the true course, also A. E. Hinsdale of the youthful *Polychrest*, also Dr. J. B. McCleary of the *O., O. and L. Journal*, and we believe that is all, though indeed there were many ex-editors present, Hanchett, Boericke, Aldrich, Dewey, King, Garrison, and doubtless many others gone from memory at present. Wonder what is the *simillimum* for failure to remember names?

The Boston University and School of Medicine had a remarkable display of gall bladders full of stones, about 35. Looks like there was a big field for higher Homœopathy here, to learn the prevention of these formations for, after looking at them, even the most ardent homœopath would hardly attempt the dissolution of the stones displayed.

Dr. John E. Wilson, of New York, came over on Thursday. Says his book on nervous diseases is progressing through the press satisfactorily though, like all authors, a bit slower than he would like. When finished it will be *the* book on the subject, in our opinion at least, both homœopathically and in all other respects.

Our slim, but tall, friend, Dr. W. E. Reily, of Fulton, Mo., the "show me" State, said there were many fine openings in Missouri for homœopathic physicians, and the State Board has a omœopath on it. If interested address Dr. Reily as above.

Cincinnati turned out well at the meeting. We met Drs. Gieser, Pauley, McCleary, of the *O., O. and L. Journal*, the perennial Walton, and doubtless others whose names are elusive.

To prove that Philadelphia is the City of Brotherly Love just take in the following: At about the time the dress-suit element foregathered a certain well known and liked Philadelphian rushed up to a brother physician of the same town exclaiming, "I need this," accompanying the remarks by taking off his brother's fine, flowing, black neckwear, snatching off his own summer tie, giving it in exchange, and rushing off to where he could put on the ravishing neckwear so as to appear in proper form. So the story came to us, and we know the average Philadelphia physician is fairly truthful.

The Institute brought summer to Baltimore, or summer followed it, possibly to greet that warm organization, "The Elks," who succeed us. We had summer weather, yet no one but the chronic kicker could really object to the article dished up.

Quite a number of the physicians were "snapped" by the photographers. In one newspaper we counted sixteen of them.

Dr. Scott Parsons, of St. Louis, carried the plan of federating all homœopathic societies to a triumphant conclusion. A good work!

Dr. Royal S. Copeland's and also Dr. Clarence Bartlett's papers received press attention. Dr. Copeland protested against the wholesale cutting out of tonsils and adenoids in an eloquent and forceful manner. Good paper! Give the homœopathic remedy a chance, especially *Calcarea phos.* 6x. It has worked wonders. This latter is an "aside" thrown in by the scribe.

The text of Bartlett's paper might well have been, "God furnishes the food but the devil the cooks." He said that much of the dyspepsia, ill health, anæmia, grouch and the like is due to bad cooking. Bartlett spoke the truth, but he should have gone farther and told us where to find good cooks. Perhaps his was a Machiavelian dig at the butterfly summer (and winter) girls who are proud of the fact that they do not know a saucepan from a gridiron.

While on the subject of food, if you ever go to Baltimore order crabs in any form. A good hint.

Dr. J. B. Garrison, of New York, kindly invited the scribe to be his guest at the annual banquet of the famous "Unanimous Club," which, they say, is a kin to "The Gridiron," of Washington, "The Clover," of Philadelphia, and other clubs where you are apt to be grilled according to the best art of verbal cookery. Partly because of work to do and partly, perhaps, from a little "scairtness" we didn't go, but if the opportunity is again presented we'll go, and never peep as to what is done unless permitted. Garrison once played the Good Samaritan when he found the scribe, through a conglomeration of circumstances, stranded in the Grand Central Station, N. Y., and the Institute Special ready to pull out. He financed the derelict to Detroit and back.

Dr. W. W. Van Baun was elected President for the ensuing

year; Dr. Claude A. Burrett, of the University of Ohio, Columbus, First- Vice-President; Dr. Florence Ward, of San Francisco, Second Vice-President.

Also Recording Secretary, Sarah M. Hobson, of Chicago; Register, Dr. W. C. Forbes, of Hot Springs, Ark.; Censor, Dr. Anna Johnson, of Pittsburgh, and Trustees, W. B. Hinsdale, of Ann Arbor, Mich.; Dr. Scott Parsons, of St. Louis, and Dr. J. P. Sutherland, of Boston.

The next meeting of the Institute, 1917, will probably be held at Rochester, N. Y.

**SEEN AND HEARD AT THE PHILADELPHIA
MEETING OF THE INTERNATIONAL
HOMŒOPATHIC ASSOCIATION.**

This is no formal report of the meeting as you, gentle reader, will discover before you are through with it—if you read it. To begin with, so far as the scribe is concerned, it opened with a visit from Dr. G. E. Dienst, of Aurora, Ill. Dr. Dienst is known in the book catalogues as author of *What to do for the Head* and *What to do for the Stomach*, incidentally, two very good little books. He, being an early riser, blew in to say "Howdy." We swapt stories for a while and then walked out to the Aldine Hotel, where the meeting was held—at the doctor's request, the walking, that is. He thought Philadelphia was a right enterprising town, but, of course, not up to Chicago, which, of course, it isn't, being as William Penn put it, and desired a "greene countrie towne."

Well, in time, we reached the Aldine, where the faithful were foregathered. The meeting had not opened yet and we found a lot of the men bunched in easy chairs at a window looking out on Chestnut St., which is our very narrow but fashionable street, at least was so in other days. In this, as it were, preliminary meeting, we found Dr. H. Becker and his brother, Dr. C. Becker, of Toronto (Dr. B. is president of the I. H. A.), Dr. E. E. Case, of Haverford; Dr. T. H. Winans, of Mexico, Mo.; Dr. Boger, the war horse of Parkesburg, West Va.; Dr. Patch, of Boston, the efficient secretary; Dr. Rushmore, of New Jersey, one of the Grand Army of Homœopathy; Dr. W. R. Powel, of our

home town, who is treasurer; Dr. Hurd, of Rochester, N. Y.; Dr. Karcher, also of Philadelphia, whose uncle, Dr. Fincke, of Brooklyn, is known to fame by his potencies; Dr. Franklin Powel, of Chester, Pa., where they make shells and other unpleasant things; Dr. MacAdam, of our neighboring village, named New York; Dr. R. F. Rabe, John Hutchinson, and Guy B. Stearns, also of that rural community, besides many others whose names have slipped our poor memory.

After a time the genial President Becker intimated that it was about time to open the meeting, so we all went up one flight to a very fine room for such a purpose—above all, quiet and airy. In the usual routine of business there was the annual complaint of non-payment of dues, which, of course, put the officials in a hole, so to speak. Rabe got up and suggested, very sensibly, that generally this was because of carelessness, forgetfulness, lack of funds, and the like, and moved that a committee be appointed to look into the matter before dropping the names of the delinquents. His motion was accepted—it was a very good one, namely, to gently remonstrate with the delinquents—but like all reformers, Rabe was appointed on the committee to do the work *pro bono publico*. It will be a hard-work job.

The necrologist, Dr. Rushmore, reported the death of four members namely, Dr. G. F. Thornhill, of Paris, Texas; Dr. J. B. Gregg Custis, of Washington, D. C.; Dr. J. T. Kent, of Chicago, and Dr. T. Franklin Smith, of New York, known to all members of the American Institute of Homœopathy as their Treasurer.

There was, as usual, much therapeutics “on the side” between sessions. Here are some points, rather unusual, for which we will name no names. One man mentioned the case of a fine old, scholarly and wealthy gentleman who was prone to whiskey, at times too much of the fire-water. It got him down once and he was given whiskey in the C.M., or the D. M. M., we forget which. The dose not only set him on his pins again but took away all craving for whiskey.

Another told of a gall-stone victim. His doctor was in Europe. The remedy was a trituration of the patient’s own gall-stones. He was in great pain, and none of the remedy available. Some of the man’s gall-stones were procured, given to B. & T. to triturate to the 6x, the man took the medicine and was at

once relieved. This was on a line, isopathic, of the modern vaccine therapy—but administered in a far more scientific manner than is the system that has usurped the much abused word “Scientific.” This reminds us of what an old homœopath once told us, of a case of skin disease that had been the rounds of allopathic, eclectic, scientific and homœopathic physicians, but no cure. In despair he, the doctor, got some of the diseased tissue, had it triturated to the 6x and cured the case. These last two cases are based on the theory so energetically propounded by our esteemed friend, Dr. C. H. Duncan, of New York, and before him by Dr. Samuel Swan, and before him by Lux, a German veterinarians, and before him by, possibly, others, and lastly, blooming out as “scientific medicine” *alias* “vaccine therapy”—the last and the crudest, strange to say, of old isopathy, namely, the disease furnishing the cure. Being isopathic each individual must furnish his own drug, and it, to be successful, must be triturated up to the 6x, or higher, and be given, not hypodermically but by mouth. To quote Solomon’s rather “out of date” remark, “there is nothing new under the sun.”

The reporter could not attend all of the meetings and, consequently, missed much, but there was one comment made that he thought worthy of note. In the discussion of a therapeutic point confirmatory of the old materia medica, one man told of a woman with sore nipples to whom he gave *Croton tig.* After the dose she made the remark that “it feels to me sometimes as if a string were tied to my nipples from the back that was pulling them through.” Look up your materia medica, for the symptom is there, and in this case the woman was quickly cured.

In discussing a paper on radium Dr. Lehman, of Dixon, Ill., said that he had a case of arthritis deformans to which he gave *Radium* 30th, and it so developed affairs that *Magnesia phos.* effected so much of a cure that the woman could attend to her household duties. *Radium* seems to be a modern *Sulphur* that will clean up a case so that the indicated remedy is made plain. It acts best in the higher triturations.

One thing that struck the reporter was the need of men developing the voice. Why not train the voices of medical students? It is true of all medical meetings (and no doubt of others) that of those who get up to discuss a paper one can hardly hear them—with a few exceptions.

On the third and last day, after Dr. G. E. Dienst's excellent bureau on materia medica had been concluded, there was a business meeting, at which the verbal sparks flew. Rabe introduced a resolution to have a committee appointed to meet the other delegates at the Baltimore session of the American Institute of Homœopathy, the object being, as he lucidly explained, the federation of all the homœopathic societies, national, state, county and local, so as to present a united front to the A. M. A., which organization seems determined to put a quietus on our colleges and societies. He also explained that this federation would not in the least affect the principles of independence of the societies. The resolution was bitterly opposed by several speakers, who said some very uncomplimentary things about the Institute. When put to a rising vote it was defeated by a very narrow margin. After this there was a hot interchange between the opposing parties, but finally it was agreed to talk the matter over in the evening. The result was that Dr. G. E. Dienst was appointed to represent the I. H. A. at Baltimore where, as it turned out, the federation went through unanimously.

Dr. Hills Cole, representing the good old *North American Journal of Homœopathy*, was allowed to address the meeting, as he is not a member of the I. H. A. He offered to print the papers of the Association. The RECORDER man was called upon to say something on the matter. He briefly replied that he would be glad to have some of the papers, but did not have the space for them all, and consequently would only accept those that were in line with the general policy of the journal. The result was that the *N. A.* got what Coles went after. Whether this makes it the organ of the I. H. A. or merely the journal in which all of its papers are printed is a rather nebulous question. Be that as it may, the Association has a good journal to, in a manner, represent it before the world.

We have received the last volume of the Transactions, a fine work, and believe that this publication will not be discontinued if the delinquent members will pay their dues as they should.

Dr. Henry L. Houghton, of Boston, Mass., was elected president.

The International meetings are always interesting and instructive to those interested in Homœopathy, and all ought to visit them who can.

THE ORACLES OF COS.

By A. Ad. Ramseyer, Salt Lake, Utah.

FOREWORD.

[Many authors have sought to deduct a sure prognosis from the symptoms of the sick. No one has labored harder to establish these rules with exactness than Hippocrates. These are to be found in almost all his writings, but especially in his Prognostications and Aphorisms. Many have undertaken to explain them, but as their commentaries were founded upon their own systems and their preconceived notions, they only have augmented the obscurity engendered by the laconic style of the Father of Medicine.

To restore to these sentences all the authority which they merit, and to prove their intelligence, Dr. Aubrey, in his work, "Les Oracles de Cos," has followed the example of Hippocrates, in deducting them from the facts, or comparing them with ascertained facts. The 42 clinical cases related in the first and third books of Hippocrates' Epidemics, the authenticity of which is generally acknowledged, are the best proved facts. By deducting each rule from these cases, Dr. Aubrey has laid bare the Oracles of Cos, and made Hippocrates' writings as clear as if Hippocrates had commented on his own writings. After writing a first section containing the cases of the patients who died, a second section containing the cases of the patients who recovered, Dr. Aubrey made in a third section a recapitulation of all the symptoms, and justified each precept by examples taken from the forty-two clinical cases. This third section is the one translated now.—A. AD. RAMSEYER.]

That physician who can foresee farthest in the future of the disease is superior to the others in the healing art.

HIPPOCRATES, *Book of Prenotions.*

SOME GENERAL PREDICTIONS DRAWN FROM THE CRITICAL DAYS, FROM THE SIGNS OF COCTION AND CRUDITY, FROM THE DIET, ETC.

Acute diseases, as pleurisy, pneumonia, brain fever, and all inflammatory diseases, with continued fevers are judged within fourteen days, whether for life or for death.

The days in which the sick die are precisely the same as those in which they get well. Very simple diseases, accompanied by very favorable signs, as those where there are signs of coction the second or third day,* terminate well the fourth day or before;

*From the day the disease begins, which is reckoned as the first.

on the contrary, those which are very malignant, and accompanied by very baneful signs, bring death on the fourth day, or before.

Thus terminates the first effort of nature; the second effort, or second critical day, is the seventh day; the other critical days are the eleventh, fourteenth, seventeenth, twentieth, and twenty-sixth. In adding according to this rule, the first circuit is of thirty-four days, the second of forty, after which the other critical days happen only every twentieth day, till the one hundred and twentieth, inclusively. (If the disease terminates on one of these critical days it is said to be *judged*. A *crisis* is an effort made by nature to bring a disease to an end, whether by recovery or death; also a change of symptoms, attended by an outward manifestation, such as sweat, vomiting, urine or stool, hæmorrhage, expectoration, eruptions, tumors, etc. By dividing the medical month of 26 days and 12 hours by 4, we get 4 weeks of 6 days, 15 hours each; hence the crisis of the first week happens after the sixth day, viz., on the seventh; two such weeks added make 13 days, 6 hours; hence the crisis of the second week happens after the thirteenth day, viz., on the fourteenth; the three weeks being 19 days, 21 hours, the crisis happens during these last 21 hours, which is exactly on the twentieth day; four weeks added together give 26 days, 12 hours.)

When the diseases shall be long it is very difficult, in the first days, to differentiate those in which the sick will die from those in which they will recover; for their beginnings are very like; but by carefully observing every quatrain (see what follows) from the first day, it will not be long before one finds out which way the disease will turn.

To know what will happen on the seventh day one must well observe all the signs which will appear on the fourth. For instance, those who will have a favorable crisis on the seventh day, pass, on the fourth, urine of a good color, with reddish nebecula, else a white, even, and light sediment. Likewise the eleventh and seventeenth days indicate the occurrences of the fourteenth and twentieth days. The first, the seventh and the fourteenth days indicate what shall happen on the fourth, the eleventh and the seventeenth days. One must then at that time carefully observe the pepasmus, the crudities, and the other good or pernicious signs in the urine, in the dejections, in the sputa, etc.

It is very important not to confound these perturbations or critical symptoms with those of the disease; the first are salutary, while the others are dangerous; the favorable symptoms appear after the coction, near the time of the crisis, and soon relieve; on the contrary, the unfavorable symptoms appear during the crudity, with pernicious signs, and at any time.

The *coctions* always announce an approaching crisis and a sure recovery. (Coction is a term meaning digestion, chymification; *pepasmus* means concoction maturity from the Greek word "pepaino," to mature.)

The crudities, such as aqueous humors, clear or without consistence, the bad coctions, as the heavy sediments, like coarsely ground barley, which change into bad abscesses, announce either a lack of crisis, or pains, or languor, or relapses, or death.

The symptoms remaining after the crisis cause relapses unless these symptoms are sequels which remain for the rest of the life.

When the sick are going to thoroughly recover, viz., without relapse and without sequel, there are almost always some rudiments of a good coction toward the middle of their disease.

When, on the contrary, the sick are going to die, one observes toward the middle of their disease an augmentation of symptoms, some putridity, or some other mortal signs.

When the third day of acute diseases is accompanied by dangerous symptoms, if the fourth is like it, the sick is in very great danger.

Those who in continuous fevers are worse on the fourth and the seventh day generally die, if there is no crisis, on the eleventh day.

Fevers which cease without signs of solution, viz., without signs of coction, and on days that are not critical, are apt to return.

A lack of crises and incomplete crises on critical days are not always mortal: but they always signify that the disease will be long.

When the sputa appear late in pleurisies it is a sign that they will be long lasting.

If in continuous fevers the whole body is covered with pustules which do not suppurate, it is a sign of death, unless an abscess is formed somewhere else which gives a sufficient quantity of laudable pus.

It is a sign of death if in the beginning of fevers delirium supervenes, or if a member becomes paralyzed, unless there be some other good signs, or the sick have a strong constitution.

Blindness is sometimes critical in fevers.

Those who become cross-eyed during acute diseases are in great danger.

Diarrhœa and constipation alternating indicate that the sickness will be long and dangerous.

A tense, dry and arid skin is a very bad sign.

Those who, being very weakened by the sickness, lose the faculty of seeing and hearing are near death.

(Observation of Dr. Aubry—Galen has observed that crises are always more salutary when the moon gives her light in greater abundance, as in her first quarter, or when full (in opposition). I have noticed the same thing several times, and have often seen the sick perish in the decrease of the moon and at its conjunction (new moon), especially old people and worn-out persons, or such who had a feeble constitution, either in acute, or in chronic diseases. I can even certify that I have often predicted just these kinds of death; the whole art consists in examining well the good and bad signs, the acuteness of the disease, its quick or slow progress, and the strength of the sick; after having weighed and compared well all the signs, if it is foreseen that a crisis or a recrudescence of symptoms will take place near or at the time of the new moon, it is not difficult to establish a certain prediction. It sometimes happened to me, in treating old people of either sex, to announce their death five or six weeks in advance, to one day almost. Here is how I did it: I began by examining well all the strength of the sick two or three days after a full moon; after that when I judged that they still had vigor enough to pass the time of the next conjunction (new moon), I fixed the time of the death about the decrease of the following moon.)

ACCOUCHMENTS, LOCHIA, MENSES, ETC.

Adequate and reasonable monthly evacuations heal ardent fevers.

Coition singularly increases (aggravates) beginning diseases.

The critical days for confined women, either for life or for death, are precisely the same as those of acute diseases, viz., the fourth, the seventh, the fourteenth and the twentieth.

Acute diseases are fatal to pregnant women.

Women who have severe shivers before their confinement, and who afterward have an easy labor, have some difficult and dangerous sequels.

Diarrhœa is pernicious for newly confined women, whether they were confined at the right time or otherwise.

Shivers supervening after a miscarriage are pernicious.

Suppressed lochia in newly confined women announce that death is near at hand, if the humor settles on the brain or the chest.

Suppressed lochia indicate great danger; but if chills supervene it is a most pernicious sign, especially if there is a pain in the hypochondrium.

RESTLESSNESS.

When the sick are very restless in acute diseases they are in very great danger.

CONVULSIONS, HICCOUGH.

Very severe headaches very often cause convulsions.

Continual agitation and restless sleep are ordinarily followed by convulsions.

Pains in the neck often announce convulsions in acute diseases. But it is not so if the fever is not acute, and if these pains are only occasioned by a humor of fluxion.

Excessive sleeplessness in acute diseases causes delirium or convulsions, especially in women and children.

Convulsions which supervene in acute diseases are always dangerous, but much less so in the beginning than toward the apogee.

Sad and frightful thoughts in acute diseases announce a great danger, and generally lead on to convulsions.

When the convulsion of the lower jaw (which Hippocrates sometimes calls *dentium stridor*, grating of the teeth) supervenes in continuous fevers, it is a very bad sign which announces the approaching delirium, and very often the death; this symptom is absolutely mortal when it is joined with delirium.

When the head is heavy and aching, with drowsiness, convulsions are to be feared.

When delirium is joined with sopor it is often a sign of approaching convulsions.

Intense delirium accompanied with furor most always ends in convulsions.

When the hiccough appears in laborious fevers it is a very pernicious sign.

DIARRHŒA.

The most dangerous evacuations are the black, the fat and green, whether they appear all together or singly.

Bilious stools, high in color, foretell a grievous future, especially when they appear on a critical day.

Frothy, bilious stools are very suspect in acute diseases, especially to those who have pains in the loins.

Every reddish diarrhœa is very bad in all acute diseases, but it is pernicious when there is insomnia and drowsiness with headache and backache.

Gray or white stools in acute and bilious diseases are mortal, especially when there is brain fever, delirium or an affection of the liver.

All liquid, watery stools which supervene to drowsy, torpid patients are very bad, especially when the sick are thirstless.

Frequent small, thin, dry, dysenteric, corrosive stools of pure bile are very suspect in acute diseases; but the more so if with these there is a tendency to phthisis.

(There are, however, some constitutions where the diseases are such as are judged by the dysentery; you know that dysentery is decretory, *i. e.*, critical, when the patients suffer it without much pains, and when it is not of long duration; by the cessation or considerable diminution of the fever and of the other preceding symptoms; when the stools are not very frequent; when the patient's strength keeps up, especially if the humors have been crude for a long time, and if the coction has not been entirely good; but the sick who are judged under these circumstances run the risk to have some sequels, after the crisis; for instance, the sight may become dim.)

LOATHING OF FOOD.

The constant loathing of food is a mortal sign.

DELIRIUM.

Insomnia, headache, dryness of the tongue and deafness foretell delirium.

Delirium, fear and discouragement are very dangerous in acute diseases.

Restlessness, insomnia and a respiration slow and deep prognosticate delirium and sometimes convulsions.

The sick who in the delirium feel about the bedclothes, the walls or scratch with their hands, or are picking flocks, are phrenetic and mortally afflicted.

In patients which have not lost the speech, a great delirium with silence is a mortal sign.

PAINS IN THE NECK.

Pains in the neck are dangerous in all sorts of fevers, especially in those where it is feared that delirium may happen.

PAINS IN THE LOINS.

Aching of the loins or of the back makes the disease very serious.

During a fever lumbar pains cause liquid stools.

When the pains remove from the loins to the head and the neck, we may fear delirium, convulsions, or even some paralytic affection.

PAINS IN THE LIMBS.

If, during acute diseases, considerable pains supervene in the thighs, while the humors are yet in a state of crudity, it is a sign of malignity and of approaching delirium, whether there be a cloud in the urine or not.

If a severe pain begins with the fever and occupies a small organ, such as a finger, a toe, etc., it is suspicious, because these parts cannot contain a sufficient quantity of morbid humors.

If, during acute diseases, pains supervene in outward parts, remote from the viscera, and constantly remain there, it is a salutary sign, if these pains happen on a critical day, with some rudiments of coction, and if the parts which are the seat of the metastasis have sufficient capacity to contain all the morbid humor.

PAINS IN THE BLADDER.

The pains in the bladder are formidable in the continuous fevers; for they suffice to kill.

PAINS IN THE HEAD.

Severe pains in the head which continue during the fever are mortal if there are at the same time other bad signs.

COLD AND LIVID EXTREMITIES.

When the head, the feet and the hands become cold it is a very bad sign; but when the warmth is a long time in coming back the danger is still greater, and if it does not return, the disease is without help.

In the severe pains of the belly, cold extremities announce a very great danger.

It is a very bad sign when a patient has cold extremities and a warm belly.

When the fingers and the nails become livid death is not far.

CHILLS.

Chills which supervene in fevers on critical days with signs of coction and which are followed by noteworthy evacuations are salutary.

A coolness or chills which return often in acute fevers forebode much danger.

Chills, after which the patients cannot again get warm or only after long intervals, are most always fatal.

Nothing in acute diseases is more pernicious than a suppression of urine succeeding a cold or a chill.

Chills which happen on the sixth day of a continuous fever show much danger.

NOSEBLEED.

A copious bleeding from the nose rids from many ills.

A heavy head, insomnia, delirium, aching of the eyes, and a red face foretell nasal hæmorrhage, especially in burning fevers, and when the patients have not yet reached the age of thirty-five years.

When only a few drops of blood run from the nostrils in acute diseases, it is a very bad sign.

ICTERUS.

Icterus which supervenes on the sixth day of an acute disease is a very pernicious sign.

HYPOCHONDRIA AND PALPITATION THEREIN.

Painful tumors in the hypochondria are one of the most pernicious symptoms.

Pulsations or palpitations which, during acute diseases, supervene in the hypochondria often foretell a fatal delirium.

Tense or painful hypochondria, without being hard externally, are very suspicious in acute diseases, because it means that the inflammation is deep, as in the diaphragm, etc.

When there is only one hypochondrium affected, the pain is more dangerous on the right than on the left side.

Fevers which begin with pain in the hypochondria foretell malignity.

The immoderate drinking of spirituous liquors and the eating of beef in summer are the cause of serious diseases of the liver.

It is a sign of death when pain in the hypochondria is joined with stupor.

FORGETFULNESS. LOSS OF REASON.

Those who forget to urinate, or who only urinate when urged to (by the attendant) are very ill; in this case the urine is like that of which the sediment has been stirred.

It is a good sign when those who have been in frenzy remember their ravings; the contrary is a very pernicious sign.

Deafness and a red urine, without sediment, with a light and thin cloud, show that the mind will soon be deranged. Where these symptoms happen to icterical patients it is a very bad sign, and if they lose their reason the danger is greater still, for they are deprived of speech without losing consciousness, and then they get a copious diarrhoea of crude humors of bad quality which leads to death.

TONGUE. THIRST.

A thick and dry tongue is a symptom of frenzy, especially when the patients drink little.

When excessive thirst in acute diseases is joined to dryness of tongue, it often foretells a nearing delirium.

When the thirst disappears without reason, it is a very bad sign.

An immoderate burning, unquenchable thirst is a very pernicious sign.

PAROTITIS (MUMPS).

When the mumps appear in acute diseases it is necessary that they dispel the fever according to the law of crises, viz., that they do not appear too early nor in great crudity; that they appear on critical days, and that they be accompanied or followed by a warm, general sweat; or that they undergo a coction and turn into laudable pus; or that a sufficient nasal hæmorrhage supervene; or that there be found a thick, copious sediment in the urine; or that a bilious, dysenteric diarrhoea supervene; or pains in the hips, thighs, knees. Without any of these conditions the sick are almost always sure to perish.

LOSS OF SPEECH.

When a patient who is very weak loses his speech, it is a mortal sign.

Those who in acute diseases palpitate throughout the body are in danger of losing the speech and of dying in that condition without being able to regain it.

Those who lose their speech after an incomplete, unfavorable crisis, or even after a lack of crisis, are in danger of dying with a tremor.

Those who after having been delirious lose their speech are near death.

SLEEP. COMA.

In all diseases it is a good sign when the sleep does good, but when it is laborious and harasses the sick, it is a very pernicious sign.

When, in acute diseases, the patient does not sleep neither day nor night, if the sleepiness is not caused by severe pains, it is a sign of approaching delirium.

Drowsiness is always bad, but it is fatal when accompanied by coolness.

Comatose sleep is pernicious in acute diseases.

When sleep alleviates the delirium it is a good sign.

SWEAT.

When fever patients sweat without a diminution of the fever it is a very bad sign.

A sweat which is only partial is of no help and troublesome.

Those who in acute diseases sweat on the head, and who at the same time are restless, or who are impatient, are in a bad plight, whether the urine be black or not, and if, besides, the respiration is affected, the danger is greater still.

Cold sweat is a mortal sign in acute fevers.

The sweat which supervenes in the beginning of the diseases, or before the coctions, is always symptomatic and of bad import.

A partial sweat about the head only or the neck, and under the nose is of very bad import; for in very acute diseases it foretells death, and a slow course in the less acute diseases.

The sick are in great danger when they have only sweats which do not alleviate the fever, and if there is at the same time tension in the hypochondria; but the danger is greater still when the affection of the hypochondria flows back toward the upper parts, as the chest, or the brain, which causes pneumonia, delirium, etc.

In acute diseases a good sweat is one that is abundant, warm and universal, which happens on a critical day, which cures or alleviates, or which enables the sick to bear their ills more easily.

DEAFNESS.

Deafness is a bad symptom in acute diseases; it often causes (precedes) a furious delirium and sometimes death.

When there are severe pains in the lower parts, a supervening deafness causes them to cease, and reciprocally deafness leaves off or is diminished by pains in the lower parts.

Deafness, headache, tension in the hypochondrium, and a thin urine are threatening signs of parotitis.

If deafness supervenes in fevers it most always foretells a furious delirium, unless the fever cease by a crisis. But if a sufficient nasal hæmorrhage, or a bilious dysenteric diarrhœa, or pains in the thighs, knees supervene, the delirium and the deafness cease.

URINE.

The urine, which is abundant and has undergone the (physiological) coction, viz., is of a light yellow color, or of the color of a lemon, which deposits much white, light, uniform sediment, and which appears as such on a critical day, or a few days before, is the best of all.

A thick, muddy urine which does not become clear, although undisturbed for a long time, is very bad.

A thin, scanty urine, which does not correspond to the quantity of drink taken in is everywhere a very bad sign.

When the urine is suppressed in acute diseases it is a very pernicious sign.

A reddish urine which has a reddish sediment before the seventh day is a sign of cure for the seventh; but if it appear only after the seventh day, it is a sign of a tedious disease; however this urine shows great security for the sick.

A white, thin, transparent urine is of very ill omen in acute diseases, especially when brain fever or delirium is present.

A black urine in acute diseases foretells sinister events.

A black urine which deposits a black sediment is still more pernicious.

A black urine which changes into a thin, clear one is very dangerous.

A black urine is not always of mortal import, especially for those suffering of a spleen disease, or for those who get a copious nosebleed, or a hæmorrhoidal, menstrual, etc.. evacuation, which flows adequately.

A black or thin urine, without color, with suspended particles, foretells the inflammation of the brain in the sick which have restlessness, insomnia, and are sweating.

The nubecula which remain suspended in the urine without falling to the bottom of the vase foretell the delirium in acute diseases, especially when there is deafness at the same time.

Any kind of urine passed with pain and in small quantity is of very ill omen.

The urine which is passed involuntary or without notice on the part of the patient is a fatal sign.

The urine which in acute diseases looks like oil of a dark red color, drawing to black or brown, is the most fatal, because it indicates the flowing back of the bile into the blood, and a feverish affection of the liver.

A urine on the surface of which are floating greasy pellicles like cobwebs, must be deemed bad, for it indicates colliquation.

When, in acute diseases, the urine has sometimes a white, light sediment, or is sometimes passed clear, this signifies that the ill-

ness will be long and less safe, especially if in this alternative the urine is thin, bilious with a moderate and thin sediment.

The urines which vary in color and in sediment are suspicious.

The suppression of urine following after chills or a cold is fatal in acute diseases.

A thin, colorless urine is a sign of crudity, and indicates in the beginning of a disease that it will be long and dangerous, because the forces of the patient may not last long enough to make its coction.

If the coction of the urine takes place little by little, if it becomes complete about the fourth day, there is almost immediately a crisis which brings a happy termination of the disease.

Pericles of Abdore, the first day, passed a cloudy and white urine; the second day, it began to deposit; the third day, the sediment was copious and laudable; the fourth day there happened a warm, universal sweat which completely cured the sick.

The urine, the sediment of which is like barley meal coarsely ground, is a pernicious sign.

The end of the Oracles.

THE URINE IN TYPHOID FEVER.

Dr. Rapou, a French homœopathic physician, published a booklet on typhoid fever, in the which the following is found:

"In the beginning the urine is cloudy, whitish, without sediment; when the disease is established it becomes very clear and of a natural color, but in holding the glass containing it between the eye and the light, a light cloud is noticed in the upper part of the urine, which during the following days descends little by little; in proportion as the cloud descends you may judge that the disease is nearing a favorable crisis. As soon as it arrives to the inferior third of the glass and finally touches its bottom, you can predict the approach of recovery; then the cloud settles and the sediment increases from day to day; as long as the sediment is copious you must be reserved in regard to feeding; afterwards the sediment begins to diminish; then you may prescribe good nourishment. But if the cloud ascends instead of descending, or does not settle, it is a troublesome sign; there is an absence of crisis; convulsions or delirium are imminent, or brain fever, meningitis, tetanus, or some dangerous metastasis."

Dr. Simon (in the *British Medical Journal* of Nov. 18, 1905)

says that about the beginning of the fourth week, if the urine increases from 30 ounces to 60, 80, or 100 ounces daily, even in severe cases, if polyuria occurs, the patients recover. In no case where polyuria is observed, has perforation nor severe hæmorrhage been observed, and relapse is extremely rare.

**“THE HOMŒOPATHIC MATERIA MEDICA
SPECIALIST.”**

**By Daniel E. S. Coleman, Ph. B., M. D., Professor of
Materia Medica in the New York Homœopathic Medi-
cal College and Flower Hospital.**

Frequently we hear the statement that homœopathic prescribing is really a specialty confined to a few enthusiastic, studious physicians whose occupation is, or should be, the selection of the indicated remedy for cases brought to them by members of the profession less inclined to devote the amount of application necessary to attain proficiency in materia medica. While it is true that some of us apply ourselves closely to the study of the action of drugs, thereby acquiring greater knowledge of their application to diseased conditions, I cannot but feel that to relegate Homœopathy to the ranks of a therapeutic specialty is productive of injury to its vitality and promulgation.

After a dozen years' experience as a teacher of materia medica I know that no physician or surgeon can afford, if he wishes to obtain really scientific results, to neglect the beneficent power of the law of cure established by Samuel Hahnemann. How often do we hear, “I am a surgeon,” or “I am a specialist,” “Materia medica is out of my line.” Shades of Hippocrates and Hahnemann! Ye gods! because one is a surgeon or a specialist is he to neglect the greatest therapeutic method the world has ever known? Is a surgeon's only duty to operate? Is a specialist's only duty to acquire diagnostic technique and the knowledge of local or palliative therapeutics? Let me tell the gentlemen of this great homœopathic society that no severer harm can be done our cause than such narrowing of that wonderful system which possesses countless therapeutic gems for every practitioner of the healing art. Homœopathy is for the surgeon, the

gynæcologist, the oculist, the aurist, the dermatologist, the laryngologist, the neurologist, the proctologist, the obstetrician, the genito-urinary expert, the dentist or any other exclusive clinical worker. It is not for the few, but for the many. Its magical power should be the property of all.

Edmund Carleton, Gilchrist and William Tod Helmuth were surgeons who appreciated the value of homœopathic prescribing, an art much neglected by the modern operator. Many operations have been prevented by the timely administration of the homœopathically indicated remedy, and in those cases in which operations are necessary, and it behooves us to recognize such, the pre- and post-operative conditions are bettered by the proper use of drugs. The woeful lack of the employment of the similar and single remedy by the surgical specialist indicates the necessity for reform in this important field.

Many times I have caused lumps in the breast, some of years' standing, to disappear under the action of *Conium*, *Phytolacca*, *Iodine*, etc., *after operations were advised*. The exclusive surgeon would say that they were only adenitis, with which diagnosis I fully agree, but why operate for "only adenitis" when such can be cured medicinally? I have cured a number of patients suffering from cervical adenitis with the indicated remedy. Operative measures were strongly advocated in many of these cases. I have prevented most appendicitis patients from going on the operating table, but not all. A few must be operated, and it is for the clinician to decide. Deep ulcerations in which amputations were advised after the failure of all known local treatment have healed rapidly under the beneficent action of the similia.

An old lady who was passed on to me after the removal of one kidney for cystitic degeneration, the remaining one being so diseased that it was left only because a third did not exist, was literally snatched from the grave by the power of Homœopathy and is alive to-day over seventeen years thence.

Carbuncles have been cured promptly by such remedies as *Arsenicum* and *Anthraxicum* after ordinary "up to date" surgical measures had failed.

Calendula, *Arnica*, *Hepar sulph.*, *Hypericum*, *Ledum*, *Rhus tox.*, *Ruta Symphytum*, *Silicea*, etc., are as superior to the so-

called local therapeutic measures, like the application of bichloride of mercury, carbolic acid, lysol and a host of others, as the modern automobile is superior to the old Roman chariot.

The surgeon who aspires to become a prescriber and thus enhance his value to his patients must not fall into the error of utilizing a few stock prescriptions often useful in surgical conditions. He must remember that there are "specifics," that knowledge of materia medica means a broad conception of the use of drugs, and that it is only the *indicated* remedy which applies to any individual case. Routinism must be avoided.

The value of Homœopathy to the gynæcologist is as apparent as to the general surgeon. Amenorrhœa, dysmenorrhœa, menorrhagia, metrorrhagia, neuralgia, leucorrhœa, etc., when not due to mechanical causes requiring operative measures, find their most valuable therapeutic aid in the indicated remedy.

I am sure that there is not a single member present who has not frequently seen the value of Homœopathy over reflex symptoms resulting from uterine or ovarian disease, and what a blessing to the women at the menopause. Can other methods of treatment show similar results?

The oculist's ability to achieve success in many patients would be greatly diminished if it were not for the discovery of Samuel Hahnemann. Asthenopia, amblyopia, whether exanopsia, reflex, hysterical or tonic, conjunctivitis, ulceration of cornea, iritis, etc., yield to homœopathic medicinal therapeutics. I have found *Gelsemium* often indicated, especially in hysterical amblyopia, and I have obtained results after the "old school" oculist had failed. I made one very gratifying cure with *Nux vom.* prescribed on constitutional characteristics. Allen mentions this remedy for atrophy of the optic nerve under clinical symptoms in "The Handbook," which previously appeared in Hering's "Guiding Symptoms." I believe this verification was of hysterical amblyopia, which resembles atrophy in some of its symptoms. One condition will positively respond to the homœopathic remedy, while the other is a grave pathological degeneration presenting a discouraging prognosis. The use of glasses, the dilatation of the pupil in iritis, etc., are purely mechanical procedures in no way related to dynamic therapeutics. Surely the oculist's duties extend further than these.

The twin specialist, the aurist, also requires the knowledge of homœopathic remedies if he is to reach the pinnacle of his art. Those of us who have had some experience with ear conditions know the importance of such remedies as *Belladonna*, *Calcarea carb.*, *Capsicum*, *Chamomilla*, *Ferrum phos.*, *Gelsemium*, *Hepar sulph.*, *Mercurius*, *Pulsatilla*, etc., in acute conditions. Even in that discouraging disease otitis media chronica remedies will often be of benefit. Some cases cannot be helped by anything.

The following quotation is from the paper "Therapeutic Reform," by W. M. Storar, L. R. C. P., L. R. C. S., Ed., read before the Ulster Branch of the British Medical Association, April 5, 1905. "Charcot says: '*Quinine* perseveringly used, is sometimes attended with the best results in relieving the vertigo and tinnitus of Menière's disease.' Dr. Stephen Mackenzie says he has seen many cases which corroborate this statement—(Quain's Dictionary)." Pretty good homœopathy for "old school" physicians!

I have found *Carboneum sulph. θ* a remedy not generally used, of value in tinnitus accompanying chronic catarrhal otitis. The aurist should never forget the medical eustachian "Catheters," *Kali mur.* and *Merc. dulc.* In ear conditions, as in all others, we should prescribe for the patient, carefully individualizing the totality of the characteristic symptoms. Again, we must not neglect diagnostic methods of examination. All should be familiar with the ear speculum and the ophthalmoscope.

The knowledge of homœopathic materia medica is of inestimable service to the laryngologist. It is my privilege to have among my patients a number of professional singers, and I know from numerous comparisons the superior results obtainable from our method of treatment.

Following is one of the numerous examples illustrating the greater potency of homœopathic medication. Mr. W., celebrated tenor. Duration of trouble eight months. Absolutely no results from local applications by one of New York's most noted throat specialists (allopathic). October 13, 1915. Hoarseness, cannot control voice; feels as if a little mucus were on the vocal cords; raises a little, thick, yellow mucus. < evening. Laryngoscopic examination showed a catarrhal condition (I always examine the vocal cords of such cases). R. *Arum triph.*

6th, four times daily. He improved steadily for a week, then improvement ceased. Nov. 5th I considered his case again for a complementary remedy and prescribed *Hydrastis* on the indication of thick, stringy mucus. Nov. 17th almost cured, but was obliged to take intercurrent remedies for acute coryza. Dec. 20th very much better in every way, but is troubled with post-nasal dropping of thick, stringy mucus. R̄. *Hydrastis*, four times daily. He has required no further treatment.

I remember making it possible for a former comic opera "star" to accomplish a successful re-appearance after the exclusive laryngologist had completely failed to improve her condition.

The presentation of such cases could be continued, but time is short.

My preceptor was one of the greatest dermatologists in the world and a keen homœopathic prescriber. Frequently one of the very highest authorities in the "old school" would call him as a consultant. The brilliance of the cures obtainable in skin diseases through the law of similars is sometimes almost uncanny, as personal observation and experience have verified.

That Homœopathy is indispensable to the neurologist few will deny. For example, on May 28, 1916, a young lady, twenty-four years old, was brought to me for treatment. Periodical weak spells (so-called) since a child. About a year ago began to have epileptiform convulsions which no treatment (bromides, no doubt) benefitted. Symptoms. Prodromal. Day before attack; weakness, inability to talk, peculiar taste in mouth, no appetite, headache < bending forward. Motion begins at the lips and extends to other parts until every portion of the body shakes; foams at mouth, but does not bite tongue. Paroxysm lasts about one-half to three-quarters of a minute. These have occurred regularly every six weeks. Pupils normal. Knee Jerks normal. Menses every six weeks (at time of paroxysm). R̄. *Belladonna* 30th, four times daily and every hour if prodromal symptoms appeared. June 17th. Had no convulsion at expected time.

Such cases could be repeated.

I remember curing a case of epilepsy with *Belladonna* 30th after several "old school" authorities had completely failed after

two years' treatment. When I heard from her many years later, she had had no recurrence.

The proctologist has not as yet come to fully realize the value of the homœopathic remedy. If he would devote more time to his prescribing and less time to local applications there would be fewer sore rectums in existence today. I *know* that I have cured hæmorrhoids and pruritis ani with the indicated remedy. The proctologist would perhaps say that I did not know a hæmorrhoid when I saw it, but we cannot elevate these lesions to the dignity of being only capable of recognition by the specialist. I do know a hæmorrhoid when I see it, and I do know that I have cured such. Pruritis ani is a very untractable condition, but of late I have looked upon it with far less mistrust. After carefully observing the various methods of treatment calculated to relieve this most annoying complaint, I am convinced that the administration of the indicated homœopathic remedy along with simple cleanliness and proper diet will do far more than any other treatment now in vogue.

How keenly would we feel the loss of our remedies in obstetrics. Who of us have not seen the rigid os dilate under such drugs as *Gelsemium* or *Belladonna*, inefficient labor pains become efficient, after pains become less intense, mental intolerance to pain reduced, post-partum hæmorrhage controlled, by the indicated remedy.

In genito-urinary diseases the worth of the similar remedy is not always recognized. A few minutes ago a young man left my office whose chronic "morning drop" is diminishing under the action of *Phosphorus* 15th.

The dentist would do well to study the action of remedies especially related to oral disease. For example, *Hepar sulph.*, *Mercurius*, and *Silica* hasten the cure of alveolar abscesses, *Aurum* is of benefit in necrosis of the bone, *Calcarea carb.*, *Calcarea phos.* and *Silica* aid dentition, the tendency to decay is retarded by such remedies as *Kreosote* and *Staphisagria*, etc. I recall one case which was somewhat amusing. I was asked to treat a young man suffering from diabetes who was formerly under the care of a celebrated "old school" physician. He had been suffering from a alveolar abscess which discharged a thick, yellow pus and was very sensitive to touch. His dentist and phy-

sician were not helping him. *Hepar sulph.* 30th promptly cured. The father of the young man told his former doctor of the results. He answered: "I know vot he gave, it vos *Calcium sulphide.*" The father asked why *he* did not give it. The good medical man replied: "I vos nod er dendust." I suppose if the young man had severed an artery, he would not have tied it on the ground of not being a surgeon.

No less harmful to our school is the class of materia medica specialist who neglects to make himself reasonably familiar with pathology, diagnosis and mechanical conditions. For example, one of my patients was treated more than a year for deafness by a great prescriber. He would ask the doctor to examine his ear, but always received the same reply with a wave of the hand—"Let us search the authorities." Books would be taken down and his symptoms carefully analyzed. He grew no better. Finally he consulted an aurist and had a large quantity of cerumen removed. His hearing returned. Fortunately he was a man of education and did not blame Homœopathy for the lack of diagnostic skill in one of its followers.

It is of vital importance that the expert materia medicist, especially one occupied in teaching, be a competent diagnostician. If he does not know the nature of the illness he has cured, how can he inspire the student with confidence? It is necessary that he be able to differentiate mechanical from dynamic conditions. He should know that a dilated heart with broken compensation requires mechanical therapeutic measures, and he should be able to present the reasons in a scientific manner. When the student observes that his materia medica professor knows something about diagnosis, he is inspired with great respect for the teachings of Homœopathy.

My connection with the Metropolitan Hospital, Blackwell's Island, N. Y., gives me material for teaching physical diagnosis which cannot be duplicated in any other hospital in this country.

For the welfare of Homœopathy, let the materia medica specialist who sits behind his desk with his repertory in his hand ready to prescribe for pathological conditions, with which he is not familiar acquire the skill of the technical specialist who knows nothing of and cares nothing for the law of *Similia Similibus Curantur*, that he may rise like the phoenix from the ashes, a giant at the bedside as well as a "giant in the library."

THERAPEUTIC FACTS.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

When a headache begins in occiput and extends forward and settles down over the *left eye*, the eye often runs *clear water*, *Tr. Spigelia* 3d x is the remedy, 15 drops in half a glass of water, one teaspoonful once an hour. *Pressive* headache, supra-orbital, over the *right eye* with *profuse* flow of tears, indicates *Tr. Chelidonium* 1st x, 5 drops, once in two hours.

When women at the menopause have *hot flashes*, *perspiration* and *faintness* it indicates *Sepia* 6th x, three tablets once in three hours.

Fowler's Solution, arsenic, is an *old* remedy for malaria, chills and fever, and is a *good* remedy *when* indicated. If the pulse is *soft* and easily *compressed*, tongue *contracted* and *pointed*, the above remedy is *the* remedy for the case. Fill an ounce bottle one-fourth full of No. 40 pillets, drop on them five drops Fowler's Solution, arsenic, give ten pillets once in four hours. One doctor received a fee of \$50 from a *grateful* patient for a quick cure that he made with the above remedy.

A physician wired me for "a remedy for hiccough." My reply was, "Tr. oil cajaput 1st x, 10 drops on a little sugar, once in half an hour until relieved."

Dr. Oscar Jones, a prominent regular physician of Indianapolis, Indiana, says in a letter to me (in referring to my series of articles in RECORDER): "You may rest assured that I have every one of the HOMŒOPATHIC RECORDERS filed away, and refer to them every day. Your articles have been of much *help* to me, and have been the *means* of *saving many lives*."

For the cough of measles we have one remedy that we can depend upon—*Tr. Drosera*, fl 5ss; aqua, fl. ʒiv. Mix.—Sig. One teaspoonful once in two hours.

A child may have caught cold, the cough does not seem to yield to the *usual* remedies. If there is whooping cough in the neighborhood we may *suspect* that disease. It is well to give the child *Tr. Aconite* 3d x, 15 drops in half a glass of water, teaspoonful once an our, in alternation with *Tr. Ipecac* 2d x, ten drops in half a glass of water, one teaspoonful once an hour.

This is *safe* and *sane* treatment, and *may* be all the medication needed in that case, but if the cough becomes *spasmodic* *Drosera* 3d x is the remedy.

Almost every day we read in the newspapers of a "death from acute indigestion." The symptoms are very pale face, *cold* sweat on the *forehead*, cold feet and hands, stomach feels as if it was *squeezed* by a *hand*, the pulse is *small*, *rapid* at times, *disappearing* from the *wrists*. This is the pulse *peculiar* to this disease as well as to the *second* stage of Asiatic cholera, and *is* the *pulse* indicating *Tr. Veratrum album* 3d x, 15 drops in half a glass of water, teaspoonful once in 15 minutes until relieved. For many years I gave in such cases one teaspoonful of good brandy and one teaspoonful of aromatic spts. ammonia in a glass of water; have them drink it all down at one dose, and repeat same quantity in a few moments if not relieved. I have *never* lost a case with this disease, and I have always *depended* upon the above remedies. To prevent attacks of acute indigestion give *Nux vomica* 2d x and *Carbo veg.* 1st x combined in tablet form, three tablets once in three hours.

I have had several letters from physicians asking me for the best remedies for cataract. I am *not* an eye and ear specialist, but by experience I have found certain remedies *useful* in this disease. If it is an acute case caused by an injury *Tr. Conium* 3d x is indicated. *Calcarea fluorica* 6th x is the remedy of bio-chemic materia medica for cataract. *Causticum* 30th x is indicated when there is a constant inclination to *touch* and *rub* the eye, which relieves the *pressure* in it. The above two remedies in alternation, once in three hours, I have the most *confidence* in. I also like the local application of ointment of *Iodide of potash*. Rub it well *into* the skin around the affected eye, night and morning. *Silicea* 6th x is an old and valuable remedy for chronic cases. *Calcarea carb.* 30th x is indicated in hard cataract, and especially if there is any taint of scrofula. I would by *all* means give the above remedies a *fair* trial before submitting to an operation for cataract.

If you have a case where a leg or arm is growing *weak* and the patient seems likely to lose the use of it, place your finger on the pulse, if there is a *well* marked *interval* between the pulsations of the artery it means that paralysis is about to take

place or has already taken place, and this indicates one remedy, *Kali phos.* 6th x, three tablets once in two hours. I have noticed that *kind* of a pulse in old persons that had an attack of apoplexy several weeks before my seeing them, and it indicates the above remedy. You will have a patient that has met with an *injury* of some kind. The *nerves* of the shoulder, arm or leg have been *over* strained, and they have only partial *use* of the limb or shoulder. Put your finger on the pulse and you will feel a *tension* to it, a feeling of contraction, an *irritability* to the nerves and muscles of the wrist. This is the *kind* of *pulse* that calls for *Magnesia phos.* 3d x, three tablets once in two hours. The above *fact* has *helped* me to *cure* some old chronic cases that had been under osteopathic treatment, and seen the "rounds" of the medical men.

Physicians often write me that they "would like to know how to cure chronic diseases." The best way is to *learn* the *true* indications of the remedies as found in the materia medica of the new school of medicine. When you *know* the *indications* of the remedies you will be a *good prescriber*, and you won't be *afraid* to tackle *any* of the "old chronics" that may come to you. That is also the *way* you can get the *best* of the "other fellow" in your field of practice, by knowing *definitely* what to *do* for a sick person when you meet him. An office practice is what a physician *depends* upon to take care of him in his *old* age, and the *better prescriber* he is the *more practice* he will have. People soon find out the man who *cures* his patients, and *he* is the one who will *get* the *business*. Let this fact sink deep into your brain, for it is *worth remembering*. In the early years of my practice I lived in a community where the people *believed* in medicine, and they wanted their *money's worth*. I used to have some physic powders composed of *Podophyllin*, gr. $\frac{1}{2}$; *Leptandrin*, gr. i; *Capsicum*, gr. $\frac{1}{8}$. I used to give one powder once in three hours until they operated, and they did *several times!* The "unwashed and unterrified" used to call those powders "Scrapers." When I prescribed the powders I used to impress the fact upon the minds of my patients that "there were two things in this world that should *never* be interfered with, one was the spread of the Gospel, and the other was the operation of physic." I had a liniment that had quite a reputation.

The base of it was a mineral oil from northern Ohio, with a good dose of Capsicum in it, with the oils of origanum, hemlock and sassafras. A flannel cloth wet with *hot* water and the liniment added. When applied to the painful part it developed a *heat* there that gave the patient a foretaste of a place that is "*hotter than Jersey.*" The ungodly used to call it "hell fire" liniment.

I sometimes have letters from doctors telling me that their patients object to their remedies because "it is only sugar and water." My reply has always been that I never *allow* my patients to *dictate* what remedies I shall give them, or in what *form* I shall prescribe them. I always explain to them that it is *not* a question of *how* much medicine is to be given, but *is* the remedy *indicated*. When I carried a medicine case I used to explain to them that it "contained life and death in a concentrated form." A lady once *sneered* at some *small* granules I prescribed for her; but one day a few of them dropped on the floor, a puppy came along and ate them all up; he soon turned over on his back, gave a few kicks and he was *dead*. It was an object lesson for *her*, and she ever after had a great deal of *respect* for my medicine. The above granules were *Sulph. strychnia*, 1/40 of a grain.

The remedies in my book, "Definite Medication," are *old* friends of *mine*, they have *helped* me to "win out" in many a *hard* fought battle, and they will be *your* friends if you will give them as *indicated*.

In the cases of renal calculi with vesical *tenesmus*, pain and *tenderness* in kidney, pain extending down *urethra* into bladder, attacks preceded by *gush* of *urine*, *Tr. Eryngium* 1st x is the remedy, one teaspoonful three times a day. In a large majority of cases of displacement of the uterus the *real* cause is enlargement of that organ. It sags down *by its own weight*. In such cases pessaries will *never* cure the trouble. The thing to do is to remove the *cause*, that is, *reduce* the *size* of the uterus and it will fall back to its natural position. We have a remedy we can depend upon, *Tr. Fraxinus Americanus*, 10 drops three times a day, is the remedy *needed*.

In all the years of my practice I have *never used* pessaries, inside or outside supporters, in *any* form of *displacement* of the

uterus. The Almighty never intended for a woman to be *harnessed up like a horse!*

“We shall not pass this way again;
 Oh! heed the passing hours,
 And let each day a record make
 Of something pure and noble.
 A smiling face, a cheering word
 Makes others round us happy,
 And lightens up the rugged way
 That leads us to glory.”

AN EXPLANATION.

Editor of the HOMŒOPATHIC RECORDER.

Since Dr. E. P. Mills, of Ogden, Utah, thinks I have made charges against him in a letter to you in the RECORDER, last issue, in a “Bureau Wrecking,” please publish this note of mine to the effect that no reflection on Dr. Mills was intended or understood. As I remember it Dr. Mills was most courteous and obliging and in no way responsible for the complaints I have made.

Fraternally,

CLIFFORD MITCHELL.

DEATH OF JAMES TYLER KENT.

Doctor Kent passed into the other world June 5th and was buried here in the local cemetery.

He was ill for many months, but confined to his room only two weeks. Bronchitis complicated by Bright's disease proved fatal.

He had hoped the change of climate from Illinois to Montana would restore his health.

Sincerely,

CLARA LOUISE KENT (MRS. J. T. KENT).

R. F. D. No. 3.

Stevensville, Montana,

June 10, 1916.

The following concerning Dr. Kent's death is from the regular Homœopathic Society of Chicago:

Since the Great Leveler of all things has taken from our midst the well known and beloved Dr. James Tyler Kent on the 5th day of June, 1916, who for years has been recognized as a great leader and teacher in the Homœopathic School of Medicine, and who will be greatly missed by all the exponents of the principles for which he gave his unflagging energy. Be it, therefore,

Resolved, That we, the members of the Regular Homœopathic Medical Society of Chicago express our deep felt appreciation of his years of labor in behalf of homœopathy and we hereby extend to Mrs. James Tyler Kent, his widow, our sincere sympathy. Be it also

Resolved, That a copy of these resolutions be spread upon the minutes of our Society. also a copy sent to the bereaved Mrs. James Tyler Kent.

(Signed.) R. N. MORRIS, M. D.
ELMER SCHWARTZ, M. D.
C. A. WALTON, M. D.

BELIEVES CANCER CURABLE BY MEDICINE.

Editor of the HOMŒOPATHIC RECORDER:

The advice you give on page 261 in June number is all that is needed to a sane physician. The one who says that cancer can only be cured by early removal, extirpation, esocharotics, X-ray, radium, suffers from psychic stigmata, curable only by homœopathic remedies. Dr. ——— remarks are like the negro's who says: "The sun we do not need because it is light in day time, but the moon shines by night where we need it." Cancer can never be treated, *per se*, no more than tuberculosis, scophulosis, gout, etc. Treat the patient for his disorders, the sporic state. No two patients are alike. Cancers are curable as are other ailments, by homœopathic treatment, Tuberculosis and cancer are twins. Do we cut for tuberculosis? A man I treated fifty years ago for tuberculosis in the upper lobe was cured; fifteen years later he came with a blackish carcinoma on the r. side of his nose. Was cured of it. Seven years later he come with same on the point of nose. *Carbo animalis* 30x was the main remedy in all three attacks. Many more such if it pleases.

Ardmore, Okla.

DR. H. PETERMAN.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

OUR CONTRIBUTORS.

In this issue we present the history of a remarkable case demonstrated by Dr. Paul M. Cliver, surgeon, of Chicago, at the Hahnemann Home-Coming day on May 16th of this year. The Home-Coming days attract many physicians from the surrounding country and interesting cases are shown.

AN APPENDIX CASE AS PRESENTED BEFORE THE ILLINOIS HOMŒOPATHIC MEDICAL SOCIETY ON HOME-COMING DAY AT HAHNEMANN HOSPITAL, MAY 16, 1916.

BY P. M. CLIVER, M. D.

As a subject for a dramatic sketch, the case I have to present should be entitled "Snatched From the Undertaker."

Mr. F., age 30, came to Hahnemann Hospital on August 31, 1915. When I saw him first he was in the reception room and in evident distress, so much so that I sent him immediately to bed, and then got the following history:

Family history of no bearing on present conditions. Had never been sick before in his life until about ten days ago, when he was seized with a pain in his "stomach"—went to a doctor who made a diagnosis of "gasitis," and gave him some medicine and sent him home, but not to rejoice, for the pain continued in spite of the aforesaid medicine. It was, however, endured for some un-understandable reason for about ten days when he grew skeptical as to the efficacy of his medicine and consulted another doctor. The second doctor made a diagnosis of appendicitis and advised immediate operation, which advice inspired the man to seek a hospital. Examination revealed a pulse of about 110, and temperature of 101° F., an abdomen pretty well distended and a mass of about the size of a foot ball in

the right lower quadrant of the abdomen. The bowels had been moving and the patient was not markedly nauseated; other points of the history and examination are not of especial interest and are omitted. I made a diagnosis of appendiceal abscess, and arranged for an operation two hours later.

A general anæsthetic was given, and I opened the largest abdominal abscess I have ever seen. Without any undue manipulation cigarette drains were inserted, and the man put back to bed.

The following morning he was better. But within twenty-four hours he commenced to grow worse, and gave indications of an intestinal obstruction. Needless to say, with a copious discharge of pus, nearby, one rather disliked the thought of opening the abdominal cavity to look for an obstruction (probably due to the collapsing of the abscess wall), so I delayed rather longer than I would ordinarily. In the meantime, however I used all sane means to get an opening and a bowel movement, but not meeting with success, and as distention was becoming marked, I decided to establish a fecal fistula. This I did on Saturday evening, September 4th, five days after the abscess was opened. The right half of the abdominal wall was well protected with collodion and gutta percha, and with cocaine, 2 per cent. (no general anæsthetic), I made my incision, diluting the cocaine to one-half strength, as each layer was penetrated, so that the cocaine in the peritoneum was one-quarter of one per cent. ($\frac{1}{4}\%$). The patient made no complaint, and after a brief search we located the ileum, and, after finding its lowest available point, it was carefully sutured to the parietal peritoneum with continuous as well as interrupted linen.

Classically, we should have waited twelve hours for adhesions to form between the intestines and peritoneum, but I did not dare, as the man was in need of relief immediately. So I made a small opening at once, and he proceeded to get relief, at the expense of those of us nearby. We now had two wounds draining, and a condition existing that was to say the least, uninviting. It really was horrible, for the digestive fluids began shortly to act upon the abdominal integument in spite of generous quantities of cerate, and at times the entire abdomen was quite raw. Wet boracic dressings gave him more comfort than any other. For

a time he improved, but his food came out pretty much as taken, and rectal feeding was not satisfactory. It did not nourish—he became emaciated, and his temperature started down hill. At the end of a month or six weeks he was almost a skeleton, and his temperature was rarely above 96°.

In October, some six or seven weeks after he entered, the situation seemed hopeless, and at midnight the nurse phoned me he was dying. I ordered sub-mammary normal salt, with a few drops of adrenalin, but at five in the morning the nurse phoned that he was dead, and that his wife had left and that she would send an undertaker. Three hours later I arrived at the hospital hoping to get permission for a "post," but when I went to "view the remains" a faint respiration was noticed though no radial pulse was felt; his body was icy cold, and the man totally unconscious. Feeling that death was but a matter of a few minutes I went elsewhere in the hospital. An hour later the nurse called me on the phone, said the patient had awakened and wanted a drink of water—"could he have it?" I replied, "Yes, give him anything. Also a hypo of camphorated oil." A few minutes later I saw him again. He was quite cheerful, and told me he had been in a trance. He certainly had. About this time the undertaker, a personal friend of the patient, arrived for the body. He went to the bedside; my patient said, "Hello, Frank!" The undertaker said, "Hello, Ed." And then they discussed the White Sox.

The man improved from then on. But not as might be hoped for. The pus continued to run from the appendix wound, but normal bowel movements through the normal channel were voluntarily established and relieved the artificial opening somewhat. It seemed that unless we got rid of the infection, we could not expect much in the way of general improvement, so I arranged to remove the appendix on November 13th, '15, under most unfavorable circumstances, viz., considerable pus, a fecal fistula a few inches away, skin that could not be rendered aseptic, and a living skeleton for a patient. From the beginning he took a miserable anæsthetic, and there were times when it seemed as if we could not keep him alive, as he was pulseless and all but breathless.

The operation itself was difficult. The ileum was adherent to

the ascending colon at three different points, and each formed a kink. The appendix was finally freed from an inflammatory mass that defies description, and the wound quickly closed with drainage. Pus was profuse for several days, and the wound suppurated, but healed more rapidly than you would believe, and the man went home just before Christmas with a small fecal fistula discharging very little. He gained much weight, and came back in January, and I opened up the left abdomen and freed the ileum, sutured the opening, and in two weeks he was gone.

To-day he is here before you, having left his work to do me this favor. You see, his wounds are small, no hernia exists, and he tells me he averages two bowel movements each day, without cathartics of any kind. When I tell you that in the bed next to this man, a great part of the time, I had another patient in almost the same condition, from the same cause, you will have again impressed upon you the necessity for early diagnosis and operation of appendicitis, which is one of the reasons for reporting this case.

CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

Waxy Kidney.—This condition is a rare one in the pure form, though as a complication of large white kidney, it is not uncommon. The disease begins in the arterioles of the kidney in which degeneration (the result of the action of the toxins of the staphylococcus) is accompanied by an exudation in the form of minute waxy beads like paraffine in appearance. The degeneration extends and the kidney becomes enlarged and tough to the feel. Stripped of its capsule it looks like bacon, being somewhat translucent. The clinical features are dropsy and a high degree of albuminuria with scanty sediment, in this respect differing in the pure form from large white kidney, which presents an abundant sediment in the urine. In waxy kidney the scanty sediment shows but few casts, hyaline or waxy. Other clinical features are: enlargement of the liver and spleen (due to waxy degeneration of these organs) and obstinate diarrhœa. There are none of the cardiovascular symptoms of contracting kidney, nor is the heart enlarged nor the blood pressure increased.

The usual cause is prolonged suppuration, either in the kidney, as from stone, or elsewhere in the body as from syphilis, bone necrosis, or tuberculosis.

A patient with this disease presented himself at the writer's clinic in 1914. The cause in this particular case (that of a young male adult) was tuberculosis of the hip joint. The urine was clear and loaded with albumin. There was more or less edema of the lower extremities. The patient was sallow, cachectic in appearance, wretched in the extreme, weak and debilitated.

Such patients do badly on nephritic diet. They need liberal sustaining diet. Accordingly when the patient in question was allowed to eat freely of what he wanted, and given wine of pepsin after meals (on account of his diarrhoea) with iodide of arsenic in the third decimal, he improved so much as to decline treatment for the kidneys, the edema subsiding, the albumin in the urine diminishing, and his general condition clearing up so much as to make him believe he was "cured," as he expressed it.

The prognosis is generally bad unless the suppurating focus can be removed, surgically or otherwise.

The important point, clinically, is not to starve a patient with waxy kidney under the impression that we are treating a case of nephritis, because of the large amount of albumin found in the urine.

One of the talking points in favor of removal of a kidney in which stone has caused suppuration (instead of merely removing the stone and allowing the kidney to remain) is the fact that unless the suppuration due to the stone can be treated successfully both kidneys may become the seat of waxy degeneration. If, however, the suppurating focus is removed by nephrectomy, there is no danger then that the other sound kidney will become waxy from this cause.

Death in this disease may take place anywhere from a month to a year. It seldom lasts longer than a year without fatal results from progressive exhaustion or excessive edema.

The iodides are our principal remedies, also aurum muriaticum and mercurius (solubilis and biniodatus). In cases where abscesses are a feature hepar sulphur may be used, and for the distressing digestive disturbances Bukk Carleton used to give lycopodium. When the dropsy and scanty urine becomes marked

then sweats and diuretics will be needed. On account of the diarrhœa we can not use the carthartics such as we rely upon in nephritis.

Much care is needed not to confuse this somewhat rare condition with chronic parenchymatous nephritis. Treatment suited to nephritis is ill-advised in waxy kidney.

Relation of Diseases of Women to Kidney Conditions.—There are many diseases peculiar to women which result in diseases of the urinary apparatus.

Diseases of the anus and rectum in women are quite commonly the cause of bladder trouble, *e. g.*, suppurating cystitis from bacterial causes as from colon bacillus. Girls and women should be taught to wipe themselves after defecation in such a way as to remove all feces from the region of the vagina and urethra.

Displacements of the uterus are not infrequently followed by kidney troubles. The displaced uterus may by pressure on the ureter cause obstruction to the free flow of urine which, in turn, may give rise to hydronephrosis, pyelonephritis, or even contracted kidney.

Pelvic cellulitis may be followed by paranephric abscess.

Operations upon the rectum, uterus or perineum may be followed also by paranephric abscess.

Women who are habitually constipated may suffer from an attack of colon bacillus pyelitis.

Women may complain greatly of irritability of the bladder but examination of the urine may show no marked findings. The symptoms may be pain and frequency of micturition, possibly marked vesical and rectal tenesmus and pain during and after micturition. The condition is frequently referable to malpositions of the uterus, and to chronic pelvic inflammations.

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EDITORIAL NOTES AND COMMENTS.

The Comedy of Medicine.—*Jama* writes of the “fallibility of drug therapy” and says that the sooner this is learned the better it will be “for the public and scientific medicine.” That is very true and will always remain so until you learn how to use drugs.

Scientific Therapy.—Dr. Tonnel, in the *Lyon Medical* (France), reports his observations of the effect of typhoid vaccine on 5,000 persons. They may be summarized as follows: The reaction is less “intense” on the tuberculous and those with diseased kidneys, while “the healthy responded with a pathologic reaction.” “There is always more or less destruction of red corpuscles.” “The urine becomes much less toxic.” Do you wonder that the “ignorant laity” dread the advanced therapy, the effect of which is to injure the good, red blood, and stop the excretion of effete matter?

Illogical.—One objection the ordinary man has to our earnest “regular” fellow citizens is that they are illogical. They announce that medicine is foolishness; that nature cures, and some of them even go so far as to object to that good, old word “cure.” Yet standing on this broad platform they will send anywhere from a hundred thousand to millions of disease “germs” into the body for nature to take care of, as best he, she or it may. It would be interesting to hear from “nature” on this procedure. We do, in a sense. He, she, or it, in learned

lingo, "reacts," or, in plainer terms, kicks against this "aid to nature," sometimes, in really vulgar terminology, kicking the bucket.

More Cancer Confusion.—Dr. Joseph C. Bloodgood, in a speech before the California Academy of Medicine, an after-dinner speech, as reported in the *Pacific Medical Journal*, added to the sum of human knowledge, or confusion. He said: "He who claims a cure in a case of cancer is either a fool or a knave." Also: "We have no diagnostic test for cancer. Submit a case to the best pathologists in the country and they will not agree. The only absolute test for cancer is that made at the autopsy of a person who has died from one." Radium in cancer is useless. When a cancer is cured the cure is due to the disappearance of its own accord. If the learned gentlemen keep on preaching in this vein people will increasingly ask "why call in a doctor?"

On a Certain Attitude of Health Officials.—Some health officers seem to feel that they must write, or talk, down to the people—something like Mrs. Pancks, in "Little Dorrett" talked to the Italian, or in the same vein that certain gentlemen adopt when they begin a Sunday School oration, "Now, my dear little friends." Just one example out of hundreds. A health officer recently discussed "the infant's right to live." Has the public ever denied that right? That Bunsbian assertion is like condescendingly telling the ignorant public "you have a right to breathe." The literature of this class would (possibly) be more effective if written as though addressed to "the intelligent voters" in the pre-election period.

Somewhat Puzzling.—This is no "knock." It is a puzzle. It is found in many scientific papers. Also in scientific advertisements. Here is a specimen from an advertisement: "The Universal Antiseptic and Germicide." An antiseptic is something that prevents decomposition. A germicide is the same thing under another name. Imagine a universal antiseptic universally applied. Decomposition would cease. Dust thou art to dust thou shalt return would cease to be true. Change would cease. Everything to which the "universal antiseptic" was applied would remain forever pickled.

PERSONAL.

A man wrote of a certain class "they are not occultists," but typo changed it to "oculists."

Mary says skirts are cut today like European incomes.

"The Problem of the Independent Poor." Editorial. If you know how to solve it you are a very wise man.

"Antiseptic eggs." Where will it stop?

Why do scientific medical journals devote pages to disease freaks and say nothing of the 90 and 9 diseases we all have, more or less?

"No one knows how hot the sun is," says an unusually honest scientist.

"Telling your troubles lightens them." "Telling your troubles makes 'em grow." Proverbs. Take your choice.

Every mother's son of us stumbles over our good resolutions.

Collectively, politicians are never troubled with "nothing to say."

Why do women with teeth grin like skulls when having their photographs taken for newspaper half-tones?

Good government requires "the consent of the governed." Witness—several things.

Good government requires "the mailed fist." Witness several things.

Good government requires what? Perhaps obedience to the ten commandments

Good government: The will of the majority! What about the consent of the governed? The minority?

"The greatest good to the greatest number." So good is evil to the minority? What's the answer, Mary?

Love, from that of the youth and maiden, to that of the miser, and all between—what is it, what is its micro-organism?

Efficiency! You must go beyond it, for it makes alike for all things.

You cannot evolve gold from involved lead.

Ancient wisdom: There are three species of widows—golf, grass and sod.

If love at first sight can stand the second sight it is 18 carat.

Moonlight? Oh, well, it is pale, cold, sickly, mysterious, soft, glorious and so on.

Claude says he has no sins, to speak of.

The small boy wanted to be a pirate until he got seasick.

"Foolish to carry much money," said the old lady speaking of foot-pads. "I never do," said Binks.

A citizen may want the Life of T. R., but not his gore.

"My 5th Operation." A suggested title for a prospective best seller.

Many a husky chap has been knocked out with a poker—

"Welcome" on the door-mat, or wall, is often a prevaricator.

THE HOMŒOPATHIC RECORDER

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POLIOMYELITIS, OTHERWISE INFANTILE PARALYSIS.

The New York Academy of Medicine recently held a "Symposium on Infantile Paralysis" that was quite fully reported in the *Journal of the A. M. A.* Very naturally Simon Flexner, of the Rockefeller Institute led off with a paper on "The Nature, Manner of Conveyance and Means of Prevention of Infantile Paralysis," none of which he really explained or claimed to explain. He said the disease is "infectious and communicable," "caused by the invasion of the cerebral nervous organs—of a minute, filterable micro-organism which has now been secured in artificial cultures and as such is distinctly visible under the higher power of the microscope." Whence it cometh and whither it goeth, or what is gained by this alleged ultra high-powered microscopic discovery, or how nearer it brings us to a cure of the disease, is not stated, probably because his was a scientific paper. Looking over the article for positive statements we find that "epidemics of infantile paralysis always arise during the period of warm summer weather." Also that while "our present knowledge excludes insects from being active agents in the dissemination of infantile paralysis, they nevertheless fall under suspicion" as being possible "mechanical carriers." Incidentally all domestic animals and fowls labor under the same suspicion. In fact it seems that the weather, flies, mosquitoes, lice, bedbugs, chickens, geese, turkeys, ducks, cats, dogs, horses, cows, pigs, sheep, mules, men, women, children, and everything else is suspected. One very sane remark is, that all are not equally susceptible to the disease; to this we may add, it is quite probable that all do not have the conditions in them, hence the "germ" is harmless, and so the world escapes

extermination. "There exists at present no safe method of preventive inoculation or vaccination, and no practical method of specific treatments.

Dr. Henry Koplik, who has seen many cases said of the disease: "The patient has an attack of vomiting and slight fever, and within twenty-four the mother observes that the child cannot move one or the other extremity." This is the purely spinal cases, which are the most numerous. In the graver form the paralysis appears gradually and involves not only the lower extremities but other parts of the body, with delirium and many other distressing symptoms.

(Just here note that a man familiar with the disease says that *Belladonna* is the best preliminary prescription in all cases.—ED. H. R.)

Dr. George Draper divides the disease into five classes which may be summarized as gastro-intestinal, respiratory, febrile, meningismus, and "the type in which paralysis occurs."

(Again. This variety can only be met scientifically by the law of *Similia*.—ED. H. R.)

Dr. Louis C. Ager, Kingston Ave. Hospital, where 320 cases had been received divided them into three classes, namely, encephalitic, poliomyelitic and meningitic. "Perhaps this classification is not scientific, but we have found it valuable for bedside work. We found as usual that the lower extremities were most frequently paralyzed. In a group of sixty-four cases examined, the lower extremities were involved in thirty-nine instances; in seven instances the upper extremities; in five there was facial paralysis; in thirteen cases the only definite symptoms were marked paralysis of the muscles of the back. There were two typical ataxic cases."

Dr. Haven Emerson said that during the first six months of 1916 there were, in New York, 884 deaths from diarrhoeal diseases and 57 from the infantile paralysis. "One of the chief points of interest in connection with the epidemic is the psychologic state of the lay public." Also: "We must acknowledge that our present method of dealing with the disease is an experiment." Also: "In a group of 700 cases accurately studied the mortality was found to be 27 per cent. The average mortality is estimated in foreign epidemics has been from 7 to 10 per cent."

(Dr. Emerson's figures, 57 deaths from the paralysis, do not seem to fit in with the facts, but at any rate, the fact seems to be that diarrhœa is more prevalent and dangerous, yet they do not quarantine or employ scare methods because of it. Perhaps the public's psychologic state is due to the methods employed by the health officials in "fighting" the baby paralysis.—ED. H. R.)

Dr. W. H. Park said: "The sick person and the carrier are the chief sources of infection," which notion may account for the psychological state of the public. How the infection occurs in the hundreds of isolated cases no one attempted to explain. In the discussion Dr. Emerson, in reply to a question, said: "We regard it as perfectly safe to admit patients with poliomyelitis into general hospitals," an assertion that crosses the bows of Dr. Park's. But, on the other hand, Dr. Louria said: "An epidemic can be stopped only by an early recognition of those cases that do not show any paralysis." If every child that shows vomiting, plus a little fever, is to be a suspect, we might as well quarantine every house in which there are children.

Hasn't this germ, carrier, quarantine craze among the medical Brahmins gone far enough? The inference from the remarks of Dr. Emerson, quoted above, is that this is the first time that fear-producing quarantine has been extensively employed, yet the result is 27 against 7 to 10 per cent. where it was not employed.

The whole reminds one of the ancient story, doubtless familiar to the greater number of readers. Here it is, as remembered:

An Arab chief met Cholera going to Aleppo. "Whither?" asked the chief. "To slay 10,000." Months afterwards the chief met Cholera returning. "Thou lied to me, thou slew 20,000." "Nay, I slew but 10,000; Fear killed the others."

MATTER AND MEDICINE.*

By F. B. Grosvenor, M. A., M. D.,

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Far be it from me to come before this honorable body whose members are so well versed in the symptomatology of the ho-

*Read before the Columbus Homœopathic Club.

homœopathic materia medica, and attempt to read a paper on or about any particular drug or group of drugs. Such an endeavor would teach you nothing and would expose me to severe flank attacks if I failed to agree absolutely with certain fixed ideas.

Rather than to so bore you in the reading or amuse you in the discussion, I will depart from the usual program and philosophize a little. Not that I particularly love philosophy, for I still claim that what the homœopathic profession needs is not more philosophers who merely sit around on the cracker barrels and talk, but more scientists who take off their coats and do things. Philosophy will help some, but science is the thing that will eventually justify our therapeutic stand. However, our philosophy this morning will be based on cold, hard, scientific facts.

The writer has long been firmly convinced of the great curative values of the higher attenuation of our homœopathic drugs. It may be advisable, for physiological effect, to give a dose with a little color in it to a patient now and then, but as for us, if the medicine is for home consumption, a potency from the 6x to 200x is desired and will work the better. Although I have been convinced almost against my will and reason of the value of these potencies, I have never been able to understand or explain their action, they seemed so unreasonably small. However, we can derive a great deal of comfort and satisfaction in considering other things brought forth by science which are also infinitely small and which may in a way be correlated with our ideas of drug action.

All scientific men have waked up in the last few years to the new wonders being brought forth by a study of Radium, X-rays, electric dissociation, anaphylaxis, etc., and science alone has carried us into the infinitely small.

First in regard to the molecule. All our body cells are made up of molecules, so are all our drugs. How big is a molecule? Sir Oliver Lodge gives us his ideas as follows: If the smallest drop of water that can be held on the point of a fine needle were magnified to the size of the earth, the molecules would be about the size of tennis balls. All molecules, being seen, are in constant gyration. Of course, the atom of hydrogen and oxygen being comparatively small the molecule H_2O would be a smaller

molecule. The molecules of our drugs would be somewhat larger. But again, each molecule is divided up into atoms and again these atoms, although their very name means undissectable, have been found to each consist of a central core of positive electricity and numerous revolving bodies of electrons whose charge is negative. An arrangement very similar to our solar system and with proportionate distances between them surprisingly large. The core of the hydrogen atom has but one whirling satellite while the heavier molecules have hundreds of thousands. Thus on the analysis of matter we get down to a mere electrical whirl in ether. This gives some substantiation to the old philosophical dictum that matter existed only in the mind, that it is merely the effect of forces on our highly organized mentality. This might possibly be so, for scientists have been unable to absolutely prove the existence of any such thing as matter, for the more they analyze it the more matter breaks up into mere whirling forces of electrical energy. However, the trend of opinion as shown by such physicists as Sir William Ramsey and Rutherford is that this little whirl in ether, which we call the electron, has really a minute core of matter, minute even for the electron, around which the negative electricity is organized. The core of the positive oxygen atom is matter in such a condensed state that it is computed that this core, enlarged to the size of a walnut, would weigh 500 tons. The reason that lead and platinum are so light is because the particles of matter of which they consist are so widely separated. So we are getting matter itself down to a very fine point, and it is matter that we attempt to influence with our medicines.

Professor Bailey, of the University of Kansas, before the days of Radium and electrons brought to bear the electrolytic dissociation of Arrhenius on the action of our homœopathic drugs. He uses the older idea of ions, or that portion of the molecule which can transport electricity. He cites the fact, well known to every chemist, that substances in solution, especially the salts and acids, will transmit between two electrodes more and more electricity as the dilution increases, up to a certain limit. This increase in conductivity being due to the freeing of the particles more and more from each other's attraction as the dilution increases, the free particles being the transporters of electricity.

Thus the more the molecules are pulled apart by dilution the more complete the substance is associated and the more active becomes the solution. He finds the maximum for Acid muriaticum to be about 1,000 normal, or an equivalent of the 4x dilution.

Some substances, of course, do not have to be so much diluted to obtain this maximum disassociation, so our experience is justified when we find that such drugs as Gelsemium, Cimicifuga, etc., will work well in the lower potencies, 1x or 2x, while other substances, Lycopodium, for example, must have their rather inactive molecules widely separated to obtain disassociation.

In the days of Radium and X-rays we speak less of ions and more of electrons. Let us remember that the electron is the active conducting and active combining portion of the molecule, that all chemical activity takes place through the interchange of these free electrons and without free electrons the molecule is more or less inert. If molecules are too closely packed together they are as powerless as a man in a dense crowd coming out of the theatre door. For him to get the free use of his hands the crowd must be thinned out. You can keep absolutely pure sulphuric acid in an iron vessel but not so with the dilute acid even the very dilute.

Now what are these electrons? How big are they? Remember our comparison of the drop of water magnified to the size of the earth. Then each molecule is as large as a tennis ball, and is further divided into three or more atoms. Each atom again consists of a minute positively charged core of matter about which gyrate one or more negatively charged satellites, whose distances from the atomic core are relatively as great as those of the planets from the sun. Can you have any more conception of their size than you can of the amount of drug in the 200th potency. Yet wait a minute. Not only can scientists conceive of these bodies but they can measure them. Not only can they count them but they can photograph their luminous trails. Not only can they study the direction of their motion but they can photograph collisions between them. Truly the supposed infinite is getting down to a pretty matter of fact affair.

To reiterate. All chemical action takes place through these whirling negatively charged satellites of the atomic core. Therefore, all therapeutic action (except the purely mechanical) takes

place through the transmissions of drug electrons to the patient, and these electrons are not given to act on a large mass of the body, but to combine with other similar bodies busily gyrating in the great sea of water in the nucleus of the animal cell. To attempt to influence these cellular electrons by huge and massive doses is like trying to feed a gnat with a teaspoon.

Radium has been shown to be constantly throwing off its electrons spontaneously. Other substances will not readily part with their electrons except under very special conditions. In fact, their electrons will not be capable of exchanging with other atoms to form chemical combinations unless they are sufficiently freed from the attraction of their neighbors in their own private little solar system so that their motion will be less restricted by mutual attraction. Such a process is served in dilution. Hahnemann conceived of these things but not in the names and forms as we know them now. In groping blindly about for words to express his conception, he laid hold upon the best words of his time in the attempt to express himself. So we have his ideas of the spiritual and dynamic powers of drugs. These words were for his own generation, and we must let them die with his generation. We must correlate ourselves with modern science and not think that because a thing is good that it can not improve.

It is generally supposed that all elements have the same intrinsic force as radium, but radium and the radiant metals alone have the ability to give off this force. Some day, we may be able to break up the very rocks into powerful forces, say the scientists, when the proper means is found to make them yield their interatomic or electronic energy suddenly. The trituration and grinding of these more or less inactive substances tends to free a small fragment of that gigantic force in the form of electrons and the milk of sugar tablet which contains a few free electrons of silicea, for instance, is able to liberate those electrons in a free and active state when dissolved on the tongue, while the cruder silicea holds its electrons firmly.

Truly modern science is fighting our battles for us. The true explanation of some of our vague ideas is at hand. We are justified in our experience that finely divided medicine is curative. Who among the modern scientists can cast the first stone at Homœopathy?

TARENTULA CUBENSIS.

By Donald Macfarlan, M. D., Philadelphia, Pa.

The tarantula *Cubensis* is found in Cuba and Mexico. It belongs to the same family as the tarantula *Hispana*. It was with this singular virus that the following provings were made:

In the preparation the live spiders were placed in a glass jar, and by a process of irritation or enragement, virus was caused to flow forth upon the sides of the jar. Strong alcohol was poured in, and from this tincture potencies were made. In the following proving the 200th hand dynamization was utilized. There were ten provers in all, and nearly all the observations were made with medicine taken every hour. Both male and female provers underwent the ordeal of the proving.

MIND AND SENSORIUM.

*When she walks rapidly she gets frightened—at no other time.
The medicine made him dizzy.*

She is drowsy but cannot sleep; a condition greatly removed by the proving.

Her head became light and she nearly flopped over.

Dizzy.

Before dizziness felt hot all over—in a hot perspiration.

Restless at night.

Twisting about at night.

