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VOLUME VIII.

1901

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EDITORS.

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VOL. VIII.

DENVER, COLO., JANUARY 15, 1901.

NO. 1

The Physician's Duty to Himself.

An "Alumni Course" Lecture of the Denver Homeopathic College, by Warren D. Howe, M. D.,
President of the Colorado State Homeopathic Society, January 10, 1901.

There are many people who will deny that a physician owes any duty to himself, his family, or to anyone save themselves, his patients perhaps, forgetting that the practical ideal physician must be a well matured, many sided man, that he carries as much healing outside of his medicine case as in it, and that in order for him to be all that they demand of him they must allow him some time for himself.

The practice of the healing art carries with it many possibilities, many opportunities for self-sacrificing and unselfish acts, the true physician being the altruist par excellence, and, in order that he shall well round out his life, meet all the demands that will be made on him and give of himself to the greatest number, it is absolutely essential that certain duties to himself shall be performed. Their neglect means that he shortens his life, limits its possibilities, and gives not to the full that measure of usefulness which is asked of every man as the price of his happiness and tranquil mind at "sense of duty done."

Who will deny that the greatest reward offered by life in this world comes from within, from the feeling that you have done the best you knew how, from the gratitude of those you have made happier, and from the love of your friends? What is there greater to achieve than the serene old age that comes as the result of all these things?

The average length of life of medical men increased in the past fifty years materially, which means increased usefulness as well. It is true that the conditions of life have improved in the

same time, both for physician and patient, and it rests with you to do your part to continue this improvement, to permit of no step backward.

Four studious years have brought you to commencement, to the commencement of your life work, to the meeting of conditions whose cause and cure can never be learned from books. You are thrown from the arms of your "loving mother" into the whirl of active life, into the crowds of that most wonderful animal, man, to quiet his pains, to alleviate his sorrows, to give to him of what is best of yourself. Your highest aim is therefore to be a source of "sweetness and light" to all with whom you come in contact, to diffuse, as it were, healing, to be an optimist, to leave behind you smiles where before were tears, hope where was despair, and, at the last, consolation in hearts that held only bitterness—"to do your work as well as you can and be kind." These are not to be learned from books, they are within you and of you. Be men, therefore, and let them come forth to help other men and yourselves.

How is all this to be accomplished? What will you do to make yourself all this and more? Every one of you has within you the desire to do your best, to make the most of what has been given you, and to add to it as much as possible. Every one of you will have your trials and disappointments, will have your ideals threatened and many idols shattered. Shall you become cynical and disheartened and give up these finer parts of yourselves? By no means! Raise yourself above these mere incidents, these petty details of life; make them but stepping stones to your future successes. When your best endeavors fail to make things go right, when the measures that before were infallible are now found wanting, and every effort seems futile, be sure that it is yourself and not your armamentarium that is at fault, and the time is ripe for you to withdraw your mind to another line of thought in order that overworked, tired-out brain cells may recuperate while those that have been in danger of atrophy may have a chance for development.

"Loaf and invite your soul." Many a hard problem has been solved with little effort after a rest that, to the tired brain,

was impossible of solution. Bury yourself in your study with your friends, your books. "Whosoever acknowledges himself to be a zealous follower of truth, of happiness, of wisdom, of science, or even of the faith, must of necessity make himself a lover of books" (DeBury). Is not Emerson as useful to a physician as "Gray's Anatomy," Shakespeare as "Landois and Sterling," Carlisle as "Goodno?" What better and more useful friends can a man have than these? Though they make no mention of cholera infantum or appendicitis, I beg of you is it disease you are seeking, or rather is it not health?

Will Gray, Osler, Goodno, or Hughes teach you how to meet all the conditions you will be called upon to treat? How can you take the high place your profession entitles you to without reading History, Biography, Travel and Philosophy? How can you round out your education, balance your mental faculties, without these? How does a man thrive on meat alone? Can he grow without bread, potatoes and fruit in addition to his meat?

You belong to one of the learned professions. One of the early definitions of the word physician was: "A student of nature in general and not simply of man's physical frame in health and disease, a natural philosopher." You will find that the nearer you can make yourself to conform to this definition the greater measure of success will be yours. Our friends are sometimes told by members of the predominant sect in medicine that we followers of Hahnemann and his law of the milder art of healing are lacking in the finer parts of science, philosophy and the higher learning in general. If this were true to a limited extent in the past it is so no longer, and it is your duty in your every walk in life, in every community in which you will make your life felt, to refute this ancient tale.

Nor is this an easy task for you, for it means a lifetime of study, not only of medicine but also of literature, of philosophy, of science, of art, and, greatest of all, of man. It means a life of right living and high thinking. It means a life above and away from the crowd and yet in it, full of hopes and fears, of disappointments and heartaches, of continual demands for the very

best that is in you ; a life of giving, not of money or goods, but of what is greater than these, of yourself. And what does it all amount to ?

“A man is relieved and gay when he has put his heart into his work and done his best ; but what he has said or done otherwise shall give him no peace.”

“What I must do is all that concerns me, not what the people think. This rule, equally arduous in actual and intellectual life, may serve the whole distinction between greatness and meanness. It is easy in the world to live after the world’s opinion ; it is easy in solitude to live after your own ; but the great man is he who in the midst of the crowd keeps with perfect sweetness the independence of solitude.” These thoughts of a master mind will indicate what the end will be like.

I am not prepared to say to-night that it is the imperative duty of every physician to ride a “hobby,” and yet I believe you will all agree with me that Dr. Jack is quite as liable to be dull as any other Jack with no play, and that the leisure moments spent in some such way will be of much more benefit to yourself than if they were put in whittling a stick in front of a drug store or in a billiard saloon. This is especially applicable to the man who practices in the smaller town or city, for he will have no chance there to attend clinics or lectures when idle, and will not find it to his best interest to spend *all* his time, when not attending patients, with his text books. Let your “hobby” be something useful and instructive to yourself, and, better yet, beneficial to others as well. It is not necessary to waste your time because you call it recreation. Recreation implies a change and not idleness, allowing one set of brain cells to rest while another is being cultivated, preventing your brain from becoming “lopsided.” Work with your hands is not disgraceful and has to do with brain development as much as study. William Morris and his “Kelmscott Press,” and the books that have been made there, offer an example of what may be done by the simultaneous education of brain and hand. It was said of him that “he was master of six distinct trades. He gloried in doing things with his hands. To cut things out and piece them together in a beautiful and use-

ful shape was his recreation. To carve in wood, weave bright strands of silk into cloth, hammer iron into shape, to paint pictures and draw forms, was to him a delight." All the world delights to honor Morris as one who has done much to make the world more beautiful and life more refined and gentle.

In this country, and inspired by Morris' work, in a small town in New York, Elbert Hubbard and his "honest Roycrofters" are doing a work with hands and heart and brain that is directing much heretofore wasted or misdirected energy into the paths of the beautiful of the lives of all that come in contact with it in any way.

If you are a lover of animals there is a wider field open to your energies. If you have a country practice you can breed and train carrier pigeons, and I need not point out to you how useful they can be to your patients and yourself.

You might study and cultivate your own children,—most interesting little animals you will find them too,—to whose lives you can add so much of right training and right thinking, whose futures you can shape and mould to all those things which make for sweetness and light. How can you spend your time to greater advantage than this, and what work will pay you greater dividends? Allow me to quote from a recent writer:

"Fathers, too, have their uses in families, uses besides that of providing. They are not so indispensable as mothers, but even in cases where the wage-earning usefulness of the father is not of vital moment, getting along without a father seems no better than a making the best of things which are not as they ought to be. Under present conditions in this world we seem to need practicing fathers up to the age of 25 or 30, and consulting fathers for an indefinite space beyond that. It is remarkable over what a protracted period a proficient father who keeps himself in fairly good order can continue to be useful and generally popular in a family. Fathers who are unduly modest and disposed to underestimate their domestic value may often draw conclusions flattering to themselves from what they observe of the experience of fatherless families, and especially fatherless boys. Indeed, it is universally admitted that there are not enough fathers to go

around, and there are few that are competent, or seem so, on whom outside jobs of fathering are not pressed."

Whatever it may be,—children, horses or dogs,—that you may make your "hobby," let it be that which delights your soul, something that you will love to do just as you love your professional work.

Moreover let it be, not this thing to-day and that to-morrow, for dissipated energy is wasted energy and concentrated energy is the only kind that gives definite, tangible results.

Understand clearly that in asking you to do something to balance yourself, to keep yourself out of the rut that is so fatal to the proper development of many a physician's life and powers, I do not want you to lose sight of the fact that your life work is the practice of the healing art, but to remember that there will be precious time aside from your work which I appeal to you not to waste, but to use for your own improvement and betterment, and be sure that in so doing it will but widen your influence and augment your power for doing good.

During the century just ended the average length of life of medical men has increased, and in order to continue this increase it is necessary that you shall conserve your own health. Will you wear yourself out by the time you have reached the present average, 56, or had you not rather live a somewhat less strenuous life and extend the period of your usefulness over ten or more years longer? Why should you be dead, or a physical wreck, at the same age that finds the minister, the lawyer, and the statesman in their prime? It is not necessary, and it is only very bad judgment that permits it to be so. You will not do the most good by giving poor service to a great many, but by good service to a few patients, and in the long run this will pay best anyway. There is no economy, nor even sense, in so overtaxing your strength in the years when you should be doing your best work by drawing on your physical bank reserve to such an extent that when Nature normally should need that reserve it finds you a physical bankrupt.

Dr. Crothers, an authority on the treatment of drug and liquor habits, has stated that 10 per cent. of all medical men are

victims of some of these diseases. I do not believe that this is true of the Homeopathic profession, nor do I want to think that it will ever be true. If the statement be true, however, it is undoubtedly the result of attempting to whip exhausted and rebellious nature over hills that she cannot climb otherwise, and for which she demands heavy pay. By doing your work in a rational way, and you can do more that way than in any other, that is, when mentally and physically exhausted refusing any further demands on your strength, instead of producing a temporary stimulation with drugs or liquor, giving yourself sleep and rest, you will be able to give better service over a longer period of time and with greater satisfaction to your patients and yourself. Your own health is of paramount importance, for without it how are you going to infect your patients with health? Like produces like. Good health is as contagious as disease, and he who carries illhealth to the sick room cannot expect to produce health therein. How is it going to benefit your patients if you lose the balanced mind, the calm judgment, the cool steady hand, the cheerful face, bringing hope and confidence?

One of the most inexplicable things in professional life, a thing that men of one of the liberal professions ought to be above, a thing that is a reproach to our profession and is constantly remarked on by the laity, and that keeps us a loosely organized, comparatively useless body of men, who should be standing firmly together for the accomplishment of much good for ourselves and the preservation of our rights—is that green-eyed monster, professional jealousy, the fear that our brother practitioner shall get something that belongs to us, which is nothing more or less than a confession of our own weakness and want of confidence in ourselves. It should be so apparent that your alleged rival can take nothing from you that is really yours, nor you from him, that every malicious word uttered against him does no one so much harm as the speaker, is a weapon that, like a boomerang, usually misses its aim and returns to strike its thrower. Of all the petty meannesses that may narrow your life and wither your soul this is the worst, and I beg of you to rise above it, to put yourself on so high a plane that it cannot touch you. If your brother is a

better man than yourself it is your fault and not his, and your remedy lies in seeking wherein your own improvement can be brought about, and not in throwing mud at him which only defiles yourself. You have the greatest contempt for this very same thing in others, and know that it cannot harm you. Can you not see how contemptible it is in yourself and how harmful to yourself? We claim to be practical, level headed, fair minded men, to be unprejudiced and sane, and if true, is such a thing consistent? A kindly feeling and a friendly word for your brother; pleasure and commendation in his success and no unfair criticism of his failures, especially when your own knowledge in the matter is inadequate and yourself not infallible, are infinitely more in the line of duty to yourself than to him. The kind word and not "the faint praise that damns" will be of more benefit to yourself than to him, so do not fail to give the one and withhold the other. Thus only may you be at peace with your own soul and in the respect of friends and contemporaries.

Members of the Homeopathic profession know what has been accomplished by association, what rights have been gained only by combined efforts, what a good fight has been fought and won, how our very existence as a profession has been preserved only by hard work on the part of our different societies. Why should it be necessary to urge you to identify yourself with our National, State, and City societies? To work harmoniously and do your part in the good work that is for the benefit of every member? Who but yourself gets the greatest benefit from the papers you prepare and read? From the discussions they bring out? In the never-ending fight against disease and death it is your duty to give to the fraternity the benefit of what you have found to be good or bad, and this is only practical in your societies where you are in personal contact with their members. It is no rare circumstance for one to get a hint from some discussion that will lead to a brilliant success which much burning of midnight oil over voluminous text books had previously failed to bring.

Except in the larger cities the comparatively small number of Homeopathic physicians in most towns precludes the possi-

bility of many local Homeopathic societies, and thus is the necessity increased for successful State societies to which every practitioner in the State should belong, and whose meetings should be attended by every member. Aside from the learned papers and their discussions, the cultivation of the fraternal and social features is of no mean value. To many the three days thus spent are the only vacation taken during the year, and the rest from the routine of daily work, the meeting with old friends and the making of new, sends them back to their homes reinvigorated and better fortified to take up the fight again. If you locate in a small town it is indispensable to you; if in the city, it will give you a change from your city society which probably meets once a month.

I make this special plea for the State society because it occupies the middle ground between the National and City societies, is the meeting place of all classes of physicians, is the most important to the greatest number; not that the City and National societies are not of equal value, but because it is possible to a large number to whom the other bodies are not. The country doctor and city specialist may here become better acquainted to their mutual advantage, and a wider acquaintance with the members of your state society gives you no mean advantage over the man who "would rather go to a horse race than to the State Society meeting." It is *for* you, and gives value received a hundred fold for the little time and money it costs, and should have your heartiest support.

A matter of the most vital importance is that you shall conduct your daily affairs on business principles. This is not sordid, it is right, and is necessary to your greatest success. There will be a small percentage of the people who will object to this most reasonable proceeding, and they usually because it prevents them from imposing on you. Your family will not object, nor your grocer, nor your butcher, nor the men for whose good opinion you care most. Your living expenses will be heavier than those of your professional brethren, the minister or the lawyer. You cannot have a fixed salary, nor can you demand a retainer in advance. It is demanded of you that you be well

dressed, you horse must be fast, a matter that the usual love of horses by most doctors will not permit to be neglected; your family must be well cared for, and you must maintain a well regulated household establishment. Your social duties will demand a certain amount of time and money, and the subscription list will not fail to find you out. Unless you have private means,—and how many of you have,—how are you going to meet all these legitimate demands on your purse? By conducting your business affairs on strictly business principles. Keep daily careful account of what you do, and insist that your services are valuable, according to the custom of wherever you may be located, in an equivalent in coin of the realm, and, having carried out your part of an implied contract to the best of your ability, you have a perfect right to demand the fulfillment of the balance. You have rights which you yourself are bound to protect, for no one else will do it for you, but you have no right to allow yourself to be imposed upon.

In proportion to your income you will give, in the form of your services to those who are really unable to pay, more than any other philanthropist in town, but those who can pay but will not have no claim on you, and as soon as you have learned who they are you are justified in refusing your services to them.

I should fail in my duty here to-night were I not to mention one other to whom the doctors owe much in the matter of duty. Who is it that tells the patient at the door that "the doctor will return in a few minutes," and entertains him while he waits with fond tales of the doctor's wisdom and sagacity? Who is it whose good influence has made many a man out of a very small amount of good material? Who meets him after a long hard trip to the country with a cheerful smile and a hot drink? Who, in spite of household worry and ceaseless care of children, is his comforter and a tonic to his tired and jangled nerves? Who is all this and much more but his wife? If you have no wife you deserve no consideration until you get one. But having one do not fail to recognize your duty to her, that she is of as much importance to your success as patients, and that your love for her must make her burdens light, for her position as a doctor's wife is no sine-

cure. Do not expect her to be on duty 365 days in each year without tiring, but give her a vacation as you expect one yourself, for she needs a change of work and a little play now and then as much as you do. When you go to your State society take her along that she may know other doctors' wives and add a very pleasant and desirable social feature to the meetings that will do much toward increasing their popularity.

No one is more interested in your welfare than she; no one will give you more heartfelt sympathy in your hopes and ambitions, and no one will more truly help you over the rough places which you are sure to encounter in life. Whatever may be your ideas of professional ethics, do not bring your strictly professional affairs home to your own fireside. She will have enough domestic worries of her own without the addition of the tales of woe of your patients, and you have no right to oppress her with them. When you have an hour or a few minutes for quiet visiting with her, let your conversation be on subjects entirely foreign to your work, and of something that will interest and entertain you both. Your home life will thus be mutually restful and helpful. The doctor's wife is the happiest, healthiest influence in his life, and she should be estimated and appreciated at her full value.

In entering the practice of medicine you stand on the threshold of a little world which you are going to make better or worse. Which shall it be? Every one you come in contact with will be insensibly modified by that contact. Will the influence be for good or evil? In the community in which you cast your fortune you can make yourself a power for good or you can do more harm than any person in it.

You will be looked up to as a person who is a little higher in the scale than a mere ordinary man. Mothers will ask you to use your good influence with their boys, and you will find that you can help them too. Your advice will be sought as to this or that trait of character in a boy or girl. Torn, bleeding hearts will be uncovered to your eyes; family skeletons will dangle their grisly bones before you. You will be father confessor to many families and will carry to your grave the secrets of their confessional, long after you have forgotten the good you were

able to do, the peace you were able to bring to troubled waters. The nature of your calling brings you into the most intimate relations with the families that have confidence in you. Justify that confidence by bringing health and happiness in return for it. Abuse it, and hell has no torment adequate to your perfidy.

To the same extent and the same end that you influence those around you will you be influenced yourself. This it is which will guide you as to the path you shall choose. Your attitude towards your world will give it the cue as to how it shall regard you. You are master of your own destiny; circumstances can but temporarily divert it. Seize the best in life by living the best. In the practice of medicine there are many opportunities for the operation of many virtues, great love, and much forbearance. Being mindful of your duties to others, do not forget those due yourself, for without their performance those to the others cannot properly be done. So live that:

"When the angel of the darker drink
At last shall find you at the river brink,
And offering his cup, invite your soul
Forth to your lips to quaff, you shall not shrink."

RHUS AROMATICA IN ENURESIS.—The best single remedy I know of to treat successfully nearly all cases of incontinence of urine is *rhus aromatica*, in doses of five drops to twenty drops, repeated three or four times a day in water or milk; the doses are adapted to age. There are many valueless makes of *rhus ar.* on the market, and some that were once good have become worthless by being old. After a bottle of *rhus* has been opened it soon becomes weak, then valueless by age. When the article is good it very seldom fails. There are a number of other remedies that have done well, but they fail five times as often as *rhus aromatica* in curing this disease. This medicament is more successful in the cases of children and young persons than in adults, yet I have cured several grown people of enuresis with it. In some cases the dose needs repeating every two hours for the first week (gtt. 10 to 15), then four times a day.—*Jos. Adolphus, M. D.*

THEORY AND PRACTICE.

CONDUCTED BY W. A. BURR, M. D., SENIOR PROFESSOR OF THEORY AND PRACTICE
IN DENVER HOMEOPATHIC COLLEGE.

Lithemia.

Etymology—The word Lithemia is made up of two Greek words—*lithos*, a stone, and *haima*, blood.

Synonyms—Irregular Gout; Latent Gout; Lithic-acid Diathesis; Uric-acid Diathesis.

Definition—Lithemia is a constitutional disease due to the presence of lithic or uric acid in the fluids of the body, with a variety of derangements of the gastro-intestinal tract, and various nervous symptoms. It is a gastro-intestinal intoxication.

Etiology—Lithemia is occasionally inherited, but is usually due to disordered nutrition, indigestion, errors of diet, faulty or mal-assimilation, especially of nitrogenous products. A sedentary life tends to produce this common complaint, while grief or mental worry is not infrequently the cause.

Pathology—In Lithemia there is an excess of uric acid in the system. This acid, as such, is insoluble, and when present in excess produces a long train of disagreeable and painful derangements of the digestive system, because it is not readily eliminated but remains to poison the body. Where the metabolism is normal this uric acid is changed to urea, which is soluble and readily eliminated.

The urine is scanty, high colored and acid. It has a high specific gravity and contains lithic acid crystals. There is also found in the urine urate of soda or ammonium; and it throws down a "brick dust" sediment.

Symptoms—The patient suffering from this affection experiences periods of irritation of the nervous system, hemicrania, neuralgia, vertigo, tinnitus aurium and flushing of the face.

There are catarrhs of the respiratory tract, colds in the head, sore throat, tonsillitis and bronchitis. This last often alternates with such affections of the skin as eczema or impetigo, especi-

ally in children. Hemorrhages of the skin may also take place.

When the catarrh is *naso-pharyngeal* it is prone to extend into the middle ear.

There is gastro-intestinal catarrh, acid indigestion, constipation or hemorrhoids.

The liver is torpid with the symptoms usually attending the bilious state.

There is often great pain in urinating from presence of uric acid and excess of urates in the urine, and more or less pain over the region of the kidneys.

There are a great variety of *sensory disturbances*, as mental depression, irritability, peevishness, or fretfulness. There is a general indisposition to mental exertion. The recollection is slow and impaired, and the reasoning powers are dull. Connected thinking is difficult, and there is loss of intellectual perception. There is a general state of unrest; the victim often lies awake when he should sleep. In such cases there is sometimes an unnatural stimulation with a rapid flow of thought.

These mental symptoms are commonly seen in business men who are harassed by a multitude of business cares and financial embarrassments.

Diagnosis—This Latent Gout is commonly called rheumatism, but where the joints are comparatively free from pain and the gastro-intestinal symptoms are prominent, we may be reasonably sure the disease is neither regular gout nor chronic rheumatism, but an irregular gout which we call Lithemia.

A chemical examination of the urine showing large amounts of lithic and uric acids confirms the diagnosis.

The *Prognosis* is generally good. The patient's life is rarely threatened, but the disease becomes chronic and is difficult of cure because there is such a confirmed state of perverted nutrition and faulty assimilation, all due to irregular and unhygienic habits of life. It is difficult to get the average patient to abandon bad habits of living when such habits have become confirmed.

The *duration* of this common ailment may be even life-long without ever taking on the nature of true gout.

W. A. B.

[TO BE CONTINUED.]

Are Heart Diseases Transmissible?

Dr. E. R. Snader, of Philadelphia, in his paper on "Is Valvular Diseases of the Heart Transmissible from Parents to Offspring?" read before the American Institute of Homeopathy at Washington, concludes as follows:

1. It is probable that the anatomical defects of an acquired valvular lesion can be transmitted from parents to offspring.

2. It is more than probable that the greater number of cases of what may be considered congenital valvular defects arise from intra-uterine endocarditis.

3. That lesions are not always transmitted, even when serious, because (*a*) the disease that gave rise to the lesion has passed away and left only its monument to the parent; (*b*) because of nature's eternal tendency to preserve her normal types; (*c*) because of the possible nullifying influence of an unaffected parent; (*d*) because of the temporary or permanent absence of an active blood state in either or both parents capable of setting up an endocarditis.

4. That we cannot be certain that organic valvular disease will or will not be transmitted.

5. That a mother suffering from an acute or sub-acute blood state capable of inducing an endocarditis is liable to pass that blood state to offspring and induce a valve incapability if conception occurs at the time the blood state is active.

6. That clinically we cannot yet determine the exact amount of blood-contaminating element capable of producing a lesion, and do not know all the blood states and conditions of blood capable of giving rise to pre-natal endocarditis.

7. That we cannot yet give a positive opinion as to the exact liability of transmission to cardiac cases contemplating matrimony. We can only state the degree of probability.

8. That a practical deduction from a consideration of all these factors is that investigators of the present and future should devote more time to the determination of blood states capable of inducing valvular lesions and their modification by therapeutic measures.

Treatment for Bubonic Plague.

The "Homeopathic World" suggests this: "If any of our readers should be thrown into contact with cases of plague, we should advise all who have to do with the patients to take a tablet of laches. 12, three times a day, and to give the same to all who have been exposed to the infection. If any signs of the disease actually show themselves, give or inject lach. 5, two or three drops every two hours. When the typhoid state is pronounced, pyrogen 5, five drops every two hours. Dr. Baptist found phos. 6 effective in pneumonic cases, and arsen. 3x in intestinal cases. Baptis. tinct. should find a sphere of usefulness; and finally the nosode of the disease itself. We are not aware that such a preparation has been made; but as homeopaths have a method of using nosodes so much superior to that in vogue in the old school, we trust that those of our colleagues who have opportunities of treating cases of Plague will give pestinum a thorough trial. It might be made from the contents of a bubo, or from cultures of the bacilli. Attenuations might be made of the most virulent toxin of the allopaths. At any rate, it seems to us that the best chance of dealing with the disease medicinally will lie in the nosodes and the serpent poisons. That is, when the disease is treated on the strength of the genus epidemicus. Anomalous cases will have to be more strictly individualized and prescribed for on the particular indications present.

Dr. J. W. Means says that ten drops of *cimicifuga racemosa*, second or third dilution, each night, beginning six weeks prior to date of confinement, will materially aid the mother in her approaching ordeal. Also, to give two drops of tincture of *gelsemium* every ten or fifteen minutes after labor has begun to steady the pains, facilitate dilatation, and shorten up matters. Labor, he says, is a mechanical process. When unnecessarily tardy, assist the mechanical by resort to mechanics—the forceps. Chloroform, properly used, is excellent. No vaginal douche until after the fifth day, when denuded parts are healed and septic material is not likely to be absorbed from without.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

Aggravations and Ameliorations.

Worse during the day : Arnica, Sepia, Sulphur ; every other day : China ; before breakfast : Calcaria Carb., Crocus, Iodine, Staphysagria ; after breakfast : Chamomilla, Phosphorus, Nux Vomica, Zincum ; before dinner : Phosphorus, Sepia, Sulphur ; after dinner : Argentum Nitricum, Cedron Ignatia, Nux Moschata, Zincum ; 10 A. M. : Natrum Muriaticum ; 11 A. M. : Argentum Nitricum, Sepia, Sulphur ; 12 M. : Arg. N., Cedron, Nux M., Valeriana ; 3 P. M. : Belladonna, Thuja ; 4 P. M. : Hepar Sulphur, Lycopodium, Helleborus ; towards evening : Colch., Puls., Sepia, Zincum ; at night : Arsenicum, Mercurius, Rhus, Silicea, Sulphur ; after midnight : Arsenicum Belladonna, Rhus, Sulphur, Thuja ; new moon : Alumina, Ammonium Carb., Cauticum, Calcaria Carb., Silicea ; full moon : Alumina, Calcaria Carb., Graphites, Silicea ; spring : Aur., Calcaria Carb., Lachesis, Lycopodium, Rhus ; winter : Aur., Dul., Nux. V., Rhus.

Worse from warmth in general : Apis, Bryonia, Digitalis, Glonoinum, Iodine, Pulsatilla, Secale Cornutum ; from warmth in bed : Aurum Met., Mercurius, Pulsatilla, Sulphur, Tartar Emetic ; from sun blaze : Agaracus, Antimonium Crudum, Bryonia, Glonoinum, Lachesis, Theridion.

Worse from cold in general : Ars., Aurum, Dulcamara, Hepar Sulphur, Rhus, Silicea ; from uncovering : Hepar, Nux V., Rhus, Rumex Crispus, Silicea.

Worse from repose in general ; Aur., Conium, Ferrum, Phosphoric Acid, Rhododendron, Rhus, Sulphur, Valeriana ; lying down : Arsenicum, Digitalis, Lycopodium, Natrum M. ; lying on the back : Phosphorus, Nux ; lying on left side : Aconite, Cactus, Grandiflorus, Phosphorus, Pulsatilla ; lying on right side : Mercurius.

Worse from sitting : Ferrum, Helonias, Platinum, Pulsatilla, Rhus, Sepia, Valeriana.

Worse from standing: Aloes, Conium, Liliun, Tigrinum, Platinum, Sulphur.

Worse on Sunday: Sepia.

Worse after sleep: Apis, Lachesis, Veratrum Album.

Worse on motion in general: Aconite, Bryonia, China, Colchicum, Ledum, Mercurius, Spigelia; on first motion after rest: Conium, Lycopodium, Rhus, Sepia; motion and pressure: Phytolacca; dread of exercise: Nux V.; downward motion, Borax; rising in bed: Aco., Bry., Coc., Dig., Sulphur; ascending hill or stairs: Borax, Ferrum, Stannum. rocking or swinging: Borax, Carbo Veg., Coculus, Petroleum.

Worse from talking: Sulphur.

Worse as to touch. Sensitive as to contact: Asafœtida, Arnica, China, Hepar, Spigelia; the slightest touch painful: Aconite, Asafœtida, Belladonna, Vox V., Spigelia.

Better when eating: Anacardium, Ignatia, Lachesis, Zincum; after eating: Hepar, Iodine, Phosphorus, Sepia, Spongia; cold food: Bryonia, Phosphorus, Pulsatilla; warm food: Arsenicum, Lycopodium, Nux Vomica.

Better after drinking: Lobelia Inflata, Spongia; cold drinks, Bryonia, Causticum, Phosphorus, Sepia; warm drinks: Arsenicum, Lycopodium, Nux V.; coffee: Camomilla, Colocynthus; tea: Carbolic Acid, Digitalis; milk, Arsenicum, Mezereum, Ruta Graveolens; wine: Aconite, Conium.

Better during the day: Aconite, Arsenicum, Mercurius, Rhus, Sulphur, Thuja; before breakfast: Chamomilla, Conium, Natrum Muriaticum; after breakfast: Calcaria Carb., Crocus, Flouric Acid, Iodine, Staphysagsia; after dinner: Natrum Mur., Sepia, Sulphur; toward night: Arnica, Chilidonium, Kali Bi., Lobelia; at night: Arnica, Sepia, Sulphur.

Better every other day: China.

Better as to warmth in general: Arsenicum, Aurum, Nux Rhus, Sulphur; warm in bed: Causticum, Ledum, Lycopodium, Nux; in warm wraps: Arsenicum, Hepar, Sepia, Silicea.

Better as to cold in general: Flouric Acid, Iodine, Lycopodium, Pulsatilla; cold applications: Aloes, Alumina, Apis,

Asarum, Calcarea Flourica; cold weather (winter); Bryonia, Lycopodium.

Better from repose in general; Bryonia, Colchicum, Ledum, Nux V.; lying down; Am. M., Bry., Nux; lying on back; Bryonia, Calcaria Carb., Ignatia; lying on the side; Nux V.; right side; Lycopodium, Nat. M., Phosphorus; painful side: Bryonia; lying on stomach; Aloes, Am. Carb., Stannum; sitting; Bryonia, Colchicum, Cup. Met., Nux; bent; Kal. C.; erect; Digitalis, Sambucus; standing; Belladonna, Phosphorus.

Better from motion in general; Aurum, Corium, Dulcamara, Ferrum, Lycopodium, Rhus; from continued motion; Capsicum, Conium, Ferrum, Pulsatilla, Rhus; by motion of affected part: Capsicum, Dulcamara, Ferrum, Pulsatilla, Rhus; from change of position; Ignatia, Rhus.

Better riding in carriage; Nitric Acid; from running or dancing; Ignatia, Sepia; from stretching; Rhododendron, Secale; from yawning; Staphysagria.

Better as to contact; from pressure on affected part; Conium, Ignatia, Mag. Phos., Plumbum, Stannum; from rubbing or stroking; Cal. Carb., Cantharis, Plumbum, Phosphorus; from rubbing side: Podophyllum; the back; Nux V.; hands together: Tarantula Cubensis.

Better from scratching; Asafœtida, Calcaria Carb., Cyclamen, Muriatic Acid, Phosphorus.

Better from touching the parts; Asafœtida, Calcaria Carb., Thuja.

For the above arrangement of remedies, as regards aggravation and amelioration, we are indebted to "Bee-Line Therapia and Repertory," by Stacy Jones, M. D.

ARSENICUM IODETUM ; PNEUMONIA IN CHILDREN—Arsenicum iodatum is of great service when the broncho pneumonia is of grippal origin, and it is always of use when the temperature becomes normal, to complete the recovery. When there are symptoms of enteritis or gastritis the indication is more formal.—*Dr. Walker, Jour. Belge d'Hom.*

GYNECOLOGY AND OBSTETRICS.

CONDUCTED BY S. S. SMYTHE, M. D.

Some Experiences with Inoperable Fibroids.

By Howard Crutcher, M. D., Attending Surgeon to the Streeter Hospital, Chicago.

Some apology perhaps is necessary for the title of the present paper. Judging from the usual report on the operative treatment of fibroids, all such tumors are removable in from five to thirteen minutes—a few cases presenting grave complications but no case presenting insuperable obstacles to complete removal. The inoperable cases seem to escape the reporting pencil.

By an inoperable fibroid I mean a tumor generally of irregular outline surrounded by a vast bed of adhesions occurring in a patient so exhausted from hemorrhage and suffering as to render the removal of the tumor an impossible feat in a living subject.

It has been my misfortune, in a number of instances, to open a peritoneal cavity for the purpose of removing a uterine fibroid and to find such a mass of complications as to cause me to abandon attempts at removal. The removal of a tumor free from adhesions, even of very large size, presents few difficulties, and is seldom attended by any other than a favorable result; but in bloodless subjects, who have gone quietly along for years with occasional hemorrhages, the removal of a small tumor sometimes presents difficulties of the gravest character. My experience with the inoperable cases, while the tumors have not been removed, has not on the whole been unsuccessful.

Six years ago I operated in a case where the patient would not permit the removal of the diseased uterus, but gave me permission to tie some offending blood vessels, which I assured her could be done with comparative ease and slight danger. The uterine tumor was found to be quite large and regular in outline and easily removable, but the patient, having tied my hands so far as the tumor itself was concerned, I tied off the appendages and removed them. The result was more satisfactory than I had hoped to achieve. The tumor underwent pronounced atrophy and has given no subsequent trouble.

In December, 1896, I went to Somerset, Ky., to consult with Dr. Krichbaum in the case of an unmarried woman of forty-five, who had an abdominal tumor, which appeared to demand removal. The patient was so much emaciated and so bloodless that we informed her in advance that we might be unable to remove the growth. The abdomen contained considerable serum which suggested possible malignancy. A liberal incision revealed a fibroid mass extremely irregular in outline occupying most of the pelvis. The uterus and ovaries appeared to be fused but were not distinctly demonstrable. More than a gallon of fluid escaped from the cavity. The entire peritoneal surface, wherever that membrane was visible, was dotted with tubercles. The patient's condition following a simple exploration and evacuation of the fluid was so critical that no attempt was made to remove the growth, the abdomen being filled with hot salt water and closed rapidly. This patient always remembers me with a grateful letter on each succeeding anniversary of her operation, and I confess a degree of surprise at the promptness and apparent permanency of the results obtained. From a confirmed invalid she has been restored to comparative health, having gained from twenty to thirty pounds in weight and losing no time from her usual duties by reason of sickness. The tuberculosis was of course cured and the tumor itself ceased to grow from the time of the operation.

In the summer of 1900, Dr. J. F. O'Neal brought to me a patient aged forty-eight, who presented a large abdominal tumor with a classical history of uterine fibroid. The abdomen was opened, but the patient's condition would not admit of a prolonged operation. The universal adhesions in this case would have prevented a complete removal of the growth. The appendages were removed; many large blood vessels in the broad ligaments being ligated, and the subsequent shrinkage of the tumor was remarkable. From careful manual examination I should say that it diminished fully one-third in size within the space of three months.

During the autumn of 1900, I went to Indiana to consult with Dr. W. H. Baker, of Terre Haute, in a case of a woman of

thirty-two years, who had a small uterine fibroid densely adherent, lying low in the pelvis. The patient's condition from the anesthetic was so critical that we attempted nothing beyond a careful exploration, and were glad to get our patient alive from the table. The recovery from the abdominal incision was of course without incident.

I have on several other occasions been compelled to abandon attempts to extirpate fibroids by reason of the threatened collapse of the patient, and I have no apologies to offer for the prompt abandonment of an operation when it is certain that prolonged operative efforts would result in death. The successful removal of a tumor from a dead subject is no great feat in surgery, and an operation, however successful in itself, that would inevitably result fatally, has nothing to commend it.

I have reported these cases, to which others might be added, for the purpose of encouraging those who may hesitate to abandon an operation for fear of bringing upon themselves senseless criticism. Desperate operations are sometimes necessary, and are often justifiable, but there is a dead line, which conscientious surgeons should not hesitate to avoid.

God help the family or the patient under the care of a universal specialist who is so busy that he can never go to a medical society and get the benefit of other men's views and experiences, and have the helping effect of criticism—someone to rip him up the back, as it were.

Moving as we do in a narrow groove, going from house to house where our word is law and few dare say nay, we run great risk of becoming dogmatic autocrats, saturated with the idea that we know it all.

I sometimes think it would be fortunate for us and humanity, as well as science, if every medical case had a pair of doctors instead of one. Then, as in legal cases, where there is always two attorneys pitted against each other, each would be stimulated by the other to his best endeavor. Indeed, considering the supernumerary doctors in every community, there would be fewer idle ones under such conditions.—*Dr. J. U. Love.*

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OF OPHTHALMOLOGY AND OTOTOLOGY,
DENVER HOMEOPATHIC COLLEGE.

The Eye as an Aid to Diagnosis in Nervous Diseases.

Just at this point I am informed that this was to be my subject for the evening. Your infliction of what goes before is purely accidental, and is due to a misunderstanding as to the subject to be treated.

To satisfactorily study the eye as an aid to diagnosis in nervous diseases, we should first review the anatomy of the brain and its relation to the cranial nerves supplying the eye. As this is manifestly out of the question, we will have to content ourselves with the statement of a few anatomical facts that are essential to an intelligent conception of how the eye may aid in diagnosis.

Of the cranial nerves we find:

First—The *Second*, or *Optic Nerve*, the nerve of special sense of sight. It enters the eye-ball and becomes distributed in a thin layer of nerve fibers, the retina, over the choroid. By means of the ophthalmoscope the end of the nerve-papilla and the retina can be studied, and conditions indicative of local or remote disease detected.

Second—The *Third*, or *Motor Oculi*, the great motor nerve of the eye, supplying all of the muscles of the eye except the superior oblique and the external rectus, and, in addition, the levator palpebrarum. This nerve supplies the ciliary muscle and the circular fibers of the iris, sphincter iridis, as well as the internal superior and inferior recti and the inferior oblique.

Third—The *Fourth*, or *Trochlear* nerve supplies the superior oblique. Paralysis limits motion downwards and outwards.

Fourth—The *Fifth*, or *Trifacial* nerve, through its ophthalmic division, supplies sensation to the whole of the eye, the lid and forehead. Loss of function gives anesthesia of parts supplied.

Fifth—The *Sixth*, or *Abducent* nerve supplies the external rectus. Its paralysis limits outward motion of the eye-ball.

Sixth—The *Seventh*, or *Facial* nerve, the motor nerve to the facial muscles, supplies the orbicular palpebrarum. Its paralysis prevents closing the eyelids.

The intimate communications between the fifth, seventh and sympathetic nerves, through the media of the ciliary, optic and Meckel's ganglia, would lead us to expect changes in the eye due to derangement of internal structures. Brain lesions are not infrequently located by the lesions manifested in one or more of the cranial nerves.

Optic neuritis, inflammation of the optic nerve, is found in organic diseases of the brain and its meninges, such as tumors, meningitis, abscess, aneurism, traumatism and thrombus.

It is of little consequence in differential diagnosis of these diseases, but its presence in conjunction with symptoms of brain lesion proves that the symptoms arise from organic disease. It occurs in 90 per cent. of all brain tumors, and with lesser frequency in the other forms. The great majority of all cases of well-marked optic neuritis is due to organic diseases of the brain and its membranes.

Hemorrhages in the retina not infrequently show a degeneration of the vessel walls and thus presage a like hemorrhage in the brain. I recall a case of this kind in which I was consulted for hemianopsia. Examination revealed retinal hemorrhages. The diagnosis of hemorrhage with pressure on the optic tract, with a prognosis of probable death from future cerebral hemorrhage. Prognosis verified within three months.

Optic Atrophy in conjunction with brain symptoms if consecutive, has the same significance as optic neuritis. If primary it may signify pressure on the tracts or nerves when it has localizing value. It occurs at times as a precursor of locomotor ataxia, at times years before the ataxic symptoms.

The pupil may be contracted or widely dilated, insensible to or intolerant of light, oscillating or unequal in size or changed from the normal in clearness of outline. Having so recently presented an article on *the pupil* before practically the same body

I will not attempt to go into detail at this time, but will call your attention to the fact that the sphincter iridis is supplied by the third nerve, paralysis of which gives dilated pupil and irritation contracted pupils, while the sympathetic supplies the radiating fibres, paralysis of which produces contracted, and irritation, dilated pupil.

The Argyll-Robertson pupil, the condition of loss of light reflex with maintenance of convergence-reflex, is of special significance to the neurologist as it indicates sclerosis of the spinal cord, and occurs as a result of involvement of the cilio-spinal center of the cord. This symptom is almost positively diagnostic.

Ocular Paralysis. In any case of suspected brain lesion the movements of the eyes should be carefully noted for the purpose of detecting paralysis of any of its muscles. (For methods see any good works on the eye.) When the base of the brain is involved one of the most common symptoms is paralysis of one or more of the ocular muscles. In paralysis of the sixth nerve there will be internal strabismus. The lesion may be anywhere from the sphenoidal fissure in front to the junction of the pons and medulla behind. In paralysis of the third nerve there will be external strabismus with inability to move the eye inward, upward or downward, and in conjunction with these there will exist ptosis and dilated pupil. A lesion in the course of this nerve implies a position anterior to the pons. If the disease be a tumor or meningeal thickening between the two crura, both third nerves are apt to be involved as they lie side by side,

Paralysis of the *fourth nerve* is rare and is detected only by careful examination of images. Its involvement indicates disease "back of the cerebral axis or in the anterior part of the cerebellum,"

Paralysis of the *sixth* and *third* nerves on one or both sides are frequently associated in basilar affections, especially if of syphilitic origin.

If the lesion producing paralysis is along the tract of the nerve all muscles supplied by it are equally affected. On the other hand where but one or two muscles are affected, other

muscles supplied by the same nerve remaining unaffected, the lesion does not lie in the course of the nerve but must be located in the group of cells from which the fibres making up the nerve arise.

When all the groups of cells giving rise to the motor nerves of the eye, except those controlling the sphincter iridis, are destroyed the condition resulting is known as ophthalmoplegia exterior, in which the patient presents double ptosis with inability to move the eye in any direction, the vision and pupillary reflex to light remaining. Ophthalmoplegia interna is a term applied to the condition when the movements of the iris alone are paralyzed, the external muscles being unaffected. It is due to disease involving the group of cells supplying the sphincter iridis and is an occasional symptom in hydrocephalus and in paretic dementia.

In general these groups of cells are all found in the gray matter in the floor of the fourth ventricle.

Progressive involvement of one ocular muscle after another has great prognostic significance.

D. A. STRICKLER.

MERCURIUS: DIPHTHERIA—When the pharynx is dull-red, the tongue thickly coated, or thick and dry, *apis mel.* is better than mercury, especially if the patches of membrane are not considerable in quantity or heavy in character. The cyanide of mercury is best adapted to those cases which are intense and threatening from the beginning, and in which the tendency to membranous formation is marked from the start. It is indicated when the nares are involved; indeed, the more wide-spread the infection and the more intense the symptoms, the more the cyanide will prove useful. Putrescence, with foul-smelling breath and an odor that extends beyond the confines of the sick chamber, is another of its marked symptoms.—*Dr. Tooker, Med. Era.*

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

Varicose Ulcers.

A very severe case of varicose ulcers in a man forty years old, the ulcers extended from the knee to the ankle, in which there were fifteen openings, the leg was congested and bluish and the ulcers were some of them, as large as a silver dollar. This case came under my care after a fall upon the frozen ground and the rupturing of one of the varicose veins, from which he bled until he fainted. I advised his going to the hospital and being operated upon under an anesthetic, but he could not be persuaded, as both a hospital and an anesthetic meant sure death to him. I then proceeded to curette the ulcers every other day and apply Bismuth Formic Iodine Comp., Mfg. by the H. K. Mulford Co., Philadelphia, and then dressed the leg with gauze and cotton and bandaged rather snugly. This treatment was persisted in with the most gratifying results, after which had the case wear an elastic stocking. Right here I wish to recommend Bismuth Formic-Iodine Comp. as a dry dressing which has few equals. The formaldehyde in chemical combination with iodine and bismuth, is a happy combination of the antiseptic alterative and sedative qualities of the three drugs, which is non-irritating, and healing and has proved most satisfactory in the dressing of wounds, and besides it has a pleasant odor, and is not objectionable to the most sensitive patient. J. W. A.

Submersion in the Treatment of Wounds.

The use of the hot bath in poisoned wounds, to which attention has recently been called by Fraser, is here noticed by Hodges, who claims that he has been the only American advocate of the treatment since the publication of Dr. Frank Hamil-

ton, over twenty-five years ago. His extensive experience with the procedure, he claims, warrants the following practical conclusions: 1. Continuous submersion even for long periods—two or three months if necessary—is altogether harmless. 2. That it may be easily secured anywhere by anybody possessing an ordinary degree of ingenuity. 3. It will almost instantly limit infectious gangrene and control the resulting septicemia and spanemia. 4. It will quickly relieve the pain and discomfort of phlegmonous inflammation or cellulitis. 5. It will speedily and readily reduce temperature and pulse and overcome the consequent depression of the patient's vital forces. 6. The temperature of the bath is immaterial, except when below that of the room it more promptly reduces fever and many bacteria will not develop at this temperature, while such as do so, develop less vigorously than at a slightly higher temperature.—*Dr. F. T. Hodges, West. Med. Recorder, July and August, 1900.—Jour. Am. Med. Assn.*

AN EASY METHOD OF REMOVING PLASTER OF PARIS BANDAGES.—According to the "Medical Times," plaster of Paris bandages may be easily removed by the following simple method: Soak some cotton-wool in peroxide of hydrogen, then with this moisten the splint down its entire length and for a width of about half an inch. When it is thoroughly soaked, the plaster will be found in the same condition as when first put on, and the bandages have only to be cut with a pair of scissors without any injury to the patient or any trouble whatever.

In hip-joint disease the pain first complained of may be on the inner side of the thigh, or above the patella, or in the popliteal space, or about the knee, wherever the terminal branches of the obturator nerve are distributed.—*Int'l. Jour. of Surgery.*

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

J. WYLIE ANDERSON, M. D., Business Manager.

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EDITORIAL COMMENT.

As we predicted last month a new medical bill was promptly introduced into the Senate of the Colorado legislature and emanated of course from Allopathic sources. It is after the usual form in that it undertakes to legislate for three schools of medicine without asking the consent of two of them and naturally gives the Allopathic members of the board complete control.

If the Allopaths would content themselves with legislating for themselves there would not be the least difficulty in getting any kind of a law they might desire. But they never seem satisfied to do this and always insist on including the Homeopaths and Eclectics in their efforts to regulate the practice of medicine.

They are persistent in the claim that we are not physicians; that we are not to be recognized as such by any simple pure Allopath; that we are to be debarred from professional consultation on penalty of excommunication to any of their sect who may be so bold as to try it.

Now we protest that the Allopathic school has no ground whatever for offering legislation to regulate the practice of Homeopathy. There is nothing in common between the two schools and we want none of their assistance in regulating our affairs.

Homeopaths are broad, liberal and progressive; reaching

out along all lines for whatever will aid them in healing the sick, as witness our journals and literature of all kinds.

The Allopaths, on the contrary, are so bound down by prejudice and sectarianism that they refuse to see good in anything that does not emanate from their own ranks, as witness their journals and literature of every description.

The truth is that the Allopathic school has degenerated into a narrow, bigoted Medical Sect, and the Homeopathic school must refuse affiliation with anything so illiberal and inconsistent.

For the information of our readers we give the main features of the bill. In some respects it is a curiosity.

Be it enacted by the General Assembly of the State of Colorado :

SECTION 1. That a board is hereby established, which shall be known under the name and style of "The Colorado State Board of Medical Examiners," to be composed of nine physicians of known ability, integrity and standing, graduates of legally chartered medical schools in good standing, and licensed to practice medicine and surgery in the State of Colorado for not less than five years preceding such appointment.

The said board shall be selected as follows: Five from the Colorado State Medical Society, three from the Homeopathic Medical Society of the State of Colorado, one from the Eclectic Medical Association of Colorado.

SEC. 2. The governor of this state shall, as soon as practicable after this act shall have become a law, appoint a state board of medical examiners, as provided in section 1 of this act; and the members first appointed shall be so designated by the governor that the term of office of three shall expire in two years, the term of office of three others shall expire in four years, and term of office of the remaining three shall expire in six years, from the date of appointment.

The governor shall make such appointments from lists of not less than ten names each; one list nominated by the Colorado State Medical Society, one list by the Homeopathic Medi-

cal Society of the State of Colorado, and one list by the Eclectic Medical Association of Colorado. The governor shall thereafter biennially appoint three members, possessing qualifications as above mentioned, to serve for the term of six years. He shall also fill all vacancies that may occur, as soon as practicable; Provided, That in making the biennial appointments or in filling vacancies, the representation of the said state medical societies shall be maintained as hereinbefore provided. Provided, That in the event of failure of any of the said state medical societies to furnish said list to the governor by the first day of February of the year in which said appointments shall be made, the governor shall select members, qualified as above stated, from the membership of the society so failing.

The governor may remove any member of said board for continued neglect of the duties required by this act or for unprofessional or dishonorable conduct, on recommendation of the medical society with which said member may be in affiliation.

* * *

SEC. 4. No person shall hereafter begin the practice of medicine, or any of the branches thereof, or midwifery, in this state, without first applying for, and obtaining, a license from the State Board of Medical Examiners to do so. Applications shall be in writing and shall be accompanied by the examination fee, hereinafter specified, and by proof that the applicant is of good character. * * *

Examinations shall be conducted in writing by the board, and shall be of a character sufficiently strict to test the qualifications of the candidate as a practitioner. Examinations of persons to practice medicine and surgery in all their branches shall embrace all those general subjects and topics, a knowledge of which is commonly and generally required of candidates for the degree of Doctor of Medicine by reputable medical colleges in the United States.

The examination of those who desire to practice midwifery shall be of such a character as to determine the qualifications of the applicant to practice midwifery. *Examinations of those who desire to practice any other system or science of treating human ail-*

ments, who do not use medicine internally or externally, and who do not practice operative surgery, shall be of a character sufficiently strict to test their qualifications as practitioners of such system or science.

SEC. 7. The fees for examination and certificates shall be as follows: \$15.00 for examination in medicine and surgery, and \$5.00 for the certificate, if issued; \$10.00 for an examination in midwifery, and for all other practitioners, and \$5.00 for a certificate, if issued; \$5.00 for a certificate to licentiates of other state boards of medical examiners, or boards of health. * * *

SEC. 9. Any person shall be regarded as practicing medicine and surgery, within the meaning of this act, who shall publicly or privately act as a physician by prescribing or giving drugs or performing surgical operations, for any person having any bodily injury, deformity, or disease, or who shall use the words "Dr.," "Doctor," "Surgeon," "M. D." or "M. B.," in connection with his or her name, or any other title intended or calculated to imply that he or she is, or to designate him or her as, a practitioner of medicine or surgery in any of its branches. * * *

It is provided further, That nothing in this act shall be construed to apply to any person who ministers to or treats the sick or suffering by mental or spiritual means, and who does not perform surgical operations. * * *

Arsenic in Yellow Fever.

The use of arsenic as a prophylactic and as a curative agent in yellow fever promises to work a revolution in the therapeutics of that dread disease. Reports from physicians in Brazil who used this remedy extensively in the yellow fever districts have been so satisfactory that the Brazilian government has taken official action in promulgating its use as the best means yet discovered for preventing and curing the disease.

The attention of the United States government was called to the value of this remedy in 1898, and the matter was referred to Surgeon-General Sternberg for investigation. Strange as it

may seem, this gentleman took it upon himself to report adversely, without entering upon any investigation whatever, simply because the method did not appeal to his judgment as a medical man. A queer position to take at any time, but in this particular instance it was used simply to evade the question and throw discredit upon the discoverer.

The real animus of the Surgeon-General's action emanated from the fact the man who first demonstrated the great value of arsenic in yellow fever happened to be a homeopathic physician, Dr. R. B. Leach, then living in Texas, now a resident of St. Paul, Minnesota.

It is worthy of note that the Brazilian physicians who have experimented with the remedy, unhesitatingly and invariably give due credit to Dr. Leach as the real discoverer.

The matter will be brought to the attention of the Congress during the present session and an effort made to have a commission appointed to enter upon a thorough scientific investigation of the claims made by the Brazilian physicians.

The subject is one in which the U. S. government should take an active interest, and simple justice demands that Dr. Leach should be appointed a member of any commission which may be appointed.

Notes and Personals.

Drs. Floyd J. Nutting and Helen. H. Woodroffe both of Denver Homeopathic College, have office rooms together in the Potomac Block, Los Angeles, California.

The matter of placing cuspidors along the streets in the business portions of Denver is still being agitated. As a sanitary measure the proposition is a wise one.

According to the Board of Health there were 40,000 cases of tuberculosis in the city of New York during 1900.

Dr. Helen Woodroffe has permanently located in Los Angeles, California.

A new Homeopathic hospital connected with the University of Michigan was duly opened at Ann Arbor the first week in De-

ember. Dr. Walton, of Ohio, and Drs. Copeland and Sinclair, of Michigan, were among the speakers. The event was an important one for Homeopathy in that state.

The physicians of Denver are busy attending cases of La Grippe.

President Norton's New Year Greeting to the members of the American Institute of Homeopathy contains many interesting and important suggestions, all calculated to advance the work of our national organization.

Dr. Geo. M. Gould has been bounced as editor of the "Philadelphia Medical Journal." Too bad.

At the annual meeting of the Denver Homeopathic Club the following officers were elected: President, Dr. E. G. Freyermuth; Vice-President, Dr. C. E. Tennant; Secretary, Dr. Edwin Jay Clark; Treasurer, Dr. J. B. Brown; Censors, Drs. O. S. Vinland, Walter J. King and Frona S. Abbott. Drs. S. S. Smythe, C. W. Enos and C. E. Tennant were appointed the legislative committee.

THE CRITIQUE was sorry to learn of the death of the wife of Dr. McLaughlin from pneumonia, and we extend to him our heartfelt sympathy.

Have you "Outdoor Life" upon your list of journals for 1901? If not, take the word of THE CRITIQUE that you are missing a real treat. It is the sportsman ideal magazine, replete with everything that pertains to the gun, rod or trap. The stories and illustrations are so life like that it produces monthly "buck fever" of delight in its readers. The young read and look forward to the time they can go forth and enjoy the sports depicted in its columns. It is equal to the salt treatment on the old, it renews and prolongs life. If you wish to enjoy the chase over again and spend a happy evening once a month, subscribe for the "Outdoor Life," and the same is assured.

There are many at the present time who will appreciate the following description of La Grippe: You ache all over like sixty; toothache in your legs, headache in your back, and heart ache most anywhere although the legs refuse to run the nose takes that department and runs it copiously; your eyes see double; your hearing is little more than a rumble; your smell is as active as that of a graven image, so is your taste, and as for feeling, you feel like the d—d—dickens! Hell hath no fury like a person with the grip! Furthermore there is no consolation such as usually comes from sympathy. Friends say "only the grip; you will be around in a few days."

"Lying is an abomination in the sight of God; but a very present help in the time of 'trouble.'"

THE CRITIQUE wishes to extend an invitation to all its subscribers when visiting Denver to a demonstration of the X rays.

Dr. S. S. Smythe was confined to the house for a few days during the first part of the month with the grip.

Dr. Warren D. Howe, of Cañon City, President of the State Society, lectured before the Alumni Association of the Homeopathic College on the "Duties of the Physician to Himself." His lecture appears elsewhere in this issue.

How our Allopathic brethren do love us is exemplified in the new bills that are entered in the legislature. Last year the three schools had equal representation in the bill that passed, this year bill 5-3-1 is the ratio. Another case of killed by too much love.

An Exchange says: "Last week a delinquent subscriber said he'd pay if he lived. He died. Another said, I'll see you to-morrow. He's blind. Still another said, I'll pay you this week or go to the devil. He went. There are hundreds who should take warning from these procrastinators and pay up now."

A "Stuffed Club," published by Dr. J. H. Tilden, is a bright, breezy and fearless little semi-medical journal issued monthly, stuffed only with the doings of the editor, which is Dr. J. H. T. He teaches the opposite of stuffing in the treatment of disease: namely, dieting. He believes the human family stuffs too much into its internal workings and, like Mark Twain, dyspepsy cure, he eschews food, and, too, like Mark, 'tis not long until he could eat and digest nails. Beautiful thought, so simple that the great mass of people fail to realize the truth of its teachings. Dr. T. is on the right end of the tack, and so far in advance of the Allopathic doctor who converts his patient's stomach into a swill tub where he pours innumerable, nauseating, antagonistic drugs, and as the Irishman remarked after such treatment, "it takes him six weeks to get well after he is cured." Dr., add *rest* to your methods of treatment and you have an ideal one. THE CRITIQUE wishes the doctor and his "Stuffed Club" continued success.

Dr. William M. Semones, formerly of Denver, is located at Atlanta, Iowa, where he is making a specialty of the eye, ear, nose and throat. THE CRITIQUE wishes the doctor success in his new field.

In the new history of Colorado now in the course of preparation by Wm. N. Byers, Dr. J. B. Kinley is writing up the history of Homeopathy for the Homeopaths, and Dr. Steadman is per

forming a similar task for the Allopaths. THE CRITIQUE will present later something from the advance sheets of this work for the benefit of its readers.

Dr. J. B. Brown has returned from the east, where he was called on account of fatal illness of his mother.

Miss Flora King has returned to Denver after six weeks work at Ft. Collins, Colorado, where she nursed cases for several of the doctors.

Dr. Walter J. King was confined to the house with an attack of inflammatory rheumatism, but we are happy to say is around again attending to business.

Book Notices.

Physicians' Manual of Therapeutics, Referring especially to the Products of the Pharmaceutical and Biological Laboratories of Parke, Davis & Co. Flexible morocco: 12 mo.: 256 pages: Detroit, 1900.

The Physicians' Manual of Therapeutics, to which the attention of the profession is called, may be conveniently carried in the pocket, or, being handsomely bound in flexible morocco, it may be permitted to ornament the office desk of the practitioner.

To quote from the preface, "the purpose of the work is to place before the prescriber a means of perceiving at a glance all the available forms or pharmaceutical preparations of any drug now in vogue." No secret combinations are referred to; in every case the precise formula is given and in most instances the dose is appended, for obvious reasons. The "Therapeutic Suggestions" bear evidence of careful preparation and the list of diseases and symptoms is as nearly complete as practicable in a book of this kind. Various useful tables follow, while the bulk of the work is made up of the section of *Materia Medica*. This is a complete catalogue of drugs in general use, alphabetically arranged, a plan which renders the task of finding a remedy an easy one. Under each caption is then arranged, alphabetically also, a list of all the preparations made by the firm containing the drug to which the caption refers. The list of preparations of certain standard drugs is sufficiently long to enable the prescriber to meet the most exacting conditions by a choice therefrom. For example, those containing aloes occupy eight pages; those of arsenous acid, five pages; the iron preparations, nineteen pages, and so on.

We advise every practicing physician to procure this excel-

lent book. That it has been carefully prepared is evident to the reviewer; it is singularly free from errors and it is durably and handsomely bound.

“Mental Diseases and Their Modern Treatment,” by Dr. Seldon H. Talcott, Superintendent of the Middletown, N. Y. State Homeopathic Hospital for the Insane, is going through the press of the Boericke & Runyon Co., New York, and will be ready for distribution early in February.

That this book will receive a hearty welcome from the profession goes without saying. The price will be but \$2.50 including postage.

We shall *review* this work next month.

Messrs. Boericke & Runyon have also in press a new book intitled “Characteristics of Homeopathic Materia Medica” by Dr. E. M. Douglass of Baltimore, Md. It will contain nearly 1000 pages and will be sold at \$5 cloth and \$6 net in Morocco.

Will be reviewed in our February issue.

Otis Clapp & Son, Boston, have just issued from their press a book on the “Home Treatment and Care of the Sick” which we shall pass in review in the February CRITIQUE. A. Temple Lovering, M. D. is the author.

The Transactions of the first meeting of The Surgical and Gynecological Society of the A. I. H. is out and presents a very handsome appearance.

Things to Remember.

THE DERELICT.

We tied our barques, in the misty past,
 Together, and sailed away
 On the tide of youth that was flowing fast
 To the Island of Happy Day.

And we tarried there till the sea god lured
 Us over the sea to him,
 And we sailed through shoals till our barks were moored
 In the sea of the Social Swim.

We tossed and fretted, and, ne'er content,
 Again our sails were set,
 And we skimmed along through the fog, and went
 Aground in the Straits of Debt.

THE CRITIQUE.

On the shore of the Land of Regret we stand
 As the stately ships go by,
 But no one answers the beckoning hand,
 And vain is our helpless cry.

In the light of the sun that is setting fast
 On the wreck of our social sin,
 As a dream we see, through the misty past,
 The Land of the Might-Have-Been.

—Selected.

There is nothing that changes and impoverishes the blood like La Grippe, and nothing that will enrich the blood so quickly as the use of Pepto-Mangan ("Gude.") M. J. Breitenback Co., New York.

DOCTOR—"You see, wifey dear, I have pulled my patient through after all; a very critical case, I can tell you."

WIFE—"Yes, hubby; but then you are so clever in your profession. Ah! if I had only known you five years earlier. I feel certain my first husband—my poor Thomas—would have been saved."—*Ph. Era.*

The Colorado Carlsbad Co. are contemplating the construction of a sanitarium at their spring, east of Denver, where those afflicted with kidney or bladder troubles can obtain the water as it comes from the earth, and at the same time have the added benefit that comes from pure air. Give one pure water and air and the comforts to be obtained from a well appointed sanitarium, and you have an ideal combination for health.

"The man who eats cloves
 May disguise his condition;
 But he's never quite free
 From the breath of suspicion."

DePuy's Adjustable Fiber Splints are up-to-date. By their use you will avoid malpractice suits. No more plaster paris; no more whittling or kicking. Read all about them on page vi.

One thing I wish to call your especial attention to, and that is: Don't forget the beneficial effects of Syrup Hypophosphides (Fellows) in La Grippe. For the great prostration following that disease nothing will equal its use.

"Love gives itself, and, if not given,
 No genius, beauty, worth nor wit,
 No gold of earth, no gem of heaven,
 Is rich enough to purchase it."

Have you had La Grippe, and, possibly, pneumonia? Besides all your suffering you have lost one month's time from business.



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(30 vol. preserved H_2O_2 solution.)

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HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

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If perchance you are a wise man and have a health policy in THE ÆTNA, you can smile under your difficulties. In case you are not so protected, call or write to Ralph M. Brann, General Agent, Ætna, 513 McPhee Block, Denver, Colo., and do not be caught napping again.

Tramp—"I am no loafer, madam, but an unfortunate."

Housewife—"Did you ever do honest work for a living?"

Tramp—"Yes, madam! Upon my word! I was agent for Dr. Wigg's Hair Restorer and overworked myself to such an extent that all my hair fell out, and after I became baldheaded the ungrateful doctor discharged me for the reason that a bald-headed agent would harm the sale of his preparation."—*N. Y. Weekly.*

We wish to call the attention of the readers of THE CRITIQUE to the advertisement of Given's Sanitarium on fourth cover page. This institution, with its well known reputation for treating all kinds of Mental and Nervous Diseases, is unsurpassed in the advantages and results obtained.

NEW YORK RELIGION—"John," said a rich New York grocer to his man, "have you mixed the glucose with the syrup?"

"Yes, sir."

"And sanded the sugar, too?"

"Yes, sir."

"Dampened the tobacco?"

"Yes, sir."

"And watered the whisky?"

"Yes, sir."

"Then you may come into prayers."—*Eli Perkins.*

One of the sequella of La Grippe is often suppuration of the middle ear. Do not forget the use of Hydrozone in the treatment of this condition. In fact it is the greatest pus destroyer known, and cures all kinds of inflammation of the ear.

"Hast a blessing in thy grasp?

Pass it on.

Death's cold fingers ne'er unclasp

Till Life's Dawn.

Fleeting hours will not delay.

Soon is past earth's little day,

Each bright sunbeam, while you may,

Pass it on."

In all anæmic, consumptive and dyspeptic patients, where there is a lack of ability to produce good and sufficient blood, why not introduce it? Bovine is administered by the mouth, by

sub-cutaneous injection per the rectum, also used to feed locally where there is destruction of the soft parts.

BUTCHER.—“Come, John, be lively now; break the bones in Mr. Williamson’s chops and put Mr. Smith’s ribs in the basket for him.”

JOHN (briskly).—“All right, sir; just as soon as I have sawed off Mrs. Murphy’s leg.”

Parke, Davis & Company have the enviable reputation of being the largest manufacturing chemists in the United States, and no matter what your wants are, you can obtain the same from them: Old or new drugs, serums, glycerinated vaccine, tablets, tinctures, fluids, extracts, etc. They wound up the nineteenth century by giving to each drug a definite strength. This is a step long in advance of any of their competitors and is known as drug standardization. Watch the imitators, and may all who follow them be twentieth century men and “acknowledge the corn” to Parke, Davis & Co.

HOW HE SQUELCHED THE METHODIST.—An old Negro, near Victoria, Texas, who was the only Baptist in the neighborhood, always “stuck up for his own faith,” and was ready with a reason for it, although he was unable to read a word. This was the way he “put ‘em down:”

“You kin read, now keant you?”

“Yes.”

“Well, I s’pose you’ve read the Bible, hain’t you?”

“Yes.”

“You’ve read about John de Baptist, hain’t you?”

“Yes.”

“Well, you never read about *Fohn de Methodis*, did you?”

You see I has de Bible on my side, den. Yah, ya-a-h!”

What THE CRITIQUE was for 1900 typographically was due to Mr. John Dove, and the twentieth century CRITIQUE, under his artistic methods, will be improved upon. If in need of first-class printing call at 1623 Curtis, or call up ‘phone 2728.

“Are you the judge of reprobates?” said Mrs. Partington as she walked into an office of a judge of probate.

“I am a judge of probate,” was the reply.

“Well, that’s it, I expect,” said the old lady. “You see my father died detested, and he left several little infidels, and I want to be their executioner.”

In what key should a lover write a proposal of marriage?

Be mine ah!

THE CRITIQUE.

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No. 2

*Homeopathic Statistics.

BY DAVID A. STRICKLER, M. D., DENVER, COLO.

LADIES AND GENTLEMEN :

Your President some time ago asked me to write on Statistics, arranging for me to appear before you on Wednesday, the 16th. I wondered at the time what he had against the members of your society that he should want such a dry subject thrust upon you. Whatever it may have been, he evidently thought better of it, perhaps out of pure compassion for you, as he changed the date to Tuesday, the 15th, and notified me on Monday, the 14th.

Now those of you who are familiar with Colorado know that it is noted not only for its dry air, but as well for developing fighting qualities. Of the latter, much recent evidence might be introduced; but I spare you. Suffice it to say, that though a little late for your program, I am here, and, I do not doubt, much to the chagrin of your worthy President.

Having spent so much energy to circumvent your President, I have no desire to punish you by the presentation of a long list of figures and statistics.

I do, however, wish to avail myself of this opportunity to explain, and, if possible, place in their proper position before the homeopathic profession, the statistics gathered from the various health offices in the United States for the A. I. H. I do this for various reasons, among the chief of which are: First, that these statistics are seldom quoted by our editors in giving comparative results; and second, that the few who have criticised them have based their criticisms on false premises.

*Read before the Nebraska Homeopathic State Medical Society, May, 1900.

About the spring of 1890, Dr. F. Park Lewis, of Buffalo, in a presidential address, gave the number of deaths occurring from la grippe and a few other diseases in Buffalo under the different schools of medicine, basing the comparison of results on the number of physicians of each school in practice. His report was copied widely by our journals. While it showed favorably to our school, it did not strike me as being of any special value, because it picked out here and there one disease and did not include the deaths that occurred from its complications, nor did it give any idea of the relative number of cases treated.

In thinking of this phase of the question, it occurred to me that if our health records are of any value for any purpose, they should be of like value in ascertaining the comparative results of the two schools of medicine. This comparison, if made at all, should include all the facts attainable. With this thought in view, I studied the health records in St. Paul, in Minneapolis through Dr. W. E. Leonard, at that time a member of the health office of Minneapolis and thoroughly familiar with all its records, in Duluth through Dr. F. C. Bowman, who had a transcript made of all the records there. In making these comparisons we did not take single diseases, but groups. For instance, instead of giving the number of deaths from pneumonia we gave the number of deaths from all acute diseases of the respiratory organs; instead of taking entero-colitis as one heading, we gave the number of deaths from all acute stomach and bowel diseases. By this we gave a wide scope for differences in diagnosis and yet included all reported cases, which must be admitted to be fair to all.

In contagious diseases the number of cases reported by each school were given, together with the number of deaths from the same. By this means we were able to get the mortality per cent. under each school as shown in the health office.

The number of cases of labor reported by each school was noted, together with the number of deaths from puerperal diseases under each. This gave the mortality per cent. as based on the cases of labor attended. It did not give any idea, for in-

stance, of the mortality per cent. of puerperal fever as based on the number of cases of puerperal fever treated.

The showing in the three cities of Minnesota was so favorable to homeopathy, that in 1892 I brought the matter to the attention of the A. I. H., and was delegated to gather statistics from the various cities in the United States.

In order to make these uniform, in consultation with Dr. Leonard and others familiar with health office records, I had printed blanks which, when properly filled, gave all the data obtainable. This work was carried on for five years, including the cities of Philadelphia, St. Louis, Brooklyn, Baltimore, San Francisco, Cincinnati, Detroit, Minneapolis, Rochester, St. Paul, Kansas City, Providence, Denver, Indianapolis, Allegheny, Syracuse, Nashville, Dayton, Duluth, Seattle, and your own city.

Efforts were made to have the work done in all the large cities of the United States, but the difficulties in many cases proved insurmountable. The work done represented a vast amount of energy and time on the part of the individuals who did it, and in nearly every instance the reports show that the work was conscientiously and well done.

Every man engaged in the work was thoroughly convinced that the records, though in many respects incomplete, were decidedly favorable to our school.

Since a stream never rises higher than its source, no one for a moment believes that the tables made up from these reports are without fault. Their merit in this respect is, that they hide nothing. Their imperfections are the imperfections of the health office records themselves. It is upon this fact that I would lay special stress. He who would study the tables to advantage, must not lose sight of it.

One of the critics, in attempting to show the unreliability, quoted, under typhoid fever, the following: "Cases treated—Allopaths 918, deaths 1073; homeopaths 55, deaths 55;" thinking any one would know that it is impossible to lose 1073 out of 916 cases treated, and charging the compiler with carelessness. His mistake lay in using the word "treated" instead of "re-

ported," and in assuming that all cases of typhoid treated were reported.

In all these tables we not only gave the mortality per cent. when it could be figured, but also the death ratio as compared with the ratio of physicians in practice. In all contagious diseases, where the cases are not fully reported, the apparent mortality is higher than the real, and of course this difference increases with the neglect to report.

Since the whole is greater than any of its parts, and since the whole is equal to the sum of all its parts, it must follow that these statistics, made up from all the data obtainable from the various health offices, must tell us as nearly the whole truth as can be gotten from these sources, and it must likewise follow that they are more valuable to the student of comparative results than are any set of tables using only a portion of the data.

I would not have you think that I regard all of the tables of equal value. I do not. In the matter of mortality per cent. alone, table No. xx. on scarlet fever is the most reliable, because scarlet fever cases are best reported in every city, while table No. xix., measles, is least reliable for the opposite reason,—measles are most imperfectly reported.

Table No. xxvi., which deals with the relative number of deaths from acute stomach and bowel diseases, from acute respiratory diseases, and with deaths from all causes, is perhaps most exact, because every case dying *must* be reported with the cause. Here it is impossible to get the number of cases treated by each school, but we can tell definitely the number of deaths reported by each school.

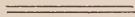
It matters not what city, what disease, nor what method of comparison is instituted, the records show universally in favor of homeopathy.

The extent to which this is true in the total amount of work reported, is shown best in Table No. xxviii., which, with your permission, I will give in full:

DISEASES.	HOMŌPATHIC	ALLOPATHIC	Basis Work Re- ported.	Basis Physic- ians.
	On Basis of 100 Deaths.	Basis Mortal'y per cent.		
Measles	100	499	455	503
Scarlet Fever.....	100	180	149	159
Typhoid Fever	100	149	153	160
Diphtheria	100	116	133	128
Labors.....	100	246	279	251
Puer. Septicaemia.....	100	....	331	365
Puer. Fever.....	100	....	218	241
Puer. Eclampsia	100	....	101	110
Effects of Pregnancy ..	100	....	111	132
Uterine Hemorrhages..	100	....	94	104
Dystocia	100	....	243	270
Acute Stomach and } Bowel Diseases }	100	....	195	204
Acute Respiratory } Diseases	100	....	192	201
From all Causes	100	....	181	190

Recognizing the imperfections of the records, and through them some apparent contradictions in the tabulated data, I see no reason why we should not make legitimate use of facts written on every page of the records in every city thus far studied.

To do less than this is to fall short of our plain duty to ourselves, to Hahnemann and to humanity.



ZOOTHERAPIE—There has recently been invented a new form of treatment, which is called zootherapie, or the art of curing by contact with animals. The disappearance of a violent migraine is accomplished by the application of a dog to the forehead. According to Dr. Bonnejoï, he was relieved of a severe pain in his shoulder by the application of a rook to the affected part. The case of an ecclesiastic, who is described as nervous and bilious, was relieved by having a cat occupy his couch, and was established in excellent health by the transpiration of the diseased condition to the little animal.—*Health.*

THEORY AND PRACTICE.

CONDUCTED BY W. A. BURR, M. D., SENIOR PROFESSOR OF THEORY AND PRACTICE
IN DENVER HOMEOPATHIC COLLEGE.

Lithemia (continued).

TREATMENT.

Exercise—The lithemic patient should have plenty of exercise in the open air. This exercise should be gentle, as walking, cycling, rowing, or horseback riding, and in no case should be continued to the point of fatigue. For the aged, massage, or the Swedish movement cure, may be used.

Nervous persons should take plenty of rest.

Climate—The climate is not of so much importance as in phthisis, but in general it should be dry and sufficiently warm to permit of plenty of outdoor life. The dress should be such as to keep the patient warm and dry.

The *Diet* is very important, and should consist mainly of vegetables and fruits. Only the smallest amounts of nitrogenous foods or the hydrates should be taken. No meat whatever for children and young persons, and in no case should food be taken in excess. White meats are best, and they should be roasted. Pork and veal should be wholly avoided.

Oysters, eggs and fish may be taken. Butter and cream are the only fats allowed.

Beans, peas and lentils abound in the nitrogenous elements and should be eaten sparingly or not at all.

The patient should drink a plentiful supply of pure water. Milk, though measurably nitrogenous, is allowable. Sugar produces acidity and flatulence. All alcoholics—as ale, porter, beer, cider, and even sweet wines—should be interdicted.

Mineral Waters are of great value. The Carlsbad and Vichy of Europe, Saratoga of N. Y., St. Clair Springs Water, Michigan; also the Manitou soda water and the soda waters of Idaho

Springs have proven very efficacious in these lithemic conditions.

Great claims are made for the Colorado Carlsbad waters. The analysis would indicate it to be of value for lithemic complaints.

The lithia waters in general, many physicians believe to be indispensable to the successful treatment of Lithemia. Doubtless the profession do not pay sufficient attention to the study and use of spring waters in these common complaints.

Ripe *fruits*, eaten without sugar, are not only of value, but in most cases highly beneficial. Oranges and lemons are especially good. Peaches, bananas, melons, and other sweet fruits should be eaten sparingly; but sour apples and other sour fruits may be generally allowed.

Remedies—Custis suggests argentum nitricum, berberis, chelidoneum, china, lycopodium, natrum muriaticum, phosphorus, sepia, spigelia, and sulphur, from which to select for this disease.

Dr. Hale says: "Thlaspi bursa pastoris is almost a specific for Lithemia."

Arndt says that while colchicum is best for gout, it is also a valuable remedy in latent gout.

Lithium carb. may be added to the above list, especially where the attacks often recur. Also nux vomica may be the best remedy where there has been gormandizing and too free use of stimulants, or in any case where are gastro-intestinal derangements.

Where the kidneys are involved, producing a nephritis, terebinth will often be of service.

Other remedies, found indicated from time to time in gout and dyspepsia, will be of value in some one of the varied forms of Lithemia.

Happy the practitioner who readily recognizes this complaint and knows how to treat it successfully.

W. A. B.

Reaction Against Bacteriology.

At the annual meeting of the British Medical Association, Dr. George Wilson, an eminent and able English physician, delivered a powerful arraignment of the bacteriology and serum therapeutics.

He pointed out the failure of bacteriology to do anything practical in the way of diminishing or ameliorating disease. Pasteur's treatment for hydrophobia is the merest charlatanism. Koch's tuberculin cure never had more than a temporary vogue among irrational enthusiasts. Even much-talked-of antitoxin is no longer seriously regarded, except by those who have some axe to grind in pushing it. As for tetanus serum, pneumococcic, puerperal and yellow fever serums, they were such unmitigated failures that few had courage to advocate their cause.

Bacteriology contains the fatal flaw of ecclesiastical science. It is based upon assertion, bolstered up by authority. It is defended and upheld by partisans, who make up their minds about its claims first and investigate afterwards. But like all half-truths it has come to judgment at the hands of impartial observers.

Seeing to what extremes, and into what errors, a rash belief in bacteriology was likely to carry the profession, a number of well-balanced, unbiased minds, have set themselves to see what there really is in the so-called science.

The latter-day investigators have disposed in short order of bacteriology's claim to be considered the cause of disease. Where a specific germ was claimed to cause a specific lesion, independent investigators, working separately, have demonstrated, over and over, the presence of other germs at times, and the absence of the specific germ, in diseases clinically identical, at others. It is becoming more and more clear that what was laid down as a law in bacterial pathology was simply a hasty generalization from a few instances, by men in whom judgment is at the mercy of an ardent temperament.

Bacteriology will slowly, but surely and steadily, become generally discredited. And of a necessity serum therapeutics must go with it. Reaction is well under way. The pendulum

will swing back. We shall review our work during the past half century, compare it with that of our fathers, try to cull the best from both, and reorganize our practice in the light of common sense and experience. There is nothing like a foolish departure for stimulating common sense and bringing out all the prudence and conservatism in the back-ground.—*Clinical Reporter.*

Clinical Cases.

Silicea for Roaring in the Ears.—A case of persistent roaring in the ears, in a young woman aged 18, attending school, was benefited by silicea 6, after other remedies had proved of no avail. Improvement began immediately upon the use of the remedy, and in ten weeks the annoying symptoms had entirely disappeared, and the general health was much improved.

Three years later the same young woman, who in the meantime had removed from Denver to the State of Washington, was teaching school, when the roaring in the head and ears returned. She wrote for "more of the medicine," and began to improve within twenty-four hours after beginning to take it. In a few weeks she was well.

In both cases she took three tablets t. i. d.

Salt Rheum.—A man aged 72 had salt rheum of several weeks standing. Both legs, from the knees to the ankles, were covered with incrustations kept moist by a profuse serous discharge. As usual in such cases the itching was intense.

I ordered the application of bran water and glycerine, equal parts. Later he wrapped the limbs in bandages saturated with fresh mutton tallow. This latter application proved soothing and gave him considerable relief. He took arsenicum 3x internally.

Not experiencing much benefit from this treatment in four weeks, he became discouraged and began the use of proprietary applications of anything reported to be good for eczema. In a few weeks the annoying discharge and itching were gone, and in ten weeks the limbs appeared to be about well.

At this stage he was taken down with rheumatism, which was at first general, but soon settled in his right hip, thigh and knee. He suffered greatly, and was not able to sleep much for two or three weeks. It seemed as if the knee would be permanently diseased.

All through the course of the disease there was a profuse flow of a light colored watery urine. Tests were made but no albumen was found.

Careful homeopathic treatment was given, and as the rheumatism became better the eruption on the legs reappeared. Arsenic still appearing to be the homeopathic remedy, I again gave it, but in larger doses, enough to amount to two (2) or three (3) drops of Fowler's solution three times a day.

In a week there was decided improvement. Reasoning that the blood was deficient in red blood discs and hemoglobin, he took also Hensel's Tonicum, three drops three times a day in sweetened water.

He steadily improved, and in twelve weeks was very nearly well of the troublesome salt rheum and none of the rheumatism remained. Doubtless the rheumatism was wholly due to the applications he had used to dry up the salt rheum. W. A. B.

Does Not Accept the German Theory.

F. Steinhauer, who keeps a full line of Bericke & Tafel's remedies and supplies at 930 15th St., Denver, does not believe micro-organisms are the true cause of disease. His observation is that most of the wives of consumptives are fat, and in a state of vigorous bodily health. Many of these wives have lived for several years in an atmosphere swarming with the tubercle bacilli, and if these bacilli had been in any great degree pathogenic, the consumptive's family, especially the wife, would take the disease. He however fully recognizes the fact there *is* a "virus" or "toxin" present which causes the disease, of which the much-talked-of micro-organisms are the result. And this is the view held by a large proportion, if not the majority, of the medical profession. B.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

A Few "Grand Characteristics."

Aconite.—In diseases produced by sudden changes of the temperature ; acute congestion and inflammation of a rheumatic character, with full, bounding pulse, great nervous excitability, excessive fear of death, with anxiety of mind ; inflammations that commence with chill, followed by dry heat, hot skin, later by warm, profuse, critical sweat, that gives relief ; unquenchable thirst, everything tasting bitter ; urine hot, dark and scanty in all inflammations ; sudden hemorrhage from lungs with great fear and restlessness ; great sensitiveness of any part of body.

Arnica Montana.—Bed on which he lies feels too hard, feels sore and tired ; head hot and body cool, bruised sensation over whole body ; extreme tenderness of the skin and cellular tissue upon pressure ; hemorrhages from trauma or apoplexy, hemorrhagic diathesis ; eructations, taste like rotten eggs :

Arsenicum Album.—Nervous people who are excessively sad and irritable ; malarial fevers, if abused by Quinine ; rapid and great prostration, much emaciation, skin shrivelled, and the physical exhaustion overrules everything ; burning pains with anguish and fear of death ; despairs of being cured : white, waxy, pale face ; great thirst, drinking often, but little at a time, water is vomited up immediately on reaching stomach ; coryza, copious, watery, acrid discharges that burn much, lips dry ; eruptions appear suddenly, with complete prostration ; for chorea (Burt says) in simple uncomplicated cases, no known remedy can equal Arsenic in the form of Fowler's solution, two to four drops three times a day.

Belladonna.—Troubles, the primary starting point of which is in the brain ; face flushed, eyes red, furious delirium, wild look ; wishes to strike, bite or quarrel ; irritable ; acuteness of senses of taste, smell, touch, sight and hearing ; violent conges-

tion of blood to head, throbbing carotids, swollen jugulars; moans constantly; child cries out suddenly; pains come on suddenly; fauces red with great dryness of the throat; "strawberry" tongue.

Bryonia—The great characteristic for *Bryonia* is stitching, tearing pains, greatly aggravated by motion, and at night; relieved by rest; the sovereign remedy for all inflammations that have advanced to the stage of serous effusion.

Notes on Morning Diarrhœa.

Duncan, of Chicago, under this heading, groups the more prominent remedies and their special indications as follows:

Sulphur.—Painless, imperative diarrhœa, driving patient out of bed early, from four to six o'clock.

Podophyllum.—Yellowish, profuse, painless, bilious stool, with meal-like sediment, worse anywhere from six to ten A. M. The liver may be enlarged.

Natrum sulphuricum.—Diarrhœa comes on as soon as the patient stands upon his feet in the morning.

Bryonia alba.—Diarrhœa worse from motion in the morning or at any time. Bilious stools followed by, or alternating with, the *bryonia* constipation, in which latter condition the stool may be dry, burnt balls.

Aloes soc.—Full rectum and an unreliable sphincter. Flatulence. The patient is driven out of bed early.

Rumex crispus.—Colicky pains in abdomen and early morning diarrhœa. Tickling in the throat, which, like the diarrhœa, is nervous.

Kali bich.—Gushing, watery diarrhœa at 2 A. M. Wakes with the urging. The stool may become mucous, but rarely bloody like merc. The tenesmus in both is similar. In the dysentery of infants prefer kali.

Cedron.

The writer having had some beautiful results from the use of this drug, desires to give the clinical symptomatology of the cases in which it has proven beneficial: "Supraorbital neuralgia; severe pain in eyeball, with radiating pain all around eye extending into nose. Pains recurring periodically." (China.) The difference between the periodicity of Cedron and China is that with the former the symptoms often recur with clock-like regularity, *i. e.*, at the *same time* every day, while in the latter they may be either regular or intermittant.

Belladonna.

In the December, 1900, issue of "Homeopathic Reporter," T. F. Allen, M. D., LL. D., among other interesting things, in a very valuable paper on Belladonna, has the following to say:

"The action of this drug upon the menstrual function and upon the female sexual organs is important, as it is peculiar. Menstruation is usually attended by metrorrhagia, and it seems to be almost characteristic of Belladonna that the metrorrhagia is peculiar in that it produces a menstrual flow, sometimes coming in hot gushes, frequently characterized by a bright red color, but very often of a hemorrhage characterized by a very unnatural or decomposed odor of the discharge. This has been so marked in many cases that women of full habit, suffering with the peculiar exaggerated sensitiveness in various parts of the body, and having excessive menstruation of such an odor, have been obliged to remain separated from the family for days at a time, during the period. Many a distressing case of this sort has been entirely relieved by a few timely doses of Belladonna."

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OF OPHTHALMOLOGY AND OTOLGY,
DENVER HOMEOPATHIC COLLEGE.

The Eye in Disease.

In presenting this paper so soon after a paper on "The Eye in Nervous Disease" before this body, and another on "The Pupil" before the State Society which was attended by a number of you, I feel that some apology is due you. I can only say in extenuation, that when asked to write my last paper I supposed that would end my obligation to the Club, but I found to my surprise, and I fear to your sorrow, that the year's program called for yet another paper along the same line. I will not aim to make this a complete paper in itself, but rather call your attention to some points that did not properly fall within the scope of the former papers.

The subject will be treated almost wholly from the standpoint of the eye as an aid in diagnosis. For this purpose we should use the eye and its surroundings. While much can be learned by studying the cornea, the iris, the pupil and the fundus oculi, the general physician will, perhaps, find more suggestions and assistance from studying the lids, the conjunctiva, and the action of muscles attached to the lids and to the eye-balls. By far the greater part of what we term "the expression of the eye" is due to the mobile parts about the eye, viz., the lid and the brow.

Swelling or oedema of the lids, when pale and translucent, and increased by lying down, is suggestive of renal (lower lid) or cardiac disease, (upper lid) of malarial or arsenical poison and trichinosis, of which it is an important and often the first symptom.

Inflammatory oedema occurs from traumatism, styes and deep seated bulbar or orbital disease.

Ptoſis, or inability to raise the upper lid, should suggest

paralysis of the levator, hysteria, mechanical obstruction, such as swelling or hypertrophy of the lid, etc.

Paralytic ptosis is usually associated with evidence of paralysis of other parts of the third nerve. It should suggest syphilis, rheumatism, pressure along the nerve or cortical lesion.

Inability to close the eye is due to paralysis of the orbicular palpebrarum, and suggests Bell's paralysis,—paralysis of the seventh nerve, which supplies motion to all the muscles of expression. I had hoped to be able to show you such a case, but he got well too soon.

A quivering of the muscular fibers of the lids suggests alcoholism.

A spasm of the lids occurs in St. Vitus Dance and other nervous affections.

An oblique position of the orbits and lids is found in idiots and cretinism, as well as in the Mongolian races.

The prominent staring eye, due to profusion; lids more than normally separated (Dalrymple's sign), the lids incompletely closing in winking, the attempts at winking occurring at widely varying intervals (Stellwag's sign), and upon looking downward the upper lid remains more or less elevated (Von Graefe's sign), is pathognomonic of Graves' or Basedow's disease. With these symptoms will be found the rapid and irritable heart, and the varying enlargement of the thyroid.

This prominent staring eye needs to be distinguished from the stare of fear, which is due solely to a separation of the lids, and from the protrusion in pulsating exophthalmos in which the pulsation is either visible or perceptible to touch, and which is most frequently due to a laceration of the carotid within the cavernous sinus as a result, direct or secondarily, of traumatism with fracture in the base.

Bluish circles about the eyes suggests menstruation, physical exhaustion or injury.

Pigmentations, hepatic or uterine disorders, while brown patches or blotches on the lids suggests Addison's disease.

A study of the conjunctiva gives the yellow which is pathognomonic of hepatic derangement: the anaemic which is indica-

tive of general anaemia or cachexia. Extravasations of blood are found in the conjunctiva of the aged from atheromatous degeneration of the vessels, sometimes preceding hemorrhage in the brain or other vital organs; in the young from whooping cough and from epileptic paroxysms.

Phlyctenular conjunctivitis always points to some condition of lowered vitality, struma, tuberculosis, septic or infectious disease, delayed menstruation, improper food or hygiene.

Affections of the muscles of the eye-ball are valuable as indicating the location of lesions within the cranium. Irritations giving rise to spasms of the muscles and destructive changes to paralysis, many times the spasms preceding the paralysis in the same case.

Irritative symptoms followed by paralysis, suggest cerebral tumor, basilar meningitis (irritation before paralysis after exudation), cerebral hemorrhage and other progressive cerebral lesions. The rapidity of on-set and the extent of tissue involved serve to differentiate the character of lesion while the muscles involved assist in locating it.

Cerebral lesions are located according to the part involved, and are cortical (centers of highest rank), nuclear (centers of lowest rank), or basal, when nerve trunks are involved.

Nystagmus (a rapid to and fro movement of the eye-ball) when not of congenital origin or occurring in miners, is diagnostic of multiple sclerosis, the lesion being situated along the communicating fibers between the oculo-motor cortex and the nuclei of the nerves supplying the ocular muscles.

When all of the external muscles of the eye are paralyzed, convergence and accommodation retained (ophthalmoplegia externa), the lesion is nuclear and situated in the fourth ventricle. If the lesion were basilar, the power of convergence and accommodation would be lost with the rest.

When the external rectus *and* the facial muscles are paralyzed the lesion is probably nuclear. If in conjunction with these there is paralysis of the extremities, the lesion is in the posterior part of the pons.

When a whole series of cranial nerves are involved, as the

olfactory, optic, 3rd, 5th, 7th, etc., the lesion is at the base of the brain.

The head and eyes turn toward the side of lesion in apoplexy, and an improvement in this condition is of prognostic value in such cases.

The eyes turn toward the side of lesion in abscess of the brain, and here the involvement of new nerves indicates the rapidity and direction of its progress as well as its location.

The Cornea presents a few diagnostic features, among which are the arcus senilis, when occurring early or involving excessive areas, suggests fatty degeneration in other tissues, particularly a fatty heart.

Interstitial inflammation of the cornea occurring from six to twenty years of age, is always chronic in type, and points to inherited syphilis in about 70 per cent. of all cases, to acquired syphilis in some cases and to scrofula in yet other cases. When to inherited syphilis it will have associated the Hutchinson teeth, swelling of the periosteum, enlarged glands, etc., characteristic of this disease.

The neuro-paralytic ulcer depends upon involvement of the trigeminus, causing anesthesia of cornea with consequent traumatism. The lesion may be due to syphilitic deposits, to lesion of the nerve direct, or to fractures of the base.

The Iris and its diseases give a number of diagnostic indications. The inflammations suggest syphilis, acquired in adults, congenital in children, rheumatism, scrofula, and tuberculosis. It may be idiopathic, traumatic, infectious, etc.

The iris furnishes most of its diagnostic signs in its motions, that is, in the pupil, its actions and reactions. Having so recently written on this subject, I will refer those interested to that article. In general it might be said that when the lesion is in the cerebrum dilated pupils indicate pressure, contracted pupils irritation; when the lesion is spinal, dilatation points to irritation (of the sympathetic), while contraction shows a destructive lesion or paralysis of the sympathetic.

The Argyle-Robertson pupil,—the loss of light reflex with

reflex to accommodation retained,—is a symptom of locomotor ataxia and of multiple sclerosis.

Of the *Lens*, a laminated cataract suggests rickets, while a rapidly forming cataract in comparatively young persons suggests diabetes.

Loss of one-half the visual field, hemianopsia, if without discoverable lesion in the fundus, shows lesion along the optic tract of affected side. If loss of both nasal halves, the lesion is in anterior portion of the chiasm. If, in addition to blindness, the pupil does not react to light thrown on the blind half, the lesion is in the optic tract below where the fibers are given off to the nuclei of the oculo-motor; if the pupil reacts the lesion is in the thalamus, in the cortex, or between them.

Inflammation of the optic nerve is a local disease, hence is often of great importance to the general physician. In conjunction with brain disease it may be the result of pressure on the nerve (the choked disk) or of direct transmission of inflammation along the nerve and its sheath (neuritis descendens).

The choked disk occurs particularly in connection with tumors of the brain and hydrocephalus. It is present in about 90 per cent. of brain tumors, and often makes an *early* diagnosis possible. It is usually bilateral, one eye being affected a little earlier than the other. It may not occur until other symptoms are well developed, when it indicates a continued growth of the tumor, hence is of prognostic value.

Among the causes giving rise to neuritis descendens may be mentioned embolism, thrombosis, cerebral hemorrhage, syphilis, Bright's disease, multiple sclerosis, parietic dementia, meningitis, lead and other poisons, uraemia, colds, etc. In general it may be said that in suspected brain lesion the presence of optic neuritis is proof positive of organic lesion.

Atrophy may follow in any case of optic neuritis, but when simple, not following neuritis, it is a not infrequent associate of the Argyle-Robertson pupil early in loco-motor ataxia. These symptoms, in conjunction with loss of patellar reflex, make a positive diagnosis possible early in this disease. Simple atrophy alone occurs in other diseases of the brain and cord.

The typical appearance of albuminuric retinitis is positively diagnostic of high arterial tension that occurs in kidney lesions, especially in the contracted kidney, and many times the eye fundus alone will enable one to make the diagnosis even in the absence of albuminuria.

Sudden loss of sight in adults and in pregnant women, with pupillary reactions to light, should suggest uremic poisoning.

Retinal hemorrhages in old persons not infrequently precede cerebral hemorrhage, and are of prognostic value. I recall two cases in my own practice both of which had fatal hemorrhages within a few months of examination.

Sudden blindness of one eye, with a cherry red spot at the fovea centralis, means embolism of the central artery of the retina, and permanent blindness. It generally means heart lesion, especially endocarditis.

Pulsating retinal arteries, synchronous with radial pulse, may be due to increased ocular tension, but often aortic insufficiency and rarely mitral disease.

In a paper of this character it is impractical to go into detail, but I believe enough has been said to show something of the value of the eye in general diagnosis.

Many of the diseases mentioned require the service of one skilled in the use of the ophthalmoscope as well as one accustomed to making careful examinations of the eye. In other words, many of the diagnostic symptoms fall almost wholly within the knowledge of the specialist, whose knowledge should be used more frequently by the general physician in obscure cases. I think it a fact that the general physician who is best informed along lines of special work, is most ready to call in skilled counsel.

On the other hand, the specialist who most closely confines his studies to his special work is least likely to be of value to the general physician in his intricate cases. The young man who starts out in his medical career with the purpose of being a specialist in any line, is apt to miss the broad underlying principles of medicine in its true sense. While it is perfectly proper to study carefully the reflexes of one part, it should not be for-

gotten that this is only a part; that reflexes at best represent only a nerve-force waste, and that the general discomfort is much the same independently of the source of waste. What is true of the reflexes is true of anything else that may influence nutrition or function of any organ of the body. The eye depends for its nutrition upon the character of food taken and its assimilation, as much as does any other organ of the body, hence the study of physiology is of as much import to the oculist as it is to the general physician. What is true of physiology is true of almost every study in the category of medicine. While the specialist may confine himself to the treatment of individual organs, the successful specialist is he who studies most broadly and who adds to a good knowledge of general medical facts a knowledge of the special organs and their diseases. For this reason every one should practice general medicine for a time before taking up any specialty, and should always aim to keep in touch with the work of the general physician.

The tendency of physicians in general is toward contraction of thought, better known as routinism. The specialist is apt to think that more and more of the ills of the flesh are due to the parts he treats, while the general physician adopts some theory that satisfies him and overlooks all evidence against his theories, and in spite of added experience, is less and less successful in curing his patients, as well as less and less charitable toward those who differ with him in opinion or treatment.

My plea is for a broader study on the part of both specialist and general physician, a broader charity for those who may differ from us in method of treatment, and a more frequent exchange of courtesies between specialists and general physicians.

XANTHOXYLUM: OVARIAN DISEASE.—Cutting or shooting pain in right groin radiating to hips, to back, to left side, and down anterior portion of thighs. Better from lying down, drawing up knees, and from heat. Menses early and painful.—*Dr. F. L. Ward.*

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

Suture of Fractured Patella by an Improved Method.

By Dr. R. G. Patteson ("British Medical Journal.").

The author employs silver wire as suture, and a single drilling of each fragment only. The suture is D-shaped wire, No. 16 gauge, made of the softest silver, which, being flat on one side and very broad, is free from the tendency to cut through the drill hole, and strong enough to admit of only a single suture being inserted. It was found that this wire was sufficiently strong for one suture to hold together, under considerable strain, the sawn ends of a patella, and also that, on account of its shape and strength, a single loop of each end, interlocked, was quite sufficient to secure the suture, and the ends could be readily flattened down without forming any appreciable foreign body which could irritate the surrounding tissues.

The author cites a case of transverse fracture of the patella in the lower third, with an inch separation, in a male aged 24. Four days after the accident the joint was opened by a large U-shaped flap, having its convexity downwards, just below the ligamentum patellæ and extending laterally well away from the margins of the fractured bone. On opening the joint, a large number of firm and partly decolorized clots were freed and washed out with sterilized water. After drilling the two fragments, the D-wire was passed, accurate approximation of the fragments secured, the wire looped, and the aponeurosis and periosteum closely sutured with fine silk over the underlying wire. In this way the fractured surfaces were completely protected. The author regards this as one of the most important steps in the operation. The skin flap was then closed with salmon-gut sutures, and when put in position no trace of the wire loop could be detected with the fingers. Aseptic dressing and light posterior splint were applied, and the limb elevated. On

the eighth day the sutures were removed, the skin incision being soundly healed. On the 14th day the splint was removed to admit passive motion. A skiagraph taken three weeks after the operation showed such accurate approximation that the line of fracture could only be faintly recognized. Four weeks after the operation the patient could walk without aid of a stick, and eight weeks after operation he was able to walk two miles on the level, the only remaining evidence of injury being a slight feeling of weakness on going up stairs.

In conclusion the author offers the following :

In young and healthy subjects the ideal operation is primary suture; and with care and strictly aseptic precautions it offers no more grave risks than many of the forms of so-called subcutaneous suture, while in relative accuracy and efficiency no reasonable comparison can be established. Among the important points connected with the operation the author specially emphasizes the following :

1. The advisability of delaying operation for a few days after the injury until the subsidence of the more acute symptoms in the joints.

2. The thorough cleaning out of the joint; all recesses of the synovial membrane being completely freed from clots, and the broken surfaces of the bone thoroughly cleaned. This can only be secured by the open operation.

3. The use of an easily sterilizable suture, strong enough to secure apposition by a single drilling, and so shaped as to render splitting of the bone an impossibility, and to prevent in fastening it the formation of a large and irritating loop.

4. The elevation, and not the resection, of the fibrous curtain, and its subsequent accurate suturing over the imbedded wire, forming an additional barrier underneath the skin flap against infection and irritation.

5. The early commencement of passive movement, which is thus rendered feasible, and undoubtedly greatly shortens the period of disability following the fracture—a point of paramount importance to the class of persons most subject to the injury.

After Surgery Had Done Its Best.—The Sequel.

By T. F. Allen, M. D., in "Homeopathic Recorder."

When, a little time since, I responded to your request to present to you some cases typical of homeopathic cures I thought over the matter rather carefully, and came to the conclusion that it would be useless to attempt to report any case which could emanate from a person not well known and, if possible, not prominent in social life. I, therefore, sent to you the cases which appeared in your November "Recorder" of cures wrought in people well known, politically and socially—cures which had been thoroughly examined and upon whom opinions had been given by surgeons distinguished for their learning and for their high standing in the community.

The cases which were presented to you were both of them examined by me, and the treatment was under my supervision and also that of my son, Dr. Paul Allen.

In the case of the lady, who is a Spanish lady of good birth, owning large estates in Cuba, a lady whose means are abundant, who could command the best medical and surgical skill in the world, and who did command it, in whom the diagnosis was to my mind clearly and accurately made, who consulted not less a personage than Professor ——, of a great University in the City of New York, a distinguished author and professor, and on account of whose diagnosis the various operations were performed. His opinion was given unhesitatingly, after most careful examination; the operations were performed by the most distinguished surgeons, were performed in the most expert manner, and, in spite of these operations, the disease repeatedly returned, exactly as prophesied by the distinguished expert who had been consulted. An ex-surgeon of the United States army had pronounced the case hopeless, had pronounced further surgical interference utterly out of the question, and I myself was asked to give advice. My son, Dr. Paul Allen, repeatedly saw the case at her house and later at my office. She was suffering, as has been stated, with cerebral symptoms, threatening disorganiza-

tion of the brain, probably hemorrhage, and it was recognized that the disorder was, in all probability, the result of a malignant disease, and no other opinion could be given except to concur in the opinion of the distinguished specialist in histology, *that*, as had been feared, *it was the return of the malignant sarcoma.*

Indeed, the last recurrence of the disease (on the arm) was even then apparent. The flesh of the forearm was swollen, infiltrated, the lymphatics angry and inflamed, and the glands of the axilla inflamed and painful, and, taken with the previous history of the case, left no doubt in my mind, or that of the preceding surgeon, of the malignant character of the growth, which had, for the third time, attacked and threatened her life. There only remained the advice which was given, and which so far as I knew, or could at that time know, *could have no essential bearing upon the sarcoma.* My opinion was based upon the necessity of prescribing for the cerebral symptoms, and for the symptoms of the fever which had recurred. The symptoms were essentially these, that about 10 or 11 o'clock in the forenoon, the fever would begin to rise, the distress in her head would increase (the temperature increasing to about 104°), associated with vertigo, loss of co-ordinated movements, increase of stupor, heat of the head, and entire absence of thirst, to be followed about 12 to one o'clock by slow subsidence of the fever, so that by afternoon or evening she became greatly relieved, the fever would almost entirely disappear, and before nightfall she would be able to lie down in bed and sleep; but the attack would recur on the following day at about 10 or 11 o'clock. This recurrence had taken place so regularly that the only remedy necessary to prescribe with any hope of success was Gelsemium, which it was advised to administer in the sixth dilution in half a glass of water; so, accordingly, a powder was prepared, containing a few pellets medicated with the sixth centesimal dilution, and this powder was directed to be dissolved in a half glass of water and a teaspoonful taken every hour until the fever disappeared. Then to discontinue the remedy until the temperature should begin to rise next morning; then to resume the remedy and continue it throughout the next period. It was said at the time that though

there was no hope held out, it seemed to be the only possible way of checking the periodical rise of temperature. The effect was as marvelous and unlooked for as could well be imagined. The next day the temperature did not rise above 101° , and on the third day the rise of temperature disappeared entirely and the patient felt well, and, indeed, within a week she seemed to be entirely cured. Within two weeks after that time the lady herself came to my office and showed me the malignant growth on her arm, which was very much less angry, and which finally dried up and dropped off, leaving a smooth surface, which was the end of that. The lymphatic glands became less and less inflamed, the tenderness disappeared, dresses could be worn with comfort, and that was the end of those symptoms. The vertigo in the head disappeared with the fever, she lost her stupid look and actions, her appetite returned, and these symptoms entirely disappeared. Within a few weeks the lady was out driving, and after three years there has been no return of any of these symptoms, and she seems to have recovered so far that she feels perfectly safe in spending the winter on her estates in Cuba.

All the medicine that was given her was half a dozen powders of Gelsemium in sixth dilution, as mentioned. No other medicine has during the space of three years been administered for any purpose whatever, nor does any medicine seem to be required.

This, I think, is by far the most brilliant and most wonderful result of pure, straight, unmitigated Homeopathy that it has been my lot to witness. Instead of producing the slightest impression upon the mind of the celebrated Professor of Histology, I have been told that when the cure was brought home to him, and he was asked why the operation had been advised and what he thought of the result, his simple reply was that he thought, after all, he had made a mistake in diagnosis.

So, in reply to the various inquiries which have been made as to what I considered the diagnosis, I can only say in the words of the distinguished expert, *written and treasured by the lady and her family*, that it was a case of malignant recurring sarcoma. I can make no other diagnosis. It does not matter, really, what the diagnosis was, something was the matter with her that, in the

best judgment of the surgeons, required very extensive and very careful excision or extirpation of the lymphatics of the arm and both legs, and the disease continuing to recur and attacking the brain compelled an unavoidable prognosis. The cure was simply a homeopathic cure; it was based upon pure symptomatology. Gelsemium was the only possible remedy to prescribe, it was the only possible chance of life the lady had; no other system of treatment could have been possible. No other system of therapeutics would have cured the lady, and I myself am quite satisfied with the results of Homeopathy.

SECOND CASE—CANCER OF THE TONGUE.

In the second case, that of a distinguished lawyer of this city, who was attacked by carcinoma, or possibly by epithelioma of the tongue, I wish to say that the gentleman referred to was a prominent lawyer, engaged to be married, and had been condemned either to death (or what to him was worse than death, mutilation and the loss of his tongue) by several of the most distinguished surgeons in this city. The case is not an obscure one; by his own distinguished position (made, later, even more distinguished by his political course in life), the surgeons equally distinguished, necessarily cautious and hesitatingly urging the operation—removal of the tongue—as the only possible means of saving his life.

I may say that his case excited the widest and most pronounced interest among a large circle of acquaintances in this city, and when my advice was sought it was very hesitatingly given, namely, *not to submit to the operation*, for possibly, I considered, there might be a chance of arresting the progress of the epithelioma of the tongue by medicine, and I hesitated because the weight of distinguished authority was against me. However, my advice was taken, and even then, as may be imagined, I took charge of the case with great hesitation, feeling that if I did not succeed the man's life was at stake, but recognizing that if I could succeed, as I hoped to, his future happiness and success in life would be assured.

When first I saw the man and examined the tongue it seemed

as though through the center of the swollen tongue a hole had been bored with elevated and indurated margins. At first I thought the case was syphilitic, possibly, but after the most rigorous investigation I came to the conclusion that there was no syphilitic taint in the man, as the events proved, and my prescription of Phosphorus was based partly on the fact that, associated with the most marked pharyngeal local indications, which it is unnecessary to detail here, but which can be found in any *Materia Medica*, he was suffering from a pronounced depression of mind, which, perhaps, was not unexpected in the case of a young man who had every prospect, not only of a brilliant partnership in business, but in life, but at the same time the symptoms of Phosphorus were very well marked, both from the physical and mental aspect. Phosphorus was prescribed in the sixth centesimal solution in liquid. A few pellets were moistened with this solution, and the patient was instructed to take a pellet every four hours. Of course, I saw the man frequently—sometimes two or three times a day, but I never changed his remedy. It acted kindly from the very first day. The malignant look of the tumor slowly decreased, his general health and spirits and mental poise improved to such an extent that within a year he was able to get married, as he had proposed to do in case he improved, and has since entirely recovered.

This case also was entirely cured by virtue of Homeopathy, by virtue of a single remedy carefully and accurately prescribed, according to the symptoms local, mental and physical, which presented themselves. I may be pardoned in adding a word to the cases above recited.

First: That the homeopathic cure based upon symptomatology, based upon the diagnostic talents of the highest order (for this man had the most expert consultants to be had in New York city) ought to carry some weight with it. I may be pardoned, in referring to a case which attracted the attention of Prof. James C. Wood, of Cleveland, and was referred to in his address to the American Institute of Homeopathy two years ago. That of the cure of a lady suffering from *progressive muscular atrophy*; a case well vouched for from a diagnostic point of view, a case

fully detailed by him, the method of treatment carefully illumined and the method of selection of a remedy also carefully given. The case and the cure of it required an equally thorough investigation and careful prescription, and which, it seems to me, should be fully as convincing as either of these cases which I have detailed to you.

Now, the ability to make such cures rests entirely upon the law of Homeopathy.

Personally, I ask for nothing more. There is no system of medicine in the world that can make such cures. The history of medicine, so far as I can read it, offers no approach to Homeopathy in the method of cure. There is, to my mind, nothing beyond—certainly nothing since the days of Hippocrates, and as I study Therapeutics my whole life comes to be more and more bent upon the investigation and the results offered to us by the *Materia Medica* which has been left to us to be perfected by Hahnemann.

It has been said that the Homeopathic School has been paying but little attention to the perfection of instruments of precision, to the investigation of pathology or to chemistry. The method of Hahnemann has done, at least, one thing which has not been accomplished by any body of men since the world began. It has investigated, and it has added to a *Materia Medica* such as the world has never seen, which is itself the crowning glory, and in comparison with which the rest of the investigations of all the physicians of all the schools of learning and of all the scientific men in the world sink into insignificance. I would rather have one line of Hahnemann's *Materia Medica* than all the volumes that have been written on Histology; than all the investigations that have been made in Pathology, in comparison with which they are all insignificant.

ACONITUM: SNUFFLES OF INFANTS.—In the beginning of an attack characterized by hot, dry skin, restlessness; and there may be a short, dry, hacking cough.—*Dr. Quay.*

The Peculiar Tongue of *Veratrum Viride*.

BY EDMUND CARLETON, M. D.

A number of years ago I came to the conclusion that a red streak down the middle of a yellow-coated tongue is as strongly indicative of *Veratrum viride* as relief from lying upon the painful side is of *Bryonia*. Later experience confirms this belief. (*Note*.—Ant. tart., tongue red in streaks; Cham., tongue red in middle, white at sides.)

This symptom developed in provings by "B. G., aged forty-six years; had rheumatic pains in the back, hip and side, superficial veins of scrotum varicosed, pains along the spermatic cord, dull heavy pain in frontal region, with vomiting; took drop doses of tincture every half hour for four days;" and "three days later took five drops first dec. every fifteen minutes." The first experiment brought out the symptom in question, but not very prominently, on the fifth day. Speculation as to what would have shown from the same dosing later on is vain; but it should be borne in mind that the second experiment began on that same fifth day. The first and second days of the second experiment witnessed a full demonstration of the symptom.

This symptom, reported by a single prover only out of a total of forty-two provers, is a grand characteristic. Let me cite briefly three cases out of many in verification:

1. A feeble woman nearly seventy years of age, with severe rheumatic fever, which demanded a guarded prognosis, had this symptom very distinctly. There were other symptoms of a general nature in plenty. This one, being characteristic, decided the choice. *Veratrum viride* 200th, in water, wrought a speedy cure.

2. A woman, of about sixty-five, subject for many years to numerous trials, vicissitudes and anxieties, bore up well under them by virtue of a strong constitution. About a year ago she noticed rapid loss of flesh, insatiable thirst and sticky urine. Urinalysis demonstrated a bad case of diabetes mellitus. Diet and regimen were regulated. Most of her subjective symptoms

were general. She was languid, weary, depressed in spirits, mentally confused, and had a yellow tongue with a bright red streak down the middle. *Veratrum viride* 200th, in water, brought rapid improvement, although she is not yet entirely well. Improvement stops if she does not take an occasional dose of the medicine. There is yet a trace of the red streak along the middle of the tongue.

3. Miss J. B. C., twenty-two years old, was commonly supposed to be a hopeless case, after professional and domestic medication. She had chronic gastritis with enormous abdominal distension and tympanites, enlarged liver, alternate diarrhœa and constipation, and dysmenorrhœa. Finally she was persuaded to "try Homeopathy." I dissuaded a "trial," and after some plain talk secured an unqualified enlistment. It should be said, that surgeons had also diagnosed fibroid tumor of the uterus, which my examination did not confirm. Among her symptoms were these: Nausea after cold drinks; spitting up mouthfuls of undigested food; sour vomiting; incarcerated flatulence, relieved by heat; red sediment in the urine. *Lycopodium* caused a material improvement but did not cure. Although she had become able to assist in household duties, she was not well. Then the following symptoms appeared: Cold, blue, sweaty face, body and limbs; tongue yellow with red streak down the middle; restless sleep; full, hard pulse. *Veratrum viride* 200th, in water, relieved. Under date of June 11th she writes to tell me of this, and adds: "Oh! I am so thankful." * * * "I am eating everything in sight!" More time must elapse before a cure can be announced.—*Journal of Homeopathics.*

CINNAMOMUM: UTERINE HEMORRHAGE.—The flow is very abundant and of a bright red color; acts better in infusion.—*Dr. Lardinois.*

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
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EDITORIAL COMMENT.

“When is Contract Practice Unethical?”

It is gratifying to find someone from the ranks of the old school with nerve enough to openly discuss this question in as fair and able a manner as did Dr. Will B. Davis, of Pueblo, Colo., in a paper recently read before the Pueblo County Medical Society. Heretofore THE CRITIQUE has stood alone in giving public utterance against an evil which exists in Colorado in its most aggravated form. None of the old school journals have had the courage to openly condemn a practice which is subversive of all true fraternity and which constitutes a most flagrant violation of all ethical obligations.

Dr. Davis states his position very clearly, and discusses the question in a manner calculated to convince every self-respecting physician of the necessity for better methods.

We have always maintained that contracts with corporations, or other organizations, whereby a physician undertakes to give his professional services for a sum materially less than the regular fee for the same service to individuals, are a direct violation of the code of ethics and a breach of professional courtesy.

In Colorado it is no uncommon thing for physicians of good

standing in national, state and local medical societies, to make contracts to treat large numbers of well paid people for the paltry sum of fifty cents per month. Dr. Davis very justly complains, and we think he is right in demanding that the medical societies of the state should lose no time in taking up and disposing of the matter on purely ethical grounds.

It seems indeed a strange condition of things which permits one or more members of a fraternal organization to violate his obligation to his fellows and to do the things they are all mutually pledged not to do. Stranger still is it that such violations have been allowed to go on for years without any decided action having been taken to correct the abuse.

The following extracts from Dr. Davis's paper will show the trend of his argument :

"Mr. President, I hold that there is no provision, by any act of this society, which exempts contract practice from the operations of this fee bill. I also hold that there does not exist, among any of its official laws, by-laws, rules and regulations, the most remote allusion to contract work in any manner whatsoever, to say nothing of acts of exemption.

"Is there anything in contract practice that entitles it to self-exemption from the operation of the provisions of this fee bill in the case of any of the members of this society? If there is, why has it not been so declared?

"Again, is any one, or a set of members, to be privileged above others as to their ethical—or unethical—conduct in this society? If so, why not define the particular duties and rights of each separately, and by name, that we may know who are, and who are not, subject to the operation of this or that of our own regulations?

The questions of corporation wants and necessities are matters for their own consideration and treatment, and it is not sufficient for any one to claim, in this society, any such excuses for violating our own rules. Corporations are generally able to take care of themselves, which they usually do, whether at the expense

of all principles of ethics, or the setting at naught all municipal, state and national laws.

"But if this society is going to continue to permit its rules to be so ruthlessly violated, why not put itself on record in manner to correspond? Why not concede, by legislative enactment, the overtowering interests and influences of corporations as compared to medical ethics and the rights of the individual citizen? Will you do it? Can you do it and maintain anything like ethical equity? Can you take such action and not violate the very spirit of the code of ethics of the American Medical Association which some of our contract brethren would have us believe they dote so much upon.

"Mr. President, I protest that after, as a profession, we have so long suffered the blighting effects of contract practice in our midst; after we have been so unrelentlessly and continuously shorn by the contract doctor, it is beyond human patience and forbearance to further sit in lamb-like meekness, and hear them claim, upon the floor of this society, that they are not guilty of a violation of ethics, or, if they are, that all are equally guilty with themselves. If this is not akin to adding insult to injury, then the saying is a misnomer. It is calculated to engender a strong sentiment on the part of those suffering the injury, for sweeping reforms. It begets a feeling of appeal, in the name of justice and equity."

OUR readers will be interested to know that Messrs. Parke, Davis & Company have secured the services of Professor Joseph McFarland, of Philadelphia, in their Biological Department. Prof. McFarland is a recognized authority, writer and teacher on bacteriology. Parke, Davis & Co. are noted for the reliability and perfection of their laboratory products, and the addition of Prof. McFarland to their already strong corps of expert biologists is a matter of importance to the entire profession.

To the Physicians of the United States.

The National Woman's Christian Temperance Union has been active for twenty-seven years in combating the evils of alcoholic liquor drinking. Among its most effective allies have been those physicians who do not prescribe alcoholic liquors, allowing alcohol a very limited sphere of usefulness, or none at all.

We are endeavoring to bring the teachings of such physicians to the people, and we believe that much good is being accomplished thereby. It is apparent, however, that if the evils of liquor drinking (ill-health, poverty, insanity and crime) are ever to be fully abated, the medical profession must take a more active part in this much desired reform. They, more than any others, can disabuse the public mind of the old-time errors concerning the use of or necessity for alcohol, either as a beverage or for medicinal purposes. It would seem to be the duty of those to whom the public looks for guidance in all things pertaining to health, to continue to make the most careful investigations of the nature of alcohol and its effects upon the human system, and to see to it that their medical practice and teaching, as well as their personal example, is upon the side of safety.

The New York School of Clinical Medicine, a post-graduate college for physicians, has just now opened a new department for the study of the constitutional effects of alcohol and other drugs.

An eminent Russian physician, in a paper read before the International Medical Congress, held in Moscow, August, 1897, said: "The struggle against alcoholism merits as much attention on the part of the medical profession as that against the various epidemics, and the success of the struggle is impossible without the active sympathies of the medical profession."

Realizing the truth of the foregoing statement, the National Woman's Christian Temperance Union, at the beginning of this new century, appeals to physicians to aid in the efforts being made to remove as far as possible all tendencies and temptations toward the formation of the drink habit. The medical profession can wield a powerful influence by bringing to the knowledge of the people the consensus of scientific opinion and practical observation, on the disastrous results which follow the habitual and indiscriminate use of alcohol.

Particularly would we ask physicians to warn parents against the home prescription of alcohol and against the use of proprietary medicines containing alcohol or other narcotic drugs, by showing them the danger and by teaching them a better way.

We respectfully ask that this appeal be published in all med.

ical journals, and that it be brought before National, State and County Medical Societies, for discussion.

With profound respect for your honorable profession, and with hope for your active co-operation in this work, we are,

Sincerely yours,

LILLIAN W. N. STEVENS, Pres. N. W. C. T. U.

SUSANNA M. D. FRY, Cor. Sec. N. W. C. T. U.

The State Society.

The Sixteenth Annual Session of the Homeopathic Medical Society of the State of Colorado will be held at Cañon City on June 6th, 7th and 8th.

The State Society is primarily for the benefit of no part or section, but for the benefit of the whole State, and every homeopathic physician in the State should be a member of it; not as a matter of duty to the Society but to himself.

It ought not to be necessary at this time to point out the imperative need of our having a compact, harmonious and powerful organization in this State. The history of Homeopathy is full of the works of such societies, without which we could not now be in existence as a school of medicine. The necessity of our being well organized is just as great to-day as it was twenty-five years ago if we would continue to enjoy the prosperity that has been gained only through hard fighting.

A very great effort is being made to make this coming meeting at Cañon City especially valuable and delightful. Cañon City has a record for hospitality to maintain and will not be found wanting. Her fields and orchards will have on their brightest green and her strawberries their reddest red. Her hotel accommodations are ample and of a superior order, and reduced rates will be made by the railroads.

The program will include two days of uninterrupted work, during which the reading and discussing of papers and the routine business of the Society will be disposed of. An "open" meeting will be held on the evening of the 6th, which will be literary, musical and social in character. A purely social function will be held on the evening of the second day. On the third day an excursion will be given to the top of the Royal Gorge, a place that is famous for its magnificent scenery.

Physicians are earnestly requested not to leave their ladies at home, as especial efforts will be made for their entertainment. In addition to the social features mentioned above, there will be

drives, a luncheon and other functions provided to make their visit pleasant.

It is believed that this combination of work and play will make the meeting a very profitable and pleasant one, and it is earnestly hoped every Homeopathic physician in the State will feel that it is his duty and pleasure to attend it.

This preliminary letter is written that notice may be taken of the change of the time of meeting from October to June, that Bureau chairmen may secure the best papers on their subjects in ample time, and that all may make their plans for at least one short period of relaxation from the steady grind of hard work.

Fraternally,

WARREN D. HOWE, President.

Cañon City, February 4th, 1901.

Book Notices.

CHARACTERISTICS OF THE HOMEOPATHIC MATERIA MEDICA.—By M. E. Douglas, M. D., Associate Professor of Materia Medica, Lecturer on Dermatology and Neurology in the Southern Homeopathic Medical College of Baltimore; Chairman of the Bureau of Materia Medica of Maryland State Homeopathic Medical Society; Author of "Reperty of Tongue Symptoms;" "Diseases of the Skin;" "Pearls of Homeopathy," etc. Published by Boericke & Runyon Co., N. Y. Pp. 970. Price, net, cloth \$5.00, half morocco \$6.00.

Among the first contributions to Homeopathic literature of the new century may be mentioned "Characteristics of the Homeopathic Materia Medica," by M. E. Douglas, M. D. It has been the aim of the author of this work to collect the large number of drugs introduced into Homeopathic literature within the last few years, which are found scattered indiscriminately through various magazines, society reports, etc., and arranging them into a practical and convenient shape for handy reference. That the object in view has been fully carried out and a great deal of unnecessary symptomatology eliminated, and only the most characteristic indications of the various drugs retained, should be a sufficient recommendation to bring this work into immediate prominence and general use. The provings have been verified by the author in a practice of over twenty years, or have been reported as verified by trustworthy physicians. J. W. M.

MATERIA MEDICA MANUAL.—The editor of THE CRITIQUE has received a copy of "A Manual of Homeopathic Materia Medica,"

by J. C. Fahnestock, A. M., M. D., which is published by the author at Piqua, O. In placing this work before the profession, Dr. Fahnestock does not claim anything particularly original or startling, but he has certainly arranged a work of unusual merit which deserves a prominent place in the study of every observing Homeopathic physician. The book contains blank pages corresponding in number with the number of remedies, which may be used for the purpose of writing down your own observations upon any particular remedy. For the student there is an important feature, inasmuch that in order that he or she may acquire the correct pronunciation, the accentuation is given under each remedy. The Doctor is to be congratulated upon his "first effort," and we bespeak for this little volume a most hearty reception by the profession in general.

J. W. M.

A TEXT BOOK ON PRACTICAL OBSTETRICS.—By Egbert H. Grandin, M. D. Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetric and Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc., etc., etc., with the collaboration of George W. Jarman, M. D., Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition, Revised and Enlarged. Illustrated with Fifty-two Full-Page Photographic Plates and One Hundred and Five Illustrations in the Text. $6\frac{1}{2} \times 9\frac{1}{2}$ inches. Pages xiv-511. Extra Cloth, \$4.00, net; Sheep, \$4.75 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street Philadelphia.

The photographic plates have been prepared from nature, under the personal supervision of the authors, and their claim that "fidelity to nature has been the aim rather than attempt at artistic effect" seems to be fully carried out in this feature of the work. This publication seems, as the authors claim, to be free from the mass of theory and statistics usually found in works upon this important subject, which make it valuable to the general practitioner who is in no way inclined to consume valuable time while in search of information.

Notes and Personals.

Dr. Frank D. Bishop, of Albuquerque, New Mexico, is a member of the Board of Health of that Territory,

The Board of Health, New York, will build a laboratory costing \$20,000 for the study of the bubonic plague.

One of the professors at the Homeopathic College we are informed is associated in his office with an Osteopath.

At the Children's (Homeopathic) Hospital, St. Louis, the mortality rate for the hospital proper is only 1.43 per cent.

Dr. E. F. Grigsby has been elected health officer of Nome City, Alaska. He was a former resident of San Francisco.

Electric automobiles are now being considerably used by physicians. Dr. J. W. Ward, of San Francisco, is now using one.

King Edward VII., formerly Prince of Wales, now King of Great Britain, is a fellow of the Royal College of Surgeons in London.

Dr. M. Beeler, of Colorado Springs is making Denver a short visit. We understand the doctor is acquiring a good practice at the Springs.

The President of the Chicago Homeopathic College, Dr. J. R. Kippax, gave a reception on January 27th in honor of the students of that College.

Mrs. Black, Miss Ashton and Miss Frederick will graduate as nurses from the Homeopathic Hospital on Feb. 21. Graduating exercises will be held at the College.

On February 7th, Dr. Clinton Enos, of Brighton, Colo., gave the second lecture of the Alumni Lecture Course before the Alumni Association, faculty and students of the Denver Homeopathic College. Subject, "The Organon." Invited friends were also present.

The lower house of the Utah Legislature, by a vote of 67 to 6, passed a bill taking from boards of health all power to enforce vaccination or to exclude unvaccinated children from the public schools. The Mormons are said to be almost unanimous against vaccination, as the above vote would indicate.

Things to Remember.

"Let us have faith that makes right, and in that faith let us to the end dare to do our duty as we understand it."—*President Lincoln.*

In the convalescent stage of La Grippe and other diseases, Gude's Pepto-Mangan is indicated as a general Tonic and Reconstructor.

A recent baptismal narrative told at a dinner table is of a negro woman who brought forward twins.

"Their names?" bent over the preacher in inquiry.

"Dis one is Bigamy, after his paw, and dis one is Eczema, after her maw."—*New York Evening Sun.*

A VALUABLE HYPNOTIC.—Every progressive physician recognizes the necessity of overcoming the insomnia attending certain diseases. At this season of the year, when pneumonia is so prevalent, probably nothing will so satisfactorily relieve the distressing symptoms of sleeplessness as Bromidia. By the use of this reliable preparation we can obviate the effects of losing sleep, and at the same time feel that the heart's action is unimpaired, a dire calamity in a pneumonic process.—*Vermont Med. Monthly.*

We wish to call your attention to Bovinine ad., in this issue, and what it has to say about La Grippe. See page iii.

I have used Sammeta in my practice for several years and believe it to be a preparation of more than ordinary merit for the cure of prostatic and bladder diseases. The ethical manner in which it is put before the profession allows the physician to prescribe it, without fear of its use by the laity, in all cases where it is indicated.—S. D. MASON, M. D., Prof. of Rectal and Pelvic Surg. in Creighton Med. Col. Surg. to St. Joseph Hos., Omaha, Neb.

In these times of smallpox do not forget that Parke, Davis & Co. manufactures a perfectly aseptic glycerine vaccine tube that can be wholly relied upon. Our advice is to use no other. Take no chances of contaminating the system by using impure vaccine.

The substitutor is present in Denver, as has frequently been proven by substituting some other peroxide of hydrogen ("just as good," says the druggist) as Marchand's. Now this practice has come to the notice of the manufacturer, and a check will be put upon those practicing such a criminal business. Because

on other preparations the druggist gets a larger commission is no excuse, it only establishes the dishonesty of the druggist, and the patient is the sufferer. Whenever Marchand's goods are specified, that's what the physician and surgeon wants, and we will be glad to publish in THE CRITIQUE the names of druggists who are guilty of substituting, if the names are furnished by reputable doctors or by Marchand.

"Sow an act, and you reap a habit; sow a habit, and you reap a character; sow a character, and you reap a destiny."

GRIP! GRIP! GRIP!—Use Syrup Hypophosphates (Fellow's) for that terrible prostration. It is the remedy par excellence.

What is the most common disease in San Francisco? Phlebitis (flea-bite-us).—*Hahnem. Periscope.*

DE PUY'S ADJUSTIBLE FIBER SPLINTS.—No more Malpractice Suits. No more Plaster Paris. No more Whittling. No more "kicking" about not being able to afford a set of Splints.—The laity prefers a physician who uses a properly moulded splint. The lightest and strongest splint made. Can be made to fit longitudinally and laterally by heating over a stove, or any other means at hand, hot water, etc. They offer no resistance to X-Ray examinations. Sold in sets, covering Infant, Children and Adult sizes, at two-thirds less than any other first-class splint made. Will last a life-time. Send for pamphlet of information, and be convinced of the superiority of the goods. The Geo. L. Warren Co., Niles, Michigan, Manufacturers.

Pretty Cousin—"Your friend, Dr. Lancet, passed me down town to-day without even a bow."

He—"Oh, well, you know he's awfully absent-minded. He's so completely devoted to his surgical practice."

Pretty Cousin—"But that's no reason why he should cut me."—*Medical Brief.*

Read all about the Chicago and Northwestern Railroad in its ad. on the third cover page, and then call and see Mr. Wheeler, General Agent, cor. Seventeenth and Stout, Denver, Colo., when going east.

"I have a severe cold," said the sweet singer. "I shall have to use a cough syrup."

"Use only a tar syrup," spoke up the manager.

"Does it make any difference?"

"Yes. Everything depends on the pitch of your voice."—*Ex.*

THE CRITIQUE.

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NO. 3

The Demands of the Hour.

Alumni Course Lecture in the Denver Homeopathic College, February 21, 1901,
BY S. S. SMYTHE, M. D.

Homeopathy is a distinct medical entity. No other system or theory in medicine ever yet propounded, can lay claim to this pre-eminent honor.

From its inception Homeopathy has been obliged to withstand the most violent opposition of the old school. It has been assailed in a way that would crush anything but truth itself. No ordinary medical theory could have withstood the assaults which have been hurled against it. Its enemies have been unscrupulous and unsparing in their denunciations, but such is the vitality of the truth in homeopathy that no power on earth ever has or ever will destroy or crush it. A century of the bitterest antagonism has but served to show that the discovery of Samuel Hahnemann possesses that inherent force which we call "truth," and which is impregnable and indestructible. All other theories or systems of therapeutics which have been proposed, and they are innumerable, have, after the lapse of a short period, fallen from their own weakness.

For a long time homeopathy appeared to be always on the defensive, but now in the beginning of the twentieth century this idea should no longer be allowed to prevail. The wonderful growth of our system in this country, as shown by a magnificent array of homeopathic colleges, societies, journals and institutions of various kinds, demands of us at once, a declaration of independence. In order to advance, we must assume the aggressive.

Homeopathy no longer needs defenders. By its own infallible truth it has fully met the claims of its great discoverer that

it is a "A rule of practice which is of universal application—so far as medical agents are concerned."

The allopathic school is fond of crying "Sectarian" whenever they speak of homeopathy, and never lose an opportunity to reiterate it. Let us consider this for a moment and see if it be true:

Dr. Stuart Close, in a recent paper on "The Hahnemannian Conception of Disease," says:

"Hahnemann searched the literature of traditional medicine from the earliest times to his own day for recorded cures by drugs. Making an analysis and abstract of them, he showed that they were all performed under the operation of the principle of *Similia similibus*. It was from the tabulated results of such an investigation, in fact, that he deduced the principle of cure. The Introduction to the Organon shows this most clearly.

Throughout his life his mind was ever open to new ideas. Any thought, experience or method which promised to throw new light on the application of these healing principles, awakened his active interest. Possibly no more striking example of this could be mentioned than his study of Mesmerism, or Hypnotism, as it is known now, and his adoption of certain of its procedures into his practice. Considered in his day as being a force akin to Magnetism, it was called Animal Magnetism. Hahnemann did not assume an attitude of skepticism and antagonism toward the new and strange facts and theories of Mesmer and his co-workers, but diligently studied its phenomena and theories, and made personal tests and application of them. He put the theories to the same test of experience that he demanded for his own theories. So far as they proved true and useful, he accepted them, and sections 293 and 294 of the Organon, with appended notes, state his views and practice, as far as he had developed them. He declares (Sec. 293) that 'this *curative power* (which should be called Mesmerism, after the name of its inventor, Mesmer,) of whose efficiency none but mad men can entertain a doubt, which, through the powerful will of a well intentioned individual, influence the body of the patient by the touch, *acts Homeopathically* by exciting symptoms analogous to those of the malady.'

Does that sound like sectarianism? Have any of you ever known a homeopathic physician who was not ready to investigate anything that would aid him in curing the sick? Take

homeopathic literature in all times, and also that of our own time, and do you not find in it evidence of a desire to seize upon any facts, from whatever source, that will add to the power of homeopathy? There has never been a time when the term sectarian could justly be applied to the homeopathic school. It has been broad and liberal to a degree.

Following the example of Hahnemann, every homeopath feels it his duty to investigate whatever promises to aid him in his work, whether it be hypnotism, suggestion, psychology or an allopathic case of accidental or *secundum artem* poisoning.

Now turn to the other side, and what do we see? Read the literature of the old school. Do you find any homeopathy there? Yet it cannot be denied that we have developed many, very many, valuable remedies. Would any but a sectarian refuse the use of a valuable medicine simply because it was brought out by a rival school? Yet this is exactly what is done by the old school, and still they cry sectarian at us. The fact is, they are plagiarists of the worst sort, in that they frequently appropriate our remedies without giving us any sort of credit as the discoverers.

Take the allopathic journals of to-day, and observe how studiously they avoid any mention of homeopathy or its vast literature. Even when they rediscover one of our oldest remedies, they do so unblushingly, and without credit. They make a pretence of rejecting everything which does not originate within their own ranks, and yet cry sectarianism against the homeopaths, with whom it is a matter of precept and tradition to reject nothing until we have put it to our well known tests. We endeavor to separate the chaff from the wheat, keeping and using whatever is found of value. Not so with our allopathic friends, who are apt to reject everything, which does not bear the stamp of some Professor Von Bugle of Berlin or Vienna.

During the remarkable growth of homeopathy in our own country in the last fifty years, we have been absorbed in developing and organizing a school of medicine, with the result that we now have a great national body of homeopathic physicians, known as "The American Institute of Homeopathy," a most

powerful institution for the advancement of our cause. Besides, there are many state and other societies of more or less power and influence.

Homeopathic educational institutions are to be found in all parts of the country, and the standard of our educational requirements is higher than that of any other school. Our journals are all strong, clean, and thoroughly in sympathy with progress and reform.

With such a showing of strength and organization, it seems to me that the time has come,—the demand is upon us,—to declare our independence of all affiliations with other schools of medicine, and to take the aggressive for straight-out universal homeopathy.

It must be observed that, in the past, there has been a disposition on the part of many homœopaths to sort of “hold hands” with the old school, under the mistaken notion that thereby their opposition might be mitigated. There have been some also, who have talked about a possible union of the two schools—a most impossible thing when you think of it.

Truth and fallacy never will unite. Let us lay aside, therefore, for all time any thought of such a union. It is not a union with others that we need, but greater unity among ourselves.

We possess a law of cure that cannot be disturbed nor discredited. In all the past, since the discovery of that law, whenever comparative results have been obtained, homeopathy has invariably proved superior to all its competitors in healing the sick.

Professor David A. Strickler, in discussing the comparative statistics of this country before the American Institute of Homeopathy, made the following sweeping, but entirely trustworthy declaration :

“It matters not in what city, what disease, nor what method of comparison is instituted, the records show universally in favor of homeopathy.”

In view of all these things, it becomes our highest duty to unite all our forces for the purpose of placing homeopathy where it justly and rightfully belongs before the law and in the under-

standing of the people. It is a duty we owe to the truth, to the world and to humanity. Through our many organizations, it ought to be possible, under well directed effort, to convince all intelligent people that the law of homeopathy is of universal application in the treatment of disease, and that its universal adoption would result in immense saving of human life.

Homeopathy has been held in abeyance by sheer force of numbers and the unscrupulous opposition of the old school. The time has come when we must force upon public attention the advantages to be derived from homeopathic treatment, not only among the people, but in all branches of public service, the army, the navy, and in all public institutions.

This may seem a huge undertaking even now, but when we review the accomplishments of the past, the task will not appear impossible to those of us who believe that truth will eventually overcome all obstacles to its progress.

The old records, showing the triumphs of homeopathy, should be brought forward and placed again and again before the public. New records should be gathered in our hospitals and from all available sources. Comparisons should be instituted, and every endeavor should be made to bring about competitive tests between the schools. We seek no advantages and ask for no favors in any such tests, but something of this kind is demanded at this very time to convince the public that homeopathy continues to be superior as a healing method over all others.

The extravagant claims of the old school concerning the germ theory have blinded the public in a measure to the real facts, and the demand is put upon us, as a school, to clear the public vision.

In order to meet this pre-eminent demand successfully, other demands must be met and provided for.

Our colleges, as now organized, are upon a very broad and liberal basis. We endeavor to lay a solid foundation in all our preliminary teaching for the better final instruction in homeopathy; but I would urge upon our college faculties to keep always in view the one central idea, that the purpose of all

their labors is to make thoroughly drilled, practical *homeopathic physicians*. The primary and collateral studies which are so essential to every well educated physician, should not be neglected. The work of the laboratory should receive the attention and importance which it deserves, but there comes a time when these things must give way to the teaching of homeopathy and all that the term implies.

Not all the knowledge of the sciences, nor all of anatomy, physiology, pathology, biology and chemistry, nor all the mysteries of the laboratory would enable any one to prescribe intelligently for the simplest form of disease. Much more is demanded of the physician.

The objective in all of our colleges should be, the production of a class of physicians thoroughly trained in the analysis of our *Materia Medica*; skilled in the diagnosis of disease; masters in homeopathic therapeutics.

Another desideratum in aid of our future advance, is the urgent necessity for better clinical records. Clinical reports of cures from old school sources are almost wholly without value to us or to themselves. They mix up their remedies in such a bewildering way that reasonable deductions are impossible. Much has been claimed for the anti-toxins, especially in diphtheria; but I want to say now, that I have never yet seen a case reported, where the serum alone was used without the aid of powerful adjuvants, such as bi-chloride of mercury, etc., etc., either internally or locally. Now I submit, that such reports are practically without value.

Our own methods also need to be revised and improved. Clinical reports of homeopathic cures should be based upon the most careful observation of all the conditions. If we are to determine the real value of antitoxin, let it be done along strictly homeopathic lines. Don't mix it up with *mercurius* or *kali-bi-chromicum*, and then give the credit of the recovery to the serum. All such clinical observations are an insult to our intelligence; a stain upon our profession, and an injustice to our patients. Let us at least be honest with ourselves and with each other in all our reports of cases. Accept no combination tablet

reports as homeopathic cures. They are not honest, and they are not homeopathic.

The latest and greatest hope of the old school for a stable theory of disease, is on the wane. It is following the way of all its predecessors, and will become a memory only. The germ theory of the cause of disease will be abandoned by the men who have praised it most, but the germ itself has come to stay, and will continue to serve as a more or less valuable clinical symptom in many diseases. As such, it will always be of importance to the homeopathic observer in his study of the totality of symptoms, and in this way will its true value finally be determined. I predict, however, that the time will come, when the old school will officially reject, not only the germ theory, but likewise the germ itself, as something possessing no clinical importance. Such is history.

The close of the nineteenth century found the tide of human intelligence at a much higher level than ever before in the history of the world. The tide is still rising, and greater demands will constantly be made upon all of the professions. The intelligent public is looking not only for men of culture, but for men of accomplishment. It follows, therefore, that our physicians of the future, must be so thoroughly trained in all that pertains to homeopathy as to meet this increased demand. Such is the genius of homeopathy, that its progress has always been greatest among people of education and refinement, and such will continue to be the case in the future.

It has been the mission of the homeopathic school to search out and proclaim the truth in medicine, and the end is not yet. The daily record of progress in all lines of discovery is evidence of this, and our work is not finished. Many new theories of disease will be advanced, and it will fall to our school to test their truth and efficacy after the infallible methods of Hahnemann. Whatever will stand these tests should become a part of our armamentarium, no matter from what source it may come, for we are in no sense a sectarian school.

The greatest demand upon the homeopathic profession of to-day, is the unification of all our forces for the one paramount

purpose of securing to homeopathy that public recognition which its merits ought to command. The efforts of the individual, however meritorious, are necessarily limited in scope and influence, but with a great central organization like the American Institute of Homeopathy as a rallying point for the entire profession, there need be no question as to our power for future advancement.

In the United States there are about 15,000 homeopathic physicians, every one of whom should be equally interested in the success of his school. The membership of the American Institute is something less than 2,000, or an average of about one member to every eight physicians. Poor as this showing appears to be, it is nevertheless true that the A. I. H. is the most powerful agency in existence for the promotion of homeopathy, and should command not only the respect, but the active support of every homeopathic physician in this country. Think what might be accomplished by this same Institute with a membership of 10,000,—most reasonable number, if only the profession can be made to see the vast amount of good which such a body might accomplish.

Homeopathy has claims to public recognition—claims based upon actual facts and capable of demonstration—which should place it at the head of every public hospital in the land.

Let us again quote from Dr. Strickler's Comparative Vital Statistics (1891-1895), where he says:

“The results in 151,259 deaths reported, show that with the same number of cases treated, the old school lose from measles 499 to our 100; from scarlet fever, 180 to our 100; from typhoid fever, 149 to our 100; from labors, 246 to our 100; from acute stomach and bowel diseases, 192 to our 100, and from all causes, 181 to our 100. That from the amount reported, the saving of human life in the United States of America from homeopathic treatment, would be about 500,000 per annum.”

With records like this, and many others equally convincing, it becomes our duty to unite as one man in placing homeopathy where it rightfully belongs in public estimation.

Here let me say, *en passant*, that in the census year 1890, the government reports gave the total number of deaths in the

United States as 872,944. No mortality report from the 1900 census has been published, but will probably show considerably more than a million deaths for last year. If now an epidemic should invade our country and increase the number of deaths 500,000 above the ordinary mortality, the people would be panic stricken, and the government would be called upon to use every possible means to arrest the scourge regardless of expense; yet little attention is paid to the fact, as shown in all of our comparative vital statistics, that allopathic treatment annually adds to our mortality lists many thousands which might be saved under homeopathic treatment.

During our four years' civil war, when nearly four millions of men were engaged in killing each other, the number killed in battle was (in round numbers) 67,000; died from wounds, 47,000. Total, 110,000. The number who died from sickness was 200,000, all under allopathic treatment.

I leave it to you to draw your conclusions from these figures, but I am sure there are some kinds of medical practice more fatal than war and epidemics; more dangerous to human life than the battle field.

It is the boast of the old school that, since the advent of the germ theory, their mortality rate has been greatly reduced. Where are the figures to support such a claim? I have failed to find them. Since the publication of Dr. Strickler's statistics, the allopaths have become suspiciously silent, and it is impossible to secure reports from any of their hospitals. What means this reticence of our old school friends, if they are really doing what they claim?

What is the germ theory doing for us in Denver? The last published report of the County Hospital was for 1898. No report has appeared for 1899 or 1900. A glance backward may help us to an explanation:

The published report of the County Hospital for 1898, when it was exclusively under allopathic control, and when the germ theory and antiseptics were at their zenith, shows that the mortality rate was 15 per cent. Now, go back twenty years,—before the advent of the present improved therapy—as they like

to call it—and the reports show that, prior to 1880, under the worst possible sanitary conditions, the mortality rate in this hospital under allopathic treatment never exceeded 14 per cent., and under homeopathic treatment was reduced to 6 and 8 per cent. Must we conclude that 15 per cent. in 1900 is better than 14 per cent. in 1880?

Under the circumstances, their silence is not very mysterious, and reports, like comparisons, might be odious.

In conclusion, let me urge upon every young physician the importance of becoming a member of his local, state and national associations. No other investment will prove more remunerative in your early professional career, and nothing else will afford you greater satisfaction as the years go by.

The pioneers of our school are passing away. They have accomplished a good work, that will endure for all time, but now the younger ones must take up the burden and carry it on to the fruition of our hopes. It is yours to create a greater homeopathy, and establish it firmly in the minds of the people, not because it is called homeopathy, but because it affords the greatest protection to human life, and provides a means of cure incomparably better than all other systems of therapeutics.

MORTALITY FROM DIFFERENT DISEASES.—Prof. Snellison (“American Journal of Health”) states that of 1,000,000 persons only 900 die from old age, 1,200 from gout, 18,400 from measles, 2,700 from apoplexy, 7,000 from erysipelas, 7,500 from consumption, 48,000 from scarlet fever, 25,000 from whooping-cough, 30,000 from typhoid and typhus fevers, and 7,000 from rheumatism.

THEORY AND PRACTICE.

CONDUCTED BY W. A. BURE, M. D., SENIOR PROFESSOR OF THEORY AND PRACTICE
IN DENVER HOMEOPATHIC COLLEGE.

Chronic Pulmonary Tuberculosis.

By Ch. Gatchell, M. D., Chicago, Professor of Diseases of the Heart and Lungs and of Physical
Diagnosis in the Chicago Homeopathic Medical College.

TREATMENT.

HEMOPTYSIS—The first requisite is absolute rest in bed. The patient should not so much as talk, or raise an arm. He should be told not to try to restrain the flow of blood, but let it come as freely as it will. Have the room quiet, and no commotion or excitement on the part of those present.

Reassure the patient. Tell him that of itself the symptom is no more serious than any other one belonging to his condition, and that an untoward result is something unknown.

Give to the patient small bits of ice to hold in the mouth or to swallow.

Ligate the legs and arms, near the body, by means of flannel bands, or handkerchiefs. Bind only enough to obstruct the superficial venous flow, but not enough to affect the arterial pulse. Loosen the bands about every half-hour, or sooner, if pressure on a nerve or cerebral anemia demand. Place a hot water bag at the feet, while the ligatures are on the legs.

After the attack, still keep the patient quiet; let the meals be light, but more frequent, and of liquid food.

In order to restore the volume of the blood and also to keep up bodily temperature, give colonic injections of hot (105-120° F.) normal salt solution.

Do not permit the patient to remain recumbent too long after the attack of hemorrhage; it favors hypostatic congestion. In three days at least he should be up and walk about. Respiratory exercise and deep breathing are helpful.

HEMOPTYSIS—THERAPEUTICS.—*Aconite*—Bright red blood;

incessant, hacking cough; warm feeling in the chest; red face; great anxiety; arterial excitement.

Ipecac.—Sensation of bubbling in the chest, followed by copious bleeding; tickling beneath the sternum; spitting of blood after the least effort; nausea.

Hamamelis.—Venous hemorrhage; blood dark, thin, coming into the mouth without effort, like a warm current.

Millefolium.—Profuse flow of thin, bright-red blood; oppression; palpitation; not much cough.

Cactus.—Hemoptysis, with over-action of the heart; secondary to heart disease; sensation of constriction.