Felt puffed all over as if the skin would burst. It seemed as if the body was expanding and the skin had to give way from this factor.

The woman feels drowsy.

“She would rather sleep than eat.”

The proving of much benefit in relieving nonsensical dreams which the woman had for a year every night.

Hard to concentrate the mind.

No ambition to do anything.

(The two great polycrests, *Aconite* and *Belladonna*, have remarkable analogies towards this remedy in the sphere of the mind and sensorium.)

HEAD.

A heavy feeling of weight on the top of the head is removed by proving.

Shooting pain through the left eye and head is also better.

Headache all night until 10 o'clock the next day. The headache was dull and the prover was prevented from sleeping.

Produced a hot head. Caused him to lie down and made him dizzy.

Head gets light and she nearly flopped over; dizzy with it and before the dizziness; felt hot all over; in a hot perspiration.

Face flushed.

Headache; a dull pain.

Cough with pain in the ear.

Shooting headache through the left eye—like pins and needles—going up into the head cross-wise.

Dull frontal headache continuously.

Dulness on the top of the head all the time.

Dull ache constant on top of the head.

A nasty shooting pain; comes and goes; goes from the left eye across the frontal region. The pain is shooting, severe, short-lived and superficial in character.

Slight headache in the forehead; this is unusual normally (usually affected in the eyes before the proving).

A dull headache, and it was hard for him to concentrate.

Headache in the right eye, aggravated very much by the use of the microscope (uses only left eye with the microscope always).

Slight headache in the afternoon after 2 o'clock. *It was rather violent later in the proving after 2 o'clock, and in the right eye, as though the eye had been poked severely with a finger.* Still later, more headache in the afternoon. The same thing is repeated.

Another prover experiences pains in the head from the anterior to the posterior part in line with the left eye—the pain is near the surface.

THROAT.

Removed in the prover a taste in the mouth like ink. In same prover it helped a little the white expectoration, and *a harsh cold was much bettered.*

In another prover it helped a cough which was whooping in character. By taking the tarantula she did not cough so often either. This person complained of cough with pain in the ear—this was bettered also.

Loose cough made dry. On pushing the tarantula it hurt her *when she breathed, and made her sore all through the chest as well.*

The remedy caused an inability to hold her urine when she coughed.

It caused more difficulty in the raising of mucus in the same person.

In another person it helped the hoarseness, but the benefit was not marked at all.

In a male prover a slight cold was developed and the lips were very dry (?).

Pains develop in the throat. This throat condition was upon the left side and it hurt him in the act of swallowing.

Helped in a prover, yellowish expectoration and cough at night.

STOMACH AND ABDOMEN.

In a female prover, taking the tarantula every hour, the following resulted on the fourth day: *When she drank water a pain developed below the epigastric angle, and the same condition ensued after any water, ice water or otherwise. The pain developed was stinging, and after the pain the stomach was sore.*

In another female a catching pain around the area of the appendix was noted, which was sometimes sharp and sometimes dull.

In another woman she noticed in the proving that she could eat more than before the cold. *At times the stomach swelled after eating during the cold before she began on the tarantula. She stated that the medicine helped this remarkably.*

Developed in a woman a disposition to strain at stool with costiveness.

In another prover of the same sex, who also took the medicine every hour, there was developed a *peculiar stomach condition; it caused it to feel like a stone; it was hard if she pressed at it; it felt she said as if there were no soft spots in it. This condition with her lasted about three days running.*

Tarantula has helped slight stomach cramps, a woman thinks. These cramps put in their appearance after eating, and it is a condition which she has complained of for eight or nine years. Later on, in pushing this potency the remedy actually provoked *pain in the stomach* after eating, which seems, she states *as if*

there were too much gas in the stomach itself. The proving seemed to improve this prover's appetite somewhat.

In a male student developed no appetite at noon. This was on the second day of the proving. At the time there was noticed slight indigestion. Three days after this he became hungry before meals, but upon going to the table one or two bites quite sufficed him as far as the satiation of the hunger went. This condition doubtless would have been denominated "easy satiety" by the early Hahnemannians. Still later, in this same person, the same experience recurs in the proving, the identical sensation of false hunger before meals.

There was developed late in the proving practically *complete loss of appetite except for breakfast.*

A feeling of vomiting, noted at times during the day, but this was not very pronounced.

A medical student on the fourth day *felt as if his belly were dilated.* The same man complained of the voiding of gas. Like the above female prover he developed *a difficulty in voiding stool.* His condition resembled by another change—the bowels became *inactive.*

BACK AND BODY.

Felt hot all over.

Another felt hot all over, a condition which was preceded by dizziness. This prover developed a hot perspiration.

Feels sore all through the chest, hurting her when she breathes. Twisting about at night and restless at night.

The muscles of both sides of the chest, anteriorly, are painful to the touch somewhat; when drawing the breath, however, a stitching pain, like that of a pleurisy is developed.

Felt puffed all over as if the skin would burst, as if in fact the body was expanding and the skin had to give way from this factor. This is a most singular symptom and one highly characteristic of the tarantula Cubensis.

Backache across the kidneys; sharp pains like those of a confinement. It catches her now and then in the back.

A prover reported with the pectoral muscles sore to the touch. The medicine had a remarkably rapid and beneficial action upon this condition, *especially as regards the pain.* Later on, by pushing the proving a *bad pain in the chest* develops (it does not

hurt to breathe, in this instance). The chest in this case at this time *was awfully sore to the touch*. The condition was peculiar—it was intermittent in type—the pain at times would go away and the suffering would cease entirely—then after a time it became *awfully sore to the touch*.

Another man prover—a phlegmatic type temperamentally—*became tired all over and sitting or lying had no effect on the condition*. The same person developed pain across the small of his back (a very noticeable symptom in the proving in this particular case). Later on *there was very pronounced pains across the small of his back*. Still later his backache developed in the evening—it was still across the small of the back.

EXTREMITIES.

The hands feel shaky.

When she picks up anything the hands tremble.

When she walks rapidly she gets frightened—at no other time.

When she goes to do anything both hands tremble.

The hands alone shake. She cannot write because of this peculiar state; never been so afflicted in her life before. Even when sitting, in fact all the time, her hands shake; nothing else shakes.

A sharp pain running down the left arm when she coughs, is dissipated by taking the tarantula. The proving develops a peculiar condition with a female—for the first time in a long while the blood was so determined into her hands, that when they were shown to me *they were actually turgid from this cause*. In no diseased state beyond this proving have I seen anything of the kind before.

Another prover—left foot nearly pains her. Is a soreness with the pain—it comes and goes.

In the case of a medical student, on about the fourth day, taking the tarantula every two hours, *it produced pimples which broke out on the front of the leg at the shoe top, on the left leg. A couple were developed at the same location on the right leg.*

Another student in the medical school developed on the fifth day *red spots on the right leg, above the knee, which were scaly in character—they were about three-eighths of an inch in diameter, and were stinging in character. Altogether there were eight or ten of them. The next day red spots appeared on the left leg.*

(Nervous movements of the members, shaky, or trembling in character afford a wide field for the exhibition of this remedy. In this connection will well serve in removing many of the troublesome symptoms of chorea and Parkinson's disease.)

RESPIRATORY.

The prover, a young lad, who reported with irregular breathing, was forced to take a deep breath at times. Within twenty-four hours about, taking the remedy every hour, the breathing is made better during the day. That night, however, *he could hardly fall asleep for a couple of hours—he could not catch his breath—when he laid down he could not get his wind.* He declares he has never been just that way before.

Another case was helped as regards the yellowish expectoration.

Helped cough at night—made him sleep better and this possibly because of the relief in the cough.

SLEEP.

On the second night of the proving *could hardly fall asleep* for a couple of hours. He could not catch his breath. When he laid down he could not get his wind. He declares he has never been just that way before.

Developed in a woman a dull headache and *she was prevented from sleeping. The sleep was restless;* there was only sleep for five minutes in all during the night.

Caused a man to sleep better and this possibly because of effect in the relief of a serious night cough.

In a phlegmatic nurse the medicine affected her in such a manner that *she could not sleep at night. It was a long time before she could go to sleep, but when she does drop off, she does sleep soundly.*

A woman, on reporting, stated that she could not sleep because of serious cough and nervousness. At that time she was drowsy but could not sleep. Upon proving the harsh cold and the breathing became much better and she slept better than for five months (own statement).

In this last case the *drowsiness was removed* when she took the tarantula.

In another woman, of a nervous bent, who complained on the first reporting of *a kind of whooping cough* and sleeplessness to

boot, the proving rapidly improved these unpleasant symptoms. On pushing the remedy, moreover, the sleeplessness again returns. Later still, the proving induced *nightly restlessness and twisting about in bed.*

Caused drowsiness in a woman. "She would rather sleep than eat." At that time sleep was much better than before. Later still, *sleeping is much better and she sleeps longer at a time.*

(The tarantula Cubensis has great virtue in the relief of harsh cough preventing sleep. It must be held in reserve as regards whooping cough, but if the latter is at all harsh, and if there is much catching for breath, with an accompanying nervous irritability it must suit admirably.)

SKIN.

Flushing is noted in the face.

Felt puffed all over as if the skin would burst, as if the body was expanding and the skin had to give way from this factor. Six red pimples broke out on the front of the leg, at the shoe top on the left leg. At couple break out on the right leg at the same location.

Another prover *noticed red spots on the right leg above the knee. These were scaly and stinging. They were three-eighths of an inch in diameter and about eight or ten in number. Later, red spots appeared on the left leg.*

This same prover developed profuse sweating between the thighs, but he was uncertain that this was surely due to the proving.

URINE.

When she coughs she cannot hold her urine. This has occurred twice.

Removed the habit of nocturna quickly in a woman accustomed to void two or three times at night, when she reported. On pushing the proving, the nocturna again returned. On pushing still farther no nocturna in evidence.

FEMALE.

In my provings no characteristic female symptoms were elicited.

MODALITIES.

There is a nightly aggravation with the remedy.

There is an aggravation of the cystic state and of the sleep from cough.

DEFINITE THERAPEUTICS.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

If a fibroid tumor of the uterus is located in the *posterior* wall of the uterus we will have anteversion with the symptoms of *vesical* irritation, due to *pressure* on the *bladder*. This pressure on the bladder forms a mechanical obstruction to the flow of urine, and the patient will tell you that she cannot pass urine without considerable difficulty. Fortunately we have *one* remedy that we can *depend* upon for this condition, *Tr. solidago virg-aurea* (golden rod), 1st x, 5 drops once in three hours until relieved. This remedy is also indicated in patients when they complain of *tender* spots that are painful on *pressure* over the region of the kidneys. There is *scanty* urine, it is *dark* colored, with *slime* in the urine. The above remedy may be given, 1st x, 5 drops once in three hours.

I should have said in a former article that *Agaricus* was sometimes indicated in cataract. It is indicated when the *ears, face, nose, toes* and *skin* are affected with *redness, itching, and burning*, as if they had been *frozen*.

"Dr. E. T. Allen, of Chicago, Ill., has cleared up several cases of cataract with the above remedy in the 12th x."

"The partner of my joys and sorrows" woke me up one night complaining of a *fearful headache*. The symptoms were so *peculiar* that I asked her to write them down for me. She says: "I was taken with a fearful pain between my eyes and over my eyes, felt *all gone*, as if I had *no* strength left. Then a *warm* wave seemed to sweep over me. I wanted to hold my head *back* as far as I could; it seemed as if there was a *cord pulling my eyes back* in my head. My head felt as if the whole top was being *cut off*. The pain came in *spasms* lasting half an hour at a time." I would say that her face was *deathly* pale, pulse weak and *feeble*, and the *pain* was so *severe* it seemed as if she would go "*out of her mind!*"

I thought of *Spigelia* as a remedy for her. This remedy has the sensation as if the "optic nerve were too *short*, as if a *string* were drawing the *eyes back in the head*." I gave her *Tr. spigelia* 3d x, 15 drops in half a glass of water, one teaspoonful

once in fifteen minutes until relieved. At the third dose she could lay down in bed, and felt much *relieved*. In about an hour she felt some of the pain and took a dose of the medicine, then went to sleep. In the morning she felt none of the pain in her head, but her nerves were a little "shaky" from the *fearful* pain. A few doses of *Kali phos* 6th x helped to *steady* the nerves.. It was a very *severe test* of what *Spigelia* could do, but it *proved* "a friend in need." It would have been an "object lesson" to many of our doctors who have any lingering doubts about the *dynamic* power of the *indicated* remedy.

In a letter received from Dr. Brown, Hudgins, Va., he says: "I was located in Elsie, Michigan, in 1902 and 1903, when the small-pox took the counties nearby. I took the field as health officer, used *Malandrium* 70th x, never lost a single case, did not vaccinate any of my cases, also used same remedy for chicken-pox and Cuban itch." In reading the extracts of the proceedings of our State and National medical societies, as published in the newspapers, we will often read that they declare this or that disease "*incurable*." Such statements are just so much ammunition furnished to the drugless healers. It is a law in military science that "we should never expose a *weak* point to the enemy." Yet this is just *what* our profession is *constantly doing* when they allow the news to be published broadcast over the land that they *can't cure* this or that disease. It is a good plan to let the people know what you *can* do to cure the diseases that they have, but for heaven's sake *don't* take *particular* pains to tell them *what you can't do!*

All proceedings of any medical society should be *censored* by the "Press Committee" before they are given to the public press.

Dr. E. B. Nash writes me that his "Leaders of Homœopathy" "is being translated into the Bengali language. It has already been translated into the French, German and Spanish language." The *above* book is one of the standard text books my students use in their course of study. I have had several letters asking for a "good treatment for adenoids." This *discovery* that children had adenoids has proved a *gold mine* to the surgeons. For the *local* treatment of adenoids I like *Tr. hydrastis* fl. 3i, added to *Glycerine* fl. 5vi. Mix. Sig. Apply on tampon introduced deep into the nostril, leaving it there about fifteen minutes once a day.

When there is *extreme* sensitiveness to *cold* air, cold air inhaled causes *distress* in the throat with sensation of *heat* and *dryness* in the throat *Tr. cistus Canadensis* 6th x is the remedy indicated. *Calcarea phos.* 3d x is a *good* intercurrent remedy, and should not be *omitted* whatever other remedies are given. *Iodide calcarea* 3d x is a good remedy in *febrile* cases, and where there is *any* enlargement of lymphatic glands as in scrofulous children. *Carb. baryta* 6th x is a good remedy when there is *recurring* attacks of tonsillitis.

In *hoarseness* it is well to remember the difference between the indication for *Causticum* and *Phosphorus*. In the former the hoarseness is *better* from *talking*, in the latter worse.

In chronic catarrh, when the nose is *very* much "*stuffed up*" or *obstruction* of the nostrils, *worse* during cold wet weather, *Manganum* 3d x is the remedy indicated.

It will soon be time for hay fever. When I have been up to the White Mountains in summer I have seen the victims of hay fever, with all its symptoms, but in a few hours in the change of climate there would be a change for the *better* in their condition.

For a *constitutional* remedy for this condition I like *Iodide arsenic* 3d x. I give it a week or ten days before the expected attack. It seems to *weaken* the severity of the disease. It should be given all through the case, *especially* when there is *excoriating* discharge from the nose, burns the upper lip, patient is chilly, can't bear *cold weather*. There is constant *desire* to sneeze, yet a good "old fashioned" sneeze *don't relieve*. *Naphthalin* 3d x is indicated when there is well marked coryza with *excoriating* flow of tears, mostly from left eye, with swelling of eyelids. I have been surprised as well as very much *amused* to see the average doctor so much *afraid* of cancer, and I often ask myself, *Of what is he afraid?* There is *not a particle* of evidence to show that it is *contagious*, and the chances of inoculation are almost nil. Then *why* the fear? Any doctor who is *afraid* of a disease will never *conquer* it. At a national medical convention a doctor who claimed to cure cancer wanted to borrow a pair of rubber gloves to wear while he *looked* at a case of cancer. I have seen physicians, when they met me in consultation on a case of cancer, stand across the room from the patient. Now you can imagine *what* must be the feelings of a *delicate, sensitive* patient *afflicted*

with the fearful disease. When she *sees* that her doctor is *afraid to come near her*. Some men who claim to be "cancer specialists" put on a long robe like a night gown, and rubber gloves on their hands, then they are *prepared* to receive their patients. I have never been afraid of *any* form of cancer. I handle a case of cancer just the same as I would *any* kind of swelling or growth. Every physician if he wants to *succeed* in' his profession must settle *this one question* in his mind, Is disease to be my master or is it to be my slave? The answer to this question will decide the question of your standing in your profession. The moment you decide that *any* disease is your master your *usefulness* in the treatment of that case is null and void.

I think that the great majority of our physicians are truthful and honest. Now and then I meet with one that seems a little *wild* in his statements. It reminds me of what an old farmer said about his wife. He said that "she was tolerably virtuous except on a *dead strain*."

Women sometimes have a great longing for *sweet things*, candy and sugar. They have *flatulence* and great *distension* of the stomach and abdomen. The gas rises easily and in *volumes*, it discharges in *both* directions with great *noise*. The tongue is thickly coated *white*, great *craving* for sweets. *Argentum nitricum* 6th x is *the* remedy they need.

When patients complain of a *sharp* piercing pain in *right* breast just below the nipple. It *hurts* to take a *deep* breath. The pain extends to right shoulder and arm. The remedy indicated is *Sanguinaria* 3d x, three tablets once in three hours.

In all complaints where a patient tells you that he has *never* been *well* since he received a *severe burn*, although it may have been years ago, give him *Causticum* 6th x, three tablets three times a day, and watch him improve. In diarrhoea or dysentery with *sharp* shooting pain in the rectum of a twisting cramp-like nature, causing patient to bend double and *press his hands* over the abdomen, a desire for stool every *few* moments, with small *bloody* discharge, the remedy is *Tr. Colocynth*, 5 drops in four ounces of water, one teaspoonful every hour until relieved. In every day practice we are likely to meet with some form of "*backache*," and it is a good thing to know how to treat it when there is pain in the *back*, usually in the lumbar region, *worse*

lying in bed. Patient has to "sit up to turn over," *Nux vomica* is the remedy. When the backache is worse when sitting still, better from moving around, *Zincum* 6th is the remedy. A boring pain in the back indicates *Magnesia phos.* 3d x. Backache relieved by lying on something hard calls for *Natrum mur.* 6th x. In the last month of pregnancy women sometimes have a weak feeling in the small of the back, it "gives out" when walking. *Tr. asculus hip.* is the remedy indicated. We have another form of backache that is always worse at night and in the morning before arising. This condition indicates *Staphisagria* 6th x.

A bruised pain with lameness and stiffness in the small of the back; bubbling sensation in region of the kidneys, "rises from seat with great difficulty." The above symptoms indicate *Tr. berberis vulgaris*, ten drops once in two hours. Pain in the back that drives a patient out of bed early in the morning, with pains shooting down in the buttocks calls for *Kali carb.* 3d x.

The many kind letters that I received on my birthday from physicians of all schools of medicine on both sides of the Atlantic are "like the touch of a friend in the dark!" They prove to me that our Doctors fully appreciate the work I am trying to do for our profession and for our common humanity.

EXPERIENCES.

By W. E. Bremser, M. D.

Oftentimes in a busy practice we are prone to be careless, either from cock-sureness, or through disregard to examine the case in all thoroughness. The following cases will explain and show that the trouble may be with the patient, but more often it is the fault of the doctor.

G. L., age 43. Fever 103°, soft pulse, white coated tongue, great perspiration, especially at night. Right leg very painful with tenderness along the tibia. I had previously treated this case for syphilis, and knew that he was not cured. I was, therefore, cock-sure that this man was in need of *Mercury*. He also knew that he had syphilis in him. However, after I had treated him for several days without relief, his son called another doctor, who gave him *Salicylates*, and promptly relieved him. The man afterwards came to me with some of the medicine. The other

doctor not knowing that the patient had syphilis had treated him for rheumatism and promptly cured him.

A. C., age 28. Treated this young woman for syphilis (secondary). She developed a violent headache; left-sided and supra-orbital, worse at night, the pain would drive her out of bed. Every anti-syphilitic drug and many more, as well as local means, failed to give her relief. However, she let drop the remark that it seemed as though drops of hot water were falling upon the brain. A few doses of *Cannabis sativa* promptly stopped the trouble.

J. B., age 18. This young lady had been in the habit of having spells at each menstrual period, and *Conium* always relieved quickly. I found her in one, and even though opisthotonos was present, gave her as usual *Conium*. However, I had to correct this with *Cicuta*, which has the above symptoms very prominently. Valuable time and a life would often be saved if we would get away from this routine prescribing. How frequently will we go to a case knowing in advance that as the patient is a *Nux*, *Bryonia* or *Pulsatilla* temperament they are bound to get a set or fixed drug.

H. M., age 91. Called at night to this case which was supposed to be dying from pneumonia. The excessive sweat, profuse salivation, and bad odor, led me to give him *Mercury*, though I was treating another case of pneumonia that had dripping perspiration from incipency to crisis, and gave *Ac. phos. Mercury* 30 was given to this old gentleman, and when I called in the morning found him sitting up smoking his pipe.

A. G., age 37. Patient was subject to gall stone colic, and had recently under my treatment passed above 200 gall stones. Was called to see her about chills. Found that chills came on at different times of the day, from one to five chills a day. Chill always began under right shoulder blade. Chill without fever and no sweat. She had pain during the chill running from right to left side of abdomen, and in the paroxysm she would draw her left leg up to the chest. Was in delirium after she became warm (no temperature). She received *Chelidonium* and a host of other drugs to *Pulsatilla* for the ever-changing period of chill and stool. Finally she let drop that the chills would always wake her out of her naps. *Lachesis* was given and stopped the trouble.

M. F., age 32. Widow. Found the lady suffering with chill, fever and sweat. Clean tongue and soft pulse. She feels very weak and has no appetite. Plain case of *China*. Gave it. Several days later patient sent for me, saying she was no better. Patient then very confidently whispered that she had taken big doses of *Quinine* to abort. This put a different color to the case, and *Echinacea* was the remedy.

K. S., age 30. Supposed to have taken cold, and had missed her period. Knew that she could not be pregnant because her husband used a protector. This was a plain case of *Graphites*. Menstrual irregularity with hepatic eruption around the mouth; constipation with obesity. *Graphites* did not bring her around, nor did *Pulsatilla* or *Cimicifuga*, for in due time I delivered her of a baby girl, even if it was a *Graphites* case with eruption on the face.

E. S., age 21. Called to treat the young lady for painful menstruation, and found her doubled up with cramps. Heat and pressure gave some relief. Having no *Colocynth* with me I gave her *Mg. phos.*, which stopped the pain. I learned afterward that she had taken bitter apple to come around. It was well for her pains that I did not have *Colocynth* with me.

H. M., age 28. Gentleman came to me for treatment for eczema of the face. Complains greatly of the itching and burning. Must get up out of bed early in the morning for stool, and he must get there quickly. Surely *Sulphur*. Yes, he received *Sulphur*, high, low and thereabout, but the condition remained the same, until I learned that he could get relief from the hurried stool by lying upon his stomach. *Aloes* was now given, and cured the eruptions and the urgency to stool as well.

W. G., age 21. Young. Came to me covered with eruptions. The itching was intense; that he was bleeding from a great number of places. Had been under various doctors without relief. Itching morning, noon and night. Always after meal. Learned that he found relief when not eating butter and fat. *Natrum phos.* stopped the itching and cured him in a short time. Splitting his diet was the means of tracing out the fault.

1525 Franklin Ave., St. Louis, Mo.

A CASE OF EPILEPSY.**By Geo. G. Kelly, M. D.**

Early in 1910 I took the office of a homœopathic physician, gone to his reward, and was very kindly allowed the use of his case book.

A former patient of his, a Mrs. C., came, giving a history of epilepsy of two years. Both she and her husband wished the old treatment continued, and on reference to the book I found bromides had been given.

I told them frankly that I had no faith that it would ever give her help, but they persisted for six months. At that time her mother insisted that they change physicians, as I was not helping her, but the husband decided to give me a real chance.

I found the history as follows:

Mrs. C., æt. 43, married fourteen years. Early history negative. One miscarriage at about four months. Two or three months later abscess formed in axilla and later in the other. These alternated from one axilla to the other until she had forty. These stopped about five years before she came to me.

Two years ago began having epileptic attacks while pregnant at about four months. She was told that the child was dead, but was delivered of a living child at term.

The early attacks came irregularly, every two or three weeks, later three months apart, but always during menses. For the past few months menstruation had been regular and the epileptic attacks came on the first day.

The aura of the attack is described as a slight drowsiness, inability to hold things in the hands, twitching of hands and jerking of whole body half an hour before the attack.

Naturally bright, cheerful and talkative but is silent and depressed before the attack.

Attacks always in morning. Involuntary urination during attack with nausea following. Complains of feeling lifeless and lacking energy in the morning until she has been up an hour or two. This condition is aggravated after long sleep and less after short sleep. Memory poor for recent events, but good for what had happened years ago.

Placebo was given for two months with no change in symptoms. She was then given *Lachesis* c.c. on No. 1 disk (each containing one drop) a single disk every seven days with placebo every three hours. This was continued six weeks.

There was no return of the attack for nine months when she had one more.

Lachesis 10m, two doses, was given, and there have been no attacks since.

I believe this case may be considered as cured.

Woodstock, Vt.

ACONITE IN SEA SICKNESS.

By F. N. Aitchson, M. D.

A typhoon at sea and all the passengers seasick. On the second day of the storm at three o'clock in the afternoon the wife of a young physician came to my stateroom and asked if I knew anything to do to relieve her husband. The ship's doctor had failed. The husband was extremely restless, in fear of imminent death and unable to void urine, and this condition had lasted so long his life was despaired of. I reached for my case of homœopathic medicines, took out a bottle of *Aconite* 2x dilution, ordered five drops on his tongue, and repeat in five minutes if necessary. Then report to me.

In about fifteen minutes the wife bounded joyously into my room to tell me that just as she was about to give the second dose complete relief came, and her husband was resting easy. It cured the husband of the malady, allopathy, and he studied Homœopathy ever since—many years now.

1430 Berwyn Ave., Chicago, Ill.

DEMONSTRATIONS OF KALI-BICHROMICUM.

By Ad. Lippe. Excerpts by Dr. S. L. Guild-Leggett,
Syracuse, N. Y.

Measles: Severe cases. *Kali bi.* As soon as eruption developed a severe cough set in which distressed the patient; the nose became sore, small ulcers formed in the nostrils, the discharge became thick, viscid and stiff; the expectoration became tough and stringy and was detached with difficulty. *Kali bi.* 200 promptly cured these cases.

Croup: *Kali bichromicum* is not unfrequently the true homœopathic remedy in croup, when the characteristic morbid appearances are present and the expectoration is tough, ropy, tenacious.

Proving: *Kali bichromicum*. John Emanuel, 46 years, soon after going to "works" was seized with bronchitis, which continued in chronic form for weeks.

The cough was loud, violent and rattling, and seemed to proceed from a small spot in the upper part of the abdomen, which was very painful to touch. This cough was < on waking and after eating. The expectoration of mucus was *so viscous* that strings of it were *drawn down* to the feet. He was > when *lying down* in the *evening*, but during sleep the *rattling* and *wheezing* could be heard at a distance. Final weakness and emaciation became so great that he was compelled to give up work.

He completely recovered, under homœopathic treatment, in course of three or four weeks after leaving the factory, the principal remedies used having been *Nux* and *Phos*.

Proving: *Kali bi*. Gallagher, a workman, reported a similar symptom. *Dyspnea*, especially in the morning, with cough and expectoration of *white mucus* "as tough as pitch," which could be drawn out in *strings*.

Diphtheria: Relapse, after convalescence under *Lach*. Indications for a prescription of *Kali bi*. were: "Violent stitches in the left ear, extending into the roof of the mouth," and into the same side of the head and neck, which was sore to touch, with swollen glands.

Œzæna: *Kali bi*. is often curative when the *discharge from the nose is of hard plugs, elastic like India rubber, and called by the workmen "clinkers."* There is pain in the nose at the junction of the cartilage, and *cessation of the chronic discharge* causes violent headaches, pain going from occiput to forehead. This headache is often relieved by a dose of *Kali bi*. 200, and the discharge restored.

A cure of chronic œzæna was much improved when the following symptoms indicated *Kali bi*.: "Violent shooting pains from the root of the nose along the left orbital arch to the external angle of the eye, *exactly* with dimness of the sight, like a scale before the eye; *beginning in the morning, it increases until noon, and gives way toward evening.*"

Dyspepsia: So-called. *Kali bi.* is often effective when, after a meal, which has been enjoyed, a sense of impeded digestion results. *Nux* has a similar symptom, but *it* most often occurs two or three hours *after* a meal, while in the case needing *Kali bi.* the sensation appears almost at once.

Dyspepsia: As result of over-indulgence in *beer*, with sense of great weight in the pit of the stomach; flatulency; food eaten, *at once causes oppression; confused feeling in the morning*, with nausea, and *vomiting of mucus.* *Kali bi.* cures these symptoms promptly.

Liver: Diseases caused by over-indulgence in malt liquor, especially *beer*, often find remedy in symptoms caused by *Kali bi.*

Clinical observations of *Kali bi.* have shown that the tough, stringy mucus is not confined to the respiratory secretions and discharges but may be applied to such discharges from any region of the body.

Dysentery: Returning periodically, every year, early summer; cured by *Kali bi.* The red, smooth, cracked tongue in dysentery is characteristic of *Kali bi.* The ulcers for which *Kali bi.* is most curative are large with dark center, and over-hanging edges.

A NICE BOOK.

It is not a big book. Just one of those comfortable little volumes that can be readily slipped into the pocket for handling in some spare moment of the life of the busy doctor.

But this old doctor has yet to open its covers without finding something worth while upon its pages.

The legend upon its back is modest, and in a way an excitant to one's curiosity.

It is a new endeavor in book making. There is a faint reminder of the quaint old herbals about it. And echoes from old medical journals. It is as though one picked from the pebbles on the wide sea beach only those of value, agate hued.

But also very cunningly spread upon the pages is some exceedingly good materia medica.

There is an index of 264 subjects alphabetically arranged, and ranging from adenoids to Yellow fever.

If knowledge is only the crystallized result of human experi-

ence then this book must be plumb full of knowledge, for it is a collection of facts collated from many places and in most cases the names of the men are given who are responsible for the results from their various experiences. Therefore, it is a good book, for there is not one statement ever made by man that is worth the paper it is written on, unless the statement has been proven true by experiment.

The very first title is ADENOIDS, "Dr. R. T. Cooper, of London, held that *Calc. phos.* was THE remedy for adenoids. Use 6x."

AGUE-CHILLS. "Dr. J. Compton Burnett regarded the English daisy, or *Bellis perennis*, as a sovereign remedy for sudden chills." Western and Southern pioneers used for chills and fever a decoction of corn husks. The old herbalists used *Chelone glabra* for dumb ague.

For albuminuria Dr. Burnett gave cloves. For angina pectoris the red spider, *Latrodectus mactans* has been successfully used. Dr. Stacey Jones is responsible for *Chamomilla* for weak ankles. "The woman's ankles gave way and she would collapse at a certain time every afternoon."

"When the baby sleeps all day and cries all night give it half a dozen *Lycopodium* 30 pellets."

"Said Wahle: Whoever you have a spinal disease where symptoms come on at a certain hour give *Rana bufo*, give it blindly, and you will be surprised at the result."

Opening this book at a new place: "Among the oldest therapeutic hints is one found in Kings II, chapter xx, verse 7: Hezekiah, the king of Judah, was sick unto death. And Isaiah said, Take a lump of figs. And they took and laid it on the boil and he recovered."

There are other remedies given for boils. And *Echinacea* and *Bellis perennis* are included.

Under the title BRAIN there is some very good homœopathic experience. When a short time seems ages, *Cannabis indica*. The patient sees things on closing the eyes, *Calc. carb.* Child is afraid in the dark, *Causticum*. Silent grief, homesickness, *Ignatia*. Strong men break down and cry, *Kali phos.* Tired minds, *Lycopodium*. Muddled brain, depressed spirits, skin pimply, temper bad, *Bellis perennis*. Fear, *Acon.* Desire of suicide, *Aurum*.

This is just Homœopathy and good Homœopathy deftly inserted in this book of medical jetsom.

For CANCER: *Condurango*, *Phytolacca*, the Indian remedy of Mullein oil, externally. *Echinacea*, *Robinia*, *Acetic acid*, *Plantain leaves*, with the preacher John Wesley in the role of doctor: "Apply the pounded pulp of *Plantain leaves* to the cancer."

If a kid has fits, turn it on the left side. Squinting has been cured by *Cyclamen*. When the patient is tired all the time and has indigestion give *Aletris far*. For slobbering give *Trifolium repens*.

And *Apocynum cann.*, 20 to 30 drops, will put old soaks on their feet. So Stacey Jones says. And it is true.

The distilled spirit of acorns is said to be a remedy for kidneys and spleen affected by alcoholism.

For severe pain in the eyes with no other symptom Moffat is quoted as giving *Prunus spinosa*. Nodosities of the eyelids, *Staphisagria*.

The best way to cure extreme fatigue is to take off the shoes and raise the feet, resting them on a wall or chair but high up, the person lying on his back. Stonewall Jackson's men would march fifty minutes and then lie on the ground for ten minutes, and so were able to make miraculous marches.

A herbalist remedy for freckles is horse radish mixed with vinegar.

Olive oil for gall stones. Cinnamon for destruction of microbes.

Under OLD AGE: To make old folks young, *Urtica urens*, *Lyc.*, honey and oil, lemons, *Phos. mezereum*, but our editor sagedly opines, "none of them will cure old age, for that is a chronological impossibility."

Viscum album is useful in sciatica. When the seashore does not agree with people give them *Natrum mur*.

SLEEP. "The onion is an old remedy. Eat onions freely for supper. A woman fell asleep at all moments and *Phellandrium* cured her."

SLEEPING SICKNESS is to be cured by *Nux moschata*.

For INSECT STINGS: *Calendula* and *Ledum*.

VERTIGO: VETERINARY: VOICES: WEATHER WARTS, WENS, and lastly YELLOW FEVER.

Each heading has some quaint and, in most cases, real homœopathic advice for curing.

This is a good book for the desk or for companion for the long rides of the country doctor. I used to take Bell, on Diarrhœa, with me in the long rides of the years ago.

One can hardly open this book but he finds something novel and that makes one think and want to try the remedy.

For it is these pointers, facts verified by the bedside, and spoken of casually by the doctor that make for value.

A single fact will stick in the mind where a page of generalities will only confuse.

Anshutz, you do make useful books. Your "Old and Forgotten Remedies" is one of my desk books, and I purpose to make "THERAPEUTIC BY-WAYS" another one.

It is this sort that the profession really need.

Keep it up, Br'er Anshutz, and many a puzzled doctor will bless you.

T. L. B.

THE FUTURE OF HOMŒOPATHY.

One of our genial optimists having proclaimed from the housetops that there are 20,000 homœopathic physicians in this country, a more conservative member of the homœopathic profession took it upon himself to make a count. He reports to me that 8,000 are all that can be found. As he is a high official of one of our most prominent societies, we believe what he says, especially as he seems much discouraged by the result of his census.

The older homœopaths are dying off, and their places are not being filled.

The why is easy to understand when we read the advertisements and consider the inducements of other trades and professions. For example, by studying a few months at an automobile college a young man can qualify as a chauffeur and earn twice as much as the average physician. The demand for machinists is great and the pay good. Osteopathy and kindred healing cults attract an array of young persons therapeutically inclined. Medicine is contracting while other branches of healing are expanding.

The remedy is as easy as the why. Reduce the cost of a medical education. Homœopathic medical colleges should not only be endowed so as to provide for the teachers but also for

the students. Scholarships, prizes, and other rewards for good work should make it possible for any earnest hard working young man to obtain his medical education without cash expenditure. Until this is done there will be a steady decline in the number of homœopathic physicians in the United States.

C. M.

BOOSTING CHICAGO HAHNEMANN.

In the Circular of Information for 1916-'17 published by Hahnemann, of Chicago, we notice a list of subscribers to the Living Alumni Fund, and urge all those who are interested in the success of our institutions to contribute to it. The fund was started by Hahnemann Medical College, of Chicago, in order to secure money with which to pay all-time professors. It now amounts to \$71,000.00, thanks to 250 of the alumni who are contributing annually to it. Every alumnus who contributes pays merely the interest on his contribution annually. One alumnus contributes \$2,000.00, nineteen \$1,000.00 each, thirty-seven \$500.00 each, one \$600.00, thirteen \$300.00, five \$400.00, fourteen \$150.00, fifty \$200.00, three \$150.00, ninety-seven \$100.00, and about a dozen sums less than \$100.00.

The enthusiasm of the alumni of the Chicago Homœopathic Medical College is to be commended, for in spite of the fact that this college no longer exists nor has any official representation on the long list of Hahnemann officers and trustees, not less than fifty graduates of the West Side still contribute to a fund which is used exclusively for promoting the interests of Old Hahnemann.

A number of bright young men have recently been admitted to the Hahnemann Faculty, among whom are Drs. H. I. Twiss, R. F. Knoll, James F. Church, A. C. Conrad, and Richard Waalkes.

We regret not to see in the Circular the names of Drs. R. N. Foster, A. C. Tenney, L. F. Ingersoll, and J. Hoehn. The college can ill afford to lose such men as these at a time when it needs all the friends possible to keep it alive.

C. M.

EVER "THE LATEST."

("For all the Athenians, and strangers which were there, spent their time in nothing else, but either to tell or to hear something new." *Acts xvii:21*.)

The stumbling block to the student of Scientific, or Modern, medicine is to know what to believe, or what is of value in the tropical jungle of its "new" things. Scan the medical journals that flood the world for even the small span of one year, and you will find scientific means enough to absolutely drive disease from the earth, provided what is written is true, but it evidently isn't, because disease persists and in some directions mightily increases as the student of the U. S. Census Reports knows. Can any reader point out anything advanced from these sources which can stand the test that the principle that came to us through Dr. Samuel Hahnemann has stood?

About a quarter of a century ago Robert Koch, who might well be termed the father of modern medicine, gave out that he had discovered a cure for tuberculosis—he could inject his "lymph" as tuberculin was then called, into animals, and the tubercle bacilli would disappear. What more was wanted on the assumed premises? If the "cause" disappears what more is needed? So they went to it, with the result that while the bacilli might possibly vanish so did the patients.

The latest as far as we know is the cure of cancer and other like things (though not so bad) by putting tubes of Radium against the affected parts. Like everything else from these quarters it was a "wonderful scientific discovery" until some one observed that the patients died more promptly under it than without it. "An inquest has been held on a woman who died after an operation to recover a tube of radium which she inadvertently swallowed," says the London correspondent of the *Journal of the A. M. A.* It was worth \$3,000.

Just now typhoid vaccination is all the rage and, as always, figures can be produced to uphold it, but cynical European medical correspondents are hinting of the possibility of damage suits against the Government or the doctors.

Another is that of an eminent gentleman who has "discovered" a vaccination that will prevent tuberculosis, and backs it up by the

fact that he has vaccinated many who did not contract the disease, up to the present writing. What more "proof" can any one ask?

Another worthy man has discovered that by means of the ultra violet rays he can kill all bacteria in the mouth and with the cause gone why should the disease persist? After thirty years' reading of medical journals, with a brand new crop of sure cures and preventives every month, one comes to the conclusion that the physical salvation of the world depends not on the scientific medical kaleidoscope but on sane living, sanitation and Homœopathy. All else is vanity and vexation of spirit.

LATHYRUS SATIVUS IN INFANTILE PARALYSIS.

Editor of the HOMŒOPATHIC RECORDER:

We are seeing much in the public press as to infantile paralysis in eastern cities. I hope you may be able to give us some therapeutic pointers other than the little we already know. Here is just a suggestion. This spring I bought quite a "bunch" of day old chicks from a firm north. They were nearly all afflicted with leg weakness and when prostrate were utterly unable to get on their feet without help. They seemed very thirsty and feverish. After a few hours they would apparently have convulsions and walk backward until would fall over then the spasm would be very severe. I gave them B. & T. *Lathyrus sativus* 3x, and believe it saved every chick to which I gave it, and none of the others have taken the disease. Now here is the idea I had in writing you this. Four weeks ago a little negro child, four years old, was brought in suffering from very high fever, leg weakness; but yet seemed to have exaggerated tendon reflex. I gave *Lathyrus*. I have not seen the child since, but the father has been in twice and reports him as being benefited at once by the medicine, and now in good condition. On June 28th a baby girl, three years, was brought in suffering much as the little negro, but with a diarrhœa that made the case look like one of enterocolitis. I do not know that she had poliomyelitis, but she did have the leg weakness with increase of tendon reflexes. I gave her *Lathyrus sat.* 3x with very good results, and she is now

able to use her limbs all right. I know nothing of infantile paralysis. Don't know whether the cases have exaggerated tendon reflex, but be that as it may, I hope the above experience may prove useful to some brother who may need the help of just such a little known remedy as *Lathyrus*.

C. E. JOHNSON, M. D.

Sherman, Texas.

BELIEVES IN MEDICINE AND ACTION.

Editor of the HOMŒOPATHIC RECORDER:

In the reading of the work, entitled *Definite Medication*, by Eli G. Jones, M. D., no one can fail in being deeply impressed with the fact that the author believes in the curative action of medicine, and expressing his thoughts, he reminds me of "Billie Sunday," that eminent divine who is now "stirring up" Kansas City, Mo., from center to circumference. No physician will ever gain much reputation as a successful practitioner who does not believe in his remedies and their curative action. That's one reason why our old school brethern take to surgery like a duck to water. They don't believe in medicine, and prove it by their actions. Perhaps some of those northeast homœopaths, who the editor of the RECORDER recently visited, would like to be informed how a southwest practitioner defines at least *his Homœopathy*, for to pioneer an individual must be above all things else practical, if he is not he will soon be brought to the realization of what is known as the "bread and butter" theory of the practice of medicine, whose lessons are written in a depleted and empty purse.

"Homœopathy" is a system of medicine founded upon a truth that "Likes are cured by likes." Why? Because a large number of remedies that we know have in each and every instance a primary and secondary action, which are opposite to each other. I say that we know, for there is a lot we don't know as yet, but hope to be better informed upon it in the future. *I do not believe this is the only method* of using remedies, but I do believe it is the best when it is possible to do so. What's that! Yes, I had a case a few days since that will illustrate my point. The patient from imprudence in eating and drinking was full of a foul fermenting mass of filth. I gave him an emetic to clear out

his stomach and a purgative to sweep the bowels of its contents. His breath smelt high to heaven, so I gave him a course of antiseptics upon the same theory I would employ a half barrel of lime in an old cesspool, and the patient promptly recovered. This is only one of a large number I have treated successfully in like manner during the past thirty-five years. Of course, I followed this treatment with *Nux* 3x, and discharged the case. Why? Because *Nux* was indicated after the "field of action" had been cleared out, and not before. And again, I would ask some of you ultra scientific brethren, would you sit quietly by and see a child in croup choke to death *from accumulated mucus*, giving *Spongia*, or, in fact, any other excellent homœopathic remedy while the "game of death went merrily on," or would you give a "quick relief to the end of getting rid of this accumulation and then give the indicated remedy?"

I take it for granted that you would treat as those of us who are "to the manor born" you would or get fired from the case if you practiced Homœopathy "out west."

I have long since made Prof. E. M. Hale's "Law of Dose" addition to my interpretation of "The Law of Cure," for I believe both are true. "If we prescribe for symptoms similar to a *primary action* of a remedy go as high as the 6th or we shall get unpleasant aggravation. But if we are treating conditions similar to its *secondary effects* we must use the low attenuations."

A. H. COLLINS, M. D.

Tulsa, Okla.

Mme. —, fifty-eight years of age, has a fibrous tumor occupying the anterior face of the uterus. The chief symptom of this lesion is an habitual metrorrhagia, which has already continued for several years and resisted a great variety of treatment. August 27, I prescribed *Led.* 12, three spoonfuls a day for four days. The flow began to diminish after the first dose. The same remedy was continued, at the same dose, for two months, with intervals of repose of four days, and the flow, reduced to a trifling discharge, was entirely suppressed. The fibrous tumor, however, still continued several years after the hemorrhage was cured.—
Dr. Jousset.

THE SPECIALISTS' DEPARTMENT.**EDITED BY CLIFFORD MITCHELL, M. D.**

25 East Washington St., Chicago, Ill.

CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

Early Recognition of Hematuria in Elderly Patients.—The importance of the early recognition of hematuria in elderly patients, especially men, cannot be over-estimated, as we now have methods of treatment which a few years ago were unknown. A symptomless hematuria in elderly men usually betokens the advent of a growth of some kind, very often a papilloma of the bladder, early recognition of which by the cystoscope followed by fulguration may yield most gratifying results. If the papilloma is allowed to continue its growth, malignancy may result and the case becomes more serious, but even for malignant growths we now possess in radium an agent which offers some promise. Bladder tumors are practically inoperable hence the importance of studying the urine of elderly men carefully with reference to the earliest appearance of blood. The bleeding in papilloma may become severe after one or two slight hæmorrhages have been disregarded. Then it is necessary for the patient to go to the hospital and remain entirely quiet in order for the cystoscopic examination to be successful.

In papilloma we find blood in the urine without pus, crystals, or casts, and without much epithelium. In the malignant growths in addition to blood without pus we find much epithelium, mostly large round cells.

The Recognition of Acidosis.—There is much investigation now days of the condition known as acidosis by which we mean accumulation in the body of acid metabolites due to faulty oxidation. The clinical tests for acidosis are the determination of the carbon dioxide tension of the alveolar air (which is lowered in acidosis), the determination of an increase in the hydrogen ion concentration of the blood serum, the determination of an increase in the amount of alkali required to make urine alkaline

and the determination of a diminution of the combining power of the hemoglobin of the blood with oxygen.

Howland and Marriott have shown in the *American Journal of Diseases of Children*, May, 1916, that an acidosis may occur in severe diarrhoea in children, the clinical symptom of which may be hyperpnea. The treatment is sodium bicarbonate. The acidosis is not due to the acetone bodies which (as I have previously shown) are merely an expression of the condition and due to fat splitting. It has been thought that acidosis is the result of loss of the bases sodium, potassium, etc., from the body, but in the case of the acidosis of diarrhoea this has not been proven. Deficient excretion of acid phosphate by the kidneys may be the cause according to the writers above quoted.

In the acidosis of chronic nephritis the acidosis is best shown by the alkali tolerance tests, and is thought to be due to inefficient renal excretion.

The acidosis of diabetes is accompanied by an abundant excretion of acetone bodies, but is not due to them. I have shown recently in articles in the *Clinique* and *Hahnemannian* that the acidosis is probably caused by an auto-intoxication of intestinal origin as originally surmised by Schmitz, many years ago. The urine of two patients whom I saw dying in coma showed color destroying properties greater than other urines have been found by me to possess. The gravity of a case of diabetes can thus be more or less accurately determined.,

Effect of Fasting in Diabetes Mellitus.—We have from time to time commented on the effect of fasting in diabetes but have recently had such a striking case of the beneficial results obtained as to warrant publication of the following: Our patient is a man 42 years of age who, at our suggestion, undergoes treatment by fasting ever so often when the analyses of the urine determine its necessity. On June 12th, '16, he was found to be passing 2275 c.c. of urine of specific gravity 1034, containing five and two-thirds per cent. of sugar with acetones in plenty. His toxæmia coefficient according to our own method of titration was only 2 (normal 20). He was advised to fast, and one week from that time he fasted from Friday night until the following Monday collecting his 24 hours' urine for examination on Sunday. As a result of the fasting the sugar was only a small fraction of one per cent. and the toxæmia coefficient rose to 8.

By means of the newly discovered toxæmia test we can regulate the patient's regimen with much more exactness than by testing for acetones. The acetones in the case described above change so little as to be practically useless for forming prognostic opinion. On the other hand, the toxæmia test is most sensitive to bodily conditions. The patient is not allowed to overdo being controlled by this simple method of ascertaining bodily toxæmic condition.

Effect of Pregnancy Upon Nephritis.—One of the things we have always insisted upon is that of the deleterious effect of pregnancy upon nephritis in the mother. This has been confirmed by Holzbach, who says, "We know that a pregnancy almost invariably has an aggravating influence on nephritic kidneys." Holzbach discusses the influence of the nephritis upon the foetus also, and finds that in 57 cases 16 foetuses died. He also mentions 226 cases occurring under Raisch's care in which 21 were still born, and 19 were born prematurely, while in 55 per cent. instrumental interference was required.

We think the Cæsarian operation of value in cases of nephritis aggravated by pregnancy as it is sometimes possible to keep the foetus alive until such time as is safe for the mother and child to undergo the operation.

In a case recently examined for Dr. Gilbert Fitz-Patrick albumin was 0.2 per cent. (second mark on the Esbach tube) but two weeks before term. Cæsarian was performed, and both mother and child did well.

We think, however, that there are possibly two classes of cases of nephritis aggravated by pregnancy, and that too much optimism is not advisable even when the Cæsarian is to be considered. There are some cases of nephritis which have originated long before pregnancy or in previous pregnancies and in these the results may not be so flattering.

The microscope tells the story. The more and the more varied the kind of casts in the urine the worse the case, and especially if coarsely granular, fatty, and waxy casts are present.

Our best results have been noticed in cases in which there were few casts and these hyaline or finely granular.

A Case of Diabetes Insipidus.—This condition is a rare one, although the literature of it is voluminous. I have recently had

opportunity to make an analysis for a physician in a town near Chicago who has a case of it under treatment. The patient is a girl, 14 years of age, who weighs 83 pounds, but is small for her age, though appearing fairly well nourished. Menstruation is irregular and at times profuse. She is restless at night, her appetite is good, she drinks a large amount of water, and is easily fatigued. Her bowels are regular. The urine for 24 hours measured 4150 c.c. It had that opalescent appearance peculiar to the urine of diabetes insipidus, on standing. The specific gravity was only 1006, and the various normal solids were very low, as, for example, urea only 8.3 grammes per 24 hours, while the chlorides were nearly the same in amount.

Uric acid was relatively high, the ratio of urea to uric acid being only 13 to 1. Ammonia was also relatively high, the ratio of urea to ammonia being only 20 to 1. There were no abnormal constituents, and the sediment was insignificant.

We advised nourishing diet but with salt restricted, as the salt increases the thirst and provokes urination, which is exhausting.

Alcohol is to be avoided for the same reason. No specific has as yet been discovered, although there is considerable interest being taken in the relation of the pituitary body to this disease and in the possibility of treatment by some pituitary extract.

Our Urea-Ammonia Ratio.—An interesting instance of the clinical value of our urea-ammonia ratio has recently come under our observation. We found a ratio of only 18 to 1 in a woman who was not pregnant. At our suggestion thorough gynæcological examination was made and a fibroid tumor found. We have noted a marked decrease in the ratio of urea to uric acid in ovarian tumors. Hence in women who show low ratios of urea to uric acid and ammonia when pregnancy is absent careful examination for tumors is to be made.

In elderly women we notice a lowering of the urea-ammonia ratio in some cases without pelvic conditions accounting for it.

A laborious study of the excretion of, creatin and creatinin in the urine with reference to pregnancy has recently been undertaken by certain investigators. With due regard to their industry and enthusiasm we respectfully suggest that our easy test for toxæmia by the urea-ammonia method will tell them as much as they can find by more difficult and lengthy methods.

Urinary Calculi.—We have always contended that the principal constituent of urinary calculi in the region around Chicago is lime. We are much pleased to see this view confirmed again and again by others. As, for example, by Rosenbloom, of Pittsburgh, who, with Kahn, has analyzed 26 calculi, 24 of which were composed principally of calcium salts.

Tubercle Bacilli in Urine.—According to a new method, that of Forssell, for finding tubercle bacilli in urine, the whole 24 hours' urine is collected and long time centrifugation (two or three hours) used for collecting the sediment for staining. If this is done we insist that the patient may vitiate the whole investigation by not observing cleanliness before urinating. Some strains of smegma bacillus can not be distinguished from tubercle bacillus by any mode of staining, hence it is imperative when the patient collects his entire 24 hours' urine that he wash thoroughly before each urination. In order for him to carry out this cleanliness much instruction on part of the physician is necessary.

INFANTILE PARALYSIS.

The following terse description of the disease is taken from a circular issued by the N. Y. State Dept. of Health:

"Poliomyelitis is a disease of the spinal cord or its extension into the brain. It is manifested by fever, sometimes convulsions, digestive disturbances, vomiting and diarrhea, and followed by a weakness or paralysis of one or more groups of muscles, usually of the arms and legs. There are sometimes symptoms resembling acute meningitis, including rigidity of the neck. There may be difficulty in swallowing. Pain and soreness along the spine and the affected muscles are frequently present. The onset may be very sudden or gradual. Infants and young children are most often affected; older children and adults less frequently so."

Is not *Belladonna* the true prophylactic for this disease?

Would not *Zincum* be indicated in many cases?

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EDITORIAL NOTES AND COMMENTS.

The Latest Word.—J. E. R. McDonagh, T. R. C. S., delivered the usual Hunterian lecture before the Royal College of Surgeons of England, under the title, "Links in a Chain of Research on Syphilis." It was a learned lecture (*Lancet*). Among other things the lectures said: "It then occurred to me that the spirocheta pallida was not the absolute cause of syphilis, but possibly only a phase in the life history of a protozoon." Later on he says that syphilis begins with a spore, or sporozoite, which in turn develops the male and female gametocytes. We have not the learning to intelligently follow the argument, but it appears that from the connection of these male and female gametocytes (merezotes) is developed the spirocheta pallida; we are not told whether this offspring is male, female, or both, according to true order, or whether they are merely akin to mules. Later on we learn that the sporozoa of syphilis belongs to the sub-class of telosporidia, and that the whole bunch belongs to the order of the coccidides. The sexual era of the merezotes represent the schizogony. If the male gametocyte enters a mononuclear leucocyte "a number of spirocheta arise, like spokes of a wheel," and are cast off. It is also learned that when a spirocheta enters a female nucleus the two become a zygote, and then from this comes sporoblasts. Seven of the *Lancet's* broadside, fine-typed pages are taken up with the lecture of which we have but gingerly touched the beginning. While dazedly wandering through the lecture a tricky query popped up: How many men of the Hunterian's comprehended it.

Only a Question.—The reader of a paper of which he is the author, or the man who disputes it, is prone to quote the “eminent” so and so of the great, whatever it may be institution, and to cite that he is a man with all the letters of the alphabet after his name, or is the inventor of some trade-marked drug, or the discoverer of this or that microbe, as a convincing authority, yet such “proof” is no proof before a court where the strict rules of evidence prevail. It holds good only where men look to a Name quite regardless of science. Medical journals, regardless of schools, are full of this sort of thing. It proves nothing save that the great Dr. Bingo Bungo, A. B. C. D. E. F., etc., etc., has said so—and he may be wrong.

Modern Medical Science.—The following is from the *Journal of the A. M. A.*, names needless: “I have taken fifty-four of my vaccine patients and made 714 separated blood counts containing complete data. Thirty-three of these fifty-four cases did not in the course of the treatment give a leucocyte count of over 20,000, but twenty-one cases did show transitory leucocyte counts of over 20,000 that jumped up like a rocket, only in a few days to sink back to 8,000 or 4,000, with either no symptoms to speak of or an indisposition so slight as to be almost negligible.” The gentleman does not seem to know what to make of it, and probably all are in the same state of mind.

Cratagus oxyacantha in Diabetes.—This is from *Ellingwood's Therapeutist*: “In the treatment of *diabetes* in childhood good results have been accomplished with the use of *Cratagus* one dram in four ounces of water a teaspoonful every two hours. Anyone having occasion to use this remedy for this purpose should make careful observation and report.”

Does It?—Uncle Sam's energetic *Health News*—U. S. P. H. S.—asks, “Do you know that better wages make better health.” Well, no, even though we would like to obtain better wages as would all the other toilers. Wise men, at least they are said to be wise, tell us that increased luxury tends to national degeneration. Also, observers have noted that the public health is better in hard times than when all are flush.

A Dilemma.—Our excitable and optimistic contemporary, *The Journal of the A. M. A.*, says that “no condition can be properly treated” without, in short, taking the blood pressure. Therefore, it follows that no condition has ever been properly treated until quite recently, and even now, perhaps, the great majority of physicians know but little about it. A severe reflection on the medical men! What the learned pundits of the A. M. A. do after they have taken the pressure is by no means clear, but the operation throws an additional halo of learning about them. But pretty soon, Oh, aspiring practitioner, one who takes the blood pressure only will be as much out of the learned swim as he who pays no attention to it beyond feeling the pulse, for *The Journal* goes on to say, “It is now generally agreed by all scientific clinicians that it is as essential—almost more essential—to determine the diastolic pressure as the systolic pressure.” If this enormous pressure of learning keeps increasing something will burst.

Court Decisions in Medical Matters.—The legislative bodies pass medical acts, the legislators knowing nothing about drugs or medicines, while the A. M. A., which is usually back of these acts, know less, for they deny, as a rule, the efficacy of drugs to aid in the cure of disease. Then the A. M. A. brings up a “case.” The lawyers know nothing about its merits, neither do the judge or the jury, so they settle it on technicalities. The A. M. A. contends, officially, that drugs are “useless.” As that body is recognized by the Government its, or their, word “goes.” “The people” for whom the Government is “from,” “for” and “by” believe in medicine. So it seems “the people” have nothing to say in the matter—though they be “The Government.” The older the world grows the less it knows about ease. It knows when a man is not at-ease. The learned A. M. A. makes a guess—40 per cent. wrong—as to the cause, but as to the cause of the cause it is in Egyptian darkness. Such a state is neither science nor medicine. The A. M. A., which rules the medical end of legislation “for the public welfare,” ought, in view of all this, to kick over all its folly, not piecemeal, but as a whole, and start afresh.

Methyl Alcohol.—It is a bit curious that some of our homœopathic eye-men have not looked into wood alcohol, in potency,

as a possible remedy for failing, or loss of, sight. Heroic proving, though not under expert guidance, demonstrate beyond doubt that the action of this drug is to cause blindness, or to greatly affect the eyesight. Did not Hahnemann largely depend on this sort of evidence in building up the materia medica that, in spite of the occasional wobbling of its professed followers, has carried Homœopathy for over a century? Did he not tell them that his work was but a beginning? Here is a possibly great remedy for a condition for which we have no remedy. Many unconscious provings have been made of it, and they all center in the eyes—failing sight terminating in blindness. We do not know whether the drug has ever been prepared in potencies, but that is a thing easily done by any skillful pharmacist, and as the potencies can harm no one, and as the results may be good, it is worth trying.

Tartar Emetic in Cerebro-spinal Fever.—The *Lancet* (5-27) prints a note from Dr. Neaer on the use of tartar emetic in “cerebro-spinal fever.” He said it had a very favorable influence in the cases in which it was prescribed. If you will look it up in some good homœopathic materia medica you will see that it is a remedy worth considering in this disease.

“Old Hahnemann.”—In an address before the Homœopathic Medical Club, Baltimore (*Hahnemann Monthly*, May), Dr. W. W. Van Baun spoke of the regeneration of Hahnemann Medical College, of Philadelphia. Some years ago this, our oldest college, was close to a total shipwreck when Dr. W. B. Van Lennep took the helm. In brief, he reorganized the finances of the college putting them on a sound basis and in the hands of a responsible board of trustees; amalgamated the college, hospital and dispensary, so that each is a college so far as teaching goes; built up a big library and laboratory, and changed the curriculum to make the entrance requirements so that not the most hypercritical state board cannot pick any educational flaw in men hailing from Hahnemann, of Philadelphia.

We could indirectly see the proof of Van Lennep's thorough work in a large class of the students that visited the RECORDER's headquarters last spring. The spirit of the class seemed to be

that physicians must necessarily be gentlemen, and that horse play, rough house and skylarking are not a part of the curriculum.

Hospitals and Sanatoriums of the Homœopathic School of Medicine.—8vo. 128 pages. Paper. The Council on Medical Education of the American Institute of Homœopathy. 1916.

This book, compiled by Dr. Dr. W. A. Dewey, was handed out to all of the members of the American Institute of Homœopathy at the recent session at Baltimore. It contains 199 half-tones of homœopathic hospitals or sanatoriums in various parts of the world. It is a brave showing, but what is proved by it beyond the mere fact that these hospitals are under homœopathic treatment (more or less) is not clear. The gist of the matter is: Has the "Free and Independent Voter" the right to have homœopathic treatment if he desires it, or can a majority vote deprive the aforesaid "Free," etc., etc., of his freedom? Sometimes one is inclined to think that in reality a government in which 501 voters can deprive 499 of their medical rights, to say nothing of the many other "questions submitted to the people," which should not be is essentially not as free a government as are some of the "despotisms." If, for instance, the osteopaths could muster the 501 votes would they have the right to dictate? We trow not. Neither have the allopathic scientific—rational—vaccine—Dolly Varden, medical outfit any right to do so.

Insanity vs. Alcohol.—Dr Hobart A. Hare, of Jefferson Medical College, as reported in the daily press, quoting statistics to show that insanity and other evils often attributed to liquor had increased in prohibition States within the past few years at a rate much greater than their increase in "wet" territory. Said he: "It is unfortunate that almost constantly those who are bitterly opposed to the use of alcohol in any form, ignorantly or on the principle that their cause justifies the means publish statements which are untrue, incorrect, or so unfair and based so as to weaken the propositions which they advance in the minds of those who might otherwise be useful supporters." Dr. Hare might have added that "sin" is not a bottled product.

Another Problem.—*Illinois Health News* writes: "Heart Dis-

ease a Public Problem." Some men say that as cancer only increases in countries where the vaccine poison is extensively used, so heart disease follows the wide-spread employment of the coal-tar and other quick-cure dope for pain by our esteemed "regular" friends from whom it has spread to the public. If there is any truth in this the problem is easily solved.

The Wine of Cardui Suit.—This suit, brought by the Chattanooga Medical Co. against the American Medical Association and its *Journal*, for libel and damages has ended after jury was out for about six days, in a verdict against the A. M. A. for one cent. The *Journal* says that it—or what it stands for—is "technically guilty—morally justified." The verdict is insignificant as money goes but it throws the costs on the A. M. A. or its organ, and these are said to be enormous.

This verdict, or its costs, may teach the certain men a much needed lesson, namely, that they are not as unfortunately they seem to think, the Alpha and Omega of medicine, but only a very insignificant part—and a poor one at that.

From the days when medicines split off from religion the so-called "regular" physicians (as a body but not as individuals) have assumed the attitude of acting by something akin to divine right. If any body of men differed from them those men were freely denounced in unrestricted language—just as the A. M. A.'s *Journal* denounced the Chattanooga Co., or worse. The various Churches in their heyday in the past took the same attitude and sent every one to hell who did not take what each one promulgated. But the Churches have long since given up their dictatorial attitude. On the other hand, "regular" medicine by means of laws has succeeded in getting legislator, quite ignorant of medicine, to pass, has got the police power back of it and, while professing to be scientific, has tried to play the absolute tyrant. This body has had almost unrestrained power for centuries yet the result is, so it is said, that to-day there are thirty-five million people in this country who refuse drugs in any form, and who will not call in a physician. The high priests in allopathy shout "fools," "ignoramuses," "dolts" against the people, and "knaves," "quacks," "scoundrels" and the like against the "irregular" practitioner, yet judged by their fruits, the "irregu-

lars" are better than the "regulars" who, like the chameleon, are forever changing their color. What is medical law and gospel with them to-day is folly to-morrow. They have but one fixed principle, which is, that We Are It, and there is, nor shall be any other, in medicine. In this they are succeeding in being It. By means of assumed power in examining boards, boards of health and other organizations they have practically killed all the small medical colleges, which turned out good and really more useful men than the ten-year product of to-day, for they did believe in medicines, whereas the finished product of the A. M. A. to-day are taught that only "quacks" or the "ignorant" prescribe medicine in this age of Mr. Toots. Exactly what use one of these ultra modern men are to the patient beyond making a guess at what ails him is by no means clear to the ordinary mind. They make much ado over "fighting disease," but aside from the work of the sanitarians, their weapons are more apt to aid than to subdue disease. Did not the nurses and others in the hospitals of France threaten to strike if they were forced to submit to typhoid vaccination? They had seen its effects.

The outlook, however, is that in the not distant future this country will throw off this medical tyranny, for the thirty-five million "drugless" (the product of allopathy), to say nothing of the homœopaths, eclectics, osteopaths and others, is too big a body to be kept down, but there will have to be a fight before the A. M. A. lets go its grip and takes its place among the other medical "sects."

We do not know anything about the merits or demerits of the Wine of Cardui. Probably it, like nearly every "proprietary" is but some old prescription, or is built up from the Dispensatory. Be that as it may, the verdict is a very distinct notice to the A. M. A. and its men that they cannot revile and slander others with impunity, as they have done for so many years.

"The Rat."—The *British Medical Journal* reviews a book under this title, issued in our own home town, by the Wistar Institute of Anatomy and Biology. Anything the Wistar Institute may do to put down rats meets with the hearty approval of all good citizens, but when the reviewer, evidently taking his cue from the book says, "The rat may be regarded almost as a standard ex-

perimental animal in many methods of medical research," it seems that the reviewer (or the book) is in error. When it is considered that medical research aims at seeking the means for the cure of human disease, and that it looks on the rat as a standard animal for that purpose one is apt to be skeptical and ask, "Am I like a rat?" Hahnemann's principle of experimenting on human beings to ascertain the effect of a drug on a human being is truer to common sense and scientific medicine than is the Wistar Institute's plan of assuming that drug effects on rats are the same as on human beings.

Modern Reasoning.—A homœopathic exchange, discussing Dr. Holt's statement that Pasteurized milk causes scurvy says:

Admitting this to be the case it need not therefore be inferred that the pasteurization of milk should be given up, for the dangers from tuberculosis, typhoid fever, septic sore throat and diphtheria, which may be conveyed by unpasteurized milk in a big city like New York, are far greater than from the mild form of scurvy that has been becoming more prevalent. Moreover, there is a safe grade of raw milk available for those who can afford it, while others can find the necessary vitamins in fruit juices, such as orange juice.

This reminds us of something possibly related before in these pages. When we were quite a small boy down in "ole Virginie" a neighbor was seen covered with mud. The man with the mud was on his horse. "Why?" asked another neighbor. The man with the mud answered that he felt sure that he had to fall from his horse so he choose a mud hole instead of a stone pile.

A Question of Education.—The *Medical Review of Reviews* tells its readers: "According to a report, the last homœopath has recently died in Philadelphia. Some of our younger readers may not have heard that Homœopathy was a system of medicine founded by a German theorist named Hahnemann." A well informed man can readily believe what our esteemed contemporary says of the prevalent ignorance of some of its readers, especially in view of their acknowledged therapeutc break-down in the great war. Pity 'tis 'tis true.

"Crimean Memories."—Such is the title of a *Lancet* editorial comparing the state of things medical during the Crimean war, 1854-56, with the present time. At that time the doctors died just about as fast, in proportion to their numbers, as did the

soldiers, and this continued until a woman, Florence Nightingale, came down to the beastly hospitals with soap and water and cleaned them up, after which they were about as good as are the modern hospitals with their learned antiseptics. After a long detour we seem to have arrived at the conclusion that antiseptics and Florence Nightingale's soap and water are synonyms. This conclusion may hurt pride (and manufacturers), but—it lands you on firm ground.

“Atropa Belladonna.”—A correspondent of the *Lancet* commenting on the cultivation of medicinal plants, said that he had received “many hundred specimens for identification” as *Belladonna* and “only about one per cent. were *Belladonna*,” the remainder being mostly *Dulcamara*. This, from England, shows that all in medicine is not what it is said to be. For example, the B. & T. botanist recently visited a farm in this country devoted to raising medicinal herbs. He was pointed out a certain one largely used, but, to be short, it was not what it was thought to be. Drug houses do not wilfully “substitute” in this manner, but, it is to be feared, it often occurs through sheer ignorance.

War as a Cure for Insanity.—It is said that since the great war began there has been a marked decrease of insanity. This may be true or, on the other hand, it may be that the war has made the world “immune,” made it more akin to the gentleman confined in an asylum for the insane who, when asked why he was there, replied, that the whole world was crazy, etc., were too many for him. Before the war every nation in Europe was prosperous as never before, so what else than insanity could have driven them into reducing themselves into misery? Possibly there are spiritual causes back of it all, a mighty conflict that cannot be seen as to its fundamentals save from the perspective of history. Some form of insanity is in it.

Treatment.—Said an old doctor, who blew in the other day, and of course, fell to talking shop, as we all do, “to hades with the disease's name, be it infantile paralysis, typhus, or any other new or old disease. Prescribe for the symptoms the patient shows, no matter whether they lead to *Chamomilla*, *Tarentula*, *Cubensis*, *Helonias*, *Aconite*, or any other unheard of, or new or old drug. Prescribe, if you can, for that which the patient shows—for *that* is his condition, and *that* is what you are treating.”

PERSONAL.

Silence, Mary, is not golden in the metallic sense.

If marriage is a lottery that cynic, Binks, thinks a man has a right to buy another ticket.

Per contra, if a man draws a prize in the matrimonial lottery he should congratulate himself.

Again, per contra, the man may be the non-prize and not realize it. Queer mix that licensed lottery!

With labor in demand at \$3.00 per day the tramp's lot is not a happy one.

The sparrows start their idiotic whistling at daybreak and human sparrows keep it up until bedtime.

"Too much hot air" is one cause of disease, says Dr. A. H. Doty, of N. Y. Respectfully referred to our "regular" contemporaries.

"Blindness at any time of life is a calamity," says a wise exchange. Startling, but very true.

The hasty diner wanted his grub with celerity and the waiter brought him celery.

The happy couple were to live at the "old manse," but the reporter wrote it "old man's."

The "blues" of grandfather is "neurasthenia" in his grandchildren.

Oh, how wise! "You never can tell how big a factory is by the size of its whistle."

Equally you can never judge his wisdom by a man's baldness.

Also, you can never size up a bank account by the automobile.

Nor, finally, a doctor by his big words.

Mark Twain said that when a man said "darn" he was a moral coward for he meant the stronger word.

Why pour out your aches and troubles on your friends, if you are a Christian?

The ant stored up and the grasshopper had a good time—but grasshoppers live, as farmers know. The moral is, very shady.

An exchange asks: "Why has Christianity been unable to abolish war?" Some question!

We rarely enjoy the great luxury of real silence in this old world.

"Breathe and be well," is a recent book's title. Truer to say, "Not breathe and die."

Glory (ancient), having your name misspelled in the newspapers.

The man who leaves your party is a "traitor," but if he leaves the other party he is a "convert."

"How are you?" called out the cheerful one. "I don't know how or why I am," replied Binks.

"Nobody goes to a party until everybody is there," said "sassiety gurl."

THE HOMŒOPATHIC RECORDER

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"THE FOUNDATION OF MODERN MEDICINE."

Under the above heading, *Health News*, issued monthly by the N. Y. Department of Health, devotes an entire number to the consideration of what medicine should be, but, as a rule, isn't. The opening editorial gives the keynote. Here is the first paragraph:

The age of giants has passed into history and with it much of the romance of personality that formerly surrounded medical practice. The struggle of the keen intellects of by-gone days to penetrate the dark veil that enveloped the origin of disease, the shrewd guesses at what we now know to be the truth as well as the promulgation of many theories now known to be false, arouse our admiration and sympathy.

The "truth" about the origin of disease is, of course, the "germ," but whether it is the truth is very much open to question. When one considers that according to the modern idea each disease producing animal or micro-organism must be as distinct a species as the elephant or goat, though smaller, and that without these herds of smaller animals there can be no disease, anyone not mentally docile is apt to think that the pitied medical giants of old were nearer right than their successors. The editorial continues:

The worship of individuality has given way to the elevation of mediocrity and to the advantage of the common welfare. In medicine, as in war, success lies not with the genius but with him who is able to make use of technical skill. This revolutionary change has been brought about by one agency—the medical laboratory—and allowing for the widest variation in the personal factors of intellect, training and devotion to duty, the modern practitioner is competent or incompetent in proportion to his general familiarity with and employment of laboratory methods of diagnosis and the institution of treatment which frequently depends upon them.

Some men think that the worship of the individual, or, perhaps, the authority of the individual, is as prevalent as ever. The "boss" still rules, as in other days. Whether technical skill and the laboratory are superior to genius and experience is another debatable question. We incline to the opinion that the average practitioner and country doctor can do better for their patients than could, let us say, the greatest laboratory,—the Rockefeller Institute. Indeed, after the laboratory has made all possible tests all it can then do is to leave the patient to the nurse and nature, for the "new" doctor flouts drugs.

It is quite evident that the general run of the practitioners in the State of New York take the RECORDER'S view of the matter, as is shown by this, the third and concluding paragraph of the *News'* editorial:

Notwithstanding the constant efforts of the State Department of Health to spread among physicians of the State the knowledge of what the laboratories have done, are doing and hope to do, there is every reason to suppose that the efforts have been far from successful. It is in the hope of accomplishing this purpose as well as to encourage a greater extension of laboratory facilities that this number of the HEALTH NEWS is devoted largely to the work of the laboratories of the State.

No one denies that at times the laboratory does some useful work. What we object to is the effort to make it supreme in medicine when, in fact, it is but a subordinate, and by no means essential to the end of medicine—the cure of disease.

THE CLINICAL ASPECT OF ACTÆA RACEMOSA IN NEUROLOGY.

By Wm. F. Baker, A. M., M. D.
Philadelphia, Penna.

In the practice of neurology the first impression to me in beginning its study was the dearth of clinical homœopathic indications for our remedies and the lack of any published articles concerning the clinical indications of these remedies.

Seeking some confirmation of our clinical findings in the literature of our school I have searched some considerable time in an attempt to discover what has been the teaching concerning this remedy and I find that there is very little written on it.

But judging from the results of our clinical investigations, I find in this remedy not only a useful one in certain few nervous affections, but one which has a large scope of usefulness when applied on its generalities.

Our clinical experience shows it to be almost a specific in certain nervous disorders and certainly deserving of more attention than it has heretofore received.

MACROTYS (CIMICIFUGA). (BLACK SNAKEROOT.)

Common Names.—Black Snakeroot, because of the color of the root, and its reputed use in snake-bite; Black Cohosh; Rattle Weed, Rattle Root and Rattle Snakeroot, so named because the dried spikes carrying the seed rattle in the wind. These terms are sometimes corrupted into Rattlesnake Root. Other common names are Bugwort and Bugbone (borrowed from the various European species of *Cimicifuga*, that were used to drive away insects, but misapplied to the American species); Squawroot, a name belonging more properly to Blue Cohosh, because of the medicinal use of the drug by the Indians; and Richweed, given by Gronovius, 1752, because the plant frequents rich woodlands. The term Richweed is now given by botanists to *Pilea pumila*, a very different plant.

History.—*Macrotys* is abundantly distributed in rich woodlands over the greater portion of the United States east of the Mississippi river, except in New England and the extreme South. It is also found in Missouri and Arkansas.

Macrotys was observed by the earliest European travellers in America, being carried to England in 1732, and first described by Plukenet in 1705. All pre-Linnæan writers classed the plant with *Actæa*, mostly under Tournefort's name, *Christopheriana*. Linnæus gave it the name *Actæa racemosa*, under which it was classed until Pursh referred it to the genus *Cimicifuga*. Rafinesque, 1808, by reason of the fact that the fruit of the plant does not accord with that of either *Actæa* or *Cimicifuga*, proposed the name *Macrotys actæoides*, changing the name in 1828 to *Bothophia Serpentaria*. Eaton, in the fourth edition of his manual, followed Rafinesque, calling the plant *Macrotys serpentaria*, the latter being Pursh's specific name, but incorrectly spelling the name, which should have been *Macrotrys*, instead

of Macrotys, an error perpetuated by Dr. Candolle, who preceded Eaton.

Pharmacopæial Names.—1820, *Cimicifuga*; 1830 (Philadelphia edition), *C. racemosa* and *C. serpentaria*; 1830 (New York edition), *Actæa racemosa* and *C. serpentaria*; 1840, to date, *C. racemosa*.

ACTION OF CIMICIFUGA RACEMOSA UPON THE CEREBRO-SPINAL
NERVOUS SYSTEM.

The action of this remedy upon the cerebro-spinal system is that of a rheumatic irritant, producing erethistic hyperæmia of the brain, spinal cord, and, through this, of the whole muscular system; and this is its grand pathological effect. The irritative hyperæmia of the brain, especially at its base, is strongly marked, as shown by the severe headache, marked vertigo, delirium, brain feeling too large for the cranium; dimness of vision, and the persistent and intense aching pains in the eyeballs.

Spine.—It seems to affect the whole cord, as shown by its action upon both the nerves of motion and sensations.

Nerves of Motion.—Through the motor nerves, this remedy acts as a depressing irritant, as shown by the nervous tremors resembling chorea, which are followed by paralysis. Dr. T. C. Miller says:—"Fifteen years' observation and experience have proved this agent to be one of the most remarkable in all diseases of the ganglio-spinal system, particularly when the motor side is excited, and yet, on the whole, there prevails an atony in the muscular and nervous system."

Nerves of Sensation.—Neuralgia, or myalgia, is the most prominent symptom of this drug. Dr. E. M. Hale says:—"It causes a pure neuralgia, and what the older authors called neuralgic rheumatism. The neuralgia is not confined to any particular set of nerves, as is the case with some remedies. Its depressing, irritant action seems to be universal. The pains are aching, pressing, remitting, and are attended with great restlessness, and a weak, exhausted feeling. It seems to affect the sensory nerves of the left side most."

It also produces rheumatic myositis very prominently; affecting particularly the belly of the muscle.

Ovario-Uterus System.—Upon these organs this remedy has a powerful action, producing rheumatic hyperæsthesia of intense severity, with hysteria; dysmenorrhœa; and it is said to even produce abortion.

THERAPEUTIC INDIVIDUALITY.

Nervous and muscular irritation, of a rheumatic, neuralgic, or gouty origin; especially in delicate, hysterical females, who are more or less afflicted with ovario-uterine disease.

Hysterical hyperæsthesia of a rheumatic character is the leading indication.

Neuralgic, rheumatic dysmenorrhœa, with much despondency; sleeplessness, and very sensitive.

During the menses, severe pain in the back, through the hips, aid down the thighs with intermittent, labor-like pains; weeping mood, and hysteric spasms.

Between the menses, neuralgic pains, with much debility.

Neuralgic, rheumatic after-pains, with great despondency and sleeplessness.

Suppression of the lochia, with great despondency, uterine cramps, and tendency to convulsions.

Tendency to habitual abortion, in rheumatic subjects.

Sexual Organs, Female.—Prolapsus uteri; with sinking at the pit of the stomach, and profound melancholy.

Ovarian neuralgia, where the pains change their place often, with profound melancholy; menorrhagia; dysmenorrhœa.

In puerperal mania, and hypochondriasis, where the melancholy is most marked and profound, no remedy has better results.

Rheumatic, irritable uterus, with intermittent spasmodic pains, and leucorrhœa.

Mammary pains, especially at the climacteric of a burning nature, worse on left side.

After both the sentient and motor nerves of the uterus, as shown by the painful after-pains, etc.

“After delivery, adds Prof. Lee, it has also been extensively and successfully used for the purpose of inducing firm uterine contractions, expelling the placenta, and checking post-partum hæmorrhages. For this purpose a drachm of the saturated al-

coholic tincture should be given every half hour, or oftener, until the desired effect is produced." (This dose is enormously large and unnecessary. Ten drops is sufficient.) A knowledge of the uterine-motor action of *Cimicifuga* should be appropriated by homœopathists. They are capable of making much more valuable use of such knowledge than the adherents of other schools of medicine. The homœopathic school gladly avail themselves of the use of *Ergot* in slow and difficult labors arising from an atonic condition of the uterus, or perverted function. I cannot give my assent to those mythical relations of the effects of *Secale*, third or thirtieth, in causing uterine contractions when deficient during labor; the proof is not sufficient. I consider the *Cimicifuga*, as well as *Secale*, *Caulophyllum* and other drugs, possessing similar powers, as being secondarily homœopathic to conditions of uterine inertia.

To explain:—The primary action of *Ergot* in moderate medicinal doses is to cause contractions, more or less persistent, of the muscular tissues of the uterus. Under the continued action of the drug these contractions will become more intense and firm, until, from over-stimulation, an opposite condition or muscular atony obtains. Now, this latter condition, with its accompanying symptoms, is a secondary effect of the drug, as much due to pathogenetic action as was the primary. When, in practice, we meet with similar conditions, *i. e.*, when the uterus, after vain and powerful effort, becomes exhausted, *Ergot* is the proper remedy if the primary symptoms correspond with those of the drug, *viz.*, persistent and violent contractions. But if the uterine atony be caused by *Ergot*, then that medicine will not answer our purpose, and we must resort to *Cimicifuga*, *Caulophyllum*, or galvanism or *Cannabis*. Secondary states of uterine muscular atony may be brought on by all the last named agents, and for this reason they will all be found useful in similar morbid conditions. The dose which should be used in such cases should be as large as can be given with safety to the patient, and just large enough to arouse the torpid muscular tissue. My theory of dose, which experience strongly substantiates, is, that for symptoms which stimulate the primary effects of the medicine selected as the remedy minute doses should be administered; but larger doses for symptoms stimulating its secondary effects. In

resorting to *Cimicifuga* in atonic labors, we need not give the massive doses of the eclectic school—doses which tend to bring on secondary exhaustion. I have found five to ten drops of the mother tincture, every fifteen or twenty minutes, to be amply sufficient to bring back or arouse the deficient vitality of the uterus. But there is an opposite condition of the uterus which sometimes obtains during labor, a state of hyper-excitation, in which the normal uterine contractions are spasmodic, painful, and intensely powerful, but intermitting: sometimes with cramps in the extremities, and a tendency to general convulsions. Here the *Cimicifuga* is primarily homœopathic and a small quantity of the third or sixth attenuation will suffice to restore the normal parturient action. This medicine will be found useful after labor, in producing firm contraction of the uterus, expelling the placenta, or checking post-partum hæmorrhage. But I think for this purpose the *Secale* is to be preferred, because of its power to cause firmer and more persistent contraction.

After-pains are often readily relieved by small doses of *Cimicifuga*, second or third, or *Cimicifuga* third. I have used it with signal benefit in those cases which seemed to be kept up by a neuralgic disposition or mental and nervous irritability, and the patient was sleepless, restless, sensitive and low spirited.

Suppression of the lochia is treated successfully with this remedy. When from a cold or mental emotion the discharge is arrested, uterine spasms and cramps in the limbs sometimes occur, accompanied with headache and even delirium.

Ovarian disorders, of a nervous rather inflammatory or structural character, will often find a specific in *Cimicifuga*. Ovarian neuralgia is perhaps as often cured by it as by any other remedy. In this affection it is specially indicated when the ovarian pains are reflected, or change their location to other portions of the body, as the leg of the same side, the region under the left breast, or extend up the whole side to the shoulder. It causes congestion of the head, the uterus and other organs, and, very likely, the ovaries. As ovarian disorder is usually attended with abnormally depressed states of mind, the *Cimicifuga* is as often indicated as *Platinum*, with which it closely affiliates in many respects.

In puerperal mania, it has been found curative by all schools.

Many cases successfully treated by it have been published in our literature, some in the eclectic, and a few in the allopathic. The late Prof. Simpson reports a case called by him "Puerperal hypochondriasis," in which he has tried all the usual remedies. He gave an enormous dose of fifty drops of the tincture thrice a day. He says: "In eight or ten days she was altered and changed in a marvelous degree, but all for the better. On the third or fourth day, she informed me that the cloud of misery which had been darkening her existence suddenly began to dissolve and dispel, and in a day or two more she felt perfectly well again, in gaiety, spirits and energy." He adds that nothing would induce her to give it up, but took it for six weeks longer. And no pathogenetic symptoms. What will the ultra high dilutionists say to this? Does it not prove that the danger of medicinal aggravations from appreciable doses is very much exaggerated? The first is, that if a medicine is homœopathic to a case, it will cure in any dose, in a high or low attenuation.

(See Dr. Dunham's cure of just such a case as the above, with the 200th.)

Dystocia is one of those abnormal conditions which come clearly under the domain of homœopathic medication. It is useless to cling to the antiquated superstition that a woman must suffer "pangs of childbirth." Dystocia is always the result of an abnormal condition of the tissues concerned in the functions of childbearing. I do not wish to have you understand that a majority of cases of painful labor can be remedied by medicines. I have attended many women who did not suffer to any degree; they expressed themselves as caring very little for the pains. Nor were these women all healthy. But this abnormal phase was somewhat absent, or nearly so. I have also attended many women whose previous labors had been exceedingly painful, almost unendurable without *Ether*, but, owing to the administration of *Cimicifuga* during the last weeks of pregnancy, they suffer very little. So many of these cases have occurred in my practice, and in that of my colleagues, that it is not proper to affect skepticism or unbelief. As a rule, first labors are painful and protracted, while subsequent ones are less so: but if 5 or 6 are very painful, and each one seems to be more painful than the last, we cannot expect the seventh to be painless, except from

some remedial interference. Now, if in such cases *Cimicifuga*, *Caulophyllum*, or *Viburnum* is given, and the woman's next labor is easy, what are we to think? Evidently, that the medicine effected a change of condition, from abnormal to normal.

Cardiac debility, characterized by irregular palpitation, with intermitting and weak pulse.

Its symptoms are so similar to *Digitalis*, that it is often impossible to select between them. The history of the case will decide. If the symptoms of cardiac debility are primary, *i. e.*, arising from nervous atony, the *Cimicifuga* is primarily indicated. If the condition is a secondary one—arising from previous excitement, *Digitalis* is better indicated.

Chorea of the heart, a disorder now admitted to exist, even when no other choreic symptoms appear. It is characterized by tumultuous, irregular, unexpected and strange motions of the heart, aggravated by emotions, and subsiding during sleep.

I have cured with it many cases of cardiac disorders, such as I have just mentioned, and consider that in its sphere *Cimicifuga* is one of our most potent cardiac remedies. It is a veritable polychrest, with a marked individuality, and will do you good service in practice.

THUJA OCCIDENTALIS.

By A. H. Starcke, M. D., Kansas City, Mo.

Class: Coniferæ.

Other members of this family are: *Sabina*, *Terebinthina*, *Abies nigra*, *Pinus sylvestris*, and *Picea liquidica*.

Thuja, sometimes incorrectly called White Cedar, is a beautiful native tree that abounds in the upper zones of North America, from the State of Pennsylvania northward, and into Canada, where it often forms what are commonly known as Cedar Swamps.

The *Arbor vitæ*, as *Thuja* is commonly known, grows upon the rocky banks of rivers and in low swampy spots, blossoming from May until June, and maturing its fruit in autumn. It assumes a conical form with such true lines as to appear "clipped," thus forming one of our most valued high-hedge trees, which, under favorable circumstances, may attain a height of 30 to 50 feet.

Part used and preparation: The fresh branchlets, leaves, and blossoms are gathered when the tree is just flowering, then chopped and pounded to a pulp and weighed. Then $\frac{2}{3}$ by weight of alcohol are added, the pulp thoroughly mixed with it, and the whole strained through a piece of new linen and allowed to stand 8 days in a well-stoppered bottle in a dark cool place. The tincture, separated from the mixture by filtration, has a deep orange-brown color by transmitted light, an odor of the bruised leaves, a bitter and astringent taste and an acid reaction.

Thuja oil is of a greenish yellow color.

The first provings were made by Dr. Hahnemann, whose attention was attracted to it when he was called upon to prescribe for a theological student who presented himself with a thick purulent urethral discharge accompanied by burning on urinating. He had also developed small pimples, attended with itching about the glans penis and some swelling of the penis.

Hahnemann accused the student of having contracted clapp, but his reply to this accusation was a prompt denial. It was then decided to give him no medicine, but to ask him to return in three days. On his return no discharge was noticeable, but on close inquiry it was found that while walking about in the Botanical Gardens a few days previously he had picked and chewed some leaves from the *Arbor vitæ*. This set Hahnemann to thinking and led him to make his first provings.

Some of the principal points mentioned in Potter's *Materia Medica* are as follows:

Thuja resembles *Sabina* in action very closely. It is directly an abortifacient when given in doses sufficient to cause violent gastro-enteritis and is reported to have produced an acute urethritis resembling gonorrhœa.

Useful in coughs, rheumatism and arthritic pains, dropsy and amenorrhœa, chronic catarrh and bronchorrhœa.

Highly praised by Dr. Phillips for the cure of warts with narrow base and pendulous body—use tincture locally and internally. Dr. Pifford speaks strongly in its favor as a valuable agent for non-syphilitic warts of penis and vulva, for papillomatous growths in general and in gleet.

It has been used in chronic gonorrhœa and prostatitis with asserted success and is said to have cured epithelioma. The oil has been used as a vermifuge.

Next we will consider a synopsis of the pathological action of *Thuja* as given by Dr. Burt in his *Physiological Materia Medica*.

Through the vegetative nervous system, *Thuja* has six special centers of action :

1. Skin.—Figwarts; Condylomata; Tubercles; Sycosis.
2. Mucous Mem.—Acrid secretions; Corroding ulcers; Polypi.
3. Sex. O., Male.—Chronic blenorrhœa; Prostatitis; Sycosis.
4. Sex. O., Female.—Delayed menses; Leucorrhœa; Ovaritis.
5. Blood and Serum.—Dissolution; Acridity.
6. Urinary Organs.—Diuresis; Sphincter paralyzed.

Attention is at this time called to the case of the woman who, desirous of ridding herself of warts, took daily doses of the tincture of *Thuja* for a month, with the appearance of one crop after another of new warts—an aggravation—and then both the old and the new warts disappeared on stopping the medicine.

“The Austrian provings, which are entirely confirmatory of Hahnemann’s, show that the main action of *Thuja* is on the genito-urinary organs and the anus as well as on the skin. It causes frequent and copious urination; burning in several parts of the mucous tract—pains of various kinds in the penis; inflammation of prepuce and glans; ulcers, tubercles, and other excrescences on the sexual organs, with itching and profuse sweating; and, in the female, leucorrhœa. The sexual appetite was depressed and the menses retarded.

“Burning, itching, swelling and mucous discharge occurred at the anus; and on the skin generally, but especially on the anogenital region, tubercles and warts were developed. In the neighboring mucous membranes similar phenomena appeared, but naturally of moister character.”

Thuja causes burning or tearing pains in the ovarian region, affecting especially the left ovary.

It produces a diarrhœa which is most marked in the morning.

Dr. Bell gives the indications for *Thuja* in diarrhœa as follows:

1. Stools pale, yellow, watery.

2. Stools copious with forcible expulsion. Stool gurgling like water from a bunghole.
3. Aggravation: In the morning, especially after breakfast; after coffee; vaccination.
4. Before stool, much flatus.
After stool, much flatus.
After stool, debility.

According to Dr. Von Grauvogl, *Thuja* is one of the two most useful remedies in the hydrogenoid constitution, the other being *Natrum sulph.*

The hydrogencid constitution is shown by Grauvogl as being one that,

1. Feels every change from dry to wet.
2. Cannot eat plants which thrive near the water.
3. Cannot tolerate sea air. They always feel best on a dry day.

Grauvogl contended that in this constitution the gonorrhœal poison was most pernicious; that it here finds a rich soil in which to grow rank.

One must alter the constitution in such a case in order to thoroughly cure.

Thuja has the property of softening hard tissues, tissues naturally hard, as the nails. It softens warts and causes their absorption. It has cured nasal polypi, also ingrowing toe nails.

The typical *Thuja* subject has a waxy, greasy, shiny skin,—often transparent. He is a sickly looking individual; looks as if entering upon some cachexia. (*Ars.*) (Resembles the appearance of a markedly sycotic case.)

He has pains with the same modalities as those of *Rhus tox.*, which is not nearly as important a sycotic remedy. His sweat is sweetish, like honey or strong like garlic. The effects on the nervous system are shown by the production of a hurried and impatient manner. His temper is easily aroused; even trifles make him angry and excited; or, again, music may cause weeping and trembling of feet.

The pathogenesis of *Thuja* includes some strange delusions:

1. As if made of glass or of some other brittle substances; hence does not wish to be approached.
2. Thinks his body and soul are separated or that a stranger is by his side. (Mania. Typhoid fever.)

3. Sensation (in an old maid) as though a living child were in the abdomen.

With the mental disturbances may be found many disturbances in the circulation, ebullitions of blood; pulsations all over the body; præcordial anxiety.

Among the sensations in the head, that of a nail driven into the head is very characteristic. Pains of an intense stabbing character are also noted. Pains seem to begin about the malar bones and eyes and go toward back of head. (*Spigelia* pains come forward.)

Farrington states that gonorrhœa checked by injections or by any other influence, may give rise to constitutional symptoms calling for *Thuja*, especially if there results articular rheumatism, or prostatitis; hair dries and splits at ends; scalp becomes scaly and covered with dry scurf; iritis appears, with condylomata on iris; eyelids are inflamed and become warty. Œzema may be an additional complication, with thick green discharge. Teeth decay at roots, crowns normal; pustules (*Ant. tart.*); chilliness during urination; nervousness and restlessness, day and night; otorrhœa, foul breath, hoarseness.

Relations: *Medor.*, *Sabina*, *Silica*.

Compare: *Cannabis sat.*, *Cop.*, *Staph.*, *Cinnab.*, warts on prepuce.

Modalities: Aggravations, at night; from heat of bed; at 3 A. M. and 3 P. M.; from cold, damp air.

The following synopsis, as given by Dr. Boger in his Synoptic Key, sums up the action of *Thuja* very nicely:

Region Mind. Nerves. Mucous Membranes Skin. Glands. Left side.	{ Genito-urinary Organs. { Intestines.	Worse Cold Damp. Warmth of bed. Gonorrhœa. Vaccination. (Sil.) Urinating. Tea. Periodically. { Night. 3 A. M. Yearly. Increasing moon. During menses. Better Warmth. { Moist. Air. Wrapping head. Turning from left to right. Sneezing. Touch.
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CHARACTERISTIC SYMPTOMS.

1. Teeth decay at roots (as in sycosis), the crown remaining sound; crumble and turn yellow.
2. Enlarged abdomen and puffed; protrudes here and there as if from the arm of a fœtus; movements and sensations as if something were alive; no pain.
3. Stool forcibly expelled; copious, gurgling like water from a bung-hole.
4. Sycotic and moist excrescences on prepuce and glans.
5. Sweat only on uncovered parts, or all over except head.
6. Wart-shaped excrescences here and there, especially on hands and genitals.
7. The leading anti-sycotic.
8. Sensation as if the body, especially the limbs, were made of glass, and would break easily.
9. Headache as if a nail had been driven into parietal bone.

**THE INFLUENCES OF THE DIATHESES ON
 THE SELECTION OF THE INDICATED
 REMEDY.**

By **George Royal, M. D. Des Moines, Ia.**

I have been very much impressed, of late, by the importance which the allopathic writers in text-books and journals give to the diatheses in making their diagnosis and outlining their treatment of diseases. While this is true, I have also noted that homœopathic writers give far less attention to the diatheses than they did thirty years ago. The question, Why this change? has been raised. Some have asked, Was the importance of the diatheses in taking the case and selecting the indicated remedy for curing the patient over-estimated in the years gone by, or are

there other reasons why the subject now receives less attention by us, but more by our allopathic friends? In my opinion the reason for the change is as follows:

Those who graduated from homœopathic colleges between 1875 and 1905 were so grounded in the faith of the influences of the diatheses that it was deemed unnecessary to continue the discussion; while, on the other hand, the writers and practitioners of the other school have just begun to recognize these influences and to discuss them in their journals. In other words, the old school writers and teachers have just discovered (as they have just discovered many things about the action of our remedies) that the diatheses do exert a profound influence on patients and their treatment; and because it is considered new it is popular, while to us the novelty has worn off. And yet I cannot help but feel that if we, especially our younger graduates, gave this subject more attention, we would be more successful in our practice, because a knowledge of the influences which the diatheses exert is essential in giving proper rank to the symptoms or groups of symptoms we have elicited from our patients.

All our prescribers, except the few who consider the *numerical* "totality" the *real* "totality," realize the great importance of assigning the proper rank to each and every symptom. At this point a second question arises, viz., in what way do the diatheses assist in fixing the rank of the symptoms in each individual case?

In accordance with one of the corollaries of our law, viz., the "elective affinity" of drugs or "tissue proclivity" of diseases, each diathesis has a special tendency to affect certain tissues or organs of the body, as each individual remedy has an "elective affinity" for certain tissues or organs of the body. One need but mention the ricketic or calculous, the scrofulous or tuberculous, the rheumatic or gouty diatheses, to bring to mind such remedies as *Silica* or *Berberis*, *Calcarea* or *Phosphorus*, *Colchicum* or *Ledum*.

To illustrate my last statement and prove the practical utility of a thorough knowledge of the influences of the diatheses in the selection of the indicated remedy, let me cite a few cases:

CASE I.—Miss B., aged 19, fair complexion, single, clerk in a dry goods store.

Family History: Two aunts on mother's side died of tuberculosis at 19 and 21 years of age. Otherwise family history nil.

Takes cold easily. Had measles at 11, which left a cough for three months. Matured at 13. Had always flowed very profusely and too frequently. Always perspired freely, and sweat had a sour, musty odor. Had always had weak ankles, having worn braces from 12 to 16.

So much for personal history. She came for relief from "heel pains"—a dull aching in right heel, worse from standing, also worse from bathing the feet, unless the water was as hot as she could bear. No redness, no swelling; pains deep in heel.

CASE II.—Mr. H. D., aged 34; dark, swarthy. Married. Merchant. Takes little exercise. Uses alcohol to excess, also tobacco.

Family History: Mother died at 45, of organic heart disease. She had had attacks of rheumatism since she was 18. Patient's grandfather also died of heart trouble and had rheumatism from the time he was 20 till his death at 57. Otherwise family history nil.

Personal History: Measles at 8, which left him with weak eyes and an unhealthy skin. Has had two severe attacks of follicular tonsillitis at 16 and 21; two attacks of gonorrhœa, the second 18 months ago. Joints of the fingers and hands slightly deformed. Comes for relief of "heel pains," which began about fourteen months ago after a long ride in a cold rain. Worse in damp weather, worse from bathing. A dull, stiff pain, "which drives me wild" and "makes my old rheumatic legs more useless than ever."

CASE III.—Miss K. R., aged 24. School teacher. Dark, active, intellectual.

Family History: Father living, aged 59, but has been a sufferer from rheumatism of the joints and muscles for thirty years. Father's sister, aged 40, also crippled by arthritic rheumatism. The patient's grandmother died of heart trouble and dropsy.

Personal History: Matured at 16 and has had rheumatic pains of the tendons and muscles of the upper extremities ever since. These pains are always worse during a rain storm.

Came for the relief of "heel pains," which she states were brought on by bathing in cool lake water when a little warm from walking. The sensations are stiffness, drawing, aching; worse in cold, damp weather and at night; relieved at night by getting out of bed and walking around her room or by taking hold of her toes and flexing the foot toward her leg a few times.

CASE IV.—Miss J. E., aged 16. High school girl. Dark, firm-fibred. Biliary temperament.

Family History: Nil. Both parents and three grandparents living and healthy.

Personal History: Has had all the diseases of childhood, from which she made a perfect recovery. With the exception of a mild attack of pleurisy at 13, has always enjoyed good health. Came for relief of "heel pains" caused by "turning" her ankle while on a "hike" through a rough pasture lot. The pain all through the heel is a severe, cutting, stitching one if she moves the ankle, a dull, aching pain if the ankle is kept quiet. There is some swelling of the ankle, but no pain in ankle.

The last patient, who was relieved by *Bryonia* 6x, and which had no diathesis, is given by way of contrast. The location was a mixed one. Muscles, synovial membrane and periosteum were involved. The modalities were clear; the sensations also those of the drug.

The first patient was influenced by the tubercular diathesis. The location was the bones, the modalities and sensations those of *Calc. carb.*, and that remedy in the 30th did the work.

The second is a rheumatic diathesis, modified by a gonorrhœal diathesis. The location is the synovial membrane, and *Thuja* 12th cured the case.

The third patient inherited a tendency to rheumatism, which was uncomplicated. The location was the tendons, and the modalities so clear for this that the diathesis was not of such marked assistance in selecting it.

I trust these few suggestions may encourage my hearers to refresh their memories on the importance of the diatheses in selecting the indicated remedy.

CHILLS SUPPRESSED WITH QUININE.

By G. F. Thornhill, M. D., Paris, Texas.

Metastatic diseases are common with our friends of the old school. They apply ointments, use lotions, give *Quinine* and other drugs that often change the character or location of diseases without the least care or concern, seemingly, on their part. They do not seem to know or understand the suppression of diseases. In fact, one told me he had never heard of suppressing diseases.

Recently I saw a case of impetigo contagiosus suppressed with serum, after which the child rapidly declined, and was in a critical condition when I was called. The physician in charge said he cured (?) the impetigo, but did not understand why the child grew worse. "Suppression" was my diagnosis and *Rhus* promptly reproduced the eruption and cured the child, no other medicine being necessary.

"It is ever thus" with our friends, the enemy, in the treatment of chills with *Quinine*. It is chills and *Quinine*. *Quinine* and chills, the two inseparably linked together until death closes the scene, as is often the case, and the doctor none the wiser.

Physicians practicing in malarial districts and trying to imitate the Master have seen various diseases follow the suppression of chills with *Quinine*. Hahnemann's Law of Cure and the dynamic remedies can be demonstrated here to the entire satisfaction of any physician if he will familiarize himself with the Organon and apply the remedies at the bedside as taught by Allen in his Therapeutics of Fevers. The indications given by him are clear cut, well defined, reliable and the action of the drugs are prompt and decisive.

When we understand how to cure chills the germ theory does not concern us. We do not care whether the germs are "pumped" in by the mosquitoes, or are there as a result of the disease. We know how to cure and that is ALL-SUFFICIENT.

CASES.—Robert D. Chills suppressed with *Quinine*. Was told an operation for an abscess of the liver was necessary. I found him very much emaciated, cough, hectic flush, etc., apparently in the last stage of consumption. Two weeks' treatment reproduced a clear-cut *Eup.* chill and this remedy cured him promptly.

Six months ago I was called to Dallas, Texas, to see a young lady that five doctors wanted to operate on, wanted to remove her spleen to cure the chills. She had been in ill health, chilling, four or five months. *Pulsatilla* cured her in two weeks. Of all the operations I have ever met in my practice, this proposed one was the most heartless.

Polk W. Chilling in the swamps of Ark. After suppression with *Quinine* he became mentally unbalanced, and was sent to Ft. Worth, Texas, to a sanitarium for treatment. In three months he was sent back home as an incurable. *Puls.* again proved to be a friend in need, reproduced the chill and cured him in thirty days. It has been six years and no return of the chill or mental trouble.

Mrs. B. In same condition as above, was treated by several prominent allopathic physicians in neighboring States without results and sent home as an incurable. I had no trouble reproducing the fever and curing the case. Other cases could be mentioned, but these will suffice.

It would be a source of great satisfaction if we knew the cause of intermittent fevers, and could tell why all persons subjected to the same exposure are not attacked. And such knowledge might aid us in a sanitary way, but it could never be the least benefit in selecting the remedies. Hahnemann's method of individualization is the only safe guide.

Hering said:—"If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve only to be mentioned as a caricature in the history of medicine.

Note to § 233, *Organon*:—"Till the present time, pathology has only been acquainted with one single intermittent fever, which has been called ague. It admits of no other difference than the interval which exists between the paroxysm; and upon this are founded the particular denominations, quotidian, tertian, quartan, etc. But besides the variety which they present in regards to the period of their return, the intermittent fevers exhibit yet other changes that are much more important. Among these fevers there are many which cannot be denominated agues because their attacks consist solely of heat; others are characterized by cold only, succeeded or not by perspirations; while yet others freeze the patient, and inspire him notwithstand-

ing the sensation of heat, or even create in him a feeling of cold, although he seems very warm to the touch; in many, one of the paroxysms confined to shivering or cold, which is immediately succeeded by a comfortable sensation, and that which comes after it consists of heat followed by perspiration or not. In one case, it is heat which manifests itself first, and cold succeeds; in another, both the cold and heat give place to apyrexia; while the next paroxysm, which does not occur before an interval of several hours, consists merely of perspiration; in certain cases no trace of perspiration is perceptible, while in others the attack is composed solely of perspiration, without either heat or cold, or of perspiration that flows during the heat alone. There exist, likewise, innumerable differences relative to the accessory symptoms, the particular kind of headache, the bad taste in the mouth, the stomach sickness, the vomiting, the diarrhoea, the absence or degree of thirst, the kind of pains felt in the body or limbs, sleep, delirium, spasms, change of the temper, etc., which manifest themselves before, during or after the cold, hot or sweating stages, without taking into account a multitude of other deviations. These are usually intermittent fevers that are very different from one another, each of which naturally demands that mode of homœopathic treatment most appropriate to it individually. It must be confessed that they may almost all be suppressed by large and enormous doses of *Quinine*, that is to say, that *Cinchona* prevents their periodical return and destroys the type. But where this remedy is employed in intermittent fevers, where it is inappropriate, the patient is not at all cured, because the character of the disease is destroyed; he is still indisposed, and often much more so than he was before; he suffers from a peculiar chronic bark complaint, often incurable, and yet this is what physicians term a cure."

Allen says: "The type of fever, intermittent, remittent, bilious, malarial, typhoid, etc., etc., at night is but a single symptom, and of little, if any, value as a symptom in the selection of the remedy. We must take all the evidences of disturbed health, both local and general, on which to make a selection."

"The physician of the 'rational' (?) school researches only for general conditions. To be able to diagnose ague, etc., is enough for him; it satisfies the supposed demands of science.

and enables him to prescribe *Quinine* or some preparation of *Cinchona*. Either the ready facility of this generalizing with the entire absence of consistency in its application, or a praiseworthy yet unsuccessful, attempt to utilize the pathological theories of Allopathy, have induced very many excellent men of our school to abandon, if they ever possessed, a knowledge of Hahnemann's inductive method for this 'short cut' to success." (Allen.)

A DEFINITE REMEDY FOR A DEFINITE SYMPTOM.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

What is Homœopathy?

My answer would be a *positive* system of therapeutics founded on the law of *Similia*. I believe that the slogan of every true Homœopath should be, "*A definite remedy for a definite symptom.*"

Dr. C. G. Austin, Nantucket, Mass., an old "War Horse" in Homœopathy, writes me that "*Bellis perennis* has a good action in threatened apoplexy. It will prevent blood stasis in its action upon the circular fibres of the blood veins. It saved a life for me in an elderly lady who was near death's door from continuous internal hæmorrhage in the brain." All other means had failed.

A woman will sometimes complain of a "*coldness* in her *stomach*." To the average woman her *stomach* is anywhere from the sternum to the pubes, but if you ask her to place her hand on the place where she *feels* the *coldness*, it will be in her *abdomen*. *Tr. Cedron* 3x is the remedy. 5 drops in a little water, once in three hours.

Convallaria is sometimes indicated in dropsy from heart disease. The ankles are swollen. patient *can't lie down*, is obliged to sit propped up in bed. There is a *sore* feeling in the *uterus*. In reading the pulse we find it *feeble* and *irregular*. Add two fluid drachms of the *Tr. Convallaria* to four ounces of water. Give one teaspoonful, once in two hours.

I had a letter from Dr. W. H. Ketchum, Honolulu, Hawaii. He says he "is the only Homœopath in Honolulu." He seems

to think "a visit to these beautiful islands would be an inspiration to me." In gonorrhœa, when there is an *intermittent* flow of the urine, there is danger of *stricture* forming and *Tr. Clematis* 3x is the remedy indicated. For the morning sickness of pregnancy, *Tr. Nux vomica* is a good remedy for the *continual* nausea, and especially if there is *sour* vomiting. *Tr. Nux vomica*, 3 drops in half a goblet of water, one teaspoonful once an hour until relieved.

Dr. A. T. Rank, Cavett, Ohio, writes of "a case of adenocarcinoma of the cervix uteri that was pronounced to be too far advance for surgical relief." He says he "cured her with the treatment in my cancer book." In laryngitis or cough indicating *Causticum*, there will be a *sore* or *raw* streak extending down the trachea. The patient will show you the *extent* of the *rawness* by means of *one* finger over the line of the trachea. If *Phosphorus* is the remedy indicated, *all* the fingers of the *hand* are used to cover the *extent of the rawness*. If you will keep the above fact in your mind, it will help you to make a *good* cure.

Through the kindness and courtesy of Dr. George Critchlow, of Buffalo, I was shown through "The Homœopathic Hospital" of this city. It has 200 beds and cost \$250,000. The city of Buffalo and our homœopathic friends may well be *proud* of this hospital. The lady superintendent is a woman of good executive ability and was very polite and kind to me. The medical and surgical staff of physicians showed me every courtesy and kindness. In my student days I have a *very* vivid recollection of the hospitals. I had to visit and attend lectures. There were various kinds of *sickening* odors, *Ether*, *Creosote*, *Carbolic acid*, *Iodoform*, etc. "The memory of them lingers round me yet." In an inspection of the above hospital from top to bottom I found it as "neat as a pin," and *no* unpleasant odors at all. It gave me the impression of a "Home where sick people came to get *well*." The nurses were very *nice* and seemed to understand their business. Upon the whole, I carried away with me a *very pleasant impression* of this hospital.

Dr. Frank W. Stewart, Colfax, Jasper Co., Iowa, in a letter to me, enclosed some beautiful verses. They are so *good* I want to share them with my readers:

ALL THE DAY (GOODHUE).

If you will you surely may
 Gladden every work-a-day!
 Just by praise and joyful singing,
 Like some bird its sweet notes flinging;
 Just by hearty, wholesome laughter
 Echoed back from roof and rafter
 All the day!

If you will you surely may
 Thank God for His work-a-day!
 The kind need of constant labor
 For ourselves and for our neighbor,
 For the round of daily duties,
 Tasks and trials, blessings, beauties.
 All the day!

A doctor wants to know what remedy is indicated for pain in the inferior angle of the *left* shoulder blade. *Tr. Chenopodium anthel.* 3x is the remedy (common name, Wormseed). *Bichromate Potash* is a *good* remedy in ulceration of the stomach *when* it is indicated. When there is *burning* in the stomach after eating, vomiting of *ropy* mucus, round ulcer of the stomach, peculiar to *beer drinkers*, it should be given in the 6x. *Natrum sulph.* is sometimes indicated in chronic diarrhœa, with *yellow*, thin, *watery* discharge, gushing out with much *spluttering*, flatulence and *rumbling* in the abdomen. The attack is liable to come in the morning after the patient *begins to move about*. *Natrum sulph.* 3x, three tablets, once in three hours.

If you have a case of asthma you will find it good treatment to give the patient, *between* the paroxysms of the disease, *Tr. Grindelia robusta*, 10 drops once in three hours, and *Natrum sulph.* 6x, three tablets, once in two hours. I believe that the above remedies will *cure* more cases of asthma than any other remedies that I know of. You will find *Colocynth* indicated when your patient feels the *pain* of sciatica; he will involuntarily stoop and grasp the thigh at the upper portion of the popliteal space, or, if he is sitting, he is apt to stretch out and press the *painful* part of the leg against the edge of the chair. Give in the 3x.

How often we see patients begin to *gag* as soon as we try to look down their throat. The fauces are very *irritable* although they may *not* be inflamed. Just brushing the back teeth

is sufficient to make them *cough*, along with *gagging* and *vomiting*. Such patients need *Coccus cacti* 30x.

Dr. A. O. Reppeto, Banks, Oregon, a veteran of the Eclectic School of Medicine, has developed a *preparatory* treatment for the pregnant woman to make her confinement *easier* and *quicker*. During the last two months of pregnancy he gives *Calcarea fluorica* 3x, three tablets, three times a day, and *Kali phos.* 3x, three tablets, at bedtime. *Try it!*

Dr. J. F. Grist, Havana, Arkansas, reports lady cured of hystero-epilepsy after they had failed to do her any good in the hospitals. His remedies were *Gossypium* and *Solanum Carol.* In *loose* coughs in young people, *moist* rales, sputa yellow, tastes sweet, cough apt to begin in fall and last all winter, give *Stannum iodide* 3x, three tablets, once in three hours. *Capsicum* is a *valuable* remedy in delirium tremens when there are *cold* extremities, *weak* pulse and *blanched* lips. Put one teaspoonful in a glass of milk, have the patient drink it down and repeat every hour until relieved, four or five doses will be sufficient to cure.

Closure of the pylorus is often mistaken for angina pectoris. There is more or less *dyspnœa*, waist *constriction*, *heavy* sensation in the stomach, *dull* pain in the *back* opposite the pylorus—and nervous pulsations of the heart. Give *Tr. Lobelia*, 10 drops in a little water, will relieve in a few moments. It may require two or three doses if closure takes place *after* meals.

In acute nephritis when there is a *dull, heavy* pain in region of kidneys, and the urine is *dark brown* and has a fearful odor, *Benzoic acid* 3x, is the remedy, 5 drops, once in 2 hours. It will change color of urine and relieve the pain.

In neuralgia of the heart, when the pain seems to start from the *heart* and *radiates* out through the *breast*, and down the left arm, there is *palpitation*, patient can't lie on the *left* side, is *worse* from the slightest *movement*, *Tr. Spigelia* is the remedy, the 3x, 15 drops in half a glass of water, teaspoonful every half hour until relieved.

Dr. C. C. Waltenbaugh, Canton, Ohio, says he has had 17 cases of ivy poison and he cured the most of them with *Rhus tox.* C. M. He has had good success with *Agaricus* 200 for chilblains.

Be *careful* in reading a patient's pulse and don't jump at conclusions, your *first* impression of the pulse *may* be *entirely*

wrong. The most of our patients, when we come to read the pulse, are more or less *nervous* and *excited* and, of course, the *pulse will* be also. After the patient gets *quieted* down, the pulse will seem *different*, then it will be the *real* pulse and will show you the *true* condition of the patient. I have seen two or three doctors gather in a room where a sick person was. The patient was *scared stiff!* One of the doctors grabbed the wrist of the patient and began to *count the pulse!* He didn't have sense enough to know that the pulse at *that* time was not the *real* pulse of the patient, but he made a "snap-shot" diagnosis from that *nervous, excited pulse*, and, as we should expect, he was "away off" in his knowledge of the *real* condition of the sick person. The study of the eye, pulse and tongue is to me a *fascinating* study. If I had known, years ago, what I know *now* about *reading the eye, pulse and tongue* it would have been worth *thousands* of dollars to me. What I know has been learned from the book of experience, the best of all medical books.

In infantile paralysis the disease begins with a chill, followed by high fever. Temperature is from 102° to 103° F. *Pain in back and limbs*, convulsions sometimes, delirium and diarrhoea. Paralysis appears very *soon*, loss of *motion* may come on in the night. The affected limb retains *sensation*, but is *flabby* and *powerless*, the surface of skin being *cold* and *cyanotic*. In this disease we have an *inflammation* of the anterior or frontal part of the spinal cord. It is well to begin the treatment (if called in the first stage before the paralysis) with *Ferri phos.* 3x and *Kali mur.* 3x to control the *inflammation* as *soon as possible*, to prevent acute degeneration of the cells of the cornua. Give *Tr. Echinacea*, 5 drops, once in three hours. For the paralysis give *Tr. Gelsemium* 2x, 5 drops, every three hours, also *Kali phos.* 6x, three tablets, once in two hours, in a teaspoonful of hot water. If the skin is very *sensitive* to the touch, with *emaciation* and *constipation*, *Plumbum* 6x is *the* remedy, give it every 4 hours. If there is *coldness* of the limbs, but child can't *bear* to have them *covered*, *Secale* 3x, once in four hours, is *the* remedy. Limbs should be kept *warm*, give them *hot* baths, 110° F., for 15 minutes, night and morning. They should have the affected limbs rubbed and *thoroughly massaged* every day with alcohol and olive oil.

ARGENTUM METALLICUM.

Notes from Testes Materia Medica.

“Guided by the effects which silver has produced on myself, and which represented syphilitic symptoms (such as gonorrhœa with contusive pain in the testicles, grayish ulcers with shaggy borders, simultaneously at the prepuce and in the throat), I have prescribed this drug for the first time against a yellowish-greenish gonorrhœa, of an indolent from the first, very profuse and of eight months’ standing for which *Cannab.*, *Copaiv.*, and *Merc.* (whether *sol.* or *corr.*, the patient was unable to say), had been employed for a long time and in vain. The patient was twenty-six years old, robust, active and intelligent, but had red hair, a white skin, and a marked rheumatic diathesis. *Argentum* effected a cure in less than twelve days, and suspended for more than a year the rheumatic pains in the extremities.

“This latter circumstance has decided me several times to prescribe *Argentum* for articular rheumatism, without swelling, and presenting, particularly at the knee, and still more at the elbow, this burning, lancinating pain, which resembles a good deal the pain caused by the sting of a wasp. Let us observe, moreover, that the action of *Argentum* on the muscular system and on the skin is very similar to that of *Zincum*, after which indeed it will be found ranked. I have, moreover, employed *Argentum* with success in the following cases: 1st. In two cases of albuminuria. 2d. Seminal losses, without erections and with atrophy of the penis (in a man of thirty this organ was no larger than that of a child of ten years), the primary cause of this spermatorrhœa was onanism. 3d. Amaurosis of the left eye (syphilitic or mercurial (?), rather mercurial), which was cured in a few weeks, although the sight was very weak, and the pupil, which was very much contracted, remained insensible to the approach of the light. 4th. Schirrous ulceration of the neck of the bladder.”

Also: “This metal, which has been known from the remotest antiquity, is supposed to be without any medicinal virtues in its natural state. However, Avicenna recommended silver filings for palpitations of the heart, and fetid breath, both of which applications are justified by the pathogenesis of this agent.”

ON SOME CONDITIONS SIMULATING
CHRONIC APPENDICITIS.*

By John Morley, M. B., Ch. M., F. R. C. S., Surgeon to Ancoats Hospital, Manchester, Lecturer in Clinical Anatomy, University of Manchester, Etc.

The undoubted fact that in past years many unnecessary operations for appendicitis have been performed where the appendix was not the cause of the symptoms should challenge us to a far more critical attitude of mind. It is particularly in that variety of chronic appendicitis characterized by chronic pain and tenderness in the right iliac fossa, without any history of acute attacks, that mistakes occur, and only those other causes of similar symptoms that lie in the immediate neighborhood of the appendix are here considered. Lane and his followers hold that symptoms simulating chronic appendicitis may be caused by a kink of the lower ileum produced by a peritoneal band occasionally present on the left or inferior aspect of the ileum some three inches from the cæcum, which tethers down the gut near the pelvic brim. Lane's view of the origin of this band—that it was acquired as the result of a tendency to enteroptosis—as been quite disproved, as has the peritonitic theory, though inflammatory bands may occur in the same situation. The band is congenital in origin and a relic of the descent of the testis or ovary. There is no evidence that the band had caused any intestinal stasis in my own cases, either from radiographic findings, clinical histories, or appearances at operation, and it is argued that, apart from the very rare accident of inflammatory contraction of the band, it probably never gives rise to trouble, so that the many ingenious operations devised for dealing with it are the outcome of misdirected enthusiasm.

Jackson's pericolonic membrane, on the other hand, may give rise to symptoms simulating chronic appendicitis. This occasional membrane is a congenital abnormality, and takes origin from the primitive right lateral process of the great omentum. When only a limited band persists as a relic of the membrane, constriction of the ascending colon may result, though often the

*Abstract of a paper read before the annual meeting of the Lancashire and Cheshire Branch of the British Medical Association.

symptoms resembling chronic appendicitis are due to an associated abnormal mobility of the proximal colon.

In the condition of mobile proximal colon, which is a reversion to the primitive pronograde arrangement, the patient is predisposed from birth to constipation and the various ills resulting from it. Symptoms resembling chronic appendicitis may result, or actual inflammation of the appendix, but in either case the right surgical procedure is not a simple appendectomy, but fixation of the colon back into the right loin.

The commonest cause of an erroneous diagnosis of chronic appendicitis is right tubo-ovarian disease, often of gonorrhœal or septic origin. In such cases a spasmodic contraction of the right psoas muscle sometimes occurs on palpation, which may be mistaken for an abscess or a neoplasm.

Many cases of chronic pain in the right iliac fossa cannot, with our present knowledge, be diagnosed with precision before operation. All that can be said is that they need exploration. In exploring, the incision should be adequate for an inspection of all the possible sources of the mischief, and such source when found should be dealt with by appropriate measures. The practice of a blind appendectomy in such cases through a 20 in. gridiron incision is unscientific, and often disastrous to the patient's prospects of a cure.—*British Medical Journal*.

THE HOTTENTOT.

By O. F. Miller, M. D., Pine Grove, Ky.

They're all Hottentots to me, says
 The State Board of Health.
 The White and the Black,
 The great and the small,
 Must all pass under the rod.
 The clean people, you know, protected must be,
 For they know not what they should have,
 And the Quack is abroad, his palaver so sure.
 The pied Piper of Hamelin has nothing on him.
 So we'll do the piping and the people will pay.
 Hottentots all, say we.

They're all Hottentots to me, says
 The State Board of Health.
 The State is in fetters, Police power triumphant,
 Tyrannical, base, but the people must pay.

And the people must die, and the people must die to pay.
For our freedom is naught but a song and a cheer,
And our hearts are heavy and sad,
The mills of the Gods grind slow but sure,
And grinding, the mortal is dust,
Troy, Carthage, and Rome, wore the Purple and died.
Are we more mighty than they? Ages are past,
And Ages will come, and the people are born to die,
But the burden of *now* no one will carry,
Hottentots all, say we.

They're all Hottentots to me, says
The State Board of Health.
We're behind the Police, we are the Police,
We'll prick and goad, vaccinate, and inject,
Till the people dream of Horses and Mules
Since the blood of the Beast, through the needle's prick
Flows through the veins of man, man kicks and
Brays, but naught avails, since man must die, you know
And the blood of the beast makes him so much an ass,
That he knows not where to begin, To flay and burn,
To gore and toss, to trample and tear, the tyrant to grapple,
But the people must die and dying pay,
The debt which rests upon all.

They're all Hottentots to me, says
The State Board of Health.
For the Mark of the Beast is laid upon all,
The mark of the vaccine scar, the mark that admits
To the school and the shop, The brand of the needle, *King*
And the blood of the beast through the veins now flow
Of Prince and pauper alike, The priest and the sinner
Master and slave, The King and his fool are one,
For the blood of the Beast, the Devil's own brew,
With the roar of a Courser wild,
Is tumbling and plunging from head to toe
Of the man who is no more man, but a creature of man,
With the blood of the beast, made for the Public Health,
A man without tonsils, appendix, or colon,
Emasculate, hairless, sans teeth or backbone,
A plaything of Surgeons, a turnover of time.

They're all Hottentots to me, says
The State Board of Health,
As the people pass in review, The poor people,
The dear people, the people who pay, In chariots, on horses,

On foot, they go by, pushing, jostling, jangling by.
 Branded, diseased. "At sixty they die." No kissing,
 No pets, no relatives nigh. Bugs in the mouth,
 In the nose, in the heels, Don't whistle, don't cough,
 Don't sneeze, don't cry, don't defecate, urinate,
 Just wrap up in linen and sterilize all,
 For no one is fit to live but the State Board of Health.

THE CHRONICLES OF THE FARM.

By Dr. Blanke.

One day there was great excitement on the Farm, so much so that Judge Turkey exclaimed: "This will mark an epoch in history," and Mrs. Plymouth Rocke cried: "Indeed, it will, Judge! Ain't it awful!" It was the day an old shack burned; when what the Professor termed "protoplasm," otherwise man, concluded it was not worth saving, and let it burn out. Several days afterwards, Mr. Bantam Rooster observed the Professor and Dr. Mallard Ducke investigating the ashes of the old shack. "What's up?" asked that flippant citizen. "We are seeking the germs of this ill," replied the Doctor. "There is nothing happens without a cause," added the Professor, and we are seeking the germ of this catastrophe." "But," said Bantam, "we fellows don't care for your stuff." "Perhaps not," calmly replied the Doctor, "but posterity will."

BELLADONNA THE REMEDY FOR INFANTILE PARALYSIS.

Editor of the HOMŒOPATHIC RECORDER.

Please announce in next issue, if possible, that *Belladonna* is the remedy for poliomyelitis, both as a prevention and as a curative agent. In other words, it is the "*genus epidemicus*." Of course, this statement is based on the writer's personal experience in Brooklyn and there is a possibility that such may not apply to other sections.

The key symptom is fever with rapid, bounding pulse. Most patients are drowsy and sleepy, though often excitable and terrified when awakened. The pupils are not dilated. The symptoms vary in different patients, of course, but all symptoms seen are covered by *Belladonna*. The disease runs a mild course in about

half the patients and subsides without paralysis and usually without recognition or treatment or the necessary quarantine.

It is undoubtedly these mild unrecognized cases which are most responsible for the spread of the disease. In every case of fever with the characteristic pulse seen by me *Belladonna* is given to other members of the family and quarantine insisted upon. In cases in which paralysis has already developed, *Belladonna* will control the condition and undoubtedly will make the subsequent nature of the paralysis less severe.

If the case is seen early, I believe that *Belladonna* will prevent the paralysis.

W. H. FREEMAN, M. D.

263 Arlington Ave., Brooklyn, N. Y.

TYPHOID FEVER.

Editor of the HOMŒOPATHIC RECORDER.

In advanced neglected and improperly treated cases of typhoid fever, where there is an active hæmorrhage, I have found *Adrenalin chloride* valuable.

When the patient tosses about and becomes extremely restless at night, is so weak and exhausted, has fainting spells every other hour, we think he is at death's door. The mouth is dry and the tongue white, as if whitewashed, or with irritable stomach we find a strawberry tongue (raised papillæ). May or may not be thirsty. If the patient drinks, he drinks a little at a time, since water seems to molest the stomach. Stools undigested, stringy, bloody and, at times, there is violent tenesmus and burning in the rectum. Usually dark, watery, bloody stools. Externally the patient does not feel so hot, but internally he states he is burning up. Severe abdominal pains lasting but a few minutes with the slowly gradual dropping temperature gives us some alarm. As the temperature lowers the more serious the symptoms become, the extreme prostration with collapse makes us think of perforation. I have never seen a case of perforation which corresponds to the common cases described in the books.

When you have the above symptoms give *Arsenicum album* 3x, a wonderful homœopathic remedy. Prescribe two tablets

every two hours. This remedy is slow acting, but in two hours you see the symptoms fixed and when the third dose is given you see the patient's strength returning.

Whiskey, as a stimulant, is dangerous. *Strychnine* and other similar stimulants are too violent and too uncertain in these most serious cases. *Adrenalin chloride* was given with the above indicated remedy. Most admirable results followed. Several doctors gave these cases a bad prognosis. I have often used *Adrenalin chloride* and *Arsenicum album* when profound prostration with lowering temperature and slow irregular pulse and hæmorrhage were present. I always received most gratifying results and would be pleased to have older physicians' criticisms upon the above medication.

Watch the pulse, tongue, heart, kidneys and abdomen. Plenty of boiled water and milk always makes the disease run a milder course, fever is less severe and toxæmia is unlikely to occur. The kidneys are less likely to become affected. There is less tendency to hæmorrhage when we use liquid diet and absolute rest.

It is not encouraging to follow some instructions of forced feeding and then lose the patient. Alcohol baths and with cleanliness is an absolute necessity. Purging is unnecessary. Many patients remain weak regardless of diet. No mistake will be made when adhering to a strict liquid diet.

FRED. J. SPERLING, M. D.

Wilkes-Barre, Pa.

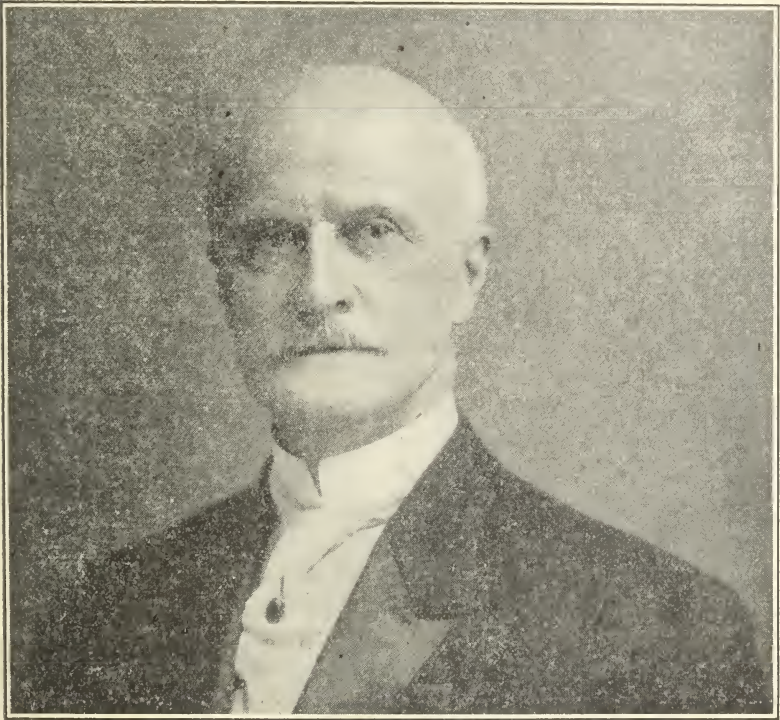
DR. ELI G. JONES.

As will be seen in the RECORDER'S notes and comments on the Baltimore meeting of the A. I. H., the reporter was several times asked, "Who is that man Jones who is writing for the RECORDER?" Well, here is a sketch of the man, together with his half-tone, which, let us hope, will show up fairly well:

Dr. Jones was born in China, Kennebec Co., Maine, July 26th, 1850. He came from the "Jones family" of that State, who gave to the world clergymen, professors, lawyers, physicians, teachers, soldiers, etc. His parents were Eli and Sybil Jones, ministers of the Orthodox Society of Friends, that traveled extensively as missionaries in this country and in foreign countries. On his mother's side he belongs to the "Dudley family,"

that gave to the world such prominent men as Dr. Oliver W. Holmes, David Dudley. Field General Dudley, of Ohio; Bishop Dudley, of Kentucky. Dr. Jones is a lineal descendant of Governor Thomas Dudley, one of the first Colonial Governors of Massachusetts.

Dr. Jones published a book of his poems in 1896, called "Poems of the Day." In 1892 he was elected Supreme Com-



DR. ELI G. JONES.

mander of Ancient and Illustrious Order Knights of Malta on the Continent of America, and Honorary Assistant Grand Master of the Imperial Black Encampment of the Order in Scotland. He is a past officer in eight different secret societies, a Past Worshipful Master of his Masonic Lodge and has traveled as far as the 32° in Masonry. He founded the "American Association of Progressive Medicine" and, at the second annual convention,

held in Poughkeepsie, N. Y., 1913, was unanimously elected Honorary President for life. Dr. Jones is a graduate of the regular and Eclectic schools of medicine. As a medical author he is well known on both sides of the Atlantic. For twenty-five years he has been teaching physicians the *definite* action of remedies, and has had students from nearly every State of the Union.

BOOK REVIEWS.

SOME CLINICAL EXPERIENCES of Erastus E. Case, M. D., Hartford, Conn. 226 pages. 8vo. Cloth, \$2.00. Emerson Publishing Co., Ansonia, Conn. 1916.

This book is made up of various papers by Dr. Case that were printed in the Transactions of the International Hahnemannian Association running back many years, for the author is a veteran Hahnemannian physician, one who firmly believes in the *simillimum* and the high potency. It is an interesting book, containing clinical experiences that will strain the credulity of the materialist. For example, one is related of a black haired girl, three years of age, who was afflicted with head-lice. No matter how thoroughly and frequently they were cleaned away they would return. In addition she appears to have been close to a degenerate, being mentally weak, foul otorrhœa, foul breath, cough, enuresis, night sweats and so on. The totality of the symptoms called for *Nitric acid*, which was given in *C. M.* potency. This worked a miracle. The lice disappeared of their own accord and did not return. She became mentally brighter and more active bodily. For the benefit of skeptics we may state that many years ago Dr. A. von Villars reported a somewhat similar case in one of the German homœopathic journals. A woman brought a child to him who though apparently not so degenerate as the one Dr. Case writes about was afflicted with lice. Von Villars said he roughly told the woman to keep the child clean. She replied that she did wash and comb it frequently, but the lice would always return. Then she said that she had heard that the homœopaths had a remedy for lice. To shorten the story, Von Villars gave her *Staphisagria* 30 and to his surprise the lice quit.

Another relation is headed "locomotor ataxia," a disease generally regarded as incurable. As usual, the author gives the symptoms in detail. *Heloderma hor.* 9 C. and later in the 45M restored the woman to a fair degree of health, so that she could take care of her family and house.

Another section is on "corns." The patient, a woman, a typical *Sepia* one, was horribly tormented with corns. One dose of *Sepia* high gave complete relief from the corns and other accompanying ills.

The book contains cases representing almost every known disease from abscess to whooping cough. It is very interesting and well worth the small price asked for it. It is also refreshing in these days of therapeutic nihilism. We wish the good doctor would send the RECORDER some of his papers.

ANOPHELES AND MALARIA.

The following is from a paper in the *Indian Medical Record*, by Sarasi Lal Sarkar, medical officer of Parbatipur:

"The fact that intense malaria prevails in certain parts of Bengal, where anopheline mosquitoes are very scarce has been noted by Major A. B. Fry in the several parts of his reports on malaria. For example, it occurs in his report that in certain villages of Darjeeling Terai, where the splenic index varied from 75 per cent. to 94 per cent., Major Fry found anopheline mosquitoes, as well as their larvæ to be extremely scarce. In the appendix of the first volume of the report where Major A. B. Fry has appended the report of his assistant, describing the malarial epidemic of Dum-Dum, there occurs the passage 'From this low mosquito infection rate it is very difficult to explain the high degree of malaria, which exists in this place and it would make one believe that there would be other agents in the spread of this disease.'"

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.
25 East Washington St., Chicago, Ill.

CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D.

Urine Analysis for Control of Diet.—A field for urine analysis hitherto somewhat neglected has been opened by the Allen treatment for diabetes, in the course of which the analysis of urine serves as the basis for the diet. Diabetes is not the only disease in which we may profitably study the urine with reference to the diet and regimen of the patient. The following "check" on the diet is of service in nephritis also: the titration acidity of the urine should not be such as to permit of more than about one and one-half gramme equivalent of HCl in the 24 hours' urine; the amount of Na Cl should not exceed five grammes in 24 hours; the amount of albumin and the number and variety of casts should not increase.

In the case of those who assert that they are abstaining from excess of alcoholic drinks the urobilin reaction is of service early in the case before the condition has become hopeless. It is my practice to warn any alcoholic in whose urine the urobilin reaction is found that it is time to begin a gradual decrease of the poison. Too sudden a decrease is not always safe for fear of delirium tremens but, when the urobilin reaction appears, lessening of the amount until the habit is broken becomes imperative. The urobilin reaction indicates destruction of the liver cells and the beginning of the incurable cirrhosis from which so many alcoholics die.

In the course of a pregnancy we regulate the diet by the ratio of urea to ammonia, a fall below 15 to 1 being a warning to curtail protein intake immediately, on account of toxemia.

In the true nephritis of pregnancy the urinary indications are practically the same as those given for nephritis above.

In diabetes the new toxine reaction described by me in previous numbers of the RECORDER is taking the place of all other

tests in a prognostic way. It is not the amount of sugar in the urine which is our sole guide to the condition of the patient, but the degree of acidosis or of toxemia. This can now be determined with nicety by the color reduction test, the patient being told when it becomes imperative for him to fast. The color test always improves after fasting even if the amount of acetones appears to be the same.

In the matter of degree of intestinal toxemia the ratio of urea to indican is of some practical importance. A marked indican reaction with a per cent. of urea below one is almost always a sign of intestinal toxemia and requires attention. To lessen indican in the urine is not, however, an easy task and is one which may tax the resources of the practitioner to the utmost.

When does the patient need rest? An excellent guide to the nervous condition of any person is to be had in the ratio of urea to phosphoric acid in the urine, which, on an ordinary mixed diet, should not rise above twelve or thirteen to one.

Higher ratios, as a rule, show nervous exhaustion.

Is the patient getting enough sleep? This, in some cases, may be "checked up" by the ratio of urea to uric acid. In these days when almost no one can afford to eat meat the uric acid ratios are of more significance than formerly, as the uric acid is more likely to be endogenous. A lowering of the ratio below 25 to one may be found in cases of insomnia, worry, and the like.

Effect of Hot Weather on the Excretion of Urine.—All things are relative in this world hence, when we say that the normal amount of urine is about 40 ounces per 24 hours, we assume that conditions about us as to temperature, etc., are normal. During the recent hot weather in Chicago the decrease in the amount of the 24 hours' urine was marked, some persons urinating but twice or thrice in the period with a total volume of only 200 or 300 c. c. And yet such urines as these might in all other respects be found to be normal. An interesting fact was observed in that a great increase in the titration acidity did not appear to render the urine at all irritating to the urinary tract, which goes to show that our ideas of titration acidity must also bear in mind the conditions about us.

Among other interesting phenomena of the hot weather we noticed in one specimen ammonium urate crystals, when the titration

acidity was 50 per cent. or degrees. Higher percentages of uric acid, both relatively and absolutely, were obtained than during the cool weather, which we attributed to the loss of sleep in evidence during such extreme heat.

A gratifying improvement took place in several of our nephritic patients, which we modestly refer to the benefit obtained from profuse and long continued sweating. In spite of a high titration acidity almost impossible to overcome in such hot weather, the amount of albumin lessened in several cases, whereas in cool weather we regard it as imperative to lessen the titration acidity when the skin is not helping us much.

An Unusual Specimen of Urine.—In the midst of the hot weather we received a specimen of urine with request to pass on whether it was "unusual" or not. We found that it coagulated on heating and that with the Esbach test the amount of protein in the Esbach tube was represented by the figure 3 nearly. But after coagulation by heat addition of acetic acid, 50 per cent., and further heating dissolved the coagulum which was, however, insoluble in cold acetic acid. We inclined to the opinion after trying other protein tests and finding them all positive that the protein was an albuminose. The patient was suffering from an injury to the bone of the hip.

HOMŒOPATHY IN IOWA.

In discussing a paper at the recent meeting of the homœopaths of Iowa, as reported in the *Iowa Homœopathic Journal*, Dr. King (initials not given) said:

"As to homœopathy dying out, I came to Iowa as the fifth homœopathic physician. A great many of the people didn't know what the word meant. They thought it was a kind of a vaudeville act, but today, we have something near six hundred homœopaths in Iowa. You wouldn't think so to attend the association, it is true, but such is the record. From one in 1861, there were five when I came here and now the number being over that many hundred, it doesn't look like a fact, that they are dying out. It is probably as healthy a corpse as you ever saw."

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EDITORIAL NOTES AND COMMENTS.

Poliomyelitis (Infantile Paralysis).—The following from *Public Health Reports* seems to confirm the contention of those who say that the disease is not contagious, so that rigid quarantine is a needless burden on the unfortunate family, as it usually is in all other cases. Here is the quotation:

On the whole it may be fairly definitely concluded that if poliomyelitis is transmissible from person to person through either the respiratory or the gastrointestinal excretions, it must be rather slightly or rarely transmissible, since the disease develops in such a small proportion of persons known to be intimately associated with acute cases. It also seems well established that the recognized cases of the disease must be relatively unimportant sources of infection. This follows necessarily, because a large proportion of the cases studied have been in persons not associated in any known way with previous recognized cases—often under circumstances which preclude the possibility of even indirect contact unless through the intervention of not one but a series of unrecognized carriers. In short, if poliomyelitis is a contagious disease confined to human beings, as certainly seems most probable at this time, the chief sources of infection must be cases of illness not recognized as poliomyelitis, or, more probably, apparently healthy carriers of the virus.

One man (whose name is not mentioned here because he gave what follow in a conversation) said that this disease always is started by one strain vaccine virus. He investigated 25 cases in the epidemic that occurred several years ago and said that every one had been recently vaccinated with ——'s virus, mentioning the firm's name. He also said that this epidemic started from the use of a certain vaccine virus, also giving the name of it which we omit.

Science and Dysentery.—Dr. H. B. Fantham writes his experience, to the *Lancet*, acquired in the treatment of 1,305 cases of dysenteric patients. He enumerates 22 different breeds of germs or “parasites” that were noted in these cases. Every one of them have painfully long and learned names, needless to enumerate here. The conclusions are *nil*. Sometimes one wonders whether it is of any advantage to patient or doctor to know that the dysentery shows *chilomastic (tetramitus) mesnile*, or any of the 21 other bacilli? Whether the patient’s symptoms are not a better guide to the remedy than so much microscopic learning? Also, can Dr. Fantham, or any one else, be sure that the 22 varieties are not the result of the action of the disease on what the patient has eaten or from some other personal cause?

A Curious Case.—The letter from which the following is taken was written to the RECORDER by a physician for the purpose of making some inquiries. As the case is rather curious we copy the description of it:

“Female, 26, brown hair, blue eyes, in good flesh, of nervobilious temperament. Heavy coffee drinker, addicted to headache powders; feeble heart action—irregular. No menstrual difficulties. Ambitious nature; stenographer. Bowel action good. High blood pressure resulting in hematomesis occasionally, and nose-bleed on excitement. For past thirty days respiration ceases on going to sleep. Has to be watched continually while sleeping, and has been attacked similarly possibly a dozen times while awake; always accompanied by unconsciousness except possibly twice when she made efforts herself to restore respiration artificially; sometimes even under most heroic efforts her breath cannot be respired under two or three minutes. No cyanosis, but heart grows slower the longer it takes to restore breathing. Has gone 64 hours on 4 hours’ sleep.”

He Tells the Truth.—“The medical profession possesses the one great fault of arrogating to itself all knowledge of therapeutic measures, while, as a matter of fact, they are floundering in their own quagmire of therapeutic uncertainty, and yet denying any virtue whatever in other forms of treatment, although they have not investigated them, and are entirely ignorant of them.”—*Dr. G. M. Russell, in Medical Council.*

And from their quagmire they now shout "Medicines are useless." "No one prescribes them but quacks or ignoramuses." A good thing for the public, considering how they once handled them.

Human Nature.—Dr. C. A. Freeman, who hails from Geary, Okla., contributes a paper to friend Ellingwood's *Therapeutist* on "The Menace of Tuberculosis and How to Overcome It," from which the following paragraph is quoted:

It has become impossible, largely, to get an Indian to do anything he does not want to. He must have *his* way. But here is a condition that *demand*s Government action.

But, on the other hand, Brother Freeman, is it not largely impossible to get the white man to do that which he kicks against? Should the Government, by police force, club us into doing what those with brief authority say we *must* do?

Protection Against Cholera.—Dr. Stafford M. Cox, in *Lancet*, in an "Address on The Treatment and Prevention of Cholera," opened by saying: "Of first importance as a general precautionary measure is the vaccination against cholera of all troops in or passing Malta." Considering the fact that if the soldier is orthodox he has received the small-pox and the typhoid virus in his blood one must conclude that the English soldier must be a husky individual to stand all this "protection." If in place of this "scientific" nonsense the troops had been given three or four five grain doses—more or less—of a good trituration of *Cuprum met.* they would have been fully protected and absolutely no "reactions" that may go on for years, until death releases them. When cholera first visited Europe it was noticed that all copper workmen escaped, and it has also been noticed that all who take the copper trituration escape. The cost is a trifle, the physical damage, otherwise "reaction," none, and the protection, humanly speaking, sure.

Anaphylaxis.—A very esteemed contemporary prints a paper with the title "Observations on the Treatment of Anyphylaxis." The writer starts in by saying that he does not know anything

about "the causation of anaphylaxis." Looking in a late dictionary you will read that "*ana*" is a "privative" and "*phylaxis*" stands for "protection." Consequently, it would seem that as the cause of anaphylaxis is what seems to be a mistaken prophylaxis, the proper treatment for the prevalent anaphylaxis is to stop the law-enforced prophylaxis as embodied in serum, vaccines, etc., which are admitted to be the cause of the anaphylaxis for which treatment is sought. No cause, no disease.

The writer of the paper under consideration is Albert S. Leyton, of the University of Leeds. *The Lancet* publishes it.

Now, not to wrong Dr. Leyton, we quote rather extensively from his paper as follows. He writes:

This method (*i. e.*, the modification of the serum so as to produce prophylaxis without anaphylaxis) has been attempted by several manufacturers of antitoxic sera, so far with but little success. There is no doubt that different samples of horse serum, as tested on the excised rabbit's heart, vary much in toxicity, and, further, that the amount of toxic substance diminishes after the first week of keeping. It is partly on this account that the sera from several horses are mixed and kept a little while before being issued for sale, although the accidents which happen with commercial sera show that these precautions are insufficient. Filtration through a porcelain candle will remove a very large fraction of the toxin, but unfortunately also of the other essential elements. The candles used commercially for filtering antitoxin sera also allow the anaphylatoxin to pass through.

Pasteurization of the serum and the attempts to eliminate the toxic element by precipitation methods are both unable to make the serum innocuous. This is not surprising when we remember how very resistant the sensitising molecule is to heat and many powerful chemical substances, and the toxic molecule, although weakened, is not destroyed by the moderate heat which it is possible to apply to antitoxin sera.

We have tried the effect of various chemical substances, such as iodine, chlorine, eusol, and potassium permanganate, and have found, as indeed others have already done in the case of some of them, that the toxic element cannot, by these means, be entirely eliminated. In a small number of instances the serum, after contact with iodine or eusol, did not induce anaphylaxis, but this result was not constant. For the time being, therefore, we are reduced to an attempt to prevent or to treat symptoms. The rapid onset and course of the anaphylactic shock makes the application of treatment, even if one is prepared for it, a matter of great difficulty, and the ordinary anaesthetics appear to be of little use.

After this the essayist adds: "Nevertheless, the treatment of anaphylaxis, at least in the guinea-pig, is not entirely hopeless." Whether it is hopeless in human beings subjected to the so-called prophylaxis that is the cause of anaphylaxis, deponent saith not. Naturally the question presents itself, Why not drop serums and return to medicine? Possibly because some men today are not free, but must follow their leaders.

Perplexing.—The *Journal of the A. M. A.* says of infantile paralysis:

A particularly perplexing feature of this disease is the remarkable incidence in rural districts. This preference for out-of-the-way, isolated localities has been noticed in many regions in which the disease has occurred. All that is known experimentally of the localization of the virus and its mode of entrance points to direct contact with infected human beings as the chief, if not the only, means by which the disease is contracted.

Really the theory that disease is an organic thing entering the human body is very perplexing when it butts up against fact. Some men, "cranks" perhaps, contend that the disease is really the old "summer complaint" with paralysis added. The cause probably is chronic miasm, plus hot weather, lack of natural milk, and the like.

Psora.—The following is taken from an editorial in the *Journal of the American Medical Association*:

Blackfan has recently called attention to the well known observation that many children, the subjects of asthma, suffer from eczema in infancy or early childhood. He states that a history of eczema in early life is nearly always the rule with patients who are unable to take different foods, such as eggs, shell-fish, pork, etc., on account of urticaria and edema and sometimes asthma. It is much more than a coincidence. According to observations made at the Harriet Lane Home and Department of Pediatrics of the Johns Hopkins University, patients without eczema very rarely give a positive reaction to protein. Of forty-three patients without eczema, only one showed any evidence of susceptibility to protein by cutaneous and intracutaneous tests. Of twenty-seven patients with eczema, twenty-two gave evidence of susceptibility to proteins. Egg white, cow's milk and woman's milk were the substances that most frequently

caused a reaction. If there was a reaction from protein there usually was a reaction from several.—From Editorial in *Jour. A. M. A.*

Gentlemen, if you will study Hahnemann's *Chronic Diseases* this, and many other obscure things, will be cleared up. Back of your germs lies the lurking miasm, the real thing in all severe or chronic ills.

A New Medical Society.—Dr. Emory Lanphear, whose address is 3447 Pine street, St. Louis, Mo., writes us a letter beginning: "The revolt against the arbitrary methods of the 'gang' in charge of the A. M. A. has culminated in the formation of a new national medical association." With the letter is "The Bulletin of the Medical Society of the United States," giving names of men back of the proposed society, its objects, how to become a member—dues, \$1.00 per year, together with the programme of the first meeting, to be held at St. Louis, Oct. 3-5. If interested write to Dr. Lanphear at address given above.

Increase in Malignant Disease.—The *British Medical Journal*, quoting Hoffman, writes:

The main conclusion reached is, briefly, that the actual frequency of malignant disease throughout the civilized world is much more a menace to mankind than has generally been assumed to be the case.

Also:

Arguments that are apparently sound are brought forward to show that the increase in malignant disease is real, and not the result of improved diagnosis, more scientific classification, or a changed age distribution. Thus, combining the returns for the United Kingdom, Norway, Holland, Prussia, Baden, Switzerland, Austria, the cities of Denmark, the Commonwealth of Australia, and the Dominion of New Zealand, it appears that in 1881 these countries had an aggregate population of 98,380,000, and 44,047 deaths from cancer, equivalent to a rate of 44.8 per 100,000 of population. By 1891 the rate had increased to 59.6 by 1901 to 76.3, and by 1911 to 90.4. Thus during thirty recent years the cancer death-rate in these countries, which are typical of the civilized portion of the world, has more than doubled.

It is also stated cancer is "exceptionally rare among primitive peoples." None of the authorities quoted can explain the reason why cancer and other malignant diseases so steadily in-

crease in spite of better living conditions, food, sanitation, and the like, in the civilized world. It is at least fair to ask if this steady increase in malignant diseases may not possibly be due to the increasing use of the many vaccines derived from animals? These agents were the cause of the terrible cattle plagues that have appeared in the United States.

Knocking Germs.—The RECORDER feels gratified that the United States Public Health Service has come to its aid. Among its famous "Do You Know That," series, is this—"Tuberculosis and poverty go hand in hand," prefixed, of course, by the "Do you know that." Sure! But then, brothers, since you have pinned it down so definitely, the problem now is, not the germ, but poverty. Then, back of that looms another problem, How abolish poverty? And back of that another darkling problem, Who would clean the streets, wash soiled linen, cook dinners, etc., etc., etc., *ad infinitum*, if all were rich and, consequently, free from the tuberculosis?

The Self Elect.—There is sadness and bitterness of spirit shown over the verdict in the Wine of Cardui suit. One respectable allopathic journal blames among others the "professors," so-called, of "low grade medical schools in Chicago."—*Penna. State Med. Jour.* Another blames "the half-baked members" of the profession in the South. Also the "saddest part" of the affair is that some "really capable" men in the profession do not seem to care a rap. Then elsewhere may be read the fact that the scientific elect are beginning to recognize *Aconite*, which, "for some, is almost a new remedy." Still another man tells the learned ones that they ought to learn the use of castor oil. Queer state of affairs, isn't it?

Madness.—We respectfully submit the following from Shakespeare to our insanity experts:

—for, to define true madness.

What is't but to be nothing else but mad?

No doubt our insanity experts may take exception to this, but viewed philosophically, what does any one know of insanity who

has not been in that unknown land, unknown to all but those who have been there?

A Question.—*Medical Review of Reviews* sagely remarks: "Vaccination usually lights up a quiescent malady." Naturally the question arises, Why light it up?

Queer Things.—According to the London *Lancet* the most unhealthy city in India is Delhi, where the death rate is 40 per 1,000 inhabitants. The healthiest city is Madras, where the rate is "a little over 21 per 1,000." Honestly, the difference of 19 deaths per 1,000 between the healthiest and the unhealthiest city in a vast empire does not seem to be very great. You have only 19 more chances in the worst city of drawing the prize over the best city. Death is something that the savants of the Rockefeller Institute have not yet solved, and when they do solve it they will be unusually silent.

"Fables."—When the RECORDER man was much younger than he is today he wrote a series of fables for a journal. These have been collected by a bunch of young men and issued as a booklet. The title is, "*Fables. By E. P. Anshutz.*" There are 50 of them. Cannot say that the shape of the booklet is altogether satisfactory, being 9 inches long and $3\frac{3}{4}$ wide. The binding is a stiff paper. There are 56 pages. Address, if you want a copy, "W. Whitehead, Bryn Athyn, Pa.," inclosing the price, which is 25 cents.

After a lapse of over thirty years this almost forgotten work is interesting—to the author, at any rate, though whether it will interest others is the question that interests the young men who made the venture. Some of them, *i. e.*, the fables, we think, are pretty good, as, for instance, "A Reformed Man," "The Boiler and the Tea-kettle," "The Socratic Method," and others. Some may seem a bit out of kelter to the reader, but what is writ is writ and again printed without change.

Quarantine Hold-Ups.—The following is what the N. Y. *Telegram* has to say about the present methods of handling a disease that always has existed in summer, probably always will, and is no more contagious than bunions:

The morning's news suggests painfully that officialdom throughout the country is losing its head—what there is of it—over the infantile paralysis peril. The quarantine hold-ups practiced at various points are as unnecessary and as futile as they are oppressive. The cruelty with which New York mothers and children are being treated at sundry points without countervailing benefit are apt to be remembered and probably will cost the guilty communities dearly in the long run.

There is really no occasion for a panic. The sanitary situation is not desperate in any sense. There is no occasion for any wild hysteria. Ordinary health precautions and cool common sense are more needed than the hippodromic activities of policemen trying to live up to the public appetite for sensation. It is not open to doubt that nearly all the things that are being done are without warrant of law. Perhaps a crop of lawsuits not only against the municipalities but the officious individuals who are interfering with other people's rights may put a sudden end to the "crusade."

The Health Board Nuisance.—The following is from a New York newspaper: "It seems as if it would be necessary soon for the common sense of the community to call a halt upon the activities of the health boards. The present tendency is to strive for the prolongation of life by making life not worth living."

Tongue Signs of Typhus.—Some weeks ago *The Journal* mentioned the tongue sign of typhus to which P. Remlinger called attention. In his extensive experience with typhoid, paratyphoid and typhus in northern Africa, he noticed that when a patient with typhoid or paratyphoid was asked to put out his tongue he did so without effort. But when the patient had typhus, his tongue did not seem to be under his control. Try as he might, he was unable to get the tongue past the teeth, and sometimes the tongue seemed to be attracted back, toward the pharynx. There was occasionally, at the same time, a slight tendency to trismus, from contraction of the masseters. In three years' experience at points where typhus was far from infrequent, he never knew this tongue sign to fail in cases which proved to be typhus. In his communication on the subject in the *Paris médical*, 1916, vi, 42, he cites three articles on typhus by army surgeons who mention that the tongue "seems shorter than usual," or that "the patient is unable to show his tongue" "it cleaves to the palate," or "the tongue trembles and cannot be extended beyond the teeth."—*Journal of the A. M. A.*

PERSONAL.

Dying is the last thing that happens to any of us in this world.

Freshly asked how much the coffee urns? Then he got an answer.

Many men have seen death, but not one knows what it is.

"See that you are 'connected up' with the potential forces of Omnipotence."—*Ex.* How is it done?

All things comes to him who waits, at a hotel table, if he tips the waiter.

How to stop smoking? Quit smoking.

If your temperature goes too high you turn cold and remain so.

Strange to say many a perspiring man suddenly gets cold feet.

How many of us try to think we are enjoying ourselves when we aren't.

The chief end of matrimony with many women is alimony.

No woman seriously objects to her man gambling as long as he wins.

The public is instinctively on the defensive against the reformers.

Before trying the "change of climate" treatment try Homœopathy.

"What we want is constructive criticism, news items, notes of interest, obituaries, etc."—*Chironian.*

Said King Lear, Her voice was ever soft, Low and gentle, an excellent thing in woman." True today, but scarce.

Everybody's mistaken, doctor, said: "You are suffering from Clergyman's sore throat." "The hell you say," was the patient's exclamation.

Silence is an exquisite but rare luxury.

In place of don't worry societies try a don't worry other people association.

The *N. Y. Sun* remarks that before long the dog will have to take out a permit to bury his bone.

There is a hot controversy going on in the *Lancet* over "fat-headedness," which it seems is very prevalent among the doctors.

Infantile paralysis has been officially known since 1840, but not quarantined until 1916.

"Do you know" that the hand that rocks the cradle is the hand that spans the baby?

They say that the druggist sometimes gets the signature mixed with the prescription. Very regular, though.

Boston has a "psychological laboratory." Now look out for soul serums.

Irving Fisher's book is "How to Live." He ought to, but doesn't, tell us what life is.

Nay, airy, fairy Mary, air-castles are not armed with "pop-guns."

It is never too late to mend, but sometimes not worth the trouble.

THE HOMŒOPATHIC RECORDER

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INFANTILE PARALYSIS.

The estimable and widely circulated contemporary, *The Medical World*, has worked up a "Symposium on Anterior Poliomyelitis," or "infantile paralysis," and possibly several other names. Believing that it may interest homœopaths to know what treatment the Scientific Physicians are employing in this "new," but really very old, disease, we give herewith a brief abstract of it from the *World's* symposium. As this is to be a purely scientific abstract no names will be quoted.

The first to be noticed is "ideal quarantine," which is impossible "because mandates come into antagonistic contact with commercial interests, human ignorance, superstition and cupidity." "The police power should be employed." Otherwise, the patient should be disinfected—nasal, faucial, buccal and alimentary. "The same treatment should be applied to the urine." As for drugs, camphor oil, aceto-salicylic acid, with extract of aconite root. In suspicious cases lumbar puncture and human serum should be called in. Or adrenalin solution "directly into the cerebro-spinal canal." Also, possibly, "stimulation and hydrotherapy."

No. 2. Advises the use of Calcium sulphid, together with other incidental remedies, such as Aconitin, saline laxatives, internal antiseptics and acetic acid.

No. 3. Advises the use of Spanish fly blisters, spice plaster, also saline purgative and antifebrile treatment when indicated.

No. 4. Advocates counter-irritation. He also gives the ingredients of spice plaster, namely, ounce each of ginger, cloves, cinnamon, black pepper, and one dram of cayenne pepper, mixed with honey.

No. 5. Monkey serum. In drugs: "The only drug which has shown, to our knowledge, any useful degree of activity is hexamethylenamin." (This seems a little severe on his brothers.)

No. 6. Believes in lumbar puncture, and, as indicated, hexamethylenamin, aspirin, salol, pyramidon, opium, bromides, chloral, iodid of potassium and strychnia.

No. 7. Recommends for the various phases of the disease, bromides, codein, morphin, aspirin, the serum of those who have had the disease and adrenalin.

From the foregoing mixup one can but conclude that our allopathic brethren do not know the meaning of the word "science," which they use so freely. "Hobbies" would be the truer term for them.

If any one thinks this is too severe let him glance over the foregoing symposium. Let him look over the drugs named and then ask himself, is this stuff worthy of the name of "science?" When one contrasts this with homœopathic treatment and at the same time compares the results of the two treatments, one wonders why the whole medical world does not come over to Homœopathy.

A PROVING OF INDOL WITH REFERENCE TO THE EFFECT ON THE EXCRETION OF IN- DICAN IN THE URINE.

By William B. Griggs, M. D., Philadelphia, Pa.
Director of the Constantine Hering Laboratory.

Indol represents the results of putrefactive proteins in the intestinal tract. It is a derivative of the tryptophan complex. Structurally, it is closely related to indigo and, according to Nence, this transformation may be effective by the action of ozone. Conversely, indigo may be transformed into indol by reduction. From the albumens the substance can also be obtained by fusion with potassium hydro-oxide (Merck). The greater part of the indol that is formed in the large intestine is no doubt eliminated in the feces. A certain amount, however, is absorbed and after oxidation of the indoxyl appears in the urine in combination with sulphuric acid as so-called indican.

The proving was conducted upon students in the Hahnemann Medical College, of Philadelphia, under the auspices of the Constantine Hering Laboratory.

GENERAL ACTION.—Mental restlessness, desires to be moving, sensation of aching through the entire body. Later there was experienced a “dull, don’t care” feeling. Depression, irritability, and inability to concentrate their minds on study. Persistent drowsiness and sleepiness, even after a full night’s sleep. Delusions of being operated upon; frequent, profuse urination with excessive amount of indican.

THE HEAD.—Occipital headache, extending to the frontal area; dull and numb in character, occurring mostly in the afternoon, lasting throughout the evening. Frontal headache accompanied with nausea, this nausea cleared up as the headache disappeared. Dullness of the frontal region.

SLEEP.—Sleepiness mostly in the daytime; at night, there was continuous dreaming, one prover developing terrifying dreams about snakes.

FACE AND EYES.—Redness and soreness of the eyes, with frontal headache.

THE MOUTH.—Foul taste in the mouth; brownish-white tongue. Peculiar foul, fecal odor to the breath.

THE STOMACH.—Fullness in the stomach, extending into the esophagus without discomfort. Sense of exhilaration, as after a large, substantial meal. Frequent hunger after a full meal. Intense thirst, causing the prover to become distressed from the amount of water ingested.

THE URINARY ORGANS.—Increase in frequency and quantity of urine. Irritable bladder, small amount of urine would cause desire to urinate. Indican in the beginning of the proving excessive in nearly all the provers. In the latter weeks it practically disappeared.

RECTUM AND STOOL.—At first indol produced constipation. Stools are hard, dry, gray, and light in color. Vertigo accompanied the constipation. Large quantities of gas expelled.

NASAL AND RESPIRATORY ORGANS.—Short, hacking cough, accompanied with sneezing, chilliness and a thick mucous discharge from the nose.

EXTREMITIES.—Burning of the feet; pains and soreness in the knee joints, accompanied by a sore, tired feeling.

THE SKIN.—Skin rough, with some desquamation in areas, particularly on the lower limbs; cracking of the skin about the ankles, with itching.

**AN ILLUSTRATION OF THE POWER OF THE
POTENTIZED REMEDY IN THE CURE OF
A CONDITION VERIFIED BY BACTERI-
OLOGICAL DIAGNOSIS, WITH
COMMENTS THEREON.***

Rudolph F. Rabe, M. D., New York.

During the early part of this year Mr. B., a junior medical student in the New York Homœopathic Medical College, was taken ill with tonsillitis. The attack began upon the right side with much pain on swallowing, considerable elevation of temperature, swelling of the submaxillary and neighboring lymphatic glands, red face and full pulse. *Belladonna* was prescribed by one of the professors of the department of materia medica and with beneficial effect. Two or three days later a classmate of the student, in a commendable effort to finish the cure, prescribed *Mercurius solubilis*. This seems to have been a faulty prescription; at all events, no good came of it. Becoming somewhat impatient with his enforced absence from studies and lectures, the patient sought to hasten matters by attempting to go out. This he did on two successive days, and each time the effect was followed by considerable exhaustion and aggravation of the throat symptoms. About seven or eight days from the beginning of the illness, the writer was called to see the patient, who was now reported to be very ill. Examination showed the left tonsil to be greatly swollen, the glands on the right side still swollen and tender, but those upon the left side very much more so. Swallowing was extremely painful and greatly dreaded, and each attempt caused the patient to wince with pain and distort the muscles of his neck and face. He complained of a sensation of

*Read at the Annual Meeting of the New Jersey State Homœopathic Medical Society.

constriction, together with a sharp thrust toward the left ear during every effort of swallowing. His mouth was opened with difficulty, the throat was dark red in appearance, with a dirty deposit upon the tonsil; hot drinks were rather grateful, at least momentarily. The pulse was 110, temperature 102.4°. The patient was nervous, restless and very talkative and evidently frightened at his condition. He had been unable to swallow any food.

Running over the possible remedies mentally and bearing the history and subsequent course of events in mind, the writer hesitated somewhat in his choice between *Lycopodium* and *Lachesis*, the former to be thought of on account of the direction of the symptoms, namely, from right to left, and on account of the relief of pain from hot drinks. Yet, no other confirmatory *Lycopodium* symptoms, such as the four to eight P. M. aggravation, could be elicited. On the other hand, the marked left-sidedness of the trouble at present, the sensation of constriction, the loquacity and nervous, restless fear, spoke rather strongly for *Lachesis*, which remedy was thereupon given in the 200th potency.

On the following morning, the patient looked and felt better, the temperature had dropped to 99.4°, the pulse was correspondingly slower and the patient appeared to be on the road to rapid recovery.

But judge of the writer's surprise when, on the next day, he found all the symptoms decidedly worse, but now located on the right or original side again. The swelling and tenderness of the lymphatic glands was now very much greater on the right side also, as was the pain on swallowing. The temperature had again mounted considerably, and altogether the patient presented the appearance of a very sick man. Although up to the present time the diagnosis of cryptic tonsillitis had been made, some doubt was now entertained as to its correctness. Accordingly Dr. Harold A. Foster, of the nose and throat department, was asked to examine the patient with the writer. The clinical diagnosis now tentatively held by both, was diphtheria, since the removal of a small amount of tonsillar debris provoked bleeding of the underlying tissue. Smears of the tonsillar exudation were immediately made and at once examined by the hospital pathologist, Dr. Powell, who shortly thereafter reported the

presence in large numbers of the pneumococcus, the streptococcus and the smaller numbers of the bacillus tetragenous and bacillus teteralis.

Of course, the truly indicated and necessary remedy was now very plain to be seen. The alternation of sides, back and forth, the constriction, the relief from hot drinks, the pain extending to the ear, all pointed to but one remedy, and that one *Lac caninum*. This was accordingly given in the 200th potency, a single dose only, followed by improvement of short duration. Repeated doses of the same potency were now given, with quick response, rapid improvement and convalescence within a very few days. All glandular swelling disappeared entirely, and the patient soon felt himself to be in most excellent health.

In considering this case several points are of interest. First, the fact that *Belladonna*, although apparently well indicated at the time, was unable to stop the progress of the infection; second, the partial homœopathicity of *Lachesis*, also apparently well indicated, but with the exception that hot drinks ameliorated and that the aggravation on waking from sleep was lacking. Both *Lachesis* and *Phytolacca* are aggravated by hot drinks, while *Hepar sulphur.* and *Lycopodium* are relieved thereby; third the fact that an animal product, physiological in nature and highly potentized, proved to be the truly curative remedy, capable of producing a resistance and immunity against two such virulent micro-organisms as the pneumococcus and the streptococcus. Lastly, the fact that, in violent acute diseases at least, the action of the similar remedy is soon exhausted and that the remedy must, therefore, be frequently repeated until decided reaction has set in. This last observation is, to be sure, an old one, but none the less interesting or important.

Cases such as this, in which diagnosis is scientifically demonstrated, are of value in advancing the interests of Homœopathy, and it is with this object in mind that this particular case is presented at such lengths.

THE CURE OF SMALL GROWTHS WITH MEDICINE.

H. Farrington, M. D., Chicago, Ill.

The cure of neoplasms with the homœopathic potencies, though usually difficult, affords incontrovertible proof that the law of similars is by no means confined to the sphere of purely functional ailments—as some of our friends of the “left wing” would have us believe. The secret of success lies in carefully suiting the remedy to the case, according to the rules laid down in the Organon, that is, prescribing for the *patient* instead of the patient’s disease. Aiming at the pathological condition alone will end in dismal failure, ninety-nine cases out of a hundred, whereas the remedy selected on the true totality of symptoms many times will furnish unexpected and surprising results.

The following brief cases, selected at random, are submitted in confirmation of these assertions.

A number of years ago a man of about 68 years of age consulted me for what had been diagnosed as “biliousness.” In the course of the examination I noticed a flat growth of jet black color, about the size and shape of a bay leaf, on his right temple. He said that it had been there for many years and that he had ceased to notice it, as it had never given him any inconvenience. Among other symptoms he complained of a dull pain under the right shoulder blade, a yellow, flabby tongue and pain in the stomach from cold drinks. One dose of *Chelidonium* cm. was given him on the tongue, supplemented by a liberal supply of “tinctura iphoolun” and he went away. When he returned to the office, at the end of a week, he was much improved. At that time I failed to notice the growth, but at the next visit it was visibly shorter. It gradually shrunk until, when I last saw him, it was about half an inch long and even with the epidermis. He left the city so that I am unable to state whether it entirely disappeared or not.

Dr. J. H. A., who had been under constitutional treatment for several months, came hustling into the office one day in great excitement. He said: “What was that you gave me, doctor?” I answered with the query, “Why?” “Well,” said he, “that

little papilloma on my right arm, near the elbow, is gone!" He had never mentioned the growth, but it had been reached by the remedy prescribed on the totality. A year or two afterwards I told him the remedy—*Tuberculinum aviare* in the cm. But a curious thing happened. Not long after the doctor had reported the deleting of his little protuberance a lady consulted me for a number of ailments, among them a small growth apparently formed of skin, and in the exact location of Dr. A.'s. The same remedy and potency were given and in ten days' time her growth disappeared. This might have been a coincidence, but I am keeping it under my hat for future reference.