Veratrum Vir..—Violent congestion, with full, hard, bounding pulse.

Phosphorus.—Hemoptysis occurring in the course of low fevers; also, inflammatory symptoms following an attack of hemoptysis. Tight feeling in the chest, with dry, tight cough, followed by hemorrhage.

Ferrum Phos..—Hemorrhage of bright, red blood, occurring in the course of phthisis.

Geranium.—Bright, red blood; persistent, free flow.

Sulphuric Acid.—Persistent hemorrhage of dark blood; quantity slight; a continuous oozing; in feeble and anemic subjects. Dose: Ten drops of the C. P. acid in a glass of water; teaspoonful dose every hour.

Hydrastin Hydrochlorate.—In subjects of old bronchial catarrhs; with friable mucous membrane.

Digitalis.—Secondary to obstructive heart lesions; feeble action of the heart. This drug must be used with caution. Its fee use favors separation of thrombi and pulmonary infarct.

Chin. Ars..—For the anemia following excessive loss of blood.

COUGH.—The irritable, dry cough of the early stage may often be allayed by such simple measures as sipping ice-water, or orange-juice, or by the use of lozenges of slippery-elm bark. It is sometimes a habit cough, when it may be controlled by effort of the will, or by holding the breath for a few seconds.

For relief of the hard morning cough, let the patient take a glass of hot water, with lemon-juice, and very little sugar.

Vomiting after coughing is generally due to mechanical disturbance of the stomach induced by the violent effort. In such case let the patient eat but a moderate quantity at a time, and rest quietly after eating.

For the almost incessant and distressing cough of the late stage, codeine is the most efficient palliative.

INSOMNIA.—Living in the open air all day, and free ventilation of the sleeping-room at night will do much to promote sleep. Other measures which will aid are; Bathe the patient's feet in hot water, and rub dry with a crash towel; with the palm of the hand stroke the spinal column from the back of the neck downward; give a glass of buttermilk, or matzoon or of Koumiss.

PITYRIASIS VERSICOLOR.—For this parasitic condition of the skin, first wash the part with warm water and soap. Then apply a solution of the hyposulphite of soda, one dram to the ounce.

JOINT TUBERCULOSIS.—This condition can occur at any stage of the disease. It is indicated by severe pain in the joint, and sometimes swelling of the overlying tissues. Bier's method of treatment, by ligature of the affected limb with elastic bands, gives most relief. Apply on the limb, above the joint. Use a wide band. Do not bind too tightly—only enough to impede the venous circulation. The object is, not to produce anemia of the affected joint, but hyperemia and swelling. If the presence of the band creates intense pain, it must be removed. It should be applied several times a day, and kept, at first, from 10 to 30 minutes, increasing the length of time from day to day. Change the place of ligation on successive days. Give the joint rest.

THERAPEUTICS.—*Arsenicum Iod.*—The most important remedy in incipient phthisis, especially when there is rapid loss of weight. Fever, cough, dyspnoea, mucopurulent expectoration, prostration, diarrhea.

Phosphorus—Especially in phthisis following pneumonia. Adapted to tall, thin, "hollow-chested" subjects. Symptoms: Dry cough; soreness in the larynx and trachea; long continued hoarseness; pain in the stomach after meals; diarrhea, especially after meals; palpitation; blood-streaked sputum; sweats; loss of strength; emaciation; pale skin.

Kali Carb—Sharp, stitching pains in the chest; cough dry, or with scanty expectoration; or, in advanced cases, profuse expectoration, with sharp stitching pains.

Iodine—Tuberculosis in those of previously "scrofulous" habit; enlarged lymph-nodes; fair skin; persistent, short, hacking cough; night-sweats; morbid appetite; fever.

Iodide of Antimony—It may with advantage be substituted for Iodine.

Ferrum Phos.—Of use only in the early stages. Exacerbation of the pulmonary condition from exposure; congestion of the lungs, with blood-stained expectoration.

Nux Vomica—For the digestive disturbances, sometimes a prominent symptom in phthisis; morning headache; sour or bitter taste; vomiting, or violent retching; gastralgia; constipation, with ineffectual urging.

Strychnin—With the symptoms of indigestion, as for *Nux vom.*, Strychnin often has prompt action.

Baptisia—As an intercurrent remedy, late in the disease, when there is fever; morning chills, followed by fever and perspiration; anorexia.

Stannum—Cough attended by profuse, greenish or mucopurulent expectoration; hectic and emaciation; coarse rales; soreness in the chest after coughing; sense of weakness in the chest; talking causes fatigue; expectoration sweetish in taste.

Calcarea Carb.—In incipient phthisis, in those of fat and flabby flesh; inability to take fat food; acid eructations; "acid dyspepsia;" free perspiration; rapid emaciation; loose, rattling cough; soreness of the chest, which is painful on pressure; persistent hoarseness; diarrhea; amenorrhea.

Bryonia—Sharp pleuritic pains, with accompanying fever.

Silicea—The presence of cavities; profuse expectoration of pus or muco-pus; fever and profuse sweat.

Arsenicum—In advanced cases, with fever, anxiety and restlessness; diarrhea, due to intestinal ulceration.

Arsenate of Quinine—In advanced cases, with the condition described under *Arsenicum*, this will have a "tonic" effect, rendering the patient's state more comfortable.

Cuprum Ars.—Cramps in the abdomen, with vomiting and diarrhea, following stomach disturbance.

Agaricin—For the night-sweats of phthisis. Dose: One-grain tablet at bedtime; sometimes necessary to give two or three doses during the latter part of the day and in the evening.

Phosphoric Acid—Feeling of weakness in the chest; cough with feeling of tickling under the sternum; muco-purulent expectoration; night-sweats.

Pilocarpine—Profuse sweats occurring in the course of acute phthisis.

Atropine—In extreme cases, to check the exhausting sweats-Atropine may be used as a palliative; it is not curative in its action. Dose: One one-hundredth of a grain, by hypodermic injection, given at bedtime.

Aconite—For slight hemoptysis occurring in the early stages, with fever and excitement of the circulation.

Antimonium Iod.—Fever; cough, with profuse muco-purulent expectoration.

Ferrum Ars.—In cases with marked anemia; pale skin and lips; in females, amenorrhœa.

REPERTORY.—*Cough*—Phosphorus; Nitric acid; Stannum; Hyoscyamus; Belladonna.

Night-Sweats—Agaricin; Phos. acid; Arsenicum; Cinchona; Silicea; Atropin.

Fever—Arsenic iod.; Baptisia; Ferrum phos.; Chin. ars.; Silicea.

Digestive Disorders—Nux vom.; Strychnin; Arsenicum Cuprum ars.; Ferrum ars.

Pain in the Chest—Bryonia; Aconite; Kali carb.; Cimicifuga.

Insomnia—Caffein; Digitalis.

Hemoptysis—Millefolium; Phosphorus; Ferrum phos.; Acalypha.

“The germ theory has taught us cleanliness, it has improved our surgery, it has purified the surgeon’s ‘best probe,’ but it has taken a complex and roundabout way to arrive at this end; but it has not, nor can it, affect Homeopathy or its application.”—*Medical Century*.

Catarrh of the Bile Ducts.

A man aged 64 and weighing 280 pounds, engaged in literary pursuits, had been declining in health for two weeks. After being ill nine days an old-school physician gave him medicine. The first dose made him vomit and otherwise feel badly. A half dose was tolerated but little better, and even a quarter of the prescribed dose did not seem to agree. Then a homeopathic physician, not exclusively engaged in practice, was called. This physician not wishing to take the responsibility of the case, I was called the eleventh day.

Merc. sol. 6x, which the patient had been taking, was continued, it being plainly indicated. He also had received rhus tox. 3x because of a pain in his back. During the last twenty-four hours he had taken merc. sol. 3x alone, with some improvement, and the remedy was continued. He had a flabby tongue showing imprints of the teeth, with other indications of a sluggish liver. Already a little hematuria had appeared, and symptoms of catarrh of the bile ducts. Although there had been no black stools, I felt satisfied the catarrh in the bile ducts had gone to the extent of partially occluding them. He then received leptandria 1x. This provoked vomiting, but was followed by improvement and increase in the hematuria. The urine became very bloody. The next stool was black and tarry however, showing that my former opinion, as to the condition of the bile ducts, was correct. The leptandria had relaxed the ducts. This remedy was continued in the same potency but at longer intervals, and ham. 1x given because of the excessively bloody urine. This treatment resulted in rapid improvement, and these remedies were continued in higher potencies, and in a few days more the patient was practically well.

"Homeopathy is not a branch of medicine, as gynecology is a branch of surgery. It is medicine itself. Its understanding cannot be acquired by one who knows all things else, by simply adding a knowledge of its therapeutics at a later day. Like Love, Homeopathy is not of man's life a thing apart, but 'tis his whole existence."—*American Homeopathist*.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

Some "New" Remedies.

In a recently issued work by M. E. Douglass, M. D., under the title of "Characteristics of the Homeopathic Materia Medica," notice of which appeared in February CRITIQUE, may be found a large number of new remedies, at least so new as not to have found place in so reliable and recent work as Allen's "Handbook of Materia Medica and Therapeutics," of the issue 1889. We propose to give the symptomatology of a few, in hopes that some one may find "just what they have been looking for."

ADONIS VERNALIS:

Head feels light, with some aching; headache extending from occiput around temples to eye-sockets, and across frontal region, lasting until midnight.

Vertigo in the morning on rising, obliging him to lie down.

Scalp feels tight all over.

Eyes yellow, surrounded by dark circles.

Mouth tastes nasty, slimy and bitter. Tongue coated dirty yellow; anterior half feels sore, as if scalded.

Heart's action somewhat reduced in frequency.

Qualmishness, with belching of gas; gnawing hunger, with heavy weight at stomach.

Bloating of abdomen, with frequent passage of small quantities of hot flatus.

Faint, heavy, gone feeling in epigastrium, relieved by going out of doors.

Pressing desire for stool, without pain, after eating.

Oily pellicle on urine.

Sleeplessness from rambling thoughts; dreams almost as soon as eyes are closed in sleep; restless sleep, with terrible dreams.

Aching in nape of neck, with stiffness; stiffness whole length of spine, with sore aching from tenth dorsal to last lumbar vertebæ.

ÆSCULUS GLABRA:

(This is Ohio buckeye; triturations from whole fruit.)

Obstinate constipation; great lameness and weakness of the back.

AGARICUS PHALLOIDES:

Teeth and gums black; cold tongue.

Very frequent bilious and mucous vomitings; incessant cramps of the stomach.

Tense abdomen.

Frequent bilious stools; whitish stools as in Asiatic cholera.

Suppression of urine.

Pulse small and intermittent.

Cramps of the legs.

Violent convulsions; debility; extreme prostration.

Marked chilliness; sweat cold.

AGARICUS PROCERUS:

Furious delirium, with frantic cries and vehement resistance to remedies, followed by a state like delirium tremens.

PISCIDIA:

(Jamaica Dogwood. Tincture from the bark of the root. Proven by William Hamilton.)

Profound sleep, coming on abruptly, lasting twelve hours.

PASSIFLORA:

(Introduced into Homeopathic practice by Dr. C. M. Hale, 1875. It is White Passion Flower, and the tincture is made from the leaves.)

Tetanic convulsions affecting mainly the muscles of the trunk, with predominant opisthotonos.

Violent tetanus, with episthotonos, trismus and convulsions.

Tetanus and trismus in horses.

Neuralgia; sleeplessness, with great restlessness and suicidal mania.

JALAPA:

(Introduced into our *Materia Medica* by Noack and Trinks. Triturations are made of the root.)

Child is "good" all day; screaming, restless and very troublesome at night.

Violent headache.

Humming in the ears.

Nausea and vomiting.

JASMINUM:

(*White Jasmine.*)

Comatose condition.

Pupils immoderately dilated.

Pallid.

Pulse slow and feeble.

JUNIPERIS COMMUNIS:

(*Juniper. Tincture of the berries.*)

Scanty, dark, scalding urine, with pain in the bladder and kidneys.

OSTRYA:

(*Ironwood. Tincture of the heart-wood. First proven by Dr. W. H. Burt.*)

Tongue coated yellow at the root.

Loss of appetite for breakfast and dinner; frequent nausea, with the dull frontal headache.

PHORADENDRON:

(*Mistletoe.*)

Prevents miscarriage; hastens labor.

SIUM:

(*This is Water-Parasnip, and was introduced into Homeopathic Literature by Dr. White in 1873. Tincture made of the root.*)

Much excited.

Great dizziness.

Decided burning feeling along the alimentary tract.

Became nauseated, and vomited what little he had eaten for dinner.

Every few minutes there were spasms, at first violently

clonic, but with each succeeding convulsion the violence diminished, so that they became little more than tremors; by degrees the character was changed until the last one (in which circulation and respiration ceased), which was a pure tonic spasm.

QUASSIA :

(*Proven by Dr. J. O. Miller, Austria. Tincture of the wood.*)

Awoke with great anxiety and solicitude, without cause; was unable to sleep.

Stools at first hard, with great effort, afterwards pasty.

Sensation of coldness running over the back, with constant inclination to yawn and desire to stretch out the foot.

PLUMBAGO LITTORALIS :

(*Introduced by Dr. Mure, Brazil. Tincture of the leaves.*)

Vertigo of three or four minutes, after a meal.

Inflammation and lacrymation of the left eye.

Sense of smell very acute.

Lips dry and cracked at the corners.

WHY SMALLPOX IS DYING OUT.—Medical men often have strange theories about disease, but it has been left for Dr. Talbot, Medical Officer for Mile End, to put forth a theory, plausible it must be admitted, why smallpox and vaccination are not so powerful for evil and good as they used to be.

“It is well known,” he said, “that on several occasions, when an infectious disease has been first introduced to a population, it has killed off that population with a vigor never again experienced unless after a period of some generations. In our own time we have had the re-introduction of two diseases neither of which by one attack exhausts the soil and renders the patient safe from a second. I allude to diphtheria and influenza, both absent for two or three generations, then attacking us with greater violence, but now it would appear as if these attacks were much modified. Is it not possible that neither smallpox nor our vaccine is what it was in Jenner’s day?”—*Health.*

SURGERY

CONDUCTED BY J. WYLIE ANDERSON, M. D.

Tumors of the Breast. Malignant and Non-Malignant.

Upon examination of tumors of the breast the great question to determine is as to whether the neoplasm belongs to the benign or the malignant class. In certain cases difficulties may be experienced with the best possible knowledge; especially is this true in the early stages, but the majority of such difficulties experienced in the diagnosis will vanish by making a systematic use of our eyes, ears, and hands in the investigation.

In cancerous disease the tumor does not rest satisfied with the tissue primarily involved. For instance, if in the gland it will soon involve the skin and the muscular structure beneath. The skin is affected slowly, but in a very characteristic way. The skin will not remain loose, but will tie down to the mass, and its color change from the natural to the livid or blue. Dimpling is also a characteristic feature and this to complete puckering. The muscular structure beneath the tumor may at first move freely over the muscles, but if considerable degree of development it becomes fixed, and by infiltration the gland and muscles are amalgamated into one solid mass.

The absorbent glands when they become infiltrated become a strong evidence of cancerous formation. When the clavicular and axillary lymphatics become enlarged, this circumstance ought to settle a doubtful question as to the nature of mammary involvement. It is true that glandular enlargement may be associated with peripheral sores of a simple character, and with inflammatory affections of the mamma, but under such circumstances the swollen glands are more tender, and are prone to suppuration.

Nerve pains are regarded by some as of much value, but I believe neuralgic pains in the mamma is misleading, and ought not to be relied on except only as connected with other conditions.

Retraction of the nipple, when connected with discoloration and drawing of the skin, is a certain sign of malignancy, but the mere sinking of the nipple without discoloration ought not to be taken as such evidence, and the nipple may become retracted in the early stage of cancer, and later it may resume its natural position.

If there be any discharge from the nipple; if purulent or watery, it may be a simple inflammatory product; if thick and causeous, the tumor is likely cystic; if sanguinous, serous and small in quantity, it is likely to be cancerous.

I have but little faith in what is called cancerous cachexia as diagnostic sign. It may not be present in the early stages, and a cachexia may be present at any exhausting and wasting disease.

The following summary may be of service: 1. Cancer generally occurs after the decline of the life—after forty years of age. Innocent tumors are more likely to occur during the functional activity.

2. Cancer of the breast of a single woman is likely to occur earlier in life than in the married, the functional activity of the gland lasting longer in the married.

3. Cancer infiltrates the gland entire; simple tumor only a part.

4. Cancer starts from a single centre. Innocent growths are often multiple.

5. Cancer does not remain long without involving adjacent structures. Simple tumors will not, excepting in very late periods, and then by inflammation or pressure.

6. Cancer is disposed to break down in the latter stages, and when the skin ruptures or becomes ulcerated, the margin and surface reveals the true character of the disease. In simple tumors the appearance is that of a slough, but in cancer there is no distant margin.—*Health.*

A CASE OF SKIN CANCER HEALED BY THE USE OF ROENTGEN RAYS.—By Dr. Thomas Stenbeck. The author healed a typical case of epithelioma of the nose by means of the Roentgen rays

with excellent cosmetic result. After 35 sittings (10-12 minutes, at a distance of 15-20 cm., with moderate strength rays) cleansing of the area was secured. The intensity of the treatment was then increased. So short a period has elapsed since healing was obtained that it would be premature.—*Dermatolog. Centbl.*

FORMALIN IN MOIST GANGRENE.—By Dr. Ranelletti. The author recommends formalin in moist gangrene, in order to prevent mummification and loss of tissue. He reports an instance of inoperable epithelioma which was cured by this method. In every case of malignant tumor this drug should be tried as a palliative measure.—*Post Graduate.*

CUTANEOUS CARCINOMA AND X-RAY.—By Dr. Stenbeck. The author reports an instance of epithelioma in a woman of 72 which was treated with the X-ray every day for 10 or 12 minutes at a time. The distance from the apparatus was 15-20 cm. After 35 sittings the ulcer began to clear up, and was finally cured.

HÆMORRHAGE AS A SIGN OF CONGENITAL SYPHILIS.—Gottheil (*Archives of Pædiatrics*, 1898; *International Medical Magazine*, March) calls attention to the importance of bleeding in infants as symptoms of congenital lues. He points out that these may be the only mark of the disease, especially at first; but that they are almost invariably accompanied by a diminution of the coagulability of the blood similar to that of hæmophilia, and that the case usually goes on rapidly to a fatal termination. Disease of the vascular walls is one of the most frequent effects of the syphilitic poison, leading to hæmorrhagic discharges from the mouth, the bowels, the bladder, or the nose; to blood accumulations under the skin and mucosæ, or in the serous cavities and internal organs; or, finally, making the syphilitic eruption itself hæmorrhagic. The author urges the importance of remembering these facts in the treatment of infants who have hæmorrhagic discharges or a hæmorrhagic eruption, the cause of which is obscure.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OF OPHTHALMOLOGY AND OTOTOLOGY,
DENVER HOMEOPATHIC COLLEGE.

The following abstract from the "Medical Review of Reviews" (January 25, 1901), will, we believe, interest our readers. The first, because of its appropriateness to the grippal tendencies of ear disease; the second, because the lack of results from the usual treatment in the class of cases referred to:

"SINUS THROMBOSIS.—Sinus thrombosis as a complication of mastoiditis is of considerable interest at the present time. In the November "Medical Review of Reviews" we abstracted the excellent paper of Dr. J. F. McKernon, and in this issue we continue the consideration of the subject by giving a clinical history from the practice of Dr. T. Passmore Berens, of New York. The case is one of acute mastoiditis with involvement of the lateral sinus, and the operation necessitated removal of the sinus in its diseased portion, and resection of the jugular vein. Recovery resulted, and Dr. Berens presented the case recently before the New York Otological Society.

"V. T., aged fourteen years, came to the Manhattan Eye and Ear Hospital, April 14, 1900, with the history that he had had measles four weeks previously, with pain and profuse discharge from the left ear for two weeks.

"The mastoid region was tender and œdematous. There was no pain or tenderness in the neck. Temperature 98 4-5ths° Fahr. The usual mastoid operation was attempted, but in the region of the mastoid antrum the skull was found extremely thin, not more than an eighth of an inch thick between the internal and external tables. The antrum was entirely wanting. One quarter of an inch behind the posterior wall of the canal the lateral sinus was encountered. Below the level of the floor of the external auditory canal the mastoid seemed of normal structure, but was full of pus. A very small fistula was found leading directly into the attic. This, with the attic, was laid open, and the attic curetted. The curetting brought away a necrosed malleus and incus with much granulation tissue. The wound was packed with sterilized gauze, and the patient put to bed. He suffered considerable

shock, and the next day his temperature rose without chill to 105 2-5ths° Fahr.; but began soon to fall, and this condition was looked on as a reaction from the shock of the operation.

"The next day, April 16, the temperature rising to 104 3-5ths° Fahr., the exposed sinus was punctured without ether, and found to contain no pus. There was no tenderness in the neck.

"Under ether the lateral sinus was exposed and incised to the jugular bulb; pus only resulted from the incision. The sinus was then further uncovered, almost to the torcular, before finding a normal condition. The outer wall of the sinus was then dissected off its whole exposed length. The bleeding end of the sinus was packed with sterilized gauze, and an incision was made from the lower end of the wound to the clavicle, and the jugular vein was removed from the bulb to an inch above the clavicle, where it was tied. The jugular vein was completely collapsed to the point of entrance of the thyroid vein, and contained but little blood below this. The jugular vein was freed of blood clots and pus by curetting and syringing with sterile water.

"In making the dissection for the jugular vein, the sternocleido mastoid muscle was found to be unusually broad, so, instead of turning it aside, the muscle was split its whole length. The facial vein contained a short clot, and was tied off external to the clot. The thyroid vein was also tied. Decinormal salt solution was infused into the abdominal tissues with good effect on the very poor pulse. The temperature fell to 100 3-5ths° Fahr. twelve hours after the operation, but for the four days following it was irregular, rising at times to 103° Fahr. On the fifth day its highest mark was 101° Fahr., and from then on the temperature gradually fell to normal.

"Two days following the operation, the patient had severe pain in the seat of the infusion of the salt solution into the abdominal tissues; this resulted in an abscess that was, however, readily handled. Two weeks after the operation, a small superficial abscess (metastatic?) developed just below the left ankle joint, and two days later a similar abscess developed in the same location on the right foot. They both yielded readily and quickly to treatment by drainage and packing.

"The patient was discharged from the hospital, May 21, 1900, five weeks after the operation.

"A small superficial wound persisted in the mastoid region, and a few granulations persisted in places along the line of incision in the neck."

Texas Medical Law.

Texas has enacted a medical law which becomes effective next July. Below see synopsis.

1. Three Boards of Medical Examiners are provided, Allopathic, Eclectic and Homeopathic, each composed of nine members, six constituting a quorum.

2. Candidates are to be examined upon the following subjects: Anatomy, Physiology, Histology, Pathology, Chemistry, Materia Medica, Therapeutics, Practice of Medicine, Surgery, including diseases of the eye, ear, nose and throat, Obstetrics, Gynecology, Hygiene and Medical Jurisprudence.

3. In case applicant shall fail to pass the examination, he or she shall not be permitted to go before the Board again for one year thereafter.

4. Three members of the Board may be appointed by the President to examine a candidate and grant a temporary certificate if found qualified, which shall entitle him to practice until the next regular meeting of the Board.

5. Physicians holding a certificate from a state Board whose medical law is as thorough as that of Texas, and whose certificate bears the endorsement of the President and Secretary of the Board who issued it, may have a certificate issued without examination, by paying the usual fee of \$15.

There is no country in the world that holds out so many inducements to Homeopathic physicians as Texas. Every business and industry is in a flourishing condition. Our climate is unexcelled. For further information address

W. D. GORTON, M. D.,

*Chairman Legislative Committee, State Homeopathic Society,
Austin, Texas.*

THE CRITIQUE.

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EDITORIAL COMMENT.

Compulsory Vaccination.

The question of compulsory vaccination is fully before the citizens of Denver. The efforts of the health commissioner to enforce a city ordinance which requires all school children to be successfully vaccinated under penalty of being excluded from the public schools are meeting with determined opposition in many quarters.

For many years grave doubts about the efficiency of vaccination as a preventive of smallpox have been growing in the minds of the people and also in the opinion of many medical men, but this alone does not account for the widespread opposition which has developed over all the country. Another, and possibly the most influential factor in creating a strong prejudice against vaccination, is the unfavorable and often fatal results which are known to follow the introduction of the cowpox virus into the human system.

When the Spanish-American war came on the decree went forth that all of our soldiers must be vaccinated. The result was that many soldiers lost their lives or were crippled and maimed for life simply from the effects of this enforced vaccination. Since that time there has been a constantly increasing dread of vacci-

nation among a very large part of our population, and not without good reasons.

Whether or not the inoculation of the human system with cowpox virus is to be considered a preventive of smallpox has not been determined to the satisfaction of all, but there is no doubt that, during the last decade, the number of deaths from vaccination is far in excess of that from smallpox.

It is not surprising therefore that many people should decline to have a poison put into their blood which is capable of producing deformity, permanent ill health or death. It is perfectly natural for all of us, when face to face with two evils, to choose the least, and this is exactly what the opponents of vaccination claim the right to do. We think they ought to have this right, and any attempt by the authorities to abrogate such a right should be met by the most determined resistance from all fair-minded people.

There are equally strong arguments for and against vaccination, and while such continues to be the case the question should be left entirely to individual convictions. It is a violation of the spirit of our institutions to force upon the people any system of treatment which is not voluntarily accepted by them as the proper thing.

The expulsion of hundreds of children from the public schools during the past week has caused many of our leading citizens to take a stand upon the question, and an effort will be made to take the matter into the courts for judicial determination.

Judge Samuel L. Carpenter, judge of the district court, recently applied for and was granted a mandamus directing the principal of Wyman School to allow the admission of Murray Carpenter and Samuel L. Carpenter, Jr., to the school without producing certificates of vaccination. Proceedings of a similar

nature have been commenced by other citizens, and the matter will undoubtedly be pushed to final judgment in the higher courts.

For the last twenty years the medical profession has constantly dwelt upon the dangers to be feared from the introduction of septic matter into the system, and the people are thoroughly imbued with the truth of this doctrine.

Since vaccine virus is pus, if nothing more, and septic in itself, the present dread of vaccination by so many well-informed persons may be considered the logical result of professional teaching.

How the Truth Hurts Some Folks.

Once upon a time we had occasion to say in *THE CRITIQUE* that "There is nothing in common between the two schools"—Homeopathic and Allopathic—and now the editor of the "Colorado Medical Journal" is greatly disturbed over it. In a long editorial he endeavors to prove that there is much in common between us, and that when it comes to medical legislation we ought to join them in securing the enactment of a law to regulate the practice of medicine which would give the allopaths complete control of its execution.

The allopathic school was never known to entertain a single generous thought toward any rival school—especially the homeopathic school. Though they say we are not physicians and call us quacks, yet they insist that there exists such a community of interests between us that we ought to aid them in suppressing some other poor devil who is trying to earn a living by practicing some form of druggery or humbuggery not a whit worse than allopathy.

"Now wouldn't that make you late?"

Richfield Springs Now.

The place of meeting of The American Institute of Homopathy, for 1901, has been changed from Niagara Falls to Richfield Springs, N. Y. At the Washington meeting last June the vote went for Niagara Falls, but subsequently so many objections were raised to that city for next year's meeting, that the executive committee hit upon the novel plan of referring the question back to the body of the Institute. Accordingly circulars were sent to all asking each to vote for one of the following places: Niagara Falls; Cambridge Springs, Pa.; Richfield Springs, N. Y.; and Montreal, Canada. Following was the result of the vote:

Richfield Springs, N. Y., 469; Niagara Falls, N. Y., 281; Montreal, Canada, 56; Cambridge Springs, Pa., 27; blank votes, 36.

Under all the circumstances we think the change to Richfield Springs is a wise one. The course pursued by the executive committee, while it was an innovation upon established custom, was eminently fair and just. The referendum may prove a good policy many times in the future.

Dr. Bailey's Sanitarium.

We are pleased to note that Dr. Benjamin F. Bailey, ex-president of the American Institute of Homeopathy, has arranged to open a sanitarium in his home city, Lincoln, Nebraska. The doctor has had this matter in contemplation for some time, and we congratulate him on his fine prospects for a large and successful institution. We are informed that the doctor has abundant financial resources behind his enterprise and that no expense will be spared to make the sanitarium complete in every detail. Dr. Bailey is specially fitted to manage such an institution, and we predict for him unqualified success and a great record for homeopathy.

A Clincher.

Apropos of an article in THE CRITIQUE yesterday from the pen of Dr. Timothy Allen, upon a subject that must at all times carry with it intense interest to the profession, and perhaps more especially so, emanating from that source, a case has come to mind that occurred early in my homeopathic practice, and you must understand that a man imbued with allopathic ideas—that a sick man with a belly full of crude drugs represents the ideal of the true pill pedler—is a man who is apt to hide behind the “rock of ages” when the light of the new century in medicine breaks through.

Here it is, and here it is just as it occurred :

John W., age about 53, casually remarked to me one day as I passed, “Doctor, I don’t want any more *stuff*; I’ve been swallowing it for twenty years and growing worse all the time, but I promised my wife I’d tell the new doctor about it. When I was a young man I got the *itch* right on the end of my spine, and for a few years it didn’t spread very fast, but for the last ten years it has been going over the whole buttock, down the thighs, etc. I can’t lie abed any more at night ; I sit up in a big chair and get what sleep I can; in fact, I haven’t been in bed for years, and I had to quit my trade (he was a stone mason) after I had tried all the doctors and drugs I could hear of, and I then came here to the country and bought this little place (a little truck patch). I got so *irritable* and *cross* I couldn’t hold a job, and couldn’t work if I got it. The itching and burning is so bad I dare not put water on it, so I keep it greased all the time. It gets gummy and scabby and when I scratch these scabs off it burns and bleeds, and sometimes, doctor, I wish I were dead. I’ve spent nearly everything I had doctoring this trouble for twenty years.”

I pitied the poor fellow, but candidly did not give the case much thought, thinking perhaps a little palliation would be about all we could expect at his time of life, so reached into my buggy case and found sulfer 3x—I am sure it was 3rd dec. trit., although if it were now I would give 30th and I would certainly want more symptoms to prescribe on. I made him up three powders of five

grains each, telling him to take one each night at ten o'clock. I recall that he did not want to take them saying that he "had swallowed all the stuff he intended to and would pay for nothing more." I was many miles from home and drove hastily away.

Nearly a year after I was driving rapidly along the pike (good old Pennsylvania turnpike) near his place, when I saw a man running and heard him call. I did not care to stop, so at first paid no attention, but finally yielded to his earnestness and allowed him to come up. I did not at first recognize the big strong fellow, but he quickly settled the matter by offering me a greenback and remarking, "I am cured, doctor, as sound as a dollar, thank God, and want to pay you well." The funny part about the matter was that he said the first powder made him scratch more than usual, the second made him scratch all night, and the third powder, which his wife insisted he should take, seemed to improve his condition locally. Within a day or so the itching ceased; in a few days the scales dropped away, the anus healed up—he had had some diarrhea and soreness of the anus, particulars unknown—the head and mind cleared up. The man shortly after returned to his trade and had been perfectly well from that time. Of course the reader will realize that the first powder probably cured the patient.

Denver, Colo., Feb. 28.

A. C. STEWART, M. D.

DENVER, COLO., MARCH 7, 1901.

To the Editor of The Critique :

My attention has just been called to an editorial in the "Colorado Medical Journal" of February 1901, which takes you to task relative to your position on medical legislation for Homeopathy, and which closes with the following queries :

"Why is it that we find associated with our Homeopathist friends all kinds of fakirs in the various false and absurd systems of practice; the Christian Scientists, the faith cures, the quack hypnotists, the osteopaths, the spiritualists, the voodooists, the magnetic healers, the clairvoyants, the astrologers, and so on *ad infinitum et ad nauseum* ?

"Why is it that it is to our Homeopathic friends that these frauds always turn to have their death certificates signed ?"

These queries remind me of the query once propounded in a body of scientific men, "Why is it that a pail quite full of water, will admit a large fish without overflow?" After some discussion it was determined to try the experiment, which proved that the question implied a falsehood. When the editor of the "Colorado Medical Journal" proves his implication, there will be plenty of time to answer his questions. If he should ask, "Why is it that the Homeopaths do not try to legislate these people out of existence?" our answer would be that we believe in the survival of the fittest, that truth will prevail, and that we are willing to abide by the decision of an untrammelled public.

The tolerance of the Homeopath for individuals holding views at variance with his own is so wholly foreign to the great majority of old-school men, among which majority must be classed the editor of the "Colorado Medical Journal," that they, unable to comprehend our true position, seek to throw discredit on us by 'associating us with "all kinds of fakirs.'" (We presume that the Doctor has not studied very closely the diplomas of advertising fakirs. If, however, he has the facts at hand, we should like to have him print side by side the names of those holding old-school diplomas and those holding Homeopathic.)

Medical bills are always introduced by our friends of the old school, who invariably ask full control, and then marvel at the Homeopaths, who, accustomed to injustice at their hands, oppose their bills.

Laws are designed to protect the weak not the strong. If our old-school friends need laws to protect themselves, we have no objection, so long as these laws do not conflict with those who hold medical views different from their own.

As to the second query we are not aware that "these frauds" turn to the Homeopaths to have their death certificates signed!

We believe this implication, like the former, evidence of a prejudiced mind.

A somewhat extended research, covering a period of five years, in the various health offices throughout the United States, shows that for the same amount of work reported, our old-school friends sign two death certificates to the Homeopaths, one.

Should the editor be right in his assumption that the list of death certificates signed by the Homeopaths include the deaths occurring under all the frauds of various kinds, the showing of actual results for our old-school friends, would indeed prove the need of a law for their protection.

I fail to see wherein the public would be benefited by such protection, nor do I see any reason why they (the "regulars") should expect assistance from the Homeopathic or any other school or system of medical practice into legislating themselves with their manifest prejudices into power to control others.

There is a legitimate field for medical legislation, but it neither begins nor ends by placing the control of medical matters in the hands of any one school. Every bill that has yet been introduced by members of the old school in every state in the Union, has asked that the control of medical matters shall be delegated to the "regulars," and thus what they can't gain in open competition before an unprejudiced public, they strive to gain by unjust legislation.

Faternally yours,

DAVID A. STRICKLER, M. D.

The Annual Re-union and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 15, 1901.

The Business Meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the banquet will be held at 9.45 P. M. at Horticultural Hall, Bond Street above Spruce. The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-third Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. Corner Bond and Locust Streets, Philadelphia. Banquet cards can be secured by notifying the Secretary. Requests received after Tuesday, May 14, 1901, cannot be considered. W. D. Carter, M. D., '94, Secretary, 1533 South Fifteenth Street, Philadelphia.

Nurses Graduated.

Thursday, February 21, was a red letter day at the Denver Homeopathic Hospital. Three nurses from the Training School—Jessie K. Ashton, Mary E. Black and Agnes Frederick—having completed the required three years' course of study, had been adjudged worthy of graduation. Exercises appropriate to the occasion, were held in the college rooms, and the three applicants for graduation honors received their diplomas in due form, entitling them to go out to their work as trained nurses.

Although the weather was inclement the rooms were crowded. The exercises followed the third lecture in the Alumni Course, given by the former Dean of the College, Dr. S. S. Smythe, on "The Demands of the Hour," and many friends of both college and hospital were present. A band of nurses, dressed in uniform, from the County Hospital, attended in a body. Some nurses from St. Luke's Hospital were also present.

At the close of the Alumni lecture, Dean Willard took the chair and introduced the exercises by giving a detailed account of the more important subjects in which the nurses had been trained. He then introduced Prof. C. W. Enos, President of the Board of Directors. President Enos suggested that nurses were born, not made; the birth of the trained nurses occurring only after three years' of experience and instruction in the Training School. Napoleon said, "A man does not become a soldier from merely putting a gun or a sword in his hand, but from a long course of military training and discipline." The simple act of putting a scalpel into the hand of a farmer does not make him a surgeon, neither does the possession of a good vocabulary and a collar button at the back of the neck make one a clergyman. And so a white cap and a uniform do not make a nurse. As with the soldier, surgeon and clergyman, so with the nurse. They must first have good digestion and at least average ability, and then receive a thorough and comprehensive training along certain lines, fitting them for their special work. Finally, "be faithful, do the very best you can; so well that doctors and patients cannot get along without you."

Miss Abbie Thurston, Principal of the Training School, then presented each nurse with a gold pin, engraved with the words "Trained Nurse."

Dr. A. E. Stewart, Professor of Physiology, being introduced, in his inimitable way said in substance as follows:

"Ladies, you should leave your mother institute under most favorable auspices, more so than any class that has preceded

you, for the reason that scientific investigation does not stand still, and the onward march of man to-day is taken toward the rising sun in the direction of those finer forces of nature that have "blazed" the mile-stones of his physical and mental development since the pliocene time a million years ago,—the same forces which to-day render a magnificent account of the intricate phenomena of his living body and go with him, carrying light with the shadow, down into the valley of death. You know, or should know, that spontaneous or instantaneous death cannot be; that many of the cellular structures of which the body, as a whole, is made up, will live for many days outside the body and retain the vital principles upon which life depends—their irritability, conductivity and contractility. That the human heart can be made to beat upon a dinner plate; that absorption will go on within the body, even to a large percentum of the body weight, hours after death; that the leg of a frog cut from the trunk of the animal will functuate perfectly, if the sciatic nerve be irritated chemically, electrically or mechanically; that a piece of the muscle cut from the heart of a tortoise, if suspended in a moist chamber, will beat for twenty-four hours or more, and that certain corpuscles from the circulation of man, if surrounded by proper media, will live and functuate outside the body many days after the spirit of the individual from whom they have been taken has passed beyond the "great divide."

"In other words, man no longer gropes in the stygian darkness of natures' mystery chambers; the light of the twentieth century has dawned and sheds beneficent rays upon the gloom.

"If, standing at the bedside to-day as an intelligent nurse, you hear the physician say "this temperature must be forced down," you will know at once the theory is based upon ancient doctrine, that temperature cannot be forced down without great risk and probable injury to the patient, unless it be done curatively, and if he assume to use quinine you at once will know that the drug will attack the leucocyte and the lymphocyte to a dangerous degree—that the metabolism of tissues will therefore be seriously interfered with, that fluid tissues will be rendered much more coagulable by the action of this drug directly or indirectly upon the enzymes of these tissues, and that if the dose be sufficiently powerful, or be prolonged, the fluids of the labyrinth will be influenced to a marked degree and disturbances of the equilibrium result, attributable to changes adjacent to the *crista acoustica* and the nucleus of Dieter—phenomena quite common in this class of cases.

"On the other hand, if your patient is so unfortunate as to have to swallow the usual dose of that murderous mineral, calomel, or some other mercurial, you will know at once that the so-

called *alterative* condition of tissues—the oxy-albuminate metamorphosis within the blood and other tissues is certain to go on to the detriment of the red corpuscle and blood plaques—that the glandular structure must take up this poison and hold it as a means of self-protection, and that after the patient's body has rotted down in the grave, the mercury will drop therefrom and return to the earth from whence it came. But there is still more painful contemplation of the evils of this system of "doctoring;" if the administration of this poison be carried beyond nature's ability to protect herself—which it often is—the great ganglionic cells of the vantral horns of the cord become disintegrated in large numbers and the patient becomes a hopeless cripple.

"Ladies, remember your obligations,—first, to your mother school; next, to Samuel Hahnemann, who one hundred years ago called a halt in the killing; and lastly, but of infinitely more importance, your obligations to your fellowmen, so that all may be well with you when the silver has stolen in and you have grown gray in the service of the people. In the evening of life, after the sun has tinted the hill-tops a golden hue and gone to rest, and you feel at peace with your conscience, you may then with profit and consolation recall the words of the brave and illustrious Jackson, who, on that fateful night, on the firing line at Chancellorsville, received a fateful volley from his own troops, and who, while being carried dying to the rear, turned a smiling face to his weeping and praying soldiers and exclaimed, "I am tired and my work is done, we may now cross the river and rest beneath the shade of the trees."

Dr. J. W. Harris called their attention to the fact that during their course in the Training School he had lectured to them on surgical emergencies, and for his final talk took for his subject the "Emergencies of Life." After pointing out some of the emergencies which they must always be prepared to meet as they go through life, he showed them how essential it is to have their wits about them, illustrating his remarks by several humorous anecdotes.

At the close of the exercises refreshments were served by the Hospital nurses, appropriate music was furnished, and all entered heartily into the enjoyments of social fraternity and fellowship. A pleasant feature of the happy occasion was the attendance of nurses from other Training Schools of the city. B.

THE CRITIQUE is sorry to learn that Dr. A. J. Clarke, of Loveland, has been sick with an attack of grip, and his son, Dr. Edwin J. Clarke, has been attending to his practice for him. We hope the doctor will soon be round again.

Book Notices.

DISEASES OF THE HEART. By A. L. Blackwood, M. D., Professor of General Medicine and Senior Professor of Physiology in the Hahnemann Medical College, Chicago; Attending Physician to the Hahnemann Hospital, Chicago; Member of the American Institute of Homeopathy, Illinois State Homeopathic Society, etc., etc. Halsey Bros. Co., publishers, Chicago and St. Paul, 1901.

In a space of 260 pages Dr. Blackwood has given us a concise and practical work on diseases of the heart. As he says in the preface, "Controversial topics have been avoided and doubtful subjects omitted." The book will be found valuable for its very complete symptomatology of the various heart affections and for the great attention which the author has given to general treatment—a most important feature of the work. The remedies used are discussed in the order of their importance and their relative value distinctly pointed out. Dr. Blackwood's book should receive the recognition from the homeopathic school which its intrinsic merits clearly demand.

The publishers, Messrs. Halsey Bros. Co., deserve credit for their share in producing a very handsome volume.

HOME TREATMENT AND CARE OF THE SICK. INCLUDING CHAPTER ON APPROACHING MATURITY, MARRIAGE AND MATERNITY. By A. Temple Lovering, M. D. Otis Clapp & Son, publishers, Boston and Providence. 1901.

This is a well written book, and we believe it has a legitimate field of usefulness among the people. The author's endeavor is to teach the nonprofessional reader how to meet emergencies and treat simple ailments until the services of a physician can be secured. The book contains much valuable advice for both sexes. The chapters on "Approaching Maturity" and on "Marriage and Maternity" are especially to be commended.

THE MEDICAL ADVISER; OR HOW TO TREAT THE SICK AND INJURED. By O. Edward Jenney, M. D., Professor of the Practice of Medicine in the Southern Homeopathic Medical College, Baltimore. Published by the Maryland Homeopathic Pharmacy Co., Baltimore.

The author says, "This little book, prepared primarily for the use of patients out of easy reach of a physician, who desire to use Homeopathic remedies, may, perhaps, be found useful to a wider circle." It is a very modest little volume containing brief reference to various subjects, such as antiseptics,

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artificial feeding, bandaging, bathing, etc., and gives concise directions for the homeopathic treatment of simple ailments and emergencies.

VARIOUS VERSES. By William Tod Helmuth, M. D. Boericke & Tafel, 1901. Price, cloth, \$1.00 net; by mail \$1.05.

We are indebted to Messrs. Boericke and Tafel for a copy of this elegant little volume of poems by the well known surgeon and poet whom we all love to know. It contains many of Dr. Helmuth's best efforts and makes a nice book for the doctor's office table. At a later date we shall take pleasure in giving abstracts in THE CRITIQUE.

Things to Remember.

THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

CARBUNCLES.—Creel has relied on Ecthol given internally, in doses of a teaspoonful, in cases of carbuncle; flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topic application of Ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Journal American Medical Association.*

Freddy, the son of a well-known minister, had misbehaved, and, to punish him, he was not allowed to eat at the family table. A small table was set for him in the corner of the dining-room. When his dinner was placed before him, Freddy said very solemnly:

"Lord, I thank thee that thou hast spread a table before me in the presence of mine enemies."—*Judge.*

SANMETTO clinically fulfills the promise of its physiological action. Hence its efficacy and seeming popularity with the profession in treating genito-urinary cases characterized by irritable, painful, frequent and scanty micturition—conditions we find in the weak, nervous types.—W. H. Christie, M. D., Prof. Materia Medica and Therapeutics in the Omaha Med. Col. Phys. to Immanuel and Clarkson Memorial Hospitals.

In La Grippe the patient must have a new and continuous

supply of all the vital elements in which blood is deficient. Introduce in all such cases live blood—BOVININE.

A little girl remarked that she thought children should love their mothers much more than their fathers.

"Why do you think that?" asked the teacher.

"Oh, well," said the little tot, "your fathers are only related to you by marriage, but your mothers are related to you by bornation."

During these times when everybody is compelled to be vaccinated or stay away from school, do not forget the best, purest and safest vaccine is Glycerinated Vaccine Virus, manufactured by Parke, Davis & Co. Use no other.

YOUNG LADY'S DIARY.—On transatlantic steamer: Evening—"Took three pills before retiring." Morning—"Passed an iceberg at 7 A. M."—*Practical Medicine.*

Look out for the substitutor, he is abroad in Denver, and when ordering Peroxyde of Hydrogen specify Marchand's, and see that the druggist fills correctly. Hydrozone is the most powerful antiseptic known.

Doctor (to patient about to take a lavage)—"Madam, if you have any artificial teeth, will you please remove them before I undertake to pass the tube."

Patient (after removing two plates of artificial teeth)—"Will it be necessary for me to remove my glass eye?"

THE CRITIQUE is in receipt of a reprint from the "New York Medical Journal" of "The Diseases of the Blood in their Relation to Surgery and their Treatment," by George G. VanSchaich, M. D., in which he details cases that are run down by loss of blood or disease, that by the use of Pepto-Mangan (Gude) have been permanently restored. One can count with absolute certainty on an increase of the red corpuscles.

Old Ben Wade was traveling over the Union Pacific railroad, through Cheyenne and Laramie. Sitting down by Jules Daniels, who ran a ranch at Laramie, old Ben remarked:

"This a very bad country—a God-forsaken country, Mr. Daniels."

"You are mistaken, Senator," said Jules. "This is a very good country. All it lacks is water and good society."

"Yes, that's all hell lacks," growled old Ben.

THE CRITIQUE.

VOL. VIII.

DENVER, COLO., APRIL 15, 1901.

NO. 4

The Physician Facing the Twentieth Century.

Alumni Course Lecture in the Denver Homeopathic College,
By Genevieve Tucker, M. D., Pueblo, Colo.

The advent of a new century is a fit time to pause and take one's bearings, to note the landmarks of the past, survey the present and prospect the future. In no department of life will such action afford more pleasure and profit than to the physician. Retrospection shows that medicine has not failed to keep apace with the universal tide of evolution. It would be interesting to recount the steps by which medicine has progressed to its present position; but it is not our purpose to-night to trace the long and tedious road by which the "Healing Art" has advanced from myths to science, from mysticism to realism. Sufficeth to say, this Appian Way is dotted with crumbling and dust decaying monuments to the theories, dogmas, sophistries and charlantanism of medicine, which will afford many lessons for your thought and meditation when thus you choose to muse. When the zeal and audacity of youth is past, the fear of "getting behind the times" is the bane of every physician's life. To-night, for once, we wish to get afore the times, and, as a physician, face the twentieth century, noting our power, our perils.

Firmly fixed in the science and art of medicine of the present time, the physician beholds the golden age in the future, and reaches for the possibilities of the new century. Now the possible is always reached from the actual. The physician finds his power to attain the possible in the science and art of medicine in his ability to estimate facts. The power of the physician facing the twentieth century lies in his ability to estimate facts. The perils of the physician to attain the possible in

the science and art of medicine lie in his environment, which curtails his liberty to observe facts. We repeat, the perils of a physician as he faces the twentieth century lie in an environment which curtails his liberty to observe facts.

It is acknowledged that medicine is not an exact science, but all admit that whenever a law in medicine has been propagated to that degree medicine has advanced, and the more medicine conforms to law and the nearer to a science it approaches, just so far and no farther are the strides of progress marked. The possibilities lie in making medicine a more exact science. Now science rests on law. Laws make science, not theories, not dogmas, not sophistries and speculations, but laws of truth, and law admits of universal application. Knowledge of the processes of nature is obtained by the acquisition of facts. Nature unfolds her secrets in facts pure and simple, and invites man to gather in abundance, to see them as they are, in order and undistorted, to think and meditate, generalize and arrange, and from these facts enunciate principles, principles of truth, and formulate laws, laws of science; then take these laws and test them—for what? the benefit of mankind.

Facts are "Truths of science waiting to be caught, like fair new forms that float about the threshold of an age." The office of the physician is directed in three ways. Hahnemann states it thus: First, the cure of disease; second, the alleviation of disease; third, the obliteration of disease, or, as we state usually, the cure, palliation and prevention of disease. It is along these three lines that the science and art of medicine have developed and await perfection. The medical facts of physiology, pathology, hygiene, materia medica and therapeutics already are enormous; none dispute them, but the lack of science in medicine is shown in the principles deduced from these facts. This is the weakness and strife of medicine. Whenever a correct principle is deduced or a law formulated, the facts it rests upon can be verified under all conditions. They can be gathered and garnered by every one and can become the experience of your contemporaries as they have been of predecessors, and be just as vital in the days to come as in our own. Let me illustrate. For

a long time it was thought that the starry heavens revolved about the earth. It was accepted as an apparent truth, but problems arose from time to time that could not be solved. Then a thoughtful man finally grasped the logic that the earth revolved about its axis. All was explained in an hour. From the same facts a correct principle was deduced. I say "correct." How do we know it? Because in all the ages since any one can solve the puzzle of the heavens by it. The astronomers in every part of the globe compute time by this principle, and not alone the astronomers, but you and I any day, can verify the correctness of the deduction, if so we choose. It is a hundred years since, in the city of Philadelphia, a man was born who proved to be a great collector of medical facts. Being of logical mind, he could see clearly and think wisely. The world is happier for his knowledge. When forty-eight years of age he announced a new remedy for heart failure. To-day there is not a hospital in the civilized world that is not using Nitro-Glycerine for definite conditions of threatened cardiac failure. A few years later a French physician found, or discovered, the same thing. When Constantine Hering was led to prove Nitro-Glycerine in his own body, from the facts or symptoms induced he made a correct deduction that it was heart failure of definite conditions that could be cured by it. That his deduction was correct is verified in clinical use by Allopath, Homeopath, Eclectic—anywhere, any time. It is not two weeks since an Allopathic surgeon related to me that in a case of cardiac failure, following an amputation of the previous day, the beautiful and quick result he obtained from Nitro-Glycerine; Digitalis and Strychnine both failing. If he had been wiser in the therapeutic use of remedies he would have given it at first. Any one, to-day or in the ages to come, can produce the facts from which Constantine Hering made his deduction, by taking Nitro-Glycerine under the regulations he did, and any physician can verify the truth of his deduction, no matter what his sectarianism. It is this universality, admitting unlimited verification, that is the stamp of truth. Michael Faraday used to say, "I can do nothing with the record of any experiment until I myself have produced it in my laboratory." He disclosed the secret of

science. The test stone of all medical science is to verify in personal experience, and to match experiences is the work of physicians. Pure air, pure water, and pure soil are necessary to health. This is the prime law of preventive medicine. It is an old law. Centuries before the Christian Era Hippocrates deduced it from personal observations. You and I can verify the deduction, and the facts upon which it rests, as surely to-day as in the ages of the past. It made no difference whether it was General Wood cleaning Havana to prevent yellow fever, General Otis cleaning Manila to prevent smallpox, or the allied forces working in Peking to stay malaria, the result was the same. That filthy air, filthy food and filthy soil are incompatible with health is a law of sanitation, and because it is science it sticks fast, is eternal. It matters not where this law is applied, what the climate or what the disease it is applied against, neither is it affected by any one theory of disease. It works as well to-day, for the germ theory of disease with its microbes, as it did a century ago when disease was thought to be a deposit, or in the time of Hippocrates, when the humor theory of disease obtained. We are now on the threshold of a new century. Undeniably the physician works from a more exact and scientific plane than at any time in medical history; but withal, our no slight acquaintance with vital processes, the twentieth century finds of all sciences that of medicine the most discordant; but the future lures with irresistible power, that the best things are before and not behind. That the new century will find such a crystalization of medical facts, that thought will not be cloistered longer in medical dogmas, but be logical and free and lead to truth, and the status for which all true physicians labor will be ours because we can measure the extent and energy of medical science. There are those who tell us medicine is effete. This fallacy has come as one of the sensational surprises of the closing of the century. They claim medicine has involuted from much medicine to no medicine, and that it has died because medicine was based on art, not on science. Medicine an art and not a science! What more erroneous teaching can be put forth? Pray, where in all the universe can you find the one and not the other? Where can you find art and

not science, or science without art? As well attempt to divorce light from heat or the sun as to separate art and science. What is art but the application of science? There is no art unless it corresponds to science. Reject science from art and you have but the erratic and mystic in life. Truth gives us science. Can you have truth without beauty? We get law from science and from art we get love, and love is the element that makes for the permanency of science. It is the ideality of the reality. Take ideality away from reality and you stop all progress. If you wish to satisfy yourself farther as to the relation of science and art, follow the history of the fine arts in civilization. It was the science in Greek art that gave to it the freedom and liberty of nature and made classic art, *the* art of history. Take the science of surgery. Its law is the cold, hard steel knife; but when that law is applied with the skill and delicacy of the true surgeon's touch— Have you ever seen that touch, the touch that marks the genius of the surgeon? Not every wielder of the knife has it. We say, when the law of surgery is applied with skill in a speedy, gentle, and the safest manner, it makes for the welfare of the patient, it is the art of surgery. It is the science of surgery applied with art, the law of surgery applied with love, that blesses mankind and gives to surgery an enduring place in medicine. It is a delusion to talk about art in medicine and not science in medicine. There can be no art in medicine unless there is science. No, medicine is not effete; it is as yet undeveloped and undiscovered. Is it logical for a blind man to say there is no light? Because Darius Green and his flying machine came to naught is it logical to say there cannot be a flying machine? The fact that air surrounds the earth and that Darius Green thought about air until he wished to fly through it as a bird is partial proof that aerial navigation is a problem that can be solved. Behold the ages it has taken to give us the Roentgen ray. The Roentgen ray was not a creation of the nineteenth century, it was a discovery of the nineteenth century. Man cannot create facts, man discovers facts. The place of the Roentgen ray in medicine is not known. What physician dare assert it may not be the open sesame to the cure of cancer and tuberculosis? "The years teach much which the day cannot know."

The great increase of tuberculosis, and the fact that 30,000 cases of cancer annually in Great Britain alone, are appealing to medicine for the Similia, are indications of the need of further discoveries in medicine. No, medicine is not effete; it is as yet undeveloped and undiscovered. We have said that the secret of the possible lies in a study of the actual. It is in the recognition of the science and art that exists in medicine to-day that qualifies the physician. Let every physician remember that truth acts like a magnet, the greater the charge the quicker it picks out and draws unto itself other truths. A newly discovered truth will be in harmony with some things known to be true. Serum therapy and organotherapy are two new theories of the present time. They confront every physician. How is one to judge of their value? Simply measure by the truth already known in the domain of Therapeutics. If there is more than theory in serumtherapy it will correspond with some truths already known in therapeutic law. If there is permanent value in organotherapy it will harmonize with known laws of healing. When you have found this harmony, the dovetailing of truth to truth, you need not longer hesitate to test at the bedside for then you work by science, not speculation. This is the way to judge of Antitoxin, Thyroidin, or whatever else commands our attention in medicine. Every physician needs to become a specialist as he faces the twentieth century,—a specialist skilled and an adept in separating the wheat from the tares of medicine. Then and only then can the physician go to the bedside of the sick with positive principles. The sick have a right to this; the sick are entitled to exact knowledge, not guesswork; they are entitled to verified knowledge, not the experimentation of theories and fads. I know a lawyer, who is known as "the gentleman of the green bag." Wherever this man goes, up and down the street, back and forth on the cars, he invariably carries a green bag, sometimes tucked under his arm, or in a pocket, but more often, well filled, it hangs from his arm. Books, papers, documents, or anything required for the business of the hour, are found within. No office opens as late or closes as early as his, and none is more prosperous in the town. He even has the reputation of mailing from this bag his wife's letters

on time. There is no doubt that the green bag has much to do with his aptitude and success in business. Every physician needs a similar equipment to this lawyer's bag,—a convenient place for the systematic storage of medical facts gathered from the events and incidents of the hour; a receptacle for observations from which, by mature thinking, to formulate action; a repository from which to take knowledge and augment this knowledge by experience. Every physician ought to pull the drawstring of this bag often and take forth the isolated medical facts he has carefully saved and compare similarities and differences with brother physicians. In this way, and only in this way, can medicine progress. He who sees and can tell what he sees in a clear, plain way, helps the world to move forward, to see, and tell clearly what he sees. "Aye, here is the rub." To see and tell clearly carries the secret of innumerable transformations in medicine. The latent energies of medical science are quivering in the circumambient air ready to be wielded, and physicians busy themselves with the smoke and stir of earth. The eternal law of life and all science declares "they that seek shall find." Enough has been found to give us glimpses of what may be wrought for suffering humanity by a more exact medical science. As physicians we fail to see because of the smoky environment. We blur and dim our facts with fog as dense as London's until we catch only an outline, or such a distorted figure that we mistake phantoms, goblins and hobgoblins for realities. Is it any wonder then that the practice of medicine to some is but the daily weaving and unweaving of the fabric of traditional doctrine,—traditional doctrine based on hobby goblins. The quest of medical science is the quest of the Holy Grail. You remember at times the grail was in the very midst of the court of the king with his knights, priests, soldiers and courtiers, and not one could see it. It was the impurity of the court's environment that prevented them recognizing it. It took Sir Galahad the Pure to discover the truth, find the grail, and redeem from the paralysis of centuries the old monarch and his hollow-eyed court.

Not alone the follies of the court, but the belief that the grail of medicine is only to be found in King Arthur's court, and

searching only within the narrow confines of the court retards the progress of medicine, obscures the sight of science in medicine, and at times the truth is lost sight of entirely. Some have even declared that only the facts taken from green bags are of value. Now it was not the bag, nor the greenness of the bag, but the contents of the bag applied to the business of the hour that made it valuable and was its true import. There are knights in medicine who would have it a royal order that the medical contents of only green, red and white bags can be labeled as truth, as scientific medicine. Beware of legislating such an environment of medicine, for the follies of such a court may lose the Holy Grail of truth entirely from their midst. It is the truth and not the environment from which truth is selected that makes it of value.

Again, there are those who would restrict those who may search for the grail of medicine to members of the court, the priests of the large and old families. They recount the dangers of the quest and the possibility that someone may be hit when Darius Green and his flying machine tumble to the ground, and for the good of the people they would prevent Darius Green testing his flying machine. If aerial navigation ever blesses mankind the credit will be due to the thought of Darius Green. We admit it is possible some Micawber may come to grief while gazing starward when he ought to be engaged in the active duties of life; and if such accident does occur, dare one affirm that the only deaths from concussion are due to flying machines? No, let the Darius Greens test their knowledge, let all who will join in the quest for the Holy Grail of medicine. This will bless the people.

"Truth owes its high perogative to none,
It shines for all as shines the blessed sun."

The chaos of medicine needs more earnest searchers of truth that it may progress to cosmos. The science of medicine must have the ceaseless production of vital experiences for this progress, and the liberty and freedom of the individual physician cannot, must not be restrained. The science and art of medicine lie with the individual physician. The power of the physician as he faces the twentieth century, lies in his ability to estimate facts,

and the perils of the physician as he faces the twentieth century lie in an environment that curtails his liberty to observe facts.

I thank you for your kind attention, and bid you a God-speed in your search for truth.

Value of Healthy Emotions.

It is difficult to define the emotions, but it seems to us they grow out of our feelings; the feelings are simple. Prick your hand with a pin, it is a feeling, but out of it may arise emotions of many kinds. Or the emotions may be called complex feelings; they are pleasing and painful. Love is a pleasing emotion; hate, a painful one. If one makes a long or even a short journey with friends and enjoys it to the fullest extent, the mind is filled with a series of complex and pleasant emotions. If one does not enjoy the journey, the emotions will be unpleasant; but in either case they arise out of the multitude of feeling or sensations which come to the brain through sight, hearing, and the other senses. In all our recreations and in our work, a prolonged flow of pleasing emotions does a great deal to brace up the body and fit it for work. The nervous system is refreshed by them; the energies of the brain accumulate. On the other hand, painful emotions act just the opposite. They exhaust the nervous energies, take away the appetite and reduce the sleep, and help to break down the constitution. Whether life is worth living or not depends largely on whether we can keep up a surplus of happy emotions. Can one control his emotions so as to keep a constant stream of pleasant ones and keep away those which are painful? They are, no doubt, to some extent controllable by the will, and, by training the will may become more so. Few ever try to control themselves and do this, but those who do, and who persevere, are sure to be repaid many fold. It is not so much the keeping out of painful emotions as in bringing in pleasing ones that this is to be accomplished.—*Health.*

THEORY AND PRACTICE.

CONDUCTED BY W. A. BURR, M. D., SENIOR PROFESSOR OF THEORY AND PRACTICE
IN DENVER HOMEOPATHIC COLLEGE.

Approves Homeopathy.

“Modern Medical Science,” under the caption, “Minimizing the Calomel Dose,” prints the following, which will please every homeopathic physician who reads it :

“Intelligent physicians of all schools now agree that different degrees of potency vary the effects of at least many drugs, in an unaccountable manner, sometimes even to reversal. Dr. Edwin W. Pyle (not a homeopathist) gives the ‘Medical Summary’ the following clinical facts, which ‘cast a shadow before’ of the ultimate reconciliation of some violent medical controversies.

“It is the physician’s duty to eliminate all unnecessary elements in medicine and to administer the least quantity that will produce the desired results. Calomel affords a good illustration. There is no more useful medicine when properly used, and none that has left a blacker page in medical history.

“Fine subdivision sometimes increases therapeutic value. This is not a general law, but is particularly true of this drug. When thoroughly triturated with sugar of milk from one to two hours in some definite proportion, as one part, by weight, of the former to nine parts of the latter (a proportion now recommended by the U. S. P.) one grain or less of calomel will produce better results than ten grains of the crude drug, with its dangers and discomforts. * * * It is fair to state that the first decimal trituration of calomel, or *mercurius dulcis ix*, has been a stable product of the homeopathic pharmacy for years, and for this reason has been a *noli me tangere* to many of the profession.

“We deprecate sectarianism in all its forms, but as true physicians we should accept valuable pharmaceutical contributions from every source.’”

If “Modern Medical Science” will make due investigation

it will find that not only *Mercurius dulcis*, but also the other medicines used for the cure of disease "will produce better results" when prepared and used according to homeopathic rules.

A Trial Proposed.

The "Charlotte Medical Journal" wrote a funny editorial criticising Dr. T. F. Allen's article "After Surgery has Done its Best." The "Medical Visitor" makes reply, closing with the following paragraph :

"Homeopathy courts investigation ; begs for a trial side by side of the old school in every hospital of the world, and stands *ready to survive or perish* by the only test worthy of credence—*the test of clinical experience*. Are you ready for the trial? If it is imagination, as you seem to think, the imagination of the uncultured sick in the great charity hospital of Cook county enables more of them to recover than do under scientific medicine. If imagination cures in homeopathy then imagination more frequently soothes the restless brain of the lunatic in insane asylums under homeopathic care than are helped under the scientific remedies which your school prescribes. Dethroned reason takes her place again under the benign influence of the little pills that refuse to be seated under the bromides and powerful sedatives of the old school. We are ready for the trial. Are you? Will you work for a test to be made in every hospital? Of course you won't. You are afraid to do so because of the victory won everywhere when put to the test."

Lycopodium.

At a recent meeting of the Homeopathic Medical Society of Chicago, Dr. A. C. Cowperthwaite read a paper on *Lycopodium*.

"He stated that it was one of the most important remedies in the materia medica ; that it had done more to prove the efficacy of attenuation in developing the activity of remedies than

any other single drug. It was a remedy that had as its characteristic, debility and sluggishness rather than acuteness. It is a chronic drug. In dyspepsias, characterized by the presence of gas. He said that it seemed to act as an antiseptic (a good thing to put in now-a-days) to the intestinal tract. Its characteristic aggravation from even eating a little was one that seldom failed to lead to the drug, and when present proved frequently the keynote. He placed no faith in the symptom, 'Fan-like motion of the alæ nasi' in respiratory troubles as calling for lycopodium as this condition is present in nearly all these conditions and hence should be considered pathognomonic rather than indicative of any remedy."—*Medical Visitor*.

Hot Water in Gastralgia.

As reported in a recent number of "The North American Journal of Homeopathy," Dr. Barker, of Chicago, considers hot water the very best remedy in gastralgia. He has the patient drink hot water in large quantities. He had found two medicines of especial value, dioscorea and mag. phos. The dioscorea be given in the tincture in five-drop doses, and every ten minutes in severe cases.

Thuja for Epithelioma.

Mrs. B——, aged 35, had a growth of six weeks duration on the left side of the nose, five-eighths of an inch below the inner angle of the eye. It was circular in outline, three-eighths of an inch in diameter, and one-eighth inch in elevation. It was of a firm gelatinous nature, except that at the top and center of the elevation was a black circular and hard portion, in appearance resembling a tack head. An examination showed that this dark portion extended to the base of the growth and was intimately connected with it.

There were semi-acute lancing and stabbing pains from time to time. The diagnosis was plain; it was a case of epithelioma.

Hydrastis locally for one week had no effect but to produce its characteristic discoloration. The growth continued to enlarge and the pains were even more frequent.

Thuja was then prescribed; the mother tincture locally and the 3x internally. In two weeks there was a marked change for the better, and in four weeks she was practically well. B.

Nitric Acid in Gonorrhœa.

An old case of gonorrhœa had been treated with strong urethral injections, but without complete cure. A persistent gleet remained. After some weeks, becoming tired of the injections, he sought relief at my hands.

Not only was there a thin discharge from the urethra, but there was also tenesmus upon urination, with painful erections at night; and worse than all he suffered intensely during and for two or three hours after stool. This pain in the rectum was so intense he was unable to be on his feet for hours after each stool.

Cantharis 3x promptly relieved the tenesmus after urination and the painful erections at night. During the treatment of several weeks these symptoms returned from time to time, but gradually became less in severity and were always relieved by a few does of Cantharis 3x, which was used as an intercurrent remedy when needed.

The rectal symptoms called for nitric acid, which was given in the second decimal,—stronger than usually used in such cases because of the former heroic treatment that had been used in the case. The rectal troubles had apparently been caused by suppressing the urethral flow.

Within a single day he was much relieved, and in three days he was rejoiced to find his stools were easy and almost entirely devoid of pain.

But the adjacent tissues were too thoroughly saturated with the gonorrhœa poison to be cured at once, and the lower sphincter of the rectum became spasmodically closed with a continuous pain. An examination showed the mucous membrane to be in-

flamed and excoriated. A belladonna glycerole was prepared consisting of ten minims of belladonna tincture and one drachm of glycerine to the ounce of water. This, applied to the strictured sphincter, readily caused a relaxation, and cessation of the pain followed. This spasmodic closure returned from time to time, but always readily yielded to the belladonna glycerole.

In a week there was no more of the tenesmus, painful erections or spasms of the rectal sphincter, and he went on to complete recovery from the nitric acid alone, which was taken less and less frequently as he became better. In twelve weeks he was well; the urethral discharge having ceased as improvement progressed in other respects.

Doubtless nitric acid was the *similar* remedy, and in a higher potency may have cured the case, as it covered nearly all the symptoms, without the aid of any other remedy. But the belladonna glycerole relieved the tonic rectal spasms and in no way interfered with the action of the nitric acid in performing a radical cure.

B.

Grace Hospital, Detroit, has been endowed with five thousand dollars by the Lady Maccabees for a bed. This choice was made after examining all the hospitals in that state. Something the Detroit physicians, as well as the homeopathic fraternity everywhere, can be proud of.—*Medical Visitor*.

AIR THE BEDS.—A bed should never be made up under two hours from the time it has been slept in. It should be aired thoroughly and beaten until it is light. Open all the bedroom windows and let the fresh air and sunshine into the room. Hair pillows are much more conducive to healthful sleep than feathers, and light woolen blankets are better than heavy coverings.

FUMIGATING A SICK ROOM—Sprinkle a spoonful of brown coffee upon a fire shovel on which two or three live coals have been placed, and immediately the sick room will be filled with a pleasant odor, which cannot be anything but refreshing to the invalid.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

Phosphorus.

According to "Treatment," an old-school medical journal, we should be none the poorer if phosphorus were to be banished from our pharmacopœias. It has disappointed everybody who has tried it, and it is too dangerous a drug to be put into the hands of lay persons in poisonous quantities, as one is obliged to do in out-patient practice, where it is usual to dispense a week's or a fortnight's supply. If phosphorus is to be prescribed at all, the patient taking it should be admitted as an in-patient, or be seen frequently. This seems to be the only lesson which can be learned from the unfortunate case of poisoning in a baby recently reported by Dr. Koplik in "Pediatrics."

[If the editor of "Treatment" will borrow a homeopathic materia medica, and after reading the chapter on phosphorus will give the drug according to the indications there given, he will never have a case of phos. poisoning; and, after a little experience with the drug, he will come to the opinion that we would be very much poorer if phos. were banished from our pharmacopœias.]—*American Homeopathist.*

*A Few More "New" Remedies.

CANCER FLUVIATILIS:

(Proved by Dr. Buchner. Crawfish. Tincture prepared by pouring alcohol on the pounded living animal.)

Excessive pain in the head, caused by violent sneezing.

Conjunctiva injected, yellow; pupils dilated; dimness of vision.

Sensation in the right ear as if a foreign body were lodged in the meatus, and caused some deafness.

*Our "A Few More 'New' Remedies" are taken from "Characteristics of the Homeopathic Materia Medica," by Dr. M. E. Douglass.

Frequent spasmodic sneezing ; nose-bleed, repeated daily for a week.

Face red and puffy.

Vomiting of the contents of the stomach, almost without exertion, without nausea, with good appetite, followed immediately with great longing for food. Great heaviness in the stomach, violent pains in epigastric region. Burning in the pit of the stomach, followed by urging in the anus.

Painful distention of the abdomen ; colicky pains around umbilicus ; griping in the bowels, with urging to stool.

Urine golden yellow ; dark yellow, with sediment.

Tickling in the larynx, low down, which caused coughing. Accumulation of mucus in the bronchi and larynx, which seemed to be adherent. Cough in the morning, with expectoration of bronchial mucus, which was light yellow, through the day, with rawness of the chest. Expectoration has sweetish, flat taste. Hæmoptysis and consumption.

Rush of blood to the chest, with difficult breathing and spitting of blood.

Jaundice, no bile in stools ; red itching urticaria all over. Urine, saliva, tears, mucus in the nose, serum of the blood, all contained a large quantity of bile ; stools constantly as white as pipe-clay.

Restless sleep, frequently interrupted, full of lascivious dreams, with increased temperature of the skin.

Sweat breaks out easily at night.

SENNA :

(Cases reported by Dr. Wigan. Triturations of the leaves.)

Repeated sneezing, which caused heat.

Nausea, lasting some time.

Liquid evacuations, with griping pains.

SAMBUCUS CANADENSIS :

(Elder. Tincture of the flowers. Proven by Dr. A. Ueberlacker.)

A dread of some undefined danger.

Feels heavy, confused, with drawing and darting pains.

Face flushed; broken out in blotches.

Urine contains albumen.

Breathing labored, similar to asthma. Had to sit up in bed to get breath.

Sharp, darting pains in hands and feet.

A feeling of uneasiness, of unrest, was a very marked symptom.

Fever symptoms. Perspiration, soon becoming profuse, which gradually relieved all other symptoms.

SAPONINUM :

(Soapwort. Proven by Dr. Arthur T. Hills.)

Mind very clear. Great difficulty in recalling words.

Throat sore, especially on swallowing, more on right side.

Involuntary emission of urine on walking. Brick-dust sediment, very adherent to the chamber.

Very sleepy but cannot sleep; dreamed of urinating.

SARRACENIA PURPURA :

(Introduced into Homeopathic practice, in 1863, by Dr. Cigliam.)

Smallpox in its worst forms.

GETTYSBURG :

(Mineral Springs at Gettysburg, Pa.)

Hawking from right posterior nares a tough, transparent mucus, that can be drawn out in strings, and gets between the teeth like fibre of tough meat. Rigidity of the muscles of the throat and neck on the right side and under the jaw, making deglutition painful and difficult, as if the throat were sore; no swelling.

No appetite, except for milk.

Urine high-colored and turbid, very frequent and copious, depositing a red, sandy sediment.

General stiffness on moving; great rigidity of the muscles like rheumatism, but without inflammation or pain.

Burning spot, size of a dollar, in palm of right hand—relieved momentarily by heat.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

Treatment of Haemorrhoids and Prolapsus Ani.

W. S. Briggs, M. D., St. Paul, Minnesota.

I have been quite interested for the past two years, in the treatment of hæmorrhoidal conditions, as well as in cases of prolapsus of the rectum, and have been confining my work, in that line, almost entirely to "the slit operation," combined with divulsion of the sphincter ani to partial paralysis. The results have been very satisfactory. By treating them in this way, we avoid the use of the clamp, cautery, ligature, amputation, injections or the "American" or "Whitehead" operation, etc. The treatment consists in the following:

After properly preparing the patient—by thoroughly emptying the bowel (by a cathartic two or three days before the operation and a thorough washing out of the bowel just previous to operating) a thorough divulsion of the sphincter ani is accomplished with a bivalve speculum (the trivalve is worse than nothing). This must be done with great caution—that we do not rupture the fibres of the sphincter muscles, or completely paralyze them, and leave our patient in a worse condition on account of the work.