Papillomata are not easily cured, as, perhaps, some of you know: partly because they belong to the outer crust, so to speak, and patients will not always continue the treatment until the remedy in the curative series is reached; and also because many of these cases exhibit a very meagre symptom picture. As I have already intimated prescribing for the lesion is exceedingly uncertain. In one case I can remember, I made a center-shot in this way. It was an old lady approaching the eighties, very childish and hysterical. I was sent by a chiropodist who had seen me cure many cases of warts on the feet. The old lady had a growth on the inner side of the great toe of the left foot, jutting out at right angle for an inch and an eighth. It was about three-quarters of an inch wide at the base, slightly narrower at the apex and much flattened and calloused by the pressure of the two adjacent toes. It was impossible to obtain any symptoms, but from the looks of the growth, the toe nails and the skin in general I decided on *Graphites*. What followed was one of the most remarkable actions of a remedy I have ever witnessed. In three days that old papilloma of many years' standing began to shrink. When I last saw it, it was less than half an inch long. But about that time the old dame slipped into the pantry and ate rhubarb pie or something that brought on a diarrhoea and the "family physician" was called. I imagine he gave advice as well as medicine for I was never allowed to see the case again.

It has always seemed so strange to me that a lipoma was amenable to the indicated remedy. Dissect out one of these formations and you will see that the fat is arranged in lobules

from which arteries and veins pass down to one or more parent trunks like the stem of a bunch of grapes. It looks almost as though this were a thing outside of the body, a sort of adventitious organ with its own distinct blood supply. Yet I have cured two or three of these fat tumors. The largest of these was about the size of half of a large orange and situated on the inner side of the right thigh of a big, husky fellow, apparently in every other way perfectly healthy. One dose of *Sulphur* cm. caused Mr. Lipoma to wither so that in seven months he was the size of one's thumb nail. My patient declined to spend further good dollars on what seemed to him now so insignificant.

Have you ever witnessed the cure of an angioma or a network of enlarged arteries or a plexus of hypertrophied veinlets? One of the 1913 crop of babies was born with a so-called birth-mark on one of her thighs. She was a fat, chubby, jolly urchin, but along about the sixth month of her earthly career developed a few symptoms for *Lycopodium*. About the same time her mother called my attention to the mark on the thigh. It had grown to about the size of a fifty-cent piece and raised about an eighth of an inch above the skin surface, in little rounded nodules and ridges, scarlet as the proverbial strawberry. *Lycopodium*, one dose of B. & T. 200th, was given. In a few days the center of the lesion began to suppurate, then it healed from within outward, gradually encroaching upon the red, until nothing but a faint scaly ring even with the surface remained.

The process of cure does not always take place in this manner. I have seen many varicose veins disappear under the action of the remedy potentized according to the rules laid down by Hahnemann. Although not exactly a growth, this sort of lesion is "next cousin to it" and an interesting case may not be out of place here. An old lady, rather careful of her good looks, consulted me for a tiny group of enlarged veinlets just under the right eye. At a distance it looked like a dab of bluish ink. There were absolutely no symptoms, either local or constitutional, and since I supposed it could not be removed by medicine anyway I could not give her a very encouraging prognosis. Still I ventured a few doses of that old venous standby, *Hamamelis*. To the wonder of both patient and doctor, those capillaries receded to their proper diameter, and in a week or ten days became invisible.

EXCERPTS FROM THE CLINICAL OBSERVATIONS OF DR. AD. LIPPE.

Edited by S. L. Guild-Leggett, M. D., Syracuse, N. Y.

CASE I.—Miss P., 36 years, in robust health, after a variety of self-administered medication, for a cold, applied for a prescription, after five days.

Severe pains, root of nose, pressing downward; nose entirely closed; unable to breathe through; *great desire to blow*; mucous rales in upper passage, with tingling, which is unable to relieve with a sneeze; loss of smell and taste; aggravated after 5 P. M. Cannot lie down because of a sense of suffocation; while sitting up at night, if dozes, wakes with a sense of suffocation.

Kali bi. and *Lach.* were given without good results. *Sticta pulm.* 30, six pellets one-half glass of water, one teaspoonful every two hours, was given through the ninth day of her suffering. After the fifth dose a decided aggravation of pain and pressure over the eyes and at root of the nose. In twelve hours there was slight discharge, she began to breathe and smell in left nasal passage, then in right, her sleep returned and in two days she was quite well.

CASE II.—During the winter of 1866 a number of children ages from one to four years, were attacked with following symptoms: *Waking after midnight*, with loud, *barking* cough and hoarseness, which continued for an hour, or longer, with *sneezing during* and at the *end of the paroxysm*. The nose runs water, and there are, at times, two or three attacks between 1 and 7 A. M. During the daytime the children are well and cough but little. *Rumex* 30 cured every case, improvement beginning the second morning.

CASE III.—Mr. A., 50 years, on the tenth day of cerebral typhus, at 11 P. M., had sudden attack of pain, extending from the left kidney to the bladder, continued ineffectual urging to urinate, great nausea and much excitement. The attack had lasted two hours with increasing violence and no relief from hot applications.

I gave four pellets of *Nux vomica* 50 M. on the tongue, with immediate cessation of pain, a restful sleep, and no more medi-

cine until 48 hours later, when the pain returned. The same medicine gave relief in about 10 minutes. Thirty-six hours later an attack in the forenoon after difficult stool, without nausea or urging to urinate. The pain was then deeper seated and continuous. *Lycopodium* 10 M., 6 pellets, dissolved in a spoonful of water, was given with gradual relief, in about an hour, with no return. The patient fully recovered without further medication.

These facts show that the highest potencies act in the most acute cases, but no permanent cure can be expected if the *best indicated remedy causes immediate cessation* of the symptoms of a grave disease. (Italics mine.—Ed.)

CASE IV.—A child, one and one-half years old, wakened at 11 A. M. with violent cough; continuous vomiting of mucus; forehead and face covered with cold perspiration; face feels and looks like white marble; hands and feet cold; prostration.

One dose *Veratrum alb.* 34 M. relieved cough very soon, child fell asleep in half an hour, slept six hours, waked *well*. Later it was found the child had eaten, the day previous, a large quantity of ice cream.

CASE V.—Mrs. S., aged 65, in January. At midnight was attacked with violent colic and diarrhœa, stools watery, black, offensive. She took *Camphor* and *Laudanum*. Seen at 9 A. M., face showed great suffering; frequent vomiting within the hour; stools every 10 or 15 minutes; pains intolerable, navel as if *drawn with a string to the spinal column*, and pulled tighter every moment.

One dose of *Plumbum* 200 cured the case, and she could attend her duties the following day.

CASE VI.—Mrs. P., 56 years, invalid for twenty years, violent pain in os coccygis, which prevents sitting; causes her to lie on side; greatly aggravated by touch; exceedingly nervous and restless with increase of pain, especially at night; red, hot cheeks every P. M. till after midnight; with < pain uterus, bearing down, and < of pain and soreness in os coccygis.

Other remedies having failed, Symptom 125 (vide Hahn. Monthly, Vol. I., No. 4) induced me to give *Cistus Canadensis* 30, which relieved. The symptoms returned alternate days. A week later 200 was given, which caused increased congestion to

head, almost sleepless night with restlessness and nervousness, and was followed by continued improvement for thirty days.

CASE VII.—A man, 40 years, bruised left hand, without leaving a mark. The lymphatics swelled in a large string, extending to axillary gland; the swelling was dark red, very painful, especially to contact; he could neither sit still nor lie down; wearing arm in a sling and walking about gave some relief.

One dose of *Bufo* 200 cured him in forty-eight hours, without trace of swelling or redness remaining. Had prescribed *Bufo* in similar conditions, with same result. Indications are found in Hencke's valuable provings.

THE TREATMENT OF SIMPLE CASES THAT MAY OCCUR IN EVERY-DAY PRACTICE.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

The successful treatment of the simple cases that a physician meets with in everyday practice is a pretty good *test* of his ability to heal the sick.

An old farmer in New Jersey told me how he cured himself of dyspepsia by chewing the fresh green root of yellow dock (*Rumex crispus*). It is indicated in the above disease when there are *aching pains* in the stomach that extend to the *back*, up into the *chest* and *throat*. Any *motion*, even moving of the *hands*, or the exertion of *talking*, will *aggravate* the pains; relief from *lying perfectly quiet*. *Rumex crispus* 6x, three tablets once in three hours. A lady has *swelling* of the ankles, the skin *don't* "pit on pressure." You will find very many cases of this kind in women, at or passed the middle age, and *Tr. Apis mel.* 3d is the remedy. Fifteen drops in half a cup of water. Teaspoonful once an hour. A little child is brought to you with the toothache, the tooth is hollow and decayed, take *Tr. Plantago major* (Plantain), wet a piece of cotton with the tincture, press it down in the aching tooth; put ten drops of the *Tr. Plantago* in half a cup full of water, give one teaspoonful once in half an hour. A lady patient will show you her hands, the fingers are dry and *cracked*, the *thread* gets into these *fissures* and they find sewing very *disagreeable*. *Natrum mur.* 30x is the remedy

they need. Old ladies will often consult a physician for a very annoying complaint. Every time they cough, sneeze or laugh there is an *involuntary discharge of urine*. *Causticum* 3x is the remedy they need. Three tablets once in three hours. You will be asked to prescribe for polypus in the nose. Apply *Sanguinaria* 1x, snuff a little up in the nose three times a day. Give *Calcarea carb.* 30x, three tablets three times a day. You will have patients complain of *burning* of the *soles* of their *feet* from standing a long time on their feet or walking on the street. Tell them to apply *Muriate ammonia*, one drachm to a pint of water. Bathe the feet in above "wash" before they go to bed at night. To a patient struggling and choking with a piece of meat or any substance *stuck* in the throat give a tablespoonful of melted butter, also if it is a fish bone have the patient chew up a whole roll, a piece at a time, then swallow the entire bolus. It will carry the bone down often enough to make it worth trying. In very many of the cases that come to you they imagine that they have a fish bone in their throat when there is really nothing there, but *Ignatia* 3x will be the remedy they need. We think of *Kreosotum* 30x in difficult dentition when children are crying and restless, are *worse* from 6 P. M. to 6 A. M. The teeth, when they do appear, show *dark specks* on the surface. They grow *black, crumble* and *decay*. The action of this remedy in such cases is an "eye opener" to the average dentist!

A doctor complains of *nausea in the throat*, reflex action from the stomach. *Tr. Valerian* is the remedy indicated. Babies have eczema and you will be asked to prescribe for them. Apply a 5 per cent. ointment of Sub-Nitrate of Bismuth in Lanolin. It will stop the *burning* and *itching* when *other* remedies have failed to give relief. *Tr. Rhus tox.* 3x is the remedy for internal treatment. Lady with *cold hands*, easily *frightened*, starts at *every* sound, needs *Tr. Calendula*, five drops, night and morning. Men and women at or past the middle age have *weakened* vitality. The "nerve power" (the man behind the gun) is weak and the pulsations of the radial artery will have a *weak, discouraged* feeling to it. There is *lack* of ambition, *loss* of appetite, more or less *coldness* and *numbness* of *hands* and *feet*. I have formulated a "tablet" for such cases that seems to cover the above symptoms: R. *Calcarea phos.* 6x, *Natrum mur.* 6x,

Kali phos. 3x, *Strychnia phos.* 3x. Mix. Sig. Three tablets once in three hours. *Vital weakness* is the *keynote* for this remedy. Please read the pulse after patient has taken two or three doses, pulse will be stronger, showing that the system has *already* begun to *respond* to the action of the remedy. You can get the tablets made up at your homœopathic pharmacy.

In reading the pulse of a case of "blood pressure," the artery feels *round as a cord*, with a feeling of *fullness* between the pulsations. The blood pressure shows nerve *tension* resulting from *toxic* irritation, as well as *capillary* obstruction. This condition indicates one remedy, *Tr. Veratrum vir.* 1x. Give ten drops once an hour, for three hours. Then once in three hours, or three times a day, often enough to keep the pulse *soft*. This remedy *relieves* the nerve tension and *relaxes* the capillary *obstruction*. *Muriate baryta* 6x, three tablets four times a day, will help you cure such cases. You will find such patients are *hearty* eaters. They have been making *blood too fast*. You will have to cut them down to plain, simple diet, cutting out meat, eggs, etc. The above kinds of food decomposes in the body within twenty-four hours. If not carried out of the body by the natural channels, skin, kidneys and bowels, they form toxins in the blood and from this you get the blood pressure, caused by the *toxic irritation in the blood*.

When there is rheumatism in the *heels* and the patient gets relief by keeping the *heels higher than the head*, *Tr. Phytolacca* 1x is the remedy, five drops once in two hours.

A physician in Boston, Mass., was very much annoyed with a patient that he had. The doctor had prescribed for him several times, but his remedies did not give any relief and the patient got the idea that the doctor did not *understand* his case. So one day the doctor gave the patient a medical book and told him to study it until he found something that seemed to cover his symptoms. After a certain length of time the patient came back to the doctor's office with the medical book. The doctor asked him "if he had found out what ailed him?" His reply was, "Yes, I know what is the matter with me, I am in a 'family way!'" When a woman *imagines* that she is pregnant when she is *not*, *Tr. Sabadilla* is the remedy she needs, for she is only bloated up with gas. In cystocele, with a feeling of *heaviness*

of the *bladder*, or with a constant *bearing-down* sensation, *Sepia* 6x will do much to *relieve* this condition, but it is *not* recommended as a *cure*.

Some children have a *temper*, they are *cross* and *irritable*, you cannot *please* them, they will *throw away* anything that is given them to play with. The mother is very apt to say that "he has his *father's* disposition" for "He grows more like his dad every day." *Staphisagria* 30x is the remedy the child needs.

Apis mel. and *Apocynum can.* are frequently indicated in dropsy, but the indications for the two remedies are somewhat *different*. In *Apis mel.* there is *no* thirst, skin is transparent, pale, *waxen*, urine is *scanty*, pulse *small, hard, frequent*, *bloating* of *lower eyelids*, also a *bruised*, sore feeling over the *abdomen*, a feeling of *suffocation* upon *lying down*. When *Apocynum* is indicated the pulse is *slow*, watery, *fullness* of the cellular tissues, *puffiness* of eyelids and *wrinkled* lids, as if they had been recently *swollen*.

Glistening skin, *sluggish* circulation, *great thirst*, but drinking causes *distress*, nausea and a gone feeling in the stomach. The skin "pits on pressure." The indications of the two remedies are *clearly defined* and we need not make any mistake. When the menstruation is too late or suppressed; excessive discharge of *dark, clotted, black* blood, like *tar*. *Kali mur.* 6x, three tablets once in two hours, is the remedy. When we have pain in the stomach, relieved by eating, *non-assimilation* of food causing *excessive* accumulation of *gas* in the stomach, *Calcarea phos.* 1x is the remedy, three tablets in a teaspoonful of hot water, half an hour after each meal.

Fistulous abscesses of years' standing, discharging *watery* pus, surrounded by a broad, *bluish* line, burrowing, indicates *Natrum sulph.* 6x, three tablets once in two hours.

When the headache extends from the occiput all over the head, there is *agonizing* distress, face pale, extremities *cold* and livid, the kind of a headache women have at the menopause, also drunkards, *Tr. Secale cornutum* is the remedy indicated, five drops every half hour. When Grover Cleveland was Governor of New York the Eclectics wanted certain privileges. Gov. Cleveland made the remark, "Why don't you Eclectics ask for what you want and you will get it?" No one school of medi-

cine will ever accomplish anything working *alone*, but let the Eclectics, Homœopaths and Physio-Medical physicians unite together for offensive as well as defensive action. Then they could, by this *union of forces, demand* such legislation as they needed and they would *get* it. For they would have some 15,000,000 people behind them to *back them up*. Our new school physicians are "asleep at the switch." They will wake up some day to find that they have been *legislated out of existence!* The Drugless Healers realize the importance of a *union of force* and they are concentrating all the "cults" together for *united* action.

The number of people who employ Drugless Healers when they are sick has *doubled within six years*. They will soon be in position to *demand* such legislation as they want, for they will soon hold the *balance of power in this country*. It will be for *them* to make the medical laws and *not the Doctors!*

I received a letter from Dr. W. H. Freeman, a prominent homœopathic physician of Brooklyn, N. Y. He says: "I have found that *Belladonna* is the remedy that controls and prevents poliomyelitis. I give *Causticum* for the after effects."

In every epidemic that has swept over this country the regular school have been helpless and impotent in their efforts to master the disease, while the new school, with their *definite* medication, have *met the disease and conquered it*. While the regular school are hunting for a monkey serum for infantile paralysis, the new school physicians are *curing* the disease with their remedies. The people have learned to *depend* upon the new school physicians when *sickness* and *death* hover over their dwellings.

1404 Main St.

THUJA IN HERPES CIRCINATUS OF THE SHOULDER.

By N. Muskerjee, Serai, Behar, India.

H. B., æt. 30, a clerk at Mathurrapur Indigo Factory, Dist. Malda, Bengal, had been suffering from a ring-worm on the right shoulder. It was about two inches in extent, quite circular in shape, with a well defined prominent margin. The itching was intense and annoying. The surface looked dry, rough and scaly.

The local government charitable Dispensary, under a graduate of the Calcutta Government Medical College, having exhausted all its resources in external applications, etc., this gentleman spoke to me about his trouble. He was quite a skeptic regarding our dilutions and had always looked askance upon my cases. I gave a dose of *Thuja* 30 in water, which he took immediately, sitting in my office, with two more doses in a phial for future use if required. He took the bottle of medicine in half confidence, as it then appeared to me. But what was his wonder soon after this, when habit led him to put his hand on the affected spot, to find the ring-worm all gone and in place of the rough, dry skin he found it quite smooth and natural to all touch and feel. His glass showed only a pale circular mark left of ugly disease. This pale mark also became natural color in a few days.

Now, you will ask what guided me to *Thuja* in this case. My only guide, at first, was that the eruption was on a covered part. Besides, there was severe burning after a fit of scratching. The appearance also, which was dry and scaly, indicated it.

II. AN UNSUCCESSFUL CASE.

Many successful cases are, as a matter of course, reported in the periodicals; and they have their beneficial effects, no doubt. But in my humble opinion, unsuccessful ones should, none the less, find a place of their own for publication. They, at least, have the power to bring home to the mind the causes of the failures and thus prevent their recurrence.

Homœopathic *Materia Medica* is a deep and intricate subject, especially for the beginners. A good prescriber, who has attained his mark, knows what difficulties he has had to contend with. It is he alone who can feel the difficulties of the neophyte.

Some time in the beginning of the nineties I had a case of neuritis brought to me. Symptoms: stitching pains appeared first in the left shoulder and arm, then it went on to the right shoulder and arm; aggravation and restlessness at night. Constipation also. I gave *Lachesis*, *Bryonia*, *Rhus*, but with no good result. The pain remained as it was. The patient came to me continually for three days and then left for other treatment. He was a grocer and known to me. I thought over the matter and enquired how the pain was caused and the patient let me know

that he had slept for one night, just previous to the attack, in the yard of his house.

Aconite should have been given from the very first. I have since then acted up to my experience in such cases and with marvellous success.

IN MEMORY OF DR. KENT.

A thoroughly representative meeting of the homœopathic physicians of Calcutta and its suburbs was held at the Refuge at 5 P. M. on August 1st, 1916, to express sorrow at the departure of James Tyler Kent, A. M., M. D., on June 5th last, in his orchard home in Montana.

J. N. Majumdar, M. D., presided. Kent's picture was hung up in a prominent position and was nicely decorated.

The proceedings began with Bengalee songs, composed for the occasion, and sung with the accompaniment of music.

The president then called upon the speakers of the evening to address the meeting.

Brother A. M. Biswas spoke with deep pathos, explaining the propriety of holding the meeting at the Refuge, on the ground that Kent was a great benefactor of suffering humanity.

Dr. K. N. Banerjee read a short paper on the life-work of Kent and with an apt poetical quotation feelingly wound up by saying that the great man lived in his works and that we could feel his power and personality although we could not see him.

Babu Bejoy Chandra Sinha, the great patron of Homœopathy in Calcutta, expressed his sorrow in a few well-chosen words.

Drs. H. Ray, G. Dirghangi, K. K. Ray, Baridboran Mukherjee, L. M. Pal and others also spoke feelingly.

The following resolutions were carried unanimously, the whole assembly standing under orders from the Chair:—

1. That this meeting records its sense of deep sorrow at the departure of James Tyler Kent, A. M., M. D., and the irreparable loss the Homœopathic science and the profession have sustained thereby.

2. That a letter of condolence expressing the sense of this meeting be sent to Mrs. Kent in America, signed by the President.

The President then summarizing gave an excellent address, speaking in feeling terms of his great appreciation of Kent as a master-mind, with whom he had been well acquainted, and of his sense of personal loss at his departure.

The National anthem was then sung in chorus with the accompaniment of music after which the meeting dispersed.

J. N. MAJUMDAR,
President.

70 Amerherst St., Calcutta, India.

THE VAGARIES OF BOARDS OF HEALTH.*

Reynold Webb Wilcox, M. D., D. C. L., President of the
American College of Physicians, New York.

Boards of health are established and functionate under the general police power of the State. They are supposed to be merely executive and deal with preventive medicine, and, in addition, with filing and preserving documents chiefly concerned with vital statistics; their most important function is in relation to sanitation and especially to communicable and contagious diseases. They are amenable to the Constitution of the United States, to the Constitution of the State in which they are located, and to the Federal and State statutes and to the local governing authorities. It would seem to be unnecessary to make this statement, but the conduct of certain officials at various times makes emphasis upon this point essential. If the significance of the word constitution is thoroughly understood in the sense which the makers of the Magna Charta and of its descendants intended it to convey, much that has been said and written would be not only superfluous, but even puerile. What is termed a constitution is no more or less than a bill of rights wherein are enumerated certain rights which are reserved by the people and for the people, and become inalienable and cannot be abridged or abrogated by either the executive, legislative or judiciary authority, and, least of all, by boards of health.

While in time of imminent peril from an epidemic of virulent

*Read before the American Association of Medical Jurisprudence, at Washington, D. C., May 9th, 1916.

infection, tacit acquiescence in their assumption, by boards of health, of authority superior to all inalienable rights of man, to all legislative, executive and even judicial authority, may be justified by the gravity of the situation, in ordinary times and under usual conditions such abuse of alleged authority should be severely punished by all legal and proper means. Because under certain conditions one man has a right to kill another and justifiable homicide is recognized by the law, it by no means follows that anyone can go about and kill indiscriminately without his crimes being dealt with in a legal manner.

Even commissioners of health are supposed to possess some degree of education, to have some modicum of intelligence, and to act with some judgment. Yet not long ago there appeared in the public press statements from one as liking his position, or was it his job, because it combined legislative, judicial and executive functions! He apparently was unaware of the functions of the legislature or the power of the bench or even of their existence. Or a more charitable explanation might be, that he was the result of an inefficient common school system. Many of the vagaries of boards of health, which result in real grounds of complaint, arise from the arrogance of ignorant officials, who assume that illegal acts committed in time of peril and tolerated, possibly even approved, can be perpetrated at all times and in all places without fear of punishment. Let boards of health, individually and collectively, realize that they are amenable, not superior, to the organic law of the land, and many of their vagaries would cease.

Boards of health should show in their publications at least an elementary knowledge of the English language, and particularly the language of medicine. The word "case," when used to designate a patient, is hospital *argot*, nothing more and nothing less, and when mention is made of "terminating a case," and that this function may be delegated to a nurse, the professional reader is not very much impressed by either the general or special education of the author of this particular information. The products of the publicity bureau need editing if they are to be worth the money spent upon them. The "slogan" designed for popular education may be attractive to certain classes, but these people should be educated up not down. That more or less prosy

fiction, denominated statistics, can also be largely eliminated. It is a saying in Germany that if one has a fool for a son, make a bad artz of him. It seems to be an axiom in this country that a graduated Doctor of Medicine who has failed to earn a living by alleviating suffering and curing disease is thereby qualified for employment in the department of health; failure to treat disease successfully implies great skill in preventing it or its dissemination. Would that this were true! For if it were, the individual would be a far more important member of society if he were employed in the latter rather than in the former capacity. Unfortunately the employes of departments of health seem to be appointed for political consideration rather than for scientific knowledge or executive ability. There are, however, exceptions; of the two out of all the commissioners of health with whose careers I have been acquainted in the last thirty years, one was appointed for purely political reasons, but he possessed great executive ability and good judgment; the other was an excellent and successful general practitioner for many years, who had an excellent underlying scientific training, and both made enviable records. Of the rest, the less said the better.

To the general personnel the same statement applies; in the main, it is fair. There are, of course, exceptions. The vicious as well as ignorant and incompetent misfits and incompetents are usually found in the part time and no time employes, those who are supposed to work during certain hours for the municipality which pays for those hours, but usually attend to whatever patients they by chance may secure during these hours. The fact that they are employes of the department of health being some sort of a guarantee, in the minds of certain classes of people, that they are competent practitioners. These not only use their position to obtain patients, but use the time for which they are paid from the public funds to increase their private gains. They do not see any impropriety, least of all dishonesty, in this conduct. Even one of the higher officials in the board of health has publicly expressed surprise that it was disapproved of by any one, so this may be presumed to be one of the vagaries of employes of boards of health.

Is there any reason to suppose that one who has been a failure in the practice of medicine or surgery in private should be-

come any more efficient when in the public service? It is one of the vagaries of boards of health that this is true, and that the practice of medicine as well as prevention of disease is a function of the department of health. So far as contagious diseases go, there is no objection, but when, as is alleged, some six hundred thousand dollars a year is expended for this and allied functions in the city of New York alone, it would appear that treatment of disease should be preferably left to those who can perform this work in a more efficient way. This is one of the vagaries quite inexplicable to the taxpayers who bear the cost, especially since this work is not limited to the impecunious or their offspring.

And if the work of the department of health is so valuable and so successful, should not the facts speak for themselves, and the generally improved conditions be so manifest that all would be acquired with them? It seems to be another of the vagaries of the department of health that publicity and reiterated assertion are necessary to justify its existence, and the taxpayer should pay for the recital of the results alleged to have been obtained. Advertising is important and especially important if no one suspects that the real values are modest, to say the least.

It is with no personal bias that these criticisms are offered. Only twice in thirty years has there been any personal censure: once nearly a quarter of a century ago the writer failed to note on a death certificate upon what floor of a private house the owner died. His attention having been called to this grievous omission, he immediately corrected it. Naturally, had it been a tenement house—a tenement house being, for the purposes of the department, one occupied by more than two families, living separately—the omission would have been important. The other instance was recent—in reply to an inquiry as to why no confinements had been reported, the writer suggested that he had been an internist for more than twenty years. This did not seem to be satisfactory, for it was argued that if eye and ear, nose and throat doctors, orthopædists, pædiatrists, general surgeons, surgeons, alienists, venereal specialists, and others supposed to be exponents of special departments of the healing art reported confinements, there was no reason why an internist

should not do the same. The explanation that no instances of confinement had been accepted during that period was at least regarded as satisfactory.

Another of the vagaries of the department of health is the absence of final and definite policies. For instance, fumigation after certain contagious diseases for scores of years has been enforced under threats of fine and imprisonment. With solemn mien and unalterable resolution the board of health has gone about making most awful stinks and occasionally destroying property. We are now told that this is unnecessary, at least, it will be omitted in certain districts for purposes of observation and statistical results. One who knows the vagaries of the official disinfecter, suspects that fumigation has not always been so thorough as was supposed, or even that it has been practiced so universally as was imagined. The prudent housewife, stricken with dismay at his invasion, doubtless found a way to avoid what probably seemed acts of vandalism. The department calls it graft, the man on the street blackmail, but the law designates it as extortion.

The purpose of the department of health is not to exhibit vagaries which excite scientific amusement more or less expensive, generally more, nor to be a haven of rest for medical misfits and incompetents, nor a means of support for political defectives. It is not organized for the practice of medicine, nor for the manufacture and purveying of medicines or supplies, nor for the purpose of lawbreaking, nor for yielding opportunity for larceny, grand or petty, nor for usurping functions of government properly delegated to other departments. It has its proper place in sanitation and in the prevention of communicable and contagious disease, and this constitutes a field of action quite exhaustive enough for scientific and effective work. To do this work efficiently requires honest and specially educated men. If we may be able to point with pride to the department of health, we must first insist upon a higher standard of honesty than now obtains in our public service, and we must have a special and a higher standard of education for its personnel, who will devote all their time and energies to what should be a respectable and honorable vocation.

A higher moral standard for the public servant will force the

first requirement. The degree of Doctor of Public Health which can now be obtained, after proper study and passing of suitable tests as to knowledge acquired, at Harvard and other universities, as an absolute prerequisite for employment on or in boards of health in any scientific or executive capacity, will obviate many of the vagaries, to use a mild characterization, which have brought so much discredit upon an important field in preventive medicine.

The course is clear, the remedy is efficient, and nothing stands in the way of its adoption but political mendicancy, vicious greed and ignorance masquerading as science; all forces of evil. The only question is: how long will this altruistic and enlightened century permit progress to be halted by these forces of evil?—*Medical Times.*

THE SPECIALIST—SOME REMINISCENCES. SOMEWHAT RADICAL ALSO.

Editor of the HOMŒOPATHIC RECORDER.

I can best explain my idea of the specialist by a few cases. Calling upon a neighbor about some business, he introduced me to his wife, who was a long time sufferer from "sore eyes." She looked at me as well as she could with bandaged eyes in a darkened room and said: "I dreamed about you the other night. I dreamed that you came to the house and cured my eyes." I said: "That is only a dream. I am not a doctor." "You are the *man*. I knew you when you spoke to Mr. B. out in the yard." Mr. B. said: "Yes, she had described a man seen in her dream three or four weeks ago. You answer the description. I will give \$100.00 for a cure of her eyes; they have cost me \$100.00 a year for five years. Paid a specialist \$16.00 for a visit yesterday; they are worse than usual today; every doctor makes them worse. I parleyed. If they would go to the city to the college specialist. I had not graduated. Did not intend to be a specialist. Had not given any special attention to eyes. "You have got to take the case; whatever you do will be all right." It was a badly treated case of pannus in both eyes, with a distressing photophobia. She was a grandmother, producing a second lot

of children for her second husband. A case of over-lactation by a scrofulous woman.

Gave *Arsenicum* in some water. When I called a week later found her much better; encouraged. I then gave *Sulphur*, followed by *Graphites*.

Should have said she had scars of blisters all over face and was then wearing a leather string in the back of her neck the thickness of my little finger as a counter-irritant. In six months she was entirely well, with the remark that so many symptoms had disappeared that she had always had—she thought was health.

Mr. B. promptly paid the \$100.00 with an additional \$60.00 for prescriptions for some female trouble of her two older daughters. They were spiritualists.

Six months of a novice—against five years of specialties!

About forty years after this case I had another eye case. A scrofulous ophthalmia, consisting of an extreme photophobia. As his father, Mr. A., of Houston, Texas, described the case, the attack began when he was thirty-six months old, following some childish ills. The family doctor called in council until there were eight of them. They decided it was a reflex of some kind that they could not determine and advised that he drink sweet milk. That occurred at Baltimore, Md. He was now twenty years old and had been speialed in all the principal cities from there to Houston in those years. The C. family doctor at Houston had treated him with electricity. He had studied in Europe, had many certificates framed and displayed on his office walls. I enquired his diagnosis of the case. He thought it was retinitis, and then said he couldn't get enough light into his eyes to examine them and did not know what was the matter. The osteopathic firm had rubbed him \$75.00 worth, so Mr. C. said. He would give me \$500.00 to cure him. I said: "I will cure him and keep him well for five years for \$500.00." "When will you begin?" "Right now." Gave 50m potency of *Sulphur*. Looked my patient over. He was of the coarse, scrofulous constitution, with red acne in his face and ingrowing toe nails, for which they went to a chiropodist against my wish while I was treating him. Followed with *Graphites*, followed with *Nitric acid*, all in high potencies. In about three weeks he was as open

eyed as I was myself, and collecting and clerking for a piano firm. I feared a relapse and did not demand pay for six months. Then Mr. C. said he would not pay a cent unless I could collect it in the court, and explained to my friends that he went to another osteopath firm who rubbed a bone in his back and he was immediately well. The patient passed street car examination of his eyes. Motored. ran over a child and killed it. Lost his place. Got a job as private watchman, killed a negro, and was locked up without bail. I then lost sight of him. The \$500.00 remains unpaid.

Another case, with a commencing cataract in both eyes, applied. Had consulted two oculists who told him they would cut them out when ripe. He took a month's treatment with me. At end of it visited his oculists who told him he did not have cataract. He then took treatment of an advertising doctor at Kansas city. A year later another oculist removed both cataracts, at \$50.00 apiece.

Enough of eye specialists.

In my first month's practice a deaf young man applied for treatment (concerning aurist work my oculist and assistant professor, had said, of course, we treat such cases, but we don't expect cures). I consulted a great eclectic, with a similar answer. The patient had been specialized \$100.00 at Indianapolis and a \$100.00 at Cincinnati. My watch was an ordinary loud ticker, pressed it down on each ear before he heard. Could hear it when he held between his teeth or on top of his head better than at his ears. For *experience*, I took the case. I was strongly magnetic in those days; passed a current directly through his ears, supplemented by a little electric battery, took the current through my hands and passed it through his ears. His mother, so he said, had had suppurating glands on her neck and he was plump, almost fat, with beeswax complexion. Gave *Baryta carb.* His olfactory nerves were as much off as his auditory. His room was on the third story of his boarding house. He came swiggering in one morning, said he knew what was for dinner as soon as he opened the street door. A little later his landlady said, "Needn't tell me Sam can't hear; he is like all other deaf people, he hears everything you don't want him to."

Sam, explained his landlady, was her cousin. He sat in the family circle and heard them excoriate his mother until he could not keep still. He could hear the same watch at eighteen inches when he did not know it was about.

I can supplement these cases in all the *specialty* departments, but will mention only one other. In brief, a two-year-old child vomited all the time. I sent him medicine from office twice, which palliated. Then was permitted to inspect the case. I was the fourth doctor. The delusion was: Mother was scrubbing the floor, when the child got the concentrated lie can and took a sup. A nearby doctor was called, who antidoted the lye. The vomiting came later. Three doctors had failed. A friend of mine had me called. I found the case described in Guernsey's diseases of children as a case of acute tubercular meningitis. It had already had *Arsenicum* and *Cuprum*. On inspection *Cina* was most indicated. My second visit the mother called from top of stairs, "Oh, he is better." I explained he is not cured only better, liable to relapse and while it is not necessary for daily visits, but must be kept under observation. She put up the usual poor mouth, etc., etc. Not hearing, enquired of my friend. They had called another doctor and he another and together they had called a surgeon, all German. They decided the lye had occluded the esophagus and child was starving to death, that food only got down to obstruction when it was "forced up." So they collected a \$100.00 for the operation and a hospital and trained nurse. Inserted a tube into child's stomach through which to feed it, and went poking down its throat with wires to remove the obstruction. The child endured that torturing quackery three weeks before it succumbed. I knew the surgeon to be a good one although he afterwards committed suicide.

In my opinion, as illustrated by these few cases, Homœopathy is an all sufficient *specialty* for ALL forms of disease. That the dear people are deceived by the word *special* and think it means superior knowledge, when, in fact, it is only a cover for ignorance—means a startling fee—and keeps patient from consulting doctors who could cure them if they had opportunity.

D. P. MORROW, M. D.

A CARBUNCLE CASE.

Editor of the HOMŒOPATHIC RECORDER.

Mrs. Mitter had a carbuncle between the inferior angle of the left scapula and the spinal cord. Her husband, friends and relatives advised her to resort to a surgeon's knife, but as she had great terror for it she stubbornly refused to do it. For this disagreement some days had passed before I was sent for. When I attended her the carbuncle was as big as an inverted saucer with dark red hue save in the centre, which had five white specks. She was crying, writhing in agony and rolling on bed from one end to the other for an excruciating pain, which, she described, was burning like coals of fire and stinging as if insects were sticking. The affected part was greatly sensitive to touch and pressure. She was greatly prostrated and had no sleep for three nights. She told me that hot fomentations aggravated the pain. I prescribed *Apis* 30 every two hours and also cold *Calendula* compress (a teaspoonful of *Calendula* θ to half a pint of cold water. After half an hour the pain began to decrease and completely subsided after six hours. The core was discharged after 36 hours. She had then nothing but cold *Calendula* compress. I saw her again on the fifth day and there was nothing but a little ichorous discharge. A dose of *Silicia* 200 cured her thoroughly on the seventh day.

G. RAYE.

Gauhati, Assam, India.

AN ASIATIC CHOLERA CASE.

Editor of the HOMŒOPATHIC RECORDER.

A few months ago I treated a very obstinate complicated case of cholera. The patient was a young lady of twenty-six, in her confinement, which had baffled the best up to date (Dr. L. Rogers') methods of treatment of three distinguished old school physicians, eminent for their skill. When I called in, I saw that her end was drawing near. Thanks to method of Hahnemann that enabled me to save her from imminent death.

Mrs. Dey, great dyspnoea, gasping for breath, extreme pros-

tration, hippocratic countenance, coldness of the whole body, pulse imperceptible, aphonia, great anxiety without restlessness, constant desire to be fanned, urine suppressed, scanty involuntary evacuations. I gave her *Carbo veg.* 200th, four doses, with distilled water, to be taken alternately every half hour and then I waited for four hours, but there were no marked improvement of the symptoms. I then changed to *Cobra* 6th with distilled water at intervals of half an hour and within half an hour there was slight improvement and the whole tide was afterwards turned. I continued the same medicine. The next day the patient was feeling much more comfortable than the previous days. The dyspnoea much diminished, can talk very slowly, very forgetful, burning in the chest and epigastrium, craving for air, the pulse was thready; passed no urine; passed scanty watery stools at long intervals involuntarily; rumbling in the abdomen and slightly distended. I then put her on *Carbo veg.* 30th with distilled water every two hours for the whole day; at night I gave her *Cantharis* 6x, every three hours, with distilled water, for the painful, frequent ineffectual desire to urinate, great thirst, with burning pain in the throat and stomach, feeble pulse, cold hands and feet, restless and uncomfortable feeling at night. Next morning the patient passed a small quantity of urine and yellowish watery stool, at about 3 A. M. I found the general condition of the patient much better. I gave her *China* 30th with distilled water every four hours with good result and occasional doses of *Arnica*, *Nux vomica*, *Kali phos.* and *Sepia* to complete the cure.

Yours truly,

DR. JNANENDRANATH SARKAN.

Krishnagar P. O., Nadia, Bengal, India.

SOMEWHAT CRITICAL.

Editor of the HOMŒOPATHIC RECORDER.

There appeared in the August number of the RECORDER an article from J. H. Collins, M. D., setting forth his views on Homœopathy, etc. I quote the following:

“‘Homœopathy’ is a system of medicine founded upon a truth that ‘likes are cured by likes,’ why? Because a large number

of remedies that we know have in each and every instance a primary and secondary action, which are opposite to each other."

Shades of Hahnemann! I am so glad to find out the why and the wherefore. The doctor's English and Homœopathy go well together. There is no need of further comment.

A. L. RUFFE, M. D.

Grand Rapids, Mich., Aug. 29, 1916.

DISEASED TONSILS IN RELATION TO RHEUMATISM.

Sir:—Dr. C. W. Chapman, whose letter appears in your issue of August 14th, is, in my opinion, probably correct in regarding "tonsillitis as both primarily rheumatic and provocative of further attacks of rheumatism if the tonsillar inflammation becomes chronic." Rheumatism assumes many forms. One patient may have inflamed muscles or joints, another may have endocarditis, another inflammation of the pericardium, the heart and its fibro-serous sac being only another form of ball-and-socket joint. Other rheumatics, again, have iritis, though rarely, and in some nodules appear on the bones of the forearm or on the scapulæ. Chorea in childhood I have long regarded as a rheumatic manifestation, and is complicated by heart disease quite as frequently as are other forms of rheumatism. Lastly, I was taught, and I taught for some years, that tonsillitis was frequently a rheumatic affection. Here I am not so sure of my ground, and it now seems to me, with wider experience, that a diseased tonsil may probably be the port of entry of the specific organism which causes rheumatism. Be this as it may, the interesting clinical fact is that quite 75 per cent. of young patients who are the victims of acute rheumatism also suffer from diseased tonsils. I well remember pointing this out to a distinguished continental physician who attended my post-graduate class. He was sceptical on this point, but on his return home he wrote to me to say that his own statistics bore out my contention, and showed an even heavier percentage (80).

If this discussion will have the effect of hastening the discovery of a specific curative treatment for acute rheumatism

or, better still, the prevention of the disease it will have helped to achieve a great boon. For I hold that rheumatism is the most dangerous disease which we have to deal with in this country—a disease more deadly and far-reaching in its effects than are syphilis, tuberculosis, or cancer.

If I may diverge from the line of discussion, I would point out that rheumatism affecting young children or adolescents leaves mitral stenosis as its most frequent and crippling valvular affection. Or if I put it in another way, mitral stenotics who live to adult age will be found, when carefully interrogated, to have had rheumatism in one or other form during the early years of their lives.

I am, Sir, yours faithfully,

SEYMOUR TAYLOR.

Seymour St., W., Aug. 16th, 1915.

(To this letter, which appeared in the London *Lancet*, we would suggest that the theory of the correct treatment of such cases will be found in Hahnemann's *Chronic Diseases*. Wehsemeyer, an old German physician, said that *Calc. iod.* would cure most cases of abnormal tonsils.—Editor of the RECORDER.)

KNOCKING THE GERM THEORY.

Dr. John B. Fraser, of 414 Shelbourne St., Toronto, Ontario, Canada, contributes a paper on germs to the *Canada Lancet* from which the following is quoted:

"The reasons for questioning the germ theory are mainly three, viz.:—

"1st. The divergent views of bacteriologists as to which germs caused the disease.

"2d. The stronger claim of the biochemic theory.

"3d. The absence of germs at the onset of disease (as the following sample cases show).

"(a) A man crossing a river broke through the ice, was rescued, later became ill, and the doctor, fearing pneumonia, tested for pneumo-cocci—there were none present; when the pneumonia developed they appeared.

"(b) After an oyster supper some men had cramps and diarrhoea, followed by typhoid fever—no Eberth bacilli were present in the first stools, but were present later.

“(c) Hurrying, a girl arrived at her shop sweating; as the shop was cool, she became very chilly; next day complained of a sore throat, but no Klebs-Löffler bacilli were found; later, when a diphtheritic patch appeared, the bacilli were present.

“Hence in each case the bacilli followed the onset of the disease.

“Believing that the above germs were the result and not the cause of the diseases, tests of the germs of diphtheria, typhoid and pneumonia were made.

“The first test was whether the Klebs-Löffler bacilli would cause diphtheria, and about 50,000 were swallowed without any result; later 100,000, 500,000 and a million more were swallowed, and in no case did they cause any ill effect.

“The second series of tests was to decide whether the Eberth bacillus would cause typhoid, but each test was negative; even when millions were swallowed. The third series of tests showed that one could swallow a million (and over) pneumo-cocci without causing pneumonia, or any disturbance.

“The investigations covered about two years and forty-five (45) different tests were made giving an average of fifteen tests each. I personally tested each germ (culture) before allowing the others to do so; and six persons (3 male, 3 female) knowingly took part in the tests and in no case did any symptoms of the disease follow.

“The germs were swallowed in each case, and were given in milk, water, bread, cheese, meat, head-cheese, fish, and apple—also tested on the tongue.

“Most of the cultures were grown by myself—some from stock tubes furnished by Park, Davis & Co., and one tube furnished by the Toronto Board of Health through one of their bacteriologists.

“As the tests were carefully made, they prove that there is not the danger from germs that bacteriologists claim; they also may stimulate other Canadians to undertake further experimental work, for the actual test on man decides the truth of the theory.”

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

OUR CONTRIBUTORS.

We take pleasure, this time, in turning over our entire space to Dr. Clinton D. Collins, of Chicago, the famous skin specialist, whose practical paper on the treatment of skin lesions should be read and pondered over by every one who has these intractable cases to battle with.

HOW TO TREAT SKIN DISEASES.

CLINTON D. COLLINS, M. D., CHICAGO, ILL.

The study of dermatology today is an accurate science, based on pathology, classification and close observation. A hundred men will look alike, superficially observed; all are unlike when scrutinized.

All skin diseases look alike to the untrained eye, but very unlike to the experienced. A few well defined symptoms or pathologic lesions are of much greater diagnostic value than hundreds of symptoms which are common to many diseases. Study skin diseases by the lesions, which can be seen and felt; ask as few questions as possible, and errors in diagnosis will seldom occur.

See with an eye of scrutiny and single out the primary lesions. Then note the next step in the pathology, then the fully developed patch or patches, and note its termination. It may end in scars, pigmentation, atrophy, infiltration spots, chronic inflammation, or complete recovery.

Study well the primary lesions, which are macules, erythema, wheals, papules, tubercles, tumors, vesicles, bullæ and pustules. Remember that all skin diseases, except those from without, such as ringworms and infections, begin in one or more of these lesions, and yet each has characteristics of its own, so plain that diagnosis is both easy and certain.

Often the physician is required to reason from effect back to cause, and then check up his diagnosis from cause back to effect, to prove its correctness. Such lesions as scales, crusts, ulcers, fissures, scars, and pigmentation are the co-called secondary lesions, and occur only secondary to a preceding pathology. They are not the disease, but the products of disease. They have a diagnostic value but slightly less important than the primary lesions. The danger is that the untrained may forget that they *are* secondary.

Let us discuss some of the diseases and see if the rule will apply:

Acne vulgaris is diagnosed by four ever-present symptoms—comedones, inflammatory papules, pustules and scars, always in the order named and never any other way. Build your diagnosis by analysis and no argument can destroy it.

How will you treat it? Not by starvation, but by a well-balanced diet. Not by soap and water, but by mild yet penetrating antiseptic lotions. Not by lectures on morality, for the writer does not believe that acne is consequent upon the development of sex nor perverted habits. See well to normal health and to normal habits, and find the remedies which will accomplish them. Locally, seek to sterilize, stimulate or soothe. Use such remedies as will best penetrate the infected follicles and dissolve the scales and crusts. Such a remedy can be found in *Lysol*, 1 dram in 6 oz. rose water; *Salicylic acid*, 1 dram; *Glycerin*, 1 dram; alcohol and rose water enough to make 6 oz. A very good home remedy is peroxide of hydrogen. It also serves to bleach the skin.

The use of the X-ray is of undoubted value in acne as in many other skin lesions. The danger of an occasional overdose is so great that many physicians are now using the ultra violet rays instead, as they are much quicker and safer. The X-ray is a devitalizer of tissue, while the ultra violet ray is an invigorator.

Eczema has four constant and three occasional symptoms, the presence of which is absolutely diagnostic of the disease. Infiltration, itching, increased redness, indefinite border lines, oozing, scaling and crusting. Not all these symptoms need be present to make up the diagnosis. Eczema has hundreds of symptoms which are unimportant and confusing. The only ones

of value can be counted on the fingers of one hand, but the physician must train his eyes to recognize them, and discard the rest.

Look for the true pathology of the disease and, if found as above outlined, the diagnosis of eczema is certain. Eczema is intimately linked with the word irritation. That irritation may be from within or from without, or both.

Eczema attacks individuals in all stations of life, of all ages, in every country of the world, at all seasons of the year, and wherever found the symptoms are all the same.

Treatment of eczema means treatment of the bodily condition with such remedies as seem called for according to the systemic condition. Diet and habits of life are all-important and must be regulated. Excessive eating is as harmful as too little food. Some patients are toxic, some are neurotic, some have an inherent taint—all of which must be met before considering any local treatment.

The essayist believes that internal medication is a prime necessity and that local treatment is a valuable adjunct. The majority of eczemas require a local treatment which embodies three principles: something to relieve the itching, soothe the inflammatory skin and render the parts aseptic.

In very chronic cases the three principles more often called for are something to relieve the itching, dissolve the scales and crusts, and stimulate the dormant patches.

The golden rule to follow in making applications to a diseased skin is that **acute inflammatory conditions**, moist or oozing surfaces, or where the skin is broken, **require lotions and never salves.**

In chronic cases, where the skin is dry, thick, scaling, crusting, indolent or cracking, **salves or oily applications must be prescribed.**

Some of the commoner lotions for acute eczema, dermatitis, burns or infections are normal salt solution (to which may be added 3 to 5 per cent. ichthyol if desired); picric acid, 1-5000, an excellent remedy, and very far-reaching in its scope of usefulness; black wash, or the so-called *lotia nigra*, which is made of calomel, 1 dram, and lime water, 1 pt.; carron oil, an excellent application where a moist and oily dressing is required; permanganate of potash, aqueous solution, 1-8000, a very good al-

kaline dressing and of considerable astringency. Milk of magnesia is an excellent dressing, especially in infantile eczema.

Where much itching requires a special remedy for its relief, use acid salicylic, 1 dram; phenol, 1 dram; alcohol, 5 oz., and water enough to make 6 oz. Paint on twice a day. **An inflamed skin will not tolerate thick dressings nor heavy or tight bandages.**

Salves are best used in sub-acute or chronic stages of the disease, and are usually medicated to suit the case. The skillful physician writes his prescription for a certain percentage of medicament, instead of accepting the standard formulas on the market. He fits his remedy to the pathology and not to the name of the disease. Ointments which contain carbolic acid, ichthyol, zinc oxide, salicylic acid, picric acid, lead oleate, beta naphthol, the various tar products, white precipitate of mercury, sulphur, yellow oxide of mercury and resorcin, singly or in various combinations, constitute some of the ointments most commonly used today.

The proper use of the X-ray and violet ray will materially assist in effecting a cure. There are cases which require an entire change of surroundings and mode of life before they can be cured. Neurotic eczema and infantile eczema are probably the most difficult.

Dermatitis is diagnosed by its sudden onset, rapid course, edema of the skin, coming in patches which spread peripherally, and by having pain, swelling and burning rather than itching.

Dermatitis has many symptoms in common with acute eczema. In fact, a certain amount of dermatitis is found in all cases of eczema and may be considered under the same head and treated as acute eczema would be treated.

Psoriasis has a few clean cut and decisive symptoms. It begins as papules, runs its course as a papular disease and terminates by the absorption of the papules, leaving no scar, but a pigmentation. Upon these papules will be found an abundance of dry, pearly white scales. The disease never changes its form even though the papules may become confluent.

Psoriasis is best treated by considering the treatment under one of three heads: anti-rheumatic, anti-neurotic and anti-specific. The symptomatology is so meager that one needs a form to follow and the author has been most successful in following

one of the above outlines. To this line of treatment may be added the invigorating and stimulating effect of the ultra violet rays from the Kromeyer lamp.

Impetigo is known by its points of dermatitis followed rapidly by vesicles and pustules, which rupture and leave a scab. The lesions come in rapid succession and appear to be *upon* the skin rather than *in* the skin. Add to this its infectious nature and the diagnosis is confirmed. There is one remedy which is almost a specific, white precipitate of mercury in 2 or 3 per cent. aqueous solution applied several times daily during the first five or six days of the disease, or until the lesions have dried down into normal crusts. At the end of this time white precipitate ointment is used at night and the same lotion as before during the day. Do not permit the lesions to be scratched or picked. This simple treatment should cure every case.

Scabies is readily diagnosed by its pustular lesions beginning on the hands and extending up the arms, then over the body, and the absence of lesions on the face and upper part of the spine. The lesions are small and show many scratch marks. This, with its history of contagion, settles the diagnosis.

The best thing to do is to sterilize completely the body by immersing the patient for twenty minutes once a day for three days in a bath tub of hot water to which has been added one or two tablespoons of formaldehyde. Sulphur ointment liberally rubbed over the body and sulphur powder sprinkled on the sheets of the patient's bed will practically cure every case.

Lupus is known by the fact of its always beginning as a papule or infiltration spot, beginning in childhood and lasting many years. The lesions become purplish red in color and break down. The patch will advance in a certain direction, the infiltration papules always preceding. This is followed by ulcers and, after the ulcers, scars, often three stages of the pathology being seen in the same patient at the same time. Lupoid papules are the softest papules known to dermatology, slow in course and always superficially situated. When the diagnosis is settled, there remains only one thing for the physician to do—destroy the disease by any means that seems best adapted to the case in hand—curette, caustic, thermo-cautery, excision, carbon dioxide snow, X-ray or ultra violet rays. All of these cases should be cured if they are on a part which is accessible.

Epithelioma is diagnosed by the presence of its waxy papules, which occur in clusters, circular in formation and with a central necrosis, which eventually becomes a central ulcer. The margins are always hard and when seen under pressure through a glass they have a peculiar waxy appearance. They are benign and curable if taken in time, but may become malignant. Again, as in lupus, early and destructive treatment is the only treatment. Choose your method according to the case, the same methods to be used as in the treatment of lupus. Even where they have passed into the malignant stage, we still have much to hope for in the use of radium.

It is a rule in dermatology that, where doubt exists as to the diagnosis, it should always be remembered that it might be syphilis. The eruptions of syphilis must be considered under two heads, the secondary and the tertiary.

The secondary syphiloderm is a maculo-papular lesion, which is uniformly distributed over the entire body, having few objective symptoms, seldom any itching and without scaling. There may or may not be chancre or a history of infection. In the course of a few weeks these lesions become dark brown or copper colored, and may have small brownish scales.

The tertiary syphilis lesions are large papules or gummata, few in number, having a tendency to cluster, often forming circles and segments of circles, are markedly pigmented and have a strong tendency to degeneration. When degeneration does occur it begins centrally and extends to the peripheral margin. If still in doubt, put the patient on substantial doses of iodide of potash and watch the effect. Syphilitic lesions do not respond well to local treatment of any kind. They are often aggravated by the use of X-ray. Undoubtedly mercury and iodide of potash are the leading remedies for this class of lesions. The author is partial to mercurial inunctions where they are practicable; iodides and tonics to be administered by mouth. Salvarsan to be given after a thorough course of mercury and never as a beginning treatment. It is a well known clinical fact that **salvarsan given early in the course of syphilis** and this in turn followed by the administration of mercury will produce a **Wassermann fast condition**, from which the patient may never recover.

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EDITORIAL NOTES AND COMMENTS.

Please Note.—Many letters come to the RECORDER addressed to “The Homœopathic Recorder, 7 North Queen St., Lancaster, Pa.” Please note that the RECORDER is printed and mailed at Lancaster, Pa., but that all exchanges, subscriptions, letters, etc., should be addressed to the main office, “1011 Arch St., Philadelphia, Pa.,” where all mail matter sent to “Lancaster, Pa.,” must be re-addressed.

Infantile Paralysis.—The *Journal of the A. M. A.* pessimistically says of poliomyelitis: “The treatment of the condition is, at best, unsatisfactory, and the restoration of the function to paralyzed limbs is a difficult task.” This is true, unfortunately, but if you men will consult homœopathic physicians you will be more hopeful. Under homœopathic treatment the disease rarely goes on to paralysis. Your quarantine is a useless infliction and your treatment unsatisfactory, as you admit. Drop both and call in the homœopaths.

Medical Education.—Thirty-six pages of the *Journal of the A. M. A.* is devoted to “Medical Education in the United States” and to rejoicing over what has been done. The high-water mark of the “non-sectarian,” *alias* allopathic, students was 24,930, in the year 1903; the number in 1916 is 13,121. In 1900 the homœopaths had 1,909 students, in 1916 there were 638. The eclectics run from 1,014 in 1904 down to 263 in 1916. The *Journal* thinks that this work can be looked upon “with something

like pride." But twenty-five years ago the people were satisfied with their physicians and always called one of them in when ill. Today there are about thirty-five million "irregular" persons who will have nothing to do with physicians. Whether this result of the work of the A. M. A. is something to be proud of may be left to individual opinion.

Vaccines.—In a long paper on "Modern Homœopathy" (*Hom. Observer*, Ann Arbor), by Dr. W. C. R. Voight, the writer, among other things, says:

There are still many of Hahnemann's followers, and especially the older generation, who do not deem vaccines true homœopathic remedies, or who think that the preservative used in all such preparations is the real curative agent, and the vaccine only a placebo. The latter objection is, of course, unfounded and can be easily disproved by the fact that a staphylococcus aureus boil cannot be improved or cured by a colon vaccine, nor a colon nephritis by a staph. aureus vaccine, although both contain the preservative.

Anything is homœopathic to the departure from normal symptoms it will cause. It seems to some men that the trouble with vaccines is that they are too crude, as shown by the need of preservatives, and, also, are administered in the wrong way. Hering's *Psorinum* is a model for homœopathic vaccines, or, more properly, nosodes, both in pharmacy and dosage. At least so it seems to some.

Get There Medicine.—Dr. Lloyd Thompson, of Hot Springs, Ark., has a paper in *J. A. M. A.* on "The Intensive Treatment of Syphilis." The treatment does not interest us, but the "Conclusions" do. These, in effect, are, that a patient should not be discharged until he shows "a clinical cure," which is evidenced by a "Wassermann," and a negative spinal fluid, reaction, covering two years' "follow-last treatment." We will have to get another compulsory law.

Assuming More and More Power.—The Conference of State and Territorial Health Authorities with the United States Public Health Service convened for the consideration of the prevention of the spread of poliomyelitis, at Washington, adopted

thirteen resolutions or suggestions. Among the mass, covering over two pages of *Public Health Reports*, is this: "The certificates of private physicians will not alone be a sufficient basis for the issue of a permit to travel. Permits for interstate travel will be based on medical inspection." Apparently a physician who does not enjoy a political appointment is incapable of making a medical inspection.

For the Protection of the Public.—The Mississippi State Board of Health recently removed a Dr. Matthews, because he failed to report a case of disease, and appointed another doctor in his place. Dr. Matthews said it was a trivial charge, trumped up for political purposes and took the matter into court, where the board was defeated. Apropos of this read "The Vagaries of Boards of Health," by Dr. Wilcox, reprinted in this issue of the RECORDER from *Medical Times*. It is worth reading.

Antitoxin.—After reading Dr. Louis Weiss' article, "Administration of Diphtheria Antitoxin—Safety First," in *Medical Review of Reviews*, one is almost inclined to believe that safety lies in avoidance of that much lauded panacea. If you risk it, says Weiss, first obtain the past history and carefully note present condition of the patient. Then inject very slowly and at the first sign of a change stop at once. But the most curious statement is the following, the *Italics* being the author's:

It is a fact, established beyond all doubt, however, that antitoxin injected through the skin is of immeasurable value in diphtheria. But do we know in what way this benefit is conferred? My belief is, that the antitoxin fluid injected into the system acts as a stimulant. It stimulates the *body's antitoxins*, and *they* are the real curative agents.

Cannot some cheaper stimulant than this exceedingly expensive and admittedly dangerous antitoxin be found?

Tragedies.—Sir William Osler is quoted as saying, "The tragedies of life are largely arterial." Perhaps, brother, but the whole body is involved in the tragedy when it is sent down in the cold, cold ground. Metchnikoff saw the tragedy in the big bowel, others in other organs. Vanity of vanity! Such learn-

ing is but vanity and vexation of spirit and the truth is not in it.

The Cause of Infantile Paralysis.—The estimable *Medical Times*, writing of the cause of poliomyelitis, says:

The investigation of Doctors Rosenau and Brues have cast suspicion on the biting stable fly as a cause of the disease, and this pestiferous insect certainly has been indicted, but not with certainty convicted. If conviction becomes a fact, however, the spread and transmission of infection is possible, along with one of two lines—or both of them. Milk may be a carrier; the dung element of flying street dust also may be a carrier. Who can say positively that either one is or is not? The driver who delivers milk and the grocer who slops it out of a deep can with a long handled dipper may be a carrier. Who can say that either one is or is not?

“Who can say?” No one. Not even the Rockefeller. Whether it be the stable fly, milk, dung, vaccine virus, or children under 16, or anything else, be the cause no one, as the *Times* says, knows, but, for all that, health boards imprison the taxpayers who support them just as if *they* knew all about it. Truly it is A Wonderful Century!

Some Points About Typhoid Inoculation.—These are gathered from the *British Medical Journal's* report of “The German Medical Congress in Warsaw:”

“Every recent case of typhoid in the army had developed in spite of inoculation.”

“Relapses seemed to be more common in war than in peace, and enlargement of the spleen frequently persisted in war time, even when the patient seemed otherwise to have completely recovered.”

“The inoculation caused enlargement of the spleen lasting several weeks.”

“The number of cases of typhoid fell at once when inoculation was carried out.”

“The enlargement of the spleen was greater than was usual in peace.”

“In the summer of 1915 there were numerous cases of dysentery, but none of typhoid fever, thanks to inoculation.”

"Inoculation was regarded as effective for six months."

The one notable fact in the foregoing is that every inoculation is followed by enlargement of the spleen.

Typhoid Vaccination Difficulties.—Drs. Dreyer and Walker contributed a paper to the *Lancet* on "The Diagnosis of the Enteric Fevers in Inoculated Individuals by the Agglutinin Reaction," from which the following is clipped:

Unfortunately, there appears to exist a belief that the introduction of protective inoculation against *B. typhosus*, and more recently against the paratyphoid bacilli also, has rendered the agglutinin reaction less reliable or less conclusive diagnostically than was formerly the case. This belief, however, is not justified by the evidence available; though it is undoubtedly the fact that the practice of inoculation has not only enhanced certain difficulties which already existed, but also introduced some new difficulties of its own.

Ah, there's the rub! Those new difficulties. Readers of European medical journals will note the increasing attention given to tuberculosis, something rather rare in previous wars.

Wanted. Results.—When learned gentlemen write scientific articles, which erudite editors print, about the *bacillus typhosus*, the *bacillus paratyphosus*, agglutination and all that sort of thing, one has an increased respect for Hahnemann's *Organon*, one has an inclination to regard it as an electric light compared to a smoky oil lamp, for after a bacillus has been discovered and has had the barbarous Greek language piled on him to the limit of the dictionary, what more does the physician know about the cure of the disease than he knew before the Greek deluge?

Cause and Effect.—In this age of so-called science the cart has been put before the horse. In other words, the scientists consider effects, and close their eyes to causes, with which real science is concerned. It considers, to quote from a recent editorial in the *British Medical Journal*, the "appalling loss of men in the war," but not the cause that led to that loss. Our Lord who came to this world over nearly 2,000 years ago said that the "law and the prophets" consisted in "doing unto others as ye would that they should do unto you." So simple, and so un-

scientific! Yet if that "simple" law were followed, there would be no more war, or other human evils. Sometimes one is inclined to believe that the Christian nations ought to be "converted."

Increase of Tuberculosis.—The *British Medical Journal* has an editorial on "The Problem of the Tuberculosis Soldier" in which the problem of "the ever-increasing number of tuberculous soldiers" is considered. The whole subject is considered from the point of view that regards the disease as infectious, but shuts the eyes to the real cause, as is the habit of modern Allopathy. The idea that the disease may develop, or grow up, without infection is curiously absent from the allopathic mind. To that mind disease is a distinct entity; it is like a foreign army; it must be "fought." This notion is foolish, but disastrous, owing to allopathic power. Deadly diseases increase in countries where vaccine and serums are used.

The Voice.—Eugene Feuchtinger, M. A., contributes a paper to our most excellent *Journal of Ophthalmology, Otology and Laryngology* on "an infallible method of training the voice." Mr. Feuchtinger says that "all of the thyro-arytænoids, the crico-arytænoides and fibres of the arytænoid-transversus and oblique muscles, together constitute the vocal material." After much explanation Feuchtinger tells us that "the solution of voice training is to be found in strengthening the hyo-glossi muscles." Also, "I have discovered a way of doing this," etc., but he does not tell us the way. Let us hope he has for harsh voices, or squeaky or shrill and so on are a trial to good citizens.

"The Plague."—The *Health News*, of the U. S. Public Health Service, tells the world that "the bubonic plague of today is identical with the black death of the Middle Ages." It also tells us that "the disease is now treated by a serum through the genius of Yersin." We take off our hat to *Health News* because it does not say that the Yersin serum cures the disease. Concerning the origin of the disease *News* tells us that the flea gets the bacilli from a sick rat, and conveys it to the human being. Where and how the rodent got it deponent sayeth not.

Book Publishers.—The experienced medical journalist sometimes speculates on the principles that guide medical publishers in the matter of book reviews. Probably there is a reason that guides them, but it is unknown to the outer barbarians. To illustrate the point, the fact is mentioned that in one journal of local circulation there were recently twenty-nine books reviewed, or, to be more exact, perfunctorily written about. Another very anemic publication, nearly on its last legs, gets nearly every publication that comes out. Why this is no one but the publishers know. Apropos of that last remark, none of us really know very much. Sad, but true.

Of Interest to Smokers.—Our contemporary, the *Charlotte Medical Journal*, editorially writes of tobacco:

When the use of tobacco has become so habituated as to escape acute effects, chronic manifestations slowly supervene; impaired sense of taste and smell; disagreeable emanations from lungs, mouth, and skin; mucor-rhea and dyspepsia; cardiac palpitations, visual disturbances, muscles inco-ordination; weakening of the moral fibre, relative enfeeblement of the will, diminished sense of personal responsibility and social obligation, and it certainly produces, when used excessively, a low mental efficiency.

If we are not in error there are a few doctors who use tobacco and for the benefit of them the above is printed. But, they may ask, What about all of the ills that occur in those who do not use tobacco? Ask the *Journal*.

Causes.—Dr. T. D. Crothers, of Hartford, Conn., in the *Charlotte Medical Journal*, tells us that "the causes that impel men to drink have never been studied scientifically." Also that "a Research Foundation has recently been organized at Hartford, Conn., for the purpose of making an exact scientific study of these questions." He also adds that this is to become a permanent work, which, of course, will give many deserving men comfortable, permanent salaries. To be really scientific the research ought to start with Noah, for we read, Genesis IX, v. 20-21: "And Noah began to be a husbandman, and he planted a vineyard: and he drank of the wine, and was drunken." The

Foundation has a big question before it, one that will be, in all probability, more permanent than itself.

A French Radam.—This is from the Paris letter to the *J. A. M. A.*

“Pierre Teillon, aged 60 years, formerly a wine grower, appeared recently before the courts accused of the illegal practice of medicine. It appears that he was in the habit of treating **all** sorts of cases by means of sulphuric acid, and that he had caused the death of one unfortunate woman. In answer to questions of the president, the accused gave the following reply:

“I had noticed that molds which grow in the inside of casks were completely destroyed by sulphuric acid. On the other hand, I had read in a dictionary that Pasteur recommends the application of sulphuric acid to the bites of rabid animals. From this I concluded that sulphuric acid is a product which, applied to the human body, was capable of producing cures by destroying the noxious principles of the blood which are different sorts of molds. Acting on my idea, I made some experiments, first of all on my horse, which was at that time ill, later on myself, and then on my sister. We were all cured. Since that time, in the interests of humanity, I have set myself to treat with sulphuric acid all those who come to me. I wished my fellow men to profit from my discovery.’

“The tribunal recompensed the excellent intention of Pierre Teillon by condemning him to three months in prison.”

Osteomyelitis.—The Iowa brother is a plain speaker. The *Journal* prints a very able paper by Dr. F. C. Titzell on the surgical treatment of osteomyelitis. From the discussion comes the following:

Aplin.—I am not a surgeon and I don't deal much with rotten bone, but I did have one patient. He had a chill, high fever, dilated pupils, extreme tenderness over the shin bone and I put a pack of alcohol and boric acid over it and kept it there several days and gave him *Belladonna* and he got well.

Titzell.—He didn't have osteomyelitis.

Alcohol in Switzerland.—The *Medical Record*, editorially, remarks: “Switzerland, so far as we know, has never acquired

the reputation of an alcohol-ridden land. We do not hear much about Swiss pauperism, crime, and insanity, nor of Swiss plans for fighting the drink evil." It then gives an abstract of what was recently said at a medical meeting at Zurich. In brief, the consumption of spirits is very large for not only does the government distill spirits, but nearly all the peasants have their own stills. Some old philosophers believed that human devilry was bred in the man and was not a manufactured article.

The People Are Getting Restless.—The following from the Lackawanna *Daily Journal* is a very vigorous straw showing how the wind is blowing:

"And now they are injecting a 'serum' into the spinal cord of the babes of New York City.

"If the health authorities of this country do not produce a nation of physical wrecks, during the next generation, it will not be because they have not used every means within their power, but it will be because the people will finally get up in arms and lynch a bunch of the serumites.

"Vaccination has produced a nation wide army of syphilitics, consumptives, nervous wrecks and morphine dope fiends, and now the board of health has come along with another 'serum' and are injecting it into the spinal cord of the innocent babe to make it a detriment to itself and society, if it should happen to live long enough to grow up.

"Doctors positively say that they have been unable to find a germ that would produce infantile paralysis, yet they are injecting a serum into the bodies of the babies to kill something that they know not of.

"It is getting pretty near time that the Medical Trust of this country was curbed, for if they have their say much longer, you will not have to raise your boy to be a soldier, for the reason that he will not live long enough to get acquainted with his mother.

"The span of human life is getting shorter every generation and there is no other thing more to blame for it than Serums that are being shoved into the systems of the infants by authority of the health (?) authorities.

"The question of the hour now is, what will the next serum be?"

PERSONAL.

"Eat at 15 cents a day," so says scientist. Nix. Do it yourself!

The other fellow's success was due to luck, yours to brainwork. Yes?

Women do, and yet, in a sense, do not, like the latest wrinkle. Queer critter, them women!

It is generally a run-a-way race when you bet on a horse or a stock.

"A National Examining Board."—Great Scott! How many nations could pass?

"Vitamins and Avitaminoses."—Doctor, old man, do you pass?

Our health boards are now gravely considering "problems of mental hygiene." Look out! churches.

"The percentage of feeble minded persons in the general population is not known."—P. H. S. What is it—95 per cent.?

Wanted.—Psychologists, with biological training, to examine the feeble minded—many wanted.

Wanted.—A Board to examine psychologists.

Wanted.—A Board to examine the Board that examines the psychologists, that examines the feeble minded.

Wanted.—Horse sense.

A commission ought to investigate disease, as it always breaks quarantine quite regardless of "guards."

Republics are not ungrateful, but very forbearing, witness—fill in to suit taste.

Human bores are not as deep as artesian.

Curious, but "staying" is necessary for a successful "go."

A prohibition paper says "the world is growing sober." And 16 nations fighting each other.

Self-help, and helping yourself, seem, to be the same, but have a curious opposite twist.

"The way of all flesh" depends on the whims of the individual in it.

We all think we are "up to date," but the man who thinks he is "up-to-date" is in error.

Pleasant, at the movie, to sit back of a wig-wagging, big headed person.

There isn't any danger, but misery, when a worm turns, Mary. You put your little foot on it.

"Woman's ideal should be the creation of an efficient citizenship." Men are failures, then?

You pay no advance tuition fees in the "school of experience," but the school generally plucks you.

"State quarantine has been threatened against rabies."—*Buffalo M. J.* Better call in an alienist to inspect the health boards.

THE HOMŒOPATHIC RECORDER

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“HAHNEMANN'S HOMŒOPATHY.”

This heading is the title of Dr. John P. Sutherland's Institute paper, printed in *N. E. Medical Gazette* for September. Rather dryly Dr. Sutherland remarks: "I imagine that if his followers were more thoroughly familiar with his writings there would be greater certainty concerning Homœopathy's position among the practical affairs of life, and greater possibilities of securing for Homœopathy the universal recognition which it merits." Well said.

The paper takes up nine pages and reasons to this: "In conclusion, it would seem as if we werè fully justified in considering Hahnemann's Homœopathy to be an art, not a science; a therapeutic specialty in the great field of medicine; simply a method of treating sick people in accordance with the guiding curative rule, '*Similia Similibus Curentur.*'"

That seems all right at first glance, and yet—and yet—there also seems to be a fallacy somewhere in it if one could only find it. Simply a method! During all the centuries methods have sprung and fallen by the wayside, all but Homœopathy, which lives on, distorted in some individuals, but essentially the same simple, clear but tremendously far-reaching principle it was when the morning stars sang together, and which it will be forever. Perhaps therein lies the (possible) fallacy—the classifying of a principle that is universal with the various "methods" that, ever and anon pop up but soon fade away into oblivion. Somewhere in the *ORGANON* the author writes that "God mercifully permitted Homœopathy to be discovered." This seems to show that Hahnemann, at heart, considered it something more than a method. Indeed one might almost conclude that he looked upon it as akin to a revelation.

May not Homœopathy be a universal Principle that calls for exquisite art to successfully apply its subtle methods? A Principle, for the law of Likes extends far beyond what men term Homœopathy.

INCREASING INTEREST IN HOMŒOPATHIC JOURNALS.

From all sides we hear of more interest than ever being taken in our homœopathic journals. The demand for the August number of the *Journal of the American Institute of Homœopathy* was so great that the supply has been exhausted and the editor, Doctor Hobson, 22 East Washington street, Chicago, would be glad for any copies returned of this number. The *Institute Journal* has come out in a new fall dress, and a very becoming one it is. Dr. Hobson has done much to dignify the journal since she took charge of it. The delicate taste in typography, the modern spelling and punctuation, and the correct proof reading have made this journal a model of deportment for other editors to imitate to their advantage.

But when it comes to editorials we must commend those in the *Hahnemannian Monthly* for virility and red-blooded staunchness of defense.

Dr. G. Harlan Wells, of Philadelphia, is responsible for many an able defense of Homœopathy and of our educational institutions. We are not a little surprised that so few physicians in the West seem to be familiar with his writings. The homœopathic journals are for the most part handicapped by being local organs for this, that or the other thing, which narrows their circle of readers.

In this respect we must make an exception of the RECORDER which is by far the most cosmopolitan of the homœopathic journals we receive. Some of us may tire of the unceasing whirr of the Anschutz aeroplane dropping bombs upon the enemy with never ending devotion to the cause, but in many ways the editor is one of our most enterprising journalists.

As for the *Clinique*, Dr. Halbert reports greater interest than ever since he has adopted the plan (made successful in the Specialists' Department of the RECORDER) of "canning" the long tedious paper and substituting the pithy medical editorials.

On the whole, we think the subscription list of all our journals must be receiving many new accessions, and while we are not familiar with any one homœopathic medical journal which gives us exactly what we think we want, nevertheless by reading several of them we obtain sufficient pabulum to make us satisfied with life.

C. M.

CLINICAL EXPERIENCES AND COMMENTS.*

By Dr. V. H. Hallman, Hot Springs, Ark.

Our experience in the field of clinical medicine is quite similar everywhere, I am sure, so I do not presume to bring anything new, but hope to say at least something to provoke discussion that will aid to sharpen our wits, enlarge the intellectual scope, and harmonize on points where we may possibly tend to drift apart. I will recite a few cases selected at random from records containing thousands of interesting clinical stories.

Chills and Fever.

Four years ago in October, Walter S., age 13, was brought to me from Saginaw, Arkansas, located about three-quarters of a mile from the river. He has been naturally small all his life, but up to three years ago usually quite well, then became afflicted with malarial chills and fever, never assumed any typical form because of drugs administered (quinine and chill tonics). Had irregular recurrence of the trouble for several months, then an intermission of several months up to two months before consulting me, when chills came again, at noon about 12 o'clock. Began in feet, thirst through all stages; craved sour. Is now emaciated and debilitated, anæmic and jaundiced hue; spleen enlarged, mucous membrane of mouth sore and hydroa on lips. Placed one powder *Natrum mur.* cm. on tongue and gave another powder to be taken the following day in morning. In spite of the various drugs that had been taken by this lad, the response was prompt, and recovery uneventful without further medication aside from placebo. The two doses were taken from a vial partly filled with granules to which had been added a few dry granules of cm.

*Read before the Southern Homœopathic Medical Association at Cincinnati.

potency, obtained from J. T. Kent and brought to me by my student.

Pain in Neck.

About two years ago I met Dr. W., one of our old school physicians, on the street. After exchange of courtesies, he complained of having been afflicted, for several weeks, with intense pain in left neck, shoulder and upper arm. Pain sharp and throbbing, worse at night, better from quiet and heat. For several years had been subject to rheumatic disorder, occasionally disabled and confined to house for several days, but had not been troubled for a considerable length of time preceding this pain. He declared to have used every means from which relief might reasonably be expected, and yet without benefit. I remarked that they had probably used everything but what could or would give relief, and jokingly advised a homœopathic prescription. He promptly offered to accept and came with me to my office. After some little repertory work, I gave *Sulphur* 30, with directions to take three times a day for a few days. The next morning he reported much relief and a reasonably comfortable night's rest, and in two more days entire relief. While writing this I inquired of him, and was informed that he had been entirely free ever since.

The pith of the foregoing cases became apparent without prolonged thought, even though the disorder had existed a considerable length of time, and in both instances confused and masked by drug effect. I had seemingly very little trouble in selecting the suitable remedy and simillimum in potency. But in most cases it requires more labor as the following recital will prove.

A Medorrhinum Patient.

A male child, now two years old, son of Mr. and Mrs. A., both quite hearty. I first saw the child when eight and a half months old. He was well developed and seemingly in good condition physically. Was not circumcised, but found no particular irritation at this point. He did considerable crying; was restless and fretful. Would bite on things; wanted to be held or carried. Bowels disordered and stool mixed and irritating. The picture seemed to indicate *Chamomilla*, which was prescribed in water, the 12x dilution, three doses a day. This gave partial relief only, and at the end of a week I was again called.

The general irritation and nervous restlessness was some better, but bowels disordered, tenesmus, stool mixed, mucous, watery, offensive. Urine scant, high color. Considerable crying and occasional sharp cry. These symptoms and general appearance associated with dentition led me to *Apis mel.* 30. While there was some favorable modification, the results were not satisfactory. For a number of months I did my level best with but indifferent results as a reward. During this time I gave *Chamomilla* 30, *Borax* 30, *Pulsatilla* 30, and *Arsenicum* 30, but *Chamomilla* 30 gave best average results. On March 28, 1915, I was called and found conditions generally about the same. While taking symptoms, the mother incidentally spoke of the funny position he assumed most of the time when feeling bad, even would sleep resting on his knees and chest, and that he had done this nearly through the entire period of his trouble, but did not consider this worth speaking of. I gave two doses of *Medorrhinum* 200 about ten hours apart and placebo. Relief came promptly in every way. I have prescribed for him but twice since. On June 21, '15, gave a dose of *Medorrhinum* 200, and on Sept. 2d, the same. On each occasion there were slight evidences of the old symptoms. At present seems to be perfectly well.

Stops Breathing When Asleep.

During the latter part of August of this year I had an opportunity to confirm one of the leading indications for *Grindelia*, in the terminal stage of Bright's disease in a man fifty-four years of age. His respiration was interrupted; he was sleepy and very much desired sleep. Would drop to sleep easily, but very soon respiratory movement would cease until awakened by distressing suffocation. Lying down would also cause suffocation. *Grindelia* 6x and 30, three to four hours apart gave much relief. The 30 was undoubtedly most efficacious.

Small Pox.

On November 25, 1913, was called to the residence of the mechanical superintendent of our electric light and water system. A boy seven years old who was attending school had been showing evidence of slight indisposition for a few days, is now feeling generally bad. Face flushed, some headache, considerable backache, membrane of throat slightly injected and slight fever.

Symptoms generally indicated *Belladonna*. They had no knowledge of any exposure, but I informed them that there was evidently an approach of some exanthematous disorder. On the following day he was reported by phone as about the same. On the 27th I called and found he was developing small-pox. Aside from the boy, there were seven connected with the family, father and mother, three younger children and two servants. On account of the father's important position, I gave permission—with the consent of the health officer—to leave the premises, provided he remain away and report to me twice a day for several days. I gave each one dose of *Variolinum* 30, including the patient. On 28th I gave each a dose, and patient was doing well, although eruption appeared all over body. On 29th patient had higher temperature 103.5° and feeling generally bad. Changed to *Variolinum* 500, each a dose. After this date I gave no more to the family, but gave two more doses of 500 to patient, on consecutive days. He had a typical case of discrete small-pox over entire body. He had in all six doses *Variolinum*, first two doses 30, the other four 500. Suffered very little and made splendid recovery. No other member of family gave any evidence of disorder except one girl four years old complained of malaise. Had slight rise of temperature and throat slightly reddened. This I attributed to the effect of *Variolinum*.

I had a similar experience in another family during this epidemic. Two children were infected in school and had typical development. They received *Variolinum* 30, and made rapid recovery. Under immunization of *Variolinum* 30 all other members of family escaped.

Sea Sickness.

About 18 years ago, a young lady, age 17, in one of my German families, decided on a visit to Leipsic, Germany. I was consulted about the trip and requested to provide, if possible, something to prevent or modify the dreaded sea sickness. I then had very little, if any, practical experience in prescribing for this malady. Of course, my knowledge of materia medica suggested that the indicated remedy in the suitable potency would turn the trick, and such remedies as *Apomorphinum*, *Glonoine*, *Cocculus Indicus*, *Ipecac*, *Nux vomica* and *Petroleum* would likely come

into play. In this instance, I provided her with *Cocculus Indicus* 30 and *Petroleum* 30, with instructions to try *Cocculus* first, and that if this failed to try the *Petroleum*. Some time after this, and before receiving a report from Miss Schwanitz, I was consulted by a party of four or five who were about to make a trip from New Orleans to New York. I gave them the same remedies and instructions as in the preceding case. The report from all was to the effect that they took the *Cocculus* only; that they experienced no discomfort whatever, and landed in New York and Europe in good health, while many of the fellow passengers suffered severely.

Mrs. Sidney Lorenz has engaged passage out of Boston for her eighteenth trip across the ocean. On each previous passage she was forced to remain in her cabin most of the time, suffering intensely. She was about to leave Seattle, Wash., for Boston, when she met some one to whom I had given this remedy, and was informed of its marvelous effect. Being anxious for relief, if possible, she came by the way of Hot Springs, and waited five days for my return from a meeting of the American Institute. She took *Cocculus* 30, the first dose one hour before going aboard, the next about half hour after starting, then occasionally a dose if needed. She afterwards reported a glorious trip; went through without a scratch, as she expressed it.

During the past seventeen years I have prescribed this remedy to hundreds for this purpose. Whether by railroad, street car, carriage or auto, river, lake, ocean or sea, the results have been the same. It may seem quite incredible, but I have not had the report of even a single failure.

(Just here Dr. Hallman read several letters from patients, somewhat informal, he remarked. As these are quite interesting we include them here, merely suppressing names.—Editor of the HOMŒOPATHIC RECORDER.)

(Letter No. 1 written from Switzerland by a New York physician.)

"I had the pleasure, on our ocean trip to Europe, to meet Mr. and Mrs. M., of Hot Springs, with whom we spent some delightful days, not only on the trip itself, but also later in Naples. My wife, who is a bad sailor, suffered severely from sea sickness, and Mrs. M. was kind enough to give her some pills which you

had prescribed for her. The result was remarkable, all the more so since the test was a most severe one. We went from Naples to Capri, a trip we had made several times in former years, and our experience led us to look forward to it with anything but pleasure. Hence you may imagine our joy when your medicine made of a dreaded excursion a thoroughly enjoyable one, although the sea was rough and most people about us in a pitiable state; some lay helpless on the floor. We, therefore, feel very grateful both to you and Mrs. M., but are also selfish enough to ask you whether you would be kind enough to send us your prescription. I would scarcely dare to do this but have been encouraged by Mr. and Mrs. M.

"I wrote to a friend of mine, also a physician, who will join us in Europe in October, about your medicine, and a postscript to his last letter read: 'Don't keep that *R.* for the pills against sea sickness a secret.' He, too, has a wife who is a bad sailor, and for whom he should like to have the benefit of your *R.* Will you, therefore, be kind enough to extend your allopathic brethren the benefit of your knowledge and send, so that he may get it in time, the prescription directly to Dr. ———, N. Y. He can then bring it to us.

"Thanking you in advance for a kindness, which, I assure you will be appreciated by both of us as well as by our better halves, I remain."

— . — . —————.

(No. 2 a post card from Venice. Writer an American lady.)

Just writing this card, first to thank you for the "seasick medicine"—it certainly worked like a charm—also to tell you Mr. H. is getting along beautifully. We are having a very interesting trip. Will be in Hot Spring again in October.

(No. 3 from an American lady, evidently a victim of train sickness.)

I want to tell you how delighted I was with your "seasick" remedy. It worked like a "charm on me, in fact, the first trip on a train I ever really enjoyed was when taking your remedy, and also the first time I could go into the diner and eat and relish a meal."

Travelling with your remedy makes a journey a pleasure instead of a dread, as it has always been heretofore.

(No. 4 is from a western banker.)

Replying to your inquiry of a few days ago as to my experience in the use of your remedy for sea sickness, will state that I have always been most subject to his disagreeable malady, and until I learned of your remedy, could never contemplate a trip on the water with any degree of pleasure.

However, some four years ago I took a trip on Lake Michigan, duly fortified with this remedy, and while a part of it was unusually rough, and some of the other passengers on the boat were decidedly ill and uncomfortable, I did not experience the slightest uncomfortable feeling, other than a vague fear that perhaps the remedy might not work, after all, and if it should fail me I knew what would be in store for me, as a result thereof.

Much to my surprise, I not only did not get sick, but finally ventured out to the very stern of the boat and watched the waves apparently race to overtake us, and experienced more or less a feeling of exhilaration with the rise and fall of boat.

Since then I have never been the slightest bit sick, when fortified with this remedy, and a water trip now has no terrors for me, provided I have sufficient notice to supply myself with this remedy in advance.

(No. 5 is from an American gentleman, apparently of New Orleans.)

“Replying to your inquiry as to the general effects of the medicine you gave me about fifteen years ago for the prevention of sea sickness will state:

“If you remember my first use of it was when making a trip from New Orleans to New York via steamer. My wife being a very poor sailor you had suggested that she take some of the pellets with her. To be frank with you, having previously crossed the ocean several times, I had very little confidence in the medicine. However, we took the medicine as directed, and, notwithstanding that we encountered very severe weather in going around Cape Hatteras, none of our party suffered from sea sickness.

“On my next trip abroad I took some of the medicine with me.

We never missed a meal and had no symptoms of sea sickness. In this connection I might state that aboard our steamer was Dr. ———, his wife and daughter, the doctor being connected with the ——— Asylum in New York. It had been their custom to visit Switzerland every year, and Mrs. H., being a very poor sailor, usually remained in her berth after leaving Fire Island until she landed in Naples. I requested the doctor to try some of the medicine. He regarded it as a good joke, and when he learned that it was a homœopathic remedy he remarked: 'Well, there is one thing sure it will not hurt her,' so he gave Mrs. H. the medicine. The result was that she appeared at the dinner table that night. She experienced no further trouble during the voyage.

"On the same steamer I met an Italian banker from Philadelphia, named G., who was also a very poor sailor, and the medicine put him on his feet and made him a regular visitor in the dining saloon at meal times.

"Another case, if you remember, was a lady whom I sent to you for the medicine, who afterwards wrote you from Hamburg asking for more, and in her letter she stated it was the first trip she had taken in years that she had been free from sea sickness.

"I could name many more instances of the value of the medicine, but let it suffice to say that I have never known it to fail, even in the most stubborn cases, and its use in my own family for a day before sailing and a few days after sailing has absolutely prevented any sickness whatever.

"I take great pleasure in giving you the above information, if it will prove of any benefit to your brother physicians."

I do not present these communications with the feeling that such is necessary in order to gain your acceptance of my statements but rather to break the formality of the occasion by introducing statements of experiences from high class patrons of Homœopathy.

In conclusion, I will present what is to me the most interesting feature of this paper. It involves an element in homœopathic pharmacodynamics that has proven a bone of contention through all history of our school. I will not make any attempt to offer my views on the effect of an extremely exiguous substance, but

recital of extended experience may at least be counted as additional evidence of the efficacy of homœopathic potencies and of the possible perpetuation of medicinal energy.

Twenty-three years ago I obtained about twenty drops out of a bottle that was purchased from the Zwartz Homœopathic Pharmacy in St. Louis, Mo., and guaranteed to be the thirtieth centesimal potency of *Cocculus Indicus*. This was put into a four dram amber bottle, filled two-thirds full with homœopathic alcohol and shaken. Out of this same bottle I have prescribed ever since. Whenever reduced to twenty or thirty drops it is refilled with homœopathic alcohol. This process has been repeated many, many times, and yet, instead of diminished efficacy, or if any difference in quality, the effect is more positive now than ever.

The *Variolinum* 500 I mentioned before was procured in the same lot with the *Cocculus*, and has been similarly perpetuated during the past twenty-three years, and its efficacy continues beyond question. After such experience there can be no doubt of the efficacy of potentized substances, or as to the inherent quality to maintain and perpetuate medicinal properties indefinitely.

POLIOMYELITIS—INFANTILE PARALYSIS.

By W. Van R. Blighton, M. D.

A little more than one week ago I did not expect to be called on to read a paper on the prevailing disease of infantile paralysis, technically known as poliomyelitis, but I have written a few thoughts which I will give you for what they may be worth.

This disease is said, by many, to be both contagious and infectious. Others, equally as learned and observant, deny its contagiousness. The latter class have very strong reasons for their opinion. Indeed there is no absolute evidence of the infectious or contagious character of this disease.

I know that Simon Flexner, of the Rockefeller Institute, says that a minute organism has been discovered by the use of very high microscopic power, which he claims to be the origin of the disease; but we must not forget that one of the most learned members of the medical profession in France has written a book containing three hundred and twenty pages exploding the whole theory of the microbic origin of disease; so Flexner's statement is a mere hypothetical assumption.

When an infant, or older person, is attacked with the disease in a family where there are numerous other children, only the one case occurs; seldom ever two. If the disease is as contagious as our State Commissioners of Health claim it to be, why do not other cases occur in such families, and since the health officers do not pretend to know what causes the disease, why do they claim it to be both contagious and infectious?

A fairly good description of the disease is given in a circular issued by the N. Y. State Department of Health, and reads as follows: "Poliomyelitis is a disease of the spinal cord or its extension into the brain. It is manifested by fever, sometimes convulsions, digestive disturbances, vomiting and diarrhœa, and followed by a weakness or paralysis of one or more groups of muscles, usually of the arms and legs. There are sometimes symptoms resembling acute meningitis, including rigidity of the neck. There may be difficulty in swallowing, pain and soreness along the spine and the affected muscles, are frequently present.

"The onset may be very sudden or gradual. Infants and young children are most often affected; older children and adults less frequently."

Having given this description of a diseased condition of a child afflicted with what they call poliomyelitis, or infantile paralysis, they have closed the chapter of their knowledge.

At this stage of our investigation let me say that what we call disease is not a thing, but a condition of things, and these conditions are manifested by symptoms directing our attention and observation to the parts of the organism involved in the diseased action.

These symptoms are both subjective and objective. The subjective symptoms consist of those which the patient himself can describe.

The objective symptoms are those which the physician can notice by the various methods of percussion, observation and manipulation, and by the examination of the pulse, the eye, the respiration, the cough, the sputum, the color, the sounds of the heart, the general behaviour of the patient and by the results of an accurate urinary analysis.

We must not forget that the symptoms are the only reliable data to guide us in treatment.

Prof. Wood said to his class in the Jefferson Medical College, in Philadelphia (I quote from memory), "Gentlemen, when you are called into a home to see a patient, do not be in a hurry to give the disease a name. Take your time to study the case. Remember, we do not treat names, but conditions revealed by the symptoms."

When we remember that Dr. Cabot, of Harvard University, tells us that in 1,786 deaths post-mortem examinations showed that only 47.7 per cent. of cases of diagnoses of the disease given as the cause of the deaths were correct; and the investigation conducted by the authorities of Bellevue Hospital showed that only 52.2 per cent. of the cases reported were correct; therefore, we may be sure that a *most careful study of the symptoms* exhibited by the patient is the only sure guide for our prescription; and the homœopathic law, "*similia similibus curantur*," will furnish the only rational reason for selecting a given drug for a given train of symptoms presented by the diseased condition of our patient. Every other method consists of mere empiricism. If we take any standard of homœopathic materia medica, and study carefully, we will be able to find the true simillimum and scientific treatment of the diseased condition of the patients under our care.

There are a number of remedies whose pathogenesis corresponds very nearly to the symptoms observed in a patient suffering under the diseased condition known as infantile paralysis. I will mention a few of the most prominent ones. *Gelsemium*, *Belladonna*, *Bryonia*, *Cimicifuga*, *Arsenicum alb.*, *Causticum*, *Nux vomica*, *Pulsatilla* and *Zinc*.

These remedies should be carefully selected with the most thorough study of the patient's symptoms compared with the pathogenesis of the drugs mentioned, and if the remedies are accurately selected, they will cure at least ninety-five per cent. of the cases.

There is a new remedy, *Lathyrus sativa*, whose general and spasmodic symptoms are almost a perfect simillimum with this disease, and may prove a sovereign remedy in its treatment.

If our State Commissioners of Health will come down out of the clouds of microscopic delusion, and cease their squirt-gun practice of serum therapy; if they will lay aside their prejudice

against a man whom Dr. Willard Parker, of New York City, one of the most profoundly learned men in the allopathic branch of our profession which this country ever produced, equaling N. S. Davis, of Chicago, in scholastic medical attainments, said in a letter which he wrote to the *New York Medical Times* while he was in Paris: "I have had the pleasure of meeting Dr. Samuel Hahnemann, who is one of the most accomplished physicians of the age," and if they will keep in mind a great medical truth, that most of the diseased conditions afflicting the human race are caused by autotoxæmia, and accept the great law of cure first proclaimed by Hippocrates, and afterwards formulated by Hahnemann, by the Latin phrase, "Similia Similibus Curantur," and study the materia medica carefully in connection with the symptoms met with at the bedside, they will not say they know of no cure for this disease.

The whole system of serum therapy is in violation of every acknowledged method and law of antiseptics, and has been the source of innumerable deaths. Indeed, it is so dangerous that one of the great surgeons of our nation, who has recently died, Dr. Murphy, of Chicago, stated in a meeting of the American Medical Association, of which he was an ex-president, that "few physicians are competent to administer the serums. With them you can extinguish a life in forty seconds."

Flexner's serum was used in twenty-four cases, and each child died within an hour from the time of its injection.

Dr. F. G. Novy, of the Michigan University, is reported by the *Detroit News*, of June 14th, to have said: "A serum is poisonous to a greater or lesser degree. We used to think it was harmless. We know better now."

Coming to the subject of the cause of this disease, I think my professional brothers will be somewhat startled when I suggest the thought that the present epidemic of infantile paralysis may have been caused by small-pox vaccination. You smile, but why should the disease become epidemic in New York City and endemic throughout nearly the entire country so soon after the wholesale process of vaccination? I simply throw out this thought for you to quibble, laugh, or ponder over. It may furnish you food for candid reflection, since we know that tuberculosis has increased three hundred per cent.; skin diseases two hundred

and seventy-six per cent., and cancer six hundred per cent., since the introduction of compulsory vaccination. You cannot inject the matter obtained from decayed animal tissue into the blood without corrupting the whole volume of that circulating vitalizing fluid.

There is another thought I wish you to ponder. You know the people are half frightened out of their wits by the sweeping demands of the boards of health because of their claim that the disease is both contagious and infectious, which I believe is not true. You hardly ever know, I repeat, of two cases occurring in the same family, and in many cases called infantile paralysis the diagnoses may be incorrect. Then again, the idiotic fad of the claim that people may be disease carriers, when the wise solons acknowledge that they do not know what causes the disease, and they know of no cure for it.

Why should every child who may feel a little indisposed and exhibits a trace of fever be put under surveillance for a given number of days when these State Commissioners are as ignorant as horse-blocks as to the prodromic period of the malady?

This whole process of fright reminds me of an Arabian story which I have lately seen in print. An Arab meeting cholera on its way to a city asked, "Where are you going?" Cholera replied, "I am going to the city to kill ten thousand people." After a time the Arab met cholera on its way home and said, "You lied to me. You said you were going to kill ten thousand people, and you have killed twenty thousand." To which statement cholera replied, "I killed ten thousand, and fear killed the other ten thousand."

We know that fear is a prolific source of disease, and the people of the country have been frightened into a state of hysteria over the hypothetical theory that infantile paralysis is both infectious and contagious. Assistant surgeon of the U. S. Public Health Service has had the honesty to admit that "from seventy-five to ninety per cent. of the cases cannot be traced to association with previous victims or direct contact. There is very little evidence of contagion, and if the disease is contagious a large proportion of the people of the country must be immune."

The fact is that the rulers of the American Medical Association are laboring so hard to get the health regulations of the country

under their exclusive control that they are extending their tyrannical, bureaucratic regulations broadcast over the whole country.

They are assuming to dictate what prophylactic methods and treatment must invariably be used for the promotion of health and the prevention of disease, and yet their teachings in such matters are subject to very frequent changes.

My professional brothers, I am not here to say what you may do, or to direct the course of treatment which you may choose to follow. I simply suggest my own views of the character of the disease under consideration and the course of treatment I prefer. I think we all are anxious to do what will be best for our patients.

I think we all are willing to profit by the experience of others, and I think we all desire the utmost freedom for the exercise of our untrammled judgment in the responsible work of our noble profession. We should, therefore, never lose sight of the great truth that—

“Whatever of freedom we own,
 Somebody has striven and tried for it,
 By WAR through the years it has grown
 By strength of the men who have died for it.

“Each stone in the structure of truth
 Some one has made ready and right for it,
 Some one has spent heart’s blood and *youth*,
 Some one has been willing to fight for it.

“Not always has blood been the pay,
 But always a price has been paid for it.
 The Worth of achievement to-day
 Is gauged by the struggle we’ve made for it.

“There need not be rancor or hate,
 Nor bitterness, terror and blight for it,
 But nothing is worthy or great
 Unless you are willing to fight for it.

“You cannot buy progress with gold
 (You get but the emptiest shell of it),
 But to win it, and earn it, and hold,
 You must go through the heat and the hell of it.

“You must suffer the sweat and the pain ;
You must toil all the day and the night for it,
For nothing worth while you can gain
Unless you are willing to fight for it.”

(Read before the Twin City Academy of Medicine by the vice-president,
W. Van R. Blighton, 299 Payne Ave., North Tonawanda, N. Y.)

BREATH.*

By R. C. Wolcott, B. Ph., M. D., Ph. D., Columbus, Ohio.

The importance of any treatment depends not only upon the remedy, the nursing and the diet, but the condition of the air that the patient breathes into his lungs. This is the most important of all the absolutely necessary adjuncts to treatment. He can live without water for hours. He can live without food for days. He can live without medicine a lifetime. But his very existence depends upon the oxygen that purifies the blood and keeps the wheels of his organism in running order. When that great supply of fuel fails, the end soon approaches.

As we look upon the great activities of nature and witness the constant changes, and yet every one of them in perfect order, the little, seemingly unimportant, unseen powers go by unnoticed. The wind blows and we see it not. The seasons change, and we do not know how one season so quietly changes to another. The soul of man passes out of his body and we see not its going. Yet how soon we recognize the absence of that one powerful thing the nature of which we know almost nothing.

That part of man that is always active, the organs that do their work automatically, receive but little attention and many times is neglected. During man's waking hours his mind must be active, his heart performs its cycles, his kidneys secrete unconsciously to him, his lungs pull in and expel that greatest and best of God's blessings, and yet he recognizes not the actions that are constantly taking place. The vital fuel of man's complex organism comes and goes unnoticed.

When the rare pure air of the mountain top comes into the lungs a sigh of satisfaction is expressed, and that feeling of thankfulness comes over man that it is good to live and enjoy the

*Read before Southern Homœopathic Medical Association.

blessings of nature; and, next day in the heat and turmoil of a busy city life, the luxury of the day before is forgotten and he is trying by fans and heavy machinery to purify the sultry dust laden atmosphere of a workshop.

The healthy lung is kept so by the breathing of pure air, not by the continued breathing of purified air. Nature works with the materials furnished. Many times there comes back from man's lungs air that is so contaminated with disease that you do not recognize it as breath. We often wonder how one of God's greatest and best blessings—so pure, pleasant and healthful—can undergo such foul changes in passing in and out of His last best creation.

In the treatment of the condition known as *fetor oris* we may the better arrive at some definite conclusions by considering some of the more prominent causes of foul breath. From a diagnostic standpoint they are of great value many times in determining the little points in differential diagnosis between serious troubles and the common benign troubles of everyday work. For instance, the breath of a diphtheritic patient stands in a class of its own; once you smell the nasty breath of diphtheria, the next time you meet the disease your diagnosis is often made and confirmed by the breath. Many forms of stomatitis reveal their true identity by the appearance of the gums and the odor from the mouth. Together with a very few symptoms the breath of a typhoid fever patient reveals the low type of fever and the depressed and debilitated state of the whole system. The breath of a case of uremic poison tells the condition of the system that is so thoroughly saturated with the deadly poison, and warns the physician that the patient's death may soon be expected.

Catarrhal conditions of the nose, throat and tonsils have a peculiar smell to the physician that tells him the state of the membranes as well as if they were opened up to his view and he could behold the whole nasal cavity.

The nauseating fetid odor of *ozæna* when once smelled is always easily recognized. The poor victim is the only one that does not know it, because his sense of smell is almost entirely gone.

A dentist does not fail to recognize an ulcerated tooth by the odor that comes to his nostrils, immediately, upon examining a

patient's mouth. The young man's best girl is not deceived by the odor of cloves or sensen when his breath is scented with the post-mortem fumes of a few cold bottles. Nor does the better half of the family household mistake the smell of limburger cheese, onion sandwiches, and a few social drinks for ice cream soda or hot chocolate. Verily, verily, the odors of various conditions do follow them!

Of the many troublesome symptoms that come to the lot of man, to be remedied by the physician, there is no one thing with more varied aspects and inconceivable difficulties to be taken into consideration than a foul breath. Some of them are so dirty that flowers or weeds would almost grow in their path. Some just a little obnoxious. Some are positively beyond comparison to anything that is upon the land or under it. Yet the physician is supposed to be able to meet these conditions and restore the dilapidated wreck to a pure, sweet and healthful state.

Many of the conditions can be permanently cured by stopping the cause and restoring the mucous membranes to their normal state by proper treatment. The smell of obnoxious vegetables or drinks can be avoided by refraining from their use. This should surely apply to physicians and dentists whose work requires them to be in immediate proximity to people, many of whom have not only acute but very sensitive nasal membranes. Catarrhal conditions of the nose, throat and mouth should be taken care of by some antiseptic treatments now at our command for their local treatment, together with the indicated remedy. A soft tooth brush and some standard tooth lotion or powder after consulting a good dentist will remedy a great many of the odors that suffering humanity inflict upon an unsuspecting public.

An old nasal catarrh, while very difficult to cure for it is constantly exposed to an exciting cause, can many times be reduced to a minimum smell by careful, persistent and painstaking treatment. Acute conditions are cured when the cause is removed.

One of the many places where the dynamic action of our homœopathic remedies is shown to be a true weapon in fighting diseased conditions is the treatment of foul odors from the mouth. How well the action of potencies in diseased mouths can be demonstrated by the action of the higher potencies in old stubborn cases of aphthæ. For instance, the old chancre sores that

have been a constant menace to the syphilitic tainted female for twenty years will react beautifully to a few doses of *Nitric acid* in a potency. Or a bad result from vaccination that has been troublesome for years will react from a small amount of *Thuja* in a potency. The unprejudiced mind will see wonderful results following their use, and a grateful patient will be a constant talker for your prosperity.

While there are many homœopathic remedies that are useful in the conditions that cause fetor oris, I want you to renew your acquaintance with some of the most familiar faces by presenting them to you. In that receiving line the most notable personages of our materia medica will be found, and, with a short description of the peculiar distinguishing characteristics, you will recognize each of them when scattered abroad with other like remedies, and you will be able to call to your aid the one best suited to your present needs.

Mercurius has flat superficial ulcers. White spongy and swollen gums receding from the teeth. The saliva is profuse, ropy, metallic tasting, and offensive to the patient as well as the people. The glands are swollen. There are old syphilitic ulcers in the throat.

Kali chlor. has aphthous sores. Inflammation of the mouth with painful tumefaction of salivary glands, without excessive secretion. The gums are affected as much as the mucous membranes. The tongue is coated white, and there is a tough, acrid, stringy saliva. Ulcers of nursing women.

Borax is probably the greatest mouth remedy we have, both for local and internal use. There is offensive breath, puffy, indented tongue. Child's mouth and breath feel hot to the mother when nursing. Aphthæ on the tongue, in the mouth, and inside of cheek.

Arsenicum has a whitish coated tongue with red streaks in the middle and a red tip. Troubles turn into gangrene or black sloughing ulcers. Aphthæ become livid and bluish and gums bleed. Indications particularly found in exhausting diseases. Swollen, bleeding gums painful to touch, sore lips and ulcers in mouth with burning pains.

Nitric acid has bleeding of the gums. Aphthæ, fetor and softening of the gums, but less marked than *Mercurius*. Acrid saliva

with pricking, splinter-like pains. Raw places in the mouth, corners cracked, bleed easily and very foul odors. Often of great value after the abuse of mercury. Saliva has a foul odor. Tongue has a thick coating—white, yellow or even green. Diphtheritic patches on the tonsils, throat, lips and nose. Ulcers.

Lachesis has the sore mouth of the debilitated constitution. Chancre sores. Gums bleeding, swollen and spongy. The tongue is swollen and covered with blisters. Mouth is sore, parched, dry and aphthous.

Arnica has a putrid smell from the mouth, fetid breath, dry mouth with great thirst. The tongue is coated white. Bitter taste—disgusting, putrid, slimy, like rotten eggs.

Rhus tox. has a tongue covered with brown mucus, yellowish white at the root and a putrid breath. Saliva runs out of the mouth during sleep. The tongue is often red, dry and cracked with a red tip.

Baptisia has a low adynamic condition—blood oozes from the gums, the gums are dark red and offensive smell and taste to the patient. Great fetor oris and salivation. Gums ulcerated, tongue cracked, mouth exceedingly offensive. Useful in mercurial stomatitis. Mercurial stomatitis in nursing women or exhausting diseases, phthisis, Bright's, etc. The more offensive the breath the more *Baptisia* is indicated—a most unhealthy condition. Sordes on the lips and tongue. Putrid ulcers of the buccal cavity, with salivation. Tongue with a thick dirty coat, cracked, sore and ulcerated.

Hydrastis. Poorly nourished membranes, ulcers studded around the tongue. Dirty yellow coat on a large and flabby tongue showing the imprint of the teeth. Excessive amount of thick tenacious mucus.

So much for the study and treatment of one of the everyday troubles that come to your office and mine for treatment. If we can add one mite to the comfort and happiness of man, that is our duty. If we can from his symptoms tell the seriousness of his troubles, he is pleased with his physician. To be able to cure this unpleasant symptom and to restore health to his system will be a greater service to the patient and to his friends.

Homœopathy opens to us the door to the proper treatment and permanent cure of these cases. When we accept the oppor-

tunity and use the forces at our disposal, the results are not only sure to be successful, but they will be satisfactory to the patient as well as the physician.

CLINICAL EXPERIENCES. NO. I.

By S. L. Guild-Leggett, M. D., Syracuse, N. Y.

CASE I.—Dec. 2, '12. Miss Z——, college student, Aurora, N. Y. Backache: first followed swimming; lumbar region; > lying on back on a pillow; occasional attack of nausea and vomiting, called "bilious." Skin: yellow spots; dark circles under eyes; urine, stool and menses normal. Cured by *Sepia* m. (F.), one dose.

CASE II.—Sept. 23, '12. Miss W——, college student, Aurora, N. Y. Menses 15th: usual crampy, spasmodic pains; these pains have continued; pains in right abdomen, extend to stomach; pressure causes pain in the back; diarrhoea during menses; stool, dark, watery, acrid; menses profuse, dark, at times acrid; regular; vertigo and sharp pain in the head when rising from lying only. *Sul.* 6m (J.). Nov. 4, '12. Reported menses returned in three weeks, without pain, diarrhoea, and but very slight pain in the head.

CASE III.—Mrs. W——, 41, of K——, N. Y., reported sick headaches. Had suffered from them for eleven years since the birth of daughter. Attacks attended by violent nausea and retching, with vomiting of but a mouthful of bile, and followed by a week of pain in the stomach; < by the slightest food except crackers and a cup of tea. The pain is constant, grinding, extending to hypochondria and back. Fullness and distension in right hypochondrium, < pressure of corset; > by lying on right side; < by lying on left, which causes a pulling sensation. Has had headaches twice in a week, now less frequent, more prolonged and intense; brought on by excitement, as an evening with friends.

Thirst: large quantities of water;

" two large cups of green tea;

" averse to coffee.

Constipated: except takes Cascara.

Urine: frequent, clear, pale, perhaps 2 quarts.

Menses: scant, offensive, acrid, with pain in uterine region.

Teeth: amalgam.

Easily startled, could cry if would.

Has taken *Calomel* for sick headaches.

History: father, gall stones; mother, sick headaches.

The pains, their direction from stomach, their character, < from lying on left, and evident affection of the liver, left but three remedies from which to choose: *Phos.*, *Puls.*, *Sulph.* The > from lying on the right and painful side, in this condition of the liver, decided in favor of *Sulph.* 6m (J.).

Dec. 18, '12. Reported that it was a week before she could eat well; that the pain in the right hypochondrium was gradually >, though she had an occasional sharp pain; that she suffered only dull headache, < on trolley; that she could now lie down in any position; that the menses were better in quantity, color and odor; that she dreamed all night, waked frightened. *Nat. mur.* 1500 J.

Jan. 5, '13. *Knows* is better; increased flesh; dull headache alternate days, rises with; two headaches severe since report; side, less darting pain, still sore and tender; dreams >; drinks less; no tea, no disturbance from going without. *China* 8m J.

Jan. 22, '13. But one poor day with cramps in stomach which started the pain in side, but was soon >; no headache; menses normal; eats less salt,

Feb. 12, '13. Less well; washed, took cold, menses suppressed. Since menses < pain in side, abdomen and headache; cankers in mouth. Not in eleven years has she stood a winter so well. *China* 77m F.

March 15, '13. No headache; menses good, very little pain in side; father ill.

April 12, '13. Sickness and death of father; tired from nursing; no ambition; occasional stitching pain in stomach; cankered mouth; but slight soreness region of liver; menses good. *China* 77m F.

This ended the case. Fair result and quick work after a condition which had lasted *eleven* years.

CASE IV.—*A prescription without "symptoms."* A brother physician said: "My daughter of twelve years has frequent styes, brittle nails, and I think is short-sighted; what shall I give her?" Besides this I knew she had had suppuration of the

tonsils, deep crypts, and offensive odor from the mouth, which enucleation had relieved, with the exception of slight post-nasal catarrh.

Here were conditions only, *not symptoms*, what to do except total the conditions, which led to a choice between *Graphites* and *Sulphur*, these being the only two of the group covering all conditions. The latter did not seem to cover the type of patient, who was large, strong and rather dark. Besides she had probably had *Sulph.* in the effort to heal the tonsils. Will report the result of *Graphites* later.

What else to do?

SOME INTERESTING FACTS FOR THE BUSY PHYSICIAN.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

A knowledge of the medical properties of the trees, plants and flowers of our country has been a *great help* to me in the treatment of the sick. Some of the *best* cures I ever made were made with simple vegetable remedies.

“Of simple remedies and their power to cure,
A wise physician makes his knowledge sure,
Else for him in the household art,
He stands ill fitted to take useful part.”

Paracelsus, one of the great teachers of medicine, says: “A physician should overlook nothing; he should look down before him like a maiden and he will find at his feet a more valuable treasure for all diseases than India, Egypt, Greece, or Barbary can furnish.”

Dr. Calvin Newton, of Mass., was one of the most eminent physicians of the eclectic school. In his day the eclectics used mostly *vegetable* remedies in a *crude form*. (This was before the days of the great improvement in pharmacy.) This doctor had one student that now and then would get loaded up with strong drink. Some one asked him, “How he was able to find his way home to the doctor’s office in *that* condition?” His reply was, “No trouble at all. I always stop when I smell *catnip!*”

I had a letter from Dr. S. Ray, a regular physician of Rangoon, Burma (Southern Asia). He says, "After going through the short sketch of your life in your articles in the RECORDER, I have decided to stand upon my own legs as a private practitioner." It would be a grand thing if *all* our doctors would come to the same decision, but some of them are *afraid* of the "powers that be." Instead of depending upon the *brains* that God has given them, they follow blindly, slavishly, the authorities of *their* school of medicine. They worship a god, a fetish, the (A. M. A.), "before whom every knee must bow and every tongue confess." My ancestors were liberty-loving people. I breathed the air of *liberty* with my infant breath, and *no* man or *body* of men will ever dictate to me how I shall *treat my patients*. That is a matter between me and my conscience, between me and my God.

Ferri phos. is a *grand* remedy when we know *how* to use it. It is indicated in "*noises in the ears*" when caused by blood pressure, from a relaxed condition of the veins not returning the blood properly. We think of it when the face is anæmic, *blood-shot* eyes, *hurried* breathing, *full, soft* pulse, clear *red* tongue, and in acute and chronic diseases with *fever, soreness* and *tenderness* in any part of the body. Don't *forget* this for it is the *keynote* for *Ferri phos.*

Dr. Ben. A. Bradley, Hamlet, Ohio, writes me of the great success he is having with *Alfalfa* in stomach troubles and in chronic diseases of women with loss of appetite and flesh. Dr. Bradley has had more *experience* with this remedy than any man in this country.

The most of our readers will remember how it *feels* to be stung by a honey bee. First there is a *tingling*, then an *itching* followed by *stinging* and *burning*. In the above sentence we have the *true* indication for *Apis mel.* in any part of the body. If we add to that the *burning* relieved by *cold* applications and *aggravation* at 5 *p. m.*, it will help us to remember when the above remedy is *indicated*.

Dr. George G. Kelley, a prominent veterinary surgeon, Freeport, L. I., New York, says that he has found valuable treasures in the RECORDER. He writes me of an interesting case. "A friend of his had a cold and another friend advised him to place a Belladonna Porous Plaster on his chest. Wishing to have the

plaster take effect rapidly he placed a flatiron on it, to *iron in* the Belladonna. He fell asleep and when he woke up he found the same as a fly blister under the plaster under the place where the heart was, and on the back under the shoulder blade." It would seem that the patient is suffering from the poisonous effects of the Belladonna. On the theory of the "hair of a dog for the bite," I advised *Tr. Belladonna* 30th x, 10 drops once in three hours. To apply Epsom salts, one ounce to the pint of warm water, over all the affected surface three times a day. The doctor will report the result of the treatment.

In diphtheria, liver complaint and "biliousness" the patient may sometimes complain of a "*welling-up*" from œsophagus, trachea and stomach of *thick, tenacious, slimy, bad tasting* mucus. It indicates *Natrum sulph.* 3d x, three tablets once in two hours. A lady has *labor-like* pain in left ovary, os feels *open*; pain feels *better* when she starts to *flow*. I gave *Lachesis* 30th x, 10 drops once in two hours. *It helped her.*

Dr. R. S. Kester, North Lewisburg, Ohio, one of the *very* many *bright* men who read the RECORDER, writes me that he "stays close to definite medication, it has been a gem in my practice." This doctor by the *cures* he has made has built up a practice of \$250 a month in a comparatively short time.

A physician remarked to me that "*Berberis vulgaris* was a good liver remedy," and so it is when indicated. When there are *sticking* pains (or titches) that come on *suddenly* under the *border* of the false ribs on the *right* side. These pains will often cause the patient to *hold his breath*. Then *Berberis vul.* is the remedy needed. Ten drops of the *Tr. Berberis* once in three hours.

A lady physician remarked to me that *Sanguinaria* was "a good remedy for neuralgia." It is indicated when the pain begins in the *cheek* bones, and extends *all* over the head. The patient holds the head *tightly*, and gets *relief* by bending the head over towards the *floor*. *Sanguinaria* 3rd x, three tablets once in two hours.

I have a little book in my library, "The Prescriber," by Dr. John H. Clarke, London, England. It costs only a dollar. Boericke & Tafel have it. There is no book in my collection of books that I consult so *often* as this. I advise all my readers to

get the book for it will be a *help* to you in *every* day practice. Diseased conditions are arranged in alphabetical order, with a remedy for each *symptom*, and the *dose*, and how *often* the *remedy* should be given. In *pain* where it *exhausts* the patient; patient will say, "I can't *bear* the *pain*, it takes the life, the *strength* all out of me." *Kali phos.* is the remedy needed. Darting, *intermittent* pains, *cramping* relieved by *heat*, by *pressure*, calls for *Magnesia phos.* 3d x; it should be given in *hot* water.

In the "Repertory" of Biochemical Materia Medica, under the head of "Symptoms, Mental States and Affections," we find that out of 130 symptoms *Kali phos.* is indicated as the *first* remedy called for 77 times. So that this remedy is indicated in almost 60 per cent. of the cases of mental diseases. As a "*nerve food*" "it can't be *excelled* by the remedies of *any* materia medica. There was a time in my life when I was much interested in a collection of tapeworms. The jars of tapeworms made a great *impression* upon the "unwashed and unterrified." I was rather *proud* of my exhibit. Then I read in a book on "Practice" about a boy 12 years old in London, England, that passed a tapeworm *500 feet* long. That discouraged me, for it made my collection of tapeworms look like *pin worms!* The early fathers of the botanic school of medicine could never see any "science and sense in calomel." I have never prescribed it except in one condition. When patient wakes up tired, is afflicted with *drowsiness* all day, wakeful at night, a condition often found in *bilious* subjects and in malarial regions, *Mercurius dulcis* (calomel) 3d x is the remedy, three tablets once in three hours. Some physicians make a practice of prescribing *Podophyllum* and calomel together as a cathartic, but it is bad practice. I believe that any doctor who will study the action of the above remedies on the *human body in health* would *never* be *guilty* of prescribing them together for *and sick* person. (See "Hale's New Remedies.") For women of spoiled sensitive natures, that are hysterical, faint easily, have *fits* and *palpitation* of heart, *Tr. Moschus* 3d x is the remedy, 15 drops in half a glass of water. Teaspoonful once in half an hour.

If you have a patient that complains of gravel, *red* sand in the urine, *Tr. Thlaspi* 1st x is the remedy, ten drops once in three hours. I have had in my practice *obstinate* cases of neuralgia, gastralgia and inflammatory rheumatism, but one remedy always

helped me to cure these. Give *Oil gaultheria* for the first dose, 15 drops, then 10 drops once in two hours. It should always be given on sugar. Be careful and get a *reliable* preparation of the remedy. In cystitis, with violent *straining* to urinate, patient has to kneel down on his *hands and knees* to urinate, has pain in back that extends *down the thighs*, urine has a strong *ammoniacal* odor, give *Tr. Pareira brava*, 10 drops once two hours. As I sit by a pleasant open fire, with my book, I think of the cold winters up in northern New England, where I practiced years ago. Many times I have "gone the rounds" to visit my patients with the thermometer 30° below zero. I usually carried a shovel in my sleigh to shovel out the drifts of snow. Sometimes I had to leave the team and crawl on my *hands and knees* to the patient's house. In *that* part of the Lord's vineyard a doctor *earns* all the money he *gets*. I have often been so cold I could not speak my name when I drove into the yard at home. How often we hear the statement, "My doctor has given me six weeks or six months to live!" All that is pure *guesswork* on the part of the physician. No living man can tell how long a person will live. "Thou hast set bounds beyond which we cannot pass." No one but God Himself can tell how *long* a patient will live. If a doctor could tell how a patient *felt*, how *long* they had been sick, and *when* they would be well, he would then be *doing* something worth while. It is something that *every* doctor *ought* to do, but they don't. I never *guess* at things. I either know a thing to be a *fact*, or else I don't know *anything about it*.

A doctor said he "removed a growth from a woman's breast that had a *suspicious* look." That remark sounds *silly* to me. It shows me that the man don't know *what* it is, he is only guessing at it. A tumor in a woman's breast is either a cancer or it is not. If a doctor don't know *what* it is then be *manly* and *honest* enough to say, "I don't know what it is." As I have said before in these articles, a doctor must *educate* his hands, have his *eyes at his fingers' ends*. The human hand is the most *delicate*, the most *sensitive* instrument for *diagnosis* that can be *devised* by the *mind of man*.

Cactus grand. is a remedy for certain forms of heart disease, but it will be very much *easier* for the reader to know *when* it is *indicated*, if he will remember the pulse of the remedy. In

reading the pulse, if there is a quick movement without *strength*, then *Cactus grand.* is the remedy needed, no matter *what* the disease may be. If I have a patient that complains of *weakness* more than anything else, I read the pulse, and if it is the above *kind* of pulse, then *Cactus grand.* will be the *first* remedy indicated. It goes to prove what I said in my *first* article in the RECORDER, "That in *nine cases out of ten*, when you know *how* to read the *pulse*, it will tell you *what* remedy is indicated."

In conversation with Dr. M. S. Lane, of this city, he told me a little of his experience in the treatment of snake bites, venomous spiders, etc., in Central America where he formerly practiced. He had some fifty cases of snake bites and *never lost a case*. Dr. Lane is a *very intelligent* physician, and could, if he would, write a very interesting article for the RECORDER of his experience in that *hot country*.

In a book on "Practice" (homœopathic) that I have read the author says under the head of "Cancer Stomach," "It is no use wasting time talking about a *medical treatment for this disease, for there is none*." I just had a letter from Dr. E. Edmonston, Hillsboro, Ohio. The doctor says he "cured a case of cancer of the stomach (diagnosed as such by several physicians) twenty years ago by *homœopathic* remedies. The patient lived for eighteen years and died with some other disease." This ought to make some of our homœopathic friends "*sit up and take notice!*"

A CASE OF SLEEP OBSESSION.

Editor of the HOMŒOPATHIC RECORDER.

The radical cure of a neurosis having the appended symptoms should, I think, not be allowed to slip into oblivion, where I am afraid very much of our best work goes.

I had known the sufferer for twenty-eight years, but only within a little less than six months did she first ask for relief from a series of symptoms which had been slowly increasing for the past twelve years. The most distress arose from a slowly growing *intention tremor*, which had lately become a serious affair, and was *aggravated by every emotion; fear*, especially, affected her greatly. The eyes were heavy, but *visions of horrid faces* appeared at once on closing them or in the *half waking state of*

going to sleep. This kept her awake very much, but if she once fell to sleep there were almost continuous laborious dreams. Moreover, she slept better in a noise. She took no real interest in anything, but talked incessantly of trifles when aroused. She was chilly, and if she began to sneeze, gooseflesh at once appeared all over the body. Frequent scanty urine; must go at once when nervous.

The most peculiar as well as the most certainly significant symptoms were those coming on during the *half waking state*, a condition that is well met only by *Camphor* and *Magnetis polus australis*, with *Strontium carb.* holding a less distinct resemblance. She received a single dose of *Magnetis polus aust.* dry, on the tongue, and reports steady progress for three successive months, being helped thereto by S. L. each time. Now almost six months have elapsed and she stopped in the other day to tell me that all the symptoms are gone, and how perfectly well she has felt for several months.

The case contains much food for thought, the most impressive points being its long continued and gradually increasing intensity, the vividness of the half waking images and the tremendously powerful effect of a single dose of one of our imponderabilia. This is all the more notable as she is a most practical and hard-headed mother of a family.

Very truly yours,

C. M. BOGER, M. D.

Parkersburg, West Va.

POLIOMYELITIS.

Editor of the HOMŒOPATHIC RECORDER.

In the current number of your magazine are two articles that are of especial interest to me—"Belladonna the Remedy for Infantile Paralysis," by Dr. W. H. Freeman, p. 416, and your editorial, p. 425, giving quotation showing a doubt of the contagiousness of that disease.

A very severe case came to me last month, of which I may have more to say later on, but about which I now want to state that its sudden onset and high fever led me to think of the remedy named as being useful at the early stage and as a possible prophy-

lactic. When I first saw the child he was completely paralyzed in the lower limbs, neck and left shoulder. The night before one of the other children had slept with him and all the day before another had been in the room with him. I gave to each of these exposed ones one powder of *Belladonna* cm., and they escaped infection. Did the remedy prevent these children from taking the disease? We are never sure of preventives, but I believe this one could be relied upon. Some will declare that there is no medicine in the cm. potency. Very well, then, the disease cannot be so frightfully contagious after all. Some weeks ago a woman took a child afflicted with infantile paralysis into a crowded trolley car and rode for quite a distance with other children, and the authorities were greatly exercised because they could not identify and disinfect that car and quarantine all those that had travelled in it. I watched the papers in vain for weeks after that to note any increase in the number of new cases. Is a disease always contagious because epidemic? Do not many non-infectious diseases, yea, troubles of all kinds, come in *waves* regardless of our materialistic measurements?

Why so eagerly investigate the treatment of allopaths who acknowledge themselves utterly at sea for a cure instead of carefully studying our own materia medica wherein are cures for all curable diseases?

WM. JEFFERSON GUERNSEY, M. D.

Frankford, Philadelphia, September 24, '16.

A MEXICAN CASE HOMŒOPATHICALLY CURED.

Editor of the HOMŒOPATHIC RECORDER:

I send you a very interesting case. Alicia Cantillo, two years old, had been sick during three months, assisted by one of the principal allopath physicians of our town.

The little girl was given up on the 24th of June, 1916, and the following day I began to treat her. Finding that it was premature to feed her, as she was not able to digest anything, the scrofulous disease having implicated the mesenteric glands. The stools were thin and fetid; some excoriation appeared around the anus; the child had lost much flesh. In fact, she was tuberculous. The

skin was flaccid and corrugated, the abdomen distended and the meagreness and the thirst, with vomit, proved that the case was a very serious one. As the girl was staying in a badly ventilated house, and the season very hot, a new complication appeared which seemed to carry death. The enteric catarrh with pyrexia, anxiety, sleeplessness and colicky pains, which obliged the girl to fold the legs over the abdomen when she went to stool. Hands and feet were very cold, in order of the caloric lost by the frequent stools, as the diarrhoea was very thin and watery. The tongue was dry, something like cork, only the point was red. Some disturbance of the brain seemed to be the symptoms of hydrocephalus, and under these circumstances the seriousness persisted until the 29th of June. On this day a little improvement was observed, the first photograph was taken. The second one was produced the 16th of July, and last one on the 20th of August. In thirty-eight days of treatment the girl was liberated from death to the greatest joy of her parents. The remedies used in the treatment were: *Calcarea carb.*, *Phosphoric acidum*, *Chamomilla*, *Cup. met.*, *Veratrum alb.*, *Sodium*, *Silicea*, *Arsenic iodat.*, *Conium mac.*, *Sulphur*, and *Merc. sol.*, as indicated.

I must say that all the remedies have been furnished by Boericke & Tafel, whose remedies have often helped me or have always helped in obtaining the best success of my practice. This interesting case belongs to you and to me.

J. VALIENTE, M. D.

Banauquilla, Mexico, Sept. 16, 1916.

(NOTE.—Dr. Valiente sent us photographs of this case, one showing an infantile wreck, the other an improvement, and the third a bright looking child, due to his Homœopathy. But the RECORDER does not run to half-tones, hence the omission. But it was an instance of the cure by Homœopathy, in the hands of a man who knows how to use its remedies.—Editor of the HOMŒOPATHIC RECORDER.)

THE "UNUSUAL CASE" AGAIN.

Editor of the HOMŒOPATHIC RECORDER.

Under the caption of "Unusual Case" you publish part of a letter of mine in this month's RECORDER. Thought that possibly

the sequel would be interesting. The party is still alive, although her life was despaired of many times. Had every physician of note from all schools see her at her worst, and the consensus of opinion was that the case was one of hystero-epilepsy. Patient very backward about offering any information and worked every day, although for six nights in succession she never closed an eye except in coma. Would not let any one examine her urine, declaring always that she urinated "often enough." Would not go to a sanitarium, and seemed indifferent to the fate that seemed to be staring her in the face. Took everything that was suggested to her, often with temporary relief, at which time she would get in one good night's sleep in preparation for another vigil of five or six nights. The only remedy of anything like permanent usefulness in the case was plain old *Belladonna* in teaspoonful doses of a solution of gtt. xv to aqua \bar{z} iv, every fifteen minutes to a half hour. Used it in the 3d x and 30th with no appreciable benefit. She finally developed periodic blindness, which the patient blamed upon the *Bell.*, although it did not show in the pupil. Synosis also developed during the sinking spells, and would show on the backs of the hands for days at a time. Against her wishes and after an attack during which respiration (apparently) ceased for a period of one and one-half hours and was only restored by continued use of the pulmotor, we administered treatment for uræmic poisoning and apparently solved the problem.

Many who read this may say that uræmia would have been their first guess, but when you take into consideration that a half dozen physicians had given up the case because of the patient's refusal to place herself in their hands without restriction; to give up her work and to follow rules of diet, etc., it puts another light on the matter.

The writer stuck until the end because of the interesting features presenting themselves, although the patient absolutely disregarded every rule of health that was laid down for her, even to persisting in playing golf, dancing and eating the midnight lunch.

Trusting that this experience will be of value to someone, I remain,

Yours truly,

(The physician who reported the case does not care to have his name printed. Suffice it to say that he is a well known practi-

tioner in one of our middle west cities. We might here call attention to what Dr. Hallman has to say of *Grindelia* in a condition somewhat akin in this issue of the RECORDER.—Editor H. R.)

“WATCH THEM GROW.”

Davenport, Iowa, has furnished a sight to the student of medical sociology worthy of his profoundest study and analysis, for this city was recently the scene of the greatest chiropractor gathering ever known in the world. The third annual chiropractic lyceum and home coming of the chiropractors of the world took place at the Palmer School of Chiropractics in Davenport from August 27th to Sept. 2d.

According to Davenport business men every chiropractic convention has been bigger and better in quality than the preceding. Some idea of the immensity of the thing may be gathered from the fact that more than three thousand delegates registered. As the papers said, “something was doing every minute.” Amongst other things a new college building was dedicated, to cost \$50,000. An enormous parade took place and was a success in spite of the indifference, so claimed, of the city officials, possibly inspired by influences we could guess at. At any rate thousands marched, and this parade was featured in the “movies,” which record unusual happenings all over the world.

One hundred and fifty chiropractors graduated from the colleges during the time of the meeting and the various Greek letter chiropractic fraternities held their initiation exercises at the same time. The Hon. Thos. Horris, formerly Lieut. Governor of Wisconsin, and another honorable gentleman delivered addresses. Various musicians from New York City, especially imported for the occasion, rendered recitals. A feature of the great meeting was the running of special trains by the railroads from the large cities like Chicago and Philadelphia.

It is absurd for us to attempt to ignore or to pooh-pooh the significance of this numerically wonderful chiropractic gathering. Personally, we are somewhat hazy in our minds as to what the chiropractor actually does for a living, but we must admit that he “gets there just the same,” and that the “undiscriminating” public “falls for him” most beautifully.

As Napoleon said when he kicked the Directory into the street,

"The rule of the lawyers is over." The chiropractor has kicked the dominant school of medicine out of doors. Judging from what we read of what is going on in Davenport the chiropractor is a law unto himself, and has a "general counsel" to interpret this law to the average dullard of a juryman.

The motto of the chiropractor is "watch us grow." Volumes can say no more. For just so long as the "misguided enthusiasts" of higher education insist upon ten expensive years of pre-medical and medical study, just so long will the shrewd Yankee instinct, which flourishes in this country, find a shorter and cheaper way to tap the therapeutic barrel.

As we have said repeatedly, success for the university idea in medicine presupposes university education of the entire American population. Until the time of universal university education in this country comes about, "watch them grow," ye gentlemen and scholars, ye persons of discrimination! For no grasshopper cloud ever seen in Nebraska or suffering Kansas will compare in volume to the cloud of drugless healers which the short-time courses of their colleges will pour forth into an astonished atmosphere. "Watch them grow." aye, watch them grow, indeed!

C. M.

A NEW HOMŒOPATHIC MEDICAL SOCIETY IN CHICAGO.

Homœopathic physicians and surgeons dwelling on the South Side of Chicago have organized a new medical society called the South Side Homœopathic Medical Society of Chicago. The charter members of this society to date are the following: Drs. A. L. Blackwood, E. Cadwell, E. W. Cobb, G. M. Cushing, Mary C. Cornell, B. B. Gurney, J. W. Hingston, L. F. Ingersoll, C. Mitchell, D. MacMullen, H. R. Schofield, E. A. Taylor, Pauline Smith, and F. D. Bloomingston.

The society, at the suggestion of Dr. E. A. Taylor, adopted a declaration of principles to the effect that the best interests of Homœopathy are subserved by adherence to the law of similars as the law of cure.

The first meeting of the new society was held at the home of Dr. J. W. Hingston, 6127 Woodlawn Avenue, where the declaration of principles was read and adopted, as also the constitution and by-laws. The officers for the present year elected are as follows:

Dr. H. R. Schofield, President; Dr. E. W. Cobb, First Vice-President; Dr. Mary C. Cornell, Second Vice-President; Dr. A. C. Conrad, Secretary-Treasurer.

The object of the society is to promote the best interests of Homœopathy in Illinois, professionally, politically and socially. The meetings are to be held at the various members' houses for the purpose of acquainting the different physicians with one another in better way socially than can be done by more formal meetings in halls.

The president, Dr. H. R. Schofield, is a comparatively new man in Chicago, having come here after some years of general practice, outside of the city, to take an interne's service in Hahnemann Hospital. After finishing his service in Hahnemann Hospital, where he attended faithfully to his duties, he settled in the city and was made dispensary chief at the college, which position he is filling to the satisfaction of all concerned. He also has a clinic at Hahnemann in general medicine. The choice of him for president of the new society is regarded as a wise one for the best interests of this organization, as he is a man of faith and of works.

Dr. E. W. Cobb, the first vice-president, is a nephew of Dr. J. P. Cobb, dean of Hahnemann, and graduated from that college in 1914. He has succeeded to the practice of the late Dr. Cora Taylor, at 6356 Stewart Avenue. Dr. Cobb is connected with the obstetrical department of Hahnemann Medical College of Chicago.

Dr. Mary Clagett Cornell is one of the most popular women practitioners of the homœopathic ranks in Chicago. She is well known in this city and has many friends in the American Institute of Homœopathy.

Dr. A. C. Conrad is a graduate of Hahnemann, 1914, and served as interne at Metropolitan Hospital in New York, where he made a reputation for himself by his original observations on the Schick reaction in diphtheria. He is associated in practice with Dr. G. M. Cushing, of Chicago.

The prospects for the new society are exceedingly bright, as the officers elected are each and every one of them imbued with the right spirit. The bureau plan of presenting papers will be adhered to, chairmen of bureaux being appointed by the president.

C. M.

THE SPECIALISTS' DEPARTMENT.**EDITED BY CLIFFORD MITCHELL, M. D.**

25 East Washington St., Chicago, Ill.

THERAPEUTIC NOTES.

Formic Acid in Rheumatism.—A medical friend of ours who modestly prefers to be unknown tells us he has had excellent results from the use of formic acid in rheumatic and rheumatoid conditions. He gives it, according to Ellingwood's directions, namely, one teaspoonful of a dilution containing one fluid drachm to the pint of water, in a single dose after breakfast.

Acidosis Again.—Another proof that titration acidity of the urine is not always "cured" by administration of alkalis was seen by the writer in the case of a patient who lately took three tablespoonfuls of sodium citrate daily without affecting the total titration acidity, even to one-tenth of a gramme per 24 hours.

The writer holds that it is of importance to distinguish between true acidosis and titration acidity of the urine without true acidosis.

Possible Cause of Dementia Præcox.—Dr. Bayard Holmes, of Chicago, in a paper before the Chicago Medical Society recently took the ground that there is a sphincter in the transverse colon which seems to be in spasm when dementia præcox patients are examined with the test in the cecum. Recovery of dementia præcox patients does occasionally take place spontaneously, and one has a right to believe and to hope that if this adequate cause of the disease were removed the patients would get well.

How We Save Lives in Chicago.—The reader will, we hope, excuse us for taking a pride which we think pardonable in our achievements by way of saving the lives of pregnant women who have become the victims of the toxæmia or nephritis of pregnancy or, worse still, of both. Since we have incontestably proved that the amount of urea is decreased in comparison with the ammonia in the urine which is increased, during pregnancy, and that this relation of urea to ammonia becomes of clinical significance when toxæmia is marked or dangerous, a new light has been thrown upon these very obscure and serious conditions.

In the six or seven years of study which we have given to the urine of pregnancy our progress, therapeutically, has been so marked that we no longer fear those things which formerly were much dreaded by us on account of the fog of uncertainty which clouded the differential diagnosis. Indeed some of the best textbooks in the past have acknowledged their helplessness in distinguishing the toxæmia from the uræmia of pregnancy. Many excellent obstetricians still do not attempt to separate these conditions in their minds, but we think the account of the following case will make it clear to the reader of this article how it is possible to make a diagnosis of the nephritis of pregnancy even when complicated by the toxæmia of pregnancy.

The patient was one of Dr. MacMullen's, of Englewood, primipara, aged only 21. Some time during the sixth or seventh month albumin was found in the urine. When we first examined the urine the patient was passing only 725 c.c. in 24 hours, of 44 degrees acidity, the urea was 11 grammes plus, the ammonia 0.35 gramme, and the albumin could be measured by several marks on the Esbach tube. As the urine was somewhat decomposed only one granular cast could be found. A better preserved specimen being requested, the same was obtained, and on examination showed the same relative amounts of urea and ammonia, also about the same amount of albumin, which was plenty, and in the sediment of the better preserved urine were found three slender finely granular casts. A diagnosis of chronic parenchymatous nephritis of pregnancy was then made. (We have learned by post-mortems that serious nephritis of pregnancy may be present when but few casts are to be found in the urine, and, in one case, we made a diagnosis without being able to find any casts at all, the amount of albumin being liberal and persistent. On the other hand, in the diagnosis of the toxæmia of pregnancy we do not wait for either albumin or casts to be present, but render an opinion from the relative amounts of urea and ammonia.)

In the case in question, when we first examined the urine the ratio of urea to ammonia was more than 30 to 1, hence we did not consider the presence of toxæmia indicated by the urine analysis. On the other hand, the liberal amount of albumin with the few casts and the patient's œdema pointed to nephritis.

The patient was sent to a hospital where the general condition improved to such an extent that Dr. FitzPatrick, who was called in counsel, allowed her to return home; urine analyses by the writer being made weekly, in order to keep watch on her condition. The urine in all cases showed tube casts and albumin, and about the middle of the ninth month the albumin rose to the fifth mark on the Esbach tube, while the ratio of urea to ammonia, which had been falling, went down to nearly eighteen to one.

The writer then made a diagnosis of toxæmia of pregnancy complicating the nephritis, and Dr. FitzPatrick sent the patient again to the hospital where close watch was kept upon the case, as convulsions were anticipated. In a short time convulsions appeared, but after one or two of them, everything being in readiness, a Cæsarian operation was performed by Dr. FitzPatrick; both mother and child were saved, and are doing well to this day, over a month later.

A recent analysis of the urine shows hardly any albumin, and a ratio of urea to ammonia of 43 to 1. The way that the ammonia decreases in the urine after delivery is so constant and so noticeable that we are unable to understand why more obstetricians do not follow the method outlined by us in the conduct of their cases.

Unfortunately, however, the average doctor has no great taste, either for decimal fractions or for chemistry, and is more or less distrustful of anything which savors of pure science as contrasted with clinical experience and traditional methods.

Beautiful Result From Allen Treatment.—In the case of an elderly man suffering from an infection of the toe which refused to heal, the writer, being called in consultation, found the patient a diabetic with six plus per cent. of sugar in his urine but without acetone bodies or excess of ammonia. As he was robust and otherwise in good health, being confined in bed in a hospital was extremely tedious for him.

It struck the writer that this was an ideal case for the Allen fasting treatment; accordingly patient was fasted for two days until the urine was sugar free, after which the Allen dietary was carried out with the happy result that the wound began to heal and the patient was soon able to leave the hospital. Neither gangrene nor cellulitis was present in this case, but pus and a little

blood had constantly oozed from the wound when pressure was applied, and for several weeks the condition had been stationary before the Allen regime was adopted.

An Excellent Result in Diabetes Mellitus.—One of the numerous cases of diabetes mellitus which tax our therapeutic ingenuity was seen in consultation not long ago, passing 2220 c.c. of urine in 24 hours, of specific gravity 1033, and containing six per cent. of sugar. Acetone bodies were absent and the amount of ammonia normal. But the particular complication which made the case interesting was œdema of the legs which was so severe as to interfere with his business and to cause apprehension of the presence of a serious nephritis. But the urine showed neither albumin nor casts, facial œdema was absent, and no nephritic symptoms or history were present. Hence we could not make a diagnosis of nephritis complicating the diabetes, but referred the œdema to the cardiac condition. The patient was placed upon a diabetic diet and upon remedies for the heart. He made a fine recovery, the œdema soon leaving him. He is now "back to business" with less than one per cent. of sugar in his urine.

Causes.—Sometimes it seems that to-day's medical science, which is ever searching for "causes," has been sadly sidetracked, is running up and down a no thoroughfare, getting nowhere. It starts out with the fixed postulate that an "organism" must be the cause of a given disease, so it hunts for an organism and apparently forgets that there are other things than "bugs." For example, the *British Medical Journal* prints a paper of Rutherford, of the R. A. M. C., headed "Trench Fever: The Field Vole a Possible Origin." A "vole" is the common European field mouse. "Infantile paralysis" has been blamed on how many things? Children under 16, the stable fly, street dust, exposure to cold, vaccination, a tubercular diathesis, as a sequel to other diseases, milk, pasteurized milk, rat fleas, rabbits, cats, dogs, bed bugs, lice, hot weather and other things not recalled. One gentleman, to be sure, says he has discovered the bug which is "ultra microscopic," which being interpreted, means "not visible." But supposing an organism that could satisfactorily pass for the cause of the disease had been discovered, what then?

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EDITORIAL NOTES AND COMMENTS.

Causes of Death.—*Public Health Reports*, of September 22, prints "The Detailed International List of Causes of Death." There are one hundred and eighty-nine legal means of death. Glad to see "old age" is recognized as legitimate for, as we remember, there were once objections raised to that exit. Some of us are good enough citizens to want to die legally.

"Case."—Every now and then some one rebukes medical writers for their use of the word "Case." Dunglison's Dictionary defines the word: "An instance of disease under treatment or observation; often incorrectly employed as synonymous with patient." It is a useful word whose proper and improper use so blend that it is often difficult to determine which is which, especially if the writer is more concerned with ideas than words.

Dr. Eli G. Jones' Articles.—No doubt the RECORDER's readers will be glad to hear that Dr. Jones intends to continue his contributions during the year 1917. These papers are full of shrewd observations, derived from actual experience, are practical and helpful.

The General Practitioner.—In its "Educational Number" the *British Medical Journal* mentions the various openings before the man whose name has been entered on the *Medical Register*. Concerning the man who would enter general practice the *Journal* writes:

A man becomes a general practitioner either by taking a house and waiting for patients to seek his services, or by entering into partnership with some already established practitioner. The successful conduct of a private practice entails, however, the possession of a great deal of knowledge other than that acquired at the medical schools.

That last is a cryptic saying, a hard saying, what does it mean?

Therapeutics.—Remarks *The Urological and Cutaneous Review*, “Mercury, long and systematically used, is the best preventive of cerebro-spinal meningitis.” Yes, the greater drives out the lesser, *pediculus vestimenti* will protect you against the *cimex lectularius*. A man saturated with mercury needs fear no other disease. He is immune.

“**M. D.**”—The following may be of general interest. It is from the *British Medical Journal*:

At one time it was almost the universal custom for medical students educated in London not to seek a university degree, and as that custom still prevails to a considerable extent, a very large proportion of medical men in actual practice in England possess diplomas to practice but not degrees in medicine.

“**Heresy.**”—The *Medical Times* sarcastically remarks, “It is still heresy to say much about the medical treatment of cancer.” The reason for this seems to be that the orthodox medical powers know they cannot cure the disease, so if any one on the outside, a homœopath, for instance, reports a medical cure of cancer, they must denounce him or admit that all medical learning is not in their keeping. If they would but learn they could learn so much!

Scientific Plagiarism.—G. W. Ried, D. O., and editor of the *Herald of Osteopathy*, accuses the allopaths of stealing from the osteopaths. “I say ‘steal’ because that is really what it amounts to, as they are gradually ‘discovering’ and appropriating our methods of treatment without giving osteopathy credit for same.” The charge of priggishness is backed up by two quotations, one from the *British Medical Journal* of an obstinate lumbago finally cured by osteopathic treatment, and the other of a woman who suffered for two years from a double sciatica, the cause of which

was finally located in the fourth lumbar vertebra, which was "out of alignment." Manipulation set this right and the woman was able to go about as usual. She had been operated on before the sciatic trouble set in. Both were clear cut samples of ills in which osteopathic treatment is needed, and it is only fair that that credit should be given. Osteopathy, like surgery, has its place that nothing else can fill, but the trouble with both is their efforts to cover the whole field of medicine.

A Veteran Gone.—The following undated clipping came to hand on Oct. 15. It is apparently from a New York newspaper: "Dr. William H. White, formerly a leading homœopathic physician here, died after a lingering illness yesterday in his home, No. 85 Nepperham Road, Tarrytown. He was eighty-four. He was born in New York City, and got his early education here, but studied medicine abroad. He was one of the founders of the Hahnemann Hospital."

One Cause for It?—Ever and anon someone rails out, wails out, cries out, or sighs out, that Homœopathy does not grow as it should. Some time ago the editor of one of our journals complained (not in print) that he could not get homœopathic papers. In silent proof of this comes an exchange, well edited and printed, but the only mention of Homœopathy to be found in it is in the advertisements of a few homœopathic pharmacies.

Let Tuberculosis Beware.—According to the *Pacific Medical Journal* Dr. W. H. Harrison, head of the Harrison tuberculosis colony, announces that in dyes he has discovered the cure of consumption. "He showed that his method of attack was through the affinities of the tuberculosis bacilli." Nothing is said in the *Journal's* abstract as to what these "affinities" are. A skeptical world still remembers "turtle serum" and the many other Regular panaceas that have sprung up and withered away into dust.

Smashino Romance.—Dr. T. Miller Neatby, M. A., M. D., Cantab., M. D., Lond., in *The British Medical Journal*, in an article headed, "Some Hearts I Have Met," remarks, anent the good old novels and, incidentally, Shakespeare, "we know now

that this hectic flush is not due to patrician bacillus of consumption, but to a mixed infection of staphylococci and other low bred organisms." Why, look you, gentlemen, we are living in a darned smart age! How we long for the laboratory novel in which staphylococci overspread the fair heroine's brow driving away the leucocyte.

Slaves of the Telephone.—This is taken from an editorial in the *Long Island Medical Journal*: "A peculiar mental attitude has developed in telephone users whereby they are impatient, exacting and even impudent to a degree that they would not dare to exhibit in a face to face talk; no man would come to your front door and demand that you leave the dinner table for any but the most urgent reason, but the same person who will await your convenience in your reception room will refuse to give his name or deliver a message if told over the phone that it is not convenient for the doctor to answer and he shows that he is provoked about it, too." Carlo, behind the fence, is highly indignant, but without the fence he pleasantly wags his tail.

Infantile Paralysis.—In the summary of a paper in *N. Y. State Journal of Medicine* on "Acute Epidemic Poliomyelitis," by Dr. Philip A. E. Shephard, of Boston, occurs the following: "In conclusion we may observe that the grouping of cases around some common source of infection is of such a character as to strikingly point to acute epidemic poliomyelitis being a contact infection which would establish the contagiousness of the disease."

But is the disease grouped around a common center? For July the U. S. Health Service reports cases in thirty-five States, and as we all know, the cases were pretty well distributed over each state. These facts do not bear out the contention that the disease is grouped around a common source. That the disease is contagious is pure assumption, it was not so regarded in past years, and is not so regarded to-day in England. That the patient's chances of recovery are less under health board management than when under the care of physicians no one will deny. For the good of the afflicted this steady pressure by state and city officials to crowd physicians out of their proper rights ought to be stopped.

Anti-Typhoid Inoculation.—*Progressive Medicine* fires a broadside of extracts on this subject.

The *N. Y. Med. Jour.* isn't quite sure "of its absolute efficacy."

President of the Royal College of Surgeons said that many of the inoculated still get the disease "and some even die."

Sir Thomas Barlow said there were no less than 4,000 typhoid patients at Dunkirk, all French soldiers, all inoculated.

American Medicine is quoted: "Any latent or chronic disease may be made worse by the vaccine, even carcinoma and diabetes. In the latter, tuberculosis is quite common anyhow, and may be quickly fatal if the vaccine is administered."

Mr. H. G. Chancellor in a speech before the House of Commons: "I wish to point out that in South Africa the results were so disastrous that the whole thing was discontinued for years. It was proven by the evidence given before the Royal Commission."

The laboratory says the thing ought to work, and as allopathy has nothing left but this broken reed it leans on it, also, having the power, compels the people to be pierced by its dangerous splinters. The "Spanish-American War" is the bogey held up by the typhoid vaccinators. But with proper sanitation and food would there have been any bogey?

Source of Poliomyelitis.—Dr. Shepherd, of Boston (*N. Y. State Jour.*), says that this disease springs from some common source. A man told us the other day that this disease first appeared in 1840. It appeared after the practice of inoculating calves with small-pox virus for the production of vaccine lymph was tried. That, he said, was the source of the disease at that period. Another man, in general practice, doubted if there were so many cases of the disease as reported. Hard to get at the facts!

Coal Oil in Diphtheria.—There is a note in *Therapeutic By-ways* of the use of coal oil in croup, or, at it is now termed, diphtheria—laryngeal diphtheria. Now comes Dr. T. M. Clayton, in *British Medical Journal*, with this same old-wife treatment, saying that he cured patients *in extremis* by means of the coal oil, while under antitoxin similar ones had been lost. *By-ways* gives the oil on a lump of sugar, but Dr. Clayton disguises it in sarsaparilla.

Milk Law.—A California cheese maker tried to get out of paying a dairyman for milk supplied, on the ground that his dairy was not registered. The Court of Appeal decided that the law did not provide any penalty for failure to register other than a fine or imprisonment; "that the sale of the milk was not unlawful, and that it must be paid for."

The Future of the Physician.—A very esteemed and rather mild contemporary gets off the following communistic stuff: "Sooner or later it will be universally accepted that the health of the entire community is a public business and must be looked after in a public way." This seems to mean that when the medical millennium arrives the health boards will take charge of any one ill, or bacteriologically ill, and the physician, not on the health board staff, will be a man whose occupation is gone. This is a beautiful A. M. A. dream, but the doings at Oyster Bay recently seem to show that "the people" still have some fight left in them, for they routed the health board men, blaming them for a "reign of terror," termed them "medical pirates," "medical bandits," "medical maniacs," of "intriguing and propaganda," of being "so-called medical and scientific men," of "medico-politico-barbarism," asserting "that the credulity of the public has been preyed upon sufficiently long in this neighborhood," "that frenzy and terror have been sufficiently propagated," "that it is high time for a return to common sense," or, in other words, when the physician, and not medical politicians had charge. The foregoing is from the New York *Herald* report.

Pretty strong stuff, that, from the home of Theodore Roosevelt, is it not?

"Tetragenous Sepsis."—This is a deep subject, so deep that we doubt if the writers know any more about it than we do—which is nothing. First to be considered "is the saphrophytic behavior of the tetrogenes under ordinary circumstances." To clear matters up, by referring to the dictionary, it is found that a saphrophyte means a plant that grows on decaying vegetable matter. The dictionary also tells us that "tetragenous"—the nearest, Dr. Stedman comes to "tetragenous"—means "Producing fours; noting a schizomycete dividing two planes, thus producing groups of

four, such as *micrococcus*, *microtetragenus*." Again, we hark back to Dr. Stedman, who tells us that "schizomycetes" are little "vegetable micro-organisms which reproduce by fission." Fearing our readers may not know what "fission" means (and knowing that we do not) we ask Dr. Stedman, and he tells us that it means "division of a cell or its nucleus." And what is a "cell" some one, like ourselves, may ask? Well, briefly and curtly, our good guide says it is "a small chamber" "composed of a mass of protoplasm," also he says much more about it, but *subrosa*, doesn't seem to be any clearer as to what a "cell" is than are the rest of us, for in over a page of fine type he indulges in such definitions as the following, which is also his first offense:

Acid c., one of the gastric cells supposed to secrete the acid of the gastric juice.

What right, brother, has "supposed" in science?

This great mass of learning which we have dug out only covers three lines of the article, which lines read: "Tetragenus sepsis after typhoid fever," which is the headline, and "Welz and Kalls mention first the saphrocyclic behavior of the tetragenes under ordinary circumstances." If it takes all that goes before to comprehend the actions of "the saphrocyclic behavior of the tetragenes under ordinary circumstances," what space would be required for their extraordinary behavior? For instance, these creatures may be harmless in consumptives, or the "victims of other chronic infectious diseases." They may "rarely" enter the blood and cause sepsis, which, however, may often pass unrecognized"—small blame to the clinician, we think. They may be found in the blood of the convalescents, which may develop "chills with markedly remittent type of fever." The ulcerated intestines "may be the port of entry." In short—low be it spoken—we know just as much about typhoid and its cure as we did at the beginning of this scientific abstract. But we do know that *Bryonia*, *Baptisia*, *Pyrogenium*, and certain other unscientific drugs will shorten the time, and much lessen the death-rate of the fever. But we all knew that before!

PERSONAL.

"The last and only reliable court of appeal, the dead house."—*Scientific Medical Paper*.

More men die in bed than with their boots on, according to Mark Twain; therefore, the bed is a "menace."

Go to him who can "strengthen the heart," O "faint heart" who never won fair lady.

Is there anything in curative medicine worth a tinker's blessing but Homœopathy.

Binks says (he is a sinner) that tobacco shortens a man's life, but without it a day seems like a dreary week.

"Even the most ardent champions of the health department do not claim for it perfection."—*Dexter*.

The obsessed motorist is always in an awful hurry to get—where?

Life thinks that if boys are boisterous when they raise a racket, girls must be girlstrous.

Say, old boy, the girls of other days, hoopskirts, chignons, etc., looked pretty good. What?

"Thin legs are no disgrace," defiantly exclaimed Game Cocke, and no barnyarder peeped.

Deadly night air—when you hear that blanked cornet next door.

Metchnikoff, who taught the world how to live to be 100 years old, died aged 71.

Dr. Oliver Wendell Holmes, "the well known author." Oh, fame!

What is that "Number One" we are told to look out for?

"The fact that riches take wings," said Claude, "accounts for my present financial condition."

A belle sometimes, not always, likes to be—ringed?

"Some doctors are born great, some achieve greatness, and some know newspaper men."—*U. and C. Review*.

Never put off until to-morrow what you can do to-day, does not hold in the matter of dying.

We are apt to think that the other fellow gets the biggest half even though it be mathematically impossible.

Old age is the tortoise that overtakes the fastest.

It requires a firm will, or a wife, "to quit."

"Before we attack quackery elsewhere we must drive the money changers out of our own temple."—*Regular Journal*.

"Treatment of anaphylaxis?" Why not be accurate and write Treating the Treatment?

Sharps say we spent last year \$55,000,000 for gas. This does not include editors, congressmen and just plain mutts.

THE HOMŒOPATHIC RECORDER

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“PHARMACOLOGIC SUPERSTITIONS.”

This is the title of a paper by Dr. Horatio C. Wood, Jr., reprinted in the *American Journal of Pharmacy*, and thus endorsed by a leading pharmaceutical authority. Here are two of what might be termed Dr. Woods' general keynotes:

“Certainly the length of time during which a drug has been employed in medicine furnishes no measure of its usefulness.”

“Remedies whose reputation was sustained unabated for 2,000 years have been unable to bear the light of modern knowledge, and within half a century have not only been completely discarded as worthless but their very names forgotten.”

This is true of a certain class of physicians to-day—the medical leaders—but this fact does not demonstrate that they are right and the experience of 2,000 years wrong. Who knows but that the current methods which have succeeded the old drugs may not, to quote Dr. Wood, go like that “blindness of humanity,” “the blood-letting superstition,” by which “for three centuries physicians with the best motives bled their patients to death.” The answer to this depends on whether infecting the blood with the products of disease bacteria is more rational than was venesection. Is it not possible that posterity will look back on the present methods as a descent into deeper and darker caverns of superstition than those of blood-letting?

In formulating the modern therapy clinical results are thrown out. “If neither antiquity nor clinical results can establish the therapeutic credentials on what grounds are we to accept therapeutic results?” asks Dr. Wood. It may seem strange that favorable clinical results, the end of all medicine, are thrown out, but the fact that they are shows the chief and fatal weakness of

modern medicine which is that it steadily refuses to recognize drug symptoms. *Aconite* will brilliantly cure its own symptoms but not those of other "fever remedies." This is the red line running through all true therapy, without which all is chaos, but they scorn it. Until they can see this wonderful individuality of drugs—medium—they continue to wander to and fro in a therapeutic desert. Dr. Wood seems to dimly see this for he writes:

"We reach conclusions of therapeutic usefulness by a circuitous route; the pathologist tells, first, what he believes is the nature of the morbid disturbance, the pharmacologist explains how the drug seems to modify the bodily functions, the practitioner tries if the observation of the pharmacologist fits that of the pathologist as one should expect."

In this is shown another gulf that separates the men of Dr. Wood's school from medical science. To them disease is a specific, living thing, or being one race with many species, something that can be seen, photographed, measured and bred like any animal or plant. It is something quite distinct from the man, so they assault the minute animal, or vegetable growth, and ignore the man, or patient. In other words, they ignore Sydenham's advice, as it was afterwards Hahnemann's, to treat the patient. This theory they call "medical science" because they say they actually see the disease and can isolate it and handle it as any other matter. If this be true then theirs is actual Medical Science, but if not, it is a worse superstition than any that has arisen in the past.

* * *

A reader remonstrates with the RECORDER for its "hammering scientific medicine." Now, as a matter of fact, this journal never "hammers" science, but it does object to certain gentlemen making many experiments on animals, then making deductions from the experiments and terming them science, while, when homœopathic physicians conduct experiments on human beings, who volunteer for the purpose, and announce the results, the others term the homœopathic deductions "empiricism," or, more often, "quackery." This almost universal attitude of the men who claim to be scientific is not fair, and certainly is anything but science.

**THE DOCTRINE OF SIGNATURES IN MEDICAL
LORE ; OR MAY THE VIRTUES OF DRUGS
BE KNOWN BY THEIR FORM, COLOR,
NUMBER OF PARTS, ETC.**

By A. Adolph Ramseyer.

“Omnia in mensura et numero et pondere disposuisti.”

—*Sapientiæ*, cap. xi, v. 20.

“But thou hast ordered all things in measure and number and weight.”

—*Wisdom of Solomon*, xi:20.

Foreword.

“Take here into consideration the wisdom and goodness of God: on every herb and flower you will find particular signs, which are the living hand writing and superscription of God, so that every herb is marked according to its hidden virtue in such an artistic, curious, delicate manner as no artist can imitate. Yea, with their outward form and proportion they often indicate their hidden virtues, for the one has the shape of the head, another the form and signature of the eyes, the third one that of the teeth, the fourth that of the tongue, the fifth that of the hands and feet, the sixth that of the heart, liver, bladder, kidneys, or of wounds and the like, and that lies before thy eyes everywhere. As soon as you step on a green sward you have under your feet your food and your medicines, for in the most humble, smallest seed and blade of grass which you look upon as insignificant and useless there is greater divine wisdom, virtue and efficiency than you can fathom, for God has created nothing in vain; therefore take heed not to despise God in His works. I tell you, the thousandth part of the virtues of herbs is yet unfathomed.”

—Arndt, True Christianity, book IV, Chap. 3.

WHAT IS A SIGNATURE IN MEDICAL LORE?

We read in the Book of Numbers, chapter 21, v. 5 to 9:

“And the people spake against God, and against Moses, Wherefore have ye brought us up out of Egypt to die in the wilderness? for there is no bread, neither is there any water; and our soul loatheth this light bread. And the Lord sent fiery serpents among the people, and they bit the people; and much people of Israel died. Therefore the people came to Moses, and said, We have sinned, for we have spoken against the Lord, and against thee; pray unto the Lord, that he take away the serpents from us. And Moses prayed for the people. And the Lord said unto Moses, Make thee a fiery serpent, and set it upon a pole: and it shall

come to pass, that every one that is bitten, when he looketh upon it, shall live. And Moses made a serpent of brass, and put it upon a pole, and it came to pass, that if a serpent had bitten any man, when he beheld the serpent of brass, he lived."

The epithet "fiery" may denote the inflammatory effect of the bite of those serpents, or may describe them; the peninsula of Sinai abounds in venomous serpents, marked with fiery red spots.

That Moses actually made a serpent of brass metal for the Israelites to look at, is attested by the subsequent history of Israel. In the second book of the Kings, chap. 18:4, we are told that King Hezekiah "brake in pieces the brazen serpent that Moses had made: for unto those days the children of Israel did burn incense to it." That was some 700 years later, and that brass serpent had been kept that long as a relic.

It will not do to disdainfully shrug the shoulders at this wonder. This incident was mentioned by the Saviour, as reported by John, chapter 3:14, 15: "And as Moses lifted up the serpent in the wilderness, even so must the Son of man be lifted up: that whosoever believeth in him should not perish, but have eternal life." But beside the act of faith involved in lifting up the eyes to the likeness of their tormentor, the fiery serpent, and receiving the gracious gift of healing, was there not perhaps a natural or scientific principle involved in that symbolism?

Let us consider another example, taken from the Philistines. This is found in the first Book of Samuel, chapters 5 and 6. After they had taken the ark of the covenant, they had, according to rabbinic lore, set it in a draughthouse, probably to show their utter contempt for the Lord. (See Baring-Gould, *Legends of the Patriarchs and Prophets*.) "But the hand of the Lord was heavy upon them of Ashdod, and he destroyed them, and smote them with emerods" (hæmorrhoids, piles). When they carried the ark to Gath, the same thing happened to those of Gath; and as they were about to carry it to Ekron, "the Ekronites cried out, saying, They have brought about the ark of the God of Israel to us, to slay us and our people." Then the Philistines called their priests and diviners, who advised that the ark be returned to Israel, but not empty. "Ye shall make *images* of your emerods, and images of your mice that mar your land; and ye shall give

glory unto the God of Israel: peradventure he will lighten his hand from off you, and from off your gods, and from off your land."

After all there may be a natural law applied in the making of simulacres and talismans for good or evil, according to the desire and intention of the maker, but the point I wish to draw the attention of the reader to is that an image, a likeness of the diseased part or organ is made; upon that or from that centers or radiates the mysterious force of nature that is to procure the healing of the disease, or trouble. This much as an introduction to the doctrine of Signatures in medical art as understood by the ancients.

Some practical examples from ancient and modern writers :

Our first example will be taken from the works of Paracelsus, page 1038, Vol. I, of the folio edition of 1603, published in Strassburg. He devotes four large pages to extoll the virtues of St. John's wort, *Hypericum perforatum*, which, he says, are four-fold, viz., against "phantasmata, worms, wounds, and is (fourthly) its balsamic virtue." I will try to condense in a few short pages what he explains so copiously; those who possess his works and can understand his old style German would do well to read him in the original.

The name of this plant is *Perforata*, says he, and 'tis well chosen. Instead of allowing us to obtain everything we need without work, God has ordained that we must eat our bread in the sweat of our face. From this follows that all arts must be obtained with painstaking efforts. Now know that God has provided man with all necessaries, and he has put his will toward men in the nature, and this will of God is the *Arcanum* that is in the natural things: and as many things are needed by men, so many *Arcana* are there: and as many *Arcana*, so many wills of God. Now if the will of God is to be done, the physician must seek it where it lies, not with words, but he must discover the light of nature, the will which God has put or reserved therein; to take out this virtue and apply it where it is needed, that is discovering the *Arcanum*. God has set in the *Perforata* a particular will and *Arcanum* toward men, be it good or bad. Now through the virtue which God put in the *Perforata* (*Hypericum*), it drives

away the hallucinations of nature, and the worms, it heals the wounds and fractured bones and all contusions, and beside it has much balsamic virtue.

I have explained in other parts how to understand from the signature what virtues God has set in things for the benefit of men: this signature must be examined here, viz., the perforations, the form of the leaves and flowers, the branches, and the veins in the leaves. The perforations or porosity of the leaves (he means the little oil glands in the leaves which look like holes when held against the light) declares that this herb is good for all perforations in the skin or beneath it; also for what shall be driven through the pores as emunctories. And its flowers putrefy of themselves in a form of blood; that is a signature that it is good for wounds and to seal them up. Further, the veins on its leaves signify that *Perforata* (*Hypericum*) drives away all hallucinations of man (*Phantasmata*), that is when a man sees spectres, spooks, hears voices, and is bereft of his reason, or wants to kill himself. The whole plant makes known that it is a universal medicine for the whole man. Besides its scent is too strong for worms, therefore, they flee from where it lies. Every surgeon should know that there is no herb in Germany or any other country capable of healing wounds as this is; its virtue is hardly to be described. There is no drug in all prescriptions which cures so well and so wholly, without any harm or accident as this herb does. It is not possible to find a better vulnerary in all lands. Compared to this *Hypericum* all that the books contain is nought in wound healing, for its virtue puts to shame all prescriptions and all physicians. After describing how to prepare the herb, viz., the digestion with turpentine and red wine in the sun for a month, he adds that it is a sovereign balm for wounds of the ligaments, so that no shrinking, wasting, paralysis or contractions of the parts will ensue, and that no stitches are needed to keep the parts together. This balsam is good, too, for healing every fractured bone, and every contusion, causing the resorption of all effused blood. Thus far Paracelsus.

It may be objected that no clinical cases have been added, but the above quoted shows a good specimen of Paracelsus' teachings, only in an abridged form. But let us now give a modern

clinical case, written by Dr. L. E. Rauterberg, for the HOMŒOPATHIC RECORDER, May, 1917: "I want to add my tribute of gratitude to another old friend who has never failed me, and one that I regret to learn is not generally known—*Lactuca virosa*. When the milk fails to appear or is not sufficient, this blessed little remedy will turn the tide in the direction intended by nature. Yet good old Jahr and Wm. Boericke are the only ones who mention it, as far as I know. A little millionaire baby was born into the world a short while ago and found everything awaiting him that money could buy—except nature's food. The condition of the infant was such that it was deemed imperative that he should have breast milk, and the mother greatly desired to nurse him herself, yet all efforts failed to induce a drop to flow. Finally, the grandmother, whom I had treated for the same trouble in days of old, sent a telegram to me to know what it was I gave to make her milk come. I replied, "*Lactuca virosa*" x, and a short while after received a letter saying that it had caused "rivers of milk to come." I have had a number of cases where the mother had borne many children without being able to nurse one of them, but, when given *Lactuca*, she fulfilled the duties of a mother with perfect ease. It is interesting to note that *Lactuca* is made from acrid lettuce, and you know that when lettuce has gone to seed it is full of a pure white thick milk that flows over your fingers when you break the stem. So plainly has Nature written out her secrets if we have but the eyes to read them."

Thus it will be seen that the signature is found not in the form only but in the color and the consistence of the juices of plants, and in the color of the flowers as well. We shall hear more fully of this later on.

THE SIGNATURE OF PARTURIENTS.

Parturient is not strictly correct, parturificient is the correct term, but "I should worry!" Since creation, child-birth has been going on pretty regularly, notwithstanding the erratic efforts at strike in this wholesome occupation by some of the high brow caste; yet I take it that about every mother's son of us is blessing in his heart the dear woman who gave him birth, or blessing the dear wife that gave him sons and daughters. At any rate, child-

birth is so universal that it ought to afford an easy, practical demonstration of the truth of the doctrine of signatures, and so it is. We will examine three well known parturients, viz., *Gossypium*, *Chamomile*, and the Raspberry leaves.

Of *Gossypium* it has been written: "It is one of the best parturients, producing firm, regular, and strong uterine contractions; it prevents post-partum hæmorrhages." Now the cotton plant, *Gossypium*, has the peculiarity of opening its bolls or capsules into 3, 4, or 5 segments; through this opening the cotton fibres fluff out as a twisted mass, ready for picking. Here we have the application of another principle to guide to the understanding of the doctrine of signatures, viz., that of dehiscence, as the opening of the capsules of plants is called. Is there anything strange that the same force which opens the cotton bolls should also open the womb, when the time of delivery has come? Alas, it is too well known that that same force is unlawfully used by some to empty to gravid uterus out of time!