No one can tell another to what extent to dilate a particular case; because each case is a law unto itself. Some muscles are very rigid and strong and require a great amount of strength to overcome their irritable condition, while others are flabby and a very little divulsion will put them in condition of incontinence of fæces even without rupture of any fibers.

I know of no law which will govern you except that of touch in each and every case. In divulsion I make it a rule that the muscles are sufficiently overcome when the mucus membrane of the rectum pouches down to the internal sphincter. This having

been done, all the hæmorrhoidal tumors will be full, and will have been brought into perfect view.

With a sharp knife or scissors, I slit upon each pile, with a simple straight incision, straight with the gut, then, taking a scissor, curved on the flat, I pass the point through the incision in each pile and cut in all directions to destroy the hæmorrhoidal plexus. I make as many slits as there are piles, even if I have to go around the entire anus.

There will be some hæmorrhage, but I have found no trouble in controlling that by pressure. Should you cut an artery, however, which is rare, ligate with fine cat gut. You must remove your tampon though (if used as pressure), within a few hours or it will produce irritation. Should the case be one that has been troubled for years, and where there are numerous large tabs, I would remove them, but, ordinarily the smaller tabs will shrink up and be absorbed and make no further trouble.

After having opened all the pile tumors and thoroughly destroyed the hæmorrhoidal plexus, from the effects of the divulsion, there will be some hæmatocæles. These we will simply slit open; thus giving vent to the accumulated blood.

By the time that the muscles have regained their normal tension, which will be from two to three weeks, all the wounds will have healed. You will have a clear rectum; free from all hæmorrhoids. You have removed no mucous tissue; you have had no raw surfaces to heal; you have no stitches to cause irritation or to remove, and, usually, no ligatures. You have no cauterized surfaces. Union takes place by first intention. The patient will have little or no soreness to complain of, as tenesmus cannot occur, the muscles being partially paralyzed. Should there have been any fissures, this treatment will be found to have cured them also, and this too, with none of the pain and suffering resulting from the burning by silver nitrate, etc.

With prolapsus ani, after a divulsion, we will have some hæmorrhoids, as a rule, and will have to make incisions enough so that the resulting adhesions will hold the mucous membrane in place, and the stimulus thus given will contract it so that you will have none of the effects of the "American or Whitehead"

operation; which is often most disastrous; not only the result of an operation, direct, but the secondary result of cancer which is no small condition to face.

It is well, and often necessary, to pass rectal plugs a few times, as the parts are liable to too much contraction; especially if the operation for hæmorrhoids has been extensive.

I will not tire you with a recapitulation of cases, but will simply say that I have had a considerable number, varying from a single tumor, without any prolapsus, to those cases where the whole hæmorrhoidal region seemed to be affected and combined with extensive prolapsus. Thus far, the results have been all that could be desired or expected from any of the many operations resorted to, and which often confine the patient for weeks. With this we have the shortest time with the least danger, the least pain, and as perfect a result.—*Minneapolis Homœopathic Magazine.*

New Treatment for Burns.

A Paris medical man of resources and alternatives had in hand a case of severe and extensive burning, caused by boiling water. So deep was the injury that the healing process was greatly delayed. The patient's family objected to skin-grafting, which seemed to be the only way to accelerate the process of recovery, and the doctor, as an experiment, applied the internal membrane of the hen's egg—the white film with which everybody is familiar. The injury must have progressed beyond the suppurative stage, and shown signs of healthy healing. A freshly-laid egg is broken and the membrane immediately cut into narrow strips and laid carefully across the raw surface, then antiseptic dressings are applied with carbolic solutions, and the whole is covered by tin-foil. In a number of cases this procedure has been eminently satisfactory.—*Health.*

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OF OPHTHALMOLOGY AND OTOLGY,
DENVER HOMEOPATHIC COLLEGE.

*Chronic Maxillary Empyema.

There are probably few diseases found so frequently and yet giving rise to such a variety of opinions among competent rhinologists and dentists as to its etiology, as is found in chronic maxillary empyema.

It is probably safe to say that in an average society of ten specialists there would be eight different views on the subject of etiology. The dentists are more nearly a unit than the disease in a great majority of cases is due to a diseased tooth. The cause of this great variety of opinions is probably that each one bases his opinion upon his own limited experience, which does not enable him to give a broad and unprejudiced view. The difficulty is increased by the fact that each method of treatment can show successes and failure without any satisfactory reason being found for one or the other in a given case.

In a general way rhinologists may be divided into three classes: First, those who believe that the disease is usually of nasal origin; second, those who believe that it is *never* of nasal origin; and, third, those who take the middle ground. The dentists generally belong to the second class. This is due to the fact that until comparatively recently diseased teeth were the only clearly specified cause. More recent investigations would seem to throw doubt upon this as being even the principal cause.

The relationship of the infra-orbital nerve, and the anterior and posterior dental nerves with the maxillary sinus is such that pathological conditions in the latter may easily result in disturbed dental nutrition and caries.

It is now being claimed that empyema is more frequently the cause than the result of dental caries, and that the communication between the antrum and the tooth cavity does not necessarily prove the dental origin of the empyema.

*These notes are based mainly upon data from an article by Dr. John A. Winslow, B. A., M. D., in January "Journal of Eye, Ear, Nose and Throat Diseases."

The investigations of Dr. H. M. Cryer of Philadelphia, covering several years close work, of "Dr. E. S. Talbot of Chicago, in the examination of 6,000 antra, found 1,274 abscessed molars, of which seventy-six, or 6 per cent., extended into and discharged into the antrum of 384 pulpless teeth, four were accompanied by empyema. He concludes that the teeth seldom cause antral disease."

Fletcher and Domoehowski, after the examination of a large number of skulls came to the same conclusion; both concluding that intra nasal disease is the main cause.

"Lichteritz, in an article entitled 'The Disproportion Between the Frequency of Empyema of the Nasal Accessory Cavities and in the Cadaver,' states that among 400 *autopsies*, Harke found 29 per cent. sinusites; among 146 autopsies E. Frankel found 43.15 per cent. sinusites; among 169 autopsies Lapalle found 32.54 per cent. sinusites; among 200 autopsies Kicer found 29.5 per cent. sinusites.

"In *the living*, Fein reports from Chiari's statistics of his private cases 2 per cent. of sinusites. Lichtwitz reports about the same percentage (1.98 per cent). Thus, in *the living*, we find scarcely 2 per cent. of cases, while in *the cadaver* we discover about 30 per cent. The greater part of the cases of sinusites must remain unrecognized during life, despite the fact that most of them were in the hands of skilled rhinologists" (Winslow).

This leads to the need of improvement in methods of diagnosis. For this purpose Winslow strongly urges the proof-puncture, which may be performed in the middle or inferior meatus, with trocar or drills under cocaine. He claims that under antiseptic precautions and cocaine the operation is harmless and painless, and if pus is not reached at one point it is perfectly safe and right to try at another point as the antrum is frequently divided into several separate spaces. I have not had any experience with the methods recommended, but have seen several cases of sinusites during the past winter of grippal origin, and am pleased to find the writer take what seems to me such a rational view of the matter.

DAVID A. STRICKLER, M. D.

APRIL 5, 1901.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

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EDITORIAL COMMENT.

No Medical Legislation This Year.

The medical bill which was before the last Colorado legislature did not become a law, and thereat we rejoice, because it was unjust and discriminative in its provisions. No medical legislation should be permitted in any state which is not absolutely fair to all branches of the medical profession. Many attempts have been made in Colorado to secure the enactment of statutes regulating the practice of medicine, but every bill presented has, like the last one, been constructed with a view to putting the control of examinations into the hands of the old school. For this reason the homeopathic school has opposed their passage and all have been defeated on a showing made before the legislators of our state.

Unless the homeopaths of Colorado shall lose their sense of justice and fairness toward all and become as selfish and unjust as their old school contemporaries, no such legislation as has heretofore been attempted will ever be enacted in this commonwealth.

All of the older states have in force laws regulating the practice of medicine, but not one of those laws is free from the charge of injustice and discrimination to some extent and toward some

portion of the profession. In most instances the allopathic school is given a controlling voice in the examining boards, and this of itself is obnoxious to every lover of justice and fair dealing.

The law recently passed by the Texas legislature is a fair one so far as it goes, in that it applies equally to all of the three schools which come under its provisions; but it does not go far enough, and is not comprehensive enough in its scope.

In view of the chaotic condition of medical belief and unbelief in this country, and the great number, professional and non-professional, who are engaged in treating the sick as a business, the only legislation that can be of any value to the people is one which will apply to all classes of practitioners. A law requiring all who desire to treat the sick in any manner as a business or occupation, to stand an examination in Anatomy, Physiology, Chemistry, Surgery, Obstetrics, Sanitary Science and Hygiene, would, we believe, come nearer to protecting the public against charlatanism than any yet devised. This would eliminate the question of schools and sects while it would require of all a thorough knowledge of the principles underlying intelligent care of the sick and injured.

Dunham's Good Fortune.

The largest cash donation ever given to a medical college in America was that recently made to the Dunham Homeopathic College of Chicago, by Mr. John E. Du Bois, of one million dollars. The donation is in cash, without conditions of any kind, and is at once available for any purposes to which the college authorities may see fit to apply it. The donor is a friend and patient of J. T. Kent, Dean of Dunham College, and the gift came as a surprise, but out of a desire to place Dr. Kent's college upon a solid financial foundation.

John E. Du Bois is a nephew of United States Senator Du

Bois of Idaho. He owns vast tracts of timber land in Pennsylvania, Oregon and Washington, besides large copper mining interests in Montana. He makes the gift for two reasons. First, because he has been a lifelong friend and patient of Dr. Kent and has desired for some time to perpetuate the latter's methods of instruction and give him broad scope for his researches into the field of homeopathy; and, second, for the reason that he himself has been for several years an amateur student of homeopathy and takes the greatest interest in its advancement, particularly in the West.

Dunham College is to be congratulated on its great good fortune, and all homeopaths will feel that this munificent sum is in the hands of men who will use it for the advancement of homeopathy solely and surely.

We understand that two hospitals will be built in connection with the college: one for general purposes and one to be used exclusively for children. All who know Dr. Kent and his associates know the treatment in these hospitals will be distinctively homeopathic, and we predict a great showing for homeopathy as the years go by.

Henry M. Smith.

Dr. Henry M. Smith, of New York, died of pneumonia, on March 16th, at the home of his daughter in Escondido, California, after an illness of about a week. This announcement will carry a genuine note of sorrow to a large portion of the homeopathic profession. Few men in our school were better known or more thoroughly admired than was Dr. Smith. His work in the American Institute of Homeopathy will make his memory as enduring as homeopathy itself. The following sketch embraces the main facts in his life:

Henry M. Smith, M. D., son of John T. S. and Amelia Franklin Smith, was born in New York City April 24, 1835, and always lived there. He was graduated at the New York Medical College in 1860 and joined the American Institute of Homeopathy the same year and was elected provisional secretary. He

also joined the Homeopathic Medical Society of the county of New York, of which he was secretary for eleven years from 1861, and the Hahnemann Academy of Medicine. He was elected a permanent member of the New York State Medical Society in 1865. He was Professor of Physiology in the New York Medical College for Women in 1865-66, and held the same chair in the New York Homeopathic Medical College in 1866-67-68. In 1859 he married his first wife, who died in 1865. In 1867 he married again. For forty-five years he was actively engaged in the business of homeopathic pharmacy, but during that time found time to edit, in connection with Drs. P. P. Wells and Carroll Dunham, and publish the "American Homeopathic Review" and to compile a great mass of statistics concerning homeopathy, homeopathic physicians and medicine. The last four years he had not taken active part in business, but had devoted his time largely to his work as necrologist of the American Institute which his painstaking attention to detail made very considerable. The Pharmacopœia of the American Institute of which he was one of the editors and the raising of the Hahnemann Monument at Washington, for which he was secretary and treasurer of the fund, had occupied a great deal of his time and attention.

Vaccination in the U. S. Army.

The following from the "Homeopathic Envoy" (April, 1901), contains facts and figures which ought to be carefully weighed by all, even those most urgently in favor of vaccination:

"The 'Report of the Surgeon-General of the Army to the Secretary of War for the fiscal year ended June 30, 1900,' contains a rather interesting section on smallpox and vaccination.

"For the two years ending June 30, 1900, there were 439 cases of smallpox with 107 deaths. This strikes one as an enormous percentage of deaths until we read: 'Of these cases 342, with 99 deaths, occurred in the Philippines,' in that much vaccinated army.

“Another and still more interesting section is that treating of ‘vaccinia,’ by which term the vaccination disease is recognized. During the same two years 13,811 were taken on the sick list as the result of vaccination. A number died from the effects of the virus, and many were permanently disabled. Of one poor fellow who died the rather remarkable fact is recorded: ‘The temperature, which at death was 107.4° F., was 108° half an hour afterwards.’ Yet vaccination is ‘perfectly harmless!’

“But even the placing of 13,811 men on the sick list by vaccination does not phaze the great Surgeon-General (or the great editors), who concludes this section with the assertion that vaccination must be regarded as one of the great ‘benefits brought by our occupation to the natives of these islunds.’

“Suppose in an out of the way and heathen country we found a race, who, to prevent a disease that in two years showed 342 cases, should by force inflict on the people another disease that laid up, temporarily or permanently (many in their coffins), 13,811 men, and to do this as a preventive against the disease that only claimed 342 cases!

“How the medical profession, the health-board profession, and that ‘mighty engine of civilization, the Press,’ would fairly roar with indignation!”

The State Society at Canon City.

We take this occasion to remind the profession that the State Society will meet this year at Cañon City and to urge upon every one, if possible, to attend this the first meeting in the New Century. President Howe is doing everything he can to urge on the heads of bureaus and committees in their work of preparation. The meeting this year ought to be fully attended. There is much to do for homeopathy in this growing and prosperous state. The State Society is the one organization through which we can advance our cause before the jury of the people. It is the duty of every physician to do his best for the common cause, and this can only be done by joining his colleagues in a united effort to create a strong central organization.

The officers of the society are earnest, capable men who are ready to make many sacrifices for the good of the profession at large, and it is but fair that every individual homeopath should come to their assistance this year and every year.

So the People May Know.

In a recent interview in the *Omaha Bee*, Governor Charles H. Dietrich, of Nebraska, is quoted as follows :

“One thing I will say for the benefit of the medical fraternity, and that is that I have decided to put one of the two hospitals for the incurable insane at Lincoln and Norfolk, under the direction of the regular school of medicine, and the other under that of the Homeopathic school. All that I insist on is that the best representatives of each be subject to my choice for appointments as superintendents, so that we can have a fair test of the results of the two methods of treatment, and that the competition will give the inmates the best possible care and attention.”

Now, we sincerely hope that this plan will be carried out by Governor Dietrich. Just such opportunities as this have always been sought by the Homeopathic school, and have been just as earnestly opposed by the Allopathic school. To compare the results of treatment on a larger number of patients, under similar conditions, is the fairest way to determine the relative merits of the two systems, yet our old school friends have always been afraid to meet us in competitive tests on anything like equal terms.

In order that the people may be able to judge of these things intelligently, the executives of all the states should follow the example of Governor Dietrich. The Homeopathic school will not shrink from any reasonable test that may be put upon it and will stand or fall by the result.

THE commencement exercises of the Denver Homeopathic College will be held April 23, in the Trinity M. E. Church. Hon. F. C. Goudy will deliver the address.

A New Departure in College Work.

CHICAGO, MARCH 23rd, 1901.

Dr. S. S. Smythe, Editor "The Critique."

MY DEAR DOCTOR—I desire to call your attention to an important step which is about to be taken by the Hahnemann Medical College and Hospital of Chicago in the matter of medical education.

Beginning May 1st of the present year, the work will be conducted on the following plan: Three terms will be given each year, any two of which will constitute a year's credit. Students may enter at the beginning of any term. Each term will be complete in itself. The work of the college is so arranged that the subject is either given completely in one term, or one-half of it is given in one term and the other half in the next ensuing term. The subjects which are given in two terms are always divided into two parts. During each term work will be offered for the students of the first, second, third and fourth years. During the Summer term special opportunities will be offered to practitioners for work in the various clinical departments.

This new arrangement of the college work will present a number of advantages. First, students may enter at three different times during the year. Second, students may take their vacations during any time of the year. Third, students may graduate at the end of any term. Fourth, the college work is available to practitioners during the summer months. Fifth, laboratory classes will be smaller, making it possible to give each student a greater amount of individual attention. Add to these advantages the fact that Hahnemann Medical College conducts the largest clinics of any Homeopathic college in the world; the fact that it has put in service a new pathological laboratory during the past year, which is not surpassed in equipment by any institution in the city, and that its other laboratories have been increased in size and have received important additions to their equipment, demonstrates that Hahnemann Medical College is

abrest of all the educational demands of the day, and that its facilities are equalled by few and surpassed by no other college.

Trusting you will be able to make these facts known to your numerous readers, and thanking you in advance for the courtesy of such notice, I am, yours truly,

W. HENRY WILSON, *Registrar.*

Editor "The Critique."

MY DEAR DOCTOR—An especial effort is being made this year to extend the work of our National organization by increasing its roll of membership. Special committees have been appointed in every state, and the work is being systematized so as to extend a *personal* invitation to every Homeopathic physician in the country.

It is a lamentable fact that less than one-fifth of the physicians practicing homeopathy are members of the representative organization of the school. What homeopathy is to-day is due to this society, and what homeopathy shall be in the future depends upon this society. It has, through its existence and work, secured privileges and protected the rights of every homeopathic physician in the land. It has made a recognition and standing for every one of its practitioners. The battle to protect the rights and to secure additional privileges for homeopathic physicians is not and never will be ended. It is therefore of vital importance in order to secure the greatest good to all that this organization be strengthened in every way possible. It is furthermore a *duty* that every member of our school owes to himself and to the cause of homeopathy to support in every way possible the American Institute.

Every physician of our school can and should aid in this work by supporting and endorsing, by membership at least, the efforts of this society.

Every physician is urged to become a member of this association now. Application blanks will be furnished by the Secretary, or by any of the following members who are acting as chairmen of the special committee in their state to secure new members:

- Dr. W. E. Green, Little Rock, Arkansas.
 Dr. Florence N. Ward, 606 Sutter St., San Francisco, Cal.
 Dr. Hugh M. Patton, 125 Mansfield St., Montreal, Canada.
 Dr. D. A. Strickler, 705 14th Street, Denver, Colo.
 Dr. Edward Beecher Hooker, Hartford, Connecticut.
 Dr. L. B. Swarmstidt, 1455 14th Street, Washington, D. C.
 Dr. Henry M. Paine, Atlanta, Georgia.
 Dr. Joseph P. Cobb, 254 East 47th Street, Chicago, Illinois.
 Dr. M. K. Kreider, Goshen, Indiana.
 Dr. George Royal, Des Moines, Iowa.
 Dr. M. Dills, Carlisle, Kentucky.
 Dr. James S. Barnard, 2112 No. Charles St., Baltimore, Md.
 Dr. John P. Rand, Monson, Massachusetts.
 Dr. Roy S. Copeland, Ann Arbor, Michigan.
 Dr. W. S. Briggs, St. Paul, Minnesota.
 Dr. D. A. Foote, Omaha, Nebraska.
 Dr. G. Herbert Richards, Orange, New Jersey.
 Dr. John B. Garrison, 111 East 70th Street, New York.
 Dr. H. E. Beebe, Sidney, Ohio.
 Dr. T. H. Carmichael, 7127 Germantown Ave., Philadelphia.
 Dr. George B. Peck, Providence, Rhode Island.
 Dr. M. J. Bliem, San Antonia, Texas.
 Dr. C. E. Grove, Spokane, Washington.
 Dr. J. M. Fawcett, Wheeling, West Virginia.

The above members of the Institute have accepted the chairmanship and have selected their associates, all of whom are taking active interest in this great work for the good of the cause.

Every member should, through love of the Institute, give enough of his time to extend a *personal* invitation to at least one or two of his friends.

Many physicians we find are not only willing but pleased to join the Institute when *personally* invited to do so, and when told that the necessary three endorsers will be found for them. They have delayed in many instances by not knowing whom to ask to endorse their application.

The cost of membership, which should accompany the application, is \$7, which covers the certificate of membership and the first year's dues.

A. B. NORTON, M. D., *President.*

EUGENE H. PORTER, M. A., M. D.,

181 West 73rd St., New York City, *General Secretary.*

American Institute of Homeopathy.

PRESIDENT'S OFFICE,
NEW YORK, Mar. 29, 1901. }

To the Members of the American Institute of Homeopathy :

Having appointed Dr. A. C. Cowperthwaite to the office of Necrologist, in place of Dr. H. M. Smith, deceased, I would respectfully urge upon the members of the Institute that they forward to him at once all the data within their possession as to the death of any member of the Institute during the past year.

Fraternally yours,

A. B. NORTON, *President.*

The Treatment of Syphilis.

A New and Tolerable Form of Administering Mercury, with Report of 65 Cases Treated at Bellevue Hospital,

By Winfield Ayers, M. D., New York City. (Abstracted from the Author's Original Paper in the "Philadelphia Medical Journal," November 10, 1900.)

The writer states that when his attention was called to mercuriol as an antiseptic of special value in the treatment of gonorrhœa, it occurred to him that it would be a first-class preparation for the treatment of syphilis. Some time was necessarily spent in determining the proper dosage. At first one-eighth of a grain was given three times daily, and this dose was gradually increased until it was found that three grains was the average quantity required to control the malady. The highest amount given was seven grains and the lowest amount that exerted a controlling influence upon the disease was one-half grain. In starting a patient on a course of mercuriol, the author advises beginning with half-grain or grain doses. Salivation has been produced by two grains, and yet as much as six grains have been taken with no disagreeable symptoms.

The objections to the use of unguentum hydrargyri as a remedy in secondary syphilis are referred to, and while the popularity of mercuric protiodide is conceded, the irregularity of its

action and its tendency to cause gastric and intestinal disturbances are not overlooked. In the writer's experience 33 per cent. of his cases were not benefited by this drug.

Mercuriol is a nucleid of mercury, and was discovered by Karl Schwickerath of Bonn, Germany. Kopp, Director of the Royal Polyclinic for Genito-Urinary Diseases, at the University of Munich, uses mercuriol in smaller doses, which leads the writer to remark "he will find as I have done, that it is desirable to use a much larger dose." Mercuriol should not be given in solution with potassium iodide.

In all, sixty-five cases received mercuriol at the Bellevue clinic, sixty of which had not had previous treatment. Of these thirteen did not return after the first or second visit. Fourteen did not remain long enough under treatment to give the preparation a fair trial, and thirteen may be described as new patients. Deducting these forty cases, there remains twenty-five cases that have been sufficiently long and regular in their attendance to supply data from which definite conclusions may be deducted. The detailed histories of these twenty-five cases are included in the paper. In summarizing the author's remarks, that while two months' treatment of syphilis is insufficient to determine absolutely the value of any remedy, the marked improvement shown by many of his cases makes it certain that mercuriol is of great value. Its superiority to mercuric chloride in controlling the symptoms of syphilis is proved. Like all internal remedies it has very little effect upon the initial lesion, still it has hastened the healing slightly. None of the cases required treatment with potassium iodide to control secondary manifestations.

To recapitulate: (1) Mercuriol causes less disturbance of the gastro-intestinal tract than any other preparation of mercury used internally; (2) it controls skin eruptions and pains much better than any other preparation, while it controls mucous eruptions as well as any other, and has equally as good an effect upon the chancre; (3) it is an advantage that it can be taken in pill form.

You must be aware that in Herpes Zoster, all so-called ointments, paints, etc., are not of the slightest use, and that the dis-

ease runs its painful course in spite of treatment internal or external. Having a severe case of Herpes where the chest, back and the arm was affected, and the patient's pain was unbearable, and knowing the value of Ecthol, I ventured to give it a trial. I applied Ecthol on pieces of lint, and, strange to relate, within 24 hours the pain had mostly subsided and the pustules had quite a shriveled appearance. This was the third or fourth day of the disease. The patient made a painless recovery thenceforth. I am giving it extensive trials now in all cases where there is any pus.—D. P. SETHNA, L. M. & S. (Bombay), 111 Girgaum Road, Chandarnwady, Dec. 23rd, 1900.

Notes and Personals

On Friday, April 12th, the Cincinnati Homeopathic Lyceum and Pulte Medical College will give a Hahnemann Banquet, at the Grand Hotel, to which the physicians in Ohio, Indiana and Kentucky will be invited as guests of the two organizations named.

The Annual Commencement of Pulte Medical College will be held in the Scottish Rite Cathedral, Tuesday, May 7th. The Annual Pulte Alumni Banquet will follow, and Pulte's Alumni will be guests of the College on that occasion.

Dr. C. E. Fisher, who spent the last three years in Havana, Cuba, has returned to Chicago, where he will pursue the practice of surgery and gynecology. He has taken down-town offices with Dr. E. H. Pratt, where he may be found from 11 to 1 daily. Residence, corner Fifty-third Street and Lake Ave., Hyde Park.

Alumni of the New York Medical College please notice that the date of the annual banquet is May 9th this year. The place of meeting is Delmonico's, and Dr. G. W. Roberts will act as toastmaster. All graduates are requested to join. Send application to Dr. E. S. Munson, Corresponding Secretary, 16 W. 45th St., New York.

The Nebraska Homeopathic Medical Society will meet in Lincoln, May 7 and 8. Dr. L. C. Voss is president and Dr. F. E. Way is secretary.

Since the change of governors in Missouri, the allopaths are trying to oust the homeopaths from the Fulton Insane Asylum,

when the latter have made the best record ever shown in that institution. The State Board of Charities has strongly recommended the retention of the present management.

The New York legislature has abolished the State Board of Health and provides for a Commissioner of Health, at a salary of \$3,500 per year. Dr. Daniel Lewis has been appointed to the position.

The Southern Homeopathic Medical College is to have a new College building, to be erected on the grounds of the Maryland homeopathic hospital.

It is said that every allopathic physician in Denver is either openly or covertly a candidate for the position of health commissioner under the new Mayor.

Competing against writers from England and America, Mrs. Mrs. M. F. Angel Drake, M. D., of Denver, whose office is in the Mack Block, captured a \$1,000 prize for the best book on medicine. —*Rocky Mountain News.*

Dr. James B. Brown, of Denver, is caring for the business of Dr. Clinton Enos, of Brighton, while the latter is absent in Chicago, taking a post-graduate course in surgery at the Polyclinic.

THE CRITIQUE wishes to extend its sympathy to Rev. and Dr. Drake on the death of their son.

On March 20, at Ouray, Dr. J. F. Clark struck Dr. A. C. Burroughs on the head with a hammer, rendering him unconscious for some time. Bad professional practice, Dr. Clark, to crack a rival over the head. Use your brains to cure patients and it will be better all around; less danger of being lonesome.

Dr. George W. Compton, of Ophir, Colo., a member of the City Council of that progressive town (who also does all the business in that section), has established an enviable reputation. The doctor was recently operated upon by Dr. J. Wylie Anderson for a trouble that has existed for a year, and is now doing nicely.

The editor of the "Colorado Medical Journal and the Western Medical and Surgical Gazette," published at Denver, seems to have had an attack of Homeopathophobia in the February issue. Too bad that he cannot take warning by the late Dr. Geo. Gould, formerly editor of the "Philadelphia Medical Journal." He was troubled somewhat the same, and it is known how suddenly he quit, greatly to the credit of the "Philadelphia Medical Journal." Evidently the homeopaths seem to trouble the editor of the "C. M. J." "Whom the gods would destroy they first make mad."

Book Notices.

FISCHER—INFANT-FEEDING IN HEALTH AND DISEASE. A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M. D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West-side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 Illustrations, with 16 Charts and Tables, Mostly Original. 368 pages, 5 $\frac{3}{4}$ x 8 inches. Neatly Bound in Extra Cloth Price, \$1.50, net. Delivered. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This very complete work has been placed at our disposal through courtesy of the publishers, and from a rather hasty perusal of the contents, we are inclined to favor this discussion of the all-important subject of infant feeding. While we are a firm believer in the old-fashioned way of feeding the new born—if it can be carried out—should reason arise whereby the mother's milk cannot be obtained or used, we refer to the work in hand as a guide to the securing of an artificial method to cover most any case.

J. W. M.

MENTAL DISEASES AND THEIR MODERN TREATMENT. By Seldan H. Talcott, M. D., was received too late for review. Dr. Talcott is Medical Superintendent of the Middletown (N. Y.) State Homeopathic Hospital, and Professor of Mental Diseases in the New York Homeopathic Medical College and Hospital. Coming from the pen of such eminent authority, we do not hesitate to bespeak for it a most cordial reception by the Homeopathic profession in general. The book is from the presses of Boericke & Runyon Co., New York.

J. W. M.

CURABILITY OF TUMORS BY MEDICINES. By J. Compton Burnette, M. D. Published by Boericke & Tafel, Philadelphia, Pa. Price, by mail, \$1.34.

This comprehensive little work of 340 pages is a reference work of much value to the general practitioner, inasmuch as it gives the clinical records of many cases of benign and malignant growths.

The proposition with relation to etiology and associated morphological conditions is quite new and worthy of further investigation, while the results recorded are very encouraging.

INDEX TO HOMEOPATHIC PROVINGS. By Thomas Lindsley Bradford, M. D. Published by Boericke & Tafel, Philadelphia, 1901. Price, cloth, \$2.00; by mail, \$2.10.

As stated in the preface, this book is intended as a guide to publications containing records of the testing, or proving the effects of drugs and poisons upon the healthy human body. The name of each medicinal substance is given, followed by the most important of its symptoms and popular names. Part I., List of Medicine; Part II., Index of Provings; Part III., Bibliography.

This book is of great value to every physician; to the student and writer it is indispensable.

A DICTIONARY OF DOMESTIC MEDICINE, Giving a Description of Diseases, Directions for Their General Management and Homeopathic Treatment, with a Special Section on Diseases of Infants, by John H. Clarke, M. D., editor of "Homeopathic World," author of "The Prescriber." Published by Boericke & Tafel, Philadelphia, Pa. Price, cloth, \$1.25; by mail, \$1.35.

This book, from its size and completeness, can be recommended to the laity, feeling that it is superior to the large family doctor books that confuse one so often. There is a world of valuable information in this book to those raising a family. The treatment is homeopathic, the remedies are well selected under each disease.

THE A. B. C. MANUAL OF MATERIA MEDICA AND THERAPEUTICS. By G. Hardy Clark, M. D. Published by Boericke & Tafel, Philadelphia, Pa. Price, cloth, \$1.00; by mail, \$1.07.

Consists of 200 pages. Gives the name of the remedy, under that the characteristics, topic effects, dose, therapeutic uses.

3,500 QUESTIONS ON MEDICAL SUBJECTS, arranged for self-examination, with the proper references to standard works in which the correct replies will be found. Third edition, enlarged. With questions of the State Examining Boards of New York, Pennsylvania and Illinois. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. 1901. Price, 10 cents.

TRANSACTIONS OF THE FIFTY-SEVENTH SESSION OF THE AMERICAN INSTITUTE OF HOMEOPATHY, held at Washington, D. C., June 19th, 1900.

This book, just received, contains 850 pages, and is quite an improvement on the last few editions. It contains, among other valuable information, the speeches and description of the dedication of the Hahnemann Monument. It is well worth paying your dues to receive this book.

Things to Remember.

THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

That, on page ix., the J. Durbin Surgical and Dental Supply Co. tells you all about surgical supplies of every kind, elastic stockings, splints, and all of the latest instruments.

"Do you think it will take, doctor?" asked the fair young bud who was being vaccinated.

"Well, replied the gallant doctor," "if it doesn't take on such a pretty arm as that, I'll have no respect for vaccine hereafter."

That Frederick Steinhauer, Charles Block, cor. Fifteenth and Curtis, carries a full line of Boericke & Tafel's Homeopathic Supplies.

Don't forget the Colorado Southern when contemplating a trip south or to the mountains. It has the finest car service of them all. Information cheerfully given by General Passenger Agent T. E. Fisher, Denver, Colo.

FROM A MODERN MOTHER'S DIARY.—Clifford was extremely naughty to-day.

I have offered him fifty cents to submit to being whipped and he has taken the matter under advisement.

I am determined to whip him if I have to pay him \$1.25.

I feel I am quite right in paying my boy for being whipped.

It teaches him the value of money.—*Detroit Journal.*

What has become of the New York Pharmacal Association, Yonkers, N. Y.? They have no representative in this territory. Why not advertise in the medical journals and continue to obtain the benefit of the good detail work done. Wake up, O ye that slumber!

SANMETTO AS A GENERAL TONIC.—Dr. J. W. Russell, of Clyde, Ohio, writing, says: "I have used Sanmetto extensively in genito-urinary irritations, and in atony of the generative system, with splendid results. I am also pleased with its action as a general tonic in cases debilitated as a result of La Grippe."

THE CRITIQUE had a very pleasant call from M. C. C. Daily, who has taken a position with Eli Lilly & Co., Pharmaceutical Chemists of Indianopolis, Ind. We congratulate the firm on securing so affable and gentlemanly a representative.



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Doctor—"Well Pat, did you take that box of pills I sent you?"

Pat—"Yis, sor, be Jabers oi have, but oi don't feel any better. Maybe the lid didn't come off yit."

Write for the catalogue and price list of the J. N. Scott & Co., 412-14 and 34 New Ridge Building, Kansas City. They keep a full line of Surgical Instruments and Physicians' Supplies. Read page xi.

What is the most common trouble among those who believe in immersion? The dip-theory.—*Ph. Era.*

For ear and eye trouble after an attack of grip, Hydrozone is indispensable. A first-class physician cannot keep office without it. Don't forget to always specify *Marchand's*, as druggists are selling inferior articles as "just as good." Beware, for they are fooling thee, to gain a few cents advantage.

Colorado Carlsbad is doing great things these days. A railroad to the spring is in prospect, a sanitarium to follow, and then you will exclaim, "I told you so." Do not forget, while rejoicing that Colorado Carlsbad is good for all kinds of kidney troubles.

We especially wish to call the reader's attention to the cut of the Givens Sanitarium, which speaks for itself. This is an ideal institution for the treatment of Nervous and Mental Diseases and Narcotic and Alcoholic addiction.

PERHAPS.—Doctor: "A careful diagnosis of your case leaves no doubt that you have a stone in the bladder."

Samuel Isaacstein—"Doctor, do you tinks it is a diamont?"

The Chicago and Northwestern is the road going east or coming west. The finest equipment, most gentlemanly service and strictly up-to-date in everything that first-class railroading means. H. Wheeler, General Agent, 801 Seventeenth Street, Denver, will gladly give all needed information.

It will pay you to remember that John F. Barber, of 1515 Californis Street, Denver, manufactures Medical Batteries and attachments, and keeps a full line of Electric Supplies.

Bromidia is a rest maker. It is a hypnotic. It does not lessen the supply of blood to any organ of the economy. Manufactured by Battle & Co., St. Louis.

De Puy Adjustable Splints are made of fiber with the edges protected. Fiber Splints are adjustable by heat and offer no re-

ristence to the X-rays. Read all about them on page vi. of this issue.

In a recent newspaper contest a prize in gold was offered for the best advice on "How to Keep a Husband at Home."

A New Jersey woman was successful with her answer: "Feed the brute!"

The prostration following grip is due to nerve waste, anaemia, and is relieved by Syr. Hypophosphites (Fellows). Do not forget its use, it will please you and relieve your patient. Page vi. read for further information.

"Too bad, old man, about your young wife running away."

"Oh, it might have been worse. I wonder that she did not take me along to look after her trunks."

THE CRITIQUE is in receipt of a pamphlet by George G. Van-Schaick, M. D., on "Diseases of the Blood in Relation to Surgery and their Treatment, by Pepto-Mangan (Gude's)." Send to M. J. Breitenback Company, New York, for it. It will repay careful reading by the profession.

BOVININE FOR GRIP.—Bovinine for typhoid fever; Bovinine for tuberculosis. In fact, Bovinine, wherever you wish to build up run down conditions. Try it and be convinced.

Student—Professor, why is deadly night-shade called *Belladonna*—"beautiful lady"?

Professor—Because, sir, its physiological action is to paralyze the heart and to stimulate the sympathetic.

That a great boon in abdominal surgery has been found by that indefatigable house, Parke, Davis & Co., for the vomiting during general anesthesia with ether or chloroform by the use of chloretone. Read all about it on cover page.

No excuse can longer be entertained by the feeble or semi-invalid for staying away from the Pan-American Exposition. For Dr. Dewitt G. Wilcox has decided to care for all such at his private hospital, Lexington Heights, 173 Lexington, Buffalo, N. Y. Write for terms and particulars. Read advertisement, page 1.

And do not forget for Twentieth Century printing, that John Dove is the man. The place, 1623 Curtis Street. Phone 2728.

What is the difference between a young woman and an old one? One is careless and happy, the other is hairless and cappy.

THE CRITIQUE.

VOL. VIII.

DENVER, COLO., MAY 15, 1901.

No. 5

Scrofulosis.*

By W. A. Burr, M. D., Professor Theory and Practice in the Denver Homeopathic College.

The word *Scrofulosis* is from *Scrofa*, a breeding sow.

Synonyms: Struma, from the Latin Struo, build, and Tuberculosis of the Lymphatic Glands. The former synonym is more commonly used where the thyroid gland is involved. The condition known as scrofula is by many considered to be a mild form of tuberculosis. Anders defines it as a tuberculosis of the lymphatic glands.

According to Raue: "Scrofula is a cachexia which manifests itself as a nutritive disturbance in the external skin, the mucous membrane, joints, bones, organs of sense, and, above all, in the lymphatic glands, in such a manner that individuals thus affected betray the internal disorder by a peculiar *habitus*."

A writer (A. Monti) in "Gould's Year-Book of Medicine," 1900, says: "The distinction between scrofula and tuberculosis must still be maintained, but only for the first two stages, in which definite tuberculosis cannot be proved." These two stages comprise most of the conditions commonly known as scrofulous, while to the third stage belongs the morbid process resulting directly from the entrance of the tubercle-bacilli. In other words, the condition called scrofula is really a tubercular diathesis, which favoring environments develop into a tuberculosis, usually later in life.

Two forms of scrofulosis are mentioned, the *torpid* form, where there is "an accumulation of fatty deposits in certain parts of the body;" and the *erethic* form, "where there is a deficiency in fat on account of too rapid growth."

*Read before the Denver Homeopathic Club, April 15, 1901.

In the *torpid* form the head is large, the features coarse, nose and upper lip thick, cheek bones broad, belly large, neck-glands swollen and the muscles soft and flabby.

In the *erethic* form the white skin reddens easily, the skin is translucent, lips and cheeks red, sclerotica blue, eyes languid, muscles thin and flabby, body light, bones not solid, teeth fair or bluish; teeth also glistening, long and narrow; the hair soft.

Most cases lie between these two extremes.—*Raue*.

Scrofulosis is inherited from scrofulous or tuberculous parents; or it may come from cancer or tertiary syphilis; or from *old* parents; or where parents are blood relatives.

No less an author than Anders says: "Scrofulous material inoculated upon susceptible lower animals invariably causes tuberculosis;" and Arndt says: "It is generally conceded that the presence of Koch's bacillus constitutes the essential element of this disease."

Scrofulosis may be acquired from poor food, impure air, or too little exercise; especially in persons subjected to exposure, hardships and depressing influences in general. It is more common in negroes than in whites.

Symptoms—There are a variety of *skin* eruptions, mainly on the scalp and face. It may be a simple dermatitis or there may be an exudation of lymph as in eczema or impetigo. Later, destructive processes may set in as in lupus.

The *mucous membranes* are affected, especially where they join the skin. Conjunctivitis, otitis, or coryza with eczema, are comparatively frequent and do not readily yield to ordinary treatment. Catarrhs in general are of an obstinate nature. In the recent epidemic of *la grippe* there were many cases of otitis in scrofulous subjects, an unusually large percentage developing into mastoiditis requiring operative treatment.

In the *joints* we find dropsical effusions, white swellings, suppurative processes, caries of bone ends, destruction of ligaments, coxitis or gonarthrocace.

In the *bones* we find osteitis, periostitis, caries or necrosis, or all of these together.

Affections of the *organs of sense* are common; inflammation

in the eyes and nose; coryza; lupus. Otitis leads to destruction of the temporal bone.

In the *lymphatic glands* we find inflammations and swellings, the inflammation extending, in some cases, to the adjacent cellular tissue. As a rule, however, the adjacent tissues do not readily become involved.

The glands most commonly affected are the cervical and those under the lower jaw and around the shoulders. When abscesses form, they often contain cheesy or chalky substances instead of pus.

When the bronchial glands are involved, the bronchitis is very obstinate, and where the mesenteric glands are included we have the *tabes mesenterica*.

In scrofulous cases tonsillitis is apt to result in chronic enlargement, and when favoring circumstances prevail, the adenitis of young cases becomes tubercular.

Chronic scrofula tends to produce other affections, as croup, hydrocephalus, tuberculosis, eczema, etc.

In the course of scrofulosis the inflammation and swellings tend to suppuration, or caseous or calcareous degeneration.

The *diagnosis* is not always easy, but in scrofula the virus is inclined to remain localized, the surrounding parts remaining healthy; not so in tuberculosis. The virus is also less active than in tuberculosis. In Hodgkin's disease, the lymph glands are more enlarged than in scrofula.

The *course* is tedious, but the prognosis is favorable as to life.

In the *treatment*, first remove the predisposition. Begin as early in infancy as possible. In fact, prenatal treatment is desirable where the consent of the expectant mother can be secured. During gestation, she is peculiarly susceptible to the action of remedies, and hence this is a most favorable time to remove any latent tendency to disease. If she can be led to see that proper medical treatment to prevent disease in her offspring will, at the same time, improve her own health, she will readily consent to it.

The child should be clothed in soft woolen underwear, and means taken to prevent chafing of the skin.

Sponging in a warm room with salt water, or sea-bathing when practicable, should be the custom.

The scrofulous patient should seek such climate as will permit of out-door life.

The best of *food* should be provided; city milk should be sterilized and occasionally a little lime water added.

Broths and well-cooked cereals are good, but new bread should be avoided.

Wholesome fats in moderate amounts, as cream, olive oil or cod liver oil, should be granted.

In short, from the earliest childhood, when possible, the patient should lead a normal and hygienic life.

Calc. carb. and baryta carb. will be of value in most cases to relieve the scrofulous diathesis.

When the glands are persistently and prominently swollen, we may select from belladonna, asafoetida, conium or iodine.

When suppuration is established, hepar, mercury or silicea will be indicated.

When eczema or other skin eruption is present, we may think of graphites, lycopodium, mercury or sulphur.

Curtis says: "Theridian, when other remedies fail;" or it may be used as an intercurrent remedy.

Many other remedies will be found applicable from time to time in individual cases. Raue mentions twenty remedies and Lilienthal gives the indications for forty-one.

Let due care be exercised in the treatment of scrofula in early life, and the number of cases of tuberculosis in adults will be greatly lessened.

ACONITUM: BACKACHE—Dr. R. Staeger, Hom. Tidskrift: Women with plethora, with a sense "as if it were broken," if it be due to suppression of sweat, cold, or anger, associated with profuse and mucous leucorrhœa.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

Remedies in Mental Disorders.

Under the heading "Compendium of Materia Medica" Selden Haines Talcott, A. M., M. D., Ph. D., Medical Superintendent of the Middletown (N. Y.) Homeopathic Hospital, Professor of Mental Diseases in the New York Homeopathic Medical College and Hospital, gives the leading symptoms of the following homeopathic remedies in Mental disorders. Alphabetically they are as follows:

Aconite, Agaricus Muscarius, Alumina, Anacardium, Antimonium Crudum, Antimonium Tart., Apis Meliffica, Argentum Nitricum, Arnica, Arsenicum, Aurum, Baptisia, Belladonna, Bryonia, Cactus Grand., Calcaria Carb., Calcaria Phos., Camphor, Cannabis Indica, Cantharis, Causticum, Chamomilla, China, Cicuta Virosa, Cimicifuga, Cocculus, Coffea Cruda, Colchicum, Colocynth, Conium Mac., Cuprum Metallicum Digitalis, Ferrum, Gelsemium, Glonoin, Helleborus Niger, Hepar Sulphur, Hyoscyamus, Hypericum Ignatia, Iodine, Lachesis, Lillium Tig., Lycopodium, Natrum Mur., Nitric Acid, Nux Vomica, Opium, Phosphoric Acid, Phosphorus, Platina, Podophyllum, Pulsatilla, Rhus Tox., Secale Cornutum, Sepia, Silicea, Spongia Stramonium, Staphisagria, Sulphur, Thuja, Veratrum Alb., Veratrum Vir., Zincum Metallicum.

Dr. Talcott has had charge of the Middletown (N. Y.) State Hospital for the Insane for a quarter of a century, and no institution of its kind in the world can show better results, and he declares in the "preface" to the work from which we have quoted, that at this institution there have been afforded not only hospital measures for the recuperation of the mentally sick, but that the *indicated homeopathic remedy has been applied with conscientious fidelity in each case.* (The italics are ours.—J. W. M.)

“Some Neglected Remedies.”

Under this heading H. C. Allen, M. D., in *The Medical Advance*, April, 1901, has this to say of

BELLIS PERENNIS:

(*The Daisy Bruisewort.*)

“This member of our traumatic armamentarium holds the same place in domestic practice in England that Arnica did in Germany before it was placed on the list of our polychrests by Hahnemann and his drug-proving pioneers. Like Arnica, Hamamelis, Ruta and others, it has, in a marked degree:

Bruised soreness of affected parts. (Arnica, Bapt., Ham.)

Lameness as if sprained, of parts affected. (Rhus.)

Blueness and soreness of boils on nape. (Arn.)

Sprains of joints with *great soreness, sensitive to the touch,* ecchymosis and swelling. (Ledum.)

Venous congestion due to mechanical causes.

During pregnancy, inability to walk; lame, stiff, bruised sensation in abdominal muscles and pelvic organs, extending down the thighs.

The uterus feels sore, bruised; conscious of a womb; it is sore and sensitive (Helon., Lys., San.), when Arnica fails to relieve.

For the traumatism after labor, when arnica, though apparently well selected, fails to relieve the intolerable sensitiveness to touch.

Bruised pelvic nerves; inability to walk after a difficult or instrumental labor.

Ailments from getting wet when overheated.

SEDUM ACRE: As the acute parturient of Count Mattei, Sedum Acre has obtained a reputation in Italy equal to Actea rac. and Canlophyllum in America. But the symptomatology of the latter has verified their domestic use, while Sedum Acre is still waiting a reliable proving from some enthusiastic disciple of Hahnemann.

From United States Dispensatory, p. 1754. Sedum Acre. (*Biting Stone-crop. Small House-leek.*) A small perennial, suc-

culent European plant, growing on rocks, old walls, with stems about as long as the finger, and numerous very minute leaves. It is inodorous and has a taste at first cooling and herbacious, afterwards burning and durably acrid. Taken internally it vomits and purges; applied to the skin, produces inflammation and vesication. The fresh herb and the expressed juice have been used as an antiscorbutic, emetic, cathartic and diuretic, and have been applied locally to old ulcers, warts and other excrescences, but the plant is at present but little employed. It has recently been recommended in Germany as a remedy in epilepsy. Other species are less acrid, and are even eaten as salad in some parts of Europe.

SEDUM TELEPHIUM has cured hemorrhages of uterus, bowels and rectum. It is a popular remedy in Switzerland for all forms of uterine hemorrhage.

The late Dr. Swan once wrote me :

“If you have an obstinate case of uterine hemorrhage, menorrhagia or metrorrhagia, especially at the climacteric, think of Sedum telph., when your best selected remedy fails. An old physician in Switzerland wrote me that Sedum telph. was a wonderful remedy for hemorrhage of bowels, rectum and uterus. I had at the time two severe cases on hand, and I gave it with wonderful success. I know nothing more of the drug; but I would not throw away that little knowledge, for it may some day help me when I need help.”

Sedum Telphium was formerly employed externally to cicatrize wounds, and internally as an astringent in dysentery and haemoptysis; and is still esteemed by the common people in France as a vulnerary.

HELODERMA HORRIDUS—If a comparative estimate of the value of a remedy may be made by the completeness of its provings, all that is required to place Heloderma among the polychrests with Lachesis and Naja is an extended proving with the potencies. Its action on the cerebro-spinal nervous system is profound, and it promises to be one of our most useful remedies in myelitis or spinal meningitis, with tendency to progressive

paralysis or locomotor ataxia. Gelsemium and Natrum Sulph. are similar, but have heat and sweat following chills.

Chill: with intense internal "arctic coldness."

Coldness of heart and lungs.

Cold band around head (band without coldness, Anac., Carb. Ac., Sulph.)

Cold waves from occiput to feet, or they ascend from feet.

Intense itching in bones and all parts of body.

Coldness of single parts, hands, feet pelvis, testicles.

Intense weariness and profound prostration of every part of the body; *numbness of extremities.*

Temperature, persistently sub-normal: 96-97; pulse 56-65; urine sp. g, 1008-1010, greenish yellow, fetid, decomposes rapidly; flow intermits.

It may prove an antidote to Phenacetin and the coal tar products.

False Pains.

When a pregnant woman complains of pain the attending physician should, if possible, ascertain whether these pains are due to the commencement of labor or whether they are "false pains." If it is full term and the labor does not progress recourse may be had to one of the following remedies: Pulsatilla, coffea, nux vomica, or belladonna. Pulsatilla is called for when the pain seems to be more in the small of the back, if the patient is chilly, no thirst, with some derangement of the stomach and the pulsatilla disposition. Belladonna, pressing down as if everything would protude, pains come quickly and go quickly, pains of tensive, pressive character, face red. Coffea when the patient is highly sensitive and nervous, and nux vomica if the patient feels faint after each pain.—*The Medical Visitor.*

GYNECOLOGY AND OBSTETRICS.

CONDUCTED BY S. S. SMYTHE, M. D.

Ventral Fixation of the Uterus.

No other surgical procedure for restoring a displaced uterus to its normal position has led to greater disappointment than that of Ventral Fixation, unless it be the Alexander operation, though the latter is so little considered now-a-days that it is fast becoming obsolete. Ventral Fixation, or Gastro-Hysterorrhaphy, as some prefer to call it, had at one time the endorsement of leading surgeons generally, but of late years its range of application has been very much restricted, and surgeons do not now advise it in many cases of displacement where formerly it was considered the *sine qua non* to successful treatment in all varieties of retro-displacements and in many cases of prolapsus.

After thirty years experience the profession has learned that only in certain patients and under well defined conditions may we expect real benefit from this procedure. The records are full of failures after the most careful fixation. The attachments give way or stretch out after a brief time and nothing has been gained by the operation.

During the child-bearing period of women who suffer from uterine displacements every other means looking to relief should be tried before resorting to ventral fixation. Observation shows that many serious difficulties arise from this operation in subsequent pregnancies, among which the following have been emphasized by various writers :

- 1—More or less constant pain in hypogastrium.
- 2—Painful retraction of the abdominal wall due to dragging of the attached uterus.
- 3—Retraction of the cervix into the pelvis as pregnancy advances.
- 4—The adhesions often prevent the uniform expansion of the uterus, which may become exceedingly thin in some parts and unduly thick in others.

5—Persistent and excessive vomiting may arise from traction on the points of fixation.

6—Abortion or premature labor often comes on spontaneously from the foregoing causes.

In case the woman goes to full term the following difficulties may complicate the labor :

1—The labor may be delayed owing to the irregular expansion of the uterine wall; the anterior wall being thick and tumorous; the posterior wall very thin and powerless to expel the foetus.

2—The normal expansion of the cervix is delayed on account of its abnormal position high up in the pelvis.

3—The uterus, during labor, may be torn loose from its fixation and a hematoma result.

4—Malpositions of the foetus, particularly the breach and transverse, are much more frequent than the normal position.

S. S. S.

Intra-Pelvic Operations for the Relief of Posterior Uterine Displacements.

Chase, Brooklyn, New York., after discussing the various operative procedures for the relief of posterior displacements of the uterus, with adhesions, remarks that those operations which have to do with the shortening of the round ligaments seem to be ideal. As between ventro-suspension and ventro-fixation, it would seem that suspension would better meet the exigencies of gestation than fixation, though it would appear that there is greater risk of intestinal strangulation or obstruction in suspension. The danger from both these operations arises from their becoming a barrier to normal and safe gestation. He then relates a case wherein a woman in her first pregnancy had been operated for a retro deviation. It was found, upon completion of gestation, that Nature was unable to accomplish delivery from an anterior fixed position of the uterus, the fundus being close to the anterior abdominal wall. The cervix was fixed high up, posteriorly, by

tilting forward of the uterine body, the cervical canal was four or five inches long, and the cervix refused to dilate on the appearance of labor. Cæsarian section was resorted to as the only possible mode of procedure, and twins were removed. The twins survived and the mother succumbed to exhaustion. The operation revealed a dense adhesion about one inch square, holding the uterus close to the abdominal wall. The expectation of the operator that the two to four stitches that united the fundus to the anterior abdominal wall would stretch into a suspensory ligament was not realized, but instead there was an unexpected plastic exudate, which became organized into an adhesion so strong as to hold the uterus immovably forward. (Recently a case was seen in the Hahnemann Hospital clinic where the abdomen was opened, for the removal of the remaining ovary, and a uterus was found firmly fixed to the abdominal wall by adhesions as described above.)—*Hahnemannian Monthly*.

Validol in Scintillating Scotoma.

Validol, which is a combination of menthol and valerianic acid, is an oily liquid of aromatic odor and pleasant, refreshing taste. It has been used by Dr. Neustatter, of Munich, in five cases of scintillating scotoma, with very good results. In four of the cases the validol, in doses of 15 to 20 drops on some powdered sugar, invariably produced the desired result—in a few minutes the flashing disappeared and the vision became normal. Where headaches were frequent, these also disappeared within a few minutes. In one case only, where the patient was a hard drinker, was the action of the validol variable; at certain times its action was prompt and effective, at others it failed entirely.

In view of the fact that the usual remedies produce hardly any result in this affection, the use of validol is certainly indicated, and the remedy deserves a thorough trial.—*Merck's Archives*.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

Appendicitis—Present Status of Treatment in the Homeopathic School.

By J. J. Thompson, M. D., Professor of Surgery, Hering Medical College, Chicago.

Ever since the world has learned to differentiate appendicitis from other abdominal and pelvic inflammations there has been a wide diversion of opinion as to the best method of treatment of this disease. The more radical of the surgical wing maintaining that the disease is surgical from the beginning; the more radical of the medical side advocating medical treatment throughout its course; while the more conservative members from both sides believe that the disease is essentially medical at the beginning, medical or surgical during the second stage and essentially surgical only when the inflammation fails to end in resolution.

With the object of ascertaining the position of the homeopathic physicians, as a body, on this subject, I addressed the following letter in a sealed envelope to each member of the American Institute of Homeopathy:

“DEAR DOCTOR—I am desirous of collecting all the data possible as to the method of treatment and results in appendicitis. Will you kindly tell me, as briefly as possible, (1) the number of cases of appendicitis which have come under your observation during the past five years? If you have not kept a record of each case, give the probable number together with your treatment of the same and the results. If you have kept a record of cases, or can remember farther back than five years, give records for all cases. (2) If surgical measures were adopted, please state at what stage of the disease you would recommend surgery if you saw the case from the first. (3) If an abscess has already formed, do you simply evacuate the abscess or do you search for and remove the appendix at the same time? (4) If you are in the habit of

treating your cases medicinally throughout, please state method of treatment.

“By sending an early answer you will not only confer a favor upon me personally, but will aid the profession to arrive at a proper solution of this vexed question. Trusting to hear from you soon, I am
Yours fraternally.”

In response to this letter I received answers from 254 members representing, as nearly as I am able to judge, the best thought in the American Institute at the present time.

As will be noticed, my letter left considerable latitude of expression from those addressed and the responses are therefore more valuable for general perusal than for the compilation of statistics. I trust, however, in the near future I shall be able to give the profession the benefit of the full text of those letters in order that each member may draw his own conclusions, which may be quite different from the deductions which I present to you today.

In my endeavor to get statistics on this subject I have been very much impressed with two things: the first is the carelessness, I might almost say discourtesy, on the part of those who fail to answer a letter of this kind: and the second is the lack of system in keeping data, which is evident from the reports received. No doubt this lack of system in keeping data will account for the reluctance on the part of many who failed to answer my letter; others no doubt have been so loaded down with professional duty that the matter slipped from their mind before they could get an opportunity to answer; while still others doubtless object to being bored by any communication which will shed light upon any subject pertaining to their profession, no matter how interesting. It is sincerely to be hoped, however, that if some member of your society five years hence desires to ascertain the statistics pertaining to treatment and the results of this disease in our school, the homeopathic profession will be better prepared to send data which can be utilized.

Possibly the fact that I lay claim to being a surgeon prevented some of the medical men from answering, as evidenced by one letter received from a Western physician who writes, “your being interested in the surgical field makes me feel my report

will not interest you much." Others from the medical side have expressed themselves somewhat similarly.

Studying between the lines, such expressions from the medical men are not complimentary to those who devote most of their time to the surgical work.

Homeopathic doctors have always put forth the claim that their methods of treatment led them to be more careful, exact and conscientious in their researches than those of the old school, and yet it is a surprising fact that there are very few who can give data sufficiently accurate to be of value in compiling an article of this kind. I might add in this connection that in the letters obtained from members of the old school, through the kindness of my friend, Dr. Wermuth, who has been carrying on a limited correspondence with members of his school along this line, that the answers are, for the most part, much more exact and to the point than those received from my own confreres. These letters, however, are not incorporated in this report.

The total number of cases of appendicitis reported were 3,883, of which number 2,128 were treated medically throughout the course of the disease; 1,028 were treated surgically, and in 727 statistics were not clear as to the method of treatment.

The largest number reported by any one person was 400 treated surgically, which the writer states was only about half of the cases seen; this would make a total of 800 cases of appendicitis under the observation of one individual; while as an antithesis to this report we hear from several well informed physicians, some of whom stand high in institute work, who positively declare that, so far as they have been able to judge, they have never seen a case of appendicitis in a practice extending over periods of from twenty to forty years; while still others of undoubted reputation maintain that in an active practice extending over a similar period they have met with the average proportion of cases, *all* of which they treated medically and *all* of which recovered under such treatment.

One physician naively remarks, "I am not sure of having had any cases of appendicitis because none have died and none have been operated upon."

Of the 3883 cases reported, 213 deaths occurred making a percentage of $5\frac{1}{2}$ per cent. of all cases; of the 2128 treated medically there were 64 deaths making a percentage of 3 per cent. for the medical cases; while of the 1028 cases treated surgically there were 134 deaths making a percentage of 12 per cent. for the surgical cases.

This apparent discrepancy in favor of medical treatment will of course be largely relative when we consider that as a rule the surgical cases are those which have already reached a critical stage before surgery is resorted to; on the other hand the small percentage of deaths from so large a number of cases treated medically illustrates what may henceforth be considered a fact, that at least a large proportion of appendicitis cases recover without surgical interference. In fact, leaving out some of the reports of the more prominent surgeons, whose number of operations reach up into the hundreds, and taking the reports from the general practitioners, who as one correspondent writes must ultimately be the jury to decide on the practicability or impracticability of any method of treatment, the percentage in favor of the medical treatment would be even more favorable than the data above given.

One curious fact is evidenced by the letters received from insane hospitals; from these letters I find that in five of the largest insane hospitals under homeopathic care there have been practically no cases of appendicitis among the patients. This fact is all the more curious inasmuch as the insane patients are notoriously careless about chewing their food and many are given to swallowing all kinds of indigestible things. A similar fact is brought out in regard to infants and small children, the disease being comparatively rare among them.

One physician writing from a valley in California, where fruit abounds, declares that appendicitis is practically unknown among women and children in that vicinity and attributes this to the fact of their eating more fresh fruit than the men.

One enthusiastic homeopath writing from Canada says: "I have yet to find the first case of appendicitis in a patient who has

always been treated with homeopathic remedies to the exclusion of more harsh remedies and drugs."

Another equally enthusiastic medical man writes: "If surgery was never brought into account in those cases under homeopathic treatment a few cases would be lost but not 5 per cent. of what succumb by present methods.

One physician writing from a city of 30,000 inhabitants said: "A few weeks ago three died here in one day from operative appendicitis," and then sarcastically adds, "probably because they operated too late."

But to return again to our data gleaned from these numerous communications, we learn that of the 254 physicians 50 reported the oil treatment practically as recommended by ex-Surgeon General O. M. Terry, of Utica, N. Y.; 31 recommended cathartics; 55 recommend the use of enemata; 11 recommend the use of opium; 7 recommend surgical interference as soon as the case can be diagnosed; 8 recommend surgical interference if at the end of 24 hours the patient is no better; 13 would wait 48 hours; while 38 suggest that they would operate for pus only; 29 state that in case of abscess they would search for and remove the appendix. Many of those, however, who make the latter statement are not surgeons themselves, and therefore speak only theoretically.

As to the medical treatment, the majority of physicians rest content with recommending the indicated remedy; but of those suggesting remedies which have proven most useful in the treatment of this disease, belladonna stands first, then follows bryonia, mercury in some form, aconite, nux vomica, rhus tox., lachesis, hepar sulphur, arsenicum, veratim vir, echinacea, colocynth, ipecac and lycopodium.

The testimony of the family physician, especially the family physician in the smaller town, where he can keep his patient under observation for long periods of time, is certainly worth something. To many it may appear of more practical value than that of the city surgeon who sees for the most part the disease in the severer forms and the recurrent cases. The surgeon, seeing so many recurrent cases, naturally concludes that all cases are re-

current, while the family physicians, seeing cases in all stages of severity and following them along from year to year, are able to judge impartially.

When, therefore, the medical men declare that they do cure practically all of their cases with the indicated remedy and that these cases do remain permanent in a large proportion of cases, their testimony should have weight with the surgeon as well as with the general practitioner.—*The Medical Visitor*.

Sensible Women.

I greatly admire the Englishwoman for her utter refusal to worry or be worried, and the consequence is that she looks young at fifty. She undertakes no more than she can comfortably carry out, and thoroughly believes in the coming of another day. By this I do not mean that she procrastinates. She simply will not let the domestic machinery grind her down to illness and early old age. She is a frequent bather, and regards health as the prime factor of life, to be looked after before everything else though the breakfast may be an hour late. She sleeps nine hours and takes a nap during the day at that. She arranges her day's work in the most systematic manner, and her little memorandum slip always shows two vacant hours; they are for rest. She eats heartily, but the most digestible food. In the most modest home, no matter how little there may be on the table, there is nothing but the best. She would rather have a mouthful of good food and go partly hungry, than eat a whole meal of cheaper things. She is a true economist; regulates her expenses carefully, and is a true believer in the allowance system. There are some things about the Englishwomen which her American sister dislikes, just as it is vice versa; at the same time, there are others which would make our American women happier and healthier if they imitated.

EDWARD W. BOK.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OF OPHTHALMOLOGY AND OTOLGY,
DENVER HOMEOPATHIC COLLEGE.

About eighteen months ago I made something of an investigation of the meaning of the various degrees advertised by the opticians, such as "Ref. D.," "Graduate Optician," "Doctor of Optics," and many others used by refracting opticians. The result of this investigation was given at the time in the *CRITIQUE*. It was found that the time required to get one of these degrees varied from two to eight weeks. In some instances the degree is granted through attendance upon a course of lectures delivered at the institution granting it. In other instances the degree is granted by the applicants' passing an examination upon six lectures sent him by the institution. Whatever the method, the diploma issued is impressive enough to satisfy the possessor and deceive the public.

The following quoted from the "Providence Medical Journal," April, 1901, by the "American Medicine," bears closely on the results of the practice of this class of fakirs.

The "Refracting Optician."—"Every man can instance many examples where harm has been done by the pseudo-profession of opticians. A case, reported elsewhere, recently occurred in this city. A mother at the instance of a teacher, took her son, a lad of 8 to 10, to one of these fakirs with the history of dullness in school and poor vision. Unable to improve the visual acuity of the boy by any glass, he jumped at the conclusion that there was some cerebral trouble, and telling the mother that there was inflammation of the optic nerve, advised her, not as one would suppose, to see a physician, but to give the boy some strychnia

She obtained from a druggist some tablets containing 1-60 of a grain of strychnia and proceeded to feed the boy upon them, thinking that the prescriber was a doctor and that he would not advise her to do anything that was harmful to the boy. As a result convulsions occurred and a dangerous termination was only averted by a timely knowledge of the treatment he was undergo-

ing. The vision was easily improved by proper lenses and no further trouble was experienced. A lad with a vision of 1-50 was wearing concave spherical glasses of 12 diopters, with no improvement of vision, while his refraction was hypermetropic and required for correction a convex glass of nine diopters, a difference of 21 diopters. A man recently came to the Rhode Island Hospital with a diagnosis of inflammation of the optic neuritis; another with detached retina for an operation for cataract; a lady recently had her glasses changed four times in as many months, with a steady impairment of vision, who was suffering from albuminuric retinitis and who died within a few weeks after the diagnosis was made and the condition ascertained; and so example after example might be quoted where injury to the patient resulted both by incorrect adaptation of lenses and failure to recognize existing morbid processes. This is not, however, a plea for special legislation, but an appeal to the profession of this state to discourage the practice of consulting incompetent men for ocular defects. There is no selfish or pecuniary consideration to this question; on the contrary every one of the dozens of incompetent men who are doing this work are manufacturing future patients for the physician; but the welfare of the community demands that the profession take a decided stand on the question. They have it in their power to control this evil within at least moderate bounds."

Trepanation in Intracranial Complications of Otitis Media.

Dr. Taptas, of Constantinople, reports two cases of interest:

The first was that of a young woman affected with acute purulent otitis, with great headache. After seemingly sufficient drainage of the tympanum, irrigations, with a solution of formaline, were employed. The otitis appeared to be cured, but still the headache persisted. Two months later, though the middle ear appeared to be well and functionated normally, symptoms of mastoiditis set in. On opening the mastoid process it was found

to be normal; but a large abscess was detected around the lateral sinus, which was freely laid open. The patient recovered.

The second observation was in a strong and robust man of forty, who, after what seemed a mild attack of grippe, and while convalescent, noticed a sero-sanguinolent discharge from his ear. Serious cerebral symptoms, as somnolence and complete aphasia, soon set in, and his temperature ran up to 39.5° . The ear appeared to be normal, and he complained of pain neither there nor in his head. The tympanic membrane seeming pressed outward, it was incised, and the cavity found full of pus. The patient died ten hours later of septicaemia. It is just in such cases where the symptoms prevent one from obtaining an idea as to the state of the middle ear and its annexes, that he would advise an exploratory trepanation. Delay here may be fatal. (Some of these cases in young children may be mistaken for a meningitis.)—*The Hahnemannian Monthly, May, 1901.*

Local Anesthesia in Hemorrhoidal Operations, And all Varieties of Minor Surgical Work.

By O. W. Green, M. D., Chicago, Ill. (Published by the "Medical Times and Register" of Philadelphia, Pa., for February, 1901.)

Since there are so many people suffering more or less with hæmorrhoids, and since orificial operations along that line have been performed only under general anæsthesia, we desire to call attention to the fact that we have formulated a method by which hæmorrhoidal operations are painlessly performed without the aid of general anæsthesia. The operations are rendered painless by using the local anæsthetic "Acestoria."

Our method of operating on hæmorrhoidal tumors is as follows: First, the patient is instructed to take a cathartic the night before the operation, and an enema in the morning. With a saturated solution of boracic acid thoroughly cleanse the rectum, using a syringe or otherwise, and then immediately inject every tumor in sight with "Acestoria" until each tumor is not sensitive to the prick of the needle. Sometimes it is best to use the bi-

valve speculum before, sometimes after injection, and sometimes not at all. It depends upon the condition and location of the piles.

With hæmorrhoidal forceps, or Pean's artery forceps, pick up each tumor at its center, and turn it out.

We generally use the clamp method when possible. Use Kelsey's or Pratt's clamp. After turning the tumors slightly outward with the forceps which are left hanging to them, each by turn is clamped at its base.

Then with a straight needle put in two or more stitches, as may be needed, back of clamp.

Remove clamp and cut tumor with straight scissors through white line made by the middle blade of the clamp. There will be no hæmorrhage if this line is followed. The stitches are now tied. Each tumor is thus treated. Then with hydrozone and hot water, one part of the former to five of the latter, syringe or spray the field of operation thoroughly.

The object of using hydrozone is two-fold: It is the safest and best germicide and hæmostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, renders it safe under all circumstances, both externally and internally.

As a dressing we have several times used nothing, simply cleansing with hot water and hydrozone.

An ideal dressing is ordinary sterilized gauze moistened with glycozone. Glycozone is anhydrous glycerine saturated with ozone, a powerful germicide and promoter of healthy granulation.

To prevent pain usually caused by the prick of the hypodermic needle, touch the point chosen for insertion with a glass pointed rod, dipped into 95 per cent. carbolic acid.

To anæsthetize the ear and stop ear-ache, incline the patient's head to one side and drop into the ear about five drops of "Acestoria," or sufficient to fill the external meatus.

Use "Acestoria" hypodermically in all cases where incisions or excisions are to be made, such as operations on ingrowing toe nails, removal of splinters from the flesh, opening boils, abscesses, carbuncles, etc.

THE CRITIQUE.

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EDITORIAL COMMENT.

Ovarian Grafts for Castrated Women.

A few successful attempts have recently been made to transplant ovarian tissue from a well woman to the broad ligament of a castrated woman, which were followed by conception and child-bearing in the usual order of events. The existence of the Fallopian tube intact is of course necessary to insure this result. The operation consists in introducing, or grafting, a portion of the sound ovary into a slit made in the broad ligament, so that a portion of the ovary projects into the peritoneal cavity, while the raw surface is secured in apposition to the cut surface of the ligament. The ovary must be so placed that the fimbriated extremity of the Fallopian tube may come in contact with it and conduct the ova to the uterus in order to insure the possibility of subsequent pregnancy.

No doubt there are many women who, during the recent ovariectomy epidemic in this country, cheerfully parted with their ovaries on various pretexts, will now be glad to avail themselves of this novel procedure for restoring their lost womanhood.

The success of the operation is indeed alluring, and is well calculated to bring hope to those otherwise hopelessly barren, but we can see many difficulties in the way which might be overlooked by the unwary.

Naturally the first and original difficulty will be to secure healthy grafts from healthy women. What woman will give up

a part of her own healthy ovary in order to provide offspring for her afflicted sister?

This difficulty overcome, the graft successfully made, and pregnancy resulting, this question must arise: Whose baby will it be? Of course the woman who has carried it in utero and has borne the pains of child-birth can reasonably claim possession of it; but which is the real mother? From whom will the child get its natal characteristics? Will it not have transmitted to it the nature and peculiarities of the woman who supplied the ovary and the ovum rather than those of the woman who conceived and brought it into the world?

Again, suppose the woman who furnished the ovary is tuberculous or syphilitic or criminal or insane or cancerous, may not the child inherit any or all of these? Is it unreasonable to think that syphilis might be transmitted in this way, although the child-bearing mother may be absolutely pure in herself? Would not a graft taken from the ovary of an Ethiopian or an Indian, a Malay or a Mongolian, proclaim its racial origin in the product of any subsequent conception? Would a king be any less a king when born of a royal mother whose ovaries had been transplanted from a woman of plebeian origin?

Should this operation become at all common, it may yet open the way to vast speculation and many intricate queries of a medico-legal nature. He is said to be a wise man who knows his own father, but it may yet become equally difficult, under certain conditions, to determine who is his real mother.

Cancer, Syphilis and Vaccine.

Dr. Harvey G. Gaylord, of Buffalo, New York, who has devoted much time to the investigation of cancer with a view to identifying the cancer germ, claims to have discovered a very close kinship between vaccine and the germs formed in cancer. Whether the two are identical is not determined, but that there is a marked similarity in form and appearance seems to have been established.

Dr. Stuart Close, of Brooklyn, New York, in a recent very elaborate paper on "Vaccination from a Homeopathic Standpoint," makes the following statement concerning the relation of vaccinia to syphilis and cancer :

"The pathological analogy between vaccinia and syphilis is so close that many observers and students of the subject believe them identical ; but on that subject time forbids me to enter, except to point out that, like syphilis and unlike smallpox, vaccinia or degenerated variola is not acute, is not definite and not self-limited. On the contrary the condition set up by vaccination is chronic, is as protean in its manifestations as syphilis, which it closely resembles, and enters as a complicating and modifying factor into every state of the individual victim. It forms a dyscrasia in other words, comparable only to that of syphilis, tuberculosis and cancer."

"Microbes in May Movings."

"Beware of the May microbe ! It is abroad in the land and is seeking a hiding place in the tonsils of human kind. It is the moving-day microbe, the house-cleaning microbe. It lurks in the carpets and rugs and comes forth to pester the people when the house-cleaner or moving man begins his work.

"Many cases of tonsillitis are undoubtedly caused by the May microbe.

"'When rugs, carpets and other household articles are shaken', said an expert on bacteriology, 'the dry germs are started to flying about. They lodge in the throat and produce tonsillitis. This is due to the presence of staphylococci and streptococci, germs which are capable of causing tonsillitis.'"