Next time you meet the homely little German or wild chamomile pick it up and study it. Notice the flower, the top of which neatly represents the head of the fœtus emerging from the vulva. *Chamomilla* is under certain conditions the best and *only* remedy for difficult labor, when the female is besides herself on account of the pains, acting very uncivilly towards those who surround her. "Labor pains spasmodic; pressing upward. Patient intolerant of pain." It is not every case of confinement that presents this picture, but ought not *Chamomilla* to be more often used in tedious labors? Some homœopaths have made prospective mothers very happy with this herb.

Raspberry leaves as a parturient may sound new to many, yet they are highly recommended by Dr. Coffin, a botanic physician, in the following words: "In cases of labor, we have ever found raspberry leaves one of our best assistants; a strong tea, with a little cayenne, will (if the pains are premature) remove them; if otherwise, it promotes and facilitates the progress of labor in the natural way." In his treatise on Midwifery, under the heading, "Difficult Labor," he writes: "We may here say with truth that we have never lost a case of either mother or child, that had gone to the full time; . . . we are certain that the females

who pursue the course we have directed will, to their own advantage, find it fully borne out." He recites a case where a woman had been *fourteen days in labor*, where he used a vapor bath, with hot bricks to the feet, giving inwardly cayenne pepper, the raspberry leaf tea, with lobelia, valerian, and cayenne pepper; the woman rallied, was walking, and, while eating some food, strong and regular labor pains commenced, and directly after bringing the feet together one strong pain forcibly expelled the child from the womb." Another case was a lingering labor when we gave only a vapor bath, with a strong tea of raspberry leaves, the child being born with one pain while over the bath. Mrs. O. K., an Irish woman, who had borne six children previous to her approaching confinement, informed us that she always had 48 hours of the most tormenting, lingering pains before she sent for the doctor, and that had been uniform in all the previous births. We instructed her to send for us when she had had the pains for two hours; she did so, and when we arrived she apologized; and said she was not ill enough to require assistance, but that as we had given her such instructions she had obeyed. We told her she had done perfectly right. She had not even sent for her nurse or any assistance, and she was entirely alone, except her servant. We steeped a handful of raspberry leaves, making a strong tea, into which we put a half teaspoonful of cayenne pepper, and gave her half a teacupful, and in one hour the pains came on so rapidly, the child was born, she resting upon her knees by the side of the bed, and no other person was present but ourselves. She sent the servant for a neighboring woman, who kindly came and assisted in putting her to bed. We attended the patient at the birth of two children after, and the results were the same."

"In consequence of the success attending the last mentioned case we were called on various similar occasions, at the recommendation of the above patient; one or two of the most difficult we shall now record. The first was that of an Irish girl, unmarried, who was unfortunately pregnant; it was in the spring of 1830. She had been in labor three days, attended by Dr. R. during that time; he had called in the assistance of two other professional men, who, after long consultation and mature reflec-

tion, came to the determination that in order to save the mother's life the child's head must be lessened, that is, the bones broken down and the brains extracted, which operation it was agreed should be performed at two o'clock p. m. About half past nine a. m. we were sent for at the request of the last mentioned patient. We hastened to the place and found the poor creature lying upon a pallet of straw on the floor in a very exhausted state. On examination we found the head of the child had advanced into the pelvis, and was completely wedged therein, and were told she had been in that situation for two days. We prepared our usual dose of strong raspberry leaf tea, gave her a wineglassful with half a teaspoonful of cayenne pepper, and in fifteen minutes administered the emetic dose, as in the previous case; in about one hour the pains began to increase in regularity and force, her strength was renewed at every throe, and in two hours from the time of our attendance the child was born, healthy and strong. In this case the lobelia did not make her sick at all, although she took enough to have vomited her three times in ordinary cases. Our readers may here inquire what other assistance we rendered her. We answer none. For in the state we found the child with its head impacted in the pelvis, it would have been impossible to have used any mechanical contrivance without imminent danger both to the mother and the child. We relied alone on the efforts of the greatest midwife in the world—*lobelia and raspberry leaf tea*. After putting the girl to bed, and previous to leaving the house, Dr. R. came in. We told him we were not aware that anyone had been in attendance before our arrival, when he at once said it was of no consequence, as they intended performing an operation that afternoon to save, if possible, the girl's life. At this moment the child cried, when his face became like scarlet, and he eagerly inquired, "*Good God, is the child born?*" We told him it had been an hour or more, and bade him good day. As we passed into the street we met Drs. W. and L. bringing with them the instruments of destruction. In a few days the patient recovered and enjoyed her usual health."

More cases of difficult labor attended by Dr. Coffin could be quoted but it might prove tedious; these may be read in Dr. Coffin's *Midwifery*. What I want is to call the attention of stu-

dents to the wonderful effects of the raspberry leaves tea. Take hold of a fresh raspberry, and in looking at it if you fail to see the likeness of a womb, as we would picture it just after it has been emptied of its contents, and before it has had time to contract, then you may say that the doctrine of signatures is all bosh.

Cayenne pepper is found to be of much service by botanic physicians in arresting hæmorrhages. Says Culpeper in his Herbal, speaking of *Amaranthus*: The flowers, dried and beaten into powder, stop the terms in women, and so do almost all other red things. And by the icon or image of every herb, the ancients at first found out their virtues. Modern writers laugh at them for it; but I wonder in my heart how the virtue of herbs came at first to be known, if not by their signatures; the moderns have them from the writings of the ancients; the ancients had no writings to have them from." If Culpeper be right, then *Capsicum* has been given the signature of hæmorrhages, as suggested by its red color.

In regard to *Gossypium* I have thought it well to quote the following excerpts from the *Nashville Journal*, found in Hale's *New Remedies*:

"As a parturient agent, I think it (*Gossypium*) superior to ergot in one sense of the word, and in another about its equal, its action being about as prompt as that of ergot, and attended with much less danger. I have tried both in parturition and found the cotton root decoction to act with fully as much efficacy as ergot. In some cases in which I have tried it, the pain was to some extent allayed, and labor promoted with as much speed as when ergot was administered. It appeared to be perfectly harmless, from the fact that its action is almost unattended with pain. It causes neither gastric distress nor acceleration of the pulse—if it does, it is not perceptible—both of which are occasioned by ergot to some extent.

"I have witnessed its action in retained placenta with good effect, which was an expulsion of the mass in about twenty minutes after the exhibition of the first dose. It may be proper to say that I gave two doses before the placenta was thrown off. I believe it to be safer as a parturient agent, or as an emmena-

gogue, or at least as safe as any other article of the *materia medica*." (Mr. Shaw, of Tennessee, is reporting.)

Hale writes: "I have given it (*Gossypium*) in small and large doses, to the healthy and the diseased, *and have yet to see the first symptom of pathogenetic or curative action arise from its use*. I have ordered it in strong decoction in amenorrhœa, and also in the third dilution of the tincture; I have prescribed the *Gossypium* in massive and minute doses in dysmenorrhœa, uterine hæmorrhage, etc., but never noticed the slightest effect," etc.

May not the reason of Dr. Hale's failure with *Gossypium* be found in the following: "There is a condition of the system in which this tincture (of *Gossypium*) acts as a valuable restorative. These cases are of a *leuco-phlegmatic temperament* of both sexes," etc. Is there not a signature to the use of this plant, or an indication in the white color of its cotton fluff, showing it to be especially adapted to the leuco-phlegmatic temperament? Neither is *Chamomile* indicated for all females, but only for those of a snappy, choleric disposition, the bilious temperament, indicated by the yellow color of its flowers. Is not *Sepia* indicated in those whose skin shows yellow spots, as well as brown discolorations, the signature for which may be found in the dark brown color of the juice of the cuttle fish? I think that *Sepia* will answer best in those of a dusky, swarthy complexion.

Sepia is not especially known as a parturient, but as a uterine remedy it has few equals; the cuttle fish has the signature of the womb, as can readily be seen, if you will look at the animal or its picture. It has *ten* tentacles, which may correspond to the ten fingers of the hand. Bœnninghausen avers that *Sepia* is excellent for affections of the fingers, etc. But here are his own words: "Among the most extraordinary and the most conclusive facts in this regard (he was speaking of the locality of the disease, showing that each drug acts more directly and with more force upon certain parts of the organism), we must particularly mention the abscesses on the articulation of the fingers of the hand or (the toes) of the foot—which often are very stubborn under allopathic treatment, they even often become dangerous to the point of making an amputation necessary—sometimes this last thing does not help any, and I know of two cases where this

affection has resulted fatally. The abscesses of the articulations differ in nothing from other abscesses except by the locality where they originate. All homœopaths know the specific virtue of *Sepia* taken internally, without external treatment, while all the other remedies which correspond much better to abscesses in any other part of the body are of no avail." (Bœnninghausen On the Characteristic Value of Symptoms.)

Beofre leaving the subject of parturition it may be well to consider that of lactation, which is closely associated with it. We have seen above the testimony of Dr. Rauterburg about the value of *Lactuca virosa* to augment the quantity of milk. The squash has the signature or appearance of a giant breast with its nipple; would it be too much to expect that a female who is fond of eating squash while nursing her child, might store in her breasts an abundance of milk? It is worth trying at any rate. The lemon, too, has the appearance of a breast of diminutive size compared with the squash; might it not be useful to diminish the too abundant supply of milk, or perhaps to diminish the size of a too generous mammary gland? Culpeper in his Herbal gives the following cosmetic hint about *Alchemilla*, the ladies' mantle: "It helps such women or maids as have over great flagging breasts, causing them to grow less and hard, being both drank and outwardly applied." What Culpeper claims for *Alchemilla* may be true of lemons, too. Let experience speak. "*Nihil contemnere*" is Hippocrates' advice.

I find a French writer who has advanced something similar, it is Royer-Collard, who says that olives procure roundness of forms (*olives donnent rondeur de formes*), on page 4 of his "Organoplastic Hygiénique," an essay of comparative hygiene, on the means to artificially modify the living forms of the diet. Paris, 1843.

BIBLIOGRAPHY OF THE DOCTRINE OF SIGNATURES.

I know of no systematic treatise on signatures except two, which I shall name further on, but I will quote a list of ancient authors which I copied somewhere, under the title of "Scriptores de Signaturis." They are as follows: Henricus Nullius, *Physica Hermetica*; Adrian Spigelius, *Isagoge rei Herb.*; Oswald Croll, *Basilica Chymica* (II. part, de Signaturis plantarum); Rhumelius

(title of his work not given); Rolfincius, *Consilia Medica* L. V. cons. III. p. 566 (L. V. probably means *Longæ Vitæ*); Schroeter, *Pharmacopœia Medico-Chymia*; Friedrich Hoffman, *Clavis Pharm.* Schroedt.; Wedelius, *Amoenit. M. M.* (probably M. M. means *Materia Medica*). I quote the titles abridged as given by my author in his Latin dissertation (George Henry Rosenberg, *de Signaturis Vegetabilium*, Iena, 1697). Then there is Bartholomeus Carrichter in his *Herbarium*, also Johann Poppe, in his *Herbal*, in German. Aristotle, Theophrastus in his *Hist. et caus. plant.* Pliny, the elder, Dioscorides, Galenus, Avicenna, Mesue, Simeon Sethi, Averrhoes in his *Colliget*, Actuarius, Mnesitheus and many more have mentioned this subject, as believers and not as scoffers. J. B. Porta, an Italian writer of the XVI. century, has attempted to formulate a systematic treatise of the doctrine of signatures; his book was published under the title of *Phytognomonica*; in 1752 de Sauvages wrote a work on the same subject under the title: "Dissertation sur les médicaments qui affectent certaines parties du corps humain, et des causes de cet effet" (Dissertation upon the drugs which affect certain parts of the human body, and on the causes of this effect). Among modern writers I find de Gohren, *Medicorum priscorum de Signatura imprimis plantarum doctrina*. Iena, 1840. But the book which I know best upon this subject is one published in 1866, by Dr. Chapiel, of Paris, bearing the title, *Des rapports de l'homœopathie with the doctrine of the signatures*. (On the relations of Homœopathy with the doctrine of signatures.) It is a little book of 184 pages wherein the author has gathered the best from J. B. Porta's *Phytognomonica*. After giving a short history of the doctrine of signatures, its fundamental principles, he tries in his chapter III. to demonstrate its truths by the similarity of plants with the parts of the human body, its fluids, its diseases, and the relations of the places where and the times when they flourish.

* * * *

PRACTICAL APPLICATION OF THE DOCTRINE OF SIGNATURES.

In making a list of those plants or drugs which offer a resemblance or similarity of forms with the organs of the human body, I shall follow Chapiel, who has used the labors of some of

the authors mentioned above. I shall also avail myself of Rosenberg's Latin dissertation (de signaturis) and add some observations of my own.

THE HEAD.

The poppy, *Papaver somniferum*, has a capsule in the shape of the head; it has been known since antiquity for its lethargic properties, being recommended by Plinius for affections of the head.

The walnut, *Nux juglans*, offers a striking resemblance with the head; the shell corresponds to the cranium, the nut itself looks like the brain with its two hemispheres and its circumvolutions. It has been given to induce sleep, by preparing a milk from the nuts with a little opium. Murray says that its odor causes headache; Jahr mentions several pathogenetic symptoms elicited by the Austrian provers' society, such as vertigo, heaviness of the head, headache, especially on the left side.

THE HAIR.

The long moss growing on trees was recommended against the loss of hair. The Maiden hair fern, *Adiantum capillus veneris*, was used by the ancients for staying the falling or shedding of the hair; it caused it to grow thick, fair, and well colored. (Culpeper.) The splenwort, *Asplenium trichomanes*, is credited by the old writers with the same virtues as the maiden hair.

THE EARS.

The leaves of the *Asarum Europæum*, known in French as "oreille d'homme," man's ear, have been praised as strengthening the hearing and the memory very much. Oswald Croll writes: "Auditum et memoriam plurimum confortat." Hahnemann has given us the following symptom: "Hardness of hearing as if the auditory canal was obstructed," as being caused by *Asarum*, showing that it is not without effect on the ear.

THE EYES.

The eyebright, *Euphrasia officinalis*, is so well known that it **hardly** needs a recommendation. The ancients saw in the spots on its flowers the signature of the eye. Culpeper speaks very highly of it: "It helps all infirmities of the eye that cause dim-

ness of sight," and "if the herb was but as much used as it is neglected, it would half spoil the spectacle-maker's trade."

The rose has the signature of the eye. Rosewater was used not long ago by all oculists as the customary excipient of all eye salves. In the nail shaped end of the petals of the rose, Porta, sees the signature of the pterygium.

The black berries of the *Paris quadrifolia* have, according to Rosenberg, the signature of the pupils—the oil, chemically prepared, has been found so efficacious in affections of the eyes, as to be called by some "the soul of the eyes" (*anima oculorum*).

THE NOSE.

The leaves of *Mentha aquatica* have the signature of the nose, says Croll, and the extract of this herb he claims to be specific for the loss of smell.

THE TEETH.

Croll recommends the pomegranate against affections of the gums, and to fasten the teeth; the fir apple and the fir needles, boiled in vinegar, so are the aching teeth. All this is assumed upon the true or fancied resemblance of the components of these vegetables to the teeth. *Plantago* has been used by homœopaths with great success against toothache. have not the seeds the shape of the teeth? The pods of the henbane have the appearance of teeth, hence the oil. The expressed juice and even the seeds were given with great efficacy for toothache. It may be thought that the narcotic virtues of *Hyoscyamus* are at the bottom of the cure. Hahnemann, though, has recorded some characteristic dental symptoms of this drug. Toothache, the gums on the left side seem to be swollen, and the teeth of the upper jaw are affected with dull pain. In the evening during the febrile heat pain of the soft parts, as if they were gathering. Toothache during the perspiration. Toothache as if the teeth would fall out. Toothache in the morning. Shaking of the teeth, etc. After all there may be more than mere narcotic deadening of the pain.

The small house leek, *Sedum acre*, is given great credit for the relief of scurvy, as it has the signature of the gums, says Croll, and Murray lauds its decoction given to rinse the mouth of soldiers whose gums are affected and whose teeth are loose.

The house leek proper, *Sempervivum tectorum*, which has a rough resemblance to the tongue, is good for ulcers and tumors of that organ. In the 50th volume of the Allg. hom. Zeitung, on pages 126, 135, is recorded a case cured by this plant. A female had a tumor on the right side of the tongue, near its end, which at night burns like coal; menses only every 8 or 10 weeks, the tumor appearing since the last menstruation. Dr. Kallenbach gave the 2d dilution inwardly and used it outwardly, too. The tumor was cured, and the menses reappeared regularly.

THE THROAT.

The labiate family of plants is remarkable by the shape of the corolla, which is divided into an upper and a lower lip, thus simulating an open mouth; this is especially well seen in the *Lamium album*. In this family are found the mint, the sage, the carpenter's herb or self-heal (*Brunella vulgaris*), and the bugle (*Ajuga reptans*); these have been used in olden times and even now for affections of the throat, the bugle curing all manner of ulcers and sores in the mouth and gums, be they ever so foul or of long continuance (Culpeper). As self-heal is like bugle in form, so also in its qualities and virtues, serving for all the purposes whereunto bugle is applied with good success, either inwardly or outwardly, for inward wounds or ulcers whatsoever within the body, for bruises or falls, or such like hurts. The juice hereof . . . mixed with honey of roses, cleanseth and healeth all ulcers in the mouth and throat, and those also in the secret parts (Culpeper). It was very much used for quinsy, being called its specific. Herbs that cure diphtheria and syphilis (for what else can those ulcers and sores of the mouth and private parts be?) ought to be drawn from oblivion.

THE NECK.

Bulbous plants like the gladiolus with its knotty root, have been recommended for goitre. The *Scrophularis nodosa*, which Culpeper calls figwort or throatwort, so named (nodosa, knotty) from the resemblance of the roots to *scrofulous* tumors was much vaunted by the old herbalists for curing scrofula. A French anonymous author says: "For scrofula, pull the root out during the increase of the moon to use it at its decrease, during which

time it can dry. The dose is from half drachm to drachm in powder, or the decoction may be drunk. For the external use take several tubercles of that root, thread them in the form of a necklace, to wear them on the neck, and all the scrofulous tumors, especially those of that part of the body, disappear at once." The same author recommends the root or the leaves of figwort for blind piles, eaten or put into wine, and drinking that wine, or if the root is attached to the bottom of the shirt, or hung around the neck, all kinds of piles are healed in a surprising manner, which agrees with what Culpeper says of the same herb: "It is no less effectual for the king's evil or any other knobs, kernels, bunches or wens growing in the flesh wheresoever, and for the hæmorrhoids or piles."

THE LUNGS.

Porta considers plants which have leaves dotted with white spots as useful in affections of the lungs, those spots resembling those found on the lungs; as such he puts forward the *Pulmonaria officinalis*, called also *Symphytum maculosum* by the old botanists, who claim that its decoction is efficacious in the spitting of blood, cough and phthisis (Vogel). Gmelin adds that of all plants this one gives the most ashes by combustion, viz., one-seventh of its weight; these ashes contain as much as 15 per cent. of potash, which makes it a valuable fertilizer. Every homœopath knows the value of *Kali carbonicum* in lung diseases.

There is another *Pulmonaria*, the lungwort, *Sticta pulmonaria*, *Lichen arboreus*, *Pulmonaria arborea*, a lichen or moss growing on trees, the oak, the maple, etc. This is a remedy used by homœopaths and by eclectics. Dr. Scudder in his *Specific Diagnosis and Medication* speaks very highly of it in affections of the lungs, so does Culpeper in his *Herbal*: "It is of great use to physicians to help the diseases of the lungs, and for coughs, wheezings, and shortness of breath, which it cureth both in man and beast." There is another lichen which has been very much used by the regulars in not very distant days, viz., the *Cetraria islandica*, or lichen islandicus, the Iceland moss, for lung troubles. Both the *Sticta pulmonaria* and the *Cetraria* in their cellular texture certainly resemble the cellular texture of the lungs; they contain much inorganic matter in their composition (Balfour).

Spongia, the roasted sponge, is well known to homœopaths, and is excellent in diseases of the trachea and lungs. Its texture, too, resembles that of the lungs, but that it grows in the waters of the sea, while the lichens grow on trees, in the air, surely furnishes an additional indication to their use, as regards the different temperaments or constitutions of the patients, a principle touched upon by Teste in his *Materia Medica*. We ought to welcome the one who could point out in a practical way the indications furnished by the different media in which plants or animals, used as drugs, grow. We might then have more positive indications for the successful employment of *Sepia*, *Apis*, *Drosera*, *Sticta pul.*, etc.

Porta calls the attention to plants the hollow stems of which resemble the trachea, such as the rush, the *calamus aromaticus*, the onion, the garlick, the leek, etc. *Allium cepa* and *Allium sativa* are too well known to homœopaths as first class remedies in affections of the respiratory organs to need much mention. Is there not something, after all, in the outward resemblance of herbs and plants and the organs of our bodies, one form calling for the other, as it were?

(To be concluded.)

THE LAST OF THE TRANSACTIONS.

It comes from Ohio. There may be others but this is the only one that comes this way or has come for several years. These publications are always interesting because you can leisurely take in what was said, read and done at the meeting, and a man must be dull indeed who cannot find entertainment. Let us take the reader on a short—it must be short—personally conducted tour through Ohio's "Transactions" for 1917, ably edited by Dr. J. G. Keister, secretary. Dr. T. A. McCann was president, and somehow we get the impression that if he had not been a good doctor he would have made a good U. S. Senator, though some might think a bit radical, as, for example, in his address, which is charmingly short, what he has to say of cigarettes, the "coffin nails" that are driven into themselves by so very many boys and young men to-day.

Said McCann: "Not only the waif upon the street, but boys in the high school and college are addicted to the habit. And to their shame be it said, many of our society girls and women are included in the list." He had occasion to examine 6,000 applicants for work in a big concern. One-half were excessive cigarettists (if we may use the term), and a third of these "were depleted physically, mentally and morally."

Dean W. B. Hinsdale said that in a letter from the private secretary of the Secretary of War he was told "of all things, not to let one medical student escape. The Government is preparing for a four years' campaign." In short, the tenor was that we must conserve the doctors for we will sadly need them.

Dr. F. M. Dearborn threw some shrapnell and high explosives into the homœopathic physicians for their apathy in working to get money for homœopathic hospitals, and cited many instances of the wonders accomplished where a few went at it in a whole-souled manner.

"The Deputy Commissioner of Charities of New York" said we have "control of the largest hospital in the world," the Metropolitan. That some big cities have none and others let those they had slip away from them into other hands.

Then Dr. C. E. Sawyer threw in a ray of sunshine by stating that a million and a half had been added to our property valuation in the past year, which doesn't "look like we were going to our own funeral." Yet, for all that, some regions need arousing. One more pick from Sawyer, one that pleases the RECORDER: "*They have not learned that we have the only law of medicine.*" We take the liberty of putting that in italics.

After the Federation Resolution had been passed Sawyer proposed "three cheers for Tom McCann," and they came out with a whoop. (All of this is a year old, but then you know the RECORDER is published in Philadelphia.)

Dr. W. A. Dewey said that in a letter the Medical Examiner of England told him "they would recognize the diploma of the University of Michigan." Whether this would apply to our other homœopathic colleges was not stated, but we think it will be if the war goes on.

In discussing Dr. C. A. Burrett's paper on "The Gall Stone

Bladder," Dr. E. A. Stepfield, of Doylestown, said that 30 drops of *China tincture* for three days, then omit for three days and repeat until patient is well will obviate the necessity of an operation. Dr. G. W. Woods, of Columbus, said that if gall stone patients would drink a gallon of distilled water daily for two years the stones would disappear. (Why not combine the two?)

The paper on "Tonsils," by Dr. J. A. Ferree, of Columbus, caused much discussion. President McCann asked what was the office of the tonsil? "I have said a good many times that I did not believe the Lord knew anything about what he was doing when he created the human being if the surgeon of the present day understands his business. You take out the gall bladder, you take out the tonsils, the turbinate bone, the appendix, etc., on the most paltry excuse. That is one reason why I am especially interested in the research materia medica work." He believed the tonsils have a distinct use.

Dr. Ferree replied that he did not want to run in opposition to God Almighty, "but it seems to me that the most logical explanation is that tonsils have outlived their usefulness." (If God created them why not let God do away with them? one intimated.)

So much for the last of the Transactions (possibly, for they are considering printing them in the future in the *Polychrest*). There is much more good, or spicy stuff, but—it is a year old! And, in the present age of medicine, isn't anything "out of date" that is old? Does not every ambitious one scabble to spring something new? And do not nearly all of us hope for what is "new" without knowing, much less comprehending, what is "old?" Will not the neophyte in Homœopathy who starts at the beginning know more of what he is studying than he who studies only the "latest?" Well, rather!

A NEURITIS CASE.

Editor of the HOMŒOPATHIC RECORDER.

Perhaps it may interest some one to know that in a remarkably bad case of zoster affecting the left chest, the left hip and thence over abdomen to median line, the patient suffered excruciatingly severe pain for months afterwards. The pains were described as like the thrusts of red hot needles. She had received a number of remedies without relief.

Vespa crabro 30x relieved at once. This fact is interesting on account of the difficulty we have in curing this form of neuritis.

DR. O. S. HAINES.

Philadelphia, Pa.

THE WEAKNESS OF IT ALL!

Editor of the HOMŒOPATHIC RECORDER.

Thinking the enclosed might be of interest to the readers of the RECORDER, who may be, some of them, inclined "to go astray," thinking that the pasturage may be more luxuriant in fields afar, can now have their "hyperopia" corrected, so that they may know that our own dear law of *similia* still holds good and happiness and rest found near at home under its tenets.

Clinical medicine again wins against the man in the laboratory, as evidenced by the "authorities."

Why, oh! why will not the dominant school see and accept the light?

With the involuntary provings of emetin, securing those "un-toward" results, we shall soon see, we presume, *Ipecac* thrown into the discard as a *dangerous* remedy, since its alkaloid can not be made a specific!

A Moses is certainly needed in the chaos of allopathy, and with surgery gone mad and therapeutic nihilism rampant in their ranks, principle and not policy should prevail in the maintenance of our well proven law of cure, and in its daily elaboration in practice.

F. F. NETHERTON.

Wellington, Kansas.

(Here follows "the enclosed:")

EMETIN DIARRHŒA.

Emetin not rarely produces a bloody diarrhœa in the course of its clinical use in the treatment of amebic dysentery. The symptoms and *the gross appearance of the stools in emetin diarrhœa are almost indistinguishable from those of amebic dysentery.* Contrary to a prevalent opinion, children are not especially resistant to the effects of emetin and the dosage for them must be graduated with great care. (*Jour. A. M. A., Sept. 15, 1917, p. 916.*)

DIAGNOSIS OF TUBERCULOSIS WITHOUT POSITIVE SPUTUM.

The records of 1,638 cases of tuberculosis discharged from Gaylord Farm in the past twelve years show 1,076 in which the sputum was positive and 562 with no bacilli. The 562 negative cases were divided as follows: Incipient, 244; moderately advanced, 297; far advanced, 21; more than half showing well-developed lung signs. In 51 cases there was tuberculosis elsewhere; 18 had pleurisy with effusion, 126 had hæmorrhage—and these included only frank hæmorrhage, and not blood-streaked sputum—97 gave positive tuberculin reaction to doses ranging from 1 to 7 mg. of old tuberculin given subcutaneously, and 76 died from tuberculosis after discharge. The study of the records of those having positive findings, Lyman points out, *emphasizes again the futility of depending on sputum for diagnosis*. In 213 of these 1,076 cases with positive sputum, the sputum was negative occasionally; in 56 it was negative as often as positive; in 42, negative twice for each positive finding; and in 63, negative three times for each positive finding; and in 70, negative five times; and in 39, negative ten times for each positive finding. Thus of 1,076 positive cases, in 483 the sputum at times would have failed to support the clinical diagnosis, and of 1,638 cases, in only 593 was the sputum positive at all examinations. Lyman says that in making a diagnosis of pulmonary tuberculosis in the face of negative sputum findings the data necessary are: *First*, the history of the case; *second*, the symptoms presented; and, *third*, the physical signs.

D. R. LYMAN,

Wallingford, Conn.

In *Boston Medical and Surgical Journal*, Aug. 2, 1917.

SINGLE SYMPTOM CURES.

By J. N. Sarkar, Goari, P. O. Nadia, Bengal, India.

MALARIAL FEVER.

Single symptom led me to cure the following severe cases:

Mr. M. N. Mukerjee's son, aged about 15 months, suffering from malarial fever, was treated by the best available old school physicians. After a few months the best Bengalee bacteriologist examining the blood, said the germs were all killed but the fever was not subdued. The parent of the child lost all hopes and called me to treat the patient. When I saw the patient was very weak and emaciated, the child was very fond of sugar, the last symptom led me to prescribe *Argentum nitricum* 30th, which cured the patient completely in a month.

TYPHOID FEVER.

K. P. Hari, aged about 45 years, was suffering from typhoid fever. Pulse thready and gradually sinking, profuse sweat over the whole body, drowsy, prostrated, stools thin, black, bloody, very offensive, the patient falls asleep in the middle of an answer. The last symptom led me to prescribe *Baptisia* 1x, which cured him miraculously.

Late Mr. K. N. Mittra's wife, aged about 40, suffering from typhoid fever, quiet delirium and stupefaction, pulse thready, labored breathing, passed stool involuntarily, yellow, watery with meal-like sediment, abdomen bloated. The characteristic stool led me to prescribe *Acid phosphoric* 30th, which soon cut short the disease.

NECROSIS.

Mr. P. C. Sen's daughter, aged about 15 months, was suffering from necrosis on the clavicle. The best old school physicians and surgeons tried their best nearly a year without any success. Then I was called to treat her; the patient was leucophlegmatic; the pus was very little, yellowish, thick, white. According to Dr. Baruch, "*Theridion curassavicum* apparently goes to the root of the evil and destroys the cause of necrosis." So I prescribed the medicine in 200th potency, twice in a week, which cured her in three months.

KALA AZAR.

T. Methar's son, aged about 10, was suffering from kala azar, the most dreaded fever of Bengal and Assam. The kala azar champions applied their best up-to-date methods without any success. The parent came to me for the treatment of the boy. The patient was very thin, weak, emaciated, spleen and liver enormously enlarged, pulse feeble with slow fever, violent convulsions, bending the head, neck and spine backwards, which occurred recurrently very often. The characteristic convulsion led me to prescribe *Cicuta* 6th, which cured him very shortly.

DIARRHŒA, DENTITION AND FEVER.

Mr. B. B. Sarkar's daughter, aged about 2½ months, was suffering from acute diarrhœa and simple fever for two days with difficult early dentition; on the third day I and an old school, well

reputed, physician were called, my fellow brethren totally refused to take up the case, and said there was nothing to be done in that case. The patient was in the state of collapsing and sinking her pulse, hippocratic countenance, wrinkled forehead with cold sweat; whole abdomen bloated, passed no stool or urine for a long time; long continued convulsion with continued motion of one arm and one leg. I then prescribed *Helleborus niger* 3x, depending on the last symptom, which acted wonderfully, within a few minutes the patient passed yellowish green, watery stool, and the symptoms came gradually into a very favorable condition, but lastly *Secale cor.* 6th subsided the spasms of the single muscle of the leg or hand which occurred simultaneously after the first part of the attack, and for her weakness a few doses of *China* 30th made her all right.

MALARIAL FEVER.

Mr. P. Bhattacharjya's daughter, aged about 8, was suffering from malarial fever for years, and the father of the child gave quinine all along. After this an eminent old school physician treated her with allopathic medicines by mouth and hypodermically without any effect. Then I was called to treat her at night. The patient was very weak, emaciated, anæmic, with spleen and liver enormously enlarged, obstinate constipation, the lips and corners of the mouth were dry and cracked, fluttering of the heart with weak faint feeling and violent pulsation of the heart shaking the body, worse when lying down. For neutralizing the bad effects of quinine and other symptoms I prescribed *Natrum mur.* 200th, two doses for the night, at morning I saw the patient's symptoms took a very favorable turn, and then a few doses of *Natrum mur.*, 1,000 cured her in a very short time.

GLEANINGS BY THE WAYSIDE.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

In a city of one of our Southern States (population about 10,000) they have twenty-five old school physicians. A physician in that city writes me that the mortality in the city hospital is from 25 to 30 per cent. This is a *frightful* mortality for which there is no *earthly excuse*.

In this progressive age with all the splendid text-books on practice and materia medica of the new school there is no *excuse* for a doctor *not* knowing how to heal the sick. The great trouble with some of our Southern medical friends they are like Jacob, "Wedded to his idols." They swear by the trinity, Quinine, Calomel and Morphine.

It is a well known fact that the average mortality in this country from disease *without* medical interference does not exceed *seven per cent.* It follows from this that if the medical profession are to be of any use to the public the average mortality from their treatment should be *below* seven per cent.. According to the best statistics I can find the average mortality under old school treatment (statistics collected from hospitals, prisons, private practice, health reports, etc.) is 12 per cent.

From this it will be seen that the people would *really* be better off if there were no old school doctors at all!

From statistics obtained from the same source I find that the mortality under homœopathic treatment *was five per cent.* Please notice the *difference*, it will give the reader something to *think* about.

When a physician finds that he is losing twelve out of one hundred of his patients, it must impress him with the fact that there is something *radically* wrong with his system of therapeutics, and that it needs to be *revised* and brought up to date.

A patient has a *stomach* cough, tormenting *dry* cough, constant *tickling* in throat, robbing the patient of rest; she is an asthmatic subject. *Tr. Lobelia* 3d x is the remedy, 10 drops once in two hours.

Calcarea carb. is one of the principal remedies used by the homœopaths in the treatment of consumption, and the indication for the remedy is clearly defined as follows:

There is *soreness* of the *walls* of the chest, *profuse* purulent *sweetish* expectoration and hæmorrhages.

Thirst, *hectic* fever, night sweats, especially about the *head*, with *cold* hands and feet. *Calcarea carb.* 6th x, three tablets once in two hours.

I have had lady patients with enlargement of ovary, complain of a *grumbling* pain in the ovary. They stood stooping over it.

hurt them to stand up straight. This indicates *Tr. Thuja* 30th x. Now if I find a *dusky* hue to the *face*, and a *dark red* discoloration on the *abdomen* over the region of the ovary that makes the indication for *Thuja* still *stronger*.

I can generally tell by the appearance of a woman's *face* if her ovaries are enlarged or not. A *stinging* pain in the left ovary relieved by *cold* applications indicates *Tr. Apis mel.* 3d x, 20 drops in half glass of water, teaspoonful every hour. *Throbbing* pain in ovary in acute ovaritis, *Tr. Belladonna* 1st x is the remedy, 5 drops once an hour.

Burning, tensive pains in ovary, especially the right, relieved by *hot* applications, *Arsenicum* 6th x, three tablets once in three hours.

Pain in ovaries, especially the left, *labor-like* pains, os uteri feels *open*, pain relieved by flowing, *Tr. Lachesis* 30th x, 10 drops once in three hours.

Pain in ovary *relieved* by *pressure*, *Palladium* 6th x, three tablets once in four hours.

Ovarian *colic* or neuralgia relieved by bending *double* and *warm* applications, *stitching* pains *deep* in right ovary. *Tr. Colocynth* 3d x, 20 drops in half a glass of water, teaspoonful every hour.

Induration (chronic) of the ovary calls for *Aurum met., Nat. mur.* 3d x (double chloride gold and sodium), three tablets one hour after each meal. Our doctors should learn *how* to treat the different ovarian troubles, and not send them away to the surgeon to be mutilated, unsexed and degraded.

The reader should bear in mind the *fact* that *four-fifths* of the cases of cancer of the female breast are *rooted* in the uterus or ovary, from this you will see how *silly* it is to *cut out* a growth in the breast and *not* to remove the *cause*. It is a waste of *time* to try to cure any case of cancer of the breast until you have got the uterus and ovaries in a *normal* condition. I learned this fact *years* ago in the *bitter* "school of experience." I want to *warn* the reader to look out for your cases of *congestion* of uterus or ovary.

Don't leave them until you are *sure* that you have *conquered* the trouble, for in my experience I have seen cases of the above

condition neglected or improperly treated drift into the "suicidal mania," and the next report would be that the patient had *committed suicide!*

As we grow old in our profession memory will often hark back to our college days, when we were under the fostering care of our Alma Mater. Those days were the *happiest* days of my life, when I was care-free, full of hope and lots of ambition. Our Alma Mater, "Old Dartmouth," may her sons ever be loyal and true, may her colors never go down in defeat.

"To thy bowers we were led in the bloom of our youth,
 From the home of our infantile years;
 When our fathers had warned and our mothers had prayed,
 And our sisters had blessed through their tears.
 Thou then wert our parent, the nurse of our souls;
 We were moulded to manhood by thee,
 Till freighted with treasure, thoughts, friendship and love,
 Thou didst launch us on destiny's sea."

I knew a doctor once who had a laugh that you could hear a block away. I would go a good distance to hear that laugh; it would drive away the "blues." I often used to wonder if he ever tried it on his patients.

When this number of the RECORDER reaches some of our readers it will be the dying of the old year, to others it will be the dawn of the new year. To all our readers I send you a "Merry Christmas" and "Happy New Year." May the new year be a *happy* new year as well as a *prosperous* one. May we all try to be a *better* physician this coming year, a better man and a better citizen.

A good treatment for constipation, those obstinate cases that have the "pill habit," should have *Nux vomica* 30th x, three tablets at night (this remedy needs all night to do its work), also *Sulphur* 30th, three tablets in the morning. You will find that *Sulphur* acts best when given in the morning, that is my experience. There is a form of indigestion called "smoker's indigestion;" ladies sometimes have it even if they don't smoke. After a person eats stomach and bowels feel *full* of gas, a feel-

ing of a *load* in the abdomen that *ought* to pass off but don't, for it is mostly *wind* that passes from the bowels. I have found a good remedy for this condition. It is:

℞. Nux vomica3d x.
Carbo vezt.3d x.
China1st x.

Mix. Sig.—Three tablets before meals and at bedtime. Then you can eat and be happy.

I shall continue to write articles for the RECORDER during the coming year, unless ye editor shall proceed to "tell me where I get off!" The readers of the RECORDER seem like old friends of mine, and I should miss very much the privilege of talking to them each month.

Dr. L. R. Boynton, a prominent homœopathic physician of Mount Vernon, N. Y., has joined the grand army of my students. The doctor is president of his county medical society. Like all good doctors he reads the RECORDER seriously and prayerfully.

Dr. Alice Doubrawa, Beaumont, Texas, another of my students, is "*doing things*" down in the "Lone Star State." She reports to me that she "has not given up any patients or lost any." Patients come to consult her from Houston, Galveston, New Orleans, and the "cities round about." She reads the RECORDER and says she "gets lots of good things out of it." She has made the men folks "sit up and take notice" in that part of the Lord's vineyard. I have seen in my time physicians of the eclectic and homœopathic schools of medicine go *out* of their way to *curry favor* with a regular physician. As a graduate of that school, as one who looks at things from *their* standpoint, allow me to say that in their heart and soul they *despise* the man who *creeps* and *crawls* after them. DON'T DO IT! Be *self-reliant*, be *independent*, show your regular brethren that *you understand your business* and don't *have to lean upon any body*. If you will do *that* you will command their *respect*, and when you *need* counsel you can get the *best* there is.

I have always *impressed* it upon the minds of my students that they should be *self-reliant*, learn to *depend* upon themselves, *not to lean upon any body*.

A homœopathic physician that I met in consultation apologized to me because (as he said) he was a "little pill doctor!" It don't make any difference to me whether a doctor is a "little pill doctor," a big pill doctor, or no pills at all, so long as *he understands his business*. That is the *standard* by which every doctor *must* be measured by, no matter *what* school of medicine he may belong to.

Some of our physicians who *claim* to be able to treat cancer successfully make a *failure* of it for the following reasons: First of all they fail to grasp the idea that the *Medical* treatment of cancer in all its forms is a *specialty*, the same as the eye and ear surgery or gynæcology, and a doctor must *study* and *fit* himself for that *special* work. Then, again, he *must* know the *diagnosis* of *all* forms of cancer.

He must absolutely *know* the *materia medica* of *all* schools of medicine, for cancer is a "foeman worthy of *any* man's steel," and we *must* have *all* those resources to *draw* upon in the treatment of cancer. Again, a doctor who wants to make a success of the treatment of cancer *must* know *how* to treat *all* chronic diseases *successfully*, for most cases of cancer are *complicated* with some other disease, and until that complication is overcome you *can't cure the cancer*.

Then, again, a doctor *must* know *when* the cancer has advanced to *that* stage when the disease has advanced so *far*, and the *vitality* is so *low* that the system will *not* respond to *any* form of medication.

What I know about the medical treatment of cancer has been gained by *very* many *years* of *hard* study and *many* years of actual *clinical* experience with *all* forms of cancer. When we find that some foremost, prominent surgeons have to *cut* a patient *open* before they can tell if they have a cancer or not, what can you expect of the rank and file of the profession? As a matter of fact, the *average* physician *can't diagnose* a case of cancer when he *sees* it, for the simple reason that he has *not been taught how to diagnose* the *different* forms of cancer in the medical colleges. The professors can't teach students what *they don't know* themselves.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

THEY SAY

That chionanthus is the remedy for pregnancy jaundice.

That cratægus is useful in cardiac asthma.

That phenolated camphor will abort felons, locally applied.

That powdered alum is a good remedy for whooping cough.

That Reish's treatment of syphilis is mainly use of trifolium extract comp.

That radium varnish is the treatment for lymphangioma circumscriptum.

That inoperable malignant tumors may be rendered operable by radium.

That malignant tumors may be diminished in size by injections of the proteus enzyme.

That ammonium ichthyosulphonate is an excellent remedy for leucorrhœa, in form of suppositories.

That sodium salicylate prevents sequelæ of scarlet fever.

That intramuscular injections of gelsemium are sometimes efficacious in lumbago.

That splenectomy is the treatment for hemolytic jaundice with splenic anemia.

That the Mosetig-Moorhof bone plug consists of 60 parts of the finest powdered iodoform and 40 parts each of the oil of sesamé and spermaceti.

That a good dressing for diabetic gangrene is a saturated solution of boric acid with a little alcohol added to it.

That rectal or subcutaneous injections of five to seven per cent. glucose solution are a prophylactic in acidosis.

That local anesthesia of a part (as, for example, when needed before opening a boil or felon) can be effected by submersion in ice cold alcohol.

That aluminum monoboroacetate will sometimes stop a diarrhœa.

That a mixture of 5 parts sublimed sulphur in 16 parts glycerine and $2\frac{1}{2}$ parts glacial acetic acid will remove warts, applied locally.

That sanatogen is a mixture of 95 per cent. pure milk albumin and 5 per cent. sodium glycerophosphate, and is useful in the nutrition of mental and nervous cases.

That milk may be readily pasteurized by boiling, say, two quarts of water in a ten pound tin lard pail, taking a quart bottle of milk and placing it, first, in warm water and then in the boiling water, leaving it covered with cloth in the ten pound pail set in a warm place for an hour, then taking it out of the pail and immediately chilling it.

That metastasis in mumps may be prevented by putting the patient to bed for several hours with application of hot mustard poultices to region of parotid.

That dysmenorrhea may be greatly helped by administration of a pill of five milligrammes of atropine sulphate three times daily on the day before the flow.

That ivy poisoning is well treated by application of a saturated solution of sodium bicarbonate in ice water.

That poison oak suffering is helped by application to the part affected of a small cake of crystallized alum dipped in warm water.

That pruritus ani is sometimes relieved by application, locally, of compound tincture of benzoin.

That the direct tracheal application with laryngeal syringe of ten per cent. menthol oil solution will help acute bronchitis.

That to make a "dose of salts" palatable add to it one-half a teaspoonful of aromatic spirit of ammonia.

That if it takes from 15 to 25 grammes of sodium bicarbonate to make a patient's urine alkaline, the case is one of acidosis.

That if a patient does not void in his urine all of ten grammes of sodium chloride, added to his regular amount of salt intake in 24 hours, he has an obscure case of nephritis.

That Barach's cardiac energy test is made by adding the figures of the systolic pressure to those representing the diastolic and multiplying the sum by the figure representing the pulse rate. The product should not greatly exceed or fall below 20,000, high figures indicating cardiac strain and overwork.

That a better test for kidney function than the dye tests is the water excretion test (already described in the RECORDER).

That infusion of the English leaves of digitalis will bring about diuresis in cardiac cases in 48 hours.

That dropsy is the special indication for apocynum.

That thuja is indicated in enuresis.

That stricture of the esophagus may be recognized by means of bismuth in a sausage skin bag swallowed by the patient, the X-ray being used.

That an alkaline mouth wash may be made of 30 parts soda bicarb., 20 parts sodium benzoate, 50 parts sodium borate, with menthol and eucalyptol, 6 and 3, respectively, alcohol 100, glycerine 200 and water to make 1000.

That pituitrin, night and morning, has cured incontinence of urine in boys.

That short circuiting of the vas deferens is now being used to repair an old gonorrhoeal epididymis in which there is an obstruction between the tail of the epididymis and the external inguinal ring.

That lipemia retinalis implies an immediately grave prognosis in young diabetics, although recoveries are known.

That urethral caruncle may be the cause of severe pain and hemorrhage to a female patient during coitus or when walking.

That for the injection treatment of hemorrhoids a mixture of 40 parts carbolic acid with 60 parts olive oil is the most dependable.

That for psoriasis an arc lamp of 1000 candle power and local applications of iodine are recommended.

That for general sepsis deep injections of sodium nucleinate into the muscles once or twice daily in five grain doses have been exceedingly valuable.

That in cases of tonsillectomy hemophilia is rarely dangerous after the 25th year.

That for the immediate relief of lumbago active purgation with calomel and colocynth is often successful.

That gouty persons are, if syphilitic, in danger of lesions of the mouth involving ultimately cancer of the tongue.

That pyelocystitis in infancy and early childhood is best treated

by plenty of fluid and alkaline citrates enough to keep the urine alkaline for two weeks.

That in syphilitic aortic disease cacodylate of soda, hypodermically, is safer and better than salvarsan.

That edema of the prostate may lead to diagnostic errors in simulating prostatic hypertrophy.

That massage will greatly help recent cases of Colles' fracture.

That a solution of borax in warm water is soothing to the dusty eyes of automobile tourists.

That picric acid is a remarkable agent in the way of local application to the skin in various skin affections.

That obstinate cases of leucorrhœa may be helped by very weak lactic acid solutions, beginning 1 in 500, used by injection into the vagina.

That Skipper's treatment of carbuncles is saturation with pure phenol.

That Henry's treatment of lumbago is the local application of a solution of fifteen to twenty grains of iodine scales in equal parts spirit of ammonia and collodion to make in all four drachms.

That ethylhydrocuprein (also known as optochin) is a true specific chemotherapeutic agent against the pneumococcus.

That spartein sulphate should be given in pneumonia to help the heart and produce diuresis.

HEADACHES FROM RENAL INSUFFICIENCY.

CLIFFORD MITCHELL, M. D.

It is well to consider the relationship of headache to renal insufficiency for two reasons at least, first because the reported mortality from chronic nephritis is much larger now than formerly, and second, because headache is an important symptom of chronic nephritis.

Headache is such a familiar symptom that its renal import may be overlooked or not suspected, especially by those who are unaware of its common occurrence in chronic nephritis.

Such works on the practice of medicine as those written by Osler, Anders, Struempell, Hare, Musser, Tyson, Taylor, Kelly, French, Edwards, and Savill all lay stress on headache as a symptom of nephritis. Some of them mention it first in order

of importance. French says: "The first ground for complaint in chronic interstitial nephritis is persistent headache." Osler says, "headache is an early and persistent feature of chronic interstitial nephritis." Tyson dwells on the frequency of headaches in chronic nephritis, and Edwards speaks of the obstinacy of them. Kelly calls headache a common symptom of nephritis, while Taylor, Savill, and Anders mention it first in their list of symptoms of chronic interstitial nephritis.

Hence it is unwise for us to overlook the possibility of nephritis being sponsor for a headache of obscure origin, especially if persistent.

Admitting, however, that headache is common in nephritis an interesting question arises as to whether this headache is always due to renal insufficiency or not. The authorities quoted above are, so far as I have had time to observe, silent on this specific point, although by their paragraphing they lead us to infer that the nephritic headache is uremic in origin, and, if so, we must conclude that it is due to renal insufficiency. A headache may indeed be due to renal insufficiency in the last stage of any nephritis, when the urine is decreased or suppressed and when the urinous breath and urinous sweat of the patient leave no room for doubt as to the failure of kidney function.

It must be remembered, however, that headaches occur early in the course of chronic interstitial nephritis, but are not common in chronic parenchymatous nephritis. That is to say, a renal patient without dropsy passing two or more quarts of urine may complain greatly of headache, while another patient, waterlogged with dropsy and passing less than a pint of urine per 24 hours, may experience little or no cephalalgia. Even in cases of the latter type of nephritis when only an ounce or two of urine is voided in the day time and when the night urine is essentially an aqueous solution of albumin, almost destitute of the normal urinary solids, even in such a case headache may not be a conspicuous feature. So that the relation of headache to renal insufficiency is not altogether clear.

Not long ago I saw a man 55 years of age who had a persistent headache, and with the idea that his eyes were the cause of it he consulted an oculist. The oculist could find no eye trouble

sufficiently accounting for the headache, hence referred him to an internist. The internist sent the urine to me and we had an interesting time comparing our findings in the case. In the first place the patient voided 1425 c. c. of urine in 24 hours (which is about the normal average quantity) of specific gravity 1022 (which is about the normal average specific gravity for such a quantity of urine in adults of good weight), hence a superficial view of the urine would have negatived a renal conclusion. But going farther I found albumin in quantity, enough to measure fractionally with the Esbach tube, and the microscope showed many tube casts, which casts were large and of the kind which suggest involvement of the straight collecting tubules, occurring only in long standing chronic nephritis, namely, the long, broad, straight, coarsely granular and waxy tube-casts.

The internist found a systolic blood pressure of 256, a diastolic of 150, hence a pulse pressure of over one hundred. An interesting feature of the case was that the apex beat of the heart was not noticeably displaced to the left, nor was the aortic second sound especially accentuated, so that any one who does not use the sphygmomanometer may err in a case like this. The conjoint examination of the urine and blood pressure was what led to the relief of this patient from his suffering, for his headache was cured in 48 hours after we got his blood pressure down so that the systolic registered 202, and the diastolic 120, hence the pulse pressure 82, where it is at present. We accomplished our result by putting him on a diet which reduced the Na Cl in his urine to less than 5 grammes a day, the albumin to a trace, and the casts to a few granular and no waxy. At the same time we administered once every day for two weeks Epsom salt in isotonic solution.

You may perhaps argue that it was the catharsis which relieved this patient. Possibly so, but on the other hand, I have seen headache cases in which unless the blood pressure went down appreciably, catharsis was unavailing. And contrariwise there are cases in which as long as indicanuria is marked, a fall in blood pressure fails to relieve the headache, so that on the whole the urine is the key to the therapeutic situation: high blood pressure without indicanuria suggesting the pressure as the

cause, and obstinate indicanuria with a falling blood pressure suggesting the bowel as the offender.

In the case described above there was no great amount of indican.

Agonizing headaches in nephritis call for diuresis and diaphoresis, and these headaches are those which appear to be really due to renal insufficiency, either directly or indirectly. Such agonizing headaches occur, as a rule, in the last stage, not long before death, hence are a bad prognostic sign, so far as my experience goes. Immediate sweating is indicated. Morphine may palliate but is objectionable and perhaps even dangerous in the late stage of nephritis. I admit that for a persistent headache in some hopeless cases of nephritis a quarter grain at night is occasionally permissible, but repetition of the dose seems to be dangerous, at least I have known death to occur in two cases where the hypodermic was repeated in the same night; but it is possible, of course, that larger doses were given than admitted by the nurse or attending physician.

There is a headache which occurs in the cardiovascular renal cases beginning early in the morning and lasting until noon or a little later. This is a most annoying symptom, and is thought to be due to some mechanical cause, possibly to the posture while sleeping. It may yield to the same diet and treatment as I have above described. One of the French writers advises the use of thiosinamine (externally?) in case the diet fail to relieve the patient.

In view of the fact that the relation of the nephritic headache to renal insufficiency is not always clear, my suggestion is to be guided by the urine in the treatment of the case. That is not to attempt diuresis when the patient is passing two or three quarts of urine a day, but to employ treatment with reference to the indican, the chlorides, the albumin and the casts. On the other hand, when the urine is decreasing in amount and the specific gravity decreasing also, diuresis is certainly indicated as are also other measures of elimination.

CLINICAL URINOLOGY.

An Obscure Case of Renal Calculus. Illustrating the difficulties of making a diagnosis in cases of kidney disease is the following:

Patient, a carpenter by trade, 45 years of age, married. Came to the writer convinced that he had chronic Bright's disease, because he passed urine containing albumin, as per analysis of various physicians, and also because of a high blood pressure which had been 200 or more systolic. He was so positive in his own opinion concerning the presence of nephritis in his case that it was not easy for him to consider the possibility of any other renal condition. Delving into his history we found that seven years ago he had passed renal calculi, but at that time had had typical renal colic, which was not present now. The pain was formerly referred to the right side, but now there was a colicky pain low down on the left side which radiated up toward the left kidney. There was, however, no soreness or pain on deep pressure anywhere. According to his statement an X-ray examination of the left kidney was recently negative. Physical examination showed a systolic blood pressure of 162, and the left ventricle appeared enlarged; the aortic second sound was accentuated. The patient's maximum weight had been 190, but he had lost 12 pounds in the last six months. He laid great stress on the fact that recently while on a vacation he had felt well and had been entirely free from pain of any kind. Examination of his 24 hours' urine showed a volume of 1640 c. c., an acidity of 37 degrees, urea 28 grammes total, other normal solids plenty, except indican slight, specific gravity 1016, albumin plain in day, none in night, benzidine test for hemoglobin slightly positive, one broad hyaline cast found with the microscope, also a moderate number of red corpuscles. From the appearance of the blood corpuscles they were from the kidney. From the fact that blood was the feature of the urine with only one cast, I made the tentative diagnosis of renal calculus, and told the patient to watch the urine he passed after heavy lifting. He was inclined to be skeptical as to the diagnosis, being convinced that he had "Bright's disease," but obeyed orders, and in a few days returned with urine containing so much blood as to convince even him that it was present. I then told him he had in all probability renal calculus. I referred him to a surgeon who had a competent roentgenologist take an X-ray of the left kidney, which plainly showed a good sized stone present. Patient was afraid of opera-

tion and hesitated for a time, but finally went through with it. Stone was removed and he made a rapid recovery, although after operation the systolic blood pressure went up above 200.

This case shows the value of the urine examination in making plain to a reluctant patient what is the real trouble with him. It also shows how the previous dictum of various doctors may so prejudice a patient that difficulty may be encountered in opening his eyes to the real truth.

THE HOMŒOPATHIC RECORDER.

At the close of the year it is customary for editors to write a sort of swan song over the dying volume, and "the robin will nest again" for the coming year. Had concluded to leave this out of the closing number but as Brother Mitchell has not filled out his last page we will fill it up with something about the old journal, which, in January, enters its 33d year of continuous publication without a break.

Presumably the above mentioned Brother Clifford Mitchell will continue his work. Haven't thought to ask him, but he is an able and faithful writer, and we just naturally took it for granted that he would go on, as, assuredly, our readers hope he will. We have trotted together for a good long time with never a break or jar.

Dr. Eli G. Jones will go on with his therapeutics and general comments. His therapeutics are not *always* Hahnemann Homœopathy, but his boundless confidence in the curability of disease by medicine is a needed tonic in these nihilistic days, very much needed, and we hope Jones will go on—we have his January manuscript.

As for "T. W.," presumably we will have to suffer him until the advertisers crowd him out.

So this is our "swan song" for Volume XXXII, and let it be concluded with the hope that our old subscribers will continue with us and many new ones enlist, for, indeed, we are honestly working for the best in medicine, which is the best for humanity.

Merry Christmas and a Happy New Year to you all!

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EDITORIAL NOTES AND COMMENTS.

“Signatures.”—Considerable space is devoted to Dr. Ramseyer’s paper on the “Doctrine of Signatures” in this issue. The writer has devoted much time to the study of medical literature, especially to ancient medical lore. Whether it is worthy of study is for each reader to decide for himself. There be some who suspect that the present age, while marvelously prolific in material discoveries, has fallen behind the ancient ages in Wisdom. However, you will find the paper interesting.

Kharsivan.—We do not know what “Kharsivan” is, but according to the *Practitioner* two children received injections of it. One died within 15 minutes, while the other lived 17 minutes. These deaths are ascribed to shock and not to “kharsivan.” Perhaps so but it looks as if the last named caused the “shock.”

The Roentgen Treatment and Goitre.—The *Hospitalstidende* of Copenhagen, Aug. 1, tells of two cases of exophthalmic goitre that received the Roentgen treatment, two exposures, and died in consequence. In each case there was a reduction of the circumference. This seems to teach what not to do, an excellent thing to know in medicine.

Therapy.—After much reading of allopathic therapy one can see why the great allopathic leaders are quite right in condemning it.

Pasteurized Milk.—It looks as if heated milk, or milk in which the perhaps mythical germs had been killed, would soon be a thing of the past. *Lancet*, of Sept. 22, relates quite a number of instances in which healthy babies began to droop and develop a sort of "latent scurvy." When the pasteurized milk was replaced by "raw" milk (a foolish term for true milk) the infants quickly regained their health.

The Nose and the Eyes.—A Swedish or Norwegian doctor, Galtung, in *Novsk Magazin for Lægevidenskaben* calls attention to the close connection between the diseases of the nose and eyes. Diseases of the nasal cavities affect the eyes or the optic nerve. Perhaps this is nothing new—but its mention does not take up much space.

Radium.—At Rochester Dr. R. F. Rabe read a paper in which he related a cure of articular rheumatism by *Radium*. The patient, a brother physician, was badly crippled with rheumatism in which numerous homœopathic remedies had been used, and also the allopathic treatment with the salicylates with no relief. *Radium brom.* 30x, doses twelve hours apart, was followed by immediate, rapid and apparently complete cure.

The last test made of B. & T.'s high trituration of the highest power *Radium* still showed an unabated power to photograph objects.

Radium in Arthritis.—"I recall a patient who suffered from a generalized arthritis and whose joints although suffering but little limitation in motion had already manifested the degenerative changes which initiate a deforming type of arthritis. These changes were shown by the Roentgen ray. A futile tonsillectomy was performed in the hope of alleviating the symptoms. Streptococcus vaccins, although aggravating the symptoms in small doses, gave no therapeutic results when administered over a period of three months. From the fact that the patient's condition was aggravated so markedly at menstrual periods, and also as a last resort, I determined to give her *Radium* 12x, in accordance with the provings of Dr. Dieffenbach. The relief of her symptoms was so prompt as to cause suspicion on my part of the credibility

of her report. The progressive and lasting improvement served to dissipate all doubt on my part, and I was gratified at the end of a year to receive the report that she continued free from rheumatic symptoms.—*Dr. Ralph R. Mellon, Rochester, N. Y., in N. E. Med. Gazette.*

Diet and Disease.—Dr. J. R. Williams, *Archives of Internal Medicine*, contends that the common practice of full feeding of diabetics with a view of keeping up their strength really does the other thing, that is, weakens the patient. About twenty years ago a Scotch doctor wrote a little book called a "Plea for a Simple Life," the burden of which was "eating to keep up the strength" is one of the great errors of mankind. Food not relished is a hindrance to all invalids. This idea, however, is generally hooted by the average man.

Milk.—In a paper on "The Necessity of a Pure Raw Milk," read before the American Association of Medical Milk Commission and printed in *J. A. M. A.*, Dr. H. D. Capin, New York, in part, said—and the *italics* are his:

"As a general rule, the less milk is manipulated and the closer it is kept to its natural state, the better it will serve the ends for which it is intended. Any factor that tends to alter in any way the physical or vital character of milk must be considered as important, and possibly, under certain conditions and in certain ways, may not be of advantage. Some of Nature's foods are evidently intended to be taken in a raw state, as is shown by a certain failure in nutrition which follows when they are subjected to prolonged drying or heating." He also says that while raw milk can be quickly contaminated, "the same is true, only in a greater degree, of Pasteurized milk." Also, "Many babies who do not thrive, or cease to thrive, on heated milk do well on a change to raw milk." Milk is heated, Pasteurized or sterilized, to "kill the germs," but, like the old "germicides," it seems to have the effect of doing the same to the patient also.

Darwin and the War.—Seems fanciful, doesn't it, that Darwinism should be responsible, indirectly, for this war? Several writers have noted this. The *Rhode Island Medical Journal* puts this idea in these words:

"Man, according to the German gospel," which is based on Darwin's philosophy, "has arisen from his primitive bestial condition through the action of Natural Selection, and Natural Selection depends for its working on a rigorous and ruthless struggle for existence. The battle is to the strong, and because the German is superior to other men he must survive even at the cost of the others' extermination. A pathetic myth, you will say, quite worthy of some parrot! But the sad thing about the business is that these German intellectuals really believe what they say—are **even fighting and dying in the trenches** for their belief. A man who dies for his philosophy is certainly in earnest about it. Is it then to be wondered at that a nation whose leaders of thought place themselves and their fellows at the biological level of the jungle should have no place in its scheme of life for those virtues so despised by Nietzsche when he admonished the wise man to close his ears, however fierce an effort it may require, to the voice of another's pain?"

A Medical Point.—Perhaps it will be of no use to our readers, but here it is: Recently, at a lunch, we met two men, one of whom travels from Maine to Texas in the steel business, while the other is one of the men who buy steel in its finished form. The talk drifted here, thither and yon until it landed on men's shoes, and men's feet, especially on fallen, or falling, arches. The traveler related how he came to the conclusion that he had "kidney troubles" and consulted a doctor, who, after he had listened to his tale of woe, remarked, "I don't believe you know where your kidneys are." Man made a vague motion across his back, after which the doctor said, "I thought so! take off your shoes." Man did so. His feet were examined and the fault was found in a fallen arch. "Doctor told me, 'Why you might even feel the effects of that as far up as your neck.'" Well, the shoe man did the rest—supported the defective arch. The other man had essentially the same story to tell, that is to say, he went to a doctor, told him he had "kidney trouble" and it was found that the trouble was in his feet, for which the shoemaker prescribed successfully.

Patent Medicine.—We always entertained the idea that respectable doctors held patent medicines in abhorrence. It was

an error, *i. e.*, the idea, for here is a quotation from the *J. A. M. A.*, anent Salvarsan: "To abrogate this patent medicine would be doing an injury to no one. Certainly the patentees of Salvarsan have already reaped their harvest—and a pretty rich one." Possibly if the patent was abrogated no one would know how to make this German patent medicine. Probably enough *Arsenic* not to kill the patient, would do the trick. Queer that medicine, the twin sister of religion, one curing the body and the other the soul, should be patented? Imagine a man holding a patent on salvation! It is things like this that give rise to the frequent charge that the *A. M. A.* is a "trust," like the old Standard Oil.

A Bit Philosophical.—The leading paper in the *J. A. M. A.*, Sept. 1, is by a Dr. Bernard Sachs, of New York. It is headed, "Truth About Intraspinal Injections in the Treatment of Syphilis of the Nervous System." It is concerned with "the spirocheticidal remedy," *i. e.*, germ killer. The old time men believed that disease was caused by devils, while the modern believe the cause to be, well, "spirocheta" in one disease at least. The chief advance seems to be that the moderns have given names to the ancient devils. After you pass this point there does not seem to be much difference between the old and the new.

Dogs, Distemper and Gunpowder.—The RECORDER for August printed a paper by Dr. J. H. Clarke, of London, on "The Therapeutics of Gunpowder." This brought out a letter to Dr. Clarke from Dr. J. F. Wellington, Avon-by-the-Sea, New Jersey (U. S. A.), printed in the *British Homœopathic Journal*, in which the writer confirms Dr. Clarke's article, saying that in his youth he was fond of fox hunting, that the fox hunters believed that gunpowder would cure distemper in dogs, and, Dr. Wellington says, it will, as he has proved it on his own dogs.

Evolution, Eugenics, etc.—Casper L. Redfield, of Chicago, contributed a paper to the *Pacific Medical Journal* that puts evolution and eugenics at loggerheads. Here is an extract from it.

"It is said that from feeble-minded parents we get only feeble-minded offspring. That is another form of the statement that a parent cannot transmit a mental power which he does not have.

But some time in the past, and long after the line leading to man had separated from the line leading to the ape, our ancestors were all what we would now call feeble-minded. If the feeble-minded individual cannot be raised above his mental feeble-minded condition so that, as a patient, he can transmit more than he inherited, how is it possible that we could be descended from a common ancestor with the ape?"

To maintain their position the eugenists will have to fall back on the old book of *Genesis*, chapter iii and thus prove that in place of man having ascended he has descended.

The Wonders of Science.—Dr. Geo. Burford, in *Homœopathic World*, writes:

"Sir Almroth Wright declares that a wounded soldier is a sick soldier; and founds a quite new treatment of wounds on helping the organism to help itself. The idols of the antiseptic method—and chiefly carbolic acid—are denounced with a vigor and point that leave little to the imagination."

If the army surgeons would throw aside the antiseptic dressings that Wright condemns and substitute that old and time-tried vulnerary *Calendula* it would be a blessing to the wounded. *Calendula* prevents infection better than any known dressing, it does not retard healing but *wonderfully promotes it*.

A Proving of Aspirin.—Dr. Charles W. Chapman, of London, contributes the following to the *Lancet* concerning the action of *Aspirin*:

"A. H., a lady, aged 30, recently consulted me on account of curious sensations in her head, the chief of which was that when she entered a room she always saw a large box over which she had to step before being able to get to the other side. The history was that she had suffered from headache for a long time, for the relief of which she had taken aspirin freely. She was in a very nervous state, very active, and anxious to do her duty. Thorough examination failed to disclose any actual disease, but the ophthalmoscope revealed error of refraction. I sent the patient to an ophthalmic surgeon who reported the presence of hypermetropic astigmatism, and prescribed glasses. She was or-

dered to discontinue the use of the drug. From that time the patient lost all her headache and other symptoms.

"I have no doubt that the reckless way in which aspirin is frequently prescribed would account for some obscure nervous conditions. Sisters and nurses in nursing homes are much given to doping patients with aspirin entirely on their own account, a practice which cannot be too strongly deprecated."

Aspirin has gotten beyond the prescription stage, being used by the public in great quantities, 10 grains at a dose is not uncommon.

Treating Meningitis.—DuBois and Neal in *Archives of Pediatrics* relate "Seven Years of Clinical and Laboratory Experience With Meningitis." Many things were tried without very decisive results, none were of pronounced value while some were hurtful. All seem to have been administered hypodermically. Would it not be wise to try the old method of giving remedies by the mouth again? All food is taken into the stomach, whence every part of the body is nourished, nature making the selection of what is needed without the help of man or science, and casting out that not needed. Does not the same hold true of medicine, especially if the stomach is not over-loaded with it?

Small-pox.—The *Lancet* devotes a long editorial to epidemic diseases now prevailing in the Central Empires. In brief, there were about 50,000 cases of small-pox in Austria during 1915-'16, and the disease prevails more or less over Germany, especially in North Germany. The number of cases reported in the last named country is not given but it is said that in the first seven months of 1917 2,400 cases were reported. This deplorable state of affairs shows that when conditions for the disease prevail vaccination will not prevent it, and, of course, when the conditions do not prevail the disease will not appear. But far worse than small-pox is the typhus and dysentery. A Vienna journal is quoted that "cholera itself could not be worse than the dysentery epidemic now raging." During the first seven months of this year there were about 13,000 cases reported in Prussia alone. It is also said that the dreaded relapsing fever is showing itself,

especially in Poland whence it is spreading in all directions. Pestilence seems to inevitably follow war.

Too Much Elevating.—The efforts of the medical leaders in elevating the study of medicine have been so successful that doctors who come up to the required standard are getting to be as scarce as sugar. On this point Dr. Bayerd Holmes, of Chicago, writes, among other things, in a local *Bulletin*:

“As the legitimate increment of medical men and curing doctors has been cut off by forces acting upon medical faculties, by forces acting on legal authority, and by the discouragements inevitable to a long, tedious and uninspiring tutelage, the irregular practitioners, the osteopaths and other manipulators, have come into their own because the sick folks want attention and comfort and are willing to pay for it. They don't know that they need science, and such dehumanized science as is offered them by the product of our pedantic medical schools they are unable to stomach.”

Medical Booms.—A certain cynical physician who is not a homœopath is quoted as saying that if any one will back him with a million dollars he could start “a fad” for medicine derived from plants that would reach around the world. The trouble is that nature's chemical works do not have treasures to finance booms for its products.

Psychology.—Dr. E. W. Adams, in a letter to the *Lancet*, makes the assertion that “eminent medical contraversialists are complaining that their arguments are misunderstood by their opponents, or that they themselves fail completely to comprehend those of the other side.”

In the most of these instances, no doubt, it is a case of “convince a man against his will, he's of the same opinion still.” Also, it may be that the current medical science of the day is so foggy and contradictory that no one really comprehends it.

PERSONAL.

Misery loves company, but the company isn't stuck on misery.

If some men would occasionally put new ribbons on their typewriters (the machines, of course), eye strain would be less frequent in editors.

In some places they call fever and ague the "Ford disease" because of the shakes.

"Auto-suggestion favorably" hits every man whose business is prosperous.

Yea, Mary, you are right, there are many styles in the coat of the human stomach, some very bad ones.

Every man, excepting the honest man, is apt to declare that his watch is "right."

Why do not the terpsichoreans introduce the dance of St. Vitas?

Man does not support principles, Homœopathy for example, but principles support man.

Cupid's hits results in Mrs.

Yanking out sound teeth is a growing therapeutic fad among the "advanced."

You can generally find part of a tennis outfit in the nursery, *i. e.*, a racket and bawl.

"For if a man think himself to be something, when he is nothing, he deceiveth himself."—*St. Paul*. Quite true.

All the world's a stage and most of us are bum actors on it.

Binks remarked that he had grasped several burnt opportunities, but they burnt his fingers.

"No woman tries to make herself plain," said Mary to the critic of her words.

Can you, O doctor, minister to a diseased betting system?

An impecunious man may give employment to many. Collectors.

The teacher asked which is our most famous city and Johnny replied, "Milwaukee."

"Your skulls are a store-house of lead," wrote Bobbie Burns of certain ones.

The whole mathematics of the Murray Islanders is "one, two, few, many."

The modern "tight wad" is the censor.

The woman who "broke both ankles of her leg" must have been an anatomical curiosity.

Too often "advanced" Homœopathy is but a toddling along with the passing allopathic show.

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GOSSIP OF MEN AND THINGS.

This new department, or, rather, new form of an old section, is designed to be a sort of free and easy where courtesy is not departed from—it never is among gentlemen—but where dignity, that of the unapproachable character, is relaxed and all meet on a common level. But, man proposes and God disposes. Perhaps we may have to climb back—or make the attempt—to the old dignity perch. Man is a few days and full of trouble and there is no desire here to burden him with more. We want to “boost not knock”—though, perhaps, in some respects we all need the knock now and then.

Dr. F. F. Quilliams has removed from 12,104 Euclid Ave. to 1618 E. 118th St., Cleveland, O. Some place that Cleveland!

Dr. A. I. Arneson has removed from Forrest City to Scarville, Iowa.

Dr. J. C. Fahnestock, of Piqua, O., will be at West Palm Beach, Fla., from Jan. 1st to the end of March. If any of your patients in that place need a good homœopath it would be well to keep J. C. F. in mind.

Hinsdale, he of the College of Homœopathic Medicine at the University of Ohio, Columbus, together with Mrs. Hinsdale, called at the RECORDER's office last month. Had been taking in Atlantic City, which is as famous a winter resort as a summer one, were looking over things in Philadelphia and were headed for our big neighbor, New York. Things are prosperous at Columbus, and it appears that the college is firmly established, for which we should be thankful, because too many homœopathic colleges have gone down and out lately, since the allopathic "efficiency" got in its work of killing off small medical colleges and thereby building up innumerable cults like the chiropractics, osteopaths, Eddyites and the like.

Dr. W. A. Dewey was to have read a paper before the homœopaths of Philadelphia in December, but word came of the death of his mother, which occurred in the old homestead at Middlebury, Vt. He at once left for that place.

Dr. Walter H. Phillips, of Cape May, the oldest seaside resort, is a frequent visitor. He has a fine surgery for minor work and, as was his father before him, is known and respected all over South Jersey.

The philosophical Dr. T. L. Bradford occasionally saunters in and gives the RECORDER outfit a "jolly." Have been poking him up lately to write some more of his gently ironical papers for the journal. He was a frequent contributor in other days, and still knows how to write.

The RECORDER man himself, Anshutz, has got off another book that is all in type but the index. The title is *Therapeutic By-Ways*. It is a collection of therapeutics boiled down, gathered from all quarters and sources, from the superstitions of



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"the people" to the pages of the stately *British Medical Journal*. It will be a small book price most likely, \$1.00, and will be out some time next month.

Dr. John L. Moffat, of Ithaca, N. Y., for years the editor of the *O., O. and L. Journal*, now run by Mackenzie, of Philadelphia, and McCleary, of Cincinnati, has a small book in press that will be out about March 1st, on the homœopathic *Therapeutics of the Eye*. It will be a welcome addition to the libraries of the eye men regardless of school, except the few who hold the opinion that they know enough already.

Macfarland, who edited the recently published Lippe's *Keynotes*, contributes a proving of *Butyric acid* to this issue of the RECORDER. Macfarland is a great prover of drugs and a materia medica man. By the way, they say that the *Keynotes* are well received by the profession.

Met Dr. H. Hathaway, one of the coming young physicians of Philadelphia, the other evening. He said the RECORDER ought to keep Dr. Eli G. Jones writing, for, he said, "he gives us some excellent points."

Dr. M. W. Van Denburg's *Therapeutics of the Respiratory System*, just out, is a big, complete work that is not for the passing hour but for all time to come. It covers the field completely, taking in and arranging everything on the subject in the ten-volume *Guiding Symptoms* and other works. Van Denburg resides at Mount Vernon, N. Y., and has spent many years in the work, which is now complete and stands for permanence.

The publishers, B. & T., have in press a second edition of Schuessler's *Abridged Therapy*, which was translated from the last revised edition of the original German work that appeared just before the old doctor was gathered to his fathers. Doubtless all know this is the little book on which the lore of the "12 tissue remedies" is based and all the other books on "biochemistry." While the others are valuable it is well for men to go to the fountain head. Forty-two years have passed since Constantine Hering made a translation of Schuessler's original volume. It covered only 44 pages. This volume has 178 pages. The translation, this one, the last, is a literal one, nothing added

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or altered, and it met with the hearty approval of Schuessler himself. Surely as Schuessler gave it it is therapy stripped to the bone. Although akin to Homœopathy, the strict follower of Schuessler, like our friend Von der Goltz, arrives at his conclusions, or remedy, not by symptoms, but more *via* the near pathological route. "Disturbances" in certain cells is disease and these 12 remedies are said to cover the whole field of human ills curable by medicines. We add in conclusion that this 2d edition is but a reprint of the first—nothing added or subtracted.

The Therapeutics of Radium Compiled From Current Literature is the title of a 20-page pamphlet issued by Boericke & Tafel that will be sent free to physicians on request. It treats of the internal administration of the drug only, gives an arrangement of the provings, together with an abstract of conditions and diseases in which the drug has proved useful. It seems to have a noteworthy action as an *intercurrent* in cancer in all the phases of that disease and in the cancer heredity—if one dare use that old term.

Dr. Robert T. Morris has kindly sent the RECORDER three of his books, one of which comes under the reviewer's pen this month, the others will be taken up later. They are *Doctors Versus Folks* and *A Surgeon's Philosophy*. It can be said here that no one will find them dull reading, for whatever one may say of his philosophy no one can charge him with the heinous literary sin of dullness.

With every issue of the RECORDER comes a written combing-down from our esteemed friend, Dr. John F. Edgar, of El Paso, Texas, verbal and homœopathic martinet. These are not printed because the journal prefers saying a man is in error rather than that he is—well, let us say, a knave. However, the Texas messages are read with a chastened spirit—that is chastened after reading. But, before all, this journal cannot regard the man who uses hypodermics, prescribes tinctures or alternates, as an undesirable citizen any more than it can term the man who prescribes the D. M. M., a visionary. The RECORDER is a square-toed homœopath, but does not turn down a drug cure reported by an eclectic or an allopath, and therein it humbly follows Father

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JOSHUA W. HURLEY

Hahnemann who, as scholars know, drew much of his knowledge of the action of drugs from such sources. Reader, if you want enlightenment on the fundamentals of Homœopathy and correct English just write to Dr. John F. Edgar, El Paso, Texas.

Sometimes one butts against a wall of silence. The application of this is the article by Dr. John F. Clarke on formic acid in the August number. If what was there stated can be verified we have in formic acid a polychrest of polychrests. But never a word has been heard. In this connection it might be said that the late Dr. C. W. Roberts, one time of Scranton, Pa., thought that *Formica rufa* was one of the greatest remedies. It is the formic acid of the red ants—a tincture of them, the homœopathic *Formica rufa* θ .

"C. M." is a valued laborer in the vineyard, and is learned in his speciality as his text-book, *Modern Urinology*, conclusively proves, *but*—"C. M." is a poor correspondent. Probably, however (and charitably), he is so busy that he has no time for a brother idler—that is, *he* is not the idle one but his brother scribe is.

The worthy brother, Dr. "Blanke," who ran the "Chronicles of the Farm" in the RECORDER, is quite "up in the air," as he writes. He has received no damnation from any one, nor wish that his accurate reports of the Society of which Dr. Mallard Ducke, Professor Graye Goose, Judge Turkey, Mr. A. Donkey and other eminent citizens are members, be continued. Well, Doctor, our advice is: Just as you please for, in sooth, no one cares nor will not, until you are dead, and then they won't. It doesn't matter much either way, neither will any one care much, either way—the damns and the praise will soon be forgotten.

Gentle reader, if there is anything in the RECORDER you do not like, write your objections. If there is anything you do like, enjoy it, and say so if you wish. If you have any little therapeutic measure that is good, let it come out in these pages. If you have any personal item let us have it. The world isn't big in the pages of a journal—India or Europe, New York or Kalamazoo may come together there and rub mental elbows, the printed pages makes them acquainted.

LEUCORRHOEA

and Other Varieties of Gynecological Catarrh

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Medical and Surgical Treatment.

By HOMER IRVIN OSTROM, M.D., New York

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A book worth reading.

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TREATMENT

By CLARENCE BARTLETT, M. D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

Delivered by parcel post, free to any part of the
United States on receipt of the price, \$8.00.

This book, worthy of being termed an Encyclopedia
of Treatment, will pay its way in any physicians library
who is in active practice. The *Medical World* put its
character in a nut shell when it wrote: "It covers well
every part of the domain of modern general medical
practice as mirrored by the consensus of the opinion of
the best men of all schools."

At all pharmacies and book dealers.

The plates from drawings and colorings from nature, by Dr. C. F. Millspaugh, of his *American Medicinal Plants*, began to arrive from Germany where they were lithographed by the most skillful artists in the year 1884. It took several years to complete the work. It is admitted to be the finest botanical work of its kind ever published, containing 180 large plates of as many plants, shrubs, etc., colored from life, with appropriate text. This is mentioned here because there are only about 20 volumes left of about 4,000 copies, and it will never be printed again. It is a book for standard libraries and for botanists. The closing out price is \$10.00, the original having been \$40.00, which did not include binding. These few remaining sets are bound in half morocco, the complete work in one large quarto volume.

The RECORDER wishes all of its exchanges, which range from a 5 cent leaflet to grave quarterlies (and some gay ones), and cover everything from hobbies to medicine of every sort, A Prosperous New Year. We have a big exchange list and are willing to make it bigger believing in having a view of all beliefs.

We are told that Newport, Perry Co., Pa., offers a good opening for a homœopathic physician. This town is on the Juniata river and main line of the Pennsylvania R. R. It is a solid old community. We have no addresses, unfortunately, to whom inquiries could be addressed.

This is from the *Hahnemannian Monthly*:

THE TWELVE TISSUE REMEDIES.—Review of book of Boericke & Dewey—The fifth edition of Boericke & Dewey, recently out of press, pertaining to those remedies which are essentially physiologico-functional in genesis, is an evidence of the perennial demand for this work. The recent investigations along bio-chemical lines, the modern study of vitaminics and scorbutic disease, and the Oriental researches by Dr. Fraser in the Federated Malay States in beri-beri have all lately directed attention to organic vital constituents and their various "human" functions in no uncertain degree. It was Samuel Hahnemann himself, whose genius grasped the fundamental importance of the inorganic cell salts as remedial agents of a high order, that we are indebted for

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CLAUDE A. BURRETT, Ph. B. M. D.
DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

their pathogeneses and uses for therapeutic work. In this work the tissue remedies are well gone over in a sort of readable discourse fashion and the same remedies appear under a later nosological classification subsequent to this primary description. Finally, there is a full repertorization of the remedies which covers about 100 pages. Altogether the work is more or less monumentally complete as far as the tissue remedies go and it serves another valuable purpose in that it adds many exemplifying cases illustrative of the contents from clinical verification.

“My son,” said the father impressively, “suppose I should be taken away suddenly, what would become of you?”

“Why,” said the son irreverently, “I’d stay here; the question is, what would become of you?”—*The Boy Builder*.

“A good name is more to be desired than great riches,” quoted the Parlor Philosopher.

“Still,” mused the Mere Man, “great riches will keep a fellow out of jail more successfully.”—*Life*.

“Does your employer give you any kind of a stipend for your week’s work?”

“Not much he don’t. He pays me regular wages.”—*Baltimore American*.

’Tis a wretched thing not to have sufficient wit to perceive when one talks like a fool.—*Collier*.

LATER!

The Fathers of the Institute met at the Hotel Sherman, Chicago, December 18th, and we hope had a good time, as they deserve. Baltimore was unanimously selected as the next place of meeting with, apparently, “The Emerson” as headquarters. Good! Baltimore is a goodly city, the people hospitable and “the eats” famous. Now, good reader, make your arrangements to attend. If you are not a member send in your application to Dr. R. Milton Richards, 1329 D. Whitney Bldg., Detroit, Mich. The handsome and philosophic Dr. H. C. Aldrich, of Minneapolis, who has risen from being an editor, is President.

“Their Medicines are the Best.”

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Among the officers elected at the seventh annual meeting of the American Association of Clinical Research for 1916 is to be noted our sometime contributor—his papers are always good—Dr. D. E. S. Coleman, New York, President; D. W. B. Snow, New York, First Vice-President; Dr. Leon T. Ashcraft, Philadelphia, Second Vice-President; Dr. James Krause, Boston, who is always heard in no uncertain tones at the Institute, Secretary and Treasurer; Dr. T. D. Crowthers, Hartford, Registrar. Among the names on the various committees we note Drs. W. A. Pearson, Philadelphia; Philip Rice, San Francisco, and F. C. Askenstedt, Louisville. Next meeting at New York, 1916.

At a meeting of the Institute Trustees at Chicago, December 18, 1915. Dr. S. M. Hobson was appointed editor of the *Journal of the American Institute of Homœopathy* for the next three years. Dr. Hobson has made *The Journal* a good one, a credit to Homœopathy—better than *J. A. M. A.*

* * * *

An Opening.—The office with attendance, heat and light, of the late Dr. D. B. Umstead, at Tacony, Philadelphia, Pa., is for rent on reasonable terms and offers an excellent opportunity for a homœopathic physician to secure an old and well established practice. For particulars address: Mrs. D. B. Umstead, Tacony, Philadelphia, Pa.

* * * *

Here follow some comments of the *O., O. and L. Journal* on Edmund Carleton's book, *Homœopathy in Medicine and Surgery* (\$2.00), published in 1913:

"This posthumous work is a clinical exposition of the author's forty-two years in practice, and is well worth studying. It emphasizes that each case should be individualized and the patient, not the disease, prescribed for. As his son, Dr. Spencer Carleton, says in the preface: 'We can learn theory, materia medica and pathology from the books and colleges. The clinic gives us diagnosis, surgery and familiarity with disease and its cause. It should give us also the practical knowledge of therapy. Does it? Candor would compel us to reply, No. To fulfill this gap is the purpose of this book.'

"The reviewer thinks the above rather pessimistic and is glad to believe that in our best homœopathic colleges to-day there is a sincere effort to afford practical teaching of homœopathic therapy—of course with still much room for improvement. Two cases of cataract are detailed: the first, immature cataract of both eyes was checked then improved to 'read ordinary print and manuscript' with *Causticum*; the other, 'cataract (in the milky stage)' according to the oculist, who said that nothing could be done but wait five or six years then operate. *Bryonia* and *Rhus* were given as indicated and five years later the oculist pronounced the eyes 'no worse.' *Phosphorus* was then given, an occasional dose, and about eight or nine years later the oculist frankly admitted the restoration of sight.



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wants of those who come to secure them.

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THE LEEDS COMPANY

The following is cut from a paper by Dr. W. J. Hawkes, in *Medical Advance*:

"Nash's 'Leaders' I have found to be reliable in the highest degree; and the little book is a handy and valuable work, giving only the most reliable characteristics in such interesting language as to make its study more entertaining than a novel. One can depend absolutely on its accuracy. It is always within reach on my desk. Farrington's 'Clinical Materia Medica' is a most valuable and interesting work and book of reference. The author was always a student, with industry and brains. He was a senior in the Philadelphia college when I was a junior, and I knew him well."

* * * *

The editor of the *Indian Medical Record*, Calcutta, writes: "We get your HOMŒOPATHIC RECORDER in exchange. It is indeed an excellent journal and we read it carefully, being interested in Homœopathy." The *Record*, by the way, is not a homœopathic journal.

* * * *

Dr. Eli G. Jones writes us, with evident pride, that his two books, "Definite Medication" and "Cancer," are now used "by physicians of all schools of medicine in every state and territory in the United States and in thirty-five foreign countries." The therapeutics of these books are neither allopathic, eclectic nor homœopathic, for the author takes from each what he believes to be best for a given condition. The books were not published by B. & T., but probably to-day they are the chief sellers of them.

* * * *

Our genial friend, Dr. M. W. Van Denburg, of Mount Vernon, N. Y., writes us that he has been renewing his acquaintance with his own book with which, by the way, he was very familiar, in its exceedingly neat type-written form. He tells us: "It seems to work well having been in use many times each day, as the calls for that kind of work are now especially frequent." Like the poor, coughs, colds, coryza, catarrh, pneumonia, tuberculosis and "lung troubles" are always with us, and this book effectually covers the field. Really every man in active practice needs it. It is not a "transient" but a "permanent" that will be worked all the time.

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Fine Toilet Articles

We have a very complete line of fine toilet articles that it is well to bear in mind when ordering goods. These embrace:

Genuine Imported Bay Rum, which has the reputation of being the best in the market. Prices: 25, 45 and 75 cents a bottle, as to size.

Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

B. & T. Antiseptic Shaving Stick, a fine, free lathering shaving soap. Price: 20 cents.

Laneo. "It stayeth the falling of the hair." Price: 50 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

Since that sweet singer "Ken" no longer warbles, Trade Winds has been without a poet. But at least one has butted in seeking the laurel crown. Here he is:

THE LAST FLY.

The old fly sat on the kitchen wall,
 He was glum and blue and depressed,
 His comrades were gone from the cleaned up sink,
 His family by swatter suppressed.

The tanglefoot lay on the window ledge,
 The swatter hung on a nail,
 The screen-door kept him a prisoner drear,
 Life seemed of no avail.

For years said he I've done my stunt,
 Feet in the butter and wings in the milk,
 Covered with 'lasses I've gone my way,
 To baby's crib all covered with silk.

Wiped my feet on her dainty nose,
 Brushed my wings on her rosy toes,
 Now I must hide in the darkest crack,
 For the swatter comes down with a cruel whack.

Gone are the days of olden times,
 When the butter was left on the kitchen shelf,
 If I fly round the missus for just one buzz,
 The cook gets h—— I must chase myself.

The mark of Cain is on my brow,
 Who swats me not is deemed an oaf;
 The spread of disease is blamed on me.
 I am banished from sugar and loaf.

So I'll end it all said the weary fly,
 I'll drown in a pail of milk.
 Oh, see! said Bob, as he drained his cup,
 There's a bug in my mug with his toes turned up.

ALFALFA.

* * * *

Dr. Ferd. Schroeder has moved from El Paso to Eagle Pass, Texas. This State is so big that we must confess to being at a loss to locate Eagle Pass, or where it passes to, but it ought to welcome a good homœopath.

OPEN ALL THE YEAR

Pocono Manor

Pocono Manor P. O., Pa.

Attractive Private Cottages are also for rent for the Season

Pocono Summit Station, D. L. & W. R. R.

In the heart of the Poconos a quiet hotel and cottage community, under Quaker management, and with ideal conditions for comfort, recreation and sport, has been sympathetically developed for the last twelve years. The large Inn with a capacity of two hundred, and the Winter Cottage accomodating fifty, present everything for comfort and nothing for extravagance. The location is ideal for health and recreation, and the ready communication with New York and Philadelphia make it peculiarly available for high class conventions. Fifty cottages of pleasing types complete the community basis, and the whole plant is situated in the middle of an 800 acre tract with streams, woods, a garage, excellent golf course, tennis courts, bowling, good stone roads and trout fishing in season. These are combined with unfailing courtesy and a cordial welcome at any time throughout the year.

JOSHUA W. HURLEY

“Was the public dinner you went to a success?”

“It was the best dinner I ever attended. Every speaker who was down for a speech on the program had tonsillitis.”—*Exchange*.

* * * *

Clergyman (to tattered hobo)—Instead of spending your life wandering about the countryside and sleeping under hedges, why can not you act like a man and go out and fight for your hearth and home?—*Punch*.

* * * *

Genevieve—I want to give Jack some books. He’s ill, you know, and I can’t decide just what kind to get.

Gertrude—Why not give him something religious?

Genevieve—Oh, my, no! He’s convalescent now.—*Judge*.

* * * *

If you skip Dr. Stacy Jones’ funny business after his verses in the *Mnemonic Similiad* you will find it one of the very best books for getting a good line on our remedies. The good old doctor, however, thought this part was its great feature but we doubt if any one else ever has been able to comprehend them. But the verses certainly outline each remedy in a manner that catches on to the memory. The book is \$1.00. 347 pages.

* * * *

Not long ago a hot message was sent over the telephone to the box-maker by the man who buys paper-boxes for pellets, etc., etc., for B. & T. “What’s the matter with you?” “Can’t get enough material—ammunition makers taking it,” came back reply. The vial makers are weary with orders that pile in faster than vials can be turned out. “How about quinine?” was asked the representative of one of the biggest chemical houses. “Haven’t a pound in stock.” And so things are, goods scarce and prices sometimes in the clouds.

* * * *

If you want a book on the subject remember that Dr. Clifford Mitchell’s *Modern Urinology* is the book. The London *Lancet* wrote of it: “This book should enjoy a great measure of popularity,” and it has.

LEUCORRHOEA

and Other Varieties of Gynecological Catarrh
 A Treatise on the Catarrhal Affections of Women,
 Medical and Surgical Treatment.

By HOMER IRVIN OSTROM, M.D., New York

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 every part of the domain of modern general medical
 practice as mirrored by the consensus of the opinion of
 the best men of all schools."

At all pharmacies and book dealers.

Some of the classes ought to prove Dead Sea Water, the water of the deepest part of the earth's surface and said to cover the sites of Sodom and Gomorrah. B. & T. have it, 3x, triturated to dryness, and will supply it for a proving.

* * * *

TOMMY SET RIGHT.

Corporal (to soldier reporting sick)—What's the matter with you?

Tommy Atkins—Pain in my habdomen.

Corporal—Habdomen be 'anged! Stomick, you mean. It's honly hofficers as 'as habdomens.—*Exchange.*

* * * *

A man spit on the side-walk,
As he was wont to do,
Then he received a snide-talk
And fine, five dollars, too.

OFFICE BOY.

* * * *

The following was written, we believe, by Dr. John L. Moffat, *Hom. Eye, Ear and Throat Journal*. The book reviewed was published in 1908. Both the review and the book itself are worth reading:

RADEMACHER'S UNIVERSAL AND ORGAN REMEDIES. (Erfahrungsheillehre.) Abridged and Translated by A. A. Ramseyer. 104 pages. Cloth, \$1.00, *net*.

To some of us Rademacher is a name and nothing more, to others not even that; to those familiar with him a mine of therapeutic hints. Born in 1772, Johann Gottfried Rademacher, a country doctor of the little town of Goch in northwestern Germany, died in 1850, having achieved fame by publishing in 1841 his therapeutic experiences of twenty-five years—two volumes of over 800 pages each, entitled *Justification of the Empire Practice of the old alchemistic physicians*—not a theory or system. He defended Paracelsus (Theophrast von Hohenheim), who wrote two hundred years before Hahnemann that "External things alone give us a knowledge of internal ones," and considered natural philosophy (*i. e.*, the study of nature), chemistry (the preparation of pure chemical remedies), and astronomy (not astrology but heavenly influences, *constitutio epidemica*) the foundation of

Plain Talks on Materia Medica With Comparisons

By WILLARD IDE PIERCE, M. D.

792 Pages. Cloth, \$5.00, *net*. Postpaid.

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DEAN

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Columbus, Ohio

medicine. Rademacher speaks well of Hahnemann but rejects the law of similars. He recognizes reflex disorders, epidemics and epidemic remedies, and classes his remedies as (1) organ remedies—among which stand prominent *carduus* for the liver, squill and acorn water for the spleen, *thlaspi bursa pastoris*, cochineal and golden rod for kidney affections, sal ammoniac and extract of tobacco for the lungs, *arnica* for local rheumatism, etc.—and (2) universal remedies for affections of the whole organism; he found three fundamental conditions of the system, the first curable by cubic saltpeter (*natron nitricum*), the second by iron and the third by copper. He knows “no antiremedy against nosological forms,” no antipyretic, etc.

Copper, he writes, does not expel the round worms alive, but kills them, when given in small doses for a length of time. The black oxide of copper, given in 1, 2, 3 or 4 grain doses four times a day, kills tape worm, head and all. Copper expels thread worms alive. It has no antagonistic effect upon the body, only on the worms; but turpentine makes some people dizzy.

In gall stone colic no remedy compared with *carduus marianus*, tincture of the whole seed (not of the meal), 15 to 30 drops a day in a cup of water or milk; but if there be a diarrhoea small doses—of 4, 3, 2, or even 1 drop four or five times a day alone can help.

He directs that in all cases of abdominal pains it is well to notice where the least remnant of pain lingers at the end of the attack; it is here that the primarily affected organ will generally be found.

To cure the constipation resulting from atony of the rectum Rademacher recommends clysters of table salt. First ascertain the quantity of salt which, when injected as a solution into the rectum, will cause a passage in about five minutes. Repeat the injection every day, gradually reducing the quantity of salt; in this manner the rectum will empty itself, as it regains its normal tonicity.

Inflammation of the eyes may be a symptom of a general affection, may be sympathetic, or reflex from some other organ.

“For the thrush of children borax is the best remedy, but antiacids are indispensable, and must be given to the mother as well if the child nurses.”

“Their Medicines are the Best.”

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Just around the cape at Cape May, N. J., on the Delaware Bay shore, is a “proving ground” and water of seven miles for testing the big guns and shells, some of them high explosives and shrapnel. There is quite a colony of English, Russian and other officers living in Cape May City, and our friend, Dr. Walter H. Phillips, is the physician to the colony. Phillips is a good homœopath as was his father before him. The Russians do not speak English so an interpreter has to be employed. The other day one of the officers gave the doctor a cigarette, and he asked, “Is this a good Russian cigarette?” “No,” came the interpreted reply, “It is a bad Russian cigarette, made in Chicago.” N. B.—This is no

knock at our good Chicago, but merely the scribing of a historic incident.

* * * *

"C. M." in the last issue of the *Phi Alpha Gamma Quarterly* recalls "some good old jokes" that once were current coin in that fraternity. Here are some of them—much condensed. When petroleum came in a good old lady asked, "What will become of the poor whales?" If you want to "get even" with a man get a poor artist to paint his portrait. One admitted that he was a "dead one" but "I don't care to have it generally known." The hyena laughs after you have turned your back.

* * * *

Heloderma horridus is a curious drug and but little known. Dr. Robert Boocock proved it (see *New, Old and Forgotten Remedies* for the complete proving), but his results were so striking, not to say dramatic, that many believed he was highly imaginative. However, so far as we know no one has attempted to verify his proving. If anyone wants to experiment let him begin with the 30th potency which surely cannot harm yet still may be able to shadow forth the spirit of the drug. This venom differs from all others, being alkaline, while all the others known, like *Crotalus*, *Lachesis* and the like, are acid. As said before it is a curious drug around which conflicting stories cluster, some men saying that the so-called venom is practically harmless and others believing that even the breath of this reptile devil is deadly.

* * * *

Oxford, Pa., Jan. 15, '16.

MESSRS. BOERICKE & TAFEL.

Gentlemen: Please fill the enclosed order. I am reminded by the date that it is just fifty-one years since I became a customer in your establishment, and have always remained so, never buying homœopathic medicine from any other firm. I remember Dr. Boericke, the founder, very well; he was a classmate at Hom. Med. Col., 11th and Filbert, in the winter of 1864 and 1865. I am getting old but still retain my practice. I have always had great satisfaction in all my dealings with your firm during the fifty-one years. I graduated in March, 1865.

Thanking you for many favors and kindnesses, I am,

Yours truly,

JOHN F. ROSE, M. D.

Oxford, Pa.



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ATLANTIC CITY AND CHALFONTE

is especially well equipped to supply the
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Write for Illustrated Folder and Rates to

THE LEEDS COMPANY

That wild poet of nature has been at it again, and sends us in the following, which makes us feel like writing, "The editor is not responsible," etc., etc. :

PLEASE, DOCTOR.

The doctors are a merry bunch,
They cut us up with glee,
And tell us that it will not hurt
As solemn as can be.

You have an aching in the groin,
McBurney's point they seek;
'Tis diagnosed, and out it's cut
With consummate technique.

Our appendixes and tonsils gone,
Our adenoids and moles;
If they could get their forceps on
They'd trim our very souls.

Oh! may they leave enough of us,
When at the Great Assize,
We tremble 'fore the mighty throne,
For God to recognize.

ALFALFA.

* * * *

Elms Court, Natchez, Miss.

MR. E. P. ANSHUTZ.

Dear Sir: In the pharmacy in New York City I was told that you could possibly offer some helpful suggestions for procuring for Natchez a competent homœopathic physician; there being a pressing need for one in the town and its vicinity.

Thanking you for any interest you may take in our behalf and in the hope of an encouraging reply,

Believe me truly,

(MRS.) C. L. SURGET McKITTRICK.

Jan. 21, 1916.

* * * *

Some time last month one of the men of B. & T.'s laboratory on Arch St., Philadelphia, slipped while handling a rather heavy object and fell. In the fall the rim of a big glass jar caught him squarely between the fore and middle fingers almost separating

BOERICKE & TAFEL'S

Fine Toilet Articles

We have a very complete line of fine toilet articles that it is well to bear in mind when ordering goods. These embrace:

Genuine Imported Bay Rum, which has the reputation of being the best in the market. Prices: 25, 45 and 75 cents a bottle, as to size.

Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

B. & T. Antiseptic Shaving Stick, a fine, free lathering shaving soap. Price: 20 cents.

Laneo. "It stayeth the falling of the hair." Price: 50 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

them and tearing the flesh off the bone. A nearby physician dressed the wound, which was then kept under the influence of *Succus calendulæ*, no antiseptics being used at any time. The wound healed in a remarkably short space of time without any trouble. *Calendula* and cleanliness are a wonderfully efficient team in healing cut or lacerated flesh. There is really nothing better under the canopy.

* * * *

Dr. Geo. W. Dunn has removed from Peoria, Ill., to 1028 Riehl St., Waterloo, Ia.

* * * *

Dr. Wm. Boericke, now Professor of Homœopathic Materia Medica at the University of California, delivered his first lecture on Jan. 24. There were a number of men beside the class present at the time.

* * * *

1404 Main St., Buffalo, N. Y.,
January 25, 1916.

My Dear Dr. Anshutz:

The last January number of the RECORDER was the best ever. Your editorial, "The Men Who Made Homœopathy," was splendid, right to the point. The articles by Dr. Daniel E. S. Coleman and Dr. N. Bergman were practical and helpful, the indication of each remedy is *clearly defined*, and the *dose* is given in each case. Such articles will do a *lot* of good. They will do *more* to open the *eyes* of the regular physician, for they show what you can *do* for the sick, as one regular physician said to me.

"*Results* is what we *want*." You can "catch more flies with *molasses* than you can with *vinegar*." For this reason I never *argue* with a brother physician or *abuse* his system of therapeutics, but when I can show him by actual *results* that my remedies will do *more* for the sick than *his*, I have presented an argument that he can not withstand.

Very kindly yours,

ELI G. JONES, M. D.

* * * *

Here is a letter from Dr. Charles D. Hurlburt, who presides over things homœopathic at St. Petersburg, Fla., to B. & T. concerning "Alfalco:"

OPEN ALL THE YEAR

Pocono Manor

Pocono Manor P. O., Pa.

Attractive Private Cottages are also for rent for the Season

Pocono Summit Station, D. L. & W. R. R.

In the heart of the Poconos a quiet hotel and cottage community, under Quaker management, and with ideal conditions for comfort, recreation and sport, has been sympathetically developed for the last twelve years. The large Inn with a capacity of two hundred, and the Winter Cottage accomodating fifty, present everything for comfort and nothing for extravagance. The location is ideal for health and recreation, and the ready communication with New York and Philadelphia make it peculiarly available for high class conventions. Fifty cottages of pleasing types complete the community basis, and the whole plant is situated in the middle of an 800 acre tract with streams, woods, a garage, excellent golf course, tennis courts, bowling, good stone roads and trout fishing in season. These are combined with unfailling courtesy and a cordial welcome at any time throughout the year.

JOSHUA W. HURLEY

"I am getting fine results from the Alfalco Tonic, having used that instead of the tincture, as it is easier to give out and very pleasant to take. Every patient that is taking it is feeling just according to the provings. Have taken it myself and must say it makes me feel better in every way. I cannot say too much about it or recommend it too highly.

"Jan. 21, 1916."

* * * *

Dr. Thomas M. Stewart announces his association with Drs. John W. Murphy and Martin Urner. Offices and private hospital, Suite 2711, Union Central Building, Fourth and Vine Sts., Cincinnati, Ohio. Practice limited to eye, ear, nose and throat.

* * * *

Health boards make us use old paper
 'Stead of nice soft linen towel,
 And because they cut this caper
 In there goes this bleacher howel.

To Editor H. R.

OFFICE BOY.

* * * *

Dr. E. B. Fanning, of Philadelphia, writes from Colorado City, Colo.: "I read the RECORDER from start to finish, and always find some good pickings. Am located here. This is a beautiful country, fine climate, very little snow but plenty of sunshine, which makes this place a wonderful health resort." Just here it might be mentioned that Dr. Fanning is the author of one of the B. & T. books, namely, *Hay Fever and Catarrh of the Head and Nose, With Their Preventive and Curative Treatment*.

* * * *

This is "lifted" from a journal that credits it to "Exchange." This journal always prefers to give the name of the author if possible, but "jokesmiths" are such notorious raiders that it is not always possible. However, they are not altogether blame-worthy, for the king of them all, in recent time, Mark Twain, said all are but variations of the seven original jokes perpetrated long before the building of the Egyptian pyramids. But here it is:

There is a certain dear old lady who owns a little farm and takes a few boarders in summer.

Recently an anxious young mother, who has been industriously

LEUCORRHOEA

and Other Varieties of Gynecological Catarrh
**A Treatise on the Catarrhal Affections of Women,
 Medical and Surgical Treatment.**

By HOMER IRVIN OSTROM, M.D., New York

179 pages. Cloth, \$1.00, *net*.

For Sale at all Homœopathic Pharmacies and Book Dealers

*Very practical and helpful to all having the care of women. It
 will help you in practice.*

A Message of Health

By RUSSEL C. MARKHAM, M. D.

125 pages. Cloth, 75 cents, *net*.

Mailed, post-paid on receipt of price.

A book worth reading.

BOERICKE & TAFEL, Publishers

TREATMENT

By CLARENCE BARTLETT, M.D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

Delivered by parcel post, free to any part of the
 United States on receipt of the price, \$8.00.

This book, worthy of being termed an Encyclopedia
 of Treatment, will pay its way in any physicians library
 who is in active practice. The *Medical World* put its
 character in a nut shell when it wrote: "It covers well
 every part of the domain of modern general medical
 practice as mirrored by the consensus of the opinion of
 the best men of all schools."

At all pharmacies and book dealers.

delving into medical literature of late, inquired of the old lady whether or not the milk served at her table was pasteurized.

"Of course!" was the old lady's indignant reply. "Don't we keep all the cows we've got in the pasture all summer long?"—*Exchange.*

* * * *

Here follows the comments of the *Eclectic Medical Journal* on Dr. M. W. Van Denburg's *Therapeutics of the Respiratory System*:

"This elaborately prepared treatise is designed as a time saver for the prescriber, by bringing together all the drugs applicable to given cases of cough and coryza. No drugs that have respiratory symptoms have been omitted. The foundation of the work is the ten-volume Hering's "Guiding Symptoms," the most striking prominent and peculiar symptoms having been incorporated, as well as those that most clearly and strongly indicate the drug. Cross references connect related symptoms so that a fuller treatment may be given the subject without the expenditure of greater space. A condensed materia medica concludes the book. The whole subject is admirably arranged, and, from a homœopathic view point, should prove exceedingly useful to the practitioner. The book is well printed."

* * * *

"S. M. H.," not difficult to identify, gives out the following concerning Van Denburg's *Therapeutics of the Respiratory System* in our official and stately *Journal of the American Institute of Homœopathy*:

"This is a careful compilation of all the material at hand as an aid in the treatment of respiratory diseases. The materia medica is based upon Hering's Guiding Symptoms, the ten volumes of which have been reviewed conscientiously in order to set forth in more compact form the prominent and peculiar symptoms.

"The author wisely comments: 'One must learn what he can do with his tools by using them,—with only this proviso, he should be reasonably sure they are good tools.'

"The remedies tested upon the healthy human body and truthfully recorded are good tools, as attested by our hospital mortality reports and by the civic record of homœopathic physicians in their own communities.

Plain Talks on Materia Medica With Comparisons

By WILLARD IDE PIERCE, M. D.

792 Pages. Cloth, \$5.00, *net*. Postpaid.

Probably the *Eclectic Medical Journal* gave the shortest and best description of this book: "A plain, practical homœopathic materia medica." That is what it is, and the practitioner who cannot learn from its pages is among the elect.

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4. All faculty members, all time salaried men.

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DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

“The alphabetical order is followed in repertory and materia medica, thereby increasing to the maximum the advantages of the book for quick reference. The author thus concludes his presentation to the medical profession: ‘A drug well proved and well understood is always legal tender in the treatment of the sick.’ ”

* * * *

Gentlemen, let your light shine and remember that the old HOMŒOPATHIC RECORDER is a good candle stick of antique hammered brass.

* * * *

Trade with Germany has ceased. German tinctures no longer come into this country. It, therefore, behooves the homœopathic physician to conserve his supply of imported tinctures, using the dilutions where possible. All stocks of German tinctures are low.

* * * *

“Ma,” said a newspaper man’s son, “I know why editors call themselves ‘we.’ ”

“Why?”

“So’s the man that doesn’t like the paper will think there’s too many people for him to lick.”—*St. Paul Dispatch.*

* * * *

A girl, reading in a paper that fish was excellent brain food, wrote to the editor:

“Dear Sir—Seeing as you say how fish is good for the brains, what kind of fish shall I eat?”

To this the editor replied:

“Dear Miss—Judging from the composition of your letter, I should advise you to eat a whale.”—*Tid-Bits.*

Strikes T. W. that the late Mark Twain worked this off first. No wonder Solomon wrote, “and there is nothing new under the sun.” Matter merely changes form, but is never destroyed.

* * * *

Said the bibulous gentleman who had been reading birth and death statistics: “Do you know, James, every time I breathe a man dies?”

“Then,” said James, “why don’t you chew cloves?”—*The Housekeeper.*

“Their Medicines are the Best.”

BOERICKE & TAFEL,

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PHILADELPHIA, 1011 Arch St.

PHILADELPHIA, 125 South 11th St.

PHILADELPHIA, 15 North 6th St.

NEW YORK, 145 Grand St.

NEW YORK, 138 West 42d St.

NEW YORK, 634 Columbus Ave.

CHICAGO, 156 N. Wabash Ave.

PITTSBURGH, 702 Penn Ave.

BALTIMORE, 326 North Howard St.

CINCINNATI, 204 West 4th St.

Business Established in 1835.



Not long ago the T. W. man took a run over to New York, partly on business, but as much to stretch his mental legs, as any thing else. Some town, that Gotham! At Manhattan Junction, just beyond Newark, the big “Pennsy” engine that has pulled the huge steel train from Philadelphia gives way to an equally powerful electric motor, which rushes you across the flat meadows, criss-crossed by innumerable railroad tracks, roars through a long tunnel under the iron-like rocks of Bergen’s Hill, and then dives under the Hudson, through the big “tube” and emerges into the maze of the underground station of the Penna. R. R. Going through the tube for the first time is apt to make

one nervous, for there is the mighty river, bearing ocean liners, battleships, and the like, above you, but a railroad official once told the writer that it is as safe as the heaviest stone bridge in the world, for every twenty feet a stone pier goes down to bed rock and on these the steel structure rests, firmly held by fifty feet, or more, of the river bed, around and above it.

Well, when you get out of the maze of the station it is best to walk through New York's canyons, because the elevated gives you a view of bed-rooms, the sub-way, a roar of bad air, the surface car men won't stop for you, while the taxies give you nervous prostration. And those canyons, once yclept streets! It seems that New York, from "the battery" to Harlem, is going up. One 5 and 10 cent man has gone up somewheres near 60 stories and it takes relays of elevators to get to the top. What he aimed at no one knows; perhaps the spirit that possessed the men on the plains of Shinar after the flood got hold of him. New York has no "sky-scraper district," for it is all going up, from Castle Garden to High Bridge. Just here let me give a hint—no charge, or claim, or wish for a royalty. Let some one add to the elevateds, the surface, the subways, the tubes and the taxies means of transportation an aerial system over the cloud-capped and snow-covered buildings of this modern wonder, New York.

Fortunately, the writer had a guide who knows the American Gibraltar and so he walked about, "gawped" at the sights (to quote Shorty McCabe) and finally landed among the disciples of Hippocrates. Just here let me pause to remark that I have always found them to be a mighty agreeable bunch, those New York doctors, but hard to approach, for they are—or seem to be—as busy as the divil in a gale of wind. One man with an office full of patients was collared for a few minutes by the Philadelphia pilgrim; when he escaped the nurse, or the white-capped door-keeper, said, "Those two ladies wouldn't wait." "Too bad, too bad," said the doctor with a smile, as he looked over the roomful to see who was "next."

One man had an "office" that put us in mind of a Louis XIV. drawing room at the palace of Versailles—only we never saw the palace, but will bet a Pittsburgin Stogie against a Havana in a glass tube that it beats Louis.

One place visited was a veritable hive of doctors, from, apparently, the cellar to the clouds.



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At one place a genial medico was struck who, anent a certain proposition, said, in effect (the scribe is no short hand artist) that he was like the Irishman who dropped a twenty dollar gold piece in the collection in place of a penny. He asked to have it back, but the clerical man said it had been passed on to church uses. So Pat philosophically said: "To hades wid it—glad of it." Inquired of a certain not unknown surgeon we wanted to greet with a "Howdy!" but he wasn't in. Was told that he is a wizard with the surgical instruments, but loved to use his tongue. He once said an operation for appendicitis consists of "an inch incision and a \$5,000 fee." The men at the meeting objected, not to the fee, but to the inch incision, and they talked much. The man we didn't meet, the surgeon, closed the discussion with a speech, which is hereby quoted in full: "Some men are surgeons, others are plumbers." Consequently, like all doctors, he has his enemies. However, one cannot blame his enemies even if he does feel no antipathy to the surgeon. Still that way is typical of the typical New York man, including the \$5,000 fee which is too steep for the average citizen. Hence the need of good Homœopathy in which the good surgeon would starve to death, or, at least, come down from a twelve cylinder to a Ford. But that Tipperary is a long way off.

Strolling along 59th street a "Boom!" went off that caused the guide to jocularly remark: "The Germans have got us!" "God forbid," replied the guided. However, it was only a dynamite blast in the new subway those restless New Yorkers are blasting under Central Park so that they can get about quicker, though what good it will do them or anyone else is a question for philosophers to debate. (If philosophers should take it up they would debate it forever and forever, and arrive just where they started.)

However, in our wanderings (not all on foot, be it understood) we ran across the Boericke & Tafel pharmacy, at 145 West 43d St., that, on the 1st of May, is to take the place of the present establishment at 138 W. 42d St. Now, while it is true that 43d St. has not the immense flow of humanity that surges through 42d St., nevertheless the B. & T. people have secured a much more commodious place than the last one they had on 42d St. The truth is that the landlords of the last named street have been

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Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

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B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

fattening up their batting averages in the matter of rent so much that few men can stand it, unless they be pawn-brokers, bankers or hash-houses. The B. & T. people will have a very commodious place on 43d St. You go into it right off the street. On the corner of 43d and Broadway is a hotel (reaching skyward, but not so strenuously as the Astor). The corner is the office, we believe, next the restaurant, and then comes the B. & T. pharmacy. From the corner of Broadway, three doors away, you look diagonally across and see The Times Building reaching skyward and with three or four subways beneath it, one under another. It is a busy corner, that of Broadway, but you are only a step, when on it, from a mighty well equipped homœopathic pharmacy—a fact worth knowing. At 43d and Broadway is a subway station and a block away, 43d and 6th Ave., is the big Hippodrome.

Finally, after many peregrinations through the canyons we wound up at the hospitable Elks' Club, also on 43d St.—aspiring skyward like all the others—where a good dinner was served and a genial host of friends present, after which the staunch old “Pennsy” hurried us all back to the Quaker City, where a good, quiet sleep rounded out the excursion to the Land of Shinar, which all good Americans like to visit, but couldn't live in for lack of room—and money.

All of the foregoing is impersonal. But let the following personality round it out. Dr. Frederick M. Dearborn—he of *Diseases of the Skin*—told us that they were agoing to make *The Chironian* (please put this, Mr. typeman, in caps) A SUCCESS. “Freddy,” as the *Phi Alpha Gamma* term him, is a bit of a hustler, and the old RECORDER sincerely hopes that he, and his collaborators, will succeed. But to do so—here is sage advice—they must make it a sound homœopathic journal for, in sooth, the world has a super-abundance of the other sort. No charge for the advice, which is not needed for the *Chironian* has always been a sound homœopathic journal. While on the subject of journals it may be stated that the *Medical Century* has breathed its last, a fact that we sincerely regret. Also the *Medical Advance* and *The Homœopathician* have become bi-monthlies and will be published on alternate months. This also is to be regretted for indeed we would rather see more homœopathic journals than fewer.

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JOSHUA W. HURLEY

On account of failing eye-sight Dr. M. L. Casselberry, of Morgantown, West Virginia, wants to sell his practice, or take in a partner. "None but a good homœopath need apply." Dr. Casselberry started his practice in 1859. Morgantown is on the Monongahela river. The West Virginia University is located in it and the population is about 10,000.

Dr. H. K. Brouse, who practices good medicine at 141 Royal St., Baton Rouge, La., in his letter renewing his subscription to this journal, adds: "Editorial Notes and Comments in each number are fine."

The following editorial is clipped from the *Pacific Coast Journal of Homœopathy*:

"On page 164 will be found a review of a new publication by Boericke & Tafel. It is not our custom to use the editorial columns as an advertising medium, but we feel that this volume deserves the utmost publicity that we can give. The limited circulation of homœopathic publications precludes the possibility of much emolument to author or publisher, so the homœopathic spirit of both is to be heartily commended."

Turning to page 164 of the same journal we find the following:

"This is a volume which it is indeed a pleasure to review. No one who has not attempted a compilation of symptoms or repertorial studies can begin to appreciate the labor expended by Dr. Van Denburg in his work. But no volume could be issued of more practical value to the homœopathic physician. The common everyday variety of 'cold' has been the 'Armageddon' of many an embryo homœopath and has been the cause of more resort to palliation than any other disease. How many keynote, card-index, and other systems have been devised in order to surmount this difficulty! Yet no golden road has been discovered, nor is the present volume intended to be such. It is only a repertory and materia medica of the respiratory system, but as such should be on the desk of every practitioner and especially in the hands of every student. In pneumonia, typhoid, abdominal lesions, and conditions of gravity, the beginner can always call a consultation and receive the advice of his elder confreres. But

LEUCORRHOEA

and Other Varieties of Gynecological Catarrh
A Treatise on the Catarrhal Affections of Women,
Medical and Surgical Treatment.

By HOMER IRVIN OSTROM, M.D., New York
179 pages. Cloth, \$1.00, *net*.

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*Very practical and helpful to all having the care of women. It
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A Message of Health

By RUSSEL C. MARKHAM, M. D.

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A book worth reading.

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TREATMENT

By CLARENCE BARTLETT, M. D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

Delivered by parcel post, free to any part of the
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of Treatment, will pay its way in any physicians library
who is in active practice. The *Medical World* put its
character in a nut shell when it wrote: "It covers well
every part of the domain of modern general medical
practice as mirrored by the consensus of the opinion of
the best men of all schools."

At all pharmacies and book dealers.

in coughs and colds, which will make or break his reputation, he has to 'dig it out' by himself. Van Denburg's therapeutics will be a life-saver if a little time is first devoted to mastering the technique of its use.

"The repertory not only has a general index of twenty-seven pages, but a shorter index of seven pages 'intended to assist beginners who are not familiar with the use of a repertory.' Familiarity with the terminology of the general index will aid in the elucidation of symptoms which can be consulted in the repertory and the final remedy analyzed in the materia medica section. Some might wonder why remedies like *Justicia* and *Sanguinaria nitrate* were left out, but as about 300 remedies are embraced, the work may be considered most complete. This should be but the beginning of a series of therapeutics, founded on Van Denburg's lines, embracing the nervous system, digestive system, sexual system, etc. Dr. Van Denburg and Boericke & Tafel are to be congratulated on this contribution to our literature."

Evidently stirred by Alfalfa Bill's poetic whoops the gentle Ken comes back as follows:

What matter if the gentle fly
Should still persist in living,
What right have you? what right have I
To take life of God's giving?

To him the air is just as sweet,
The sun is just as bright,
His life to him is as complete—
He has his own delight.

Because the music of his wings
Annoys some over-lord,
Who may not know the song he sings,
With him be not in chord.

Does it then follow that it's right
To kill that wand'ring fly?
For justice is not always might,
Give him his own time to die.

—KEN.

Plain Talks on Materia Medica With Comparisons

By WILLARD IDE PIERCE, M. D.

792 Pages. Cloth, \$5.00, net. Postpaid.

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DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

It seems that the office boy must have read Ken's gentle effort for he slipped the following in the RECORDER's mail:

The fly stood on the bald man's head,
 The bald man cussed and swore,
 And smashed that fly on his own head,
 Its gore he shed
 Its blood ran red
 And longed to kill some more.

And yet I know fly's blood ain't red,
 But only mushy mush;
 Unlike those men's who fought and bled,
 To stop the rhyming slush

—OFFICE BOY.

Usually "stops" are not printed, but here is one as a bit of personal news: Dr. M. D. Baker, of Melfort, Saskatchewan, writes us that he must discontinue his subscription as he has received notice of his appointment in the R. M. A. C. for over-sea service. Good luck, Doctor, and the hope that you will return safe and sound and, of course, you will renew your subscription, at least so hopes T. W.

FOR SALE.—To the purchaser of my real estate and office fixtures, my general practice in the best beach city in S. California. Beautiful all the year round climate, splendid schools and roads, fourteen miles from Los Angeles. Practice has paid me better than \$5,550.00 a year cash for the past five years. Real estate consists of a six room modern house, beautifully situated on a large lot overlooking the ocean for more than fifty miles north and south. Price of real estate \$7,000, mortgage \$3,000. Do not write unless you mean business and have the price. Address Dr. XYZ, No. 695 S. Ardmore Dr., Los Angeles, Calif.

The following was received from Mr. J. B. Wells, 132 Biltmore Ave., Asheville, N. C.:

We certainly need a Homœopathic doctor in this city, and there is a splendid opening for one who understands the science. There is no practitioner of this school in Asheville, and has not been since the death of Dr. Linn, who died several years since.

“Their Medicines are the Best.”

BOERICKE & TAFEL,

Homœopathic Pharmacists, Importers and Publishers.

PHILADELPHIA, 1011 Arch St.

PHILADELPHIA, 125 South 11th St.

PHILADELPHIA, 15 North 6th St.

NEW YORK, 145 Grand St.

NEW YORK, 145 West 43d St.

NEW YORK, 634 Columbus Ave.

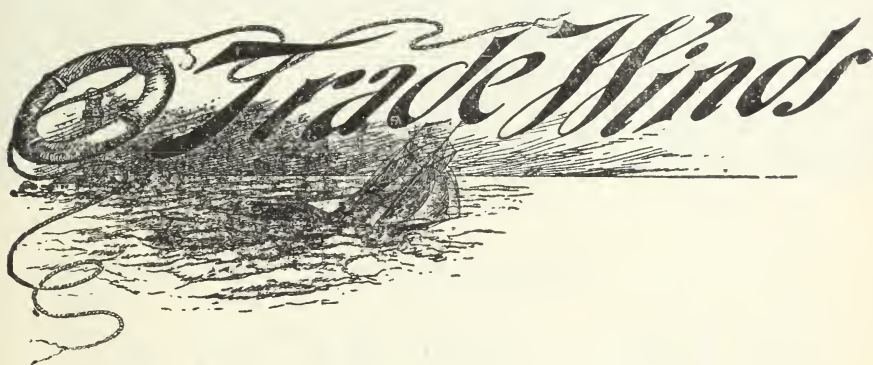
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THERAPEUTIC BY-WAYS is out and here is the first comment received. Readers will remember that the RECORDER recently reviewed three of Dr. Morris' books, *Microbes and Men*, *A Surgeon's Philosophy*, and *Doctors vs. Folks*. The author (of the three books) is a surgeon, we believe, to the New York Post-Graduate Medical School and Hospital.

New York, April 18, 1916.

Dr. E. P. Anshutz,
Philadelphia, Pa.

Thank you for the copy of "Therapeutic By-ways." It is in by-ways of this sort that we are very apt to find the best and the

most practical things, because an author is free from the feeling of responsibility that goes with a more formal presentation of subjects.

Yours truly,

ROBERT T. MORRIS.

619 Madison Ave.

* * * *

The scribe having made a successful invasion of New York was emboldened to try a week of Atlantic City. Do not be alarmed for no attempt will be made to describe that place with which, most likely, all the readers are familiar—that river of humanity, “the Boardwalk,” the rolling chairs, the cabarets (really harmless) and, possibly, some have even taken an occasional glance at the ocean. The purpose is to give some notes on things near-medical that came up, chiefly in the somking-room, that if not instructive may be amusing. At this particular hotel a corner in the well lighted, warmed and rocking-chaired sun-parlor is appropriated by the smokers. They were from the south, the west (as far as Denver), Canada, New England and other places like New York, etc. Most of the boys (chiefly old boys) were genial talkers, though there were a few clams, evidently with the fear of the “confidence man” before their innocent eyes.

At one seance we fell afoul of the subject “Superstition,” and could not agree on it, which proves that the bunch were very human. Finally one gentleman, an office holder in an interior city, a man of about 60, held out his hand and said, “I suppose you men think *that* is superstition—or else that I am a fool.” The “that” he pointed out was a metal ring on his little finger. He was tackled for an explanation and it came about as follows: “I had rheumatism, bad! The doctors—allopathic—I consulted did—not do me any good—though they did *do* me some.” Pause. “I also took about everything my friends advised me to take. I could only hobble about with the aid of two canes. One day Senator —— told me to get this ring. I sent for it. It cost me two dollars and ten cents. When I got the thing and looked at it I thought to myself that I was a fool. However, I put it on and in about a week did not need the canes—the rheumatism had gone.”



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and recuperation is

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is especially well equipped to supply the
wants of those who come to secure them.

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After a polite pause all around the scribe said, "You know, all that sort of thing—rings and electric belts and the like—are said to be frauds, swindles and humbugs. Perhaps the rheumatism's time was up, or perhaps it was a sort o' faith cure." "Perhaps," came the reply, "but if I knew I could not get another ring like this one I wouldn't sell it for a hundred dollars."

There you are, reader! The medical profession, the press and sometimes the post-office authorities, thunder against such things and yet sane, respectable citizens buy them and believe in them Superstition? Gullibility? Ignorance? What is it?

After the man with the ring was talked out a man from the south arose to his feet, a man with clear eyes, a ruddy complexion and a snow white moustache. He arose to get at his trousers pocket. He pulled out of the right side pocket a horse chestnut or buckeye, and out of the left a rabbit's foot. "Gentlemen," said he, "that rabbit was killed in a graveyard, at midnight, under the full moon, and by a cross-eyed nigger."

"That killing part, I suppose," said the scribe, "is mere trimming," at which he grinned. "But why do you carry the foot?" "Luck! Luck! Superstition, I suppose," he answered. "Why does nearly every one knock on wood when he makes a boast?"

None of the assembled sages being able to answer this another southerner, familiar with the more primitive regions, took up the talk with the remark, "Down our way the country people have a medicine that I'll bet none of you fellows ever heard of." He gave it a name, "poudrette," if we have not forgotten. He went "They gather sheep droppings—you know sheep dung is in small balls and the sheep is a mighty clean feeder. They thoroughly dry these and then put them in a wide-mouth bottle, cork it up and put it away. When any one gets the measles, chicken-pox, or any disease of that character, in fact, almost anything in the way of a fever, they take out a few of these dried balls, make a tea of them and the patient takes it, and darned if it doesn't cure the case and does it quick. It doesn't taste bad, either." Again, it fell to the scribe to cut in or to "open the discussion." He remarked to the effect that probably the people had good constitutions and the disease would soon have run its course, etc. "Yes," drawled the man from the south, "I suppose the same thing happens when they take drug store medicine." To which Johns Hopkins' doctrine there was no reply.

BOERICKE & TAFEL'S

Fine Toilet Articles

We have a very complete line of fine toilet articles that it is well to bear in mind when ordering goods. These embrace:

Genuine Imported Bay Rum, which has the reputation of being the best in the market. Prices: 25, 45 and 75 cents a bottle, as to size.

Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

B. & T. Antiseptic Shaving Stick, a fine, free lathering shaving soap. Price: 20 cents.

Laneo. "It stayeth the falling of the hair." Price: 50 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

The following "sure cure" for seasickness was brought out—or sure prevention. Put a good sized sheet of fool's cap or legal paper next to the chest and stomach, fastening it to the under-shirt, "and you'll never be seasick."

Here is something that came out for cleansing false teeth by a man who wore a set. Take them out and scrub them with your tooth brush and borax. "It makes them amazingly white and clean."

Perhaps we are drawing this out too far so will close with something that may be of use to the reader. The talk had veered around to psychology. One man spoke about as follows: "I have had much to do with courts. I have noticed that certain lawyers could brow-beat, confuse and, in the slang of the day, 'ball-up' nearly every witness, whether honest or not. Now, the psychological shines through the eyes. If the lawyer gets your eyes under his hypnotic influence you are a 'goner.' Now, gentlemen," he continued, "if you are ever up against such a lawyer, just say your eyes are weak and pull on him a pair of these." Here he reached in his pocket and pulled out a pair of colored glasses and put them on his nose. Then he said, "I can see all of you men but you really cannot see me. I am like a dog behind a fence, who can be quite fresh and safe." This struck the scribe as being a point for, indeed, if you have ever endeavored to look a man down who wears colored glasses you know what you are up against, for he can look you in the eye or not as he pleases, while you are gazing at a figure-head. "The eyes are the windows of the soul."

Just one little postscript. At the scribe's dining table was a little white haired lady, a "Colonial Dame." She was the widow of a "regular" in a western city, apparently a man of some standing. One day she complained of rheumatism, and the scribe remarked, "If you were a homœopath, in this damp atmosphere" (it was raining) "you would take a dose of *Rhus*." "I am a homœopath," she replied. "When my husband died I went over to them, and stick to them." With this cheerful sentiment the account of the pilgrimage to Atlantic City closes—with a "pardon."

OPEN ALL THE YEAR

Pocono Manor

Pocono Manor P. O., Pa.

Attractive Private Cottages are also for rent for the Season

Pocono Summit Station, D. L. & W. R. R.

In the heart of the Poconos a quiet hotel and cottage community, under Quaker management, and with ideal conditions for comfort, recreation and sport, has been sympathetically developed for the last twelve years. The large Inn with a capacity of two hundred, and the Winter Cottage accomodating fifty, present everything for comfort and nothing for extravagance. The location is ideal for health and recreation, and the ready communication with New York and Philadelphia make it peculiarly available for high class conventions. Fifty cottages of pleasing types complete the community basis, and the whole plant is situated in the middle of an 800 acre tract with streams, woods, a garage, excellent golf course, tennis courts, bowling, good stone roads and trout fishing in season. These are combined with unflinching courtesy and a cordial welcome at any time throughout the year.

JOSHUA W. HURLEY

Dr. C. G. S. Austin, of Nantucket, Mass., writes in renewing his thirty years' subscription to the RECORDER: "We have had a very severe and trying winter. I am in my 77th year, but have been highly favored from on high not to be obliged as yet to sign any death certificate for the winter."

* * * *

Dr. Geo. A. Wells has removed from Denver to Fort Collins, Colorado.

* * * *

"The Journal of the American Association of Official Surgeons," Nanette McCall, editor, has removed office to 208 North Ashland Ave., Chicago, Ill.

* * * *

Doctor W. R. Powel, Phila., says that *Bellis per.* 3x, is the remedy, internally, for bruises, sprains, wrenches, etc., that do not show discoloration.

* * * *

Dr. G. L. Pierce has removed from Belington to Bower, West Va.

* * * *

Dr. J. A. Rice, of Sacramento, Calif., has moved his office in that city to the Odd Fellows Building.

* * * *

Dr. H. K. Shumaker has removed from Flat Rock to Bellevue, Ohio.

* * * *

"C. W." makes the following comments on Van Denburg's *Therapeutics of the Respiratory System*:

"This stout volume is a repertory of the respiratory symptoms found in Hering's Guiding Symptoms. The general index of nearly 40 pages is very complete and arranged in very serviceable order. The repertory itself goes into the smallest details, and yet can be handled conveniently. As a repertory of Hering's Guiding Symptoms the work is most complete and accurate, but where the author has undertaken such a big piece of work it is too bad that he should have confined himself to Hering for a foundation. Those, however, who are satisfied with all the sources from which Hering derived the symptoms contained in his Guiding Symptoms, will value the book the most, although all who practice Homœopathy with the constant aid of materia medica and repertory will find this volume a useful addition to their library."

LEUCORRHOEA

and Other Varieties of Gynecological Catarrh

▲ Treatise on the Catarrhal Affections of Women,
Medical and Surgical Treatment.

By HOMER IRVIN OSTROM, M.D., New York

179 pages. Cloth, \$1.00, *net*.

For Sale at all Homœopathic Pharmacies and Book Dealers

*Very practical and helpful to all having the care of women. It
will help you in practice.*

A Message of Health

By RUSSEL C. MARKHAM, M. D.

125 pages.

Cloth, 75 cents, *net*.

Mailed, post-paid on receipt of price.

A book worth reading.

BOERICKE & TAFEL, Publishers

TREATMENT

By CLARENCE BARTLETT, M. D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

Delivered by parcel post, free to any part of the
United States on receipt of the price, \$8.00.

This book, worthy of being termed an Encyclopedia
of Treatment, will pay its way in any physicians library
who is in active practice. The *Medical World* put its
character in a nut shell when it wrote: "It covers well
every part of the domain of modern general medical
practice as mirrored by the consensus of the opinion of
the best men of all schools."

At all pharmacies and book dealers.

Dr. C. F. Buelow has removed from 2301 Eureka Ave. to 2159 Gehring Ave., Cleveland, O.

* * * *

Dr. John R. Kirkpatrick has removed to 6834 S. Park Ave., Chicago. He has been in practice in Chicago for 32 years, and has always hung out his sign for Homœopathy.

* * * *

Dr. R. S. Kester has removed from Toledo to North Lewisburg, Ohio, where he thinks things look promising for developing a fine practice.

* * * *

Correspondent writes that he cured a patient with a most severe case of piles and hæmorrhoids by prescribing *Bryonia* 2x and *Æsculus* 3x, alternately, every two hours.

* * * *

FOR SALE.—In finest city of ten thousand population in Southern California, well established homœopathic practice collecting better than seven hundred a month. Homœopathic sentiment, excellent, and no other homœopath within twelve miles. If such a practice is worth two thousand dollars to you, doctor, and you have the cash, write us, otherwise save your postage. Reasons for leaving excellent. Address, The Oso Chemical Company, 117 Winston Street, Los Angeles, California.

* * * *

Doctor wishes to dispose of home of ten rooms, medical books, surgical instruments, collectively or separate. Fine opportunity for doctor who wishes to become established. Dr. L. Schlegel, 472 Willoughby Ave., Brooklyn, N. Y. Tel., 783 W'msburgh.

* * * *

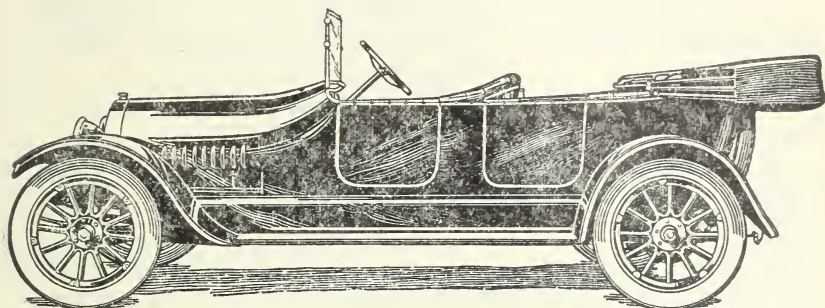
SOUTHEAST MICHIGAN.—\$5,000 practice, homœopathic, to the purchaser of a \$6,000 combined modern home and office. Part cash and balance on time. Modern town, 1,200; nearest towns, 8, 12, 12, 15 miles distant. One active old school competitor. Gravel roads. Wealthy farmers. Address, D. R., 1101 David Whitney Bldg, Detroit, Mich.

* * * *

Our friend, Dr. W. B. Clarke, Indianapolis, varied the monotony of professional life a little by competing in the American Genetic Association control for the largest broad-leaf tree in the

Crow Motor Car Company

Main and Simonton Streets - - ELKHART, IND.



The Car for Satisfaction and Service!

What More Can You Ask?

For Particulars, Prices, etc., address as above.

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Stands for Thoroughness

Offers six salaried positions annually for Assistantships and Hospital Physicians.

A five-year Optional Course affords great opportunity for specialization.

ADDRESS

W. B. HINDSDALE, M. D., Dean
ANN ARBOR, MICH.

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Ohio State University

1. One of the eleven colleges of a great State University.
2. Located in a city of 250,000 population.
3. College and University Hospital on campus. All hospital patients are for the clinics.
4. All faculty members, all time salaried men.

ADDRESS

CLAUDE A. BURRETT, Ph. B. M. D.
DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

United States, with a \$100 prize attached. Hundreds of trees all over the country were nominated in a contest lasting nearly a year, and his tree was declared the winner. It is a sycamore, at WORTHINGTON, Indiana, 45 feet 3 inches in circumference. Some tree!

* * * *

Our friend, last seen at the Omaha meeting of the Institute, and sometimes contributor, sends the following somewhat Delphic postal:

Sheridan, Wyoming, March 25, 1916.

My Dear Anshutz:

Your wonderful HOMOEOPATHIC RECORDER for March received this morning, and, as is my custom, I soon turned to the Personal page. There were so many things on it of a "psychic" nature that I soon laughed until my eyes were filled with tears. I could not help propounding this query to myself: If I had first taken a dose of *Ignatia* or *Pulsatilla* would that page have proven less tearful to me? I leave the solution to you. With many thanks, I am,

HORACE C. HOLMES.

* * * *

Tid Bits convict of ten years, coming out, asked what was going on. He was told that all the public houses were forced to close early and that all the countries of Europe were fighting each other. "G'wan!" said he, "fancy the pubs closing having such an effect!"

* * * *

Dr. W. W. Sherwood, formerly of Pana, Ill., is now located at Wynne, Ark. That State, Arkansas, though not among the newer ones has big opportunities from all that we hear of it.

Dr. A. Rieger, Chicago, has removed his office to 549 Fullerton Parkway.

Dr. J. B. Shoemaker has removed from Noblesville, Ind., to Kokomo, Ind.

Dr. J. B. S. King has removed from Suite 1402 to 1121 Masonic Temple, Chicago.

“Their Medicines are the Best.”

BOERICKE & TAFEL,

Homœopathic Pharmacists, Importers and Publishers.

PHILADELPHIA, 1011 Arch St.

PHILADELPHIA, 125 South 11th St.

PHILADELPHIA, 15 North 6th St.

NEW YORK, 145 Grand St.

NEW YORK, 145 West 43d St.

NEW YORK, 634 Columbus Ave.

CHICAGO, 156 N. Wabash Ave.

PITTSBURGH, 702 Penn Ave.

BALTIMORE, 326 North Howard St.

CINCINNATI, 213 West 4th St.

Business Established in 1835.



“He hears his master’s voice.” Everyone knows of that remark made a world motto by the Victor Talking Machine Company, but no one knows of its origin. Neither does T. W., but he heard the following at a lunch the other day. The man who told it knows more about the inside history of things than he does about, let us say, preaching. The Victor people’s famous motto came up in the talk. In effect the man said: That happened this way: A lot of Camden men were talking on the side-walk. One of them had a little fox terrier who was nosing about as dogs will, when his owner called him and the dog at once responded. “He hears his master’s voice,” remarked one of the men in the group. An able Victor man in

the group heard it and, being a man who could catch on to a good thing, used it with the result that it has gone beyond advertising columns, has got into cartoons and become a world-wide proverb, or whatever is the proper term for such a saying. The moral of all this is shadowy, but if "Homœopathy Cures" could be given equal vogue it would be a blessing to the people.

The book of our esteemed friend, Dr. Van Denburg, *The Therapeutics of the Respiratory System*, is not one to be lightly over-looked. Without being quite sure, we fancy our sturdy friend is of the old knickerbockers, of New York, for "Van," if we know anything about it, is the Dutch correspondent of the German "Von." Our "Van" has done a good work, a monumental work, being nothing less than placing the whole of the homœopathic materia medica, as it concerns the breathing system of man, before you in an orderly manner. You should appreciate this great work.

Dr. Earle A. Harvey has removed from Kansas City, to Humbolt, Nebr.

Dr. H. M. Harvey has removed from Independence, Mo., to Falls City, Nebr.

Dr. H. Das Guppa has removed from Mymensingh, Bengal, to 13 Paluatola Lane, Calcutta, India.

Dr. Sawyer, he with the big glasses, of Marion, O., has been appointed a member of the State Medical Board. Ohio, of course.

Dr. A. D. Woodmansee, of Washington C. H., Ohio, has been appointed Health Officer, of that city.

The practice that was left without a pastor when Dr. W. A. Humphrey moved from Toledo, O., to Columbus, to become a member of the Faculty of the University, has been taken by Dr. John A. True, once of Cincinnati.

When T. W. wants to know about or get any out of print book, or pamphlet, he always calls up Dr. T. L. Bradford, of 1862 Frankford Ave., Philadelphia, Pa. Bradford, as you may know, is author of the *Life of Hahnemann*, *Lives of Provers*, *Homœopathic Bibliography*, *Index of Proverbs*, and a lot else



The best place for rest and recreation
and recuperation is

ATLANTIC CITY AND CHALFONTE

is especially well equipped to supply the
wants of those who come to secure them.

Write for Illustrated Folder and Rates to

THE LEEDS COMPANY

in that line. Just to show that you mean well (this is on our volition), why not enclose a stamp if you send an inquiry? Also, just in passing, let it be known that we are springing this on B. for the benefit of those who are searching for rare homœopathic literature. Perhaps B. (who is librarian of the Homœopathic College in Philadelphia) may be wrathful at it.

The card of *Perfection Liquid Food* again appears in the RECORDER, see page XXVI. It, the Food, is made by Dr. William Jefferson Guernsey, that good, old line homœopath, author of *Homœopathic Therapeutics of Hæmorrhoids* (now out of print) and also, we believe, author of a sort of slip repertory, something on the line of Allen's. Dr. Guernsey names his Food "Perfection" because he believes that is its right name. Heretofore the various pharmacies have been allowed to sell it at retail only, but now the Boericke & Tafel pharmacies are authorized to act as wholesale agents, and to supply the jobbers. This is a wise move, for the problem of distribution of articles in general use in a country as large as the United States is a complicated one. *Perfection Liquid Food* seems to have merits of a decided character for it has persisted for many years with but little advertising.

Modern advertising, in its true sense, is not deceiving persons into buying, but a turning of the attention to something it is well to know. Nearly all of our readers have, let us say, telephones. Suppose no one had ever turned their attention to telephones none of them would ever have had one. All of this leads up to the fact that advertising has changed of late years.

Not all of it, for there still lingers much of the old catch-penny spirit, but it is dying out. It no longer "pays" to spend money for turning the attention to things of no merit. A big advertiser, one who goes probably in the neighborhood of half a million a year, told T. W. recently that a man was a fool to advertise goods that would not back up his assertions. "But," objected T. W., "the pages contain much that is fake." "I know," he replied, "but if you will observe the 'fakes,' as you term them, die—and the money spent is wasted. If your goods

BOERICKE & TAFEL'S

Fine Toilet Articles

We have a very complete line of fine toilet articles that it is well to bear in mind when ordering goods. These embrace:

Genuine Imported Bay Rum, which has the reputation of being the best in the market. Prices: 25, 45 and 75 cents a bottle, as to size.

Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

B. & T. Antiseptic Shaving Stick, a fine, free lathering shaving soap. Price: 20 cents.

Laneo. "It stayeth the falling of the hair." Price: 50 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

are *good* they will advertise themselves: if they are 'fakes' they cannot be made to sell beyond a limited extent, no matter how much money you spend. Blood will tell!"

On page XVIII, May issue, we quoted what "C. W." had to say of Dr. Van Denburg's book, *Therapeutics of the Respiratory System*, but neglected to state that the review was from the pages of the *New England Medical Gazette*.

Therapeutic By-ways seems to be an easy seller. A traveling man told us that in one place he calls on seven physicians; six of these bought the little book. The seventh wasn't home.

The "Do you know" style of shoving information at the reader has become very much in vogue, so T. W. follows suit:

Do you know that it is pleasanter to be well than sick?

That being comfortable is more agreeable than being uncomfortable?

That, for some of us, it is as hard to get money when it is "easy" as when "tight?"

That toothache is unpleasant?

That bellyache unfits one, temporarily, for polite society?

That corns provoke profanity?

That fishermen are truthful but imaginative?

That all automobilists are not in the best society?

That health board men are not necessarily wiser than others?

That boys will be boys because they cannot be anything else without dying?

That sometimes your wife may be right?

That all that is shot at you isn't so?

That you ought to go to the Institute Meeting at Baltimore?

Among the new-comers on the RECORDER's mailing list is Dr. G. F. Lee, of Sumter, South Carolina. His letter-head bears the words "Humane Sanitarium." Among other things Dr. Lee writes that he is, professionally, very much alone, and that he has a good place for a man who has a facility for making

Diseases of the Skin

Including the Exanthemata.

BY FREDERICK M. DEARBORN, A. B., M. D.

NEW YORK CITY

200 original illustrations, photographs from actual cases.

551 large 8vo. pages. Cloth, \$5.00, *net*, sent on receipt of price by any homœopathic book dealers.

This book is not printed from plates, is new, from cover to cover, the latest, the least padded and most helpful book on the skin extant.

For Sale at all Homœopathic Pharmacies.

A Text-Book of Diseases of the Chest

*Pericardium, Heart, Aorta, Bronchi, Lungs,
Mediastinum and Pleura.*

By DR. E. GUERNSEY RANKIN.

63 ILLUSTRATIONS.

744 pages. 8 vo. Cloth \$2.50, *net*. Postpaid.

The chest and its organs do not change, neither does our knowledge of them change from year to year.

At \$2.50 for this book you are getting a fine modern text-book at a remarkably low price.

friends and is a good homœopathic prescriber. If any one wants to know about things at Sumter write to Dr. Lee, as the foregoing is all we know about it and was put in here merely, we suppose, from an innate desire to gossip, or to possibly help our readers.

A note from Dr. J. B. S. King, who, for years, philosophically, sometimes satirically, but always homœopathically, guided the *Medical Advance*, informs us that to all appearances that good old journal is defunct. We are sorry to hear it. But then the *Advance*, in the past, had a habit of occasionally turning up its toes to the daisies and then changing its mind and getting on its feet again. Hope it will do so again.

Just as this "copy" was being arranged for the type-man came an announcement from Dr. H. Becker, 1230 West King St., Toronto, Ontario, Canada, who is President of the International Hahnemannian Association, that that body will hold its annual meeting this year at Philadelphia, Pa. The date is June 21-24 inclusive, which fits in nicely with the Institute meeting at Baltimore, only two hours away, which opens on the 25th. The headquarters will be at the Aldine Hotel, on Chestnut St., above 19th. The rates are \$2.00 per day for room or \$4.00 for room and meals.

The Aldine isn't a modern sky-scraper, but a mighty comfortable and roomy house, frequented by a fine class of people. It may be of interest to know that it stands on the site of the imposing colonial mansion of Dr. Benjamin Rush, who was a member of the Continental Congress that issued the Declaration of Independence. Afterwards he was Surgeon General of the American Army.

You will not find the old Quaker town exactly the "slow-town" the funny men are fond of dubbing it. However, that jibe never worries a Philadelphian, but rather amuses him. In the 120 square miles covered by the old place will probably be found more places of real interest than can be found in any other American city, places historical, and things modern, like, for instance, the mighty battleships at League Island, which is

LEUCORRHOEA

and Other Varieties of Gynecological Catarrh
**A Treatise on the Catarrhal Affections of Women,
 Medical and Surgical Treatment.**

By HOMER IRVIN OSTROM, M.D., New York

179 pages. Cloth, \$1.00, *net.*

For Sale at all Homœopathic Pharmacies and Book Dealers

*Very practical and helpful to all having the care of women. It
 will help you in practice.*

A Message of Health

By RUSSEL C. MARKHAM, M. D.

125 pages. Cloth, 75 cents, *net.*

Mailed, post-paid on receipt of price.

A book worth reading.

BOERICKE & TAFEL, Publishers

TREATMENT

By CLARENCE BARTLETT, M.D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net.*

Delivered by parcel post, free to any part of the
 United States on receipt of the price, \$8.00.

This book, worthy of being termed an Encyclopedia
 of Treatment, will pay its way in any physicians library
 who is in active practice. The *Medical World* put its
 character in a nut shell when it wrote: "It covers well
 every part of the domain of modern general medical
 practice as mirrored by the consensus of the opinion of
 the best men of all schools."

At all pharmacies and book dealers.

the southern boundary of the town, or the Dupont powder works, which, while not in the limits, are close enough to rattle windows when one of them goes up; when it goes up it goes fast enough to satisfy even our genial Chicago friends. Incidentally, if you want a job in these mills you can get one at big wages. Again, incidentally, you can visit the oldest and biggest homœopathic pharmacy (B. & T., 1011 Arch St.) in the land and be shown over it from the cellar to the 5th floor. Take in the I. H. A. on your way to our goodly neighbor, Baltimore, and the Institute, rub elbows with your fellows and 'go home a wiser, but not sadder man.

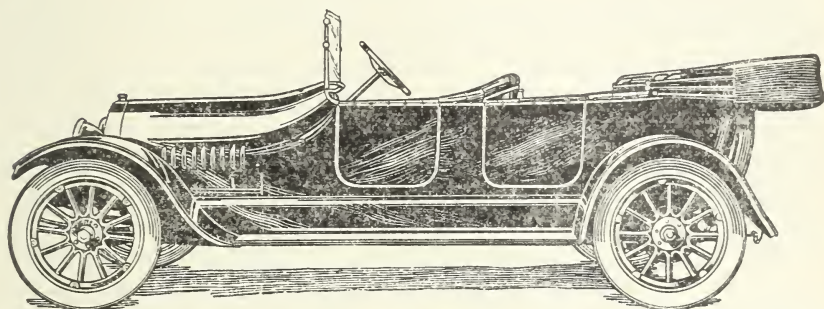
Sir Knight. Doctor M. T. Cleckley, of Augusta, Ga. (457 Green St.), has been appointed Surgeon General in the Medical Department of the Knights of Pythias, with rank of Colonel. As possibly the most of our readers know, Colonel Cleckley is a sound and much respected homœopathic physician and surgeon, who, for years, has upheld the banner of Similia in Georgia. It is the medical banner of the future. We take it on ourself to offer the Colonel the congratulations of the RECORDER'S many readers and also our own.

Several times in past years we have warned the readers that Hahnemann's great work, the *Materia Medica Pura*, translated by Dudgeon and published in London, would be out of print in the near future. And now we are informed it has come to pass. There may be some copies remaining in London, but in the present disturbed condition of things they—if there be any—are not available. This edition contained 1,427 large 8 vo. pages, splendidly translated, carefully annotated by Hughes and finely printed in good, large, eye-satisfying type. There may be a copy or two in some of the pharmacies, but no more at the binders.

Perhaps the observant reader has noticed how the men up front (in the RECORDER) have been hinting—perhaps, rather, it was bold assertion—that *Calendula* was what was needed to

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CLAUDE A. BURRETT, Ph. B. M.D.
DEAN

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dress the wounds of the poor chaps who are injured in this most asinine war. Well, to help out "the front" let the following, from the *Homœopathic World*, be put in evidence: "In Mr. Dudley Wright's report of his work in France he paid a high tribute to the efficacy of *Calendula* in treatment of wounds. This is a satisfactory addition to the testimony of many years and tends to show that the 'vulneraries' are by no means to be regarded as out of date." Just here let us add that the English are prone to use "Mr." in place of "Dr." to which in the U. S. Mr. Wright would be entitled—as he is in England—but there they do not put a man's degree so much in evidence. However all this, latter, is but custom. The note in the *World* shows that the old and true remedies are coming into their own again, from the fog of "scientific" medicine—*Calendula* for lacerated flesh and in time, possibly, *Hypericum* for nerve injuries that lead to tetanus (quite regardless of the tetanus bacillus), *Arnica* for the effects of stunning blows, *Symphytum* for broken or shattered bones and other sane remedies. Surely the poor chaps in the trenches sadly need these!

Confirming this the *World* prints a letter from a doctor, at Salonica, who says he brought a hypodermic syringe in his outfit, but neglected *Aconite*, *Hepar sulphuris*, *Belladonna*, *Mercurius*, and other sadly needed remedies, who adds: "You will think I should be ashamed of myself and so I am."

The Polychrest, issued by the College of Homœopathic Medicine of the Ohio State University, at Columbus, O. (published quarterly), has rounded out its first year, and sure is a lusty journalistic infant. Its editorial wants are looked after by Drs. Ferree, Burrett, Hinsdale, Wolcott, Humphrey and Grosvenor, while Wiggers upholds the business end of things. We would prefer to see the name "Polychrest," but that is a matter, perhaps, of an old-fashioned taste. Just here, at the risk of encroaching on the front part of the RECORDER, we will quote some from the new journal that will give you an idea of the spirit of the new college as reflected in its journal.

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BOERICKE & TAFEL.

This is from a paper by Dr. Lincoln Phillips :

If Kerley and other members of his school will only study and apply the Homœopathic method of administering medicines he will be trebly enthusiastic about the great value of medicines. Not one single Homœopath, past, present, or future, but is an enthusiastic advocate of remedial measures, and we want the world to know that no matter what other physicians of other schools may say, **NO HOMŒOPATH HAS EVER SAID THERE WAS NO VIRTUE IN MEDICINES.** Over a hundred years of actual bedside experience have proved not only the correctness of Hahnemann's theories, but the great worth of medicines administered Homœopathically.

The second is from an editorial with the rather startling heading : "Are You a Dead One?" Here it is :

A doctor that merely prescribes in the good old fashioned way, taking no advantage of the modern diagnostic and laboratory helps is really an incumbrance to our profession. He who scorns such modern procedure is a positive menace to the community. We must do all we can for our patients. It is not enough to merely be able to detect the indicated remedy. Are you letting the women of your families develop cancer to the stinking stage before you detect it Are you merely giving the indicated remedy for a chronic headache while your patient is developing uremia? When such a patient suddenly dies can you look the family in the face and honestly say "I have done all that I can?"

He who fails to modernize his practice, to look into the pathology of his cases, is merely going hit and miss. He may cover his diagnostic mistakes with the charm of his personality, but the earth will serve as a covering for his patients.

It is very true that such modern work will not help much in the selection of a remedy (unless you are a pathological prescriber), but if the doctor has no idea for what he is giving the remedy his prognostic sight will be exceedingly myopic and at the end the more modern doctor across the street will justly say "If I had just been called in sooner."

This is not going back on Homœopathy, but an effort, perhaps a bit too aggressive, to emphasize the necessity of bringing in the modern help. Still, after all is said, Homœopathy is the heart of medicine. The modern science is a great help to anyone and we have not a word to say against it, but it *alone* is but sounding brass and a tinkling cymbal.

Build modern medical science around Homœopathy and not Homœopathy around modern medical science.

That we believe is what all of our colleges are trying to do. The difference is the difference between life and death for patients—and colleges.

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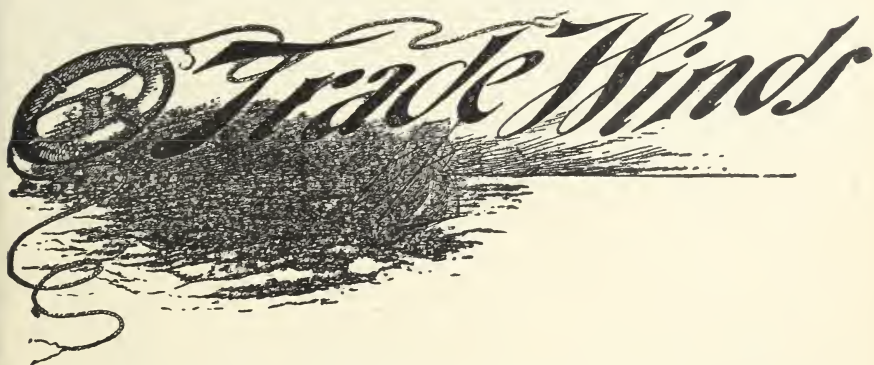
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“Every time I order goods,” exclaimed a disgusted buyer for a drug house the other day, “they hike the prices on me. In paper for printing or wrapping you must be satisfied with what you can get, pay the price and try to look pleasant. The glass men groan when they get an order and those fellows are weeks behind in deliveries and frequently lift prices. The chemical men are the worst of all. Why, this morning I sent in an order for 80 pounds of a certain chemical, got it at a price and then asked them if they would take an order for future delivery. ‘Nothing doing in future delivery,’ was their come-back. In the alkaloids, if you order a pound you are lucky if you get half an ounce and pay as much for it, or more, than you used to pay

for a pound. 'Just listen to this,' said he, pulling out a memorandum, 'Acetanilid up 400 per cent., Salol 800, Salicylic acid 900, Carbohc acid 1,000, Quinine 1,200, Potassium brom. 1,500, Phenacetin 1,800 per cent., while many of the finer drugs are literally, and some actually, out of sight—cannot get 'em.'

"Once in a while some item will drop a little, but if it does it always bounds up again higher than ever. Salesmen hunt for cover, while buyers have gray hairs sprouting. The business world has gone dippy." Then the disgusted buyer put on his hat and sallied forth on the search of something sadly needed.

"When will the end be?" is a question all ask. "What will it be?" is a question many dread.

In the meantime the RECORDER goes to you at \$1.00 a year through all the storm and stress.

Dr. John E. Wilson, of New York City, has written a book on Nervous Diseases now in press (B. & T.) that will be out on September 1st. From what T. W. can gather this book will be the very last and fullest word on the subject in either school, profusely illustrated and in all ways right up to date. "Nervous diseases," remarked a very capable physicaïn to us not long ago, "is a subject that the average medical student and doctor shy off from, but it is not only an exceedingly interesting study, but one in which there are growing possibilities." Wilson's book, no doubt, will give a new impetus to the study and take its place as the text-book on that class of diseases. If you have ever met the author you know that he personally seems to be just the man to tackle such a subject, not that he is nervous, quite the reverse, indeed, being one of those genial yet cool sort of men to whom people with "nerves" would turn. We feel pretty sure that his book will be all that can be asked for on that curious phase of humanity, "Nerves." Do we not say that a "man without nerves" is "nervy" yet one whose nerves are very much in evidence is "nervous." "He had the nerve to do that," we say, when he is cool and "he hadn't the nerve to do it" when he shows the white feather. Surely it is a word put to queer uses, an interesting study and a useful one, both to humanity and financially to the physician.



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Dr. Maria W. Norris, of Grand Rapids, Mich., announces the removal of her office from the Shepherd Building to 21 Prospect Avenue, N. E. She gives special attention to dietetics.

The *Therapeutic By-ways*, so the publishers say, are selling like hot cakes on a frosty morning. Why? Perhaps because the old-time allopathic road, the pike of scientific medicine or even the straight boulevards of Homœopathy do not in all instances lead to the haven of cure. The doctor-guide is a bit worried and is, *sub rosa*, perhaps willing to seek a *By-way* for the patient he is guiding. It may not get him and his patient there, but as his main travelled road has failed him he is willing to see where it, the *By-way*, leads. For example, your patient is afflicted in the prostate: the late Dr. Henry Thomas "had elderly gentlemen coming to him from far and near for prostatic troubles and they mostly received *Hydrangea arborescens*." Or, perhaps, the guided one will tell the guide confidentially, "Doctor, it is queer, but I hear voices, I know it is imaginary, but I hear them. They are very annoying." For this there are two *By-ways*. So it goes through queer things or in every day ills—grippe, rheumatism, cough, appendicitis, yellow fever and other things for 186 pages.

Our esteemed fellow worker in the vineyard, and brother sinner, Dr. J. B. S. King, in a private letter, acknowledged the receipt of "a copy of your back-alley therapeutics." An apt title, but King is famed for that sort of thing. However, O brother, if you cannot get there *via* "the open road" why not try a short cut through the alleys? Sometimes they are quite interesting.

Perhaps some of our readers have little by-ways of their own. If so they would be appreciated by this old and unconventional journal.

The following extract from a letter from Dr. George Gove Kelly, Woodstock, Vermont, is a model, good reader:

"I am getting so much from the RECORDER I feel that I have taken upon myself a debt which I shall attempt to pay in part by the following case report. If this will be of interest to the

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Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

B. & T. Antiseptic Shaving Stick, a fine, free lathering shaving soap. Price: 20 cents.

Laneo. "It stayeth the falling of the hair." Price: 50 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

brothers, publish it, if not, no doubt you have a large receptacle in which to place it."

The paper will appear in a near number—whenever the men "up front" elect.

Editor of the HOMŒOPATHIC RECORDER.

We are needing a first-class dentist in our town, and I would be glad if you make notice of it in the RECORDER. Fillmore is one of the very best small towns in all the State of California. Hard times never hits us here, for oranges, lemons, and other fruit is going out the year round, and the oil industry is growing by leaps and bounds. The dentist can office in the same building with me and I will help him into a good practice as quickly as possible.

G. W. HARVEY, M. D.

June 8, 1916.

Our very good contributor, Dr. Eli G. Jones, 1404 Main St., Buffalo, N. Y., writes us that his next birthday is on July 26th. Now it seems to us, as the good doctor is no longer one of those in the springtime of youth, that it would be a good and nice thing for his friends to write him a note, or letter, about that time. We do not know whether the doctor is sixty or ninety, but fancy his age lies between those years. At any rate, he has labored in the therapeutic field, not strictly homœopathic, eclectic or allopathic, and has given, to the best of his ability, the results of his experience. It was from old-time writers, as you will see by his foot-notes, that Hahnemann built up his materia medica that has been for a hundred years the medical Rock of Gibraltar, changing not, only being explored. What other medical writings survive today, save as curiosities, except those of Hahnemann? None! Why has his survived? Because they were based on a "law of nature." And whatever that is it is eternal. Those laws, gravitation for instance, enable men to guide the fearful shells for fourteen miles that demolish supposedly impregnable fortification. On the same principle the law of similia, as wide as that of gravitation, guide the curative remedy to build up where the shells tear down. Every good drug observation is an addition to Homœopathy.

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The chest and its organs do not change, neither does our knowledge of them change from year to year.

At \$2.50 for this book you are getting a fine modern text-book at a remarkably low price.

The *Charlotte Medical Journal* (N. C.) has the following to say of Dr. M. W. Van Denburg's *Therapeutics of the Respiratory System*:

"This is a magnificently prepared treatise. It is designed as a time saver for the prescriber, by bringing together all the drugs applicable to given cases of cough and coryza. No drugs that have respiratory symptoms have been omitted. The foundation of the work is the ten-volume Hering's 'Guiding Symptoms.' The most striking, prominent and peculiar symptoms have been incorporated, as well as those that most clearly and strongly indicate the drug. Cross references connect related symptoms so that a fuller treatment may be given the subject without the expenditure of greater space.

"This is possibly the most complete treatise on remedies that effect the respiratory system that has ever been written by a homœopath. While it is written for this class of physicians, everyone who is interested in medical literature will be greatly benefited by referring to the volume."

The foregoing reminds us of what a man told us the other day. In short, he was a man not subject to "colds," but when he got one it seemed to him that sulphur fumes from the old-time, long, blue-headed match arose from his inside. He consulted Van Denburg's book, found a remedy "and be hanged if a prompt cure did not follow." The old-time doctor used to say that "ten days" was the best prescription for a cold, but if Van Denburg's book will help all as it helped this man it is worth its price to any physician in active practice—or out of it.

Life, our satirical and sometime doctor baiting contemporary, published at Mr. Knickerbocker's town, known as New York, had an end-of-column filler cartoon recently that vaguely reminded us of the gala night of the Institute. A farmer, axe in hand, is chasing a rooster who is legging it for all he is worth, and who exclaims: "I'll be damned if I'll be dressed for dinner."

The following is copied from a letter from Dr. Jas. Weaver, County Physician at Loa, Wayne Co., Utah: "During early

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This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physicians library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

March several mail sacks got lost during a severe snow storm and were found again, near the top of the mountain, under a snow-slide. A few days ago I received No. 2 of RECORDER, but it was nearly destroyed by the wet. Please send me another copy, as I have the journal bound every year, as it is worth considerable to me for its advancing knowledge and excellent contents. Long life to it. My age today is 83½ years. During this month I have treated four cases of pneumonia, three of pleuro-pneumonia and one of typhoid pneumonia. Thanks to Homœopathy, all these patients recovered splendidly."

The woods are full of "Don't" articles. Let the good work go on. Here are some of our own, to help the don'ters:

Don't smoke fivers, two-fers or Pittsburgh stogies. Smcke Havanas.

Don't trudge through dust or mud, or ride in crowded trolleys. buy an auto.

Don't live in a shabby house, buy a mansion with beautiful grounds.

Don't work during the long, hot summer. Go to mountains, lakes or sea-shore.

Don't suffer the cold, fogs and frost of winter. Go to Florida, California or Cuba.

Don't travel in coaches or Pullmans. Have a private car attached to the train.

Don't get last year's suit cleaned up. Buy fresh, fine new clothes.

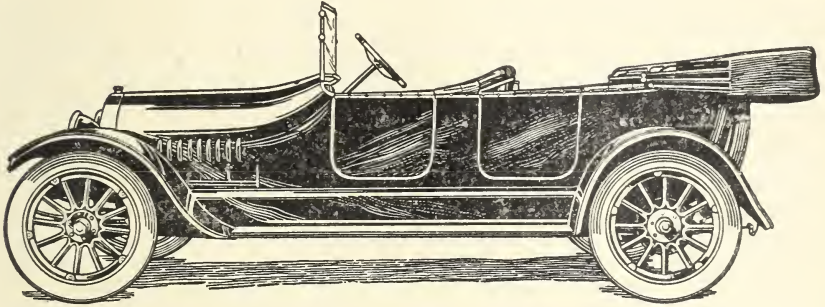
Don't live in a boarding house. Take a suite of rooms in a first-class hotel.

Don't be a fool. Be wise.

Dr. John W. Parker, of London, O., called a few days ago on his way home after visiting a number of hospitals, clinics and the like, said that London is to have the model penitentiary of the world, the State of Ohio having procured a site there. While in Buffalo he visited Dr. Eli G. Jones. Two points about our old contributor struck Dr. Parker. The first is Jones' unbounded faith in the curability of all diseases (not actually surgical) with

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DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

medicine, diseases from cancer to a cold in the head, if you know how to use drugs. The second point was the extraordinary number of physicians who apply to Dr. Jones for treatment of their personal ills. Interest in the articles running for some time in the RECORDER prompted the visit.

The lines between pathos, humor and, in this case, diagnosis are blended. According to a Georgia newspaper a negro man went violently insane. His people were trying to get him in a State asylum. One day his wife hit him a heavy crack on his head, because he was so obstreperous, with a piece of stove wood. At this a large ear-wig dropped out of his ear and the man recovered sanity. Heroic treatment, but effective. Also an instance of "removable cause."

California is the land of sunshine, oranges and the like; the California State Homœopathic Medical Society is a body of fine men, judging from those we have had the pleasure of meeting, but when we get a notice of their meeting to be held on May 17th-19th, in time for our July issue, one is prone to think that *manana* (hope it is spelled right) has got the upper hand in the land where men lie in hammocks and reach out to their orange, fig and other fruit trees, when hungry. No kick, brothers, only envy at your easy lives.

Dr. Joseph H. Fobes, of 1 W. 58th St., New York, will be at Litchfield, Conn., during the month of August. May be reached by "Telephone 16—ring 2."

Dr. H. R. Hildebrant has removed from Dundee, Mich., to Ann Arbor, Mich. Address. Care of Homœopathic Hospital.

Dr. H. E. Whitaker has removed from Somersworth, N. H., to 73 Elm St., Gloucester, Mass.

"He hears his master's voice." T. W. gave a version of this legend in the June issue. When printed the gentleman who related the yarn remarked, in effect, "You have balled that up. It

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BOERICKE & TAFEL.

should be 'He knows his master's voice,'” Another literary book-worm remarked that he was astonished at T. W.'s ignorance of literature, for it should read “His Master's Voice.” Perhaps this will develop into a controversy akin to who wrote “The Beautiful Snow.”

The first review, or, more properly, notice of *Therapeutic By-ways* that comes to hand is from Scudder, II. In other words, from the *Eclectic Medical Journal* (Cincinnati). Here it is:

This is a curious, pleasing and instructive collection of facts and fancies concerning medicines and remedial measures gleaned from sources broad and outside of text-books. It ranges from the crudest of domestic practices to real scientific information, and each paragraph appears to show how much value the author concedes to each contribution. It contains many a homely hint which will set one to thinking when halted for want of a remedy in some stubborn ailment.”

The second to show up is from the *Journal of the American Institute of Homœopathy*:

This little handbook comes, like “Jottings,” from the press of Boericke & Tafel. The reader is warned in the Preface that some things in the book appear “fantastic.” But it is also true that we are so conventional that some things appear fantastic, merely because they are novel, and the average medical mind does not readily accept anything less than the material dose which is potent to produce immediate and obvious objective deviations from the normal.—S. M. H.

This stately period is all right, but you have to concentrate to take it in.