The foregoing occupied a conspicuous place in a recent Denver daily paper, and it is just such rot as this that passes current for medical science. Is it any wonder that Christian Science, *et hoc genus omne*, are occupying the minds of the people when

the "learned medical profession" so-called, indulges in such cheap, clap-trap statements? Even the most casual observation will convince anyone that the men who shake the carpets and rugs of the May movers seldom or never have tonsillitis. It is about equally certain that the "expert bacteriologist" could not tell a sore throat from the piles.

So the People May Know.

From a letter to the *Daily Star* of Montreal, Canada, by Mr. E. G. O'Connor, concerning the recent epidemic of scarlet fever in that city, we excerpt the following interesting items showing the relative mortality under Allopathic and Homeopathic treatment :

"For the whole city there have been 1,046 cases, with 222 deaths, a mortality of 21.22 per cent., which is certainly quite abnormal. Of these cases it appears that 159 were treated to a conclusion at the Civic Hospital, with 46 deaths, a mortality percentage of 29, which for a mild disease, as scarlet fever has generally been considered, is shocking. Now if we deduct from 1,046 the whole number of cases reported, the 159 cases treated at the Civic Hospital, and from the 222 deaths the 46 which occurred there, we have an approximate of 887 cases with 176 deaths treated by the private practitioners of the city, with a mortality of almost 20 per cent.

"There are but eight homeopathic practicing physicians in the city, and having put myself into communication with them, I learned that since September last up to date they have treated an aggregate of fifty cases without a single death! Of the cases treated, about half have been simple or uncomplicated, about half have been severe or more or less complicated, and of these latter about 15 per cent. have been what is described as malignant. There were complications of ear, throat, joints, kidneys, etc., but no serious sequelæ or after effects. The remedies used were homeopathic preparations of *Belladonna*, *Rhus tox.*, *Apis*, *Arsenicum*, *Ailanthus*, *Sulphur*, *Chin arsenicum* and others, each case in-

dicating its remedy by its own particular symptomatology. The diet was mostly liquid and plenty of water was given. Stimulation was rarely used. In most cases there was no recurrence of the disease in the family treated; where more than one case occurred, they usually developed simultaneously or almost so. Homeopathic *Belladonna* has long been used in homeopathic practice as a prophylactic or preventive of scarlet fever. Where it does not absolutely prevent, it always modifies, as does vaccination in smallpox. One of the leading homœopathic physicians of the city has had but one case in his practice. He attributed his immunity to the use of *Belladonna* as a preventive."

THE report of the Government Inspector of Charities, Melbourne, Australia, speaks for Homeopathy in terms that cause one to be amazed that any other treatment is accepted. Here is the record: Melbourne Hospitable, Allopathic: Death rate 14.5. Alfred Hospital, Allopathic: Death rate, 13.7. Homeopathic Hospital: Death rate, 6.7. It looks as though the terms "Rational" and "Scientific Medicine" rightly belongs to Homeopathy alone, that is, if the end of medicine is the healing of the sick.—*Homeopathic Envoy*.

THE Massachusetts Homeopathic Hospital Boston, makes a splendid showing in its report for last year. Over 2,000 patients were treated, with a mortality rate of only 4.32.

WHAT about Denver's many hospitals? No reports from any of them, not even the Homeopathic Hospital, nor the County Hospital where there is supposed to be a homeopathic staff. We have rather persistently urged some of our homeopathic friends on the staff of the county institution, but so far have failed to secure any figures. Anything wrong with homeopathy in Denver?

THE CRITIQUE regrets to learn of the death of Edward Parmalee, one of the oldest Masons in the state. Mr. Parmalee had a great many friends in the city and state: he was everybody's friend.

Graduation Exercises.

The Seventh Annual Commencement of the Denver Homeopathic College was held April 23rd in that most attractive auditorium, the audience room of Trinity M. E. Church. Tastefully decorated for the occasion with palms and flowers, the large room was well filled notwithstanding the hard showers late in the afternoon. The faculty, in full dress, were seated on the platform made spacious for the occasion.

The large Trinity Choir was out in force and furnished most excellent music, consisting of choruses, solos, a male quartette and numbers on the great organ by the accomplished organist Mr. Frederick Wright. The Aria, *Awake Saturnoa*, by Mrs. W. J. Whiteman, was rendered in such delightful way as a true artist only could render it, and elicited a round of applause. The male quartette was given an encore, and all the music was rendered in the very highest style of the art. The good work of Prof. Whiteman and his Trinity Choir is well known, not only in Colorado but throughout the Mountain West.

Dean J. P. Willard, in his usual happy vein, and with appropriate remarks, presented the following named persons as having been recommended by the faculty for graduation: Charles E. H. Armbruster, Rupert Olin Butterfield, Wade Anthony Jones, William August Musmann and Guy Stewart Vinyard. The President, Charles W. Enos, addressed the class as follows:

"Gentlemen of the Graduating Class:

"The officers of the faculty formally attest this evening that you have mastered the rudiments of medical knowledge.

"We extend to you a hearty and fraternal greeting as members of the medical profession. During the past four years you have been encouraged and stimulated in your work by the companionship of fellow students and aided by the wise counsels of your professors.

"From the present moment you must depend upon yourselves. You will not be able to select your cases, but must take them as they come and do your very best. Your first case may

be the most difficult one that you may ever encounter. Have confidence in yourselves. Remember that your medical knowledge is founded upon the universal law of cure, 'Similia similibus curantur.' The closer you follow the homeopathic law of cure the better success you will have. Do not feel satisfied with your present attainments, as you have only mastered the rudiments of medical knowledge. Be students and investigators throughout your lives. Work hard and you will grow and prosper and be a perpetual benediction to the sick and sorrowing. Cherish the tenderness of your consciences; never allow yourself to disregard its warnings.

"Now, by the authority invested in me by the statutes of the State of Colorado, and as President of the Denver Homeopathic College and Hospital Association, I confer upon each of you the degree of Doctor of Medicine. In testimony whereof I present each of you with a diploma."

Then followed the valedictory address by Rupert O. Butterfield, M. D., representing the class of 1901. This address is printed in another part of this issue of THE CRITIQUE and will be enjoyed by all who read it.

The address of the evening was by the Hon. Frank C. Goudy, a leading attorney of Denver, Colorado, and lecturer on Medical Jurisprudence in the College. The address was characteristic in that it was not prolonged to the point of tiring the audience and was listened to with enthusiastic interest. This also appears, with some abridgement, in another part of this issue of THE CRITIQUE.

The Dean then presented a handsome case, furnished by J. Durbin and Company of Denver, to Dr. William A. Jones for excellence in scholarship, his standing being a little above that of any other in the class, all of whom stood high, as shown by the markings of the various Professors.

The exercises throughout were of a very high order, and were listened to with unflinching interest by the large audience assembled, from beginning to close.

After the Benediction by Rev. Leonard B. Thompson of the Christian Church, the many friends of the class remained to extend congratulations.

Valedictory Address.

By Rupert O. Butterfield, M. D., Class of 1901.

After indulging in some enjoyable pleasantries, the young doctor said :

Classmates—To-night we sever the pleasant relations that have existed between us as fellow students. With the parting come thoughts of sadness. It is natural that we should have regrets at this time. This fact is an evidence of the realization that we are losing that which has been of value to us. It is a law of existence that the *destruction* of the lesser must precede the development of the greater ; yet the lesser is a necessary precedent of the greater. While we do regret the breaking of our connection with our *Alma Mater*, yet we must feel it is a necessary step in our career, and that it places us on a higher plane where we shall be of greater service to our fellow men. The breaking of these ties does not obliterate the memories and benefits of the past. The measure of our future success depends on the use made of the lessons learned and the experience gained during the last few years, and we shall in after years, on retrospection, the better appreciate what we have learned.

Because the days of instruction under preceptors may have ceased, we must not feel that our days for study are past. The habits of study gained during student life is far from being our least acquisition ; if practiced diligently in future years, it will become of almost inestimable value.

There are important epochs in our lives when we pause to take a look at the future, and to measure the task we have chosen ; these are the real hilltops of life, at whose base the scenes of every day existence spread out before us, either bright with hope or monotonous with care. Whether the efforts of life seem to the highest degree *worth while* will depend upon us and upon our ideals. Only the highest will stand the test of every trial and seem *worth while* after every adversity.

Self-preservation may be the first law of life, but should it be the sole law of paramount importance to the individual, it will

make the one who bows to it an abject slave; for he whose object is self-service has an inexorable, an insatiable ruler to serve, whose influence is like the burning desert wind, drying and withering all the gracious springs of kindly impulse. Neither is the person himself enriched, for as he withholds all service except to the acknowledged ruler of his being, all invisible but potent ties which bind him to his fellow man insensibly break away and he stands alone.

No, there can be no real high ideals of life which do not consider the good of others. Not only does the altruistic spirit enrich and sweeten the forces of a man's character, but it removes the limitations of personal and individual being, and makes of the man a messenger for all the great idealists and altruists from the days of the Nazarene to the present. He stands alone no longer, but standing in the light of the Supreme and Eternal Good, he strengthens link by link the ties which bind him to his fellow man.

It is in the common place and sometime heavy duties of daily life that the altruistic spirit may manifest its beneficent presence. Let sound judgment and justice back it up and it may transform the face of the physician, so often a token of sad days, into that of a messenger of deep joy and hope. The coming of that face can illuminate a sad and humble home and the confidence engendered by such a character will greatly assist the remedial agents he will conscientiously choose for the restoration of health to the afflicted.

It is no place of small honor that the true-hearted physician is called to occupy. Few come nearer to the hearts of men when they are most susceptible of influence than he, and if the spirit of altruism has the right of way in him, he may become the bearer of the greatest of blessings to humanity.

Brothers—While our old familiar relations as students must cease, let us go forth hoping that our friendship may be strengthened in the coming years and that our lives may be full of acceptable service to those among whom our lot may be cast.

Honored Preceptors—Four years ago you took under your instruction several young men. This was the beginning of the

first chapter in the history of this class. To-night in these exercises we are closing the last chapter of that history. At different times new members have entered the class while others have dropped out. It is with sadness that our minds dwell a moment on the thought that when the last one, the youngest of the class came to leave us, it was in compliance to the summons to his last long home.

The class owes much to you. We desire to express our gratitude, yet mere words make but a meager expression of the debt we owe. Many people would say that we were most indebted to you for the didactic instruction received. However, I believe differently. The object lesson your lives ought to, and will, in years to come, count for as much in the lives of those who go out from under your tuition as lecturers and quizzes ever can.

To-night, while you pass us off of the lower stage as students, and admit us on a more equal footing with yourselves; as you in great degree remove from us your paternal interest, to bestow it on after coming classes, may its place be taken by a strong fraternal interest that shall encourage us in our work for humanity.

The College Banquet.

Immediately following the commencement exercises a banquet was served at the popular Albany Hotel, which was a pronounced success from start to finish. Prof. David A. Strickler, as toast-master, was in his happiest mood and kept everybody in a good humor until 1:30 A. M.

The following toasts were the order of the night:

"The Degree, What it Means."—By Prof. C. E. Tennant.

"Our Seniors."—By W. A. Musman, M. D. (1901.)

"Our Alumni."—By A. L. Peter, M. D. (1900.)

"The Faculty."—By Prof. J. P. Willard.

"The Physician In Public Life."—By Hon. F. C. Goudy.

"Looking Backward."—By Prof. A. K. Dunkley.

"The Physician and Parson in Public Charity."—By Rev. Mr. Thompson.

Commencement Address.

By the Hon. Frank C. Goudy, Professor of Medical Jurisprudence In the Denver Homeopathic College.

GENTLEMEN—You have selected your life vocation and now stand at the threshold of active work, in a profession that exacts from its devotees faithful, constant research, a profession in which no sluggard can succeed, a profession that has to deal with the physical ills of life from birth to death.

To-day, the memories of the past and all the aspirations of the future are with you. The past has gone ; the future is still yours.

This is the most interesting period of your life. You have now laid the foundation for your future work in the medical profession. Your success will depend in large part on your preparation. If you have been diligent in the ground work your hope for success will be realized if faithful to all that go to make up the true physician.

Remember that your profession, like all others, is crowded with incompetents and with sharp competition. It is said that "there is one doctor to every three hundred inhabitants, but remember that there are many wholly unfit or badly prepared, and that such only add to the miseries of mankind and make business for the well-prepared and capable doctors."

Do not falter, but push on and place yourself with those near the top. The medical profession demands the exercise of sound judgment, skill of the highest order, profound learning, and with it all, a clear conscience and the best type of manhood and integrity. The lawyer deals largely with property rights ; the minister points out the way to a better life, but the doctor deals with life, with that which no one can give, and which all desire to preserve and retain. All the secrets of life, all that brings happiness or sorrow, is sure at some time to be confided to the trusted physician, hence the need of an upright life, of a life of sobriety and morality on the part of him who comes so near to all mankind in life's journey. If there is a family skeleton the doctor is the one most likely to know it. If there is a taint of blood he will be made acquainted with it. To him will be un-

folded secrets most sacred, secrets never voluntarily confided to anyone outside of the home life, except it be to the honored and trusted physician.

The highest degree of skill is expected of a physician because the slightest mistake on his part may wipe out of his patient's life all that for which life is worth living. While his business is to cure, yet a little neglect or lack of skill may cost some one his hearing or eyesight, or the use of a limb; hence the duty assumed by the physician is greater than that assumed by the follower of any other profession.

True, he is able to bury his mistakes, but his business is not to bury, but to preserve life in its highest and best condition, wherever the exercise of skill makes it possible,

The doctor never seeks the aid of the undertaker, but strives to furnish just as little business as possible for the man who advertises funerals conducted with promptness, and without annoyance or discomfort to the dead or the living.

In this day of rapid transit, fast horses, bicycles and automobiles, and general whirl and rush, there is constant danger of accident, and the medical profession is more and more in demand to soothe pain and preserve life, and to the doctor who possesses the art of knowing how, there is a grand opportunity for winning fame in his profession, and for gaining a competency.

Another has said: "It is not a very high compliment to physicians that half of the race die in infancy; and children have many reason to complain that the science of medicine does not reach their condition." But remember that however much at times you may become discouraged, your patients are after all the ones who suffer most if you make a mistake. Always "watch the latest; be ready for critical cases." "The prizes of life come most often to the skillful and upright." "The deserving in any battle must in the long run be rewarded."

The world may escape or survive the mistakes of all the other professions, but there comes a time in the life of every person when he must make the acquaintance of, even though he does not make friends with, the medical profession.

Members of the class of 1901, I congratulate you upon your

graduation and admission to the learned and useful profession of medicine. Your life work is before you. The incentive for real, earnest and conscientious work is always great. We bid you God-speed, and may success crown your efforts, and our earnest wish is that you may attain to the highest eminence in your noble profession and may merit the confidence and respect of your medical brethren, as well as the esteem and confidence of the people among whom you may make your future home and whose patronage you may seek to enjoy.

Your success now rests with you. Be diligent in your life work, be faithful and true to every duty of life, and let your devotion to your patients be such as to bring comfort and relief to them and happiness and wealth to yourself and honor to your Alma Mater.

Do not be among those who are completed when they are graduated, but plod on, study, investigate, read and keep abreast of the best thought in your profession. Competition you will find wherever you go; but do not become discouraged if you see some quack apparently meeting with more success than you do, for his success will be short-lived and yours will be permanent when it does come, if gained by industry and painstaking and conscientious devotion to your work.

This is an age of marvelous growth and advancement, and the medical profession is keeping step with the wonderful strides of our civilization. New discoveries, new appliances, new remedies, new devices in surgery, new modes of meeting and overcoming the dangers to human life, are daily brought forth and put into use to serve mankind by alleviating suffering and prolonging life. Marvelous advances are being made in all departments of life, and you must keep up with the growth and development of all that is new, good and useful in your profession, or you will drop behind the profession and be thereafter classed as *mediocres or misfits*. Seek out the truth; seek the best and the latest.

At first you will probably not be pushed for time by reason of the calls of numerous patients, and this will be your best opportunity to gain and store up knowledge for future use. Your

college training has taught you how to study, how to investigate and gain knowledge. Ever bear in mind that the general crowd is in the valleys, and the heights of your profession, as in all other vocations of life, are sparsely settled.

The road to eminence and success may be long and toilsome, the ascent tedious and difficult, but the prizes at the top await the persevering and diligent.



To the members of the Homeopathic Medical Society of the State of Colorado and all Homeopathic Physicians in the State :

The preparations for the Sixteenth Annual Meeting of our State Society are completed; the program is in the hands of the printer and will be mailed to you almost before this meets your eyes; there yet remains but your presence and co-operation to make this the best meeting the society has ever held.

The program contains a list of interesting and instructive papers by able writers and is so arranged that each paper will have ample time for reading and discussion. The meetings will be held in the First Baptist Church, one block from Main Street, in quiet and without interruption.

After the more serious part of the program is disposed of, there will be some recreation which we hope will help you to remember Cañon City for many a day.

In the first week in June Cañon is in her loveliest dress, trees and orchards have on their greenest coats and our famous strawberries are in their prime.

The committee appointed by the Real Estate Board to look after your entertainment is composed of our leading and most public spirited citizens, whose pride it is to maintain Cañon's reputation for hospitality. The entertainment provided for the ladies will leave no time for them to become ennuied. The drive to the top of the Grand Cañon on Saturday is through and in sight of some of the grandest scenery in the Rocky Mountains and should be missed by none. The luncheon will speak for itself.

The railroads have made us a rate of one and one-fifth fares for the round trip, provided fifty tickets are sold from all parts in

the state. Buy first-class tickets from your home station to Cañon City and ask the selling agent for a certificate which you will hand to the Secretary on your arrival here. This will be signed and returned to you, and on presentation to the agent at Cañon, he will sell you a ticket to your home station for one-fifth the regular fare. Do not fail to get your certificate. This rate is good going on the 3rd, 4th, 5th and 6th of June and returning until the 12th. There are five daily trains from Denver to Cañon City on the D. & R. G. R. R. The train leaving Denver at 9:30 P. M. carries a sleeping car which is dropped at Cañon so that its passengers need not get up until they choose. Returning to Denver the sleeper is ready for passengers at 10 P. M. and arrives in Denver at 7:15 A. M. This will be a most convenient way for those to come whose time is limited and who do not care for a daylight trip.

Will you spend these few days with us for your own profit and pleasure?

Remember too that "a pleasure shared is doubled" and bring your wife along.

Help us to make the State Society a benefit to every Homeopathic physician in the state. Come and get something that will be pleasant and profitable from every man that you meet and give in return something of yourself.

Can you afford not to come?

WARREN D. HOWE, *President.*

Cañon City, Colorado, May 1st., 1901.

American Institute Announcement.

The Executive Committee beg to announce to the members of the Institute and the profession generally the following important notice as to railroad arrangements and the program of entertainment offered to the Institute and its guests by the citizens of Richfield Springs.

The usual fare and one-third rate for the round trip, on the certificate plan, has been granted by all the roads.

Arrangements have also been made whereby all members

coming from the Western country via Buffalo can stop over at the Pan American Exposition for ten days on any kind or character of ticket, providing said ticket is deposited with joint agent, No. 50 Exchange Street, Buffalo, and the payment of \$1 made.

For those who come from the Eastern country, the New York Central, West Shore and Lackawanna will make an amicable arrangement that will grant our members a sufficient stop over at Binghamton or Utica, at which points they can procure regular excursion tickets to Buffalo and return. This will allow members from the East to attend the exposition at a very slight additional expense.

Through parlor cars will be run direct to Richfield Springs from both the East and the West. The Delaware and Lackawanna Road will put on its summer schedule of trains for the session of the Institute which provides close connections at both Utica and Binghamton.

A. B. NORTON, M. D., *President.*

E. H. PORTER, M. A., M. D., *Secretary.*

BROOKLYN, APRIL 17, 1901.

Editor of "The Critique.:"

DEAR DOCTOR--At the next meeting of the American Homeopathic Ophthalmological, Otological and Laryngological Society, which will open its session in the parlors of the Hotel Earlington, Richfield Springs, New York, on Saturday, June 15, at 2.30 P. M., and have sessions on Monday and Tuesday, June 17 and 18, it has been arranged to have Mr. M. R. Hutchison, E. E., exhibit and explain his recently perfected akouphone and akoulalion, mycro-telephonic instruments so constructed as to reproduce and intensify sounds and still preserve their quality.

This represents probably the greatest advance that has yet been made in adding to the hearing power of those who are incurably deaf, and as Mr. Hutchison will give an explanatory lecture when he shows the instruments on Monday evening, June 17, it has been decided by the officers of the Society to invite the members of the Institute and all visitors who are interested to attend this session. Those who desire to have friends or patients test the instruments are requested to bring them to Richfield at this time, and Mr. Hutchison will be glad to give each an opportunity to test the efficacy of the akouphone.

Fraternally yours, HERBERT D. SCHENCK, *Secretary.*

Notes and Personals.

Dr. Kraft, editor of "The American Homeopathist," 57 Bell Avenue, Cleveland, Ohio, is collecting a small but select company of ladies and gentlemen for a fifty days' summer tour of parts of Ireland, England, France, Switzerland, Italy, Austria, Germany and Belgium. Terms reasonable. Apply early.

Des Moines has been honored in the appointment of Dr. A. M. Linn to a membership on the state board of health. He is a gentleman of very high personal and professional standing with a large practice, and will reflect credit upon those responsible for his selection and upon the capital city as well. He is an active worker in the church and Sunday school as well as a liberal supporter of the Y. M. C. A. and the Sunbeam Mission. His good works commend him to the favor of all without regard to politics, creed or religion.—*Iowa State Register.*

The work being done at the Experimental Station at Fort Collins, Colorado, is splendid, and it is doing much to increase the interest in farming in all its branches.

Dr. Smithwick, of La Grange, N. C., in the January, 1901, number of the "Maryland Med. Journal," says: "When, in disease, bed sores occur, we must use the best means for healing them and making the patient comfortable. In my experience I have tried a great many things, but have come to the conclusion, which is substantiated by clinical results, that I obtain the best results by thoroughly washing the parts with warm normal salt solution, bathing in peroxide of hydrogen, and dressing in pledgets of cotton or strips of gauze soaked in Ecthol. This dressing is repeated once, twice or thrice daily as the urgency of the case seems to demand.

Things to Remember.

Splints that are flexible made of wire. Splints that you can use on broken limbs and then verify whether the bones are in position by the use of the X-ray, as these splints offer no resistance to the rays. DuPuy & Casey Mfg. Co., Niles, Michigan.

The Colorado Southern is the only road between Denver, Colorado Springs and Pueblo that is fitted up with the block signal system. Hence danger of accident is almost eliminated. T. E. Fisher, Gen. Pass. Agt., Denver.

TWO OF A KIND.—"Why is a good play like a mustard plaster?" "Because they both draw well after they're put on."—*Ph. Era.*

Bovine is live blood. It is differentiated arterial blood, hence is rapidly assimilated. Good for a weakened condition no matter where found nor from whatever cause.

Investigate at once the Twentieth Century Combination Policy of the Ætna, of Hartford, Conn. Ralph M. Brann, 513 McPhee Block, Denver, Colo. (See page ii.)



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The J. N. Scott Co., 412 to 434 New Ridge Building, Kansas City Mo., furnishes surgical instruments and supplies of all kinds.

THE ONLY WAY TO KEEP THEM OFF—When President Lincoln was taken down with smallpox, he wrote to Colfax that he might let the army of office seekers approach, as he had now something that he would give them.—*New Idea*.

Frederick Steinhauer, 930 15th Street, carries a full line of Boericke & Tafel's Homeopathic Medicines.

No matter in what Electrical difficulties you find yourself, John F. Barber, 1515 California, can adjust them at short notice.

GUDE'S PEPTO MANGAN—"Therapeutically it does not nauseate, constipate, discolor the teeth, precipitate the digestive agents, nor become inert from contact with them. As to the clinical results, I need not add anything to the many reports already on record."—WM. KRAUSS, M. D., Memphis "Lancet." An original bottle of Gude's Pepto-Mangan sent gratis to any physician who will pay express charges. M. J. Breitenbach Co., New York.

First Doctor—What makes you think the patient will die if we don't perform the operation?

Second Doctor—That isn't the point. This is a new disease, and if he should live without an operation it would establish a precedent.—*Life*.

I have used Sanmetto quite extensively in cystitis, prostatitis and gonorrhoea, and find it far superior to any proprietary preparation or prescription I have ever used. It controls admirably those cases of prostatitis where there is excessive desire to urinate frequently but an inability to do so.—R. B. MEEK, M. D., Fremont, O.

First lady—I'm taking four kinds of medicine. How many are you taking?

Second lady—Oh, medicine don't count. Operations are all the go now. I've had three this summer.

Dr. Givens' Sanitarium at Stamford, Conn., is pleasantly situated on a hill overlooking the city of Stamford and Long Island Sound, and is easy of access from New York and all New England states. It is a well known fact that certain climatic conditions are beneficial in certain nervous and mental disorders, and the invigorating (coast) air of this locality, charged with ozone, is a sedative in itself. During the past year another cottage has been added and the recreation hall enlarged, thus improving upon the already excellent accommodations offered for patients desiring special treatment. All modern means are employed for the treatment of nervous and mental disorders. A separate department is devoted to the treatment of drug habits.

Hypotone is not a hypnotic but a reconstructor ; it is the use of hypophosphites with pure sweet California wine. We all are familiar with the use of phosphorus in rundown rhachitic conditions and in tuberculous affections. In short, in all conditions of ill health in which lowered vitality plays a prominent part, the use of Hypotone will anchor your patient against the ravages of the disease storm. Remember Hypotone is a tonic wine of Hypophosphites, *not a syrup*. For further information read page ii this issue or write to Chas. Roome Parmele Co., 36 Platt St., New York.

Bromidia is a nerve rest. It is a hypnotic ; it is to be obtained of all druggists, and is manufactured by Battle & Co., St. Louis, Mo.

"Johnson says his cork leg pained him horribly last night."
 "How could that be?"
 "His wife hit him with it."

Hydrozone is becoming a household necessity ; its uses are manifold, it quickly cures all cases of chronic and acute ulcers, skin disease, eczema, etc. It is also invaluable in all cases of pus or catarrh, but remember this applies to *Marchand's* products. Read all about it on page vii.

The Fellows Medical Manufacturing Company (Limited) sole proprietors of Fellows' Compound Syrup of Hypophosphites, have removed their New York City office from 48 Vesey street to 26 Christopher street.

"So many shrines, so many creeds,
 So many paths that wind and wind,
 While just the art of being kind
 Is all the sad world needs."

Take the Chicago and Northwestern road going east or coming west. The finest equipment, most gentlemanly service and strictly up-to-date in everything that first-class railroading means. H. Wheeler, General Agent, 801 Seventeenth Street, Denver, will gladly give all needed information.

Charles Reade, the novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal and whine.—*New Idea*.

At the beginning of the year we commented upon Parke, Davis & Co. being the first to standardize drugs, and that it was a twentieth century movement begun during the nineteenth century, and all those adopting this up-to-date method (as all will have to) should acknowledge that P. D. & Co. were the first. I received a catalogue of a Philadelphia house to-day, stating that all their drugs were so tested and standardized by animal experiments ; which proves that they recognize a good thing and modestly (?) adopt it, forgetting to give credit to P. D. & Co. ; too bad but "pity 'tis, 'tis true" If you wish the latest and best in the drug line remember Parke Davis.

THE CRITIQUE.

VOL. VIII.

DENVER, COLO., JUNE 15, 1901.

No. 6

Some Mistaken Notions Concerning Homeopathy.*

By W. A. Burr, M. D., Professor of Theory and Practice in Denver Homeopathic College.

Homeopathy has had a wonderful record. It is but a little more than a century since this new system of healing was promulgated, and yet in many cities and localities of our country it is coming to be the dominant school of practice. Its patrons are increasing in numbers, and are as enthusiastic as ever in their loyalty to the new school. Homeopathic colleges and hospitals, as well as homeopathic literature, are steadily on the increase in all enlightened countries. Wherever Homeopathy once gains a foothold and is fairly represented by good physicians, there it remains and grows. It has the support of intelligent people everywhere; and the more they see of it, the better they like it. The more it comes in competition with other systems of healing, the more apparent comes to be its superiority. It stands the test of time and experience and is destined to become the dominant practice in all enlightened lands.

But there are still some mistaken notions concerning the doctrine of Homeopathy, but for which it would have made still greater progress. Hundreds of Old School physicians have already abandoned the old system of healing for the new. But for these *mistaken notions*, where hundreds have come from the ranks of other schools of practice, thousands would have been seen rallying to the standard of *Similia*. It is the purpose of this paper to point out some of these *mistaken notions*.

A homeopathic physician does not have to confine himself to the high potencies in order to be an orthodox homeopath, but needs only to believe in and prescribe according to the law

* Read at Colorado State Homeopathic Medical Society June 7, 1901.

Similia. Leading homeopathic physicians the world over use low potencies as well as high. As a rule, however, they *do* restrict themselves to the use of the sub-physiological dose. In this they are in full accord with the sentiment of the rank and file of the homeopathic school. Hahnemann himself, during the greater portion of his professional career, and even for twenty-five years after he had promulgated the doctrine of *Similia*, used the lower potencies, from the first to the twelfth.

A homeopathic physician may not reasonably be accused of being unhomeopathic simply because he is in the habit of a frequent repetition of the dose. Every believer in Homeopathy may be law unto himself in this. As a rule, however, the best practice is to suspend the use of the well chosen remedy while improvement continues. Doubtless the tendency is to repeat the dose too frequently, but Hahnemann himself sanctioned the frequent repetition of the dose in acute cases of disease. He also allowed it in chronic cases, acknowledging that "in many forms of disease, a single dose is insufficient."

Dynamization was only a theory of Hahnemann's, and is not necessarily adopted by every believer in *Similia*. In the whole array of homeopaths, there are really but few who *do* believe in it. Hahnemann acknowledged "there must be a limit to the divisibility of matter."

The true homeopathic physician will often give palliatives, not necessarily with the hope of a curative result, but solely to relieve the pain. Here again we have the example of our Founder who did *not* discard the use of palliatives, as some seem to think, but showed them to be sometimes necessary. Dr. Wm. Boericke, in his "Compend of the Principles of Homeopathy" says; There are "three methods of combatting disease of which every physician is bound to avail himself. They are; (1) Preventive Medicine, (2) Palliative Medicine, and (3) Curative Medicine." The true homeopathic physician, however, always endeavors to alleviate the pain of disease with the curative remedy where there is any hope of a cure. Where this cannot be done, palliatives are not only justifiable but necessary and humane.

Neither did Hahnemann wholly discard the pathology of disease in making up the totality of the symptoms; but he *did* protest against the passing pathological theories of his time. A symptom has its truest significance when viewed in connection with all the other symptoms and morbid conditions. The homeopathic physician can do his best work when he is well versed in the true pathology of disease, and so would Hahnemann doubtless say were he with us to-day.

Much has been said against Hahnemann's *Psora* theory. It is not uncommon to hear physicians ridicule the idea that a large proportion of the diseases affecting the human family come from suppressed itch. It would be more fully in accord with Hahnemann's idea to say "skin diseases" instead of "itch," for our Founder had reference to eczema, impetigo, leprosy, erysipelas and the dyscrasie of many other skin diseases as well as Scabies. That nearly every member of the human family, in this day and age of the world, has the taint of some disease lurking in his system, is a fact recognized by all physicians. This taint, when not syphilitic or sycotic, Hahnemann called psora. And whether the full truth of the *Psora* theory is recognized or not, the supposition that it *is* true makes a most admirable working theory, and aids in the cure and complete eradication of disease. The *Psora* theory then, instead of being something to criticise, is rather to be commended when taken in its true light.

As to the essentials of Homeopathy, the homeopathic profession is agreed. These are three in number, as set forth by Dr. Constantine Hering in "Some Remarks for the Fourth American Edition of Hahnemann's Organon," as follows:

"All homeopathic physicians are united under the banner of the great law of cure, *Similia Similibus Curantur*, however they may differ in regard to the theoretical explanation of that law, or the extent to which it may be applied. All homeopathic physicians also acknowledge that provings upon the healthy are indispensable in ascertaining the unknown curative power of drugs. And, finally, all homeopaths concur in giving but one medicine at a time, never mixing different drugs together, under the absurd expectation that each will act according to their dic-

tum. This is the glorious tri-color of our school, which will make the circuit of the world, and in these we are as the heart of one man."

Early Operation in Mastoid Disease.*

By David A. Strickler, M. D., Professor of Ophthalmology and Otology in Denver Homeopathic College.

The ear as a source of pyogenic infection to the intra-cranial structures is not a new thought to the progressive student of medicine, but he is indeed a progressive physician who has, for the past decade, kept abreast of the developments of this subject, of such vital import, alike to general physician and specialist.

I believe that I am quite within the truth when I state that in no other branch of surgery or specialism have such rapid strides been made as in operations upon the ear for the prevention of septic infection of intra-cranial structures. The facts have so often, within recent years, been presented by specialists before bodies of specialists, that I do not expect to add anything that is new to this class of practitioners, but hope to show something of the import of the subject to the general physician who is frequently the first to be called to treat the class of cases considered.

The time has not long passed, if indeed it has yet passed, when it was the common advice of the general physician when consulted for an othrrhoea: "Let it alone," or perhaps when, after some hours of suffering, the ear "broke" and discharged he considered his duty to his patient discharged as well. Indeed, it has recently been thought that to cure a discharging ear is to suppress some disease that will show in some other part of the body or perhaps "strike in" and kill the patient. This latter thought, undoubtedly, had its origin in fatal results from treatment by interference to drainage.

In contradistinction to the above note the statement of Macewen, the pioneer in this line, whose book, "Pyogenic Dis-

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eases of the Brain and Spinal Cord," published in 1893, is the classic of today, "I would sooner have a charge of dynamite in my ear than a drop of pus." This statement voices the sentiment of the majority of advanced aurists of the present time, and from it the general physician may judge something of the dangers of suppuration within the tympanomastoid cavity as viewed by the aurist.

Especially should this subject interest those physicians who treat children. The frequency of ear-ache, otitis media, in children is too well known to all to need more than its mere mention. It has frequently been noted that, in the absence of hereditary tendency to deafness, he who guards his hearing organ safely through the diseases of childhood, is practically immune from ear troubles in later life. Knapp, in tabulating the mastoid operations performed on children under eight years of age at the New York Ophthalmic and Aural Institute, shows that 41 per cent were during the first and second years of life. In these little ones the Eustachian tubes are comparatively large and open, while they are short, thus affording an easy ingress for bacterial infection from a diseased naso-pharynx so common in the infectious diseases of children. It is in this class of patients that pyogenic infection finds such ready access to the cranial cavity. In these little folks it must be remembered that the inner table of the cranium is exceedingly thin, deficient in ossification, especially at the petro-squamosal and the masto-squamosal sutures, that the vascular supply of the lining membrane of the vault of the tympanum and mastoid antrum is very free and in close anastomosis with the intra-cranial sinuses, and that, as a result symptoms of meningeal irritation are frequently seen in even mild cases of otitis media. Fatal terminations from early sinus thrombosis or septic meningitis, even before discharge appears from the external canal, are not infrequent, and the physician may entirely overlook the ear as the cause, unless he "is aware of the fact that one of the most frequent causes of high temperature in infants is a middle ear inflammation" (Dench.)

Autopsies on children in large institutions furnish abundant evidence that many deaths occur from intra-cranial lesion result-

ing from ear disease when the ear as a causative factor was entirely overlooked by the attending physician.

To fully appreciate the dangers of middle ear suppurations it is necessary to recall the anatomy of the parts involved, especially the relationship of the tympanum and mastoid cells to the cranial cavity, the carotid artery and to the intra-cranial sinuses. There is probably no space of equal size in the body surrounded by so many dangerous elements as is the tympano-mastoid space. The tympanic space is separated from the middle fossa by a thin lamina of bone, always deficient in infancy and some times throughout life. The mastoid antrum being separated by a thinner plate of bone than is the tympanum is the more frequent source of meningeal and cerebral infection in later life.

The mastoid antrum, being an extension backward of the tympanum, has the same intra-cranial relationship, namely with the temporo-sphenoidal lobe of the cerebrum while the cells are also in relation with the meninges of the posterior cerebral and cerebellar fossae. And thus it is that when extension takes place through the roof of the tympanum or the mastoid antrum the contents of the middle cranial fossa are unusually involved, while in intra-cranial involvement from mastoid inflammation the process is usually confined to the posterior cerebral lobe or the cerebellum. The tympanum and mastoid cells communicate with the lateral and sigmoid sinus by means of numerous minute veins; the tympanum with the superior petrosal sinus by minute veins; the tympanum and antrum through the bone with the dura matral system of veins. Through one or more of these channels pyogenic infection only too often finds its way to the meninges, the brain, or to the sinuses, giving rise in turn to meningitis, extra-dural abscess, cerebral and cerebellar abscess, or sinus thrombosis, either separately or two or more in conjunction.

It is not within the scope of this paper to treat fully these different complications, and yet I would fail in my object in writing did I not point out a few of the symptoms which may

lead to an early recognition and diagnosis of intra-cranial involvement.

Meningitis may result from inflammation of the tympanum or of the mastoid cells. It may be the result of caries of the osseous walls with evacuation of pus into the cranial cavity, or of infection through the vessels perforating the inner table of the skull.

The inflammation may involve the entire surface or may be localized, its favorite seat being the basilar meninges. Its characteristic symptoms are constant high temperature, from 101° to 105° , with few fluctuations, a full, bounding, rapid pulse, intense headache localized at first, later general, photophobia, pupils contracted, optic neuritis, nausea and vomiting, localized or general convulsions. The general convulsions occurring especially in children in connection with high temperature. In basilar meningitis of adults there are no general convulsions, but contractions occur in groups of muscles supplied by individual cranial nerves as each nerve becomes involved at its exit by the extending meningitis. Cheyne-Stokes respiration is not infrequently an early symptom. Later in the disease paralysis of the muscles supplied by the involved cranial nerves appears. One of the earliest of the resulting paralytic symptoms is a dilated pupil with lack of reaction to light.

A positive diagnosis is possible only late in the disease when there are present the characteristic paralysis, dilated pupil, strabismus, optic neuritis, and other characteristic symptoms, but the probable diagnosis is made from the history of discharging ear with diminution or cessation of the discharge combined with a coincident constant high temperature, constant headache, nausea and vomiting, tonic spasms of individual muscles.

EXTRADURAL OR SUBDURAL ABSCESS is essentially a localized purulent meningitis in which the suppurative process is limited to a small area by the meninges adhering to the inner wall of the skull.

Meningitis of a low grade develops over an area of necrosis in chronic suppurative otitis, rarely in acute otitis media, and becoming adherent shuts the necrotic area off from the general

cranial cavity. It is thus noted that subdural abscess is a condition most frequently connected with chronic otorrhoea.

It has few characteristic symptoms, but may be suspected when sudden diminution of discharge is attended by symptoms of meningeal irritation. Its two most important symptoms are, severe and continuous headache localized over the abscess area, and moderately elevated temperature, rarely above 101.5° to 102° , with slight fluctuations, but seldom reaching normal. The headache and temperature remain after free drainage of the mastoid. Sharply localized tenderness over the seat of pain is important in determining the location of the abscess. When in the cerebellar fossa vertigo and vomiting may occur. Mental dullness occurs late in the disease, is independent of its location and is probably due to cerebral pressure.

CEREBRAL ABSCESS is rarely a result of acute otitis or mastoiditis, while chronic suppurative otitis and mastoiditis is its most frequent cause, it being estimated that more than half of all cerebral abscesses originate from suppurating middle ears.

The abscess may be single or multiple, in the cerebrum or in the cerebellum, in the cortex or in the deeper structures of the brain, may be limited to one side or may involve both hemispheres, most frequently occurs on the side of affected ear, but may develop on the opposite side. They most frequently occur in the temporo-sphenoidal lobe, next in frequency in the cerebellum and occasionally in the medulla.

An abscess may remain latent for years and then take on renewed activity from an acute inflammation at the point of its origin; may rupture into the lateral ventricles, through the meninges, or, in rare instances, through the ear.

Symptoms. If located along a motor tract or in the motor area of the cortex, localizing symptoms, such as convulsive muscular movements in the acute stage and paralysis from pressure or destruction of the areas or tracts in chronic abscess, are noted. As the most frequent site of the abscess is in the temporo-sphenoidal lobe, the localizing symptoms are produced only when the abscess is large, when its most characteristic symptom is sensory or motor aphasia. If located in the cerebellum, press-

ing upon its middle lobe, there will be unsteadiness of gait and vomiting.

In the absence of localizing symptoms the most characteristic conditions are, marked physical impairment without assignable cause; a change in the patient's disposition, at times irritable, again inattentive or even somnolent, a talkative person becomes morose or *vice versa*; sleeplessness, at times the only symptom; temperature seldom above 99° ; pulse normal in frequency, at times intermittent or it may be abnormally slow, (pressure symptom); headache dull and diffuse. Termination usually sudden, from rupture into the ventricles or from compression or destruction of vital centers.

Its diagnosis is sometimes impossible, but when, in connection with an otorrhoea, one or more of the following symptoms occur, the health steadily declines without assignable cause; sleeplessness, which may be the only symptom; constant temperature of about 99° with normal or slow pulse; localized pain in the same side of the head or occiput; a change in the disposition of the patient; an aphasia or other localizing symptom, we are safe in arriving at a diagnosis of this disease. "Bergmann asserts that a history of otorrhoea, past or present, together with persistent sleeplessness, and a temperature remaining at about 99° are sufficient indications for opening the cranial cavity for the purpose of exploration" (Dench.)

SINUS THROMBOSIS may occur in the course of an acute or a chronic suppurative mastoiditis or tympanitis, either from extension of caries or from venous communication. While suppuration within the mastoid cells is the most frequent cause, it must be remembered that a middle ear suppuration alone, without mastoid involvement, may be the cause. In the latter case the superior petrosal sinus or some of the smaller veins act as the channels of infection. Whatever the channel, septic material is usually carried to the sigmoid sinus, which is the most frequent seat, the superior petrosal, or the cavernous sinus, giving rise to a firm fibrinous clot in which are developed pyogenic bacteria. These in turn enter the general circulation giving rise to general sepsis.

A thrombus may remain localized within the sinus or it may extend into the jugular vein.

When general infection results secondary purulent deposits are found in various organs of the body, notably in the lungs giving rise to septic pneumonia, in the liver, kidneys, spleen, and in the brain, in these latter positions giving rise to abscesses.

The Symptoms of sinus thrombosis are both local and general. The local are due to circulatory disturbances, causing interference with cerebral function and extra-cranial oedema. The discharge often diminishes; pain, generally present, may be slight or excruciating involving the whole side of the head; oedema about the mastoid trip extending over the upper portion of the posterior cervical triangle with tenderness over this region. Here one must eliminate Bezold's disease. When the mastoid vein is involved it may be over-distended and tender. Tenderness along the internal jugular vein, especially at its upper portion, when the process extends in this direction. When the thrombus extends to the cavernous sinus there is apt to be oedema of the eye-lids of the affected side.

In the later stages of infective thrombosis abscesses may develop in the deep cervical fascia of the upper third of the posterior cervical triangle or along the internal jugular vein.

The general symptoms arise from the dissemination of infective organisms. The temperature rises rapidly, often reaching 103° to 106° , soon to be followed by marked depression; the pulse is small and thready, as in all infectious diseases. Rigors are apt to be present, coming early and repeating every second or third day with a tendency to increase in frequency as the disease advances. These rigors are followed by profuse perspiration, so characteristic of pyemia from any cause. The tongue is dry and coated, the breath fetid, appetite lost, bowels constipated, or late in the disease diarrhoea supervenes.

The diagnosis in well developed uncomplicated cases is comparatively easy, but in order that treatment may be effective the diagnosis should be made *early* in the disease, which is not

always easy. The early symptoms are insidious in their development and are apt to be overlooked.

The two chief early diagnostic symptoms are; first, sudden fluctuations in temperature. Unless the temperature is taken systematically, about once in two hours, this symptom is apt to escape detection; and second, an asthenic condition without sufficient local disturbance to account for it. By exclusion this can come only from general sepsis. In a recent fatal case of the writer the only symptom complained of was "I am so weak."

The occurrence of rigors with profuse perspiration, tenderness over the mastoid and internal jugular veins, with a cord-like feel to the internal jugular, render the diagnosis of septic thrombus positive.

The differential diagnosis of the foregoing lesions when fully developed and occurring singly is comparatively easy. Unfortunately, in practice, two or more of the lesions often occur in conjunction, complicating the diagnosis and at times render a positive diagnosis impossible.

As these various lesions have their origin in disease of the tympano-mastoid space, it becomes our duty to recognize and treat suppurative inflammation within this space as a matter of grave import.

The suppuration, with rare exceptions, begins in the tympanum, and many times is confined to this space without mastoid complications. In this case the symptoms, in acute conditions, are those of the well known ear ache, in chronic cases, a discharging ear. In either case the treatment consists in *free* drainage, cleanliness, and remedies to reduce the inflammation.

Free drainage means a good free incision of the drumhead in acute cases; the removal of any and all diseased tissues, necrosis, etc., in chronic cases, and thorough and frequent cleansing from all discharges. This means more care and time than many capable men are willing to give. In general it may be said that failure to relieve the discharge of all odor means a failure to clean the ear.

When the disease extends to the mastoid antrum there are added symptoms of mastoid disease. These, in typical cases, are.

pain over the mastoid, at night, preventing sleep. It is dull, deep seated and constant. If, during an ear ache, the pain change in character and location it is strongly suggestive. Temperature is usually elevated, rarely above 99.5° to 101° . There may be no pain nor temperature rise, and slight acceleration of pulse and yet be extensive destruction within the mastoid. If the ear has been discharging, the onset of mastoid disease is apt to be attended by diminution in the discharge. Tenderness upon deep pressure over the mastoid is the most characteristic symptom of bony involvement.

The diagnosis in typical cases is easy. Unfortunately, cases are not all typical. At times the most expert is unable to determine whether the mastoid is involved or not. There are two signs which, if found in conjunction, render the diagnosis certain. Either alone may be the basis of an operation.

First, Local tenderness on deep pressure over the mastoid.

Second, A sagging of the supero-posterior canal close to the tympanic ring.

The tender point is usually over the antrum and near the bony canal, though it may be over the tip of the mastoid. When present it is unmistakable, often causing the patient to cringe. It must be differentiated from the tenderness of inflammation of the external auditory canal, which is produced by moving the tissues of the canal or the auricle. The mastoid tenderness being in the bone proper. A comparison between the two mastoids should always be made as some persons are abnormally sensitive. Tenderness over the tip must be differentiated from the tenderness over the Eustachian tube; the latter is in the soft tissues just back of the ramus of the jaw, but its tenderness is not infrequently elicited when one is not careful to confine the pressure to the bone.

The sagging of the supero-posterior segment of the canal is even more characteristic. It is due to the close proximity of the cells to the posterior wall and to the fact that the communication between the vault of the tympanum and the mastoid antrum lies immediately over and behind the inner end of the canal wall, the wall forming the floor of the passage.

It may be noted that thus far I have said practically nothing of the treatment of the various conditions considered. In a general way the treatment is implied in the title of the paper.

In case of undoubted mastoid involvement in the course of a chronic suppurative otitis there should be no temporizing. The mastoid antrum should at once be laid open, the cells to the tip thoroughly investigated, all necrosed or softened bone and granulation curetted, the condition of the cells over the sigmoid sinus carefully noted, and the sinus laid bare if necrosis lead to it. If doubt exist as to its condition it should be uncovered and thoroughly examined. The tympanum should be examined with a small probe and if necrotic the opening between the antrum and the tympanum should be enlarged and the tympanic cavity thoroughly cleansed. The object is two-fold, first, to get rid of the diseased tissue, and second, to give the freest drainage possible.

In mastoid involvement in acute cases, the drainage from the tympanum should be made free by a large incision in the drum head and the Leiter, ice water, coil, used for from 24 to 48 hours, together with carefully selected remedies. If not relieved by the end of 48 hours the operation should be performed as in chronic inflammation, though necrotic conditions are not apt to be so marked.

In doubtful cases where there is strong reason for suspecting mastoid complication without any positively diagnostic symptoms, but in which the patient does not do well under the usual treatment, an early operation should be performed.

The first step in the treatment of any of the intracranial complications is a thorough mastoid operation with an enlargement of any opening of diseased origin into the cranial cavity, and, if possible, explorations and drainage from such point.

Mastoid operations skilfully and aseptically performed are practically free of danger. I have never had any ill results from an operation, and have not failed to accomplish entire relief where the intra-cranial structures were not involved at the time of operation. Dench asserts that "In 273 cases operated on, in not a single instance could death be attributed to the operation."

On the other hand, failure to operate too often means to consign your patient to an early grave. Practically all intra-cranial lesions are fatal if not operated. The importance of this subject has been indelibly impressed upon me by two fatal cases coming under my observation within the past six months. The first, a case of sinus thrombosis occurring while under my immediate observation, but unrecognized in its early stages; the second a case of meningitis, fully developed when I first saw it, both were operated but too late to save them from a fatal issue. I had hoped to present the histories of these cases at this time, but have written at such length that I will have to present them at some future time. Neither do I have time to give the technique of the mastoid operation as I had hoped to do.

The four points to be avoided in the tympano-mastoid operation are the sigmoid sinus, the middle fossa of the skull, the facial nerve, and the semi-circular canals.

The sigmoid sinus and the cranial fossa are avoided by entering the antrum through the small triangle, the supra meatal, formed by two lines, one drawn horizontal tangent to the upper margin of the external auditory canal, corresponding with the posterior root of the zygoma when it can be traced, the other vertical tangent to the posterior margin of the canal; the postero-superior margin of the canal forming the base of the triangle. To reach the mastoid in this space the opening should be parallel with the auditory canal and should not extend above the posterior root of the zygoma lest the cranial cavity may be entered. The facial nerve lies in the Fallopiian canal which runs to the inner and lower side of the opening between the tympanum and antrum, while the semi-circular canals lie in the inner wall of the tympanum. This opening may be safely enlarged by cutting away its upper and outer wall, thus giving free access to the tympanic cavity without danger to either nerve or canals.

The technique of the various operations is fully given in recent works on otology, notably by Dench, and in the recent works on general surgery. There are special features in connection with each that I should like to mention were my paper not already too long.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

Zinc, Plumbum Met., and Alumina in Locomotor Ataxia.

ZINC 3x in locomotor ataxia; "transverse pains, especially in the upper extremity." Dr. Blackman gave the 3x in a case, with specific history upon the symptom, "pains go right across my wrist." There was prompt relief from pain, entire relief of bladder symptoms in three days, the gait improved, the patient returned to business, and lived eight years longer. The zinc was repeated upon every tendency to recurrence.—*North American Journal of Homeopathy* (April, 10.)

* PLUMBUM METALLICUM—The great drug in general sclerotic conditions; hardening of tissues from sclerotic processes. Tremor followed by paralysis. Progressive muscular atrophy. Infantile paralysis. *Locomotor ataxia*. Excessive and rapid emaciation.

Eye—Pupils contracted. Yellow. Optic nerve inflamed.

Face—Pale and cachectic.

Abdomen—Excessive colic, *radiating to all parts of body*.

Back—Lightning-like pains, especially in lower extremities.

Skin—Dilated veins of forearms and legs.

Extremities—*Wrist drop*. Cramps in calves. Feet swollen.

* The writer has a case of locomotor ataxia of three years standing under his care which is being treated by the application of the heavy static spark, in addition to which Plumbum Met., (6x) is being given. The above *picture* suggesting this drug, the party having *all* these symptoms. Results will be reported later

ALUMINA—Sluggish functions, heaviness, numbness, and staggering, and the characteristic constipation find an excellent remedy in alumina.

Head—Inability to walk except with eyes open. Throbbing headache, with constipation. Vertigo with nausea—better after breakfast. Falling out of hair; scalp itches and is numb.

Eyes—Objects look yellow; eyes feel cold; lids dry, burn, smart, thickened.

Abdomen—Colic; like printer's colic.

Extremities—Pain in arm and fingers as if hot iron penetrated; arms feel paralyzed; legs feel asleep; staggers on walking; *heels feel numb*, soles tender; on stepping, feel soft and swollen.

“Special Sphere of Action” of a Few Homeopathic Remedies in Mental Diseases.

ACONITE—Aconite is indicated for the restless mental anxiety in the victims of intense shock. The state calling for aconite is one of anguish, anxiety and nervous excitement. It has a marked influence upon the cerebral circulation and is useful for cases in which formerly venesection was prescribed. In threatened apoplexy and apoplectiform seizures, when there are congestion of the brain, vertigo, flushed face and thick speech, and when there are intense anxiety and restlessness. Aconite will often dispel or relieve these morbid symptoms, and sometimes, apparently avert the attack. Experience in repeated cases has verified its usefulness under these conditions. In mania and melancholia, with intense restlessness, due to mental anxiety and nervous excitement, with great fear of death, whether the condition is accompanied by fever or not, particularly in acute cases with marked sthenic symptoms, beginning with great violence, and when symptoms are worse at evening, a few doses of aconite, given at short intervals during the early part of the night, will often procure for the patient a natural and restful sleep.

Aconite is of great service in the convulsions of paresis; also in those rapidly occurring convulsions of epilepsy which constitute the *status epilepticus*. Here aconite seems to afford the relief which is said to follow the removal of the cerebrospinal fluid by lumbar puncture.

Almost daily, by the use of this drug, we are able to check beginning inflammatory conditions caused by exposure to unusu-

ally cold draughts, and the early use of this drug in such cases is doubtless one reason why, at this hospital, there has been so little pneumonia in the past twenty-five years.

AGARICUS MUSCARIUS—Paretic conditions after sexual and other debauches; mental obtuseness, with ill-humor; trembling and twitching of groupes of muscles; coma following febrile or mental excitement; general paresis, mania and primary dementia.

APIS MELLIFICA—Stupidity, with occasional periods of restlessness and screaming. Jealousy in women who suffer with sharp pains in the ovaries, especially in the night.

AURUM—Has been considered the remedy in melancholia, and particularly if due to syphilitic disease or to the abuse of the mercurials; but in our experience it has frequently failed to accomplish the desired results.—*Talcott.*

A medical writer in the Minneapolis Homeopathic Magazine says: Thousands of cases of agonizing dysmenorrhœa have been cured, or made bearable, by their simillimums. Young women and girls all over the city are carrying with them into the shops, stores, factories, offices and school houses their little bottles of pulsatilla, cocculus, cimicifuga, viburnum, etc., which enables them to keep at work through their otherwise unbearable period of pain.

When sterilized vaseline is introduced within the tissues it undergoes no change and appears to be retained for an unlimited period. This property has been made use of for plastic purposes by Gersuny, of Vienna. In an individual upon whom a double castration had been done, for tubercular orchitis, several injections of white vaseline were made, finally resulting in the formation of two deposits which were a fair representation of the original contents of the scotum. An individual suffering from a difficulty of speech after an operation for harelip received an injection of vaseline under the pendulous fold of the upper lip and was thus given the amount of labial resistance needed for proper articulation. It is therefore evident that the ingenuity of surgeons will find new and original uses for this procedure.—*Int'l. Jour. of Surgery.*

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

The Technique of Lumbar Puncture.

Lewis A. Conner, in the New York "Medical Journal," May 12, 1900, describes the method of puncturing the spinal cavity for diagnostic purposes. Since Quincke's description of this procedure was published in 1891 certain variations have been introduced.

The position of the patient may be either sitting or lying on the side. The best place in which the puncture is to be made for the purposes of diagnosis is the lumbo-sacral space. Puncture in the sitting position should be confined to small children. Whatever the position decided upon, the essential point is to secure the greatest possible degree of ventral flexion of the spine in order that the lumbar laminae may be separated as widely as possible. If the child is in the sitting position, it must be bent well forward and firmly held. If the horizontal position is selected, the patient should be made to curl up, with the knees and chin as near together as possible.

For right-handed operators the manipulation is best done by standing on the right side of the patient and bending over the body, the patient being on his right side and as near the edge of the bed as he may be.

The technique of lumbar puncture is described as follows by Dr. Conner:

Anesthesia.—General anesthesia is in most cases entirely unnecessary. The pain is usually no greater than that produced by puncturing the chest. By anesthetizing the skin with cocaine or a freezing spray the needle can usually be introduced with very little discomfort. Where the patient is delirious or very restless it is well to have at least two assistants who can hold him firmly in the proper position and can prevent any sudden movement, since even a slight motion may be very disconcerting during the manipulation of the needle.

Asepsis.—Just such perfect asepsis, as to field of operation, instruments, and hands, is demanded in this small procedure as would be exercised by the surgeon in opening any serous cavity. Not only must the danger of infecting the meninges be guarded against, but the fluid evacuated must be free from the suspicion of contamination if a bacteriologic examination is to be made.

The lower half of the back and the operator's hands are carefully sterilized in the usual way. The needle, and the syringe when possible, is boiled for ten minutes. If the syringe cannot be boiled, it should be filled and soaked in 4 per cent. carbolic solution for several hours.

Landmarks.—The different spinous processes may usually be located either by counting downward from the twelfth dorsal vertebra, which can be identified by its articulation with the twelfth rib, or by locating the first spinous tubercle of the sacrum, which is usually prominent and distinct from the lower ones. When patients are fat or very muscular, however, the bony prominences are often very indistinct and difficult to identify in this way, and much the more satisfactory means of locating the vertebræ is, as Jacoby well says, by taking a line between the highest points of the iliac crests. This line regularly crosses the fourth vertebral spine. When the spinal column is well flexed and in position for puncturing, I have found that the line usually passes near the upper edge of the fourth spine. Occasionally it will cross the space between the third and fourth spines.

Instruments.—An antitoxin needle 4 or 5 cm. ($1\frac{3}{4}$ or 2 inches) long and 1 mm. in diameter serves admirably in children. For adults the needle should be 8 or 9 cm. long and of a diameter sufficient to give the rigidity needed to penetrate readily the tough ligament. While the needle can be and frequently is introduced without being attached to the syringe, the latter is a distinct aid to one in directing the needle accurately. A syringe which can be sterilized by boiling is most convenient, but is by no means essential. If the syringe is sterilized by soaking in carbolic solution, it must be thoroughly washed out with sterile water before being used. A sterile test-tube stoppered with

cotton should be at hand to receive the fluid. A mercury manometer for estimating the cerebrospinal pressure is very convenient, but, as Stadelmann says, an approximately accurate idea of the pressure can be obtained by using a bent glass tube of small caliber. The short horizontal limb is attached by a bit of rubber tube to the needle while the long perpendicular limb will record the height of the column of fluid.

Puncture.—After the desired space is located, the interval between the spines is marked with the finger of the left hand and the needle is introduced at a point opposite the upper edge of the lower spinous process and in a line just outside (i. e., a few millimetres from the median line). The needle is directed very slightly upward and toward the median line, with a view to having it in the median line when it enters the subarachnoid space. In children the puncture can, as Quincke says, be made directly in the median line; but even in children the supraspinous and interspinous ligaments offer considerable resistance and it is usually wiser to avoid these by going slightly to one side. As the needle passes through the interlaminar ligament the resistance is increased and a slight grating feeling is noticed; beyond this the needle slips in very easily and is introduced until fluid begins to appear in the syringe.

In children the fluid is reached at a depth of from 2 to 3 cm.; in adults at from 4 to 7 cm. If bony resistance is met on introducing the needle the latter is to be withdrawn for a slight distance and directed at a slightly different angle.

After the fluid appears, the syringe is taken off and the fluid is collected in the sterile tube. In the horizontal position the fluid usually flows drop by drop. In the upright position it frequently runs in a gentle stream. It is much better to let the fluid run from the needle than to aspirate with the syringe. The sudden reduction of pressure by aspiration may easily produce unpleasant symptoms. Occasionally, when the flow through the needle is unsatisfactory, it may, however, be necessary to apply gentle suction with the syringe.

The amount of fluid to be removed will depend upon the purpose of the puncture. If for diagnosis alone 10 or 15 c.cm.

are usually ample. If for therapeutic purposes it may seem desirable to remove several times that amount. The quantity of fluid which can be safely withdrawn varies enormously in different individuals and under different pathological conditions. Perhaps the safest guide is the condition of the patient. The flow should be stopped at once upon the appearance of such symptoms as headache, faintness or a change in the character of the pulse.

Kroenig relies upon the manometer and stops the flow when the cerebrospinal pressure reaches 125 mm. of water. This he regards as the normal pressure when the patient is in the horizontal position.

When the needle is withdrawn, a procedure which usually requires some force, the skin wound is covered with a bit of sterile cotton and with collodion.

Accidents.—These are infrequent and for the most part trivial and unimportant, although they may be annoying. It rarely happens that any difficulty is experienced in entering the spinal canal; but occasionally, when one is sure the needle is in the canal, no fluid will appear.

This may be due to one of several causes—the needle may have become plugged while being introduced, or it may not have entered the subarachnoid space, even though in the canal. There may be inflammatory adhesions between arachnoid and pia, with more or less complete obliteration of the subarachnoid space; or the contents of the space may be of gelatinous or even wax-like consistence.

Occasionally the fluid, instead of being clear or turbid, may be bloodstained from injury to some small vein. Aside from the fact that it obscures the character of the cerebrospinal fluid this has no importance.

A number of more serious accidents or sequelae have been reported, yet they are certainly of very rare occurrence and have been associated in almost every case with the removal of a very large quantity of fluid.

Rieken saw in one case violent twitchings of the right leg during puncture.

In a few cases of uremia and brain tumor death has followed, within a few hours, the withdrawal of a large amount of fluid.

Those conditions in which the greatly increased cerebro-spinal pressure has existed for some time, e. g., brain tumors, are the ones apparently which bear least well the sudden removal of a large quantity of fluid.

Clinical Experience With Adrenalin.

By Emil Mayer, M. D., Surgeon, New York Eye and Ear Infirmary, Throat Department ; Fellow American Laryngological Association ; and of the New York Academy of Medicine, New York. Abstract from original paper, in the "Philadelphia Medical Journal," April 27, 1901.

The aqueous extract of suprarenal gland is perhaps the best culture medium known. Its instability, the involved method of preparation, its unsightliness, and the inexactitude of its various strengths tend to make us welcome a preparation that is exact, stable, and above all, clean. Dr. Jokichi Takamine undertook the task of isolating the active principle of the suprarenal gland. He obtained a substance in stable and pure crystalline form, which raises the blood pressure, and which he named "Adrenalin."

The author has used solutions of Adrenalin Chloride, 1 to 1,000, 1 to 5,000, and 1 to 10,000; his cases were all rhinological. Blanching of tissues followed the application of the strongest of these solutions in a few seconds, and was very thorough. In no instance was there any constitutional disturbance. He has employed no suprarenal extract since, for any purpose whatever.

The effect of the solutions was not altered by their change to a pink color; they were used for six weeks. Subsequently a small amount of chloretone was added to the fresh solutions and now there is but slight change of color and no floccules appear.

Thirty-five cases are reported in tabulated form, showing that the usual effect of the aqueous extract of the suprarenal gland was obtained. A few operative cases bled freely, but in

every instance the hemorrhage was promptly checked by a second application of Adrenalin. The Adrenalin was used not only as a hemostatic, but for the relief of nasal congestion, as a diagnostic aid, and for the continuous treatment of acute inflammatory affections of the accessory sinuses.

The author arrives at the following conclusions:

1. Adrenalin Solutions supply every indication for which the aqueous extract has been used.
2. They are sterile.
3. They keep indefinitely.
4. Solutions, 1 : 1000 are strong enough for operative work ; and 1 : 5000 and 1 : 10000 for local medication.
5. They may be used with safety.

In this connection it is interesting to note that E. Fletcher Ingals, M. D., of Chicago, also has had a very satisfactory experience with Adrenalin. In a paper entitled "Notes on Adrenalin and Adrenalin Chloride,"* he reports that he experimented with solutions, varying from 1 to 1,000 to 1 to 10,000, of the Chloride of Adrenalin in distilled water or normal salt solution, and kept careful records until satisfied of its activity. In nine cases a very small quantity of spray, of one part of Chloride of Adrenalin to 10,000 parts of water, was applied to the nasal cavities, with the effect of blanching the mucous membrane quickly, and in most cases causing contraction of the swollen tissues similar to that caused by cocaine. The first solution used was made with distilled water and caused smarting; normal salt solution was then used as the solvent with perfect satisfaction. The smarting may have been due to the presence of a small quantity of formalin, in which the atomizer had been washed just before use.

Experiments were also made with insufflations of a dry powder consisting of 1.5 per cent. (75 parts) each of baborate of sodium and bicarbonate of sodium; 3 per cent. (150 parts) light carbonate of magnesium; one part of Adrenalin, to 5000 parts sugar of milk. This powder cleared the nasal cavities when obstructed by swelling of the turbinated bodies, and diminished

*"Journal of the American Medical Association," April 27, 1901.

the secretions decidedly. A case of daily epistaxis was relieved by sprays of a 1 to 10,000 solution. Another of conjunctival congestion from overwork was entirely relieved by the instillation of a similar solution. The author has had equally satisfactory results in cases of conjunctivitis: laryngitis, acute and chronic; acute laryngitis with edema glottidis; acute coryza; chronic laryngo-tracheitis with acute exacerbation; and in preparation for operations upon the nose.

In conclusion, the following results are presented: this remedy will be of great value in the treatment of acute inflammatory affections of the nasal cavities, either in sprays of 1 to 5,000, or in powders of 1 to 5,000 or 1 to 2,500, sugar of milk; In acute coryza and in hay fever, in epistaxis from various causes, in acute inflammation of the fauces, solutions of 1 to 1,000 will have good effects. In acute or subacute laryngitis, solutions of 1 to 1,000, applied with moderate force, will give very great relief; it appears probable that vocalists may obtain sufficient relief from congested cords, for at least two or three hours, to obtain normal efficiency in the use of the voice.

In a paper read before the Chicago Laryngological and Climatological Association, W. E. Casselberry, M. D., called attention to the fact that Adrenalin Chloride Solution is clear, colorless, odorless, sterile, and stable, if protected from heat, light and oxidation; it is non-irritating to mucous membranes. When applied locally it exerts identically the same vaso-constrictor influence as the aqueous adrenal extract. Sprayed into the nostrils in the strength of 1 to 10,000 it produces a visible change from turgidity to compactness of the turbinated tissues, and a decided pallor of the mucous surfaces. In the strength of 1 to 1,000, or even 1 to 5,000, it has the power to limit hemorrhage during operations and is an aid in the treatment of epistaxis. It may be substituted for cocaine in all cases in which an ischemic effect is desired, e. g., to facilitate inspection of the deeper recesses of the nasal cavities and to make them more accessible. Adrenalin has little or no cerebral stimulant effect, exciting no desire for more of the drug: hence there is little risk of habit-formation.

The author expresses the opinion that Adrenalin should afford relief in asthma associated with bronchitis and vaso-motor paralysis, although he would expect little benefit from its use in asthma characterized by bronchial spasm. It may be formed into an ointment with vaseline, or mixed with stearate of zinc, powdered starch, or sugar of milk to make powders for nasal or laryngeal insufflation. The bibliography is very comprehensive, covering the literature of the subject down to the present date.

Data Wanted.

Some years ago the ever humorous *Life* of New York uttered a truism in about the following words: "Whenever the medical profession once adopts a fad it is powerful slow in breaking away," and the remark is applicable to the practice of Vaccination.

It is not the purpose of the writer to combat the question of its prophylactic powers. Reliable statistics prove (?) that it is a preventive of variola. Equally responsible information shows that it is valueless. Vaccination is here objected to solely on *principle*. It is disgusting; unreasonable because of doubtful efficacy; unscientific in introducing into a healthy system a poison to prevent a disease which that person may never be exposed to or susceptible of; septic; unclean.

It has been aptly said that if vaccination was *believed* in by those who practiced it quarantine would not be required. If the vaccinated are immune why keep them away from the disease?

In a recent conversation with a very good prescriber the writer was astonished to learn that he not only vaccinated continually but that he had never questioned the advisability of it. On the other hand there are thousands of laymen who know of ill effects having arisen from it and who only submit to the assumed authority of the various Health Boards in order to get their children into school.

We have all seen baneful results from this virus. *Any physician who denies the fact makes an acknowledgment that he has had a meagre practice.* If we do not thus transmit scrofula,

syphilis or phthisis we are liable to. Why disinfect ones instruments for fear of conveying poison from a previous operation and voluntarily introduce this into a healthy constitution?

There are many conscientious physicians who do not know of any other means of preventing the disease who are nevertheless opposed to vaccination; who know that the credit given to the scarcity of variola is not wholly due to it; who are aware of the fact that all pestilential diseases appear in unaccountable waves; and that very much praise should be attributed to improve sanitation.

Homeopaths know that there are other and safer if not better preventives. Certain internal medicines are prophylactics, and it is to demonstrate this fact that this paper has been written. Vaccinum (a potentization of the virus beyond its toxic force) is used by some; Variolinum (similarly prepared from the actual morbid product) by others; and, best of all, Malandrinum which is more homeopathic because "similar" though not of the same) is evidently effectual in preventing the disease and is *known* to cure ill effects of vaccination, will prevent vaccination from "taking."

If intelligent allopaths, who are ignorant of any other prophylactic, should prefer to allow their families and patients to run the risk of contagion rather than submit to the dangers of vaccination, why should homeopaths, who are aware of so harmless a safeguard, resort to one of uncertain efficacy and which is positively dangerous to health?

The writer has for years refused to vaccinate. The inoculation with a potency of Variolinum has been sufficient to allow of signing the School Boards' certificates; and as a preventive Malandrinum internally has been relied upon. During an attendance upon the only case in this part of the city within the past dozen years that remedy was used solely as a prophylactic, and without failure.

In view of the actual dangers of vaccination; of its possible inefficiency; considering the probable power of Malandrinum; and bearing in mind the wrong which is done to the people we

are bound to protect (vaccination being practically compulsory) it is high time to give this desirable substitute a hearing.

There are those who argue in favor of vaccination because it is approved by many leading men in the profession, and to these the axiom given at the beginning of this paper is recalled, and may be supplemented by another. At a public meeting in Philadelphia, during the discussion of a different subject, an address was made by Dr. Albert Leffingweli of Boston, in which he referred to the many adherents to evil customs in times past by worthy men; notably the reform in the child-labor in the coal mines of Great Britain, during the agitation of which humane movements such otherwise good men as Richard Cobden and John Bright could not be made to see that there was anything demanding parliamentary interference. Gladstone has opposed the ten hour bill for women; many intelligent and pious Americans had defended slavery, etc.

Variola is not the *only* dread disease; it is not even the worst; not the most fatal. If it can be prevented by an inoculation with its own virus so can others; so may all. Why then select this when it is not prevalent? It is apparent that inoculation against all ailments cannot be wise. It is a violation of the constitution of the United States (which forbids bodily mutilation) to require this.

There are some who are unfamiliar with the nature of *Malandrinum* and to these the following information is offered. In the disease of horses known among veterinarians as Grease there appears a discharge which, when conveyed to the udder of cows by careless milkers, produces an eruption almost identical with the pustules of variola. This was erroneously called *Malandars* (from a closely related dry disease), and from it has come to us the name given to the morbid product under consideration, which, when potentized, becomes, homeopathically, a preventive of the similar disease. Not, like vaccination, an isopathic preventive of the same malady. This remedy should be given internally, probably once a day for a week. It may be procured from any of the Homeopathic pharmacies.

A copy of this article will be sent to the leading homeo-

pathic journals, and the reader is requested to return an answer to the following questions at the earliest convenient moment, so that a compilation may be made of the honest opinion of all who are sufficiently interested in the welfare of humanity to care to bother this little about it. Do not repeat the question but give the *number* with the answer. Full credit will be given to all thus communicating, and the result will not be published unless a desirable number of responses are received. If you can reply to these questions please do so *at once* giving name and address plainly; if not, cut this out, procure the preparation and report as soon as convinced.

1. Waiving the question of its efficacy, do you believe vaccination to be unsanitary?
2. Have you ever prescribed Malandrinum as a preventive?
3. Have those to whom you have given it been subjected to a possible contagion with variola?
4. Have you met with any failures?
5. Have you used it for ill effects of vaccination?
6. With what result?

WILLIAM JEFFERSON GUERNSEY,
4340 Frankford Ave., Philadelphia.

COFFEE.—The injurious effect of excessive use of coffee is nowhere more forcibly illustrated than in a statement of Miss Ward, writing from Brazil, "that the whole country is perpetually in a state of semi-intoxication on coffee—men, women and children alike, and to babies in the arms it is fed with a spoon. It is brought to your bedside the instant you wake in the morning, and just before you are expected to drop off to sleep at night, at meals and between meals. The effect is plainly apparent in trembling hands, twitching eye-lids, mummy-hued skin, and a chronic state of excitability, worse than that produced by whisky." The toxic action of tea and coffee, and especially tobacco, is so often seen in a large class of cases in this country that the first question asked by the physician in reaching a diagnosis is as to the use of these narcotics.—*N. Y. Medical Times.*

THE CRITIQUE.

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EDITORIAL COMMENT.

THE meeting of the State Society at Cañon City proved to be a very important one as a forerunner of better things for homeopathy in this State. The attendance, while not large, was noticeably a representative one, and the entire session was remarkable for the spirit of good will and fraternity which pervaded it. That something should be done to maintain and strengthen the State organization was the spontaneous expression from all sections of the State. The older members who came this year seemed to be imbued with this idea and the new members heartily responded to the prevailing sentiment. The excellent work done by President Howe bore good fruit and called out many of the leading men and women to the Cañon City meeting, and they all seemed to be there for the one purpose of doing something for the general good of homeopathy. There was nothing of the personal in any of its features, but all were for harmony and hard work.

We believe the Cañon City meeting will mark a new departure in the history of the State Society. The results were so satisfactory that it was unanimously decided to hold the next meeting in Pueblo, under the impression that to hold the meetings in various parts of the State would prove excellent missionary work for the State Society and be of great benefit to all, locally and as a whole. Undoubtedly this meeting was a good thing for our Cañon City brethren, and so it will be in every city where the State Society shall hold its meetings. It will be

the means of bringing many new members into the organization and create a community of interests which will in time do wonders for homeopathy in Colorado.

There are many bright young men and women (and old ones too) throughout Colorado who only need to be brought together in order to become a strong force for mutual advancement in a common cause. The one thing needed now is organization, and we believe the right move has been made to secure it.

The reception accorded the State Society by the citizens of Cañon City cannot be too highly praised. No effort was spared to entertain us and show us the attractions of their handsome little mountain city. At the instance of the local physicians, Drs. Howe and Wilkinson, we were made familiar with everything of interest, not omitting the State Penitentiary, where we were cordially received and patiently shown through all its many departments. We are glad to note that this institution seems to be a model of order, cleanliness and kindness. The sanitary conditions are exceptionally good, and of the 600 inmates not more than four or five were in the prison hospital.

The executive staff for next year is a good one. The president elect, Dr. J. Wylie Anderson, of Denver, is noted for his energy and zeal. That he will be ably assisted by such men as Doctors Judkins, of Aspen; Strickler, of Denver; Faust, of Colorado Springs; Clark, of Denver, and all the homeopaths in Pueblo, there is not a particle of doubt. We predict a great meeting for Pueblo in 1902.

Colorado Homeopathic Society.

The Sixteenth Annual Session of our State Society just closed at Cañon City was one of the most harmonious, profitable and enjoyable sessions in its history. The hardest worked man in Cañon City, June 6, 7 and 8, was Dr. Warren D. Howe, to whom and to his excellent assistants, Mrs. Howe, Dr. Wilkinson

and the Real Estate Exchange Committee, the society are greatly indebted. Cañon City has set the pace for Pueblo in 1902. It remains to be seen whether three times the number of Doctors in Pueblo can outdo the two at Cañon. The members present were so highly pleased that they all want to go to Cañon City again, and some were unable to get away until a day or two after the close of the last item on the printed program.

Thursday morning was spent in the Penitentiary. In the afternoon Dr. Stough read a paper upon "Some Points in the Diagnosis and Surgical Treatment of Diseases of the Gall Bladder." The discussion, which was long and interesting, was opened by Dr. J. M. Walker, of Denver. Dr. Harris' paper upon "Intestinal Perforation in Typhoid Fever," finished the work of the Bureau of Surgery. This also called out an interesting discussion with Dr. Howe as its leader. This was one of the best conducted Bureaus of the year. There were only two papers, but they were both valuable, and chairman, essayists and discussers were all present.

The Secretary read Dr. Enos' paper on "The Alcoholic Insanities." The Bureaus of Obstetrics and Materia Medica were not represented during the meeting either by the presence of chairman, essayists or papers.

In the evening the public session called out about two hundred of Cañon's best citizens. The musical part of the program consisted of two vocal solos by Dr. Kinley's charming wife and two beautiful violin solos by Mr. Edward Peters, of Cañon City. The opening prayer was by the pastor of the First Baptist Church. We all appreciated the welcome given us by the Mayor of Cañon City, Hon. J. H. Peabody, while the Cañon City people were delighted with the response by Dr. J. M. Walker, of Denver. Dr. N. G. Burnham, of Denver, occupied the entire attention of the audience while he told of Hospitals, Physicians, Nurses, The Growth of Homeopathy and the Advanced Position now occupied by the Scientific Physician. The Annual Address of the Society was then delivered by the President, Dr. Warren D. Howe, of Cañon City, upon the Education of Young Girls of Tuberculous Diathesis.

Friday morning various committees made their reports. The Special Committee on the Subscription to the Hahnemann Monument Fund reported that the Society had not authorized any subscription to the Fund. There was therefore an assessment levied of one dollar per member to be forwarded to the Treasurer of the Fund. The resignation of Dr. Curtis M. Beebe was accepted. Drs. R. D. Butterfield, C. E. H. Armbuster, Kittie W. Higgins, of Denver; C. H. Wilkinson, Cañon City; W. F. Brooks, Florence; F. A. Faust, Colorado Springs; Geo. E. Gray, of Pueblo, J. B. Kinley, of Denver, were elected to membership,

Resolutions were adopted urging upon the President and Congress the appointment of a commission to thoroughly investigate the value of Arsenization in Yellow Fever and Cholera and scoring the Surgeon General for his narrow, bigoted, and unscientific opposition.

Dr. Edwin Jay Clark read a paper on "Chorea," Dr. W. A. Burr opening its discussion. The general discussion brought up the question of the use of Oxytropis Lamberti in the treatment of this disease. Dr. Geo. E. Gray read a paper upon "Reflexes in Ovarian Diseases," Dr. Clark opening its discussion. Dr. D. A. Strickler's paper on "Early Operations in Mastoid Diseases" was well discussed, Dr. Harris leading. The discussion of Dr. Roberts' paper upon "Marasmus" was opened by Dr. Tucker. Papers present and not read were then read by title, and at 5 o'clock the Society adjourned.

The officers elected are: Dr. J. Wylie Anderson, of Denver, President; Dr. C. W. Judkins, Aspen, First Vice-President; Dr. David A. Strickler, Denver, Second Vice-President; Dr. F. A. Faust, Colorado Springs, Treasurer; Dr. Edwin Jay Clark, Denver, Secretary.

Friday evening, President Howe tendered the Society and its guests a reception at his home, where all were delightfully entertained.

Saturday, under the guidance of Dr. Howe and accompanied by the Cañon City Real Estate Exchange Committee, with its genial chairman, Mr. Robt. Lewis, acting as host, a carriage drive was taken to the top of the Royal Gorge. Its beautiful

and impressive grandeur cannot be described by pen. It must be seen to be appreciated. Twenty-seven hundred feet below us twined the iron serpent upon which we were soon to return home. As soon as the Doctors had recovered sufficiently, an excellent and bountiful luncheon was partaken of.

Had the place of next meeting been left to this picnic party, Cañon City would have received every vote. The next session will be held at Pueblo, June, 1902.

NOTES.

Dr. Strickler proved the heavy weight of the convention.

The trophies of Val De Weese skill as a mighty hunter were so engrossing to some of Denver's representatives as to make forceful persuasion necessary to get them to their carriages.

Coming home Saturday night, one of the doctors was very thirsty and consequently made frequent trips to the ice water tank. On one of these trips he mentioned and commented upon his great thirst, which the writer attributed to his rapid trip from the top of the Gorge to the train. Upon his next trip he called the writer's attention to some unnoticed peculiar cloud formations and as he passed out of hearing, we heard a young lady sitting back of us whisper to her companion: "A man in his condition is liable to see almost anything; I wonder what he had to drink."

There were present Drs. Chas. W. Judkins, of Aspen; Warren D. Howe and Chas. H. Wilkinson, of Cañon City; C. F. Stough, G. P. Robinson and F. A. Faust, of Colorado Springs; W. F. Brooks and Marietta E. Hughes, of Florence; Marian Wall Roberts, of Leadville; Geo. E. Gray and Genevieve Tucker, of Pueblo; Harriette M. Collins, of Victor; J. Wylie Anderson, S. B. Anderson, W. A. Burr, N. G. Burnham, Edwin Jay Clark, J. W. Harris, J. B. Kinley, S. S. Smythe, D. A. Strickler and James M. Walker, of Denver.

Among the visitors were Mr. Chas. Roberts, of Leadville; Mrs. S. B. Anderson, Mrs. N. G. Burnham, Mrs. J. W. Harris, and Mrs. J. B. Kinley, of Denver; and Mrs. Warren D. Howe, of Cañon City.

Which was the best part? Why! It was all the best.

Get ready for Pueblo 1902.

E. J. C.

To the Colorado Homeopathic Society.

It was only this yesterday out in the wood
 Where the grey Rio Grande their whisperings receive,
 That I wandered alone in a beggarly mood
 (Suggestive, of late it is called, I believe).
 Thus the vibration came into mine from your thought
 Attuned to the message the U. S. mail brought.

And urging I lay down my shackles and come
 Just as a queer pigmy squirmed out of the grass,
 And croaking like blow-horn when said to be dumb,
 "Don't let opportunities such as this pass.
 You have many times heard the old saw and must know
 Great oaks out of dear little acorns do grow,
 And wonderful things from this meeting may flow."

Where shade like the oak gives from storm as from sun,
 Where heart like its stalwart own ready to bless,
 Where courage so dominant, steady and won
 By any, the faintest appeal from distress.
 Of a truth the insignia of patience and power.
 The M. D.'s sign manual, staunch as the hour,
 To hope's quailing forces defence and a tower.

The oak, for it grows not weary nor frets
 While aid may be rendered to young or to old,
 Not offering its bounty for that which it gets
 Nor counting its dignified mission in gold.
 The ivy may twine and the wild roses bloom
 Close under its shelter and ever find room,
 As poisonous weeds escape merited doom.

So tune up your rhymes as a brave poet should,
 For that which the world owns is helpful and good.
 This "School" which was "New" but a century past
 Has made its stay-chains to the human heart fast,
 Has ages ago ploughed the gorge of contempt,
 And honor is eager to hold it exempt
 From all slur. Folly's self dares not make the attempt.
 Press forward your symbol with resolute sound,
 Till echoes the wild Rocky Ranges around,
 Re-echoes where canons and gorges are found.
 And as they've remembered to dignify you
 Step forth with a tribute substantial and true.

Notes and Personals.

Dr. Jessie B. Connett, of Skagway, Alaska, made THE CRITIQUE a call while in Denver. Dr. Connett has the only private homeopathic hospital in Alaska, and is the only lady doctor in that territory. The doctor has a very lucrative practice. During her residence at Skagway she made a trip, by dog team, to Dawson, 160 miles and return.

It is easy enough to be pleasant
 When life flows by like a song,
 But the man worth while is the one who will
 smile
 When everything goes all wrong.
 For the test of the heart is trouble,
 And it always comes with the years,
 And the smile that is worth the praises of
 earth
 Is the smile that shines through tears.

It is easy enough to be prudent
 When nothing tempts you to stray,
 When without or within no voice of sin
 Is luring your soul away.
 But it's only a negative virtue
 Until it is tried by fire,
 And the life that is worth the honor of earth
 Is the one that resists desire.

By the cynic, the sad, the fallen,
 Who had no strength for the strife,
 The world's highway is cumbered to-day,—
 They make up the item of life.
 But the virtue that conquers passion,
 And the sorrow that hides in a smile,
 It is these that are worth the homage of
 earth,
 For we find them but once in a while.

—Selected.

SITUATION WANTED—By young lady of neat appearance, as Stenographer or Assistant Bookkeeper. Best of references. Address, KITTIE GORMAN, 170 W. Van Buren St., Chicago, Ills.

The Homeopathic Society of Colorado made no mistake in going to Cañon City. The Society was entertained as it never has been before. It shows what two good men can do when they try.

I refer to Drs. Howe and Wilkinson. Long may they live and prosper.

SITUATION WANTED—By neat young lady as Companion or Child's Nurse. Experience and references. Address, ANNA GORMAN, 2063 Washington B'd, Chicago, Ill.

Book Notices.

MENTAL DISEASES AND THEIR MODERN TREATMENT.—By Selden Haines Talcott, A. M., M. D., Ph.D., Medical Superintendent of the Middletown State Homeopathic Hospital in Middletown, N. Y.; Professor of Mental Diseases in the New York Homeopathic Medical College and Hospital. 352 pp. Price \$2.50, including postage. New York, Boericke & Runyon Co., 1901.

In April issue of THE CRITIQUE brief mention was made of the above, since when we have had the pleasure, added to which is the feeling of time well spent, of a careful "kiver to kiver" perusal of this interest absorbing volume. No work has come to the notice of this department for a great while which can lay claim to such a high standard of merit, both from a literary and scientific standpoint, as this little book of 352 pages; and furthermore there has been none which showed the author to be so thoroughly a dyed-in-the-wool, true-blue *Homeopath* as Dr. Talcott proves himself to be, in this book, beyond the question of any doubt. Taking advantage of an early start in the preface, and continuing throughout the entire work, there isn't a syllable, sentence or suggestion of anything un-homeopathic; of course it makes no assertion of being a Homeopathic text-book any more than it claims to be an exhaustive treatise upon insanity, but taken in its entirety would answer the purpose of both, beyond the possibility of any questioning, and if one were to find themselves in the embarrassing position of being unable to get hold of standard reference works in the treatment and care of mental diseases, if they were fortunate enough to possess a copy of this work, it would be sufficient. The last 81 pages of the book are devoted to a "compendium" giving, alphabetically, a list of Homeopathic remedies for mental disorders, with the characteristic mental and allied symptoms, which of itself is a materia medica of rare value.

J. W. M.

POCKET MANUAL OF HOMEOPATHIC MATERIA MEDICA.—By William Boericke, M. D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco; author of "A Compend of the Principles of Homeopathy;" Associate

author of "The Twelve Tissue Remedies;" etc., etc. Boericke & Runyon Company, San Francisco, 1901.

This handy little volume, 4x6 inches, containing 572 beautifully printed and carefully arranged pages, gives the characteristic and cardinal symptoms of all remedies, is a work of undoubted reliability and value both to the student and the busy practitioner. It is, without question, just what the author claims for it: "An epitome of the whole Homeopathic Materia Medica, brought up to date by including the scattered verification found in our journalistic literature," and should be the property of every one interested in such a work.

J. W. M.

AN ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY AND ALLIED SCIENCES.—By George M. Gould, A. M., M. D. Philadelphia, 1901, P. Blakiston's Son & Co.

A CYCLOPEDIA OF PRACTICAL MEDICINE AND SURGERY: A Concise Reference Book Alphabetically Arranged of Medicine, Surgery, Obstetrics, Materia Medica, Therapeutics, and the Various Specialties, with Particular Reference to Diagnosis and Treatment. Compiled under the Editorial Supervision of George M. Gould, M. D., and Walter L. Pyle, M. D. Philadelphia, 1900, P. Blakiston's Son & Co.

Of works of this character two impressions are necessarily formed. The initial impression rests upon the outward appearance of the work, the bulk, typography, and manifest fitness for the end sought. The second impression is based upon the actual daily use of the work as a standard reference. As to the former impression these two volumes leave nothing to be desired. They are clearly printed and well bound and in every way adapted to take their place in the working library of the practitioner, answering his special needs just as fully as one or other of the accepted dictionaries of the English language must be ready to the hand of the general reader and writer. So far as concerns the second and more lasting impressions to be made by volumes of this sort it is to be noted that there are two systems of preparing such works of reference. On the one system they are held rigidly to a position as compends for prompt and accurate reference by busy men who wish to ascertain with the least loss of time the particular point as to which they are in a state of doubt. The other system aims to present the last word and every word on any given subject. As shown by the different lexicons and cyclopedias in this and other languages each system has its advocate and each seems to fill an existing want. Dr. Gould in the dictionary, and Drs. Gould and Pyle in the Cyclopedic, have chosen the former system; and the choice must be recognized a wise one. Medicine is advancing with such rapid strides that it would be impossible

to keep an exhaustive work of this nature up to date. It should be noted that this is the fifth edition of the Dictionary since 1894. In the preface to a former edition Dr. Gould remarks upon this point very happily: "In science, and especially in the science of medicine, what was true yesterday may be only half-true to-day, and may even be wholly untrue to-morrow. Old knowledge is constantly undergoing modification, and new knowledge is as constantly appearing, so that it is only by constant changes that a book seeking to reflect the condition and growth of a science can from day to day remain a perfect mirror of its progress." As a lexicographer Dr. Gould has proved himself precise and cautious. To every title he supplies the derivation and pronunciation of the word, and the definitions while concise leave nothing to be desired. The same principle has been followed in the *Cyclopedia*, but from a different avenue of approach. In this work the aim of the authors has been to group under each title a series of brief and positive statements of all those facts which the active practitioner may need to inform himself upon in connection with any ailment or any remedial agent. Even on casual inspection it is seen that the authors have devised a most excellent system whereby the treatment of each article may be made uniform with all the others, thereby effecting a great simplification of reference. It is not too much to say that these two volumes will answer all the needs of the professional man up to the point where it would become necessary to refer to the more detailed work of the specialists.

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 John, the maple syrup loving,
 Thought the glue was syrup too.
 J. no longer now is roving—
 He is stuck upon the glue.—*Ex.*

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"It showed a little change in him."—*Ex.*

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THE CRITIQUE.

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No. 7

Intestinal Perforation in Typhoid Fever.*

By John W. Harris, M. D., Professor of Surgery in the Denver Homeopathic College.

The horizon of the surgical world has been widening very rapidly in the past few years. Many conditions are coming within its boundary, which, but a short time ago, were considered purely medical; and, by this expansion, the mortality rate is dropping lower and lower. One of the diseases in which this is true is typhoid fever, which, until quite recently, has under all conditions been considered a strictly medical disease; whereas, now, under certain conditions, surgery offers the only hope for the patient's life. I refer to intestinal perforation.

The time was when, if this complication occurred during an attack of fever, the physician folded his hands and remarked: "All has been done that can be done." But, to-day, thanks to Dr. J. C. Wilson, of this country, and Dr. Leyden, of Germany, the surgeon is called, and by his operative skill, a most gratifying percentage of recoveries takes place, as shown by the statistics of Keene and Finney. The necessity of prompt surgical interference in these cases is so well established, that I need not quote statistics to prove the value of such procedure; yet, permit me to point out to you the change in the mortality rate. Under medical care, the recovery is about five per cent.; under surgical treatment, the average recovery, at present time, is twenty-eight per cent. In eleven cases operated on at John Hopkins, the recovery was forty-five and four-tenths per cent.; it is possible, without a doubt, to soon raise the recovery percentage to fifty. What a fine comparison, as to the medical, which, at its best, could give us but five per cent. recovery!

*Read before the Colorado Homeopathic Society, June 6, 1901.

The highest recovery per cent. will be obtained by the one who has careful observations of his cases made at frequent intervals, and by so doing he is enabled to detect the perforation soon after its onset, and before extensive peritonitis has occurred. This suggests the question: How are we to detect perforation? The classical symptoms given by various authors are, sudden, severe abdominal pains, most frequently in right iliac region; weak, rapid pulse; collapse; nausea and vomiting; marked fall in temperature; cold sweat; hypocratic facies; loss of abdominal breathing below the navel; disappearance of liver dullness; and leucocytosis. Yet, should one wait for these symptoms to develop, he would soon learn that, instead of perforation, he had a septic peritonitis to deal with, or rather, death itself. The only hope of success is to recognize the perforation at the time of its occurrence. Some surgeons are talking about the preperforative stage; that is anticipating the perforation. I can hardly believe that it will be possible to recognize a case before it happens; but each case of typhoid fever should be watched with such unusual care that the earliest symptoms of perforation will be recognized. The best way to secure this result is to leave with the nurse specific instructions as to what to note, to make a complete record of changes, and under what circumstances you are to be notified immediately, night or day.

My method is to leave instructions something similar to those adopted at John Hopkins University Hospital by Dr. Wm. Osler:

First—Abdominal pain; note the locality; if sudden, sharp, intense, occurring in paroxysms; condition of the abdomen, whether flat, retracted or distended; tension of abdominal muscles, and pain on pressure, with locality.

Second—Hiccough, or vomiting, whether with onset of pain or not; character of vomiting.

Third—Sweating or collapse.

Fourth—Increase in respiration, whether uniform, and movement seen both above and below the navel.

Fifth—Liver dullness whether normal or obliterated, percussing for this at regular intervals.

Sixth—Pulse ; change in rhythm, rate and force.

Seventh—Facies ; change in expression, if any.

Eighth—Blood count, at certain intervals.

Knowing full well the uncertainty and variability of the early symptoms of perforation, I do not wait for more than one or two of these important symptoms, before I begin to study my case as though a perforation existed ; or, in other words, set myself the task of proving that it does not exist ; and that, too, within the proper length of time. This brings us, then, to the question : When shall we operate for perforation ? This is a very important question to decide, and in order to be able to operate at the most favorable time, an early, accurate diagnosis is necessary. Hence, I would urge that the surgeon be immediately called in consultation, if at any time the abdominal symptoms lead one to suspect perforation. Then, preparation can be made, and should an operation be decided on later, no time need be lost. Again, should there be some doubt and the symptoms call for it, an exploratory incision can be made, which procedure is perfectly justifiable.

There are two rules to guide one as to the time of operating :

First—Operate as soon as possible after perforation has occurred.

Second—Do not operate during profound shock. These rules, perhaps, seem to conflict with each other ; but, to elucidate ; If, after perforation, there is not much shock, as sometimes happens, then operate immediately. Yet, should there be profound shock, wait till the patient rallies, which will be in about eight to twelve hours, if at all ; and no wise surgeon would advise operation if the patient was virtually moribund. According to statistics by Keene, the greatest per cent. of recovery has been among those operated after the first eight hours, up to the end of the first twenty-four.

The last question which I wish to consider is : How shall we operate ? The greatest advance in the technique is the use of a local anæsthetic, instead of a general ; and by so doing, avoiding much shock. The incision should be made to the outer

edge of the right rectus muscle. If this needs to be supplemented by another, a second one can be made in the left iliac region. The perforation is most frequently found in the ilium, caecum and appendix, or sigmoid; and should be sought in these structures in the order given. When found, it should be closed by turning in the edges, using the Halstead Mattress Suture. Should the amount of tissue destroyed be so great that, to turn it in would lessen the caliber of the gut too much, then re-section would be necessary. After closing all the perforations, then the peritoneal cavity must be thoroughly cleansed; and upon this rests much of the success of the operation. If this is thoroughly followed out, it will not be necessary to drain; otherwise, drain-Time is a great consideration in this operation. There are on record cases that have been operated two and three times, for succeeding perforation; also, for intestinal obstruction following the primary operation, and the patient get well. Hence, never despair of your case, so long as there is life.

To recapitulate: Intestinal Perforation, during typhoid, is purely a surgical condition.

An early, accurate diagnosis is essential to greatest success; hence, keep minute record of cases, from beginning to end.

Call surgeon as soon as perforation is suspected. Exploratory incision is justifiable.

Use local anæsthetic.

Operate at earliest possible moment after shock.

Operate as rapidly as thoroughness will permit.

Chorea.*

Edwin Jay Clark, M. D., Denver, Colorado.

Chorea as defined by Modern Medicine is "a disease of the nervous system, characterized by involuntary contractions of muscles or muscle groups, accompanied by weakness, and often by slight mental derangement." With or without treatment the

* Read before the Colorado Homeopathic Society, June 7, 1901.

choreic movements may cease for a time and be followed by a relapse or series of relapses later. Chorea manifests itself in an exceedingly irregular manner as to the parts affected and the degree of violence of its expression and its association or dependence upon other things.

Where you have an intelligent patient or attendants, careful and systematic inquiry as to the previous history will show you that the child was sick, weeks, months or years before this marked expression of the disease appeared. We call this the gross manifestation because it is so bold and prominent as to be recognized by physician and layman alike. The physician who cannot see anything besides these gross manifestations of disease in his patient never becomes a true homeopathic prescriber. But previous to these manifestations, there is an aberration of action in the nervous system that is only noticeable to the intelligent and thoughtful onlooker and can only be interpreted by the educated physician. This is the diseased condition that requires your careful attention. Unless it is relieved it is always a menace, a chance for a relapse or the production of other nervous manifestations.

Having this foundation your patient is frightened or terrorized or worried and these movements develope. Under improper treatment an eruption is suppressed, driven from the surface, and chorea is plainly visible. It may also result from any form of mental or physical excitement; any abnormal reflex as worms, eye strain, masturbation, etc.; from mal-nutrition, cold, excessive loss of blood and it often follows after Acute Rheumatic Fever.

Its pathology is very indefinite and may be divided into three general theories:

First—"A functional brain disturbance affecting the centers which control the motor apparatus."

Second—Embolism.

Third—A specific infection.

Its symptomatology as in most nervous disorders is varied.

It may be accompanied by mental derangements, more or less marked. Functional or organic heart lesions should be watched for. The electrical reaction of degeneration is absent.

Sleep may be unaffected or the movements may continue then or even prevent sleep.

A cessation of motion in cases receiving no treatment occurs at about the 72nd to 76th day. Relapses occur in 40 per cent. of all cases. There is a chance of a fatal termination, the case then usually showing great mental excitement and other symptoms of maniacal chorea.

The treatment should include a removal of all removable exciting causes, the securing of a regular life and proper habits and the building up of the will. "The consciousness of the child in regard to their infirmities should not always be awakened, except when it is clearly a bad habit and not the result of disease." Punishment does more harm than good.

Rest, even absolute rest in bed, *must* be insisted upon in some cases, partial rest in all. Long and natural sleep, "balmy sleep, nature's restorer" will come with your properly exhibited dynamic remedy. In mild cases, moderate exercise in the open air may be of benefit. Plenty of fresh air and cool spongings must be insisted upon in all cases. Diet should be simple and nutritious and not contain much meat.

Spraying the spine from the occiput to the middle lumbar vertebrae with sulfuric-ether has been advocated by some.

Among many remedies, we would call your attention to only a few.

Agaricus has twitchings and angular choreic-like movements in various points of the body, ceasing during sleep. Trembling of hands. Unsteady and uncertain gait in walking, with tearing in limbs and twitchings in gluteal muscles. Sensitive spine. Burning and itching of various parts, especially the hands as if frozen. Generally $\cdot \angle$ from walking in open air, $\cdot \succ$ from warmth of bed. Worse mornings and at the approach of a thunder storm. There is disinclination to speech without ill-humor, though the opposite effect may be found in talkative persons. The effects of large doses have been plainly visible to allopathic observers for seven or eight weeks. This is an anti-psoric remedy that where homeopathically indicated does need frequent

repetition. The use of more than one remedy is a confession of our inability to make a homeopathic prescription.

Belladonna has been used with benefit in those cases showing the marked cerebral symptoms of this drug.

Causticum is of value when the right side is affected and the movements continue during sleep. The symptoms are \sphericalangle walking in the open air and also \sphericalangle in the evening. Patients are usually weak, anemic, with no desire for and ability to make an effort.

Cina is indicated when the movements are reflex to an irritation of the intestinal tract due to worms or other substances. A reflex chorea with the Cina picture.

Crocus chorea is accompanied by a decided hysterical state, laughing, dancing, etc. Music excites the movements, but there is not the subsequent relief seen in Tarentula. The cases are very apt to be accompanied by epistaxis of tenacious thick, black blood.

Hyoscyamus patient has no appreciation of distance, reaching for something that is on opposite side of the room. The patient may be very talkative or not talk at all. That they are weak is shown in the tottering gait, and head falling from side to side.

Ignatia where the apparent exciting cause is of an emotional character. \sphericalangle 4 A. M. and 4 P. M. lasting until evening; \sphericalangle coffee \sphericalangle tobacco. Sighing, brooding. Contrariness of the symptoms.

Mygale. Despondency and fear death. The muscles of the face twitch, the mouth and eyes open and close in rapid succession; cannot sleep because they cannot keep the limb quiet; puts the tongue out with difficulty, because it jerks so; cannot put the hands to the face, it is arrested midway and jerked down; gait unsteady; legs in motion while sitting and dragged while attempting to walk, constant motion of whole body; ridiculous dreams. In its angular motions it is very similar to Agaricus.

Pulsatilla has been of excellent service to me in young girls having chorea when the menses should appear or have appeared and from some cause or other been suppressed. There were

present the Puls. < from warmth and > in the open air, the puls. temperament and thirst and other puls. symptoms.

Tarentula is the routine remedy of some so-called homeopathic prescribers. The man who begins the treatment of any disease with one remedy is apt to be lazy or incompetent. This remedy is indicated in right sided chorea, where the movements continue during sleep. Can run better than they can walk. Music at first excites then calms. According to Herring the keynote for this remedy is that they must constantly busy themselves or walk.

Zizia is especially indicated where there are choreic movements during sleep. Mentally there is first exhilaration then depression and finally indifference.

Where suppressed eruptions were a cause we would think of Bry., Cup., Sulf. or Zincum.

The properly selected homeopathic remedy, exhibited in a dynamic form, without interference from other medicinal substances, produces marked amelioration and does not need frequent repetition of dose.

Galvanism I have found to be an excellent palliative, but have not noticed any curative effect.

The treatment then requires rest ; fresh air and plenty of it, night and day ; cool spongings ; proper diet ; suggestion and the indicated remedy.

After amputations, never wait to apply an artificial limb beyond the time when the stump is well healed and the patient is strong again. Disuse of the stump for too long a time makes it less able to stand the artificial limb. The only exception to this rule is where the operation was done for malignant disease, where early pressure and concussion might favor a return.—*Exc.*

THEORY AND PRACTICE.

CONDUCTED BY PROF. W. A. BURR, OF DENVER HOMEOPATHIC COLLEGE.

Phosphorus in Muscular Atrophy.

A case of progressive muscular atrophy, pronounced incurable by eminent neurologists, is reported by Dr. T. F. Allen in the April number of the "Homeopathic Recorder." The case was that of a young married woman. The following symptoms presented: Pain in the right shoulder extending from the top down the arm to below the elbow. This pain was a constant dull ache, becoming, on motion, a sharp shooting; the pain was worse at night, in the wind, in the cold, on uncovering; and when lying on the right or painful side. There was a feeling of powerlessness. (She could not raise the arm to her head, nor could she dress herself.)

The medicine that cured, in a few weeks, was Phosphorus; potency not mentioned. The cure was effected purely from selecting a remedy from the totality of the symptoms with no clinical records, and no record of any drug having produced such symptoms. But the general weakness, the location and the aggravations afforded sufficient indications for the selection of a curative remedy.

B.

Mercurius in Prosopalgia.

A single woman aged 22, tall and slender, is greatly disfigured with acne on the face. Some of the papules are indurated and large enough to be called tubercles.

She had prosopalgia of the left side of several days duration. One night, as she became warm in bed, she grew worse until the pain became intolerable and she was impelled to get up. She finally did so and came to my office only two squares away. I gave her merc. sol 3x which promptly relieved the pain and in a short time cured the prosopalgia.

Under this remedy we find these symptoms: "aggravation in the evening and at night; aggravation from heat of bed. Pains return in evening on going to bed, and banish sleep. B.

Alternation of Remedies.

D. H. Roberts, M. D., of Owatonna, Minn., writes on the Alternation of Remedies for the March "Minneapolis Homeopathic Magazine." He defends the practice of alternating remedies where a plain similar cannot be found. Hahnemann himself acknowledged that cases do occur where one remedy does not cover all the symptoms. In such cases he recommends the use of one remedy, the nearest similar, alone, until it spends its force, then another likewise; and so on until the disease is vanquished. But Dr. Roberts advocates the use of two remedies, in alternation, in such cases.

He then goes on to recite a case where even three remedies in rotation did good work. A lad, aged 17, was relieved, apparently cured, of epilepsy by the use of belladonna, ignatia, and agaricus in rotation, by one Dr. Miles. The lad remained well a year, when, after undue exertion, the epileptic fits again seized him. For six weeks one remedy after another was tried, even two in alternation, but all failed. Finally the prescription of Dr. Miles was tried as above given. These remedies worked a speedy and permanent cure, whereas neither alone had a curative effect.

B.

Antitoxin in Diphtheria.

A girl, aged six, usually healthy, fell from a child's buggy, but was not known to be injured. In twenty-four hours she was in a high fever and delirious. I was hurriedly summoned and found the pulse 140 and the child in a state of complete delirium. Temperature was not taken. A careful examination failed to show evidence of any serious injury. She had been

vomiting; the pupils were not dilated. I gave her belladonna 3x and arnica 2x every half hour in alternation.

In eight hours the delirium was less violent, and the pulse not quite so fast. I did not examine the throat and did not suspect any trouble there. Belladonna 3x was continued alone.

Fearing some cerebral inflammation, perhaps cerebro-spinal meningitis, I called early in the morning and found the delirium all gone. She complained of her throat. An examination revealed distinct diphtheritic patches of a dirty white deposit on both sides, with a deep red color of the tonsils and whole faucial region; it was a plain case of diphtheria, and this accounted for the vomiting.

In the evening the pulse was 130 and the temperature 100.6. The third day, in the morning, pulse 116, temperature 100.4; in the evening the pulse had risen to 135 and the temperature to 103, and she was restless with pain and swelling in the fauces. The throat was swollen more and the deposit was increasing. Dilute alcohol, 1 to 4, had been freely used as a gargle, and belladonna 3x and merc. bin. 3x were used internally. The disease was progressing and I decided at once to use antitoxin. Three hours later 9 P. M. of the third day, 1500 units of Stearns' antitoxin were injected between the scapulae. The other treatment the same as before.

The next morning at 8 A. M. the temperature was only 99.3 and the pulse 116. In the evening, temperature 100.6, pulse 124. There was a little aggravation in the afternoon with pain in the throat, but less than the day before. The inflammation was less and no increase of the deposit.

The fifth day the morning temperature was only 98, the pulse 100; in the evening the pulse remained the same as in the morning while the temperature had increased to 98.8.

The sixth day the morning temperature was 98.4 and the pulse 98, and the deposit was rapidly disappearing.

She continued to improve and on the eighth day was nearly well.

The prompt fall in the temperature after the use of the antitoxin will be noted. The whole clinical record would indicate

good results from the antitoxin and no harm in any respect. Prof. Charles Gatchell, of Chicago, considers that antitoxin in such cases is in harmony with the law of similars, and other eminent homeopathsists take the same view. B.

Cause of Bubonic Plague.

Dr. M. R. Severson read a paper before the Hahnemann Union in March on some of the "Relations of Diseases to one Another and to the Body they Affect." In the closing paragraphs he has this to say concerning the cause of the Bubonic Plague :

"More than five years ago, Dr. Boucher of St. Servans, France, foretold the advent of the Bubonic plague as a direct consequence of the long continued practice of vaccination. I was not aware of this prediction when, over three years ago, I foretold the coming of a disastrous epidemic among the vaccinating nations, the exact nature of which I did not venture to predict, but said that most probably it would be of the nature of the Bubonic plague and my reasons for this prediction were precisely the same as those which I afterwards found had led Dr. Boucher to make his more positive prediction.

The history of the Bubonic plague in the past teaches that it is erratic in its march and markedly slow. Except to the extent mentioned above as to all so-called infection and contagious diseases, there is no evidence to show that it is either infectious or contagious ; quarantine will no more keep it out than Mrs. Partington could keep out the Atlantic Ocean with her broom. When the telluric conditions are ripe for the Bubonic plague to strike us, it will do so without regard to quarantine because the vaccination of vast numbers of people for generation upon generation has provided a vast number of persons more or less susceptible to it.

Is it yet possible to sound the alarm and arouse the people to sweep away the blood poisoning quacks, and, by proper hygienic precautions, moderate, though it may not longer be in our power wholly to avert, the impending disaster ?

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

A Large Lipoma the Size of a Man's Fist Removed From Among the Vessels of the Left Side of the Neck.

Mr. C., age 40 years, weighing 200 pounds, family history only fair; various kinds of tumors, some cancerous afflicting several of them, consulted me about the removal of a growth that occupied all the left side of neck, extending from clavicle on the base to angle of jaw and well posteriorly, producing an awful deformity. The operation was performed at his residence, Miss Ashton, the nurse, preparing under instructions an east room where there was a good light; removing everything from the room and thoroughly cleansing the floor and all the walls and woodwork.

On Tuesday, assisted by Dr. Smythe, and with Dr. McCurtin to administer the chloroform, after observing the scriptural injunction to "Wash and be clean," I cut through the skin adipose tissue and fascia and proceeded to carefully dissect out the growth, which was made more difficult by a former operation four and a half years previous, when a cancer or tumor doctor tried to remove it by paste and escharotics. After removing a large portion by such means, which was only the superficial part of the growth, fearing to eat deeper on account of the vessels, he healed it up leaving a large cicatrix as large as the palm of the hand. This operation was a complete failure, except as to the financial part of it to the aforesaid doctor. After careful manipulation pushing aside sterno cleidomastoid, avoiding the external jugular vein and controlling the hemorrhage from several small branches from external carotid, the tumor was removed completely, leaving a terrible hole in the neck. I sewed up the wound with silk sutures, leaving a rubber drainage tube placed at the base of the wound and removing same after 48 hours.

The wound was dressed with gauze wet in calendula solu-

tion and bandaged. The temperature never went above 99° and on the fifth day I removed the stitches from the wound, it having healed by first intention, there never being a drop of pus from beginning to end. On the fifth day patient sat up, on the sixth called at my office, on the seventh discharged.

I relate this case to show what can be accomplished by using cleanliness and not chemical antiseptics when we take into consideration where the growth was, the neck; that the external incision was in scar tissue, and the result obtained. J. W. A.

Automatic Safety-Valve Stopper.

The great trouble with peroxide preparations is that if the containers are tightly corked, the oxygen which separates and is set free, slowly but constantly as time passes, accumulates, until the bottles can no longer stand the pressure and burst, or the corks are driven out. Of the two alternatives, the bursting of the bottles is the most objectionable feature on account of the danger attached to it.

Containers of the hydrogen peroxide, 'U. S. P., which is a comparatively weak solution of H_2O_2 , yielding but 10 volumes of oxygen, may be closed with a wooden stopper, which, by the porous nature of the material, permits



a

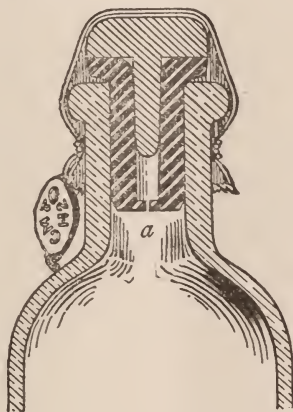
(a) Puncture.

Cut No. 1. Illustrates the cross section of the safety valve rubber cork, showing the wooden top and the puncture at the bottom. A thin strip of paraffined paper is inserted into the puncture.

the escape of the gas almost as soon as it is set free, thus avoiding explosion and rupture of the bottles or the driving out the corks.

While these wooden stoppers answer very well for solutions of H_2O_2 responding to 10 volumes of oxygen or less, with stronger solutions, such, for instance, as Marchand's peroxide of hydrogen medicinal (15 volumes), or his hydrozone (30 volumes of oxygen) they are quickly attacked by the solutions, as are also the ordinary corks, and within four months are completely oxidized, not merely bleached, but rendered so soft that they cut like pot cheese. From that time the goods are unfit for sale.

In order to prevent these difficulties and especially to obviate the bursting of the bottles containing hydrozone, Mr. Marchand, the manufacturer of that article and other well-known brands of peroxide of hydrogen, has



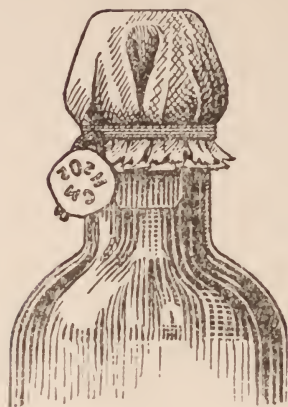
(a) Puncture.

Cut No. 2. Illustrates the cross section of a bottle corked and capped with vegetable parchment and paraffined muslin; no wire.

devised an ingenious stopper which he calls the "automatic safety-valve rubber cork," and which is shown in the illustration.

The material of the stopper is vulcanized rubber. The beveled end is punctured through in such a manner that when the pressure in the bottle rises above 5 to 8 pounds to the square inch (according to the thickness of the rubber at the bottom, which may vary slightly), the excess of free oxygen finds free egress and thus relieves the tension.

This device is first inserted, and a plug of porous wood is then driven in,



Cut No. 3. Illustrates the top of the bottle with the seal.

thus stiffening the rubber and completing the operation of "corking."

The capping consists of vegetable parchment covered with paraffined muslin, no wiring being used or needed.

It is easily seen that this style of closing the bottle obviates the possibility of bursting. Assuming even, that through some imperfection of the stopper, the puncture should close, as soon as the pressure rises to a point far within that required for rupture of the bottle, the stopper, not being wired down, will yield and be forced out.

Retail druggists who have for so many years been the chief sufferers and losers from the bursting of the peroxide containers, and the deterioration of the substance otherwise from the causes indicated above, will welcome Mr. Marchand's invention as a happy solution of what has to them been a very serious problem in the past, since it will enable them to supply their trade with the higher solutions of hydrogen peroxide, and especially that preparation of Marchand's, for which the stopper was particularly designed, "hydrozone," which carries 30 volumes of oxygen.

The device described above—the automatic safety-valve stopper—having entirely obviated the danger arising from the explosion of bottles in handling, there is certain to be a largely increased demand for Marchand's concentrated solutions of the

peroxide of hydrogen (which alone will be corked with the patented stopper), since physicians anxious to obtain quick results will never prescribe anything but the most active solutions, or those richest in active oxygen, and since druggists will be protected absolutely against loss by deterioration or explosion. The medical profession is being thoroughly advised of Mr. Marchand's new method of closing his bottles of "peroxide of hydrogen medicinal" and "hydrozone," and will be certain to avail themselves of the advantages thus guaranteed them.—April, 1901, issue of *National Druggist* of St. Louis.

NOTE.—Remember there is no popping when corks are removed.

THE TREATMENT OF THE SHORTENING IN FRACTURES OF BOTH BONES OF THE LEG—When both bones of the leg are broken some shortening follows. The fractured bones should be reduced, under anesthesia, placed in a plaster of Paris bandage, and left 8 to 10 days. Weight extension seems of doubtful benefit in treating these fractures. Von Eiselsberg used elastic traction in the plaster bandage. Kaefer has made an apparatus, with screws, which is fitted into the plaster bandages at some little distance from the site of the fracture. Some space is left between the upper and lower bandages, only bridged over by the screws of the apparatus. By taking in a half screw daily, this distance is increased, and shortening is thus prevented. Kaefer reports a case treated in this manner with excellent result.—*N. Kaefer in The Philadelphia Medical Journal*.

THE TREATMENT OF THE FRACTURES OF THE PATELLA.—Fractures of the patella only heal with difficulty. The ideal treatment, cutting down upon the fragments, suturing them together, and then closing the incision, is attended with great danger of infection, and a few patients will submit to it. Wiener treats them by wrapping the knee in elastic bandages, over much wadding, and the patient walks home. This is left on 4 or 5 days. All exudate is then absorbed, and the fragments of the patella are in apposition. The elastic bandages are then re-

placed, tighter this time. Wiener reports two cases treated thus. Pain is spared the patient and time saved for the surgeon. Wiener believes that fracture of the patella is a new indication for this old treatment.—*Alex Wiener, in The Philadelphia Medical Journal.*

HOW IS REGULAR, DEEP, QUIET BREATHING OBTAINED IN ADMINISTERING ANESTHETICS?—It is now generally understood that the best method of administering anesthetics is to allow plenty of air. Holmann believes that quiet talking, and counting aloud will keep some individuals still while taking an anesthetic. But to make them begin counting at 200, and count backward will cause them to breathe quietly and regularly. Patients take more easily to this than to ordinary counting. He lets the counting begin a minute before a drop of the anesthetic is used, and then this is added drop by drop gradually, so that enough air enters the lungs to prevent coughing, etc. Hypodermic injections of $\frac{1}{4}$ to $\frac{1}{8}$ of a grain of morphine, before the anesthetic is given, will also help to cause regular, deep, quiet breathing throughout the entire operation.—*Alex. Wiener in The Philadelphia Medical Journal.*

FOR ERYSIPELAS—A topical application of a paste made of equal parts of ichthyol and lanoline acts almost as a specific when applied and kept on the inflamed skin. The paste should be smeared liberally over some old muslin and renewed morning and evening.—*Health.*

GOOD FOR BURNS—Seventy-five grains of picric acid dissolved in two ounces of alcohol, to which a quart of water is added, makes an excellent application for burns. There is nothing which deadens the pain better. It should not be used after granulation begins to take place.—*International Journal of Surgery.*

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

Passiflora Incarnata as a Local Application in Erysipelas.

Notwithstanding the fact that the majority of Homeopathic authorities do not look with any degree of favor upon local applications in cases of erysipelas, but rely, almost entirely upon the indicated internal remedy, I cannot resist giving my experience with *Passiflora Incarnata*, locally applied in a severe case of facial erysipelas. When I first saw the case I considered that *Veratrum viride* was pretty clearly indicated, and this drug was given internally and applied to the inflamed surface. This was continued until the morning of the third day, at which time the inflammation had extended from the right side of the face until almost the entire surface was involved; both eyes were swollen shut and the face had the "puffy" appearance of *apis*; there was, also, the characteristic *stinging* pains of this drug. *Apis*, 3x, was given every hour and a local application of *Passiflora Incarnata* (fresh plant tincture) applied—full strength—to the entire surface affected. The first effect of the initial application was to cause a severe burning sensation, which was very quickly followed by a feeling of coolness and relief from pain. At the end of the second day swelling and inflammation had almost entirely disappeared, with the exception of some trouble in the right ear. Sixth day of illness gave *silicia* 6x and continued the local application, reduced one half. Gave no medicine after eighth day of the trouble, patient making an uneventful recovery, resuming work two weeks from beginning of illness. While no doubt the internal remedies had a great deal to do with the result, the marked relief obtained from the *Passiflora* applied to the "fire" is my only excuse for mentioning it in this connection. If any one *should* get any good results from this drug in similar cases, this department of THE CRITIQUE would be glad to record them.

Nyctanthes Arbor-tristis.*

Name—In Sanskrit it is called Scephalika ; in Bengali, Siuli ; in Hindi, Harsinghar ; in Tamil, Paghala-malli.

It is a small tree, found wild in the forests of Central India. It is also cultivated in many parts of India for its sweet, fragrant flowers.

Parts Employed—Fresh leaves.

Time for Collecting—March to April.

Leading Uses—It is an expectorant, bitter and tonic, febrifuge and mild purgative. It is used in bilious and obstinate remittent fever, sciatica and rheumatism. It is also very useful in constipation of children.

Symptoms—(The effects of ten drops of the tincture given seven times daily):

Nervous Symptoms—The patient is very restless and anxious.

Head—Headache exists.

Abdomen—Tenderness of the liver; stitches are felt in the hepatic region, which is very sensitive to touch.

Stomach—Great burning sensation is felt in the stomach; better from cold application.

Stools—Profuse bilious stools with nausea, or there may be constipation.

Nausea and Vomiting—Bilious vomiting comes on at every draught.

Tongue—The tongue is enveloped with a thick whitish or yellowish fur.

Urine—High-colored urine.

Fevers—It is very efficacious in all fevers with bilious symptoms. Insatiable thirst exists before and during chill and fever; bitter vomiting at close of chill; constant nausea may or may not be present; drinking causes vomiting; the patient is very restless; constipation or bilious stools; perspiration is not generally marked.

*By Sarat Ch. Ghose, M. D., Mindapore, Bengal, in "North American Journal of Homeopathy," June, 1901.

Camphor in Cholera Infantum.

The attack is very sudden and the skin is as cold as marble, but the child will not remain covered. There may be neither vomiting nor purging, but coldness, and great prostration.

The vomiting and purging may suddenly cease, and the child lie almost unconscious, with icy coldness of the body, cold tongue, blue face and hands, and hoarse, weak voice.

Cold sweat on the forehead and face.

There may be coldness of the surface without change of color.

Blueness of nails.

Face pale, livid, eyes sunken and fixed.

Upper lip drawn up, exposing the teeth.

Icy cold feet, and nose cold and pointed.

Anterior fontanel much depressed.

The great coldness, with aversion to heat, is very characteristic of this drug, but it must not be forgotten that *secale* has a similar aversion to heat and clothing. Its usefulness is usually in the beginning of attack. Most of these symptoms, appearing later, often require *veratrum*, *cuprum* or other remedies. Says Carrol Dunham; "In camph. collapse is most prominent; *verat.* the evacuations and vomiting; in *cuprum* the cramps."

Camphor is more often indicated in Asiatic cholera than in cholera infantum.

Hints.

Raw throat and chest, hoarseness, calls for *Phosphorus* 30th.

Cactus Grand is a remedy for over-strained heart of bicyclers.

Diarrhea after exposure to damp and cold sometimes finds a remedy in *Dulcamara* 3x.

Diarrhea accompanied by prostration and burning pains is relieved by *Arsenicum* 6x.

Iris versicolor 30 is said to cure constipation, though in the the lower potencies it has no effect.

For diseases of the spleen Burnett's remedy *ceanothus Americana*, in 5-drop doses of the mother tincture in a teaspoonful of water, is the best remedy—"organ remedy" Burnett calls it.

Malandrinum 35th, it is said, will not only surely guard against small-pox, but it has been asserted, will also prevent vaccination from taking. One or two doses of ten pellets a week is sufficient. (The italics in case of this remedy are mine.—J. W. M.)

Dr. Allen says that *Aconite* and *Belladonna* should never be alternated. When one is indicated the other is *not*.

Apocynum Can., mother tincture pellets, are said to be curative in men who have difficulty in retaining urine.

On broad generality *Pulsatilla* 3x is the remedy peculiar to women if light haired, while *sepia* 3x is the remedy for the brunette type.

Aching in the shin bones only, has been relieved by *Lachesis* 30x.

Trembling of the limbs with cold extremities is an indication for *Zincum Met.*, 30.—*Homeopathic Envoy*.

"It may be interesting to those who believe in the use of antitoxin as a cure for diphtheria to know that Charles Floyd McClure, of Milwaukee, was taken sick with the disease on Tuesday evening and died the next day (Wednesday), after an injection of serum, in convulsions. Yes, brethren, there are some things we do not understand in this world, and this serum business is one of them."—*Medical Visitor*, June, 1900.

"To sum the matter up in a nutshell it would be better stated in this wise: Fifteen cases of diphtheria were treated by the writer, of that number six had antitoxin and every one of them is dead. Nine others, subjected to the same influences, receiving precisely the same nursing, were treated as nearly homeopathically as ability permitted and recovered. There is something in the inexorable logic of facts that one cannot easily get around. We give these facts for the consideration of those who are still looking for a specific, stating that in our honest belief there will never be found a specific for anything."—*Harvey B. Dale, M. D.*, in *Medical Visitor*.

THE CRITIQUE.

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EDITORIAL COMMENT.

The Physician and Surgeon.

It is a common error among young physicians just entering upon their professional career to think they must direct their attention almost exclusively to the practice of medicine as distinguished from the practice of surgery. They are impressed with the idea that, while they are fully competent to cope with disease in all its forms, they are not so well prepared to undertake the care of surgical cases. Hence they devote their spare time (of which they have an abundance) to reviewing their works on practice, very much to the neglect of their text-books on surgery. During their long college course they have been equally well instructed in both, and, as a matter of fact, are theoretically as well prepared to practice one as the other. The notion that people will permit them to prescribe but not to operate, while true in a measure, is yet a matter almost wholly within their own control. It is a common observation in all walks of life that we are taken very much at our own estimate of ourselves, and this applies as well to the doctor as to any one else. It follows therefore, if we desire to practice surgery as well as medicine, we should so appear before the public.

There are several reasons why young physicians do not at once make claim to surgical knowledge. One particular reason, and the controlling one I believe, is the impression left upon the student by the professor of surgery, who never fails to inform his

classes "that surgery should be practiced only by men of large experience ; while you may see me do all sorts of operations for your instruction, it would not be wise for any of you to attempt it because of your lack of experience."

This is a stock argument heard in all of our colleges, and is a great fallacy which should be punctured at once. Of course experience is a most desirable thing to all of us, but is it acquired by simply seeing others operate? Not in a lifetime. The student who has been well instructed must create his own experience, and he cannot begin any too soon. If he waits till he grows old he will have lost his opportunity. The steady hand, the observing eye, the delicate touch, must be secured by personal experience, and can never be acquired from the experience of others.

Surgery has no legitimate claim to exclusiveness, but there is thrown around it a sort of false glamour which does not belong to it. That which impresses the ordinary observer as exhibitions of superior knowledge and great skill on the part of the operator should not influence the judgment of the young physician. There is nothing about it that he may not also learn, and having learned, he can do, if he be so inclined.

Naturally there will be a little shrinking in our first contact with the injured ; the hand will tremble somewhat perhaps, but these will soon disappear after a little preparation for the work and a determination to do it. If we have a knowledge of what ought to be done, it is more in the will to do than in the doing. We soon discover that nearly all recent wounds appear worse than they really are at first glance. What at first seems a hopelessly mangled hand or foot may, after being thoroughly washed and cleansed prove to be neither dangerous nor very serious.

There are no secrets about surgery. It is a legitimate part of every physician's business, and he should pursue the practice in all its phases. A good doctor makes the most successful surgeon because of his knowledge of therapeutics, and per contra, he will be a better doctor if he also practices surgery. It gives him confidence and decision, broadens and strengthens him and his powers in all directions are increased and developed. It re-

quires much greater skill to successfully treat a case of fever than to do an amputation or reduce a fracture, yet this is not the popular estimate. If your fever patient knows that you are also a good surgeon, his confidence is thereby greatly increased. Surgery is so largely a matter of mechanics that it is within the province of most of us to learn it well. The best preparation consists in studying the human machine in its normal condition, if we would learn how to deal with its abnormal condition. We mean by this something more than a theoretical knowledge of anatomy as taught in the lecture room. Observations on the cadaver and the skeleton are valuable, and cannot be omitted, but they cannot take the place of a practical study of the living, moving body. It is a fine art to learn to observe correctly, but once acquired, it is invaluable to the surgeon. If we make ourselves familiar with the normal mechanism, the means for repair and adjustment, in case of injury, readily suggest themselves to us as occasion demands.

To the physicians of our own school it is vitally important that they give special attention to the practice of surgery. The old school men are fond of saying that homeopaths are not surgeons, which of course is not true, but the charge has been so often reiterated that the impression has gained more or less credence among the people. The truth is, that in proportion to numbers, we undoubtedly have more skilled surgeons than they, but this is not enough. Every one of us as a rule, should be prepared to care for our surgical patients as skillfully as we would for any other ailment. He who is skilled in the treatment of disease, is so much the better able to care for the injured, and this is peculiarly true of the homeopathic physician. Nowhere does homeopathic medicine show to greater advantage than in the treatment of surgical conditions. If we all practice this important part of our profession, operations would diminish rather than increase, because the expert diagnostician and therapist would, in many cases, forestall the necessity for operative interference. On the contrary, he could best decide when medicine would be useless, and the use of the knife demanded. Operations would be limited to those of necessity instead of expediency, as is often

the case with the specialist in surgery alone. Every doctor by a little preparation, should be able to serve his patrons surgically as well as medically, and he will soon discover that he has raised himself in his own as well as in their estimation. It should be no part of his duty to his patients to be constantly referring his surgical cases to some colleague for operation. He should know when and how to operate, and the colleague should be invited to assist him in his work. The adoption of this course would enure greatly to the standing of our school, the reputation of our doctors and the welfare of our patients.

DENVER, COLO., JULY 1, 1901.

Editors Critique :

Many are the valuable lessons that might be drawn from the recent State Meeting at Cañon City. One of prime importance, applying in the main to medical societies in general, is the practical value to the physician who attends and listens to the papers and discussions. As is usual on such occasions the papers were practical, involving the best thought and experience of the writers. No physician could listen to such papers as that of Dr. C. F. Stough of Colorado Springs, on some points in the "Diagnosis and Surgical Treatment of Diseases of the Gall Bladder," or that of Dr. J. W. Harris of Denver, on "Intestinal Perforation in Typhoid Fever," or that of Dr. D. A. Strickler of Denver, on "Early Operation in Mastoid Diseases," with the discussions thereon from the leading and progressive physicians of the State, without becoming better equipped for his work at the bedside. Irreparable indeed is the loss of those engaged in practice who are unable to avail themselves of such helps.

It is devoutly to be hoped that at the Pueblo meeting next year a large number of the homeopathic fraternity of the State will be present. To say nothing of the social privileges and the rest secured, attendance at the State meeting will richly repay every one who goes, for there he secures the helps and inspiration that enable him to do better work in healing the sick and saving life than was possible to him before. W. A. BURR, M. D.

No Concession From Railroad Association.

CANON CITY, JULY 6, 1901.

Dr. S. S. Smythe, Denver :

DEAR DOCTOR—I enclose herewith letter from Mr. Parker, in regard to railroad fares to State Society Meeting. Probably some readers of THE CRITIQUE will like to know the results of my efforts to get some rebate, which unfortunately are so barren of results. Fraternally, WARREN D. HOWE.

DENVER, COLO., JULY 3, 1901.

Warren D. Howe, M. D., Canon City, Colorado :

DEAR SIR—In reply to your letters of the 14th of June and July 1st, I am directed to say to you that our members feel it will be inexpedient to comply with your request for refund of any portion of the fares paid by the attendants upon the Cañon City Convention June 6th to 8th, their view being that the original concession under which the fare and one-fifth basis was granted, viz., that not less than fifty persons should present certificates, ought to be strictly adhered to, that being the general rule.

Yours respectfully,

C. A. PARKER, *Secretary.*

The California Medical Law.

The following are the leading features of the new statute regulating the practice of medicine in California :

Licenses are to be issued by a board consisting of five members elected by the Medical Society of the State of California, two members by the California State Homeopathic Medical Society, and two members by the Eclectic Medical Society of the State of California. Every person before practicing medicine or surgery, or any of the departments of medicine or surgery, in this State, must have the certificate provided for. In order to procure such certificate he must produce satisfactory testimonials of

good moral character, and a diploma issued by some legally chartered medical school, the requirements of which medical school shall have been at the time of granting such diploma, in no particular less than those prescribed by the Association of American Medical Colleges *for that year* (!) or he must produce satisfactory evidence of having possessed such diploma, or a license from some legally constituted institution which grants medical and surgical licenses only upon actual examination, or satisfactory evidence of having possessed such license; and he must accompany said diploma or license with an affidavit stating that he is the lawful possessor of the same, that he is the person therein [named,] and that the diploma or license was procured in the regular course, either of instruction or examination, without fraud or misrepresentation of any kind.

Licenses may be revoked by the Board on trial and conviction of unprofessional conduct, which is defined to consist in

First—The procuring or aiding or abetting in procuring a criminal abortion.

Second—The obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured.

Third—The willfully betraying a professional secret.

Fourth—All advertising of medical business in which grossly improbable statements are made.

Fifth—All advertising of any medicines, or of any means, whereby the monthly periods of women can be regulated, or the menses re-established if suppressed.

Sixth—Conviction of any offense involving moral turpitude.

Seventh—Habitual intemperance.

The following persons shall be deemed as practising medicine or surgery within the meaning of this act :

1. Those who profess to be or to hold themselves out as being, engaged as doctors, physicians or surgeons in the treatment of disease, injury, or deformity of human beings.

2. Those who, for pecuniary or valuable consideration, shall prescribe medicine, magnetism, or electricity, in the treatment of disease, injury or deformity of human beings.

3. Those who, for pecuniary or valuable consideration, shall employ surgical or medical means or appliances for the treatment of disease, injury or deformity of human beings, except dealers in surgical, dental and optical appliances.

Respiration in Tuberculosis.

It has been generally believed that consumptives breathe less air than persons in normal health, and that their respiration decreases as their lungs are invaded more and more by the disease. These ideas are completely overturned by a recent series of measurements made in France on nearly four hundred patients by Drs. Robin and Binet, who have reported their results to the Paris Academy of Sciences. We quote from a report in the *Revue Scientifique* (March 30):

"The investigators have discovered that the respiratory exchanges become greater in phthisical patients than in healthy persons, and this rule seems almost invariable, since in one hundred and sixty-three patients they found only eight per cent. of exceptions. The results bring out the following facts:

"(1) The volume of inspired air increases by 110 per cent. in men and 80 per cent. in women.

"(2) The exhaled carbonic acid per unit of weight and per minute increases 86 per cent. in women and 64 per cent. in men.

"(3) The total oxygen consumed proportionately to the weight and time increases 100 per cent. in women and 70 per cent. in men.

"(4) The oxygen absorbed by the tissues increases 162 per cent. in women and 94 per cent. in men.

"This abnormal activity of respiration exists also in the acute forms of the disease. . . . It undergoes alterations that have some relation with the progress or amelioration of the tuberculosis."

The investigators also find that the degree of increase of respiration and the chemical composition of the expired air are

so characteristic of tuberculosis that they form an easy means of distinguishing between the true disease and the various maladies that are often confounded with it. They also believe that the old name "consumption" is a good one for the disease. They say :

"It is the consumption produced by the abnormal respiratory action and by demineralization which prepares the ground for the bacillary invasion. So when an individual is seen to be predisposed to the disease it is not sufficient to remove the bacillus ; it is necessary to treat the patient hygienically and therapeutically in such manner as to modify the functional and nutritive trouble that is the condition of the development of the bacillus. Tuberculosis will become really avoidable only when we succeed in rendering the organism of those who are predisposed to it refractory to the germ of the disease.—*The Literary Digest*.

The Surgical Instinct in Birds.

Some remarkable stories are told by a well-known French sportman and writer on natural history regarding what he calls the "surgical instinct" of birds. According to this authority, the woodcock, partridge, and rail, and possibly some other birds, are able to dress their wounds with considerable skill. The following are quoted in *The National Druggist* :

"M. Fatio says that on several occasions he has killed woodcocks that were, when shot, convalescing from wounds previously received, and in every instance found the old injury neatly dressed with down plucked from the stems of feathers, and skillfully arranged over the wound, evidently by the long beak of the bird. In some instances, a solid plaster was thus formed, and in others ligatures had been applied to wounded or broken limbs,

"One day, he avers, in his bag he found a bird that had been severely wounded at some recent period, and on examining the wound he found it covered and protected by a sort of network of feathers, plucked by the bird from its own body and so arranged.

as to form a plaster completely covering and protecting the wounded surface, having evidently acted as a hemostatic in the first place, and subsequently as a shield, covering the wound. The feathers were fairly netted together, passing alternately under and above each other and forming a truly textile fabric, protecting the injury.

“The author declares that ten times, in his experience, among the game killed in his shooting-excursions, he has found birds whose limbs had been broken by shot, with the fractured ends neatly approximated and ligated together—a statement whose truth is vouched for by no less a naturalist than Fulbert Dumonteil * * *

“Another and really astounding fact, related by M. Fatio, and also vouched for by M. Dumonteil, is in regard to a woodcock that had been hit by M. Fatio in the afternoon of a certain day. After a long search the bird was given up, but the next morning, by accident, it was discovered, and, in the mean time, the wounded legs were found to be neatly ligated, a bandage, ‘irreproachable in neatness,’ declares our author, ‘having been placed around each wounded limb.’ The poor bird, however, had, in the process of dressing his wounds, got his beak entangled with some long soft feathers, from which, having no use of his feet, he was unable to free it, and was thus condemned, had he not been thus early discovered, to die of starvation. Referring to the skill and intelligence displayed by the bird in approximating and bandaging the broken limb, M. Fatio exclaims; ‘Is not this proof of a sense of instinct of high order worthy of record?’ While entirely agreeing with him in this respect, we can not but wonder that a man capable of entertaining such an opinion can find any pleasure in shooting such intelligent creatures.”

We owe it to ourselves as individuals, to our alma maters, to our school of practice, to do everything in our power to benefit our body politic, and one of the best methods is to be identified with our State and National societies and labor for their advancement and for the good of all thereby.—*Minneapolis Homeopathic Magazine.*

Consumption of Sugar.

Roughly speaking, the world's consumption of sugar in the last fifteen years has doubled, while in Great Britain it has trebled per head in forty years, says "The Spectator" (London), referring to a recent article by Dr. Willoughby Gardner. "The English and Americans stand easily at the head of the list as the sugar-eating nations. Dr. Gardner establishes the fact that sugar is a potent creator of energy and maintainer of stamina. This, he contends, is not only proved by laboratory experiments, but by the case of the date-eating Arabs, the fine health of the sugar-cane-eating negroes, and the results obtained by Alpine climbers, Arctic explorers, athletes, and German soldiers fed on a special diet. Dr. Gardner's general conclusion is that the increased height and weight and the improved health of the English people in the last half-century are largely due to the increased consumption of sugar."

Tom Johnson and Vaccination.

Tom Johnson, Mayor of Cleveland, O., with a national reputation as a practical reformer, has come out as a strong opposer of vaccination. He does not believe in "contaminating a man's blood with poison," and stoutly asserts that "no doctor shall pump the virus into me." The "Buffalo Medical and Surgical Journal" is very much grieved at this, and says of the rite that the "general result of all scientific inquiries has been to confirm its protective powers." Will the "Journal" kindly inform the world where these "scientific inquiries" can be found? The only one we can recall was that conducted for seven years by a commission appointed by the English government, and the result of it was that the compulsory vaccination act was repealed in Great Britain. Also several medical men, not unknown to fame, have lately discovered a strange similarity between the vaccine virus and that which is found in cancer. The "Journal" also knows

that cancer is increasing in an alarming manner, but *only in countries where vaccination is prevalent.*

The "Journal" also says that the Grand Army of the Republic is to meet in Cleveland this year, and is indignant that the old veterans should be exposed to the "pestilence" which vaccination could subdue. Has the "Journal" never heard of the nine times vaccinated army of the Philippines, where the disease seems to be fed by the very means that are supposed to suppress it?

However, Mr. Editor, tell Mayor Johnson and the world where the results of your asserted "scientific inquiries" may be found.—*Homeopathic Envoy.*

The Mental Element in the Causation and Cure of Disease.

The mind plays an important part in the etiology of many diseases, and a full recognition of this fact has been of inestimable value in the treatment of diseases of mental origin.

One physician often meets with better success in the treatment of his cases than another, from the fact that his presence, manner and words of hope inspire the patient with a state of mind calculated to assist the medicines in tiding over some crisis.

The prevalence of Christian Science to-day and other fads of a similar character, with the large number of reported cures, some of which are undoubtedly true, only illustrate the mind's influence in the treatment of many diseased conditions. It further shows that the physician should avail himself of this element as an adjuvant to his other treatment in all cases.

The educated physician knows when to use and how much to rely upon this psychic element, but the ordinary lay individual, without medical education, soon learns to look upon mental therapy as a panacea, and advocates its use for diphtheria, malaria and even the removal of cancerous growths.

A pill composed of the necessary medicinal agents, coated with hope and taken with confidence will produce the best results

with the patient. The physician, therefore, should endeavor to cultivate the habit of using this valuable element in his daily practice, and after a time it will become a part of him and his success will be increased in many instances.—*Health*.

Dietetic Hints.

To appreciate the delights of a natural appetite, the following dietetic hints should be taken into consideration :

Discard all condiments and eat food prepared as simply as possible.

Masticate the food thoroughly, allowing it to remain in the mouth until the delicate flavors of the food are developed.

In order to have perfect digestion, a large variety of foods should not be eaten at one meal.

Avoid, especially, combinations of fruit with vegetables, fruit with milk, sugar with milk.

Avoid the use of much fluid, especially cold fluid at meals. Many persons are better off to discard all drinks at meals.

Above all, don't bring your business into the dining room. Throw off all care, and give yourself up to the enjoyment of your meal.—*Health*.

How Frozen Meats Deteriorate.

Meats frozen and kept in cold storage for long periods do not undergo organic changes in the ordinary sense—that is, they do not putrefy, soften or smell bad, but they certainly do deteriorate in some intangible way. After a certain time frozen meat loses some life-principle essential to its nourishing quality. Such meat lacks flavor; it is not well digested or assimilated. Its savorless condition cannot be remedied or successfully disguised by the use of sauces and condiments. Those who eat cold-storage food for any length of time develop diarrhœal disorders, lose in weight, and would eventually starve to death unless a change of diet was made. The same reasoning applies to tinned fruits and

vegetables. They should not be used after a certain period has elapsed. Especially should people be warned against using stale eggs and old milk and cream. Milk and cream are kept for days, rancid butter is washed and treated chemically, but all food, and especially cold-storage, is damaged by long keeping and will not nourish the body properly. There is the greatest abundance of food, but it does not satisfy.—*Health.*

PINE BLUFF, ARK., June 3, 1901.

Editor of the Homeopathic Envoy:

In the case of the city of Pine Bluff, Ark., vs. Dr. Wells LeFevre for refusing to be vaccinated by scarification I regret to say that my attorneys have been unable to get a trial, though they have made all sorts of propositions to effect this, since we wished to make a test case of it. After careful investigation the attorney for the prosecution dismissed the case, and Judge Grace, presiding, commended that act by adding his personal opinion that for unwarranted invasion of personal rights this attempt surpassed anything in his knowledge.

The imposition of compulsory vaccination by scarification has thus received its *coup* in this part of the country. The feeling against it, already strong, has been greatly intensified by this fiasco.

Only a few cases of our present epidemic of small pox remain—and *all these are among those who have been "successfully vaccinated,"* so I hope to soon be able to report my experience with internal vaccination, which has now carried me through three epidemics without a failure up to date. Fraternaly yours,

WELLS LEFEVRE, M. D.

A well-known doctor once gravely asserted that a third of the cases of illness of patients which came under his notice were neither more or less than imaginary, and yet it was impossible for him to tell his patients so without giving mortal offence, as their ill-health gave them a sort of distinction which was intensely gratifying to their self-love. When you come to think of it, it really is a most extraordinary thing that some persons actually,

seem to "enjoy bad health." The doctor's visit is the happiest event of their day. To relate *ad nauseam* the story of their ailments, to recount the aches and pains which no mortal ever endured in such intensity before, to declare they have not slept at all the previous night, to sigh and groan and wear a dismal face to feel their pulses and count every heart throb, is their daily employment, and about as injurious a one as they could possibly find. Another peculiarity about these people is their absurd indifference to the ailments of others—in fact, they appear to experience a kind of jealousy at the account of anyone else's illness, as if they themselves ought to have the monopoly of every ailment under the sun. To quote again from the doctor to whom we have referred above: If these people are told the honest truth, the result is sometimes real illness, for, having taken from them the fancied necessity for codling themselves, life's interest and occupation would be gone, and the consequent nervous depression would seriously affect their health.—*Health*.

Notes and Personals.

Dr. Patterson, of Hays, Kansas, is about to locate in Colorado.

Dr. J. Wylie Anderson returned Monday from a ten days outing at Chetola Lodge, Indian Creek Park, Colorado.

Dr. Millen, graduate of Philadelphia, Pa., is located in the Jackson Building. Residence 911 Downing Avenue.

Dr. Otto S. Vinland, of Denver, and Dr. Anna M. Peterson, of Manitou, were recently married. THE CRITIQUE extends congratulation.

FOR SALE—A \$3,800 homeopathic practice in a town of four thousand inhabitants in east-central Wisconsin. Address, Dr. H. A. Mumaw, Elkhart, Ind.

Mrs. Mary R. Black has graduated as a trained nurse from the Homeopathic Hospital and is located at 1915 Pennsylvania Ave., Denver. Phone 422 Red.

Dr. Curtis M. Beebe has resigned from the Faculty of The Denver Homeopathic College, The Denver Homeopathic Club, and the Colorado Medical Society.

Mrs. Bass, an Osteopath of Denver, sued a patient for a bill for services, and Justice Rice decided that not having secured a license from the State Board she was not entitled to recover.

Dr. Jessie B. Connett of Skagway, Alaska, is convalescing from an attack of appendicitis. She was on a visit to Denver when attacked with the disease. A recovery without an operation; hence chalk it down somewhere for reference.

To drive flies out of houses, place round about some palma christi, of which they have a great horror, keep it in the bedrooms during the daytime; darkness has the effect of driving flies away. It is in a great measure on account of the flies that houses in equatorial regions and in the east are kept so hermetically closed.
—*Ex.*

How the allopath loves us. THE CRITIQUE is informed that a patient at the County Hospital, where homeopathy is supposed to have a homeopathic staff of physicians, and anyone desiring that system of treatment can have it by asking, was informed by an employee when making a request for a homeopathic doctor to treat her, that the "homeopathic staff was composed of the scum of that school."

There is nothing like a tree to keep air pure, remarks a scientist. Its leaves decompose carbonic acid. The volume of the carbonic acid exhaled by a human being in twenty-four hours is roughly estimated at 100 als. If a single tree of moderate size were growing where a dozen, or even as many as twenty, men were sleeping, the purifying action of its leaves would ensure that the air was kept quite fresh.—*Health.*

"We have boiled the hydrant water,
We have sterilized the milk,
We have strained the prowling microbe
Through the finest kind of silk,
We have bought and we have borrowed
Every patent health device,
And at last the doctor tells us
That we've got to boil the ice." —*Exchange.*

Gorbatsheff reported before the Moscow Therapeutic Society (*Medicinskoie Obosrenie, March, 1901*) a case of a man in whom even small doses of quinine produced chills, considerable elevation of temperature, delirium, dryness in the throat, thirst, vomiting and a severe dermatitis accompanied by a scarlatiniform eruption. [A. R.]—*Philadelphia Medical Journal.*

A Hahnemanian truth discovered over one hundred years later than by the immortal Hahnemann.

An inquiry has been sent to THE CRITIQUE asking who is "The Mark Hopkins" of the Homeopathic College? With said inquiry is enclosed page 15 of the College Announcement for 1901 and 1902 which reads thus: "Some years ago a gentleman asked a friend to define a college. The friend had in previous years sat under the instruction of Mark Hopkins, and he replied: 'A log with Mark Hopkins a-straddle one end, and a student a-straddle the other'—that is all that is necessary for a college." There have been a great many changes in the Faculty of said institution, but at last they have attained a state of perfection. Next year we think a motion to refer the work of Mark Hopkins on the announcements to "*a committee*," as on a former occasion, may obviate the egotistical simile.

State Society Notes and Personals.