One of the B. & T. men had occasion to call at one of the Government offices recently. When leaving, the official in charge asked, “Do you people still keep that olive oil?” The reply was in the affirmative and the inquirer said that it was the best he ever used, adding that the way he came to get it was due to the fact that at the Custom House he knew, as a matter of duty, what the oil cost and how it stood the Government tests. As nothing better came in and mighty little in its class, he took to it.

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There is a certain grim humor in medicine for one who has a sense of it. For example: A correspondent asks one of our honest and well meaning allopathic journals if druggists, under the law, can put up, label and sell remedies for this, that and the other ill. The editor replies “Yes,” provided he doesn’t label it a “cure” or use prohibited drugs, he can sell any kind of “slop.” On another page in the same issue an old doctor writes to know what he can do for his heart, which has become very irregular in its beats at times. The reply is that if the irregularity is caused by indigestion he should take a mixture of *Nux vomica*, Jamaica ginger, *Diastose*, *Asafœtida* and *Cascara sagrada*, while otherwise, to steady his heart, he should get

a prescription filled calling for Nitro glycerine, Digitalis, Strophanthus and Belladonna. In both prescriptions the strength of the drugs is liberal. In same issue another doctor quotes Peters "in the management of heart diseases the fear of digitalis is the beginning of wisdom." Truly things are not what they seem and it is doubtful if any advertised "slop" can out-slop that prescription for indigestion. It comes, too, from a very authoritative source.

Our old friend, Dr. Stephen Woods, Senn Spring, Grafton, Allegheny Co., Pa. (Hahnemann, Phila., 1875), sends T. W. a queer present, namely, a vial of *Rhus tox.*, dilution, 7,500th. He says the late Dr. J. H. McClelland, of Pittsburgh, gave him the "graft" and McClelland got it from Dr. Constantine Hering while he was a student of the great old doctor. Dr. Woods says this 7,500th is a certain and sure cure for rhus poison though he could never get any results for the 30th or 200th. Many thanks, Doctor, but T. W. hopes he will never have occasion to use it on himself—his only patient. One more point: If patient itches put 20 drops of *Lobelia θ* in a pint of water and dab on—this also from Dr. Woods.

A correspondent writes that, during the past five years he has cured many cases of granulated lids—trachoma—with *Graphites* 200. He refers the reader to the provings of this drug. The writer of the note is not a physician, but is connected with a local mutual insurance company in the South. Same correspondent says he has cured rupture of 12 years' standing with *Nux vomica* 200. Respectfully laid before the readers of whom some will and some will not, have faith.

Dr. John Witt has removed from Freeport to Aurora, Ill. Street address, 106 Main street.

Turnabout.—The doctor entered the patient's room in the morning, and, according to habit, read the chart first thing. He was a little surprised to read:

"2 A. M. Patient very restless, nurse sleeping quietly."—*Collier's Weekly*.



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One of our New York friends sends in the information that a comedy 2,500 years old is being staged in China. It is said to contain all the jokes of our modern musical comedies and quite a number that have not yet reached Broadway.

The foregoing verifies what the wise man of Jerusalem once said, "There is nothing new under the sun." But do not be discouraged aspiring youth, or sophisticated haunter of "the great white way," for even though Solomon spoke the truth you have still something you can learn even though it be not much.

The internes of Cook County Hospital must be full of vim according to the Chicago newspapers. It seems that the outgoers gave a feed to the incomers. All went well until the arrival of the champagne and a cabaret girl, who sang something about loving her. They all volunteered. Then, apparently, the management and the police came, the lights went out, tables and chairs were reversed and all that sort of thing. Youth will have its fling. The moral seems to be "stick to beer"—unless you are immune to the foaming grape, which, perhaps, not every interne is. It was a "proving" of champagne.

Dr. C. . Olds, one time of Pennsylvania, has removed to Marco, Florida, from Fort Myers, of the same land of orange groves.

Dr. H. J. Schermer has removed from Davenport, Ia., to Guttenberg, Ia.

Dr. C. S. Dohrman has removed from Lockport to 347 Huntingdon Ave., Buffalo, N. Y.

At the election the following officers were elected for the Regular Homœopathic Medical Society of Chicago: President, Elmer Schwartz, M. D.; First Vice-President, L. A. L. Day, M. D.; Second Vice-President, C. E. Sayre, M. D.; Secretary and Treasurer, C. A. Walton, M. D.

Dr. J. C. Earle, of Olean, N. Y., writes: "I am inclosing my check for \$2.50 in payment of Dewey's *Practical Therapeutics*, which, after fifteen minutes' examination, I decided to keep. It is a splendid work, and I am more than pleased with it."

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Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

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B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

HELLO, DOCTOR.

In dead of night when all is still
 And snugly in his bed does lie,
 What breaks his rest and makes sleep nil
 And bids him out in storm to hie?
 The telephone.

"O doctor, dear, come to us quick
 Do not delay your coming.
 Our baby boy is very sick,
 A big pain in his tummy."

The faithful doctor leaves his bed,
 His rest is gone, his head is dizzy,
 Kicks on his clothes, goes to the shed,
 Gets Dobbin out or benzine Lizzie.

With much expense of gasoline,
 Or Dobbin rudely lathered,
 He comes upon the lamplit scene,
 The family round him gathered.

Oh, doctor, see our blessed dear,
 He's sleeping now, the darling;
 A wicked safety pin we fear
 His playfulness was marring.

"Of course you will not charge for this,
 No medicine you're leaving."
 "Oh, no, I thought it perfect bliss
 To take this evening airing."

On homeward road, o'er vale and hill,
 His fancy builds on ideal home,
 Where patients only call when ill
 And, praise the gods, no telephone!

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Including the Exanthemata.

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Here are some extracts from a letter. For obvious reasons the writer's name is not given: "Inclosed \$1.00 for RECORDER to January, 1917. I ought not to subscribe this year on account of failing eye-sight, can read very little, have discontinued three other medical journals. * * * I am not a homœopathic doctor, but after being prejudiced (as I think all Harvard grads are) for many years, I have learned to use some of your remedies with good results. Until within a few years I did not understand how or why the minute doses are effective. I do not know much about it now, but I am learning some. As I am not in active practice I do not see the chances for study I might if I were not 75 years old. I take a chronic case occasionally that has been the 'rounds' and often help it when others have failed. I find that such cases need a good deal of attention paid to the 'nervous system' and I, seeing that, combine that with my other treatment and that is why (I think) I help them."

This letter was not written for publication, but we thought it useful to publish the foregoing to show that Homœopathy is not "dying out," as some of the men think, who are more interested in the passing medical show than in the eternal truth of medicine.

Here is an *Alfalco* letter, one of many:

"Will you please ship me here by parcel post a pint bottle of *Alfalco* and send invoice for same. This is without doubt the best general tonic I have yet seen. My pianist had a break-down a couple weeks ago and has been unable to work. After two days' use of *Alfalco*, she seems like a new person and about ready to resume work. You cannot recommend *Alfalco* too highly.

"Sincerely yours

"REV. A. W. MILLER."

"Elmira Heights, N. Y."

A fine opportunity for a live homœopathic physician; city of 15,000 population. Seat of the West Virginia State University. Dr. M. L. Casselberry, the only homœopath in the city, desires to sell out on account of failing eyesight. Has been practicing for fifty-nine years in Morgantown and has made a good name for Homœopathy. For further information address: Dr. M. L. Casselberry, Morgantown, West Virginia.

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This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physicians library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

Besides the popular "Don'ts" there is the almost popular "Do you know that." There are many of these questioning forms of giving information to which the following may be added:

Do you know that:

Nearly every man wants money?

That every editor puts up more or less bluff?

That an honest man is what we all should be?

That a critic should know more than the author but often doesn't?

That your enemy isn't as bad as you think he is?

That (possibly) you are not as good as you think you are?

That all Republicans are not knaves, Progressives wind-bags, nor all Democrats' ears long?

That if people knew Homœopathy the other fellow would go out of business?

The *Pacific Coast Journal of Homœopathy* thus chastens the spirit of the author of *By-ways*:

"*Therapeutic By-ways*—Being a collection of therapeutic measures not to be found in the text books collected from all sources. Condensed and arranged by Dr. E. P. Anshutz. 195 pages. Cloth, \$1.00, net.

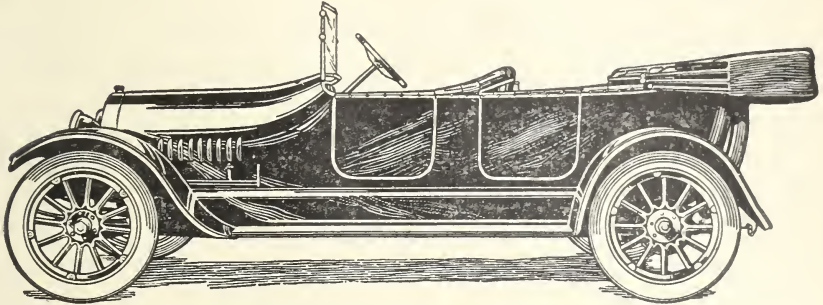
"Containing therapeutics of everything from adenoids to yellow fever, including balky horses, ingrowing toe-nails and tattoo marks. A compilation of 'the flotsam and jetsam of therapeutics,' some of which is distinctly jetsam and should have been left at the bottom of the sea of unbelief. For instance, 'An old woman's remedy for night sweats is to place a pan of pure water under the bed. *They* say it will do good every time, and it cannot do harm. The same process is followed to prevent bed sores. The water, of course, must be renewed frequently—wherein may lie the virtue of the treatment.'

"Carry constantly a small potato in your trousers' pocket and it will guard you against rheumatism. There are others however, who carry a buckeye or horse-chestnut, the same way, for the same purpose.

"Such drivel should not be dignified by the title of therapeutics and only detracts from the many valuable suggestions to be found

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CLAUDE A. BURRETT, Ph. B. M. D.

DEAN

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Columbus, Ohio

in this volume. The homœopathic gleanings are well worth while, and when you have run the gauntlet of text book therapeutics, a quick reference may help you out on a difficult case."

But, brother, we know ladies who would call you names for terming their pan of water under the bed "drivel," and stalwart men who would fight for the buckeye or potatoe. Talking of superstitions at the recent Institute meeting at Baltimore several doctors, not unknown to fame, admitted they had pet superstitions like "knocking on wood" when they had made certain assertions and similar practices in the "pan of water," "buckeye" and "potatoe" class. You know the book was not compiled to instruct the medical High Caste.

That potatoe also seems to strike the *North American Journal of Homœopathy's* reviewer. He opens with it rather neatly. Here is what he says of this unconventional book:

"When in doubt, try a raw potatoe—that is an impression left by a glance through this collection of therapeutic suggestions. When a physician is up against it and doesn't know what to try next for his patient, let him consult this little book. The remedy recommended may not do his patient any good—then again it may; the compiler mentions it 'for what it is worth.' Most of the suggestions are along homœopathic lines, and no combinations are admitted into the compilation. Some of the 'therapeutic by-ways' seem to be so far a-field that the book would have been better without them, but it costs only a dollar, and a single hint gathered from it in time of need would amply repay the outlay."

Certainly the potatoe does play a part in this book being mentioned a number of times, but when it is known that the author filched nearly all of it from *The Lancet*, of London, perhaps you scoffers may regard the tuber-therapeutics with more respect.

The following quotation is of decided interest:

"A most striking unintentional proving of radium bromide was made on a chauffeur, aged 45, who was given a 12x tablet at night and another next morning for lupus of the nose. He became so dizzy that he "could not stand up or do anything." Every movement made him dizzy, and he was "so weak" that his muscles "just gave out." It was two weeks before he was normal, when

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the experiment was repeated. This time the symptoms were much more intense. He became so weak and dizzy that he could not stand and had to go to bed. When in bed the vertigo left, but his legs, arms, and neck felt hard and brittle, as though if he moved they would break. He had no pain and was all right when lying still, but if he got up he felt, as he expressed it, "queer." It was three weeks before he was able to do his regular work." (Shearns in the *Journal of the American Institute of Homœopathy*.)

This shows that one should be very careful about prescribing the high powered radium, like the 4,000,000, but better to use the 30x, 60x, or higher. Incidentally, does it not suggest a possibility in infantile paralysis?

President Becker, of the I. H. A., when it met in Philadelphia, related to us a rather interesting story of his early professional life. He is a graduate of an old school medical college of Canada, and practiced for ten years before he became interested in Homœopathy. When he turned to the new school he did so *via* the high potency route. One of his early tests was the case of an elderly lady who was afflicted with a large cancer on the abdomen that was very painful. Why it was not cut out was not stated, probably operation was refused or dangerous. The point is this: that Dr. Becker gave her a dose of the indicated remedy, *Belladonna*, in this instance, in the C. M. potency. The effect was that the pain ceased and patient was at ease for about three weeks, then it slowly returned. Another dose of the same medicine again gave complete relief. This continued for about a year or until the patient died. During this period the cancer decreased in size over one-half. "That repeated effect of the C. M. confirmed my belief in these potencies," said Becker. He also said that several times when the pain returned he gave her placebo, which had no effect, which demonstrated that it was the potency that did the work.

Circleville, O., June 17, 1916.

E. P. ANSHUTZ:

Dr. Charles Naumann having passed away his subscription to the RECORDER will be discontinued after expiration of current year. A successor to his practice will receive the copies.

EMMA J. NAUMANN.

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T. W. was on a summer hotel porch in August. Time, evening, and no one near save a gentleman, evidently a well-to-do man who lived in the country. Of course, we fell to talking. Now here is the point of this relation, given in our own words from memory. Our friend was a Maryland planter, or farmer, as was soon discovered. He said—in effect: Men come down our way and inject tuberculin into our cows—we are largely a dairy community—and when they do so they generally kill the majority of the herd, kill, as a rule, our finest cattle. One of our men told them that he, his children and his neighbors had largely been raised on the milk from those cows, or their ancestors, and there was no tuberculosis in that part of the country, and he wanted to know why they killed their best cows?

There was no definite reply to this from the killers. Then our new friend went on to say that they cut open the killed cows, but, so far as he and his neighbors could see, they were absolutely as healthy as cows could be, but the officials said they were tuberculous. If they were, so is every cow, concluded the porch speaker.

Then T. W. asked, "Why do not you men kick?" The reply was, "If we did they would take our licenses away from us. If we cannot sell our milk and butter we might as well go out of business."

So the talk rambled on in the summer darkness until it took another turn, that may be of some interest. The farmer, apropos of what had gone before, said: Last summer two women came to my place with sickly babies that were fed on sterilized milk and all sort of bottled stuff and fancy foods. The little things were puny and did not get any better in the country than they were in the city. The mothers finally asked me what to do, and I told them that if they were my babies I would feed them on good, fresh, unsterilized cows' milk, such as all the kids in our neighborhood had been raised on and were husky boys and girls in consequence. They did so and the result was that both those sickly babies were healthy inside of a week.

The germ crazed health boards seem to be hard on the kiddies.

One meets interesting persons if he has an open mind and can get them started talking. A man of about 40, with a contempt for Homœopathy, was one of these. He had nobby spots on his head, a sort of coffee-copper colored complexion and an expression of discontented suffering—if the expression be allowable. "The 'allopathic' doctors, as you term them," said he, "have pulled me through too many times for me to doubt their practice." Asked in a general way what he was given, found it to be *Calomel*, *Quinine*, *Nux vomica*, in ten drop doses; *Milk of Magnesia* and a lot of other stuff. Had just finished a drastic course of *Nux*, ten drop doses of the tincture, frequently repeated. "It didn't reach my case so now I am only taking *Milk of Magnesia*." "Is it doing any better?" "No, not yet, but I hope it will." We echoed his hope, but had doubts of its fulfillment. For many years he has been taking dope by the



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wholesale and still lives in hope of reaching the promised land of health. Never suspects that the dope is at the bottom of most of his endless ills.

Per contra. A man who was once what is known as a country gentleman, but was now living in a city, told us that he had bought a homœopathic veterinary practice and although he had many horses, cows and other live stock he never lost one of them from disease. "The homœopathic medicine cured them every time."

But in medicine a big majority of the otherwise very intelligent men and women, who came and went during the summer, with whom the subject came up, were wrapped in Egyptian darkness. The general comment was "Oh, there's no difference today between Allopathy and Homœopathy. Why, my doctor never gives me big doses."

Any attempt to explain the vital difference between those doses was met with a vacant, or a tolerant smile. Understand. T. W. wasn't out as a homœopathic missionary, but being pretty well known at the resort was often tackled on the subject and always came back good humoredly, but without gloves.

One day the rumor spread that there was a case of infantile paralysis in town. A tremor went through the people such as precedes a panic. They were ripe for one. There was no paralysis. The health boards and newspapers have succeeded in getting the people into an idiotic state of hysteria over a disease that is always with us and of which no one was ever afraid save for the afflicted one.

Here is a true story told to us by a gentleman who was present. The scene was a club house much frequented by our Hebrew fellow citizens who have acquired a certain amount of worldly goods. The man, by the way, who related the incident was a gentile. One gentleman whose name, not to be personal, was Isaacs, displayed a fine and unusually large diamond ring. He was a dealer in gems. Mr., let us say, not to be personal, Einstein remarked, "Isaacs, that's a fine diamond on your finger, what will you sell it for?" Mr. Isaacs took it off his finger, handed it to Mr. Einstein and said, "Jakey, I will let you have it, as you are my friend, for \$25.00 spot cash." Mr. Einstein

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Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

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B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

carefully looked at the ring, handed it back and shook his head. Mr. Isaacs put the ring back on his finger with the remark, "Jakey, I knew you put up a bluff when you said you knew jewels. That ring cost me \$700.00."

Why this anecdote here? No particular reason unless it be the general one that there are bluffers, who cannot make good, all around us, and this is a true story.

Here is a letter from our independent and outspoken friend, Dr. Kirchbaum, of aristocratic Montclair, N. J.:

August 3d, 1916.

My Dear Anshutz:—I like your little book, "Therapeutic By-Ways." It is brim full of good hints for the wise and—otherwise. Giving emphasis to so many valuable expedients, overlooked by our teachers of *Materia Medica*, it is just the sort of a volume to fill in the chinks of a deeper study of our patients. Short, crisp bits of information, such as you have collected, will prove, I have no doubt, a bedside help to many.

Believe me with sincere appreciation,

Fraternally yours,

P. E. KIRCHBAUM.

In sending the RECORDER some Reports of his Charitable Dispensary, Dr. Sadig Ali, surgeon in charge Military Hospital, Kapurthala, Punjab, India, writes: "I am much interested in the RECORDER, as you know, and trust it is holding its own."

Thanks. It is,

The Report, by the way, covers 59 large octavo pages. It is very interesting, and a fine "missionary" for Homœopathy. His Highness Maharaja Sahil Bahadur, and others, contribute to the support of the dispensary. In the year 1915-16 the number of new patients was 40,170, and the number of attendances, 117,617. Figures of past years show that the number of patients is rapidly growing. Surely the rich men of the Province, or State, ought to support such an institution, for the health of the people concerns them and makes for their welfare.

We take the liberty of quoting this bit from a letter from Dr. M. F. Sayles, once of Tennessee, but now at San Diego, Calif.:

Diseases of the Skin

Including the Exanthemata.

BY FREDERICK M. DEARBORN, A. B., M. D.
NEW YORK CITY

200 original illustrations, photographs from actual cases.

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"He has done for therapeutics what Farrington did for Materia Medica."—*Homœopathic World*.

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic*.

“Although not in active practice at present and having suspended all other medical journals, I am still reading the RECORDER and hope to continue it.” Let us hope that Dr. Sayles will long continue to be a reader. Many years ago when T. W. was on another journal (still alive, but then struggling), the aforesaid T. W. rejoiced at a new subscriber, but a co-worker dryly remarked that a renewal was a better certificate of merit than a new subscription though he admitted both were necessary. He said the renewal was a stamp of approval.

The staunch, old, and always fair, *Medical Record*, of New York, makes the following comments on *Therapeutic By-Ways*:

“Even though we have not the faith in the doctrine of similars and in the efficacy of high potencies, we may read much of interest in Anshutz’s “Therapeutic By-Ways.” He has had patience for years to gather from the men and books which passed his way, and much from past superstitions has gone into his little book. His one very sensible comment on experimental pharmacology is the following: ‘. . . for why may not the infinitesimal do that which the crude and the palpable may not do? Does man, in this day, still hold to the belief that because he cannot see a thing it does not exist? If he does he kicks over the best in modern science and makes his senses the arbiters of science.’”

RILEY.

He sang for common folks of common things,
 Of farm and field and waving grass and bird that sings;
 He touched the chords that lie in all and voiced
 The dearest thoughts, his heart rejoiced
 To weld the souls of man by sympathy—
 He sang in homely words that men might see
 The grace and beauty in the meanest life,
 And pausing in their daily strife
 Might find the skies more blue the grass more green
 And nearer grow in soul to things unseen—
 The great eternal truths we seek to grasp—
 The shadowy blessings that we seek to clasp
 Close to our hearts the thought of nobler deeds
 Of life and self-unsullied by base greeds,

How to use the Repertory

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By GLENN IRVING BIDWELL M. D.

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This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physician's library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

He sang of all these things tho' quaint his word—
 So true it ever was that all men heard.
 And now we feebly write with chastened pen—
 And place upon his tomb: "He had the Love of Men!"

—KEN.

Here is a bit that we have received that comes from the Massillion, Ohio, Rubber Co. It looks like a good offer:

THE SURGEON HAS A FIT, if he wears Massillion rubber gloves; and he has a fit of quite a different sort if he wears a make of rubber gloves that don't fit. In short, he is bound to have a fit of one kind or the other—either on his hands or in his head. It's up to him to determine which it shall be, by looking after the make of gloves that he wears. There is nothing quite so exasperating in all the paraphernalia of surgery as to operate with a badly-fitting pair of gloves. Of course, they must do more than fit. They must be flexible, and light, and durable, and, above all, they must have the QUALITY that will keep out infection and stand up under frequent sterilization.

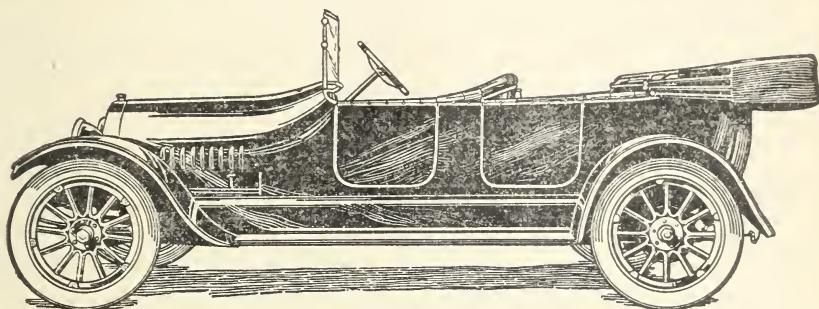
We have already intimated how you can insure all of these essential features in your rubber gloves, saving your temper, and your time, and your own and your patient's asepsis—by wearing MASSILLION RUBBER CO. gloves. The wrists can be reinforced, to prevent tearing; the fingers are tapered, to give lightness of touch; and they are guaranteed for one year against deterioration. Just to convince you, send the name of your dealer to the MASSILLION RUBBER CO., Massillion, Ohio, and 25c. in stamps and they will send you a pair of these gloves FREE.

This is self explanatory. Perhaps it may give some one a hint. It came in the B. & T. mail. Names suppressed, as letter was not for publication. *Rano bufo* is the drug:

"I am specially anxious as to this *Bufo* order, as it is for a test case. A prominent physician and surgeon of Newport, Rhode Island, retired while still in his fifties to return here to an ancestral farm. When an heir to the Vanderbilt millions had to have his tonsils removed the Vanderbilts sent here for Dr. ———, to come on and operate, so you may judge his standing.

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DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

He was the first surgeon in Newport to operate for appendicitis and this, from descriptions, never having seen the operation. He never lost a case in his operations for appendicitis. Homœopathy is the 'Red Rag to the Bull' to him. I had a chalazion which I said I could cure with *Platanus Oc.* (HOM. RECORDER, Oct., 1914, was the source of my information). He said it was IMPOSSIBLE, but I did. Last winter I cured grippe like magic with *Baptisia* 3x (Dr. Clarke's '*Catarrh, Colds and Grippe,*' p. 97). Dr. ——— said, 'Why not use washing blue?' But his wife asked me if I could do anything for burning pains in the finger joint. I took her my Perkins on *Rheumatism* and marked *Berberis*, *Apis* and *Bufo* for her to examine. She selected *Bufo*, as the joints are also swelled, and *Bufo* also is indicated for a tearing or digging pain in the elbow, which she has. I gave her the *Berberis* to try and said I would send at once for *Bufo*. Here I noticed that you have *Bufo* in two forms and I 'phoned my patient as to which Perkins indicates, but she says it is just plain '*Bufo.*' Will you kindly send me the one 'Perkins on *Rheumatism*' means? When the patient asked what *Bufo* was I told her that as I remember my latin it means a toad. Her husband, the doctor, is making merry and I wish we were going to try something that I know something about. Perhaps the *Berberis* will reach the mark. This spring I cured, for a friend, a chronic case of 22 years' standing of cramps in the calves on waking in the morning with *Rhus tox.* 3x."

The *British Homœopathic Journal* has the following to say of *Therapeutic By-Ways*:

"This is a little brochure which the busy practitioner may find useful to have at his elbow to refer to if he is unable to find a remedy for his patient by memory, repertorial study, or reference to the materia medica. Dr. Anshutz has had editorial charge of the publishing house of Boericke & Tafel for thirty years, and as he says in his preface he 'has had the run of many medical journals and books, has met many physicians during that time.' He has now collected the 'flotsam and jetsam' of therapeutics which has not found its way into the systematic text-books. Most of the hints or suggestions emanate

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The course in Medicine comprises four graded sessions of eight months each. Fees, \$120 per year; Matriculation, \$5.00 (payable once).

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BOERICKE & TAFEL.

from the armamentarium of homœopathy, but many of them are of purely empirical origin, and others refer to simple modifications of health processes for the relief sought. The variety of the little book is quite charming and the arrangement alphabetical."

The following is what *The Clinique* has to say of the "By-Ways:"

"This is a neat little book from the pen of Dr. E. P. Anshutz, the editor of the HOMŒOPATHIC RECORDER. It is a book which properly comes under the head of a materia medica, though it is given to the physician under the head of diseases. For that reason it is a very good volume to pick up when 'thinking' of a remedy. We have used it to advantage several times. We are glad to see that the doctor does not confine himself to potency.—*H. V. H.*"

Augusta, Ga., is a city of 60,000 inhabitants, and offers a good opening for a homœopathic physician—so writes a correspondent of the RECORDER. Augusta is also a winter resort, having a large hotel and cottage colony from the north, many of whom ask for homœopathic treatment. A man who practices modern allopathy is not needed, for there are many of them there, but a *homœopath*. Just here let us add that if interested you might write to N. L. Willet Seed Co., 849 Broad St., Augusta, Ga.

FOR SALE.—A fine CASH office and some outside practice for a steady middle aged, or young man. Population, 2,000. \$250.00 buys all office fixtures, practically new, worth \$800.00. I wish to retire. Address, Dr. E. T. Jones, West Barberton, O.

Dr. Clifford Mitchell has been appointed a member of the Advisory Committee to the Commission recently named for the study of infantile paralysis.

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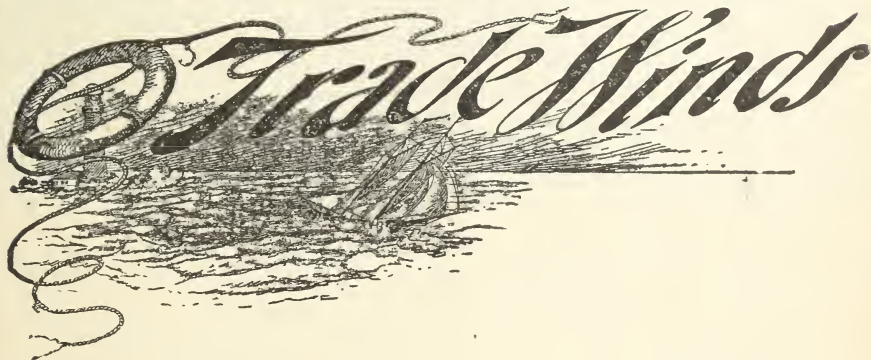
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The New York *Sun's* poet thinks that the way the average man feels after his vacation is best expressed as follows:

“I wisht I was a little rock,
 A-settin’ on a hill;
 A doin’ nothin’ all day long
 But just a-settin’ still.
 I wouldn’t eat, I wouldn’t drink,
 I wouldn’t even wash,
 I’d set and set a thousand years,
 And rest myself, by gosh.”

A postal, stopping the RECORDER, says that Dr. C. J. Lockhart "was shot to death on the streets of Freedom, Pa., by a patient."

A hearty Amen! goes with this editorial bit from the Philadelphia *Enquirer*. Keep up the good work, O big brother:

"It is bad enough when we have to listen to a passenger, who pays his way, whistle in a street car, but it is absolutely unbearable when we have to stand for having our ears smitten in the same way by a conductor, who rides for nothing."

The other day a man who knew alkaloids, U. S. P. tinctures, eclectic and other fluid extracts, made the remark that he had come to the conclusion that genuine fresh plant homœopathic tinctures were far superior to any other form of medication from a given drug. In the first place in the fresh plant tincture you get the very spirit of the drug and, in the second place, a conscientious man can easily identify a fresh plant, but no one can be sure of the dried, powdered leaves, a mere handful of crumbled leaves and stems of the dried plant. The old school men are coming to see this more and more.

Dr. George L. Tiffany has removed from Owensboro to Standish, Mich.

Dr. Albra W. Baker has removed from Miffintown to 1433 Market St., Harrisburg, Pa.

Dr. G. G. Starkey has removed from Chicago to Glenview, one of the city's suburbs.

Dr. Thomas M. Stewart, Cincinnati, has returned to practice in eye, ear, nose and throat, in new location, ninth floor, Union Trust Building, Fourth and Walnut Sts. Suite 901-2.

Dr. E. A. Bradbury, of Brantree, Vt., in renewing his subscription to the RECORDER, writes: "This journal I prize highly and trust I may always have it to read so long as I believe and practice according to good, old similars."

Dr. A. H. Siebert has removed from 709 Stark's Building, Louisville, Ky., to 4157 Pine St., St. Louis, Mo.



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Dr. Eli G. Jones, of 1404 Main St., Buffalo, N. Y., writes that if he could get up a class in Philadelphia, of physicians, he would be glad to come here for a time. We do not know what his terms are, but anyone interested can write to him at above address. The Doctor's specialty is materia medica; in other words, the practical use of medicine. His articles that have been running in the RECORDER will give the reader a line on his ability as a teacher. He has many physicians of all schools for pupils and they all seem satisfied with his teaching.

T. W. is not responsible for this. It was sent in. Here it is:
A Little Girl's Composition on MEN.

"Men are what women marry; they swear, smoke and drink, but don't go to church. God made them. God help them."

Our esteemed contributor, Dr. James C. Wood, F. A. C. S., needless to add, of Cleveland, went to church some time ago, or at least, attended Easter Services in the open air on top of Mount Rubidoux, Calif. This we learn from an interesting and illustrated paper that he contributes to *Medical Pickwick*.

AN ECHO FROM THE PAST.

Here is the echo from the old *American Homœopathist*, edited by Dr. Frank Kraft, who was original, unconventional and always interesting. Older readers will recognize and, it may be, enjoy this old review and dissertation in the true Kraftian vein:

* * *

NEW, OLD AND FORGOTTEN REMEDIES.

In a desperate hunt to run down some very pronounced spastic paraplegia symptoms in the quite recent past, Dr. Dewey suggested a consultation of Anshutz's "New, Old and Forgotten Remedies," which being done, resulted in the finding of *Lathyrus*—one of the remedies we were specially interested in—with its limited wealth of symptoms and its suggestive therapeutics. Other remedies, equally as little known as *Lathyrus*, were found in this quaint-titled book, and perused with corresponding satisfaction. Our good friend, Anshutz, has out of the largeness of his experience as a medical book-maker and

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Genuine Imported Bay Rum, which has the reputation of being the best in the market. Prices: 25, 45 and 75 cents a bottle, as to size.

Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

B. & T. Antiseptic Shaving Stick, a fine, free lathering shaving soap. Price: 20 cents.

Laneo. "It stayeth the falling of the hair." Price: 50 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

editor for the B. & T. firm, collected a series of remedies, not necessarily on homœopathic lines, for many of them are "lifted" out of eclectic and old school literature, but remedies that have had a passing vogue in some one's personal experience, and of others that are lying at the threshold of Homœopathy awaiting their turn to be lifted into the healing pool—professional recognition. Homœopathy, under the fatal misguidance of a few head-hunters (symptomatologists), has unhappily been filled—its materia medica textbooks have been—with so many, many unproven or unsatisfactorily proven remedies, that the intending student is repelled by the enormity of the task of carrying all this vast array of materia medica knowledge with him, in addition to all the othersome many branches of medicine, which the modern medical course now exacts, and has given the allopath a convenient argument against us. The student does not know that very many of these, for instance, that appear in Hering's Unabridged, are not thoroughly proven, and never will be; that many, very many thereof are breech-born, as Hering said of the Tissue Remedies; but even a breech-born, living child is better than a head-born, dead child. Neither does the intending student, no, not even he who has sat out his four years of apprenticeship under a papyrus-reading materia medica professor, know that homœopathic practice divides itself sharply into the treatment of Acute Diseases on the one hand, and Chronic Diseases on the other. That under the former division, the Acutes, the ordinary homœopathic college gives the student much that will be of value to him in his later professional career; but as to the Chronics, there are at this day but few homœopathic colleges properly manned with professors rightly caparisoned to lead and to teach. It is a matter of homœopathic history that it was Hahnemann himself who introduced this scission into the practice. Until he made his later, indeed, his latest discovery that all Chronic Diseases had a common root, which was rejected by most of his followers in that earlier day, the practice of homœopathy was an agreeable, rational and easily explicable mode of medication. Out of this split there ultimately grew the extreme high-potentists, and these in their turn filled the materia medica books with this embarrassment of riches. If these unproven remedies were properly taught and their limitations ex-

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plained, they would find an early and possibly favorable adoption. On the other hand, a great number of unproven remedies have crept into the materia medica through E. M. Hale and his extensive researches and studies, mainly from eclectic and empirical sources. It is evident enough from what Hahnemann is reported to have said about high potencies, "this thing must stop somewhere," that he would not as he could not, rationally, have countenanced the introduction of these hundreds of alleged remedies when they had not conformed to the very first rule of homœopathy, namely, to be well-proven; and, therefore, had no place in homœopathy. Still they have been so injected to the confusion of the school, and in the absence of proper teaching there anent the same, are visible and permanent stumbling blocks to the after-coming homœopaths.

Anshutz has, however, selected his Remedies from those best proven—even if breech-born—especially where, as in the case particularly of *Lathyrus*, the symptoms educed, and proven curative in even a few cases, give large promise and hope that the finer homœopathic symptoms may also, sooner or later, be made a part of this remedy, and of others. As Dunham said, relative to the alleged vast array of symptoms of *Lachesis*: what does it matter if in the eleven hundred and plus accredited symptoms there be but ten that have been repeatedly verified and proven pure gold, and usable—what does it matter how many others there are that are not yet as available; shall we throw out the ten and let the patient in whom these ten are indubitably indicated perish because we believe there are eleven hundred minus ten symptoms that are ridiculous! If *Lathyrus* can, on the symptoms printed by Anshutz, cure, or sensibly ameliorate the symptoms in but one case of spastic paraplegia, is not that sufficient warrant in a universally believed incurable condition for its almost empirical use? And so with the Gila monster, and others. To be sure this is not practicing according to the strict letter of the Law of Similars—because the means employed are not so thoroughly proven as *Pulsatilla*, *Nux*, et id omne genus. And there is danger that the user of such means may tumble into a specific practice—*Lathyrus* for paraplegia, skookum chuch for something else, and so on; or that the Repertorial Yard Stick prescriber may teach the non-study of the materia medica—as

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we heard one former member of the I. H. A. recommend—and depend wholly upon his rule o' thumb for curing people.

Anshutz's book is really an unexplored gold mine—with here and there an outcropping of the precious metal contained within. The book ought to have a greater vogue, because "in its midst" the patient, plodding student may find the breech-born remedy for some of his most peace-destroying ailments. If, however, the treatment of Chronic and Incurable Diseases was made part of the homœopathic college curriculum, then the key would be readily found for the use of these book-filling medicines, which no one in the Acute, everyday practice ever looks at.

HAND MADE TABLETS VS. MACHINE MADE.

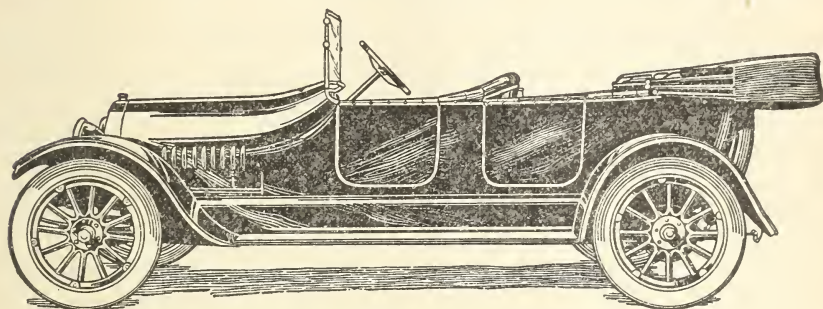
Tablets, because of their convenience, have attained great popularity with the physician who dispenses his own medicines. Before the advent of the tablet the homœopathic physician dispensed his medicines in the form of powders, which he made himself or he administered the medicine in water. In 1882 Dr. Robert M. Fuller perfected a method of compressing medicines in powder form into glass moulds and after drying expressing the medicine from the glass plates in the form of a flattened disk or tablet. Since 1882 great strides have been made in the manufacture of tablets, but, strange as it may seem, the finest tablets from the physician's standpoint, are still made by hand on perforated plates similar to the ones used by Dr. Fuller.

First, only triturations were compressed into tablets, but as their convenience became more fully recognized other medicines were demanded in tablet form. To keep up with the demand machines were invented and turned out tablets by the million. The machine-made tablet is a beautiful product of pharmaceutical and mechanical skill, but what it gained in appearance it lost in purity for no simple trituration of a drug with sugar of milk will "feed" through a tablet machine.

Cane sugar syrup is added to the trituration to make the particles stick together, then the mixture is rubbed through a sieve to granulate it, then dried in an oven and then are added petroleum oil, boric acid, talc., etc., to make the granular powder run easily through the hopper to the compression plate. Sometimes

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starch was also added to make the tablet disintegrate or dissolve more readily.

For the administration of homœopathic medicine the only tablet advisable is the hand-made tablet made from the trituration with nothing added but a little pure alcohol to make a paste to be pressed into the moulds.

No machine-made tablets can be made without the addition of syrup, soapstone or talc., boric acid or petroleum oil. Boericke & Tafel were the first to make tablets by Dr. Fuller's method under the direction of Dr. Fuller himself.

Dr. Claire V. Bryan, evangelist, lecturer, whose home address is De Soto, Mo., writes: "I could not do without the RECORDER. It is sane and (shall I say original?). Every number is worth the price. I am glad you are not afraid to sound forth the praises of Homœopathy; it will measure up to them all, and then some. Every homœopathic physician should boost our school. It is absolutely scientific and the only one that is." Quite right. Homœopathy is the science of cure—the others of diagnosis, about 40 per cent. correct.

Just here let us quote a bit from a learned paper in the *N. Y. State Journal of Medicine*:

"In conclusion I would repeat that a cold or an active membrane inflammation, seems for practical purposes to be due to the fact that our defensive army of anti-bodies has been called to subdue the enemies within our intestinal tract, leaving us vulnerable to the micro-organic tenants of our respiratory membranes."

That is dramatic, the notion of minute animals fighting battles in our bodies, but it cannot be termed "science," a word our allopathic brethren are so fond of using.

WANTED.—Copy of Dr. J. C. Burnett's *Essays*. J. C. Hintz, care Quartermaster's Dept., National Military Home, Ohio.

What follows is what *The Chironian* has to say of *Therapeutic By-ways*, a useful little book, costing only \$1.00, post paid, that the publishers say has had a big sale:

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reader many a useful hint. The little things in life are frequently the most annoying, and to the busy physician the little things in medicine are often the most perplexing. The cure of a simple cold will give more trouble than the cure of a case of pneumonia, many times; yet the therapeutics of the latter are to be found in profusion in every homœopathic text-book, while little of any value is said about the former.

“This little compilation gives its readers' practical pointers concerning the little things, as well as in relation to the more important ones. It is a readable volume, easily put in the coat pocket, to be taken out and referred to at odd moments.”

The author sent Dr. Eli G. Jones, his fellow-worker in the vineyard, a copy of his *Fables* that, after thirty years, have again seen the light of day in print. Here is what Dr. Jones said of the booklet—incidentally the price is 25 cents and the publisher, W. Whitehead, Bryn Athyn, Pa.:

“I thank you for the copy of your little book received yesterday. It is a book that gives a man something to think about. Any man who can write books that make men think is a benefactor of the race.”

Somewhat strong, that last, Doctor!

Oh, yes, these verses are old, very old, yet it will do you good to read them again:

Oh! say can you see, by the dawn's early light,
 What so proudly we hailed at the twilight's last gleaming?
 Whose broad stripes and bright stars, through the perilous fight,
 O'er the ramparts we watch'd were so gallantly streaming;
 And the rockets' red glare, the bombs bursting in air,
 Gave proof through the night that our flag was still there.
 Oh, say does that Star Spangled Banner yet wave,
 O'er the Land of the Free, and the Home of the Brave?

On the shore dimly seen, through the mist of the deep,
 Where the foe's haughty host in dread silence reposes,
 What is that which the breeze, o'er the towering steep,
 As it fitfully blows half conceals, half discloses?
 Now it catches the gleam of the morning's first beam,
 In full glory reflected, now shines in the stream.
 'Tis the Star Spangled Banner, oh! long may it wave,
 O'er the Land of the Free, and the Home of the Brave.

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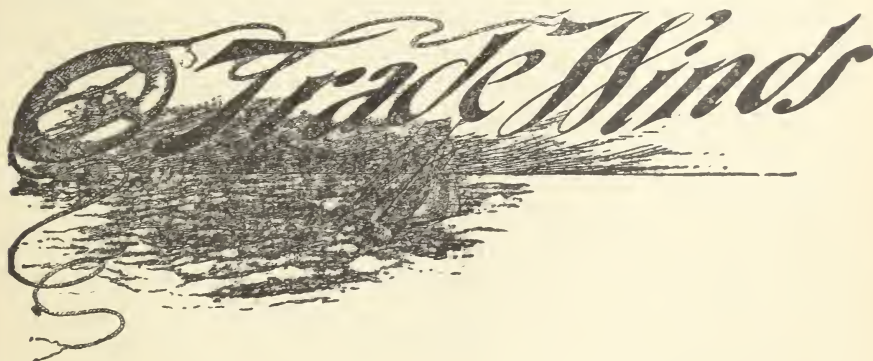
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Among the formal toasts on the programme of the banquet of the American Association of Clinical Research, of which our friends, Dr. Daniel E. S. Coleman, of New York, is President, and Dr. James Krause, the fiery speaker, of Boston, Secretary, among the toasts, as said before, is “Angels.” This is a bit puzzling for, as all learned men know, there are several species of angels. There is your best girl, the girlie on the stage, your wife, the soft mark who puts up for “shows,” besides several others in addition to the other-world angels, and the “angel of death.” There are great possibilities in such a toast. We would have liked nothing better than to have heard Dr. R. S. Copeland respond to it, for his mind has a philosophical bent which could have done justice to, let us say, premature angels, besides the others mentioned.

The *Maryland Homœopathic Journal* has rounded out its first year as a quarterly and enters its second year as a bi-monthly at 50 cents a year. T. W. hopes to welcome its appearance as a monthly on its third birthday. Dr. Wm. Dulany Thomas is editor, and Dr. Geo. T. Shower associate editor. The address is 330 N. Charles St., Professional Building, Baltimore, Md. No doubt you can get a sample copy on request.

“C. M.” says that his co-worker (and brother sinner) drops bombs on the enemy, as may be seen in his editorial on homœopathic journals in this issue of the RECORDER, too many bombs, in short, and the explosions at times are a little wearisome.

Years ago there used to be a street philosopher dubbed by the Cincinnati newspapers “the immortal J. N.” (Cincinnati was bigger then than Chicago—though this fact merely has a chronological value.) As we remember “J. N.” his chief hobby, or philosophy, was that every thing depended on the point of view, that is, to say, so far as it concerned your personal opinions. There is a good deal of truth in this. For example, if you are “pro-ally” everything Teutonic is hateful, while if you are on the other side of the fence you “see red.” You see? J. N.’s “point of view.”

From T. W.’s point of view the RECORDER has never,—well, hardly ever,—dropped a bomb on the allopaths or on any one else. That this is so is demonstrated by the fact that it has several hundred of them, the allopaths, on its subscription list—and they pay up like gentlemen. The RECORDER does not regard the allopaths as “enemies.”

There is a difference between hitting a man and hitting a belief. Many good allopathic friends have a hankering after typhoid vaccination (using this as an illustration of the point held by J. N. and the RECORDER). A bomb may be dropped on the practice and not on those who believe in it. Of course, it is difficult sometimes to separate men from their beliefs. Have talked with a good many allopaths on this and kindred things. Some of them were good humoredly tolerant, a few emphatic, but through all there seemed to be a subtile something, evidencing an undertone of their not being so darned sure of anything they are supposed to believe. Very different, let us say, from what you meet

at an assembly of the I. H. A., where you get a superabundance of positiveness. However, the RECORDER cannot kick on that point, being somewhat affirmative itself.

As a conclusion to this monologue: C. M., whenever you, or any of the *Phi Alpha Gamma* good men, see the RECORDER straying away from the path of journalistic ethics, just give it a friendly slap on the wrist.

Some years ago the veteran Hahnemannian, Dr. F. H. Lutze, of Brooklyn, N. Y., issued *The Hahnemannian Consultation Blank*. It fits in an ordinary envelope, and contains 48 pages. It is made up of the usual 34 sections of the materia medica, *i. e.*, "Mind," "Sensorium," on down to "Generalities," giving a quite full list of indications under each. The idea is to give a patient—the chronic presumably—a copy and have him or her run down the lists and check off those things in them that fit their ailment. Thus you "take the case" completely—provided the patient will do the work: some will, some will not. You must determine where the blanks can be used. At any rate, where it can be done it ought to work well.

Dr. Lutze finds it too much work to attend to the sale of these *Consultation Blanks*, and has turned the remainder of the edition over to Boericke & Tafel to handle. The price for single copies will remain the same, that is, ten cents each. But in lots of ten copies the price in future will be 50 cents, and in lots of one hundred or over the price will be \$3.00 per hundred. When these are sold they will hardly be reprinted.

T. W. was talking to a man the other day, a man who runs a pretty good business. Perhaps the reader may think that T. W. doesn't do much but talk, and, indeed, the aforesaid reader wouldn't be far wrong, but, you know, talking is an art—witness the lawyers. However, let all that pass.

This man was telling of a contract with an old house and a good one. Our friend put in his bid, and found there were five others bidding, all lower than he. Over the telephone, when the bids were in, came a "blank, blank, blank what do you mean by your prices?" There was more cross-wire talk until our man cut it short by saying: "See here, Mr. ———, you know, as well

as I know, that this firm *gives you the service and the goods you want*. If the other fellows can *do* it, give them the order. You have our terms." Back came the answer, "Blankety, blank, you send out so and so at once."

The great, broad generality of this incident, and it is a broad one, is, that every man has his price, as that cynical old Frenchman remarked a century ago or more. An old house builds up a business by "giving service." A young house, too often, instead of trying to "give service," cuts prices, than which there is nothing easier to be done, but the service, the real goods, are not in evidence. The buyer, always haunted by the idea that he is paying "exorbitant prices," sometimes falls for the cheapness minus "service." T. W. knows it from personal experience, for, ever and anon, he gets an idea that his tailor is "gouging" him, and wanders off to a "just as good and much lower priced" tailor—and comes back chastened, after a bout with bum coats, etc.

In the good old days there was a sort of sub-god named "Proteus," who had the power of changing his personal appearance at will, thereby, no doubt, causing much confusion among the faithful. The spirit of this god must have entered into a plant generally known as "Vesicaria."

Britton & Brown, in their botanical work, probably the most authoritative published, give five species, which, judging from the illustrations, closely resemble each other.

About 20 years ago an enterprising and rather daring western pharmacy sprung "Vesicaria communis" on the profession, which, they said, was "an old German remedy, imported from Germany." Being skillful advertisers they made a market for this preparation, and other pharmacists had to send to them for it. At last one house concluded to import the "tincture" direct, and to that end ordered it from all the leading pharmaceutical houses of Germany. With one accord all the houses of Germany wrote back that there was no such tincture or remedy known in that country.

The house that sent the order to Germany was not at all surprised, as it had searched all the leading books on the subject, and not one, ancient or modern, mentioned "Vesicaria

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communis." There is a tincture of *Vesicaria shortii*, but none of "Communis." Then from an inside source came a communication stating that the wonderful remedy "imported from Germany" was a tincture of *Stigmata maydis*, doctored up with aromatics and coloring matter. The informant also pointed out the fact that the indications for "Vesicaria communis" were copied, almost word for word, from the indications given for *Stigmata maydis*. In fact, to all appearances, it was the latter drug, and the very direct information said, it was. These general facts were published in 1902. Then the whole matter dropped out of sight.

But a new generation has grown up since 1902. Among it is a youthful pharmaceutical house with more enthusiasm than botanical knowledge, who, at a recent meeting of a certain medical society displayed specimens of a plant which they told the doctors was "Vesicaria communis"—that Proteus of plants—a plant not known to botany, ancient or modern. The youthful house apparently did not know that "Vesicaria communis" is merely a trade name for a mixture of *Stigmata maydis*; that it was a pharmaceutical preparation masquerading under an assumed name.

The sum of the story is curious. 1st. A house that knew something of pharmacy takes a good, but not very well known tincture, gives it a fanciful name, yet one that seems all right to those not well up in botany, boldly advertises it, and gets a good trade. 2d. A youthful house, after all this has been exposed, displays a plant (apparently *Opuntia vulgaris*—prickly pear), at a medical meeting, tells the doctors it is "Vesicaria communis," and—there you are.

Between the two, that is to say, the old house who took a little known, but good, drug, dubbed it with a seeming-scientific name, and sold it at a fat price, and the inexperienced house that blunderingly puts out a totally remote drug for the drug that is but an imagination, a Proteus, it is difficult to choose, but the scales seem to incline to the original sinner, for, while it deceived the profession, it at least gave a drug of merit, while the youthful one merely tried to crib the old sinners' advertising expenditures.

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This is from an unidentified "Ex." boiled down. It had been a tiresome trial. Court lawyers and all were tired. In answer to a question the witness replied:

"About four miles as the cry flows."

"You mean as the flow cries," corrected the lawyer.

"No," remarked the judge, "he means as the fly crows."

Then with a weary air the judge adjourned the court until to-morrow.

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Dr. H. G. Bond has removed from Danville, Ill., to Dewey, Oklahoma.

Dr. W. W. Sherwood has removed from Arkansas to 718 S. Harvey Ave., Oak Park, Ill.

Dr. Ida M. Scott has removed from Walton, N. Y., to 3229 Fifth Ave., Beaver Falls, Pa.

Dr. Geo. W. Dunn has removed from Waterloo, Vt., to care Overland, Houston Co., Houston, Texas.

Dr. James Yates has removed from Alpine, Texas, to Corona, New Mexico.

Dr. J. R. Newton has removed from Blue Spring, Mo., to Olathe, Kansas.

Have a note from Dr. B. C. Woodbury, lately of Portsmouth, N. H., telling us that hereafter his address will be Honolulu, Hawaii.

Brother A. L. Benedict, who runs that fine old *Buffalo Medical Journal*, "established in 1845, by Austin Flint, M. D.," has this to say of Anshutz's *Fables*: "This is a collection of homely truths in fable form, very interesting and none the less instructive." That is a fine compliment for, as a rule, what is instructive isn't very interesting. The publishers of the RECORDER, B. & T., have no financial interest in this little collection, nor has the author. If you want a copy send 25 cents—stamps taken—to W. Whitehead, Bryn Athyn, Pa.

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Surely these are times that try men's souls, tempers and purses. Looked at some shoes the other day; those that used to be \$4.00 are now \$6.00, the \$6.00 ones \$8.50, and those that once sold at \$8.00 are now \$11.50, and scarce.

Vials! There is chronic war between wholesale buyers and makers. "We want a thousand gross," says the buyer. "Great Scott, man! We can't take any such order. We are weeks behind now. Perhaps we can let you have fifty gross, in a week."

"How do you expect us to do business if we can't get stock?"

"Give it up! We don't know."

And so it goes on in many lines of merchandise. Prices are here to-day and gone up to-morrow.

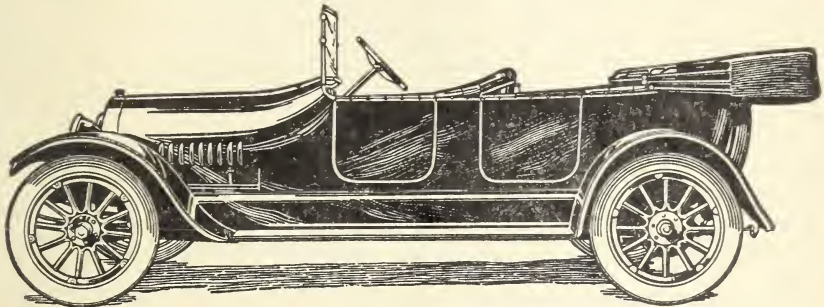
"When the weary war is over and the mists have cleared away" some strange things may happen, but what they will be no one can tell. We may be satisfied with bread and water and a coat of skins. One thing is sure the world will not be richer.

The *Emile Koos' Physician's Anti-Narcotic Record Book*, issued by the Emile Koos Publishing Company, is a book worth owning by any physician who has to do with dispensing narcotics of which by law a record *must* be kept else the physician is liable to get in trouble. One of the U. S. inspectors called our attention to this book as being a time and possible trouble saver for the medical profession. The ruled pages are 16 inches wide by 10½ inches in length. The page is so ruled that a clear record may be kept of every prescription, one that conforms to the law, and is always ready for quick and full inspection. The price of each book is \$2.25, sent prepaid, to any part of the U. S. They are on sale at the B. & T. pharmacies.

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Oh, man of wit and agile brain,
 With humbleness I thank again,
 The generous cockles of your heart
 That prompted you to freely part
 With the fond children of your brain
 For which I sought elsewhere in vain.

Again, great editor, all thanks—
 Great Dean of editorial ranks—
 If in the vagaries of Fate
 It happens that you contemplate
 Some base attack on bugs and germs—
 Some ridicule of bacterial worms.

You've only on poor me to call,
 I'll set to paper for you all
 The crazy whimsies of my mind
 And jokes on all the bugs I'll find,
 Until each poor misguided fly
 Will crawl away to sadly die.

—KEN.

(N. B.—Ken is a member in good standing of the Poet's Union.
 —T. W.)

Here is a story told us by a New York man. He was out in Long Island, and, of course, travelling in his machine. At one point he stopped to let his friends see a rather fine view. As he did so a be-whiskered personage, possibly with a gun, though our informant didn't say so, appeared, and said, "You people can stop and look but ye musn't git out." "Why?" was the return query. "Because we quarantine against that there infant paralysis," was the reply of the guard. "Wonderful Modern Medical Science," murmured a passenger—taking care not to be heard by its efficient representative. Furthermore, the guard, being a communicative personage, informed the visitors there were 40 boarders shut up in a boarding house near-by. The men were allowed, under guard, to go down to the Sound to bathe, but were soon hustled back to the boarding house. Also, he said, there was a cow in the backyard of the boarding house that was quarantined and not allowed to go to pasture. This is a true story.

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In rummaging in the garret of the old building at 1011 Arch St., Philadelphia, a garret containing the accumulation of years much of it forgotten, the rummagers ran across 900 copies of Sharp's *Tracts on Homœopathy* in pamphlet form, as originally issued—they are now put out in book form. Each tract is complete in itself, but there are not complete sets of the series. These are among the best homœopathic "missionaries" ever put out. They were written by an educated English physician. Well, the question came up, What shall be done with these 900 copies? T. W. suggested that they be offered for the postage. This was agreed to. Send B. & T., say, 10 cents in stamps and that will pay for somewhere around 20 very interesting and scholarly tracts, of about 20 pages each, very useful to give away to layman, showing some interest in Homœopathy. This offer is only good while the 900 last, after which it is your stamps back. You send more stamps if you want more of the tracts than 10 cents will cover. Address only 1011 Arch St.

Our genial friend, Dr. John B. Garrison, who dispenses good Homœopathy at 616 Madison Ave., New York, writes:

"The two verses of the National Anthem which you printed in the RECORDER in the last issue were apropos. Some time you might print the two other verses, which I give."

And where is that band who so vauntingly swore,
 'Mid the havoc of war and the battle's confusion,
 A home and a country they'd leave us no more?
 Their blood has washed out their foul footsteps' pollution;
 No refuge could save the hireling and slave
 From the terror of flight, or the gloom of the grave,
 And the Star-Spangled Banner in triumph shall wave
 O'er the land of the free and the home of the brave.

Oh! be it thus ever, when freeman shall stand,
 Between their loved homes and war's desolation;
 Blest with victory and peace, may the Heaven-rescued land
 Praise the power that made and preserved us a nation.
 Then conquer we must, for our cause it is just,
 And this be our motto, "In God is our trust,"
 And the Star-Spangled Banner in triumph shall wave
 O'er the land of the free and the home of the brave.

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therapy," "Spondylo-therapy," "Voodooism," "Astrology," "Vaccine therapy," "Phototherapy," "Sero-therapy," "Diet therapy," "Metereological therapy," "Physical culturists," "Volo-therapy," "Masticators," "Movement curing," "Allopathy," "Scientific medicine," "Suggestion," and blessed be! "The Rest Cure," for which, no doubt, the reader is ready. No doubt but that some have got away from T. W., but enough have been mentioned to show that the investigator has some job ahead of him.

Dr. C. Q. Nelson writes from Morgantown, W. Va.: "I arrived here a week ago from Urbana, Ill., and am now associated with Dr. M. L. Casselberry. You will know where to send my next issue of THE RECORDER. The Sept. issue was one of the best you ever issued."

Dr. J. C. Fahnestock writes from Piqua, O.: Next Tuesday, Nov. 13, we start in our car for Palm Beach, Fla., for the winter season. I don't suppose the roads will be smooth all the way, as I know so far in my life I have found a good many bumps. As usual will have my office in Palm Beach, and I want the journal sent there until ordered changed. I always thoroughly enjoy each number, and like a good book can't let it alone until read through. As always the latch string is out and don't forget to pull it.

"A Kansas printer has notified the merchants of his town that he will soon be in need of a pair of shoes, new shirt and a sack of flour, and that he will call for bids on these items, as that is the custom of the merchants when they want four dollars worth of printing."—Durant (Okla.) *Democrat*.

Dr. J. E. Frasch, Metamora, Ohio, wants to exchange "*A Handbook of Materia Medica and Homœopathic Therapeutics*," by Dr. T. F. Allen, for Guernsey's "*Obstetrics and Diseases of Women and Children*." Address as above.

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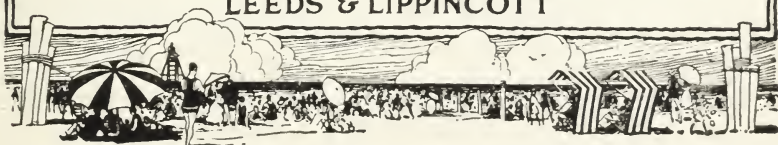
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Dr. R. O. Harris, Carrolton, Mo., writes this pointer to B. & T., Chicago, in a repeat order: "I have never used any decoction of *Apocynum Cannabinum* that equals yours in efficiency in dropsical cases."

T. W. doesn't, as a rule, print jokes, jibes and innuendos against physicians because these, also, as a rule, make out the physician to be a money grubber, an ignoramus or a nincompoop, which, again, as a rule, he is not. But, sometimes, the young medic needs something to chasten him, so from a sense of duty we print what follows, a true story but salted a bit because—well, "just because," as the children say.

Once upon a time there came to a village one with the idea of building himself a place far from the madding crowd, where he could do his duty and become a respected and honored member of the community which, in truth, showed his sanity. He was very proficient in "Wassermann's" blood tests, blood pressure, opsonics, bacteriology, urinology and everything else needed to pass an examining board, in fact he had everything at his command but experience with actual patients. A man, an apparent bumpkin, applied to him for treatment. The doctor gave him a quick look over and asked him if he had received any treatment. "I called on Mrs. ——— first before coming here." Now this "Mrs." was a good old woman who had been "doctorin'" the people for years. "What nonsense did she tell you?" asked the doctor. "She told me to come to you." The doctor received this jolt a good while ago, but he says it was good for him, really valuable. Don't be too ready to sneer at the old woman's "doctorin'."

Dr. Finley Ellingwood in his always interesting journal, *Therapeutist*, prints the following concerning the recently issued American edition of Burnett's *Diseases of the Spleen* (Boericke & Tafel. \$1.00, net):

"I am bound to believe that this book has an important place in the therapy of the organ named. The course adopted by homœopathic physicians, of considering every organic disease by itself, certainly clears the horizon for them in specific pre-

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scribing, and enables them to be very much more accurate than if they adopted the general course adopted by the profession at large. While we cannot always use the remedies they suggest, we have found so many of them of value that these should be tried. Beyond this, their suggestions are significant to us and point to remedies used which we are familiar with, which will enable us to more accurately prescribe for the somewhat obscure conditions that we observe when the spleen is diseased.

"We commend the book to all and especially to those who are somewhat familiar with homœopathic measures."

Here is a voice from India, the *Calcutta Journal of Medicine*, making a philosophic text of JOTTINGS, or, rather, making that well known, "published occasionally," little "house organ," a text for a philosophical essay on the war. It is worth reading. Here it is:

"JOTTINGS for March, 1917, published by Messrs. Boericke and Tafel, has been received by us and we hail it after a long time, since the last publication was in October, 1916.

"The publishers hope that after the War 'there will be renaissance of Homœopathy, as there was after the Napoleonic wars and will be after this one—a return to sanity.' There may be renaissance of Homœopathy but we have hardly any hope for a return to sanity. Sanity can only follow religion, but the religion of the so-called advanced or civilized men of the present day is money and gain.

"True indeed that homœopathic remedies cover hate, jealousy, revenge, suicide, etc., but such remedies will be impotent before a national calamity. A nation, in order that it may be without jealousy, hate, envy, etc., must be saturated with the religion of humanity and the religion of humanity can only follow the religion of Buddha and Christ. But woe to us, we are fast abandoning all religions and making ourselves *scientific* which means nothing but digging of our own graves. If we compare soberly the conditions of men of a few centuries back with those of the present day we will find, without doubt, that they were greatly happier than ourselves. Steam and electricity have enhanced the happiness of a few only, as money is being hoarded upon a

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few heads and the rest are being reduced to poverty. There is no distribution of wealth and the result of this inequality of potentiality is jealousy, revenge, hate and hence war. Man can be happy without science, but he is miserable without religion. To a man of the street Newton's laws of gravitation, Galileo's laws of falling bodies and all other modern discoveries of science are nothing and he will not be a bit worse for them so long as the food materials are cheaper and living less dear. Aggrandizement is a malady which is inherent in the human being and this disease can only be removed by extensive religious study.

"These JOTTINGS, published occasionally by Messrs. Boericke & Tafel, are very interesting. They bring us nearer to the most recent authors and their works. They give us the latest information about medicine, vials, corks, etc. In this March number, under the heading, "The Human Side," we have the following which explains its usefulness: 'We try to dispel this erroneous idea (*i. e.*, large house loses intimate acquaintance with its customers) by visiting you in this little publication, JOTTINGS, when we can talk a little shop and get better acquainted.' We hail this book with joy and pleasure."

Those sentiments are practically the same as those of Dr. MacPhail, quoted in the Oct. RECORDER, page 469, though written months before the *Lancet's* article appeared. Science is a good servant but a ghastly mockery as a religion.

Did you, good reader, ever get into type? If you did, did you, after your brilliant stuff was irrevocably impressed on paper by the type, ever see an error, or many of them (figuratively speaking, which is a truer way of speaking than most of us wot of) with its or their thumb to its or their nose (or noses to be very proper), and its fingers wriggling in derision? How you felt like cussing that little devil of an error! But what was the use? The error was dug in, no one takes the trouble to pencil in "corrigenda" (why not corrections?) and, most likely, no one would ever re-read your brilliant stuff. Sad, but true! All of this has its genesis in a paper by Dr. Clifford Mitchell, who guides the old RECORDER in the true paths of science, a paper in the Phi Pho Phum Journal, alias the *Phi Alpha Gamma Quarterly*, headed "The Simple Story of a Grammatical Nut and How He

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Was Cracked." The epitome of the Nut's story is to be found in the following statement uttered by himself when he had taken the cure: "I haven't saw neither one of them sense I got pinched." "You all" know what the Nut meant—and what more would you? There is another and an altruistic view of the Nut's story that Mitchell did not lug out, namely, that when the reader discovers an error of construction, grammar, spelling, punctuation or what not it gives him a sort o' fellow feeling, if a writer, and if he is not you all remember what the cynical old French philosopher said: "There is something not altogether displeasing to us in the misfortunes of our friends."

So mote it be.

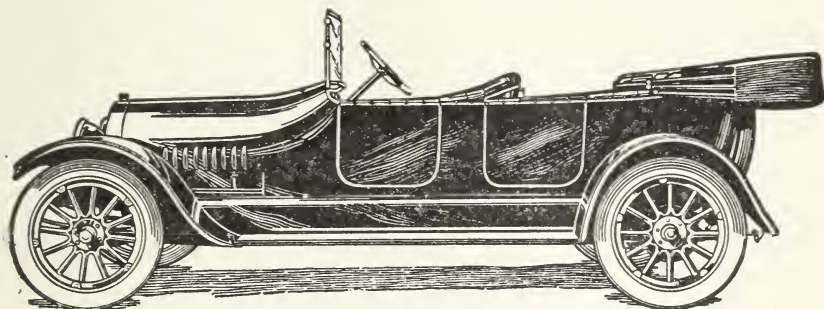
Just as this bunch of T. W.'s stuff is being bunched up for the compositor comes the second edition of *New, Old and Forgotten Remedies* from the binder, a very handsome book of 608 pages, and the price is \$3.50, *net*, sent, carriage prepaid, on receipt of the price, by the publishers, Boericke & Tafel. Looks like an interesting and useful book, widening your therapeutic horizon.

The other day a friend, a great admirer of Burnett, said that he believed *Pyrogenium* is the remedy for the ill effects of typhoid vaccination, and a good thing to take for a few days before the operation. He also contended that it would do all the vaccine will do in the matter of protection, and do it with safety, no harm to the patient in any way. He never had occasion to employ the drug in this manner, but would if occasion ever offered. Believe that its use during the pre-vaccinal period might avert the too often unpleasant effects. It should not be used lower than the 6th potency.

The Practice of Medicine has not changed very much in the last half century because the really new things that have come up (outside of surgery) have also gone down and out as will the current and the future new things. Really new things that are not fads are *very* scarce. Consequently Jousset's *Practice* (\$3.00, reduced from \$8.00) is just as valuable as ever—and it was a mighty good book from the start. They tell us that there are not many copies left, and you can be sure that it will

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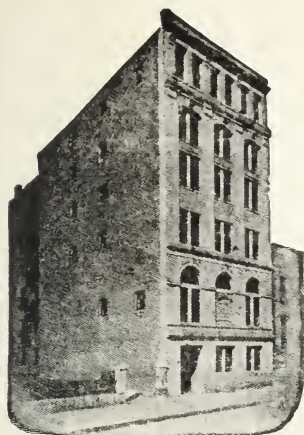
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HOMŒOPATHIC THERAPEUTICS IN OPHTHALMOLOGY. By John L. Moffat, B. S., M. D., O. et A. Chir. 166 pages, cloth. \$1.25, *net.* Postpaid. Philadelphia: Boericke & Tafel. 1916.

In compiling this little book Dr. Moffat would appear to have chiefly in mind, as his reader, an ophthalmologist who has not studied Homœopathy. These he bids: "Play fair, please. Do not condemn Homœopathy if your experiments in empiricism fail. Choosing a remedy from the repertory for a disease or a symptom is empiricism, not Homœopathy!" Dr. Moffat's first chapter gives a brief sketch of Hahnemann and his work, and the second explains what Homœopathy is. "Homœopathy," the author says, "is a system of medicine limited, strictly speaking, to medicinal therapeutics, but extending throughout the practice of medicine and surgery wherever and whenever internal medication is applicable. Based upon cure by symptom-similarity and upon individualization of patient, case and remedy, it involves the single remedy, small dose, potentization, provings, verifications, materia medica, pharmacology and a complete organization of societies, colleges, hospitals, etc., books and periodicals peculiar to but not necessarily limited to itself." Bearing in mind the stumbling block Hahnemann's psora theory is to so many non-homœopathic physicians, Dr. Moffat explains it by saying: "By the psora miasm Hahnemann meant a dyscrasia which is typified by that condition of the body in which the *sarcoptes scabiei* thrives. We all know that one individual is contaminated by the touch of a person or article carrying the itch insect while another escapes as if he or she were repugnant to the insect." Chapter III. gives the symptoms of the drugs as applied to ophthalmology, arranged under the headings: Objective, subjective, vision, characteristics, and clinical. The concluding chapter is a repertory, divided into a clinical index, objective symptoms, subjective symptoms, vision, aggravations, ameliorations, conditions and characteristics. Considering that the book

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seems to be written mainly for the non-homœopath, it is marked by the omission of certain explanations which seem to us to be necessary for a reader unfamiliar with homœopathic terminology and usage. Every homœopathic physician knows what is meant by the expression "an aconite patient," but we doubt whether the names of the drugs are used in such an adjectival sense by other physicians; for these also the term "potency" needs definition, and the signification of the signs $<$ and $>$, and also the comparative value of drugs whose names appear in a repertory in roman lower case (small letters), in roman small capitals, and in italic. It is to be hoped that the present edition will be quickly sold out, so that Dr. Moffat will have the opportunity to supply these omissions and make other improvements to this valuable compilation.—*North American Journal of Homœopathy.*

DISEASES OF THE NERVOUS SYSTEM. By John Eastman Wilson, A. B., M. D. Second Edition. 682 pages, large 8vo. Cloth, \$6.00, net.

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2 -

Vol. XXXI.

No. 1

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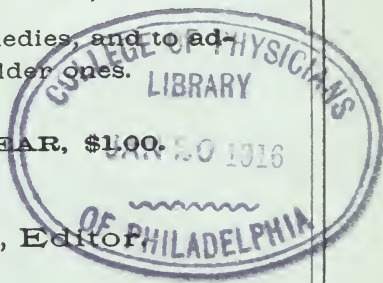
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CONTENTS.

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Butyric Acid—A Proving. By Donald Macfarlan, M. D.	17
A Graphites Case. By E. V. Ross, M. D.	18
How to Prescribe for the Sick Rapidly, In-	

telligently and Successfully. By Eli G. Jones, M. D.	19
Indiana News Items	23
A "Cancer Symposium"	25
A Criticism of Case No. 2	26
Homoeopathy in Ayurveda	27
The Specialists' Department. By Clifford Mitchell, M. D.	29
Gleaned Therapeutics	34

BOOK NOTICES

VAN DENBERG. Therapeutics of the Respiratory System	35
MORRIS. Microbes and Men	36

LOWRY. Your Baby	38
CLARKE. Gun Powder as a War Remedy	39
COBB. Speaking of Operations	39

Editorial Notes and Comments	40
Personal	48

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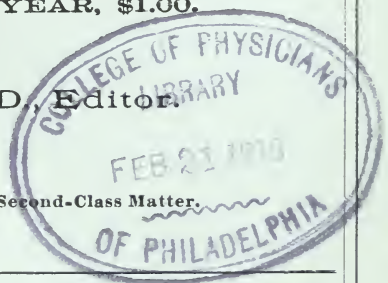
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Who Killed Cock Robin?	49	Concerning the Possibility of Vaccination Against the Exanthemata.	71
Treatment of Pneumonia. By W. H. Pier- son, M. D.	51	The Treatment of Pneumonia.	72
The Making of a Homœopath. By C. M. Boger, M. D.	58	The Power of Suggestion.	74
Phthisis. By M. W. Van Denburg, M. D. . .	62	Lachesis and Bryonia.	75
Cancer of the Stomach. By Howard Sim- mons, M. D.	65	Turpentine and Crotalus.	75
Recollections of Forty-six Years' Practice. By Eli G. Jones, M. D.	66	Who's Who in Medicine	76
		The Specialists' Department. By Clifford Mitchell, M. D.	78

BOOK NOTICES

ELLINGWOOD. American Materia Medica Therapeutics and Pharmacognosy.	83	DAVIS. Painless Childbirth, Eutasia and Nitrous Oxid Oxygen Analgesia.	85
MORRIS. A Surgeon's Philosophy.	84		
Editorial Notes and Comments.			86
Personal			95

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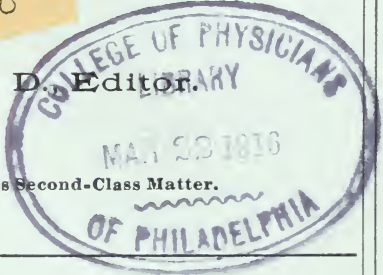
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CONTENTS.

The Modern Theriaca	97	Some Old School Varifications. By Alexander C. Hermance, M. D.	116
Why	98	Chronicles of the Farm. By Dr. Blanke.	118
Pneumonia.	99	Obituary	118
The Value of the Homœopathic Remedy to the Surgeon. By Harvey Farrington, M. D.,	100	The Last Word.	119
Pellagra in the United States. By E. M. Perdue, M. D.,	108	The Dosage of Formic Acid.	120
Various Things. By Eli G. Jones, M. D.,	111	Effect of English Walnuts on the Eyes	121
		Discusses the Recorder.	121
		The Specialists' Department. By Clifford Mitchel, M. D.	123

BOOK NOTICES

MORRIS. Doctor versus Folks	135	Trachoma. Its Prevalence. Its Effects Upon the Vision	136
FIELD. Regular Therapeutics.	137		
Editorial Notes and Comments			138
Personal			144

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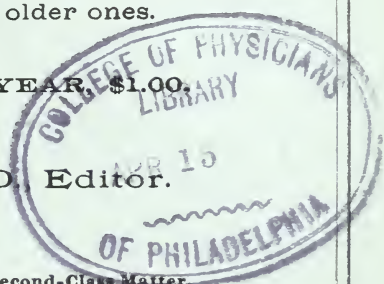
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CONTENTS.

The Practice of Medicine, How Not to Do It	145	The Effect of Medical Compulsion on Doctors	168
Cure of a Case of Cancer of the Stomach.	152	The Medical Church Speaks	169
By Samuel King, A. B., M. D.	152	Diphtheria	172
Prescribing for the Sick. By Eli G. Jones, M. D.	156	Iris Tenax	174
Therapeutics from the J. A. A. P. M.	161	Obituary. Dr. John B. Temple	175
Formic Acid. By Herbert T. Webster, M.D.	163	Horse Serum	176
		Specialists' Department	177
Editorial Notes and Comments	183		
Personal	190		

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CONTENTS.

Better Doctoring for Less Money	193	After the Ball is Over?	217
What is Sauce for the Goose is Sauce for the Gander	195	Platanus Occidentalis. A Report of Five Cases. By W. H. Williamson, M. D.	218
Verifications of Gelsemium. By Daniel E. S. Coleman, M. D.	196	Sassafras	220
The Hand as an Instrument of Diagnosis and to Find the Indicated Remedy. By Eli G. Jones, M. D.	205	Winning His Spurs	221
History of Tuberculinum and Comparative Study with Tuberculinum. By Eugene S. Thornton, M. D.	219	Some of a Homœopathist's Objections to Vaccination	222
County Kings Society Encloses a Bill	216	Internal vs. External Treatment	223
		Publicity at Baltimore	225
		Congress of States at Baltimore	225
		Iris Tenax	226

BOOK NOTICES.

ANSHUTZ. Therapeutic By-Ways	227
The Specialist Department. By Clifford Mitchell M. D.	229
Editorial Notes and Comments	234
Personal	240

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CONTENTS.

Emetin: A Note of Warning	241
Homoeopathic Cliniches. By A. H. Seibert, M. D.	243
Comparative Value of Symptoms in the Choice of the Homoeopathic Remedy. By A. H. Starke, M. D.	245
Things to be Observed After the First Prescription. By Dr. Hermance	248
Verification. By S. L. Guild-Leggett, M.D.	251
Drug Sources: A Comparison. By G. H. Tafel, Ph. G.	251
Let Us Forget. By Eli G. Jones, M. D.	253
The Eyes and Relation to Disease	258
Cancer Officially Considered	260
The Early Diagnosis of Whooping Cough	261
Indiana the Home of Many Centenarians. By W. D. Clarke, M. D.	262

Homoeopathy the Winning Horse in the Medical Derby. By Dr. S. N. Nair	265
A Frequent Cause of Sciatica or Rheumatism	268
A Mezereum Cure	269
Bureau Wrecking	270
Ho for the American Institute of Homoeopathy	271
Circular Letter to the Members of the I. H. A.	271

BOOK REVIEWS.

BOERICKE, — Pocket Manual of Homoeopathic Materia Medica	272
Specialists' Department. By Clifford Mitchell, M. D.	274

Editorial Notes and Comments	278
Personal	288

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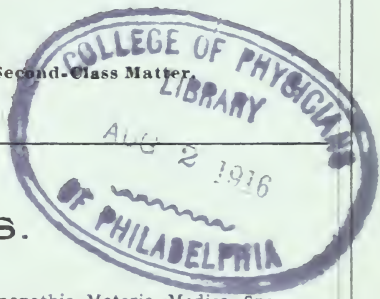
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CONTENTS.

Two More Unfortunates—Rashly Impor- tunate	289	The Homœopathic Materia Medica Spe- cialist. By Daniel E. S. Coleman, M. D.	317
Notes, Comments and Gossip Concerning the Institute at Baltimore	291	Therapeutic Facts. By Eli G. Jones, M. D.	324
Seen and Heard at the Philadelphia Meet- ing of the International Homœopathic Association	300	An Explanation	328
The Oracles of Cos. By A. Ad. Ramseyer, M. D.	304	Death of James Tyler Kent	328
		Believes Cancer Curable by Medicine	329
		The Specialists' Department. By Clifford Mitchell, M. D.	330
Editorial Notes and Comments	330		
Personal	338		

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CONTENTS.

Poliomyelitis, Otherwise Infantile Paralysis	339	Demonstrations of Kali-Bichromicum. By Ad. Lippe. Excerpts by Dr. S. F. Guild-Leggett	361
Matter and Medicine. F. B. Grosvenor, M. D.	341	A Nice Book	363
Tarentula Cubensis. By Donald Macfarlan, M. D.	346	The Future of Homœopathy	366
Definite Therapeutics. By Eli G. Jones, M. D.	353	Boosting Chicago Hahnemann	367
Experiences. By W. E. Bremser, M. D.	357	Ever "The Latest"	368
Aconite in Sea Sickness. By F. N. Aitchison, M. D.	361	Lathyrus Sativus in Infantile Paralysis	369
Editorial Notes and Comments	377	Believes in Medicine and Action	370
Personal	386	The Specialists' Department. By Clifford Mitchell, M. D.	372

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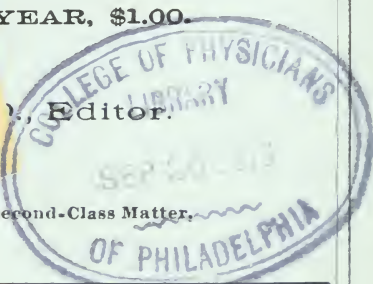
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CONTENTS.

"The Foundation of Modern Medicine" . . . 387

The Clinical Aspect of *Actæa Racemosa* in Neurology. By Wm. F. Baker, M. D. . . . 388

Thuja Occidentalis. By A. H. Starcke, M. D. . . . 395

The Influences of the Diatheses on the Selection of the Indicated Remedy. By George Royal, M. D. . . . 400

Chills Suppressed with Quinine. By G. F. Thornhill, M. D. . . . 404

A Definite Remedy for a Definite Symptom. By Eli G. Jones, M. D. . . . 407

Argentum Metallicum. Notes from Testes *Materia Medica* 412

On Some Conditions Simulating Chronic Appendicitis. By John Morley, M. B. . . . 413

The Hottentot. By O. F. Miller, M. D. . . . 414

Chronicles of the Farm. By Dr. Blanke . . . 416

Belladonna the Remedy for Infantile Paralysis 416

Typhoid Fever 417

Dr. Eli G. Jones 418

BOOK REVIEWS.

Some Clinical Experiences of Erastus E. Case, M. D. 420

The Specialists' Department. By Clifford Mitchell, M. D. 422

Editorial Notes and Comments 425

Personals 434

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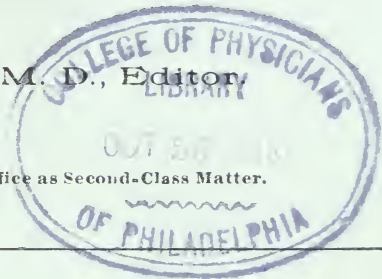
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CONTENTS.

Infantile Paralysis.	435	Thuja in Herpes Circinatus of the Shoulder. By N. Muskerjee	450
A Proving of Indol with Reference to the Effect on the Excretion of Indican in the Urine. By William B. Griggs, M. D.	436	In Memory of Dr. Kent	452
An Illustration of the Power of the Potentized Remedy in the Cure of a Condition Verified by Bacteriological Diagnosis, with Comments Thereon. By Rudolph F. Rabe, M. D.	438	The Vagaries of Boards of Health. By Reynold Webb Wilcox, M. D.	453
The Cure of Small Growths with Medicine. By H. Farrington, M. D.	441	The Specialist—Some Reminiscences. Somewhat Radical Also	458
Excerpts from the Clinical Observations of Dr. Ad. Lippe. Edited by S. L. Guild-Leggett, M. D.	444	A Carbuncle Case	462
The Treatment of Simple Cases that May Occur in Every-Day Practice. By Eli G. Jones, M. D.	445	An Asiatic Cholera Case	462
		Somewhat Critical	463
		Diseased Tonsils in Relation to Rheumatism	464
		Knocking the Germ Theory	465
		The Specialists' Department. By Clifford Mitchell, M. D.	467
Editorial Notes and Comments	473		
Personal	482		

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CONTENTS.

Hahnemann's Homœopathy	483	Some Interesting Facts for the Busy Physi- cian. By Eli G. Jones, M. D.	506
Increasing Interest in Homœopathic Jour- nals	484	A Case of Sleep Obsession.	511
Clinical Experiences and Comments. By Dr. V. H. Hallman	485	Poliomyelitis.	512
Poliomyelitis—Infantile Paralysis. By Van R. Blighton, M. D.	493	A Mexican Case Homœopathically Cured	513
Breath. By R. C. Wolcott, M. D.	499	The "Unusual Case" Again	514
Clinical Experiences. No. 1. By S. L. Guild- Leggett, M. D.	504	Watch Them Grow	516
		A New Homœopathic Medical Society in Chicago	517
		The Specialists' Department. By Clifford Mitchell, M. D.	519
Editorial Notes and Comments	522		
Personals	530		

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CONTENTS.

"Pharmacologic Superstitions" 529
 The Doctrine of Signatures in Medical Lore;
 Or May the Virtues of Drugs be Known
 by Their Form, Color, Number of Parts,
 Etc. By A. Adolph Ramseyer 531
 The Last of the Transactions 547
 A Neuritis Case 549

The Weakness of it All! 550
 Single Symptom Cures. By J. N. Sarkar. 551
 Cleanings by the Wayside. By Eli G.
 Jones, M. D. 553
 The Specialists' Department. By Clifford
 Mitchell, M. D. 559

Editorial Notes and Comments. 568

Personals 576

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