Dr. C. W. Judkins, of Aspen, he of legislature fame, was there, adding dignity to the society. Dr. Judkins is a homeopath that practices homeopathy, and is respected at home, where he has a large business.

Drs. Stough, Faust and G. P. Robinson, of Colorado Springs, a trio well worthy of such an enterprising city, were present at the Cañon City meeting. They were full of good companionship, and attended to business. Good men anywhere.

Speaking of Colorado Springs physicians, we missed the familiar face of Dr. Carey Allen. Be sure and be present next time, Doctor.

Dr. Harriette M. Collins, of Victor, was present, as was also Genevieve Tucker of Pueblo, Marietta E. Hughes of Florence, and Marian Wall Roberts of Leadville,—a very representative class of our lady physicians. Nor were they backward in speaking out in meeting. They added color, refinement and brains to the assembly.

Dr. W. Brooks, of Florence, was present and became a member of the Society. The doctor has a large practice in that enterprising town of oil.

Dr. C. H. Wilkinson, of Cañon City, in his suave, dignified way, contributed much to the success of the meeting. The editors of THE CRITIQUE wish to thank him for the successful entrance into, examination of and deliverance from the State Penitentiary of a party of doctors, of which we were members.

Dr. N. G. Burnham's address at the public session, held at Cañon City, of the Colorado Homeopathic Society, entitled "Hos-



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pitals, Physicians, Nurses, together with the History, Growth and Progress of each," was a mosaic of the subject that reflects great credit upon the speaker. THE CRITIQUE wishes to congratulate the doctor.

One of the neatest things at the State Society was Dr. J. M. Walker's response to Hon. J. H. Peabody's address of welcome to the Society; it was short, apt and spicy, and undoubtedly made a good impression.

Dr. George E. Gray, of Pueblo, than whom none have any better business in that flourishing city, read a very interesting paper on "Reflexes in Ovarian Diseases."

Book Reviews.

PRINCIPLES OF SURGERY.—By N. Senn, M. D., Ph.D., LL. D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating-staff with the Army in the field during the Spanish-American War. Third Edition. Thoroughly Revised with 230 Wood-engravings, Half-tones, and Colored Illustrations. Royal Octavo. Pages, xiv—700. Extra Cloth, \$4.50, Net; Sheep or Half-Russia, \$5.50, Net. Delivered. Philadelphia: E. A. Davis Company, Publishers, 1914-16 Cherry Street.

Senn's Principles of Surgery is a work of unusual interest to the surgeon, but is one which requires careful and intelligent study in order to fully appreciate its merit. The book will be found no less valuable to the general practitioner and the student. This edition (third) has been thoroughly revised and much new matter has been added. It is fully illustrated and reflects great credit upon both author and publishers.

Halsey Bros. Co. announce that Dr. Cowperthwaite's new work on THE PRACTICE OF MEDICINE is now in press and will be ready for delivery soon. The names of the eminent authors and teachers—Professors Cowperthwaite and Delamater, is sufficient guarantee of the merits of the work. For a quarter of a century Professor Cowperthwaite has held a leading place among the authors and teachers of Materia Medica and Therapeutics in the homeopathic profession. His easy and practical methods of teaching and writing have made his former works very popular, and from the advance orders already received it is evident that

his last and greatest literary effort will not prove an exception. Professor Delamater has long stood at the head of this profession as a neurologist, and a section on mental and nervous diseases from his pen will greatly enhance the merits of this book and will no doubt appeal strongly to those who feel the necessity of a reliable and authentic work upon these important subjects.

THE DELINEATOR, from The Butterick Publishing Company, for July, is a most noteworthy production. Besides the usual handsome illustrations found in this magazine, the current issue contains some highly artistic colored sketches of the Pan-American Exposition buildings and grounds. These were made directly from the original watercolor sketches of Mr. C. Y. Turner, Director of Color to the Pan-American Exposition. As a sample of beautiful three-color printing the Delineator is deserving of the highest praise.

It is probably true that almost every man has in him certain qualities which would draw some woman to him, but it is difficult to frame a statement in general terms of "What Women Like in Men." This is the task which a very well-known author, under the nom-de-plume of Rafford Pyke, has undertaken in the "Cosmopolitan" for July in a clever essay, which proves him to have made woman the subject of thorough observation and comprehensive study. "The foreign girl," says the author, "marries the man with whom she will be happy, the American marries the man without whom she will be unhappy."

The midsummer fiction number of the July "Cosmopolitan" contains the best story Bret Harte has written in a long time. The well-known Jack Hamlin is the hero, and he will be eagerly welcomed back by the public. Desperado and gambler that he is, theoretically we ought not to like him, but he has that fine courage too rarely met with in real life or in fiction, and those who read "A Mercury of the Foothills" will probably lose sight of his faults in following the events which take place upon "that heaven-kissing hill." Katrina Trask's story in the same number should be read by every woman. It is one of those homely tragedies constantly going on in modern society. It is probably the cleverest piece of work Mrs. Trask has ever done. R. K. Munkittrick's quaint New England coast yarn has a breeziness about it that makes it really refreshing. The July installment of Egerton Castle's story begins to raise the curtain on the inevitable ruin which the Duke of Cluny's weakness must bring on those who love him.

THE CRITIQUE.

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NO. 8

The Education of Young Girls of Tubercular Diathesis.

Annual Address of Warren D. Howe, M. D., President of Colorado Homeopathic Society, Canon
City, June 6, 1901.

The greatest advances in medicine in the latter part of the Nineteenth Century have been along the line of prevention rather than on that of cure of disease. Sanitation and hygiene, the careful supervision and rigid quarantine of contagious diseases by health boards, the better education of the people and the relief from overcrowding in the tenement districts in our large cities, though bad enough it is yet, have all done much to contribute to a lessened morbidity and a lower mortality rate.

Much work has been done and an enormous amount of money spent in prevention of the acute infectious diseases, as scarlet fever, smallpox and yellow fever, and so successful has it been that the same methods are at last being applied to the prevention of that dread scourge, the "White Plague"—consumption, which destroys more human lives than all the other contagious diseases combined; which is the cause of 150,000 deaths annually in the United States alone.

Although this is now considered in the early stage a curable disease, the greatest good to the human race will be brought about by its prevention, and the greatest amount of this work will of necessity fall to the family physicians of the country,—a race of men who it has been said are decoming, like the dodo, extinct, but who, by the very nature of their calling, will always flourish and continue to do their good work, which can never be performed wholly by the highly gifted specialists, necessary as

they and their special skill are to complement the work of the family physician.

When shall this work of prevention begin? Public opinion in the United States is very likely never to permit of legislation looking towards the prevention of the marriage of tuberculous individuals, and if any such legislation be passed to render it nugatory; but the family physician can, to some extent, begin the treatment of the patient with the tuberculous tendency, or inherited predisposition, before he is yet born. After the child is born the parents are anxious to hear and willing to carry out the suggestions of the physician as to what shall be done to overcome the inherent weakness of the child. The parents themselves will have to be educated as to the special needs of the child, and the family physician will fail of his duty if he meets these demands without serious thought and careful consideration of the child itself, its surroundings, its social conditions, and all the details that are likely to influence it for good or evil. If the male children of tuberculous parents need this special care, how much more, on account of their different physical organization, and the false standards taught by our boasted civilization as to how girls should be raised, how much more is the same, or greater care, needed by the female children of those parents. Women to-day furnish the greatest amount of work for the physician, and the gynecological specialist is the busiest man in town. The years of functional activity of women, extending over the period of from 14 to 46 years of age, with its ascending wave of puberty, the ups and downs of child-bearing and the final subsidence of the climacteric, are full of dangers that the male organization is not subject to. How many young girls of healthy parents and healthy infancy and healthy childhood there are whose physical health is wrecked on the shoals and rocks of puberty, and how much of this might be saved by proper training and education. How much more critical is this period to the young girl of tuberculous parents, who has inherited a weakened constitution and a lowered vitality; this girl should be under the constant supervision of the family physician, the loving and intelligent care of her mother and of teachers more broadly educated and

with a higher appreciation of their real duty than the average public school teacher of to-day.

There are special schools for the blind, for the deaf and dumb, and in Philadelphia a school for backward children, *i. e.* those mentally deficient, has been established. Why not build special schools for the girls and boys of inherited tuberculous diathesis? The blind and the deaf and dumb are made useful, self-supporting citizens; the epileptics are made partially so, and even the idiots are taught to contribute some share in the world's work. If the result of this noble work is to make one-half or three-quarters of a man or woman from an otherwise helpless child, how much grander will it not be to make whole men and women of these children who only want opportunity for proper development, who want more care and intelligence of direction, the right kind and amount of exercise, air and food,—in short, the highest perfection of physical and mental development and all that contributes thereto.

Already what may prove to be the beginning of a movement in this direction has been started in Colorado Springs by a philanthropic woman who has established an out-door school for these children. At first there can be established private schools, by physicians, assisted by able and specially trained teachers, for a limited number of girls or boys, of necessity open only to the children of the well to do, and, as the attention of the public at large is drawn to these schools by the marvelous results produced, the same ideas will be freely ingrafted upon our public school system, which now does so much to undermine rather than build up the health of its pupils, and as we get a more and more rigid medical supervision of public school children special schools will be built and maintained for the benefit of such weakly children as will be assigned to them by the medical inspectors.

What a field is here and what a reward to see even one delicate, sickly girl brought safely through the storms of puberty into healthy, normal womanhood, to marry and bear strong, healthy children, and to live her allotted years in comfort and happiness.

Such a school will have to consider, with reference to each pupil, heredity, environment, nutrition, climate, infection, dwelling, clothing, physical activities, mental activities and discipline. Physical training will have to be systematically carried on under the direction of the physician in charge, each child according to her capacity and need with the object of developing every muscle in the body, of opening and using every air vesicle in the lungs, of strengthening every weak point that may be found.

The child should live the greatest possible number of hours in each twenty-four in the open air, both physical and mental training being carried on out of doors; hence a mild climate like that of parts of Colorado, where an out-door life is possible and pleasant nearly the whole year, is preferable to any climate east of the Missouri River.

Special teachers will have to be found for this work, young, healthy women whose education has been along broad, liberal lines, who will love this work for its own sake, and who, besides teaching the fundamentals, will be able, through botany, geology and nature study, to make the out-door life attractive and interesting and of each girl a nature lover, to whom trees, flowers, hills, birds and insects all speak "a various language."

Trained nurses of a superior skill and personality will have to be constantly employed, whose duty it will be to look after each girl, to see that baths are properly taken, to note every departure from normal health and call the attention of the physician in charge to it, to give massage and oil rubs; who, in short, will be the physician's chief assistant.

Food of proper nutritional value will have to be provided, and they must be rationally and intelligently clothed. There are a hundred trifling details that will make such a school not an incident in the life of a busy man, but his whole life work.

The atmosphere of this school must be that of the family, and hence the physician who establishes it must have the hearty co-operation and help of his wife, without which he can do but little. For these girls must be helped to meet the battles of life and conquer in spite of the physical handicap with which they start, and her part will be to watch over them with a mother's

eye, to give loving advice and that tender sympathy that girls all need so much at times.

Is all this a dream of Utopia? It is not. We will all see its consummation. The necessity for such schools grows daily more apparent, and the wisdom of having at their head educated physicians cannot be gainsaid. The more we become teachers, the more we prevent disease, the more perfectly do we perform our functions as physicians.

Our medical colleges are yearly requiring more advanced standards of education of their matriculants, and as our already overcrowded profession is reinforced by men of broader and more liberal education, this field offers them an opportunity for an unlimited amount of work than which there is none more noble, none of more benefit to our fellowmen.

We can help it along. We recognize the imperative need for it. Let us give it our interested attention. Let us give a word of good advice here, a little praise there, educate to the full meaning of such work the people who have most need for it; show them the brilliant results that will come from such efforts, not only in prolonging but also in saving lives, in changing pale, sickly, anaemic girls into strong, healthy women, who will add not misery and sickness, but happiness and sunshine to the world. Let us give it our encouragement and co-operation, and the movement will be well under way ere we are aware, and it will then go on, growing larger and larger and adding its share to the sum of human happiness.

Some Points in the Diagnosis and Surgical Treatment of Diseases of the Gall-Bladder.*

By Charles Francis Stough, M. D., Colorado Springs, Colorado.

The diseases of the gall-bladder, while many, and always serious, have, like that of its fellow, the appendix, been elaborated only since the days of the birth of antisepsis. The first surgical effort along this line was evoked for the relief and proper under-

standing of the grosser troubles, but by the laws of progress are now directed to almost all of its disorders.

As in every other region in the human body, a thorough knowledge of the anatomy and pathology of this viscus is the first step in formulating a diagnosis. The gall-bladder has a fixed position on the inferior surface of the liver. The fundus touches, or nearly touches, the abdominal wall at a point represented by the end of the ninth costal cartilage. Its neck and duct lie in close relation with the portal vein and the liver. They are rendered more or less immobile by the peritoneum which passes from the right lobe to the quadrate lobe of the liver. But the fundus has not such secure anchorage, and therefore movable, but to a limited extent.

The pathology of the diseases of the gall-bladder, as well as the symptoms, very closely resemble those of the appendix. Two main differences may be noted:

First—The different situation and radiation of pain and other symptoms. Gall-bladder pain is typically confined to the upper right abdominal quadrant, and the radiation toward the right shoulder and same side of the chest; the appendix pain being more generally in the right lower abdominal quadrant and radiation downwards. The tenderness of the diseases of the gall-bladder is at a point one-third of the distance from the umbilicus to the end of the ninth costal cartilage. This point of gall-bladder tenderness has been present in every case of disease of this viscus the writer has examined, and, while the tender point in the appendix disease may be out of the normal position, it will of necessity be very rarely found in this location.

Second—In the case of the gall-bladder, we have an organ connected intimately by direct continuity of its mucosa with the ramifications of the hepatic duct in the liver substance, and therefore we would expect in the disorders of the former to often have consequential disturbance of the latter. But, as a matter of fact, this is often absent to the careless observer. Close attention to detail and care in examination and taking of history will, however, elicit that hepatic symptoms have been present at some time in the history of the case. In the appendicular diseases.

they are almost never present excepting late in the course of the disease.

The etiology of gall-bladder inflammation, and possibly all gall-bladder disease, is a bacterial infection. The origin of this microbic invasion is largely from the intestine. Besides the ordinary pyogenic micro-organisms, the bacillus coli communis and the typhoid bacillus are the most common organisms present. So a history of enteritis of some character and typhoid fever is often obtainable. The typhoid germ has been found present in the gall-bladder as late as seven years after the fever. They have been found in the centre of large calculi. We know that pure cultures of germs injected into the gall-bladders of animals have produced stone, and we know that with cholilithiasis we always have infection of the mucosa. Reasoning from these facts and others, science to-day believes in the bacterial origin of gall stone, and our greatest men declare that a few years will demonstrate the germ (animal or vegetable) origin of cancer.

The before-mentioned etiology of these affections evidences that a consideration of gall-bladder disease resolves itself into practically two heads,—*Infectious*, and, for the present day, *Morbid Growths*. The infections are acute or chronic. Acute catarrhal cholecystitis, in the absence of symptoms of stone, is more a medical than a surgical problem, and will not be discussed. But one must not mistake acute exacerbations of chronic disease for this affection. Acute suppurative inflammation presupposes an infection with some one or more of the pus-forming germs. It often follows typhoid and other infectious disease. Usually, however, it is associated with stone or tumor involving the gall ducts. The usual symptoms are those of purulent disease with continued pain in the gall-bladder region, with swelling tenderness and tumor formation below the costal margin. Jaundice is often absent, but a careful history will elicit hepatic and gall-bladder symptoms. Should the case progress without radical treatment (a most dangerous procedure) several terminations may occur. The gall-bladder may ulcerate and the pus discharge into adjacent organs or the peritoneal cavity. In the latter case a localized abscess may form in the sub-hepatic region which

may be easily evacuated by incision; or a fatal peritonitis may occur; or the phagocytic action of the blood and resistance of the tissues may render the pus comparatively sterile, and a condition of simple empyema of the gall-bladder occur; or in some cases the gall-bladder may shrink in size so much that, as in an autopsy the writer once witnessed, it was found only with great difficulty. Not so, however, was the abscess of the liver which had resulted from the extension of the infection, nor the pyaemic abscesses in the lungs.

Phlegmonous cholecystitis is the most serious of all the diseases of this organ. The walls of the cyst suppurate, and in a major proportion of the cases become gangrenous. Only the most prompt and radical operation, as in the similar affection of the appendix, can save life. Often the first symptom is the fatal peritonitis. When one sees a rapidly progressive case of peritonitis with the initial symptoms and point of greatest tenderness in the gall-bladder region, an immediate coeliotomy is not only justifiable, but, on the contrary, a hesitation to perform the operation is in many cases unjustifiable.

Chronic cholecystitis is usually an accompaniment of stones, but there is no doubt that there are many cases which exist without stone. The writer has seen one of our great surgeons of America open such a gall-bladder on the supposition that it was a case of cholelithiasis. The patient, an elderly lady of full habit, had been invalided with paroxysms of severe pain in the right hypochondrium. In the intervals more or less continued soreness was present in the same region, together with marked tenderness over the gall-bladder point. Instead of stone, thick bile-stained mucus and a thickened mucosa were found. After a short period of drainage all symptoms permanently disappeared.

Hydrops of the gall-bladder is the result of obstruction of the cystic or common duct due to stricture, stone, or malignant disease most frequently of the head of the pancreas. It is often a painless affection, and the diagnosis is made by the history and examination. Gall stone, colic, or irritation, with the presence of a tumor which is pear-shaped, movable and continuous

to the liver, where a distinct sulcus may be made out. This tumor can be usually moved laterally, but never depressed into the pelvis. By having the patient assume a position on the hands and knees, on deep respirations the gall-bladder and liver may be felt lying on the palm of the hand and moving downwards. On expiration they move again towards the diaphragm. This enables one to differentiate from kidney tumor, which occupies the same region but does not move with respiratory efforts. Pressure over the loin will usually raise both kidney and gall-bladder tumor.

We are all familiar with the classical symptoms of gall stone colic. We look for the severe pain radiating from the hepatic region chiefly upwards, the vomiting pyrexia and the consequential jaundice. But many times, one or more of these symptoms are absent and gall stones are present. Jaundice is frequently so. In one of the writer's operative cases, the only symptoms were attacks of pain in the gall-bladder region, chronic dyspepsia and the occurrence of cataleptic-like "spasms." These had been present for seventeen years. There was no jaundice present and no history of the same. Chronic cholecystitis, with probably stones, was the diagnosis, verified by operation. In this case the calculi were found impacted in the cystic duct, which they obstructed. Many cases of "dyspepsia" with pain and tenderness over the gall-bladder region are cases of gall stone irritation, and in such cases extending over a period of years with tenderness over the gall-bladder point, an incision is indicated.

When to operate for the removal of gall stones is a difficult question to answer in all cases, but in any case of continued irritation from their presence the safest course to follow is operative. The operations on the gall-bladder are of three kinds,—the simple opening of the gall-bladder, or cholecystotomy; removal of the organ, or cholecystectomy; and anastomosis with the intestinal tract, or cholecystenterostomy. But the first is by far the safest, most frequently performed, and, outside of special indications, the best procedure. The abdominal incisions for any gall-bladder operation are now limited to two—the oblique incision a finger's breadth below the costal margin, and the vertical

through the right semi-lunar line. The latter is to be preferred as it enables one to more readily reach the ducts and is more easily retracted.

After the gall-bladder has been freed from its adhesions and brought into the wound, it should be aspirated of all fluids and (if they be suspicious) washed with mild antiseptics through the aspirator. The abdominal cavity should be carefully walled off with gauze pads, and an incision made in the fundus of the organ large enough to admit the finger. Any stones contained may now be extracted by forceps, scoop, finger or irrigation. After thorough cleansing of the field of operation and the hands of the operator, careful search should be made for stones in the several ducts, and, if found, removed by needling, crushing or incision. If satisfied that all passages are clear, your operation may now be finished by the suture of the viscus to the abdominal wall. The best material for this purpose is well seasoned catgut, and it should always be done in the following manner: First, suture the peritoneum of the gall-bladder to the parietal peritoneum and then the mucosa to the lowest layer of the abdominal aponeuroses. *The chief cause of fistulæ after gall-bladder operation is suture of the organ to the skin or superficial abdominal structures.* A drainage tube of good size with no lateral openings should be inserted into the gall-bladder and the abdominal wound partially closed by appropriate suture. A longer tube may be connected to the drainage tube through an opening in the dressings, and conducted to a receptacle at the side of the bed. This will receive the bile and avoid a frequent change of dressings. Some operators advise the immediate closure of the gall-bladder incision by Lembert suture, which they call "ideal cholecystotomy." This primary closure is conceded by the majority of eminent surgeons to be a very dangerous practice. It has been thoroughly proven that the cause of gall stones is nearly always, either primarily or secondarily, bacterial. The fact that germs are present in the majority of gall-bladders affected with stone, rather compels judgment to adhere to drainage for a sufficient time to allow that organ to become relatively sterile.

If the case is one of phlegmonous or gangrenous gall-

bladder, it becomes necessary to remove the organ. This operation requires more room and greater care than the previous operation. A few cuts with the knife or scissors release the fundus and body from the liver. When the neck is reached, a circular incision of the peritoneum about it should be made, and the remainder of the dissection be sub-peritoneal and with the finger, because of danger of injury to the portal vein. The duct is now severed between two ligatures, and after careful disinfection may be covered by peritoneum in the same manner as the usual treatment of the appendix. These cases should be drained by gauze or tube extending to the kidney in the pouch of peritoneum known as the "kidney pouch." Hydrops, or simple empyema, and the contracted organs which sometimes accompany suppurative cholecystitis with stone should be treated in this manner in case the obstruction to the several ducts cannot be relieved. Many surgeons advise the operation of cholecystenterostomy in the cases of obstruction to the ducts, but because of the danger of infection and also secondary contraction of the opening, thereby reproducing the distension, the better operation is the radical one. The anastomosis should be reserved to cases in which it is not advisable to perform a prolonged operation, and in cases of obstructive jaundice in which the cause cannot be removed. This latter operation may be performed by either suture or the Murphy Button, the former to be preferred. The duodenum, or upper portion of the jejunum, should be selected for the purpose.

The mortality of cholecystotomy is very low, possibly not more than two per cent., while that of cholecystectomy is from eight to fifteen per cent. By careful exercise of judgment in the selection of cases, the latter operation will soon be largely discouraged, excepting in cases of fulminant and malignant disease. In such cases it is a necessity.

In the better class of dwellings in Santiago, Cuba, the beds are surrounded with close netting, beginning at the floor and gathered at the top. This device is to keep out tarantulas, the bites of which are poisonous.

THEORY AND PRACTICE.

CONDUCTED BY PROF. W. A. BURR, OF DENVER HOMEOPATHIC COLLEGE.

How to Become Tall.

Dr. Springer, of Paris, has a method to make one grow tall. This method, as explained in the "San Francisco Examiner," is to make daily application of electricity to the knee joints, in connection with massage, night and morning.

He also binds the joints in compresses saturated with salt water each evening. He also puts his patient upon a diet of such cereals as promote the growth of cartilage, prominently oats.

The electricity used was shocks of the static form, with the use, at the same time, of faradization.

Under this treatment a young woman, aged twenty-seven, only four feet and ten inches high, had become three inches taller, and the doctor thought she might grow still more. B.

Experience with Appendicitis.

At this time of radical differences of opinion and practice in the profession in regard to appendicitis, the experience of Dr. R. N. Foster, as published in the May number of the "Medical Visitor," is very significant, to say the least.

Those who believe this dreaded disease may be best cured without the knife, will be glad to have so good an authority as Dr. Foster on their side.

"I have no specific record of the number of cases coming under my observation during the past five years, but it is easily within the mark to say that in all there were thirty cases. Eight of these cases were seen by other physicians, and were classified without hesitation as appendicitis. If the diagnosis was correct in these eight cases, it was also correct in the remaining twenty-two, in which number I include no case that could be regarded

as doubtful. Two of the cases were chronic and recurrent. The others were acute. Two were operated upon by very skillful surgeons. Both died. The operation was undertaken in both cases as a forlorn hope merely. No discredit should attach to the operation in either case, both being undoubtedly fatal without operation.

"I do not feel sure that all of the cases were to be classified simply as appendicitis. Peri- or para-appendicitis may frequently be the proper designation, and without opening of the abdomen this cannot be decided.

"This I regard as a very large death rate—ten per cent. As a rule one or two per cent. ought to cover our losses in this disease. It is only the cases that begin with extreme violence and progress rapidly that are really dangerous. All others, whether acute or chronic, will surely recover perfectly under careful treatment.

"Resort to surgery in the early stages of the disease will necessarily increase the mortality.

"Surgical procedure ought to be limited to those cases which have reached a dangerous stage, whether this be early or late in the course. Only a few cases, say five per cent., ever reach this stage. The others will recover. Then why operate? It is not the time but the condition that indicates the surgical procedure. Symptoms of perforation or of threatened collapse surely call for surgical interference. I know of no other positive indication. There is no man living who can be absolutely sure enough of the conditions to say in any case, without the above indications, that the surgical procedure is necessary to save life, or more certain to do so than any other treatment. On the contrary, experience proves to all of us that recovery is certain in at least ninety per cent. of all cases.

"There remains, then, on this exceedingly liberal basis of estimate, only ten per cent. of which the question of surgical interference ought ever to arise.

"As to the treatment, the diet is of greater importance in appendicitis than in any other acute disease, not excepting typhoid fever. Water, mutton broth and broth of salt cod-fish,

ice-cream (made of cream) in small quantities, coco, black tea, olive oil, and not too much of these, are sufficient, and seldom harmful. Beef, chicken, eggs, shell fish, and solid foods generally are hurtful. So are broths of beef and chicken. The utmost quiet and rest are indispensable. Hot poultices are not now in high favor, but they will be again in due time; for no external adjuvant equals them in value. They are best when made of ground flaxseed, lard, turpentine and boiling water; and the more acute the inflammation the hotter they ought to be kept applied. They are said to be hotbeds of microbes. Perhaps they are. The fact does not impair their great value in allaying pain and inflammation.

“The patient ought to be kept in bed until he is perfectly well. Here is where imperfect work causes the “recurrent” form of the disease. Thoroughly cured cases do not “recur.” And they can be thoroughly cured; I know of none of the twenty-seven cases having had subsequent trouble.

“If a chronic or recurrent case presents, the cure again is diet, as overeating is probably the most frequent cause, even of the acute attacks. Not only overeating, but eating too rich foods, especially animal foods. The animal world does not suffer from appendicitis.

“The remedies most frequently used and found useful by me are *veratrum viride*, *bryonia*, *colocynth*, turpentine, *chamomilla*, *merc. corr.*, *lycopodium*, *silicea*, *belladonna*. Opium ought to be given in sufficient doses to relieve pain and allow both the patient and the irritable bowel to rest. In doubtful cases this may obscure the diagnosis. But in doubtful cases this is obscure anyhow; and I would not recommend a laparotomy just to make it clear—especially as the patient is almost certain to recover. In cases that are free from doubt from the beginning or soon after, opium does not obscure, and it does aid the cure.

“I fear these views are not popular with the profession—just now. But I am asked for my experience, and here it is as plain as I can make it. I am consoled by the knowledge that we are all biased, or liable to be, medical men and surgical men alike. Several of my thirty cases were pronounced incurable except by

surgical procedure, by eminent surgeons of large experience. But they are now quite well, nevertheless. And the sum of my conviction is that at least ninety-five per cent. of cases of appendicitis are bound to recover perfectly under rational dietetics, hygiene, and remedies. And I want to add, that of all the pernicious and dangerous things that can be done in a case of appendicitis, the giving of enemata or of purgative medicine is the worst."

An Old Friend.

What Homeopathic physician of experience has not become really attached to the old remedies that time and again have come to his aid, like faithful friends, in the time of need? When all else has seemed to fail, and a careful study points unerringly to a certain remedy which works a brilliant cure, one becomes attached to that remedy.

Time and again does every homeopathic physician have such experience with aconite, belladonna, bryonia, chamomilla, colocynth, ipecac, sulphur, and most of the other polychrests. But of all these much-used remedies no one comes to the rescue in time of need oftener than bryonia. Its action on serous membranes and the viscera they contain, makes it a most valuable remedy in rheumatisms, gout, pleurisy, dropsy and pulmonary and liver troubles; and its lesser action on the mucous membranes makes it a frequently indicated remedy in a variety of diseases of the alimentary tract.

A man aged forty had a chronic pain in the right hypochondrium. This was not the sharp stitching pain, but was of a more steady and aching nature. It was, however, always worse on motion. Bryonia 3^x relieved in twenty-four hours, and in four days the pain was so thoroughly cured that it has not returned in eight weeks. This pain was of long standing, and had resisted the efforts of several physicians to cure it.

The exact pathology was not apparent. There was neither constipation nor jaundice, and the patient was not weakened or prostrated. But the pain presented a prime characteristic of

bryonia, worse upon motion, and the cure was prompt and complete.

A woman aged 36, a recent convert to the Christian Science cult, had an attack of rheumatism about a year ago which lasted six weeks. From this she never fully recovered, and notwithstanding her faith in Christian Science, she sought relief at my hands. Her hands were so swollen she was unable to close them, and her feet were so swollen and sore that she could not walk without limping. She was in good flesh and in other respects felt well. Years before she had suffered from periodical headaches which apparently came from a catarrh of the bile ducts. This condition was always relieved with iris 2^x.

I gave her bryonia 3^x and in a week she was relieved in every way. The first time for many weeks she could walk without pain, and the swelling in her limbs had all disappeared. She was greatly rejoiced over the complete relief she had received, and was profuse in her praises of homeopathy.

These two complete cures made my attachment for an old therapeutic friend all the closer, and more than ever before am I very careful to see that my bryonia case vial is well filled as I go out on my daily round to visit patients. B.

Consumptives Barred.

The United States Superintendent of Immigration has recently issued an order that immigrants suffering from tuberculosis of the lungs shall be debarred from all ports of the country. This will apply to cabin as well as to steerage passengers. From the wording in the daily papers it would seem as though all alien passengers, whether immigrants or not, were to be excluded. If this is so, many foreigners with ample means, who go to the western part of the United States for the benefit of its climate, will be prevented from availing themselves of this treatment.—*North American Journal of Homeopathy.*

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

Dr. Thomas M. Stewart, of Cincinnati, O., President of the Ohio State Homeopathic Society, says: "For all cases of marginal blepharitis, nothing equals *Graphites* in the 6th, 12th or 30th trituration."

Dandruff white and drier than usual, *Mezereum*.

Itching, military rash; itching rash worse for scratching, *Mezereum*.

Transient blindness, *Nitrum*.

Frequent intense itching in the face, *Nitrum*.

Profuse sweat of the feet, *Petroleum*.

Dr. H. H. Curtis (*Medical Record*) says that the tincture of *Ambrosia artemisiifolia* in from two to ten drops will prevent hay fever, or relieve it when the disease has developed. Dr. C. F. Millspaugh said the same thing thirteen years ago. See *New, Old and Forgotten Remedies*.

Argentum nitricum—Skin from a bluish gray to a bronze or real black, especially in syphilitic subjects.

Lycopodium—Skin unhealthy. Sluggishness of periferic activity, with brown liver spots.

Iodine—Rough, dry skin, inclined to be dirty yellow or brown.

Hepar sulphur—Yellow jaundiced skin.

Thuja—Skin looks dirty. Dark brown spots here and there, especially in tertiary syphilis.

Petroleum—Brown and yellow spots on the skin.

Plumbum metallicum—Dark, brown spots on the skin, especially in pregnancy. Dry, withered, yellow-spotted skin.

Pin your faith to the indicated remedy, for permanency of cure will depend on success in removal of functional and diseased conditions, as it is fair to presume repigmentation if the same conditions obtain."

Dr. Hegewald, of Meningen, Germany, advises the use of *Phellandrium* in consumption. This is water-hemlock, and *Allen's Handbook* gives the following brief symptomatology with reference to the "Respiratory Organs:" "Dry cough in afternoon; in evening, with sticking and short breath. Paroxysmal cough at 1.30 P. M. and 3 P. M. Easy expectoration of mucus in morning. Short breath when walking." Clinically the same work says, "it is valuable for the extremely offensive expectoration in the last days of phthisis."

Magnesia Phosphorica in Menstrual Colic.

A woman, 26 years of age, with dark hair and blue eyes, of considerable corpulence and of a highly nervous temperament, had been obliged for years to spend in bed two or three days during every monthly period. About eight hours after the appearance of her monthly flow she was seized with the most severe pains, at times in the region of the ovaries, sometimes in the whole of the abdomen. These were frequently accompanied with headache, nausea and vomiting. Only by quietly remaining in her warm bed and by applying hot fomentations she could gain any relief. She received *Magnesia phosphor.* 3 D. during her attack, every ten to fifteen minutes in hot water, and the action of the remedy was so palpable that she thought I had given her *Morphine*. After a few doses the pain diminished and she became sleepy.

Three months' treatment, using *Magnesia* and *Calcarea phosphor.* with suitable dieting, produced such an improvement that she now passes without any trouble through her menstrual period, which before had caused her so much trouble.

A characteristic indication for *Magnesia* is the convulsive spasmodic kind of pain and its alleviation from warmth and pressure.—*Homeopathic Recorder*.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

Self-Performed Caesarean Section.

Probably nothing better shows the remarkable immunity enjoyed by the peritoneum than the interesting cases of self-performed Cæsarean section, that from time to time are reported in the current literature. Besides manifesting an astounding degree of stoicism, these patients seem to have the happy faculty of evading the disastrous consequences of their temerity, and that notwithstanding the most inauspicious circumstances under which the act is consummated. Filth to them is apparently innocuous, and bacilli have no terrors.

A remarkable fact associated with these blood-curdling reports is that most, if not all, of the cases have occurred among the degraded classes of Southern and Eastern Europe, as in the last instance recorded by Loffler (in the *Wiener Med. Woch.*, No. 10, 1901), the victim being a Turkish peasant woman. Suffering from some obscure chronic affection, and fearing she would perish before the termination of her pregnancy, this stoical creature, at the eighth month of gestation, deliberately opened her abdomen and uterus with an ordinary pen-knife. As the child emerged, the woman fainted from shock and loss of blood. On regaining consciousness sometime afterwards the wound was sewed up, at her request, by her daughter, a child of only thirteen years of age, an ordinary needle and waxed hemp thread being employed for the purpose. Notwithstanding these primitive measures, and the fact that a simple Cæsarean section was performed, that is, without the insertion of uterine ligatures, the woman made an uninterrupted recovery. There was no manifestations of sepsis or peritonitis, and union of the abdominal incision was unattended with suppuration. The abdominal dressing employed was a layer of moss held in place by a filthy linen cloth. The child, which also survived, was nursed by its convalescent mother.

Such cases seem to indicate the uselessness of the modern methods of antisepsis. If patients placed in the most unfavorable of circumstances can recover from the gravest of injuries without the development of any untoward symptoms, it would seem that the extreme care practiced by the modern surgeon is altogether unnecessary and a waste of valuable time and material. Such cases naturally fall in line with those remarkable instances recorded of unbroken recovery following most extensive traumatism—accidental, military and surgical.

Many feet of bowel may be resected from one individual without ill-result, while a simple enteroraphy in another will be rapidly followed by a fatal termination; gravel, filth, and curious foreign bodies gain entrance into the peritoneal cavity and apparently excite not the slightest irritation, while a simple exploratory incision will be followed by grave or even fatal sepsis. This explanation of this curious phenomenon must be found in some refinement and extreme developmental sensitiveness of the tissues, whereby in one case there will be an apathy of the parts to external influence and in another a high degree of reaction. It is well known that individuals of higher mental and social development will react more promptly to these deleterious influences than will individuals much lower in the mental and social scale. The leader in the community will succumb to a moderately severe peritoneal operation, while the hod carrier will recover from some grave lesion without any untoward symptom to interrupt the progress of the recovery. In the auto-Cæsarean section, above recorded, and in the others that have filled the curiosity-pages of surgery, this low position in the social scale was one of the attendant features in the cases. It was not because of the lack of surgical care that recovery followed, but in spite of the dangerous concomitants of the operation.—*The Philadelphia Medical Journal*.

Bartholow says ("Journal of Medicine and Science") that in approaching baldness a liniment composed of 1 ounce of fluid extract jaborandi, 4 drachms tincture of cantharides and soap liniment up to 4 fluid ounces, rubbed into the scalp once a day, will stop the falling out of hair.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OPHTHALMOLOGY AND
OTOLOGY, DENVER HOMEOPATHIC COLLEGE.

Granular Lids.

There is probably no other disease of the eye so frequently met in which the results of treatment are so indefinite as in this disease, and anything that offers definite results is hailed with pleasure by the profession in general.

Dr. Thomas M. Stewart, of Cincinnati, recently read a paper* on "The Dietetic Management of Trachoma" that offers food for reflection. He illustrates his point by a clinical proof that seems conclusive.

His direction to his patient was :

First—To eat lean meat, eggs and things made with eggs, not more than twice a day. This limited the nitrogenous element of his food. He was directed to abstain from these foods altogether if his bowels failed to move two days in succession, and to return to this class of food gradually.

Secondly—He was directed to drink plenty of clear, soft water. Not at meal times, for that would chill the stomach and dilute the digestive fluids.

Thirdly—He was allowed to eat of all vegetables at pleasure, securing as much variety from day to day as possible. To aid in the oxidation of all food products, deep inhalations of open air were ordered, at least one hundred a day, at morning, noon and night intervals.

Fourthly—Butter, cream, and crisp cooked fat were advised, in order that the animal heat of the body might be maintained at no expense to the carbo-hydrates.

Fifthly—Tobacco was finally discarded. Coffee was allowed once a day, because it acts as a retainer of the nitrogenous food stuffs, useful, therefore, as a stimulant, allowing the energy of the

*Amer. Hom. Ophthal., Otolog. and Laryngol. Soc. The paper and discussion appearing in "The Hom. Eye, Ear and Throat Journal," May, 1901.

nitrogenous foods to be longer utilized, but in many cases a positive harm.

Sixthly—He was further advised to bathe frequently, and to circumscribe his desires in all other directions, and by living a temperate life he has not only been cured of his trachoma but the cure has been maintained.”

He adds: “The value of dietetic measures in the treatment of trachoma is further emphasized by twenty other cases, carefully followed during the past three years, along the lines herein outlined. Relapses occurred because of relapses from the dietetic rule; prompt improvement resulted from return to these rules. Continued freedom from inflammation can be secured only by a rigid adherence to such measures as have proved themselves of benefit to each particular patient.”

The discussion which followed showed a marked lack in attention to the diet by the oculists in general, and almost as much variety in local measures as there were oculists present. This is probably to be expected when all measures are apt to be attended by failure in the vast majority of cases. To enumerate a few of the measures advocated may not be out of place, as one who treats these cases will need a wide field to draw from in stubborn cases.

Dr. H. D. Scheck treats trachoma locally with nascent iodide of silver, which he thinks much better than sulphide of copper or any other caustic preparation. He obtains the iodide in the following manner: Take one part of silver nitrate, two parts of glycerine, and one of water, which, when mixed, makes solution No. 1. Then two parts of iodide of potash, four parts of glycerine and two parts of water, mixed for solution, No. 2. To five drops of No. 1 add ten drops of No. 2 and you get a yellow, flaky, gelatinous mass that is to be applied by a swab to the lids. He says of it that “It is followed by very little irritation, but marked results were produced in the cases in which I used it in reducing the granulations and bringing about a normal condition of the mucous membrane.” Dr. Moffat added that the iodide, to be effective, must be in the nascent state, which is had only by preparing it fresh each time.

Dr. Rumsey recommended boracic acid rubbed over the cocainized trachomatous lids.

Dr. Moffat recommends "formaldehyde, just strong enough to cause irritation of the eye, with redness, which passes off in a few minutes. The patient instils a drop into the eye every three hours, beginning with one to twenty-five hundred, increasing the strength as the eye becomes tolerant."

Dr. Hallett uses, in the New York Ophthalmic Hospital, a solution of bichloride of mercury (1 to 1000), applying with a strong probe, on which is tightly twisted quite a considerable amount of cotton, the lid first being cocainized and held away from the ball while the application is being made.

Dr. Haywood reports good result in one case from five per cent. solution of protargol.

Dr. J. H. Payne, of Boston, reports the use of peroxide of hydrogen applied to the everted lid, being careful to get well into the retro-tarsal fold, first scarifying longitudinally.

I have used the peroxide of hydrogen, followed by boroglyceride, in a number of cases with marked results where other means failed completely.

It would seem, in view of Dr. Stewart's experience in the way of dietetics, that whatever the local means used, the diet should be well looked after. It may be that we will find here an explanation of some of the relapses that have surprised us when the patient returned to his home after he has been apparently cured in the hospital or elsewhere.

The Heart of Crotalus.

By T. C. Duncan, M. D., Chicago, Prof. of Medicine, Clinician Cook County Hospital.

The sensation *as if the heart tumbled over* is an almost un-failing indication for the exhibition of crotalus, if the other symptoms correspond." (Hayward, "Materia Medica Physiological and Applied," page 325.) Dr. Hayward's article of 233 pages on *Crotalus horridus* deserves a careful study. Its cardiac action interests us here.

On one postmortem "the heart was relaxed, the right side full, the left side nearly empty." The strong contraction of the left ventricle, while the right was passive, would explain the rotary motion and characteristic symptom. It is found that *Crotalus* affects the right side more than the left side of the body. That is true of the heart.

Experiments with *Crotalus* brings out this opinion of Dr. S. Weir Mitchell: "It affects profoundly the vagi at their origin, and thus interferes indirectly with the heart's innervation and with the blood formation. It also affects directly and idiopathically the heart and bloodvessels themselves and their ganglionic nerves; as also the blood itself and its fibrin, destroying the latter. In the first stage of poisoning the heart loses power and the blood pressure lessens. * * * In most cases the rythm and force of the heart became affected before the respiration" (*Ibid*). Hering believed that the snake poison was an acid (cyanic acid). Human saliva contains Sulpho-Cyanide of Potassium. In the mad dog it is supposed to be acid.

In consequence of this devitalizing effect the heart's impulse becomes very feeble and its systolic sound indistinct as in typhus. Its movements become tremulous, fluttering and *irregular*. The arterial pressure is diminished. The pulse becomes very rapid or slow, very feeble, soft, small, thread-like, trembling, irregular, intermittent, scarcely perceptible, indeed not to be felt at the wrist.

The heart and pericardium become tender. There is a sensation of impending suffocation, as if from stagnation of blood in the lungs, with a tendency to dizziness, and to fainting and vomiting on assuming the upright position or attempting any exertion. The blood itself loses its vitality (alkalinity) and hæmorrhage and extravasations occur.

On autopsy in sub-acute or chronic cases, the heart and large vessels are found congested, softened, spotted, with extravasations, and occupied with dark fluid blood. The pericardium has been found in a similar condition. The blood loses its fibrin and becomes like water. Acids depress the heart first, and then

tachycardia follows with the disorganization of blood and tissues. We emphasize the secondary effects as guides.

According to the law of similarity, *Crotalus* may be indicated in various diseases of the heart and vessels, particularly palpitation with a hæmorrhagic tendency. It may be indicated in the palpitation of debility, obesity and fatty heart; also in nervous palpitation, angina pectoris, especially in hysterical women. In *exophthalmus*, with its characteristic symptoms, it may be the remedy.

With the weakened right heart we may have passive and venous congestions, varicosis, hæmophilia, purpura, extravasations, vibices, maculæ, petechiæ, phlebitis, lymphangitis, angiolenitis, peliosis rheumatica. (Anderson reports three cases—B. M. Jol. 188—marked by œdema, large purpuric spots and bullæ, in which the black purpuric patches were covered with a flaccid envelope of the bullæ, after the serum had escaped, like patches of skin which had mortified.)

In pernicious anæmia, leucocythæmia, (in constitutions broken down by gonorrhœa, syphilis, alcohol, etc.) and especially of splenic origin with tendency to hæmorrhages into the gums, mucous membranes and skin, *Crotalus* may be a valuable remedy.

Crotalus has cured palpitation of the heart and pain at the heart. (Jahr's Manual.)

Dr. Hayward has frequently relieved palpitation of the heart with *Crotalus*, and especially when accompanied by a feeling as if the heart tumbled over, and when there was a feeling of trembling at the heart.

A case of irregular action of the heart with general petechiæ was a Mr. B., æt. 48, who had lived freely in youth and had syphilis. From 4 to 35 years of age he had suffered, off and on, with severe hæmatemesis and melæna, followed by general debility and *weak heart* with chronic rheumatism, headache, constipation, attacks of vertigo, jaundice, etc., and when about 44 he became invalided, and suffered much with dizziness, fainting and *irregular action of the heart*; and now petechiæ broke out all over the body, especially the lower extremities. Several reme-

dies were used, but he was most benefited under merc., kali hyd., phosphor. and crotalus. It was whilst taking crotalus 6 that his petechiæ disappeared, and he made good recovery, and now, at 52, is in fairly good health. (Dr. Hayward, *Ibid.*)

In another case of ecchymosis of the legs, with some bleeding from the bowels and the circulation very languid, crotalus cured within four weeks (Hayward). Dr. Hayward came to this country in 1876, and with the writer visited the Surgeon General's library to glean all the facts he could about Croto-lus. It is a valuable remedy and deserves more attention. Our rattlesnake is a valuable animal—when dead, as well as alive.

Sodium Glycocholate in Hepatic Colic.

Dr. H. Richardson says that the only true cholagogue is ox-gall, but the objection to its use is that it contains all the impurities which it is the function of the bile to eliminate. Sodium glycocholate being the chief active principle of bile, he isolated for purposes of experiment. One cholesterine gall-stone and one pigment stone were put in a 1 per cent. solution of the salt; both stones disintegrated and dissolved, the cholesterine stone rather slowly. It therefore occurred to the author that sodium glycocholate would at least prevent the formation of gall-stones, and probably slowly dissolve those already formed. The treatment was tried in five cases with complete success, and no attacks have taken place since the treatment was instituted. The glycocholate was given in doses of five grains three times a day, then decreasing to the same dose once a day. One case remained free from attacks of gall-stone colic for nearly two years, though previously such attacks occurred every two or three months; the other four cases remained free from attacks for periods of six months to one year. The treatment was also tried with marked success in several obscure cases of hepatic trouble, characterized by dirty, yellow-colored patches (liver spots) on the skin.—*Ex.*

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

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EDITORIAL COMMENT.

Although our exchanges, with a few exceptions, comment favorably on the character of the work done at the last meeting of the American Institute, it is admitted by all that the attendance was smaller than for many years, and it does not require any great amount of discernment to read between the lines in order to discover that the Richfield experiment was not an unqualified success in many important respects.

When we recall the fact that the A. I. H. held its first meeting of the New Century in the great State of New York, within easy reach of the bulk of the homeopathic profession, one cannot help thinking that somebody blundered prodigiously. Perhaps it is just as well to say that the large majority which voted (by request) for the change from Niagara to Richfield Springs was responsible for the small attendance; but, whatever the cause, the lesson should be heeded by the grumblers and wire-pullers.

An attendance of less than three hundred members at any meeting of the American Institute held east of the Mississippi does not speak well for our profession, and can only be explained on the ground that the place selected was not wisely chosen. The experiment of getting away from the larger cities and holding the meeting at some out-of-the-way watering place ought to have its quietus at Richfield. A few more such experiments

will at least put a quietus on the institute so far as the general public is concerned.

We have heard a good deal said about the Institute becoming more and more a purely scientific body, whose meetings should be held in some retired corner of the earth away from the noise and confusion and pleasures of the unscientific masses, but before going any further in that direction we want to remind our ultra scientific friends that the American Institute of Homeopathy has not yet finished its missionary labors in this country, and that to keep in touch with the general public is still a matter of the highest importance to the spread of homeopathy.

We believe that, for many years to come, it will be found the best policy to hold our meetings in the larger cities. By so doing we shall accomplish two things: The attendance of physicians and visitors will always be much larger when the meetings are at or near some of the commercial centers, because many will take advantage of the opportunity to combine business and pleasure with duty to the Institute, even though they who go do not attend every session. Is it not better for the Institute and for homeopathy that a thousand be registered in New York City or Niagara Falls rather than two hundred at Richfield Springs. Again, the influence upon the general public is to be considered. When our meetings are held in the cities wide attention is naturally directed to our work and great good is accomplished thereby.

Once upon a time the American Institute met in the city of Denver, then as now the metropolis of the Rocky Mountain region. Considering the great distance from the mass of the profession the gathering was a large and notable one. The salutary influences of that meeting upon public sentiment in the far West were wide-spread and permanently beneficial to our School. Does any one believe that the same important results could have been secured at Manitou or Glenwood Springs, delightful and quiet as they always are?

The American Institute cannot afford to hide away from the people. They are our friends always if we but keep in touch with them. In our annual gatherings we have much to do beside listening to abstruse papers, however valuable in themselves, from men who cannot report the opening of an abscess without everlastingly and invariably telling us in detail that it was done under strict antiseptic precautions. Our scientists could have read their essays with much greater effect within hail of the great Pan-American Exposition than was possible at an obscure mineral spring which nobody ever heard of or cared to visit unless perchance he were afflicted with hereditary gout or infectious rheumatism.

No place for next year's meeting of the Institute was determined upon, and the matter was left in the hands of the executive committee. Why not have another postal card vote? We couldn't do worse than last year and might do better. We shall vote for Cleveland, because, according to President Wood's statement that out of 1,200 homeopathic physicians in Ohio only 50 are members of the Institute. We know of no more promising field for good missionary work than Ohio. Let all vote for Ohio this year and next year and the next.

It is a long thought from the bovine to the mosquito, but that seems to be about where we scientists are at at this writing. Our old friend, Prof. Koch, has bolted and left his parasites in a quagmire of doubt and uncertainty. He says the Cow is not responsible for the spread of consumption and that her milk may be taken with impunity. Well, we are glad for the cow. She has been maligned and falsely accused for many years. We have always sympathized with her, and have uttered many protests against the unchristian science treatment to which she has been subjected by Koch and his satellites. As for the Mosquitoes, we don't care a rap what is done to them. They are mean little cusses at best. They sting us when they sing and bleed us at every turn. Whether they be guilty or not as charged by the scientists we are not prepared to say.

In some parts of Colorado we have lots of mosquitoes, but we never have malaria or yellow fever. Nevertheless we are in favor of extermination.

THE Colorado State Medical Society offers a prize of \$25 for the best essay pointing out the danger to public health and morals from quackery promulgated by advertising in daily newspapers. The trouble with this well-meant effort is that the newspapers will ignore it, the doctors know the danger from this cause, while the public who are harmed by these quacks cannot be reached. Why not make a clean cut and clear abstract of the accepted essay and publish it in the newspapers as a counterblast?

On the very next page in the journal containing the announcement of the offer of twenty-five dollars for an essay on "quacks," noted above, is a "scientific paper" on the treatment of croup and kindred diseases in which a proprietary medicine is given the chief credit. Why not offer another prize for an essay on "quackery among the 'regulars' and their journals?" It is an open secret that there is no trouble for any proprietary medicine to get all the physicians' "testimonials" he wants. This is not written in defence of the dirty newspaper medical advertisements, but to intimate that our virtuous "regulars" should set their own house in order and drive out their own quacks before they begin throwing stones.—*Homeopathic Envoy*.

HIPPOLYTE CHARBON, of the Paris faculty of medicine, says: "The modern theory of ruthless warfare against the microbe is wrong. For two years the people of Munich ceased to eat sausage. They stopped eating it because physicians told them that microbes cause illness. The result was an epidemic of dyspepsia. I was called, and found that formerly the malady was not known in Munich. I found the people had been killing off what are called dangerous microbes, but which are necessary for digestion. Sterilized milk is dangerous to health. You may kill one disease, but you bring on a worse one. Everyone is attacked by

the microbes of consumption. If you destroy all the microbes there's nothing left with which to fight consumption. The struggle among microbes is a struggle for life. Pasteur's theory was excellent, but it has been pushed too far."

PROF. T. C. DUNCAN, of Chicago, who gave us a valuable little work on diseases of the heart, is at work on a new edition. The article on *Crotalus*, which appears on another page of this issue, is, we learn, a fair sample of the good things we may expect in the new book. Dr. Duncan conducts a large clinic in Cook County Hospital on heart cases of all kinds.

THE SAME OLD STORY.—Professor Koch, of Berlin, the discoverer of the tubercle bacillus, has startled the old school medical world by the announcement that tuberculosis in the cow cannot be transmitted to man through beef or milk or any other way. He says :

"I have reached the conclusion that mankind's fear of contact with tuberculosis-infected flesh and fluid is unnecessary and unfounded.

"I arrived at the discovery through what I consider practically indisputable tests. These experiments lead me to believe that human tuberculosis and bovine tuberculosis, are two entirely distinct species.

"I have found the human tuberculon incapable of inoculation into the animal system. Proceeding from that premise, I am prepared to show that humanity's far-reaching precautions against infected cattle may once for all be abandoned."

There they go again. It is but a question of time when we will be told that the bacillus tuberculosis has nothing to do with the production of consumption. Such is medical history and of such is medical science.

H. MILLER, M., D., the oldest homeopathic physician in Chicago, died July 29, in his 92nd year. He was a graduate of the Medical Department, University of New York, in 1829. He

leaves a widow aged 93, three children, nine grand children, and eight great grand children. He was at one time physician to Gov. Richard Yates of Illinois. For several years he practiced in Denver, and his son, Walter Miller, is secretary of the Denver Water Co.

American Institute.—Officers and Committees for 1902.

President—James C. Wood, M. D., Cleveland, Ohio.

First Vice-President—Edward Beecher Hooker, M. D., Hartford, Conn.

Second Vice-President—Edward Z. Cole, M. D., Baltimore, Maryland.

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Gynecology—Dr. H. F. Biggar, Cleveland, Ohio.

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Life Insurance—Dr. A. W. Bailey, chairman; Dr. Irving Townsend, Dr. W. C. Forbes, Dr. Joseph H. Ball, Dr. A. R. Griffith.

To co-operate with the O. O. & L. Society in Repeating the Materia Medica—Dr. W. A. Dewey, chairman; Dr. Geo. Royal, Dr. J. B. Gregg Custis.

Medical Examining Boards—Dr. C. A. Groves, chairman; Dr. A. Korndoerfer, Dr. J. B. Garrison.

The selection of the next place of meeting of the Institute was left to be made by the incoming Executive Committee. The result of their choice will be announced sometime after the officers-elect have entered upon the duties of their office, which will be January 1st, 1902.

Editors Critique:

The fire of June 16th in Pulte Medical College of Cincinnati, was due to crossed electric light wires in one of the laboratories. The damage done was covered by insurance, and repairs to building, apparatus and equipment will be completed in ample time for the opening of Pulte on October 2nd.

THOMAS H. STEWART, *Secretary.*

Colorado Homeopathic Society.

Have you decided upon your subject for next year? If not do so at once, and notify the proper bureau chairman. Write your paper *now*, and read and rewrite it, at every spare moment. then you will condense your ideas, cut out much surplusage which would pass unnoticed by you if your article is written and read in a hurry. Follow this rule and your paper for 1902 will be one you can be proud of, and one that the Society will be anxious to publish.

The Chairmen of Bureaus, as far as acceptances have been received, are as follows:

Surgery—S. S. Smythe, Denver.

Pediatrics—W. A. Burr, Denver.

Mental and Nervous—Edwin Jay Clark, Denver.

Materia Medica—C. W. Judkins, Aspen.

Obstetrics—F. A. Faust, Colorado Springs.

Gynecology—Warren D. Howe, Cañon City.

Pathology—Walter Joel King, Denver.

Eye, Ear, etc.—David A. Strickler, Denver.

Clinical Medicine—N. G. Burnham, Denver.

Microscopy—J. B. Kinley, Denver.

EDWIN JAY CLARK, *Secretary*.

American Association of Orificial Surgeons.

The American Association of Orificial Surgeons will hold its next annual meeting in Chicago, September 18th and 19th, 1901. Although quite separate, Prof. Pratt's "Clinic" will be held the same week, beginning September 16th. To those familiar with orificial methods and their practical application to the cure of chronic diseases, no special appeal need be made, other than to urge their presence or attendance at this meeting, as it promises to be one of the best held since the organization of the Association. Lectures and papers have been promised by some of the

prominent medical men of the country. The discussions will be lively and interesting, and one's knowledge of the work will be brightened and widened. To those who are not familiar with orificial ideas, theories and practices, we can say that there can be no more auspicious time to gain a practical knowledge of orificial surgery than at this meeting of the Association. The whole field will be brought within reach.

Due attention will be given to preparatory work, and fundamental principles thoroughly expounded and illustrated by some of the brightest surgeons of this country. Due attention will be given to after-treatment, therapeutical and otherwise. Papers and discussions will embrace the whole idea and give the sum and substance of more than fifteen years' work along lines that have yielded prodigious success to the surgeon and general practitioner. No live man can now afford to ignore orificial surgery or be absent from this meeting.

W. E. BLOYER, M. D., Pres.,

HENRY C. ALDRICH, M. D., Sec'y, Cincinnati, Ohio.

Minneapolis, Minnesota.

A splendid location for a Homeopathic Physician, information of which can be obtained by addressing Lock Box 244, Uhrichsville, Ohio, or by addressing Dr. Thomas M. Stewart, Secretary of Pulte Medical College, 704 Elm Street, Cincinnati, Ohio.

Notes and Personals.

The Detroit Homeopathic College is to have a new Emergency Hospital situated in the business part of the city. Good for Detroit.

The "Journal of Orificial Surgery" suspended publication with the June number. It will be missed by many of the profession.

Dr. E. H. Pratt is engaged in the preparation of a large work on orificial surgery, which he hopes to complete with the next year. It will no doubt be a valuable book.

The college announcements are coming thick and fast, and among the rest that of the Denver College, which presents a very creditable appearance. It is larger than in former years, the subject matter is well arranged and the printing is excellent. We take the liberty of suggesting to the Registrar, or whoever is responsible for it, greater attention to proof reading in future editions. Among other errors we noticed that the names of Hering, Lilienthal and Raué are always spelled incorrectly.

Our Denver boys seem to like Los Angeles, Cala. We notice that Dr. M. Morton '98, Dr. E. C. Morton '98, and Dr. A. L. Peter 1900 have all recently opened offices in that charming city.

The Chicago Homeopathic College has opened its doors to women. It was a long time coming but it had to come.

The *Medical Advance* evidently does not fancy the kind of homeopathy practiced by the "President elect," and does not hesitate to talk about it in very precise terms.

Chicago secured the General Secretary, Gatchell, Recording Secretary, Smith, and came near getting the president by the election of Cobb. Why not give her the meeting next year?

Consumptive aliens will no longer be admitted to United States ports on the ground that it is a contagious disease. Wait till Prof. Koch takes another turn backwards and denies the contagion, then see the small fry tumble over each other to get in line with the latest scientific thought. It is sure to come.

A new harmony homeopathic medical society has been formed in Cleveland, with Dr. O. A. Palmer for president, and Dr. Frank Kraft for secretary. May it get the harmony in large measure and often.

Cincinnati has a "Pulte Materia Medica Club" which is composed entirely of women homeopathic physicians residing in that city.

He was beside himself with anger and he kicked his own mother. She saw that he had lost his temper, and bent over him, saying something to appease him, when he grabbed at her throat savagely, and kicked her again and again in the stomach. However, it may be pleaded in extenuation that he was only six months old.

Dr. W. Capps, of Grand Junction, is at Portland, Oregon, taking a much needed rest. He expects to be absent from home for some time. Dr. Capps is the health officer of Mesa county.

"Mrs. Vassey Bailey, daughter of Dr. J. P. Willard, was buried yesterday morning at Fairmount Cemetery. Rev. John E. Tuttle officiated. The following were the pallbearers: Edward L. Shannon, Charles W. Everett, Huber L. Shattuck, Lester McClain, Hugh McClain and Howard Young. As she had desired, she was robed in her wedding gown and veil."—*Rocky Mountain News*.

THE CRITIQUE wishes to acknowledge the receipt of a pamphlet containing the address delivered before the members of the Colorado Homeopathic Society, at its meeting at Cañon City, Colorado, June 6, 1901, entitled, "Hospitals, Physicians, Nurses. The Growth of Homeopathy and the Advanced Position of the Scientific Physician," by N. G. Burnham, M. D.

Through the kindness of Dr. A. J. Clark, of Loveland, Colo., we enjoyed some of the finest raspberries that grow. The berries were the largest we have ever seen, and they attest the perfection to which the doctor has succeeded in growing them. Dr. Clark has a fruit farm, and picked one thousand quarts of raspberries for the market this year.

Dr. F. E. McCurtain has gone to his old home in Kansas to see his parents. He will return about the middle of the month.

Book Reviews.

REGIONAL LEADERS. By E. B. Nash, M. D., author of "Leaders in Homeopathic Therapeutics," "Leaders in Typhoid." Published by Boericke & Tafel, Philadelphia, Pa. Price, Half Morocco, \$1.50 net. By mail, \$1.57.

This little book is composed of 282 pages, and is a method of studying *Materia Medica* after the card system, first the remedy, then follows the indications of same upon whatever part of the body is under consideration. This work is one that all who are interested in correct prescribing should possess, and, possessing, study.

MANUAL OF THE DISEASES OF THE EYE. For Students and General Practitioners. 243 original illustrations, including 12 colored figures. By Charles H. May, M. D., Chief of Clinic and

Instructor in Ophthalmology, Eye Department, College of Physicians and Surgeons; Medical Department, Columbia University, New York. Published by William Wood & Co., New York.

The contents of this Manual are presented under 27 chapters, and so arranged as to appeal to the student and general practitioner. The illustrations are a great help to the student, old or young, showing clearly the disease, condition, and the manner of examining the eye. The index is much more complete than usual and facilitates the reference to any disease. A book every general practitioner should have.

Things to Remember.

Dr. Givens' Sanitarium, Stamford Hall, at Stamford, Conn., is a Homeopathic Sanitarium, 30 miles from New York, for the treatment of Nervous and Mild Mental Diseases and Narcotic and Alcoholic Addiction.

The sanitarium is composed of a main building and several cottages, which are arranged with every modern convenience, including electric lights, steam heat, sanitary plumbing, and various forms of baths.

Experienced nurses are in constant attendance. Massage, electricity (galvanic, faradic and static) are utilized. Correspondence solicited. Address, Amos J. Givens, M. D.

A Jerseyman was very sick and not expected to recover. His friends got around his bed, and one of them said:

"John, do you feel willing to die?"

John made an effort to give his views on the subject, and answered with a feeble voice:

"I think I'd rather stay where I am better acquainted."

Frederick Steinhauer carries a full line of Boericke & Tafel's homeopathic medicines. Also a complete druggist line. 930 Fifteenth Street.

G. W. Flavell & Bro., Philadelphia, Pa., make all kinds of elastic goods, abdominal supports, trusses, etc. Read their advertisement on page xii.

Surgical instruments and physician's supplies. Electrotherapeutic apparatus. The J. N. Scott Co., 412 New Ridge Bldg., Kansas City, Mo.



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"When I commenced the practice of medicine," said the doctor, "I was very poor. I used to sit in my office day after day waiting for patients. I sat like 'Patience on a monument.'"

"How is it now, doctor?"

"Well, things are changed. I haven't Patience on a monument any more, but I've got monuments on all of my patients."

We wish to call your attention to the advertisement of Parke, Davis & Co. on front cover page, where you may learn how to treat that distressing disease, Hay Fever, with Solution Adrenalin Chloride.

"What did you have at the first saloon you stopped at?" asked a lawyer of a witness in an assault and battery case.

"What did we have? Four glasses of ale, sir."

"What next?"

"Two glasses of whisky."

"Next?"

"One glass of brandy."

"Next?"

"A fight."

The "Scenic Line of the World" the Denver and Rio Grande Railroad, offers to tourists in Colorado, Utah and New Mexico the choicest resorts, and to the transcontinental traveler the grandest scenery. Two separate and distinct routes through the Rocky Mountains, all through tickets available via either. The direct line to Cripple Creek, the greatest gold camp on earth. Double daily train service with Pullman palace and tourist sleeping cars between Denver, San Francisco and Los Angeles, and Denver and Portland. The best line to Utah, Idaho, Montana, Oregon and Washington via the "Ogden Gateway." Write S. K. Hooper, G. P. & T. A., Denver, Colorado, for illustrated descriptive pamphlets.

"William Look! Tell us, William, who made you," said Lawyer Thompson, of Little Rock, to a half-witted witness.

William, who was considered a fool, screwed up his face, and looking thoughtful and somewhat bewildered, answered, "Moses, I suppose."

"That will do," said Lawyer Thompson, addressing the court. "Witness says he supposes Moses made him. That is an intelligent answer; more than I thought him capable of giving, for it shows that he has some faint idea of Scripture. I submit it was not sufficient to entitle him to be sworn as a witness capable of giving evidence."

"Mr. Judge," said the fool, "may I ax the lawyer a question?"

"Certainly," said the judge.

"Well, then, Mr. Lawyer, who do you suppose made you?"

"Aaron, I suppose," said Lawyer Thompson, imitating the witness.

"After the mirth had somewhat subsided, the witness drawled out: "Wall, now, we do read in the Book that Aaron once made a calf, but who'd a thought the critter had got in here?"

The judge ordered the man sworn.

Bovinine is live blood, and is indicated in all anemic, consumptive and dyspeptic patients, where there is a lack of ability to produce good and sufficient blood. Why not introduce it? Read on page iii. this issue.

For surgical supplies of whatever description call or write to the J. Durbin Surgical and Dental Supply Co., 1508 Curtis Street, Denver.

An Irishman, being annoyed by a howling dog in the night, jumped out of bed in his night shirt and run out into the snow after him. He caught the dog by the tail and held him on the snow.

"Holy Mother! Pat," said his wife, "what would ye be 'after doin'?"

"Hush, darlint," he said. "Don't ye see? I'm tryin' to fraze the baste."

Ecthol is anti-purulent, anti-morbific. A corrector of the depraved condition of the fluids and tissues. Battle & Co., St. Louis.

It is with pleasure that we again call attention to the quality of work done by John Dove, Book and Job Printer, at 1646 Arapahoe Street, this city. The Announcement of the Denver Homeopathic College were recently printed in Mr. Dove's office, and is far in advance of any of its predecessors. Parties ordering Printing by mail can rely on having it correctly, promptly and beautifully done.

"Mike, how's your wife?"

"O, she's dead, thank your honor. How's your own?"

In all conditions commonly seen in persons of Advancing Life, a tonic like Fellows' Syrup is clearly indicated.

Dr. Milner Fothergill wrote: "It (Fellows' Hypophosphites) is a good all-round tonic, specially where there is Nervous Exhaustion."

THE CRITIQUE.

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NO. 9

Nasal Obstructions and Their Treatment.*

By G. S. Peck, M. D., Denver, Colo.

My excuse for bringing to your attention this subject, is owing to the fact that there is so much treatment given people for so-called catarrhal troubles of the nose that are based more on the fact of "doing something" for the patient, than upon any definite knowledge of what that "something" is for. The hand atomizer, the compressed air receiver with its set of Sass sprays, or in not a few cases the newer multi-nebulizer with its various oils and medicaments, all carried to the nose and throat through a common tube, are found in the armamentarium of nearly every practitioner; and nearly every case receives the routine cleansing and oil medicament, whether the case be one of simple catarrh, obstruction from polypi, or from adenoid growths in the naso-pharynx.

This statement may be a little overdrawn, but it is, in the main, practically true.

The discussion of this subject will not, by any means, be confined to those cases of absolute stenosis, but to any of the more pronounced conditions which interfere with the physiological caliber of the nasal passages.

The normal lumen of these passages is large and free enough to admit of the inhalation and exhalation of sufficient air to satisfy respiration.

In these cases the walls of the septum are comparatively uniform, the lining membrane is of normal thickness and its glands perform their function properly. On the other side of the cavity the turbinateds occupy such relative positions as to

* Colorado Homeopathic Society, June 7, 1901.

expose their entire mucous surfaces to contact with the air, and to permit the air to circulate freely through the meati.

We find in our examination of cases all degrees of obstruction, varying from the slightest modification of the normal to that of entire occlusion of one or both nostrils. These obstructions are due to several causes, some of which are readily relieved, some requiring long sieges of treatment, some operative measures, while others afford very little encouragement in the way of relief.

Before proceeding to a discussion of the various types of obstruction, it may not be amiss to notice some of the ill effects induced by these interferences to normal breathing.

The first of these is, naturally, the interference of respiration. This imposes increased work upon the lungs, increases respirations, and undoubtedly very materially prevents deeper respirations, thereby allowing a greater amount of residual air to remain in the lungs unchanged.

The changes in the glands of the nasal mucous membrane prevent the proper cleansing and moistening of the air as it passes through the nasal cavities, and, as a result, causes more or less irritation of the mucous membrane of the pharynx, larynx, trachea and bronchi. More or less catarrhal trouble of these membranes is thereby set up, although it is a question if bronchitis is induced from this cause.

In the most pronounced cases of obstruction the greatest difficulty is from mouth breathing. In a case presented before the college clinic the past winter, this was so pronounced that it very materially affected the patient's general health. Having existed seemingly from birth, the external nose was imperfectly developed, the one nostril was greatly narrowed, while the other was practically occluded by an extensive septal thickening which extended back an inch and a half, and upward to about the level of the superior turbinated. The patient was obliged to breathe constantly through the mouth, giving the expression so peculiar to mouth breathers. An operation for the removal of the thickening rendered mouth breathing no longer necessary, and the last time the patient was heard from was very comfortable.

Coming now to the cause of these obstructions, we find them due to changes in the mucous membrane itself, to deformities of the bony and cartilaginous framework of the nose; to neoplastic growths in the nasal cavities, or post pharynx, and to adenoid growths of the naso-pharynx.

The changes in the mucous membrane itself are of the hypertrophic variety. Anterior exploration will clearly reveal the hypertrophied membrane, especially over the inferior turbinated bones, where the tumefaction will look not unlike a benign growth. Hypertrophy of the septum will also be found. Entire occlusion of the nasal cavities is frequently met with in these cases. One of the most important symptoms here is the interference with the respiratory functions of the nose, and where the stenosis is complete causes much suffering. Olfaction is greatly interfered with.

Associated with this condition is an excessive secretion of a thick, ropy, tenacious mucus occluding the nasal cavities. The breath becomes offensive, and from the swelling of the mucous membrane at the Eustachian orifices, or extension of the hypertrophy of the mucous membrane into the tubes, hearing becomes impaired.

In this type of obstruction, as with all the others, the voice becomes much impaired, giving it a raspy and muffled sound, the so-called nasal *twang*.

The next most frequent cause of stenosis is due to deformities in the nasal cavities, such as deviation of the septum, septal spurs and enlarged turbinals.

The deviation of the septum may be so pronounced as to entirely occlude one nostril, the other being unusually free. The result of this is a hindrance to breathing on the side of the deviation, while on the other side such a volume of air rushes through the nostril that it acts as an irritant, giving to that side a constant feeling of discomfort, which often leads the patient to imagine that is the side which is most affected. Not infrequently we find what might be regarded as a compensatory hypertrophy of the inferior turbinal of that side of the nose, the swelling of the turbinal projecting into the cavity of the receding septum.

Spurs of the bony or cartilaginous septum, or of both, varying in size from a slight prominence on the wall of the septum to a projection which impinges on the mucous membrane of the turbinateds, in some cases having only a small base, in others occupying an extensive area, are found in a great many cases.

If these projections are only slight they are of little consequence, but when they are sufficiently large to occlude the nostril, or to press upon the opposite wall of the cavity, they become very annoying. They not only induce the conditions hereinbefore mentioned, but a train of reflexes is induced, which affects the general constitution.

The most marked effects usually are the dull frontal headaches and various eye symptoms.

It is not common to find septal thickenings involving both nostrils sufficiently to cause marked obstructions, but one frequently encounters cases in which there is a bilateral bulging of the base of the cartilaginous septum, giving the impression that at some time the cartilage may have been split longitudinally, and spreading into both nostrils.

The modifications of the turbinateds is generally an enlargement from the hypertrophy of the membrane covering them, this often being sufficient to practically occlude that portion of the canal ; but beside this, the bony portion is sometimes enlarged, growing so far out towards the septum that obstruction results. This is much oftener the case with the middle turbinated than the others.

Marked general reflex disturbances are attributed to pressure from this enlargement, while its impingement upon the olfactory area interferes with the function of the distribution of the olfactory nerves.

Of the neoplastic growths, benign and malignant, the myxomatous and the fibro-myxomatous varieties are the most frequently met with.

These polypoid growths are not infrequently found obstructing the nasal passages. They vary in size from that of a small body not larger than a small pea, to that large enough to fill the nasal cavity, and even to project into the naso-pharynx. Ashurst

reports a case in which he deemed it necessary, owing to the difficulty of breathing, to perform tracheotomy before removing the polypus.

The number also varies, from one large or small one, to several of varying sizes.

These growths usually spring from the middle meatus, and owing to their hygroscopic nature, vary so much in size as to sometimes entirely occlude the cavity, and at others to leave the canal more or less patulous.

Malignant growths are occasionally encountered in the nasal cavities. Those usually found are sarcomata, lympho-sarcomata, myxo-sarcomata and epitheliomata. These growths may have their origin primarily in the nasal passages, thus causing obstruction; or they may develop from the contiguous parts, and impinge upon the nasal passages.

In a paper of this character one cannot go into details as to technique, nor is it to be expected, as to do so would extend many times beyond the limit of time allotted, but sufficient attention to diagnosis and treatment to get beyond the stage of the routine sprays and douches will be of value to us all.

It is a fact that there is an endless amount of routine in medical practice that cannot be avoided; but I venture the assertion that not an inconsiderable portion of it might be averted by more painstaking, and possibly a more thorough acquaintance with the requirements of the individual cases, on the part of the practitioner.

Our first requisite, then, should be a reasonable familiarity with the normal, thus enabling us to detect the abnormal.

Just what constitutes the "normal" is largely an individual matter, as cases which frequently give the least trouble present irregularities which would suggest considerable inconvenience, while the reverse is true of apparently slight changes in the conformation of the nares.

Remedies are too frequently overlooked in the treatment of hypertrophies, and in the cases in which polypi are present.

More good time can be spent, with the least satisfactory returns, in the treatment of hypertrophies of the turbinated bodies

and of the septum, by the use of the sprays and douches, than is justifiable. On the other hand, the judicious use of caustics, either the actual or chemical, to reduce the thickened bodies, sprays in the hands of the patient to keep the parts clean, and a continuous course of internal medicine, will, in the long run, be productive of reasonably satisfactory results.

The bony or cartilaginous spurs must be removed either with the scissors, saw, drill or chisel. In the majority of cases the saw is the best instrument for the removal of these projections, and under complete local anæsthesia is quickly and painlessly done.

Enlarged turbinateds can be removed by means of the scissors, saw, snare or punch. Care should be exercised to avoid destroying more of the structure than is necessary.

Polypi are best removed by means of either the cold snare or the galvano-cautery snare. They are prone to recur, and this can usually be best met by internal remedies.

Deviations of the septum are very unsatisfactory to treat, owing to the fact that they are so thin that in attempting to remove a section from the projecting side, the septum is punctured. This is not as annoying as the deviation itself, and yet one much prefers not to have it occur.

Various methods have been resorted to to straighten septal deviations, but with indifferent results.

It will be inadvisable at this time to go into the subject of the treatment of malignant growths of the nasal passages.

In conclusion, permit me to say that the more one studies and treats these various conditions the more fully is he convinced that they play no inconsiderable part in conditions more or less remote from the nose itself, and the more expert one becomes in relieving them the more satisfactory will be his work.

“It will astonish him (the untutored homeopath) if it will not glad his timorous soul, to learn that Hahnemann did not prohibit the study of pathology, and did most strenuously inculcate the removal of all disease products that were removable before essaying to fit the homeopathic remedy.”—*Dr. Chas. Mohr.*

Fibroids.*

By Emma F. A. Drake, M. D., Denver, Colo.

The term Fibroid, to give an exact definition, is applied to such tumors or structures as possess a fibrous appearance, but cannot be separated into fibers.

I take it that my paper is to be limited to fibroids situated in or about the pelvic viscera, and shall so define it. According to location such tumors have received distinctive names, as :

“Intramural Fibroids.” situated within the walls of the uterus.

“Submucous Fibroids.” The tumor has a broad base and is still partly within the uterine wall.

“Polypoid Submucous Fibroids.” The tumor has a pedicle and projects into the uterine lumen.

“Cervical Fibroids.” The tumor has gravitated into the cervical wall.

“Subserous Fibroids.” The tumor causes a projection of the peritoneum.

“Polypoid Subserous Fibroids.” The tumor is connected to the uterus by a pedicle and projects into the peritoneal cavity. It may form adhesions with neighboring organs, and thus have two pedicles ; if the primary pedicle becomes obliterated the new growth seems to spring from the other viscus.

“Intra ligamentous Fibroids.” The tumors grow in between the walls of the broad ligaments.

“Intercorporeal Fibroids” in a double uterus. The tumor forms the septum.

These definitions are Schaeffer's.

According to the same author, these tumors, together with cystic and myomatous growths, can be looked upon as absolutely benign only while they are small, hence he recommends their earliest possible diagnosis and removal.

To this broad statement many homeopaths would take exceptions.

*Colorado Homeopathic Society, 1901.

According to various authors these tumors are found in from 20 to 40 per cent. of all women who are afflicted with uterine diseases after their thirty-fifth year, and are benign and not malignant. Nor, according to Ludlam, do they ever degenerate into cancer or other form of malignant growth.

This recalls the old question, "Who shall decide when doctors disagree?"

Again, the form in which the muscular tissue predominates is termed myomata; while those in which the fibrous tissue is greatest are properly denominated fibromata. To the entire class the compound term fibro-myomata is properly applied.

These tumors, whatever their location, may develop singly or in the multiple form. They may attain enormous size, and are liable to degenerative changes.

Fibro-myomata belong to the period of functional activity of the uterus. Their tendency is to grow as long as menstrual life continues, and their presence tends to a delay of the menopause.

After the climacteric, the natural outcome is atrophy or involution, while in exceptional cases they go on to greater growth.

When these tumors are present in child-bearing women they may share in the involution following pregnancy, and thus disappear.

Again, should defective nutrition result from a torsion or elongation of the pedicle, or other interference with the blood supply, the growth may be arrested or atrophy induced.

This defective nutrition may produce calcification, or in an overgrown myoma "may induce liquifaction of its growth in points in its interior, leading to the formation of spaces filled with fluid, cystic degeneration, or to the permeation of portions with serous or mucous fluid, œdematous or myxomatous degeneration. Occasionally an enormous development of blood-vessels and blood-spaces take place, angiomatous degeneration." When it involves the lymph cells or lymph spaces we have lymphangiomatous degeneration.

Again we may have pyogenic infection with abscess forma-

tion, while sloughing may follow infection or injury, in which cases we may have spontaneous elimination, if an outlet is found.

In form they tend to the rounded, but they become very irregular as they accommodate themselves to the cavity in which they extend their growth. They may weigh an ounce or may attain the enormous size and weight of a hundred pounds. They are solid according to their quality, the more truly fibrous they are the more succulent.

Causes for such growths might be denominated anything which would tend to a proliferation of cells where not needed, and the consequent derangement of natural laws in tissue building. Injuries, a non arrest of the natural development of the walls of the uterus in pregnancy, and a circumscribing of such a growth or development, are probably two of the more common causes.

The symptoms of fibro-myomatous growths are variable, depending upon the situation and size of the growth and upon the changes induced in the uterus, and the complications that may arise. "Interstitial and sub-serous growths may attain considerable development without provoking especial symptoms."

Submucous tumors, on the other hand, usually in their very beginning occasion decided symptoms. There may be marked hemorrhages, "uterine discharges, and the whole complex of symptoms attending chronic endometritis." Menstruation may be painful and profuse, and should the growths protrude into the uterine cavity they may excite strong propulsive pains.

Hemorrhage at first appears as a menorrhagia, afterward as an irregular metrorrhagia, and may continue after the menopause.

There is a sense of weight and bearing down "intra-pelvic pains, lumbo-abdominal aching, vesical or rectal tenesmus, uterine colic, dread of lying upon one side or the other, sick headache, nausea, morning sickness as in pregnancy, weakness, prostration, constipation and unrest.

In rare instances the tumor may continue to grow for months, or even years, without occasioning any symptoms differ-

ing from a prolonged pregnancy. The growth is so gradual that the weight is not noticed, or tolerated with no more than an inconvenience.

Ludlam states that in only twenty per cent. of intra-uterine fibroids do we get hemorrhage; while a writer in the "American Text Book of Surgery" is more conservative.

It goes without saying that uterine displacements often accompany such growths. As the tumor more often than otherwise chooses the posterior wall of the uterus for its attachment, retroversion is most common. Intra-uterine fibroids, as they are attached to one side or the other of the wall, may cause an opposite lateral version. Anteversion, anteflexion and prolapsus may be found.

The diagnosis may be determined by bimanual palpation, when, if the uterine walls be thin, the size, shape and attachment of the tumor can be made out with tolerable certainty. If, on the other hand, the walls are covered with adipose tissue, the diagnosis will be correspondingly difficult. In these cases a complete anesthesia may be necessary.

In intra-uterine growths the sound is a valuable aid to diagnosis. The cavity will be found tortuous and obstructed as well as elongated.

Occasionally pregnancy has been mistaken for an unnatural growth, and only the mistaken diagnosis found when under operation for the supposed tumor.

The prognosis of fibro-myomata, is favorable as far as a fatal termination is concerned. Only a small proportion of such growths become serious enough to come to the attention of the surgeon. In these less serious cases the menopause proves curative; while in many cases which have a grave outlook, if near the climacteric, operation would better not be hastened, as this time of life aborts many serious growths.

Should cystic degeneration develop, all hope of involution is gone, and operative procedures the only outlook.

In the incipiency of such growths, it is not necessary to say to our school of medicine that the well chosen and well directed remedy will often prove curative.

When no hope remains from this, should life or comfort be threatened, the knife is the only recourse.

Nocturnal Enuresis.

By Clinton Enos, M. D., Brighton, Colo.

Nocturnal enuresis consists in unconscious evacuation of the urine into the bed during sleep. It generally occurs during profound sleep and is not known to the patient until morning. However, in cases the sleep is so light that the first escape of urine upon the patient's body will awake him, such cases are not of such a profound nature and are more easily cured than the first class. Many of these cease of themselves from the sixth to the twelfth year.

In the first class the disease is deeper and the patients are pallid and have an excitable nervous manner. They present to us the appearance of a person suffering from chronic miasm. Sometimes, however, we find this trouble due to laziness or inappropriate eating of the evening meal; at other times it is due to a result of reflex irritation, as, for instance, from the presence of intestinal worms, vesical calculi, phymosis, etc. As the child grows older without the abatement of the loss of urine in the sleep, we are to look for some profound nervous disorder or other to soon make itself known. Sometimes the patient becomes so hypochondrical that he commits suicide. The books say the cause is the nocturnal enuresis, but if we were to look for a true cause we would find that the local disease instead of being a cause is merely an attendant system to the mental condition.

It may seem foolish to take the time of our State Society for so trivial a disorder as this one seems to be in the minds of some. However, every community is filled with grown-up children who have been through "courses of treatment" of several doctors and are not yet cured. As a rule the hard cases are very difficult to cure. Sometimes we have patients as old as twenty-five years with this trouble. Here it requires the greatest skill to cure them. I have had several cases the past few years over sixteen years of age. They had been through the "usual treatment" and several physicians had tried their best but failed to cure.

The greatest part of the treatment consists in getting a proper knowledge of the patient's symptoms, i. e., a true picture of the disease. We must first go over the patient carefully and get all the *symptoms* of the patient and then must study all the *conditions* that might accompany the symptoms, as, for instance, phymosis, digestive disturbances, etc. As soon as we have these all written down we are prepared to cure the patient. Every adherent prepulse should be loosed, but it is not always necessary to operate upon the phymosis to relieve the enuresis. However, such things may be done later if necessary.

I shall not give the indications for different remedies, for as we see the symptoms of the patient written down it is easy enough to see that the patient's symptoms call for Calc., Sul., Ars., Bezoï., Cham., Nit. ac., Phos. ac., Caust., Cina., Kreos., Sep., Sil., etc. There is one remedy that I want especially to call attention to, and that is Rhus. t. I have never seen it recommended for such cases. However, about half the cases will present symptoms calling for Rhus. t., especially those cases that are twelve years old and older. I never give Rhus. t. when there are symptoms of other remedies present. When I have a patient who is restless at nights and wants to keep warmly covered up and is habitually wetting the bed every night and there are no other symptoms present, I always cure him with a very few doses of Rhus. t. 200.

In conclusion I will relate the cure of the worst case I ever saw. It was in a married girl of nineteen years. She was so bad that she wet the bed every night and the urine was so strong that it "ate up the linen." Her father was a veterinary surgeon and had tried his best to cure her, and also had ten other doctors in the town. In spite of all the drugging she remained the same. After writing her symptoms down I had something like this: A slouchy, dirty woman, who always sleeps on back with arms over head; kicks off the covers at nights; itches when warm in bed; all worn out mornings; no appetite for breakfast but gets very faint before dinner; constipated with hard, knotty stools; always great thirst, etc. This woman did not need the enuresis prescribed for, but this set of psoric symptoms. A few doses of Sul. cured her, enuresis and all. In six months she was as neat as anybody.

THEORY AND PRACTICE.

CONDUCTED BY PROF. W. A. BURR, OF DENVER HOMEOPATHIC COLLEGE.

Similia in the Treatment of Surgical Cases.

James D. Gilchrist, A. M., M. D., places great stress on the value of homeopathic remedies in the treatment of surgical cases. The experience of so prominent a surgeon and author as Dr. Gilchrist is worthy of careful consideration. The general practitioner, as well as the surgeon, will be interested to find such faith in *similia* as is set forth in a paragraph of "Some Lessons from Twenty-three Hundred Laparotomies," a paper read at the Washington meeting of the American Institute as follows:

"9. Among the most potent of all the agencies that have assisted in improving mortality ratio is the 'indicated remedy.' If our experience in homeopathic therapeutics was limited to post-operative treatment, the results are sufficiently striking to fully justify all that is claimed for *similia*. The list of remedies is not a long one: Arnica, in contused states; calendula, as a vulnerary; hypericum, as an analgesic; aconite, for acute stages of pyrexia; arsenic and lachesis for septic infection; hepar and merc., viv., in suppuration; tart. emet. or nux vom., for emesis; china, for anemia, and a few others, complete the list.

Finally, if pressed for a classification of all the factors in order of value, I think remedies, as indicated, would head the list, and only second in importance would be rapidity in operating and the minimum of handling." B.

Prof. Koch Not the First.

Some time ago at a meeting of the Homeopathic Medical Society of Chicago, Prof. R. N. Tooker presented the idea that consumption cannot be given to man from animals. That is tuberculous cows will not infect man because of the fact that the

germ in cows is not the same as the germ in man, hence will not reproduce itself in man. This point was strongly emphasized by Professor Koch who declares that such a thing is impossible, and from his observations a case has never occurred where the infection can be traced to such a source. The statement drew forth a heated discussion in which many of the most eminent specialists took part and from which, the position of Professor Koch, they disagreed.—*The Medical Visitor*.

Vaccination Again.

Vaccination has been stopped in Cleveland by order of Health Officer Friedrich. The direct reason for ordering vaccination discontinued is because four fatal cases of tetanus have occurred recently and these fatalities, together with the fact that many people who were vaccinated suffered with very sore arms, led Dr. Friedrich to believe that the vaccine lymph used is impure, contaminated, and unfit for vaccination purposes. The health officer declares that no more people will be vaccinated by the city until the virus used is known to be pure. Dr. Friedrich explains his opinion of vaccination and justifies his decision in the following statement: "I am a firm believer in vaccination, but I would rather have one hundred cases of smallpox than one case of lock jaw, for I could do something for the smallpox patients, but lockjaw is fatal. Some of the virus we get from manufacturers is impure. Nothing is more terrible than a case of tetanus. I remained night and day with a poor little girl, who had it, at the City Hospital, but nothing could save her."—*The Medical Visitor*.

Physicians Not Obligated to Make Calls.

Considerable interest has been aroused by the recent decision of the Indiana Supreme Court, in effect that a practicing physician is not bound to attend any patient by whom he is called,

unless he has made a contract for such services. Even the fact that he may have served as family physician does not impose the obligation to go, nor is the physician liable for the consequences of his refusal to answer calls.

This decision is looked upon with favor by medical men, as they do not consider their profession a quasi-public one which requires them to answer summons against convenience or inclination. While no reputable and conscientious physician will refuse his services in the relief of suffering, from purely selfish or mercenary motives, yet he properly resents any attempt to compel him by law or force to render such services.—*American Homeopathist*.

Antitoxin and Homeopathy.

Is the treatment of diphtheria with antitoxin in accord with *Similia*? Some homeopathic practitioners seem to think it is; but it is generally considered that the remedy is *isopathic* rather than *homeopathic* to this infection. Year by year the antoxin treatment in diphtheria is used more and more by physicians of all schools, and while some still strenuously oppose its use, the weight of evidence seems to be in its favor.

Homeopathic physicians have such strong faith in *Similia* that they would come to generally use antitoxin if it could be shown to act homeopathically as a curative agent, not that they necessarily have a prejudice against everything that does not cure homeopathically, but rather that the great curative agents do their work along homeopathic lines, as they verily believe.

Dr. Charles H. Gatchell of Chicago, well known to the profession as the editor of the *Medical Era*, and the secretary-elect of the American Institute of Homeopathy takes strong ground that antitoxin, whether used subcutaneously or taken internally, cures diphtheria homeopathically. He brings quite an array of proof in support of his theory. He says: "It has always been to me a matter of wonder that our school has not, as one of its tenets, accepted and promulgated the doctrine early announced by

Hahnemann, that the prophylactic action of vaccine virus in variola is but an exemplification of the law of *Similia*. Even the members of the dominant school have been quicker to see this than have we." He quotes eminent old school authors who consider the serum-therapy treatment of disease, practically an exemplification of Homeopathy.

Dr. Gatchell then lays down the following proposition: "The therapeutic action of the antitoxin is an exemplification of the homeopathic law of cure; it is an instance of the application of a medicinal substance to the cure of disease according to the indications of *Similia*." He then goes on to support the proposition with "ascertained facts."

Dr. Gatchell's position does not appear to have been successfully controverted up to this time, three years after his paper. "The Action of the Antitoxins in the Prevention and Cure of Disease" was read before the American Institute at Omaha from which the above quotations are taken. This paper of Dr. Gatchell's was a strong one and apparently has gained credence in our school. It is printed in full in the transactions of the Omaha meeting of 1898. Let the profession give it a general perusal; it is worthy of careful study.

For years I have accepted Dr. Gatchell's theory using the antitoxin subcutaneously in my cases of pronounced diphtheria where the well-chosen remedy has not promptly checked the disease, and in every case the results have been all that could be desired.

Whether we accept Dr. Gatchell's theory of the action of antitoxin or not, makes no difference, the fact remains that it does the work when used early enough in the disease, which is generally before the fourth day, and when the quantity used is sufficiently great. And when I make use of the antitoxin in this manner to stay and cure this dread disease, I consider that I am still working along the lines of *Similia*. May not the method used in preparing the serum so change the toxin that it is no longer absolutely isopathic, but comes to be closely homeopathic, well nigh to a veritable similitum? So many homeopathic physicians, as well as some eminent physicians of the old school,

would seem to believe. If this be true, then every physician using the serum treatment practically makes use of nature's great law of cure, *Similia*. B.

Hyoscyamus Cures Insanity.

A married woman, aged 38 and the mother of seven children was physically strong and well and free from all mental derangement until she had an attack of the mumps. While ill with this affection a child was stricken down with cerebro-spinal meningitis and in a short time died. Suddenly her mind gave way and she became really insane.

She became the victim of a variety of hallucinations; she fancied she was empress of India and queen of the Lost Cause in the South. At times she imagined she was transparent, like a jelly fish, and would shudder as she supposed she floated away. Then again she thought the white snake of the Nile was tugging at her breast and that there were snakes coiled up in her brain. She would recite poetry by the hour and sing of the Ship of State. For several days her mind was wholly at the mercy of these and many other vagaries.

Though very chaste and cultured in language while well, she now became revoltingly obscene and vulgar. While imagining she was an actress she would wholly divest herself of all clothing and all effort to prevent her doing so was unavailing without the use of force.

When taken to Dr. Ingersoll's Neurotic Sanatorium she had been taking bromides in large doses. These were discontinued and she took no medicine for five days, all the while growing worse. She then received hyos. 3x, 20 drops at one dose. In a single hour she became lucid and talked rationally. The same remedy and potency were continued, one drop each hour. She began to sleep right away, and in two weeks was able to attend to the ordinary duties of life, and has remained well. B.

The Value of Diagnosis in Homeopathic Practice.

By Prof. C. E. Tenant, Denver Homeopathic College.

“Be sure you are right, then prescribe,” would be a good motto for us all. To be right is more than half that is required in the practice of medicine, and to be right requires more than prescribing on lines of symptomatology. True, many brilliant results follow the exhibition of the “indicated” remedy on purely symptomatic lines; but many obscure cases in which only negative results are secured after the use of the “indicated” remedy, result in cures after more care is taken to secure a diagnosis.

Symptoms may oftentimes be misleading, as in reflex conditions. Then, too, organic lesions many times demand something more than the indicated remedy. Surgical interference may prove to be the only means of relief after a proper interpretation of Nature’s pathological symptoms, and a careful diagnosis many times saves valuable time for the patient and embarrassment for the physician.

The effort toward diagnosis never interferes in the selection of the proper remedy, but may be of much assistance to the remedy in its action. Obscure and supposedly incurable cases have more than once been changed into simple ones, and afforded relief after months of prescribing, as soon as the diagnosis was determined. The writer has seen obstinate symptoms, treated for months by careful prescribers, readily clear up after it was found that the case had chronic nephritis. The remedies, formerly used with negative results, acted promptly after measures were taken to lessen the burden of an impaired organ.

Cases of gastro-intestinal trouble have been relieved after countless prescriptions, by examining the stomach contents and remedying the diet to meet the necessities. In the neurotic symptoms of diabetic cases, how little relief is secured with symptomatic prescribing until the diagnosis is made and the diet outlined.

How much more satisfactory it is in cases of persistent headaches to refer to the Oculist or Gynæcologist rather than have to admit our oversight to the family later, or after several months of unsuccessful prescribing.

To reach and maintain the standard in our school of practice that is desired by all of us, the writer believes that diagnosis is absolutely essential. It is at least to our interest to secure the best possible result in the shortest time, and diagnosis is certainly an important factor in this.

The practice of medicine according to Similia is founded upon a principle which approximates an exact science. It would seem inconsistent to neglect so important a factor as diagnosis when we lay so much stress upon totalities. Symptoms are at times overlooked or, as has been already suggested, they may be misleading; hence it would seem necessary to secure a diagnosis before one could be right.

While the symptomatology of a drug is necessary to its successful employment, unless there is a clear interpretation of Nature's pathological changes as expressed by symptoms both subjective and objective, only half of our armamentura is available. One without the other and homeopathy would be a farce. Since it is necessary to know the pathology (toxicology) of the drug, just so necessary is it to know the pathology (histologically) of the tissue disease, else we are not practicing Similia Similibus Curantur. A picture of the pathology of the disease and the mirrored reflection of the drug pathology should go hand in hand.

Rapid strides have been made in the approximately exact mechanical appliances that are invaluable as aids to the physician in securing a diagnosis. These laboratory appliances have kept close pace with the development of the medical sciences and are materially aiding in the advancement of our methods.

While the writer wishes it plainly understood that he discourages the tendency to arbitrary clinical diagnosis in the laboratory; at the same time no one is doing full justice to their patient nor themselves who willfully disregards the aid of laboratory proof in determining lesions for which they are employed to treat.

There is no profession that sustains the responsibility to the community as does that of medicine, and the carelessness or neglect on the part of the physician will invariably cause endless suffering and pain. He must do his best, and to do the best costs much. The simple prescribing of the supposedly indicated remedy will never suffice. Go to the bottom, learn the trouble and secure the diagnosis as soon as possible. "Be sure you are right, then prescribe."

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D.

“Dead Easy.”

Dr. Chapman's recent letters in the *Medical World* of Philadelphia have attracted much attention, especially “The Evolution of Homeopathy” in the June issue, in which he throws down the gauntlet in an honorable and honest test for therapeutic progress. The challenge has been accepted by the brave editor of the *World* and the following case of pneumonia in his letter in the August number is given for prescriptions from physicians of all schools of practice, as a demonstration of a natural law in the therapeutics. Our readers are invited to send their prescriptions, a single remedy only, to the editor of *The Medical World*, Philadelphia, who will compile them and publish the results. Every Homeopath guided by the law of similarity should select the same remedy.

THE CASE.—A large robust man, aged 35. Health always good until one week ago, when he sat in a draft while perspiring freely. A severe chill lasting one hour followed, ending in a high fever, dry cough, pleuritic pains in the right hypochondrium. The sputa became rust colored and very tenacious, adhering to the vessel like glue.

Status præsens (seventh day). Great dyspnoea; must sit well bolstered up in bed. Complains of great tightness of the chest. Cough tight; expectoration scanty and difficult, thin and dirty looking, flying to pieces like batter when falling on paper. Respirations, 50 per minute; temperature, 105; pulse 130, weak and thready. Physical examination reveals hepatization involving nearly the whole of right lung.

The evident frankness and fairness of this practical test should appeal to every lover of truth who has therapeutic progress at heart, and an honest desire to learn a better way. Dr. Chapman's labors in behalf of pure Homeopathy and his manly

and original offer to demonstrate its scientific value in the cause of humanity will commend his work to every true follower of Hahnemann. We trust every reader of the *Advance* will prescribe for this case. We do not see how any one can make a mistake. The trustees of Hering College are to be congratulated that Dr. Chapman is to occupy a position where his ability as a writer and teacher may be utilized by the profession.—*Medical Advance*.

The selection of the indicated single remedy, in this case should be a "dead easy" task, as the boys say, for even an amateur and we hope that every homeopathic *physician* and *student* in Colorado will take advantage of this very general invitation and send in their prescription of a single remedy to cover the seventh day stage as given above; if they are guided by the only law known to the true homeopathic prescriber, there is no question as to the remedy which will be selected by every one. We do not look for a single exception to the selection of _____ in this case. Fill in the blank space, please, and forward to the editor of *The Medical World*, Philadelphia; we feel confident that no one will make a mistake in this matter, as every one knows the remedy as well as they know their own name.

A Few Pointers.

Dunham writes: "*Aconite* is never to be given first to subdue the fever, and then some other remedy 'to meet the case; never to be alternated with other drugs for the purpose, as is often alleged, of 'controlling the fever.' If the fever be such as to require *aconite* no other drug is needed. If other drugs seem indicated, one should be sought which meets the fever as well, for many drugs besides *aconite* produce fever, each of its kind."

Dr. Nash, writing of *arsenicum*, says: "In typhoids there is no remedy that prostrates more. *Carbo veg* and *muriatic acid* equal it, the difference being that the *arsenic* patient wants to be moved constantly, while with the other two remedies there is almost utter absence of any such show of life." The *arsenicum*

patient is weak out of *all proportion* to the balance of his trouble, and it is of a *general character*.

Phosphoric Acid, Stannum and Sulphur:—The weakness complained of calling for either of these remedies is local in character and is confined to the chest.

Phosphorus:—Patient complains of “weakness” in abdomen.

Ignatia, Hydrastis, Sepia:—The “weakness” of these three remedies is complained of as being in the stomach.

Gelsemium:—General “weakness” of the muscular system.

Belladonna:—The pains of Belladonna appear suddenly and after a time disappear as suddenly as they came.

Stannum:—The pains of Stannum gradually increase to a great height and as gradually decline.

Sulphuric Acid:—The pains of Sulphuric Acid begin slowly and decline suddenly.

Lachesis:—One of the best remedies for headaches caused by exposure to heat of sun.

Veratrum viride:—Dr. Nash says: “I once cured a man of a very severe and persistent attack of vomiting, which was aggravated on rising, with this remedy.

Varatrum album:—One word describes the conditions calling for this remedy and that one word is *collapse*. “Skin blue, purple, cold, wrinkled, remaining in folds when pinched; face hippocratic, nose pointed; whole body icy cold; skin, face and back cold; hands, feet and legs icy cold; cramps in the calves.”

Capsicum:—“It is also a good remedy for dysentary, or the later stages of gonorrhœa, or in throat complaints, when there is great *burning* in the mucous membrane of the affected part. In short it is a remedy to be remembered in all affections of mucous membranes in any locality. The characteristic *burning* is not like that of *arsenicum*, but feels as if *red pepper had been applied to the parts*; nor is it relieved by heat applied, as is that of *arsenic*.”

Stannum:—“These pains are ameliorated by pressure, like *colocynth*, so if *colocynth* fails, which is generally first thought of in abdominal pains relieved by pressure, *stannum* may relieve,

and especially if the attacks have been of long standing or the patient seems to have a chronic tendency thereto."

Lobelia as a local remedy in stricture.—Dr. Boskowitz asserts in the *Hom. Recorder*, August 15, 1900, that lobelia will cure spasmodic stricture "as if by magic," and in permanent stricture where it is impossible to pass the smallest sound, the difficulty will be overcome after a single application of the drug. He drops into the urethra about fifteen drops of lobelia, then closes the meatus and holds the lobelia in the urethra for a few minutes. He has constantly employed this treatment for several years in cases of stricture and with uniform success.—*Medical Times*.

Gelsemium and Belladonna.—Gelsemium and belladonna are both classed as sedative, antispasmodic and narcotic. Gelsemium, however, is sedative to the cerebro-spinal system, while belladonna is stimulant to it. Gelsemium relaxes; belladonna contracts. The former increases secretion; the latter decreases secretion. Gelsemium relieves delirium; belladonna produces it. Gelsemium is indicated where the face is flushed, the eyes bright, the pupils contracted; when the heat of the head is increased and the patient excited and restless. Belladonna fits the case when the patient is dull and stupid from capillary impairment; when the eyes are dull, not bright, the pupils dilated, not contracted; the skin is red, perhaps dusky, the patient is dull and sleepy, which may lead to coma. When the urinary secretion is free and insipid, belladonna is indicated; while if it is scanty, much colored and heavy, gelsemium is the remedy.—*Am. Homeopathist*.

CHRONIC DIARRHŒA CURED BY NUX VOM. 3.—A woman, 60 years of age, had suffered for five months from chronic diarrhœa; unsuccessfully treated allopathically, during this period. The evacuations were thin, mixed with blood, accompanied by severe pains, and frequent but fruitless urging to stool. The diarrhœa awakened her every morning at 4 o'clock. She was entirely cured by nux vomica 3. Three drops three times a day.—*Hom. Monatsblatter*, December, 1900.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

Chloroform and Oxygen as a General Anaesthetic.

By T. Drysdale Buchanan, M. D., Former Anæsthetist to the Flower Hospital, New York City.

My attention was first called to this method of administering chloroform by Dr. Wm. Tod Helmuth, who brought out an apparatus from London six years ago, and has used it in some three hundred cases without a death, although some of the cases were of a desperate character.

After three years' experience anæsthetizing cases for Dr. Helmuth by this method, I have grown so confident of its virtues that I urge its use in all of those cases where I anticipate shock from the operation or danger from the necessary prolongation of anæsthesia.

I know that it has enabled me to anæthetize and keep anæsthetized many cases that I would have hesitated to submit to any other anæsthetic.

The apparatus consists of a glass wash bottle, a hard rubber hood and two pieces of heavy rubber tube about two and one-half feet long. It can be attached to any tank of oxygen.

Now as to the technique of administration, the patient is given the usual hot bath and enema, and the precautions taken regarding solid food; also false teeth, if there be any, are removed.

The patient may take the dorsal position or that particular position that they take when sleeping.

The oxygen is then turned on gently—it passes through rubber tube, where it escapes into the chloroform, bubbling up through it and carrying with it the vapor of chloroform over into the hood. The anæsthetist now takes the hood, and after holding it to his own face, to be sure the chloroform vapor is not coming through in large enough quantities to irritate, holds the hood about an inch from the patient's face until the patient be-

comes used to the vapor, when the hood can be brought down until it fits snugly.

From time to time the anæsthetist raises the eyelid until he sees that the pupil is contracted and immobile. The patient is then ready for the knife.

It is entirely unnecessary for the anæsthetist to at any time touch the conjunctiva, for his patient's pupil is a reliable guide, and by watching it carefully anæsthetists will receive warning of any danger.

A contracted immobile pupil means surgical anæsthesia.

A dilated immobile pupil is a danger signal.

A dilated pupil which responds to light is a hint that more of the anæsthesia is required.

I do not know to whom to give credit for the above suggestion, but it has served me very faithfully in nearly a thousand cases of anæsthesia, for it not only is a guide of scientific anæsthetizing, but as it requires constant attention on the part of the man intrusted with this most important duty, it keeps him from becoming interested in the operation to the detriment of the patient.

After the pupil is contracted the anæsthetist puts his little fingers behind the angle of the jaw and holds it forward, his thumbs hold the hood in position, while with his free fingers he can feel the pulse in the facial artery.

By this method he knows at every moment the condition of his patient's pulse and the respiration is easily counted by watching the rise and fall of the feather.

Patients take kindly to the chloroform and oxygen, breathing gently at first until they find it does not irritate them, then the breathing becomes deeper, until they slip off into a quiet sleep, when the anæsthetist can shut off the anæsthetic until the pupil begins to react again.

Alcoholics and extremely nervous people are not so easily anæsthetized by this method as there is not sufficient chloroform present in the hood at one time to have the desired effect on cases of these classes.

This can be remedied, however, by substituting for the hood

an Esmarc's chloroform inhaler to which has been soldered a metal catheter.

The rubber tube is attached to catheter, and the vapor thus lead in under the gauze, while at the same time chloroform can be dropped on the gauze.

The following reasons are enough to justify surgeons in using this anæsthetic more frequently :

First.—It is so safe.

Second.—It minimizes the amount of anæsthetic necessary, thus minimizing the shock, from four to five grammes per hour being all the chloroform required.

Third.—It minimizes the post-anæsthesia nausea.

Fourth.—Patients regain consciousness rapidly.

Fifth.—It is contra-indicated in kidney or heart lesions.

Sixth.—The simplicity of the apparatus.

Seventh.—There is no struggling.

Eighth.—Its quickness. From four to seven minutes are all that are necessary to get patients surgically anaesthetized.

Ninth.—Its convenience, as it requires no filling of a cone every few minutes.

Tenth.—There is no cyanosis.

Eleventh.—The ease with which the amount of the anaesthetic can be regulated.

Twelfth.—The respiration can be counted easily by the feather.

Thirteenth.—Oxygen is at hand when needed.

Fourteenth.—Can be transported by making use of a tube of compressed oxygen.

As a fifteenth reason I would say that patients who are obliged to use three or four pillows so that they can breathe easily will lie with one pillow under their head and take this anaesthetic.—*The Medical Counselor.*

Instead of having recourse to applications of tincture of arnica, spirits of camphor, and to strong compression of the

swelling, in the treatment of light bruises, Dr. G. Auger prefers the use of olive oil, both in children and in adults. He applies the oil freely to the contused parts and rubs the latter lightly with a rag, absorbent cotton or with the fingers, and then covers the bruise with a compress saturated with olive oil. The author claims that this treatment gives immediate relief to the patient, and the formation of a bloody protuberance is often prevented; while excoriations and superficial wounds, which may be present, heal very rapidly.—*Health.*

Sprained Ankles.

The ankle is a very complicated joint, and when it has been sprained, the pain, swelling and weakness may last even longer than if there was a fracture of the small bone of the leg. When a sprain has occurred, the patient must at once go to bed and keep the joint motionless, so as to avoid inflammation so far as is possible. A surgeon should at once examine the parts to make sure that the injury is only a sprain; for, if there be also a fracture, splints must be applied to ensure union of the broken bone. Should the injury be only a sprain, the joint must be kept constantly covered with some cold application, such as layers of lint steeped in an evaporating lotion of spirits and water or vinegar, or with a cold vinegar and bran or linseed poultice. In either case the cold and moisture must be continuous for several days, and it must not be left off so long as there is acute pain and swelling. When these symptoms have passed off the ankle will require to be compressed with calico bandages, or by strapping with layers of adhesive plaster spread on leather or on moleskin—a specially strong fabric of cotton. The swelling will lessen under continuous pressure, and so the bandages or strapping will need occasional change. When the swelling has all subsided the ankle will be weak for a time from the necessary confinement it has undergone, and then there must follow a period of shampooing with baths of cold salted water, used every morning.—*Health.*

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OPHTHALMOLOGY AND
OTOLOGY, DENVER HOMEOPATHIC COLLEGE.

Poor Refractive Work.

It is almost a daily experience with a busy oculist to observe the result of bungling work done by the "would-be" opticians and oculists. Some man who has failed in every calling he has undertaken feels sure that after three or four weeks study he can make money by fitting glasses. He accordingly proceeds to make money, but it would be a misnomer to call his work "fitting" glasses. Some physician who does not meet with the success that he feels is his due in the general practice of medicine, buys a case of test lenses, a book on refraction, and proceeds to experiment on his patients. From him, too, we see some fearful misfits. Within the past few days the writer has had occasion to examine a case suffering fearful headaches, for whom one of the latter class had prescribed minus 0.25 diopter spheres. There was present, without mydriasis (cycloplegia), a hyperopia of 0.75 diopter and in addition, a hyperopic astigmatism of 0.50 diopter. Under mydriasis (cycloplegia) there was found to be a total hyperopia of 2.5 diopters in each eye in addition to the astigmatism before mentioned.

A day or two later another patient who had been tossed from pillar to post by opticians, because she could not afford to consult an oculist, called with the statement that one of the wise opticians had offered to fit her for \$15, but that he would have to treat her first. That she needed some medicine "to dissolve the iron specks floating in the eye."

About two years ago, the writer called attention to the open faced fraudulent methods of various "so-called" colleges in optics, but there seems to be need of some definite action in the line of education for the masses of the people. This work must be done by the oculists and by the general physicians who have the interests of their patients at hand.

The family physician is in the best position to teach the lesson and it would seem the duty of the oculist to labor with the general physicians. The feeling of modesty, lest it be thought that the oculist is saying one word for the patient and two for himself, must be laid aside. The matter is of too much import to be lightly treated. The patient has been taught to think that any one can fit glasses, when, as a matter of fact, there is no line of work that requires more painstaking care, nor a more exact knowledge of actual conditions, both of the eye itself and the general health of the patient than the careful correction of refractive and muscular conditions giving rise to eye strain. Let the effort be one of union between the oculist and the general physician, and the work of incompetents will cease to exist, because no one who understands the merits of the case will be misled by the argument of the incompetent, be he optician or physician with nothing but a case of test lenses.

Hemorrhage of the Retina.

In closing an article upon this subject, G. Griffin Lewis, M. D., of Syracuse, N. Y. (*Annals of Ophthalmology*, July, 1901) says, "Renal hemorrhage of the eye usually occurs in the terminal stage of contracted kidneys and most patients die within two years after the ocular lesion takes place. The prolongation of life to the end of the fifth or sixth year is exceedingly rare. Dr. Belt's statistics taken from private practice on the prognostic value of albuminuric retinitis shows that 62 per cent. of the cases die within one year from the occurrence of retinal trouble; 85 per cent. die within two years and only 15 per cent. live over that time. Such perfect results are frequent after the albuminuric retinitis of pregnancy but unusual in chronic Bright's disease."

Treatment of Excessive Blinking.

Dr. Wolffberg, of Germany, in writing of blinking where it is but a bad habit, reports a case of a child addicted to this habit, striking his eyebrow accidentally against the edge of a table, pro-

ducing an abrasion. A bandage was used for a few days and when removed the blinking had ceased never to return. Since then the author always uses a bandage in this class of cases and reports two successes. He also mentions the fact that it is difficult to blink and whistle at the same time. He says it is interesting to notice a blinking child who is told to whistle. It will often be found that blinking will stop in a moment. Wolffberg simply offers these suggestions for treatment of this very troublesome affection and thinks they are worthy of a trial.—*Annals of Ophthalmology, July.*

NOTE.—In similar cases the homeopathic prescriber would expect marked assistance from *agaricus muscarius*.

Death After Cataract Operations.

Trousseau, Paris, states that slight as the operation for removing the lens apparently is, there are undoubtedly a disagreeably large number of cases in which death has either directly or indirectly followed the procedure. "He considers that a fatal issue is at times associated with exhaustion, or that it may be due to some cause such as intoxication, from poor excretion or passive congestion of various organs, notably the lungs. Considered from the clinical side, he closes his consideration of the subject with the following practical suggestions: 1. If an aged patient becomes agitated and delirious after an operation, it should give rise to uneasiness upon the part of the surgeon. 2. When the patient's tongue becomes dry and the quantity of urine voided becomes less, or particularly if there is anuria, there is cause for alarm."—*Annals of Ophthalmology.*

"Show me a lady with a liver spot, or a moth patch on her face, and I will show you a woman who will give shekels to have it removed."

Then after the subject had been treated from the other sides he gives the following therapeutic pointers:

"*Sepia*. Yellow saddle across the nose and upper part of the cheeks; also yellow spots on the face."—*Dr. C. E. Howse.*

THE CRITIQUE.

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EDITORIAL COMMENT.

The Anarchist Must Go.

The attempted assassination of President McKinley by an avowed anarchist is one of the foulest crimes ever committed on American soil. The United States has been the refuge for the oppressed of all nations and such it should continue to be, but it should never become the breeding place for anarchists and assassins. Such is not our idea of liberty, but is a plain violation of the first principles of personal and national freedom.

The anarchists are destroyers of liberty. They teach the doctrine of murder and destruction, and should no longer be permitted to dwell in this land of freedom and justice. It now becomes the duty of the government to drive out these pests from among our people and see to it that the voice of the anarchist shall never again be heard in our beloved country. Let it be understood from this time on that no person will be permitted to utter the nefarious doctrine of the anarchist. This much the government owes to our self-respecting and liberty-loving people. The anarchist must not be tolerated. Every man's hand should be against him and he should be driven out of the land he has defiled. The people of the United States have not abated one jot from their devotion to the ideals of human liberty, but they will not stand for the anarchist who has degenerated from the human to the brute and is no longer entitled to consideration. The anarchist must go!

THE germ theory of disease which has absorbed public, as well as professional attention for twenty years, instead of clearing the therapeutic atmosphere, is becoming more and more a puzzling enigma. The allopathic school has clung to it so tenaciously and proclaimed it as a great scientific fact so loudly that even the more conservative among us have stopped to listen and to wait for the outcome. We have been assured that having discovered in the germ the cause of many diseases, the discovery of definite remedial measures would certainly follow.

And now what do we see after all these years? Nothing but chaos and confusion in old school therapeutics. Never, at any time in the history of medicine, has there existed such utter disorganization in the ranks of the dominant school. With a unanimity that is suspicious they proclaim a determinate cause and with equal unanimity they treat disease as though it were a fugitive from justice, and without the slightest regard to logical sequence. While they teach a universal germ pathology they have evolved no germ (nor germane) system of therapeutics.

Listen to this from a well known writer in one of our leading old school journals:

"A man sleeps in the open air—a sudden storm comes up—he gets wet and thoroughly chilled, develops acute pneumonia; his friends say the chill was the cause of the pneumonia; a young physician says no, the pneumococcus was the cause; while an observing human nuisance remarks that such pneumococci exist in the normal mouth! Each and every one of these remarks is correct. Pneumococci exist in the normal mouth, they are essential for the development of pneumonia, but unless they are sown on favorable soil they flourish no more than did the good seed which fell on rough and stony ground. When the chill has acted the part of the husbandman and prepared the soil the present pneumococci *rejoice* and pneumonia results."

How extremely logical it is to say that before the *cause* can cause the disease the part involved must become diseased by some other means. In the above instance the lung must be

congested before the pneumococcus can act, yet the latter is proclaimed the cause.

Again, suppose the man with the chill does not develop pneumonia, but instead has acute inflammatory rheumatism in the left knee or in the right elbow, where there are no germs to blame for it, what is the cause? Or, suppose he have a pericarditis after such a chill, what caused that? Escaping these he might have keratitis or otitis, or orchitis, or hepatitis, or nephritis, or diaphragmitis, or splenitis, or scleritis, or the gout, without a single coccus to "rejoice;" yet he has it just as hard.

Some years ago when the gonococcus was discovered we were solemnly informed that, having found the cause of gonorrhœa, a strictly local disease, the only thing necessary to a complete mastery of this painful and very humiliating affection was the discovery of a gonococcicide. Now came the pharmacist's opportunity, and we all know well he has improved it. Sure thing gonococcicides have been appearing ever since; the last always better than its predecessors, yet the disease runs just the same and as long, and hurts none the less in spite of the great discovery.

The germ theory, however, has been prolific enough in some respects. The theory itself must belong to the pathogenic variety, judging from its serious effects. The public mind is saturated with it and the people are kept in a constant state of alarm. Our old school friends profess to believe it but have never been able to prove it. Now they are afraid to let go of it. It has been a most profitable graft and as yet they have nothing to take its place. The Homeopathic school has been, to a considerable extent, infected with it, and this is to be deplored because the germ theory is absolutely without any therapeutic basis and for that reason alone should have no standing with believers in the law of similia.

Take the case of the man who slept in "a sudden storm," had a chill and a husbandman to prepare the soil for pneumonia, and pneumococci to "rejoice" that he had it, of what importance

are the germs to the homeopathic prescriber? He properly takes into account the character of the exposure and the developing symptoms; noting the temperature, the pain, the respiration, cough, sputa, etc., etc., and actually never gives a thought to the rejoicing microbes when the time comes to select the remedy. The presence or absence of the pneumococci throws no light upon the case for him, nor points the way to any therapeutic measure. He still has to prescribe after the Hahnemannian rule, coccus or no coccus, and so it must always be.

Correspondence.

CHICAGO, August 26, 1901.

Dear Dr. Smythe:

Here's a hearty "amen!" to your criticism of the American Institute for hiding its great headlight of medical truth in such an out-of-the-way place as Richfield Springs, and to your advocacy of meeting in the cities, where our sessions would be much more largely attended, where our proceedings would be publicly heralded by the press, and where great good would be accomplished for homeopathy.

The time is hardly at hand when our National Association should be transformed into a hammock convention nor a purely prefatory scientific gathering for the reading of papers and the delivering of set discussions by selected disputants. The time was, nor is it ancient history, when the Institute was the great balance wheel of our school, the great dynamo of energy from which sprang the power that kept homeopathy moving and stirring and progressing. Then its meetings were attended by twice and thrice the number that go now, and every session was a genuine revival of homeopathic interest. The press sought us out. Full reports of our sessions were published. The people read and learned of homeopathy, and even those of us who were unable to attend could keep in touch with the proceedings and could feel secure in the knowledge that the Institute was alive and honest in zealously guarding every interest of the school.

I look upon it as exceedingly unfortunate that our greatest or-

ganization should be so completely buried in such out-of-the-way summer resorts as Newport, Atlantic City and Richfield Springs. There has never in all its history been greater need for missionizing effort than right now. For the past decade or two we have rested altogether too securely on our oars, while "our friends, the enemy" have been forging chains for us in many of the states and territories, and have been so earnestly and publicly at work impressing their progress, real and fancied, upon the people that these have come to be quite generally accepted in all too many instances, even though far inferior to the advantages possessed by us.

Eternal vigilance is the price of medical liberty. We are by no means so secure in our position as a scientific body that we can afford to crawl into some out-of-the-way hole and pull the hole in after us. "A good social and scientific session" falls far short of what the gréat mass of homeopaths of the United States have a right to expect of the Institute. It should always continue to be a great propogator and perpetuator of the faith, a missionizer for homeopathy, a gréat power for good unto the profession and the people.

The Institute can well afford to look backward and recall its splendid sessions at Philadelphia, Coney Island, Boston, Cleveland, Chicago, Minneapolis and Denver, and recall the splendid results of those and other sessions which might be named, against them pitting Deer Park, Put-in-Bay, Newport and Richfield Springs for numbers in attendance, publicity of work and influence for the cause at large. We should not allow ourselves to be seduced into an innocuous deseuetude, a passive surrender of our aggressive spirit, by the delightful quiet and restfulness of some pleasant summer resort. There is work for us yet, and plenty of it, let us do it with all our might. The gréatest centres of activity and population should be our meeting places for years to come. The Institute may well force itself upon the attention of the public by convening in such cities as New York, Boston, Philadelphia and Pittsburg in the east, and Cleveland, Cincinnati, Chicago, St. Paul, Denver, St. Louis and San Francisco in the west, making free use of the gréat dailies of these metropoli, and

of the Associated Press, for the heralding of its work, at the same time by its gathering in such public places arousing a deeper interest in and greater loyalty to its tenets and practices upon the part of its own profession. Let us all have the satisfaction and pleasure of hearing our biggest and best "long Ton" belch forth again in tones of former thundersness the splendid truths of homeopathy, that all the world may hear.

If we have been unfortunate in holding a session in St. Louis or Omaha at an unseasonable time, let us change our dates to suit local climatic conditions, and not hide our talents under a very insignificant bushel. And let us not be guided by the fact that more than two hundred new members were enrolled at such an out-of-the-way place as Richfield Springs, since it is apparent on the face of it that full one-half the number were drummed up for voting purposes. Like the American Medical Association, the American Institute of Homeopathy ought to hold all its sessions in great centres of population and publicity.

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Notes and Personals.

Dr. May O. Langley, of Denver, will spend the winter on the Pacific coast traveling.

Dr. W. D. Howe, of Cañon City, stopped of his way to Chicago, and made THE CRITIQUE a pleasant call. The doctor states that business is flourishing in his city.

Dr. Benj. F. Bailey, of Lincoln, Neb., made THE CRITIQUE a call on his return from Grand Lake, Colorado, where he has been taking a vacation.

Edward C. Shears, Lakota, N. D., has invented a shield for attachment to a surgical splint, or to be used in connection with plaster of paris or starch, or other form of bandage or splint, for the safe and convenient septic or antiseptic treatment and protection of wounds and injuries, and for the inclosure and treatment of boils and the like, as well as fractures and dislocations of the fingers, toes and other members.—*Scientific Am.*

THE CRITIQUE had a pleasant call from the representative of Fairchild Bros. & Foster, Mr. R. A. Brown. We are pleased to know that such a good house is again represented in this territory. Fairchild's Essence of Pepsin is the best preparation upon the market, a sort of stand-by in all digestive troubles.

Dr. Burr, a regular contributor to THE CRITIQUE, has promised to write up his trip East for the benefit of our readers. The East medical, from a western doctor and scholar's standpoint ought, and will interest our subscribers.

Dr. and Mrs. Eugene Storke have returned from a trip abroad. The doctor went to visit some of the old cathedrals and gain material for lectures. We should love to hear his lecture on the Cathedrals of the Old World, it is considered one of the finest ever delivered. The doctor is engaged by one of the lecture bureaus to deliver a number of lectures this winter. We take pride in noting the doctor's success in literature, because of former pleasant associations in medicine.

A long felt want is supplied by the energy of Dr. B. F. Bailey, who has opened a sanitorium at Lincoln, Nebraska. The building is a large, airy, roomy one and is fitted up with every convenience. Sanitation perfect; baths and electricity, with the best of masseurs. Amusement rooms and the culinary department unsurpassed. This institution is opened for the treatment of chronic, non-contagious diseases.

For the over-taxed nerves of the Colorado patient no better place can be found. The altitude of 1200 feet gives sufficient change, and yet retains much of the bracing qualities of Colorado's climate. We heartily recommend this sanitorium.

THE CRITIQUE is informed that Dr. and Mrs. W. A. Burr have gone east upon a visit. They will take in the Pan-American Exposition while away; visit his alma mater, and note the many changes in the management of hospitals and colleges since he was a student. All of which will doubtless be of benefit to the Denver Homeopathic College, where he holds a responsible position on the hospital committee.

Dr. R. A. Billings, of Ord, Nebraska, made THE CRITIQUE a visit and informed us that he will return to his home, settle up his affairs and locate at Longmont, Colorado.

Book Reviews.

ELECTRICITY IN MEDICINE AND SURGERY. By William Harvey King, M. D., of New York., with a section on Electro-Physiology by W. Y. Cowl, M. D., of Berlin, Germany, and a section on the Bottini Operation by Alfred Freudenberg, M. D., of Berlin, Germany. Boericke & Runyon Company, New York, Publishers. Price \$3.50 net.

The fact that all that is believed to be worth writing on the subject of electricity in medicine and surgery, including a section on the X-ray, is here contained in less than 500 octavo pages, is not due to an impractical condensation of material, for the descriptions are most complete, but to a careful preparation and sifting out of that which is useless.

The book, while intending to be thoroughly scientific, is aimed to be a practical treatise for the busy practitioner, and comprehensive text book for the novice in electro-therapeutics.

THE COSMOPOLITAN. Fourteen noted writers were sent by The Cosmopolitan to the Pan-American Exposition to study the most interesting features with a view to preparing the most beautiful souvenir of any Exposition ever made, from both a literary and an artistic standpoint. To "Mr. Dooley" was committed the case of the Midway. Judge Robert Grant went from Boston to give a bird's-eye-view of the Exposition in his own most delightful style. Albert Shaw and Nicholas Murray Butler studied the value of the Exposition, and its educational influence. Charles Y. Turner, to whom was committed the color-scheme of the Pan-American, explains the method by which he has produced such marvelous results. Arthur Brisbane, in his own incomparable way, takes the Incubator Baby and Niagara Falls for his subject. Director-General Buchanan contributes a very interesting paper on the organization of the Exposition. Professor Pupin, Col. David Porter Heap, Ella Wheeler Wilcox, Lavina Hart, Julian Hawthorn and John Brisben Walker are among others who consider the various phases of the Exposition.

Things to Remember.

G. W. Flavell & Bro. will furnish at the lowest cash prices all kinds of elastic trusses, abdominal and uterine supporters, elastic stockings, etc.

Read all about them on page XII.

If in need of medical batteries and attachments, electric bells, batteries, motors, storage and cautery batteries call or write John F. Barber, 1515 California Street, Denver, Colo.

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Dr. Given's Sanitarium of Stamford, Connecticut, is by far the handsomest located and most conveniently arranged sanitarium in the country. All kinds of nervous and mild mental diseases, and narcotic and alcoholic habitues treated. Write for particulars.

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Sanmetto in Urethral Stricture.—Dr. Jos. Swindell, of West Burlington, Iowa, writing, says: "I have been using Sanmetto for several years. I find nothing that suite me as well in genito-urinary diseases. I am using it right along in conjunction with treatment of urethral stricture. It soothes, checks and prevents smarting and inflammation that is so common after passage of bougie. Its ease of administration and formula should recommend it to the profession."

For reliability in the treatment of inflammations of all kinds do not forget that Marchand's Glycozone is the most powerful healing agent known.

The on-come of age is fortified by taking Fellows' Syrup of Hypophosphites; it aids the enfeebled digestion, especially where there is nervous exhaustion.

Corpuscular impoverishment is a diminution in the number of red blood cells and a retrograde alteration in their structural integrity. Such are the morphological changes in the blood made manifest by the microscope in cases of anæmia from whatever cause. Pepto-Mangan ("Gude") will relieve.

That Bovinine is a food, locally or internally applied, and when the stomach refuses nourishment, try it per the rectum. In surgical cases it is par excellent; it will help you out in all kinds of cases.

Parke, Davis & Company are prepared to furnish you the very latest drugs and aid you in further investigating them. When in doubt about things chemical, as regards the therapeutical action of drugs write to Parke, Davis & Co. and you will receive kind and courteous treatment and literature pertaining to the subject.

GENTLEMEN:—I enclose you copy of an act passed by the Tennessee legislature. It is now the law in that state; this is a stroke in the right direction, as most of the substitutions are done in prescriptions. We are assured that Dr. Deering J. Roberts wrote the act and through the influence of his friends had it passed. We submit the matter to you to act as you think proper. My own opinion is that the remedy for substitution lies in the hands of the physician himself. The *Med. Record*, Aug. 24th, in an editorial says: "* * Generally speaking the physician is the one to suffer the most, as his disappointed client is apt to leave him for another. How many lost patients can be accounted for in this way it would be difficult to imagine * * the man who substitutes once will do so again. He has no conscience to begin with and nothing, in fact, to which an appeal can be made."

When physicians become as careful of their tools as the carpenter or cabinet maker there will not be much substitution. The doctors are careless, think their duty ends with writing the prescription, that is why so many physicians are street car conductors, motormen, etc. I have heard

doctors say they would just as soon have the druggist make Bromidia as use Battle & Co's, thus opening the door to general substitutions. What is necessary is for the doctor to take the trouble to see if his prescription is filled as written, if not quit that druggist at once and for all, there are thousands of druggists who would no more think of substituting than of passing a counterfeit bill. Let the doctors patronize these. Just so long as the doctor will submit, just so long will substitution continue.

Respectfully,

C. A. BATTLE, Pres.

[We take pleasure in printing the above letter from one of our advertisers.]

Neat printing at fair prices, and just when you want it, may always be had at John Dove's, 1646 Arapahoe Street, Room 6. Telephone 2728. Printer of THE CRITIQUE.

EXAMINATION OF LAWYERS.—Q.—What is a writ of attachment?

Ans.—A letter from my sweetheart.

Q.—What is a stay of proceeding?

Ans.—Finding a roach in a plate of soup you have been eating.

Q.—When do you discontinue suit?

Ans.—When another fellow cuts you out.

Q.—What is an appeal?

Ans.—When cornered by your washerwoman to ask for more time.

Q.—What is personal property?

Ans.—A wife and children.

Q.—What is a "quo warranto?"

Ans.—A writ inquiring by what right one man can kiss another's wife.

Q.—What is distress?

Ans. A pain in the stomach.

A Corrector of Iodism.—Dr. W. H. Morse reports (*Southern Clinic* for May) success in the use of Bromidia, which he says has proved corrigental of Iodia. Discussing his results he says: "Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom, for this symptom Bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.—*Medical News*.

THE CRITIQUE.

VOL. VIII.

DENVER, COLO., OCTOBER 15, 1901.

No. 10

Pelvic Peritonitis.

By J. B. Brown, M. D., Denver, Colo.

Inflammation of the pelvic peritoneum is of frequent occurrence, and there are very few women that pass through life that are not afflicted with some of the various forms, either general or local.

The uterus and its adnexa perform the highest functions of any organ in the body. It is abundantly supplied with both spinal and sympathetic nerves completely enveloping the organs and performing their many duties.

As Martin very aptly expresses it, "it may be likened to a telephone; so long as the wires are in perfect order, they work to perfection, but just as soon as an accident occurs, or a crossing of wires, there is great confusion." Just so this pelvic brain acts. When from traumatic causes, or infective agents gaining access to the pelvic organs, immediately there is created a disturbance.

Inflammatory changes take place, and as the inflammation extends to the peritoneum, the lymphatics furnish an exudate which shuts off the lymph channels, and prevents absorption whereby the inflammation becomes localized.

By a wise provision of nature the pelvic peritoneum is a benign area, i. e. peritoneal absorption takes place more slowly in the pelvis than over the small intestines or diaphragmatic region.

When inflammation takes place immediately there is confusion of the nerve centers that control this portion of the body.

The hypogastric plexus, the governor of these organs, runs riot, there is great disorder and vaso-motor disturbances producing a lack of harmony of all the functions of the body.

Is it any wonder then that the patient has all the diseases

the flesh is heir to? This disturbed state of equilibrium will produce some of the most violent reflexes, namely: Stomach and chest troubles, chronic headache, vertigo, various neuroses and often insanity.

The gynæcologist has a vast field before him. Being familiar with the pathological changes that occur in these troubles and the reflexes they produce, he will direct his treatment accordingly, and by removing the pelvic trouble will see that hacking cough disappear, the appetite become normal, the brightening of the intellect, and headache a thing of the past.

These troubles may occur from other causes than pelvic trouble. A careful diagnosis will show which it may be. In examining these cases the patient must be placed in a horizontal position, with thighs flexed; this gives the position for bi-manual examination.

In diagnosing these cases we must first get the history of the case; second, all possible information by means of inspection; third, by palpation and manipulation; fourth, symptoms objective and subjective.

By inspection we can determine if the tissues are of the normal color, condition of os, if any lacerations or discharge. By palpation we determine the position of the uterus, its size and mobility, condition of cervix, ovaries and tubes, if any growth, adhesions, displacements, thickening of the walls or abscess. These conditions, together with the symptoms and history of the case, give us a working basis whereby we can make a reliable prognosis.

Among the various causes of pelvic peritonitis the gonorrhæal form is the most prevalent, especially so in the large cities. I think it safe to estimate that 75 per cent. of pelvic troubles are of gonorrhæal origin.

The gonococci are very virulent and troublesome germs, and it is a question if those who are peculiarly susceptible to that specific virus ever entirely recover.

In treating pelvic troubles both medical and surgical methods must be brought into play. Each case must be treated by its specific indications. The most successful gynæcologists

to-day are not the ones who rely entirely upon surgical, nor strictly medical measures, but one who carefully and unhesitatingly uses both.

Pelvic peritonitis caused from gonorrhœal infections does not respond to treatment as readily and is more prone to relapse than the various forms.

When endo-cervicitis or endo-metritis is a causative factor, these conditions must be treated by local tampon. Ichthyol 10 per cent. in glycerine is good in these cases and applications of iodine give good results.

Gonorrhœal endo-metritis calls for curretment, and if this is done before the infection extends far into the tubes and is followed with after treatment, consisting of intra-uterine douches and anti-gonorrhœal medication, the disease will be checked without further trouble.

Gonorrhœal salpingitis very often results in pyosalpinx. The pus exudes from the tubes into the peritoneal cavity, which causes a peritonitis and resulting in a mass of adhesions. When this occurs the tubes are ruined and the patient will never be well until the pus-pocket is removed and the adhesions broken up.

When performing this operation always remove both tubes, otherwise the patient will be a candidate for a second operation. The symptoms of specific peritonitis differ somewhat from the various other forms, as a rule the temperature does not run above 102 and very often it is sub-normal.

One case I recall to mind had a temperature of 101, pulse 90, a few days later the temperature dropped to 96.08 and pulse 48. I found afterwards that the patient normally had a slow pulse.

In the acute stages of these cases I give internally, bell., gels., merc. cor., cann. sat., argent nit., lachesis, apis, pulsat, etc., according to their indications.

In connection with the internal treatment I employ hot vaginal douches of boracic acid 5 per cent. or Lysol $\frac{1}{2}$ of 1 per cent. every three hours.

If the bowels are sluggish use enema. An ice bag over

the pubis will be of benefit. When inflammation is caused by abortion or labor and the toxemia is of a moderate degree, intra-uterine douching with internal medication usually suffices. Should the toxemia procede to a high degree curette at once.

In performing this operation (curetment) we must exercise great care, for it is a dangerous operation, it should be done only under strict aseptic precautions and by one who is familiar with, or in the surgical habit, otherwise he may make matters worse.

In other forms of peritonitis with the symptoms of persistent vomiting, excruciating cutting pains, tympanitis, especially around the naval, with thighs flexed, moist skin and pinched countenance, colocynth will relieve like magic.

Where there is great thirst, lips parched, tongue coated white or dark brown, offensive breath, headache, lancinating pains shooting through the abdomen and pelvis, patient irritable and don't want to be disturbed, bryonia will give prompt relief.

Should the pains linger, and of a sharp, stinging character, more prominent in the right illiac region, the disease is past exudative stage and adhesions are taking place, the urine is dark brown and scanty, may be albuminous, patient has no thirst or appetite, feels stupid and exhausted; apis mel., if given when these symptoms occur, will clear up the condition and make a well woman.

I have seen cases where immense quantities of plastic lymph were thrown out through the bowels and vagina, the cul-de-sac was distended with effusion, leading one to think that an operation only would prevent adhesions from forming and making the patient ever after a sufferer. I have cured such cases by giving belladonna, bryonia, colocynthis, merc. cor., lachesis, apis and sulphur, according to their special indications. I have examined patients a year after the attack and found the pelvic organs in normal condition and the patient in the best of health.

This being a fact, I believe there are many cases operated upon where, if the right remedies were prescribed accurately, there would be a speedier and better cure, and save the patient and family lots of trouble and anxiety.

Especially do I believe this to be the fact in cases of strep-

tococci, staphylococci, bacillus coli communis or mixed infection.

Where there is a chronic specific trouble resulting in abscess with adhesions, we must resort to surgical measures. Too often such cases are curetted when the tubes demand removal.

Before closing I perhaps should dwell for a moment upon the use of normal salt solution in this class of cases, it has been found that in profound sepsis this solution injected into the tissues beneath the breast has been a most satisfactory adjuvant, and where a patient has sustained severe shock the injection may be made intravenously with perhaps more prompt results.

White Wood as a Tobacco Cure.

The *liriodendron tulipifera*, also known under the name of poplar—white poplar, and white wood—is probably the largest of the lumber producing trees native to this country, excepting of course the giants of California. The inner bark has been used to a considerable extent, in years gone by, as a domestic remedy for malarial conditions, or infused in whisky as a tonic or bitters. This bark also constitutes a very efficient cure for the tobacco habit. The fresh inner bark may be chewed, or the powdered bark may be mixed with sugar and extract of licorice and pressed into a tablet, say of five grains of the bark. These tablets are to be allowed to dissolve in the mouth whenever the desire comes to take a chew or a smoke. The man who made the discovery cured himself, and he was the most inveterate chewer I ever saw. He also gave it to dozens of his friends with fine results, finally selling his receipt to a large drug house for fifteen hundred dollars. While the remedy is cheap, it is also harmless, and at the same time a fine stomachic, resembling gentian in its action upon the gastric organs.—*Eclectic Med. Journal*.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D., INSTRUCTOR IN MATERIA MEDICA,
DENVER HOMEOPATHIC COLLEGE.

Some Rather Ancient Remedies Quite Recently “Discovered.”

Me oh my! Isn't it simply astounding, the number of “brand new” remedies our friends of the dominant school have been discovering recently? (By the way, this word *dominant*, which has been used so long and faithfully, should have been changed to *dormant* long ago.) And, too, isn't it queer that upon investigation these same “new” remedies, *to the allopaths*, turn out to be some which have been “time tried and fire tested” by nearly every new school practitioner from the time of the immortal Hahnemann down to periods within the memory of the present generation; and, furthermore, the symptomatology of the selfsame startlingly new discoveries could have been found, as matters of no very recent record, by consulting most any text-book upon Homeopathic Materia Medica, had the “discoverers” exhibited one-half as much energy in searching for facts as they display gall in making extravagant claims to originality. One of the most recent instances of this character is the assertion of one Hall, who claims to have discovered (what proves to be two pretty thoroughly proven Homeopathic remedies) a cure for hemorrhoids. The two remedies to which he refers are *hamamelis* and *echinacea*. The former, proved by Dr. H. C. Preston, has been used a great many years by Homeopathic prescribers; the latter remedy is of more recent discovery, but has been the subject of Homeopathic discussion for a considerable while. We publish herewith the full report of this master-stroke of Allopathic activity:

“NEW REMEDY FOR HEMORRHOIDS.

Hall (*Cincinnati Lancet-Clinic*, March 23, 1901), led thereto by the effect of *echinacea angustifolia* on a suppurating wound of his finger, which had been bitten by his horse, prescribed a

mixture containing equal parts of the fluid extracts of hamamelis virginiana and echinacea angustifolia (Parke, Davis & Co.), for a woman school-teacher for whom a surgeon had recommended an operation as the only means of effecting a cure. Two fluidrachms were directed to be injected into the rectum after each operation of the bowels. This treatment was continued until six fluidrachms of the mixture had been used. The patient had prompt relief from pain, the hemorrhoids ceased to trouble her, and now she says she is entirely well.

Some patients treated later complained that the medicine was too strong, and the formula was modified to read :

Ext. echinacæ angust., 1 ounce.

Ext. hamameliis virg., 2 ounces.

Aquæ distillatæ, 1 ounce.

M. Sig.: Inject two fluidrachms after each stool.

The slight burning sensation experienced after the use of the mixture soon passes away, and the peculiar cooling effect of the echinacæ is felt by the patient."

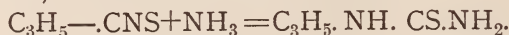
Now, the fact of the matter is, that had either one of these remedies, barring the water, been *indicated* and used homeopathically (and by that we mean as a *single remedy*) it would have accomplished the same result; but why the two should be combined is beyond the comprehension of any one in Homeopathic practice—unless, perhaps, it be the combination-tablet fiend, or the *Homeopath* who does not believe in the *indicated remedy*. Of *hamamelis*, Cowperthwaite says: "It acts pre-eminently upon the venous system of blood vessels, giving rise to varicosis, venous congestions, hemorrhages, and even structural lesions; *its most important action being upon the rectum* and generative organs. This information has been upon the statute books of Homeopathy for many years, and when we find "profusely bleeding hemorrhoids, characterized by burning, *soreness*, fulness and weight; at times rawness of the anus," we at once think of hamamelis and apply it as a *single remedy* in a manner best suited to the conditions. While *echinacea* has come up for discussion on several occasions, but very little information is in existence regarding its symptomatology. In THE CRITIQUE of

April, 1900, we find Dr. A. Waldo Furbuck quoted as authority for the following: "It has a decided influence on the blood and mucous surfaces. The natural secretions are at first increased in quantity, thin and tenacious, resulting in ulcerations and destruction of the secreting glands, which leaves the membrane in a dry and harsh condition. This drug acts through the ganglionic nervous system; principally upon the blood and mucous membranes of the outlets of the body." Echinacea has been used by the Homeopathic school for just such conditions as Dr. Hall found it useful in his own case, and if such conditions existed in the case of hemorrhoids it, no doubt, would prove useful, but why it should be forced to share the honors of a "cure" with another drug, of no doubtful standing in similar conditions, is a problem which we trust some one will solve for us real soon. But regarding the "new remedy" aspect of the case, will some one please enlighten us as to where it comes in?

Thiosinamine; Its Pharmacology and Therapeutic Use.

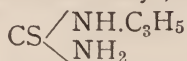
By William J. Robinson, Ph. G., M. D., New York.

Thiosinamine (chemically, allyl sulphocarbamide; allyl sulpho-urea, rhodalline) is prepared from oil of mustard. Two parts of oil of mustard are mixed with 1 part of absolute alcohol and 7 parts of ammonia water of a sp. gr. 0.900. The mixture is warmed to about 104° F. (40° C.) and then concentrated on a water-bath. On cooling, crystals of thiosinamine separate out. The reaction is very simple: The oil of mustard (chemically, allyl sulphocyanide) combines with the ammonia:



Its chemical name, allyl sulphocarbamide or allyl sulpho-urea, will be better understood by comparing it with urea, which is chemically carbamide. The formula of urea is $\text{CH}_4\text{N}_2\text{O}$ or $\text{CO}(\text{NH}_2)_2$, the graphic formula is $\text{CO} \begin{matrix} \text{N H}_2 \\ \text{N H}_2 \end{matrix}$; by changing the oxygen in carboxyl group to sulphur, and replacing the hydro-

gen in one N H₂ by the radicle allyl, C₃H₅, we get thiosinamine:



Thiosinamine appears in the form of colorless monoclinic or rhombic crystals, of a bitter taste and slight garlic-like odor. It is but moderately soluble in water and very soluble in alcohol and ether.

Mode of Administration and Dose.—Thiosinamine has been administered both by mouth, in the form of capsules, in doses of ½ to 3 grn., and hypodermically. For the latter purpose it has been used either in the form of a 10 to 15-per-cent. alcoholic solution, or as a 5- or 10-per-cent. hydro-alcoholic solution with a small amount of glycerin added. The hypodermic dose also ranges from 1 to 3 or 4 grn. The injections are practised once, twice or three times a week, and are preferably made in the intrascapular or gluteal region. They are painful, but not excessively so. Very recently Unna (see below) recommended the application of thiosinamine in various dermatologic conditions, in the form of soaps and plasters.

Therapeutic Uses.—The credit for having introduced thiosinamine to the medical profession belongs to Von Hebra, who reported his experiments with the drug in the treatment of lupus and old cicatrices to the Second International Dermatological Congress. He injected the drug subcutaneously in the neighborhood of the nodules and obtained a favorable local reaction, without in any way interfering with the organism in general. Also in cicatrices following the spontaneous ulceration of lupus of the applications of caustics, the tissue became soft and pliable. A case of ectropion caused by the destructive action of a lupus patch about the eyelids was completely healed. In chronic glandular swellings (not syphilitic) he also obtained very good results, causing diminution or entire disappearance of the swellings. The following year Hebra called attention to the systematic action of thiosinamine, pointing out that the drug exerts its elective action on lowly organized tissue, even if given internally or injected into a spot very remote from the affected part. In the same year Dr. Alfred Hans tried it in urethral strictures

with favorable results, and Dr. Latzko and Dr. Kalinczuk in diseases of the female generative organs. Latzko tried it in forty gynecological cases, such as tumors of the uterine appendages, perimetric and salpingitic inflammation, etc. He found that its softening action on cicatrices was undoubted; in many cases the tumors became diminished in size.

Prof. Unna and others also reported upon its action as a resolvent in cicatricial contractions and as a remedy in local tuberculosis; in the latter disease it seemed to possess a specific resolvent action, and also produce a great increase in the secretion of urine. In cicatricial contractions its effects were really remarkable. Thus, in one case where the hands were useless on account of the fingers being drawn tightly into the palms, the fingers were straightened out and the patient was able to resume work. In another case, a knee that was completely flexed and useless from cicatricial contractions, the thiosinamine brought about a remarkable improvement, so that the leg could be straightened almost completely. Some cases of corneal opacities of long standing being cleared up under the influence of thiosinamine were also reported at that time. Various authors also began to mention the favorable influence of thiosinamine on deafness following otitis media and ankylosis of the ossicles, caused by cicatricial or fibrous adhesions.

In 1896 Dr. Sinclair Tousey, after experimenting with thiosinamine for over a year, declared that "it possesses positive curative properties in causing the resolution of benign and malignant tumors, and the absorption of cicatricial tissue." Especially useful in his hands has it proved in the treatment of keloid, following an extensive burn on the arm, affecting two areas, each the size of a silver dollar and projecting $\frac{3}{4}$ of an inch above the surface, thiosinamine produced a complete cure. The hypodermic injections were made into the left biceps twice a week. The form used was a 10-per-cent. solution in absolute alcohol, and the dose ranged from $\frac{2}{3}$ to $1\frac{1}{2}$ grn. After twenty-seven such injections the cure was complete.

Dr. Richard C. Newton reported two cases, one of extensive cicatrix following a severe burn, the other of multiple ke-

loids, in which the injections of thiosinamine produced great improvement. In the case of the cicatrix, the patient was unable to use her right arm freely on account of a powerful band of cicatricial tissue which had formed along the lower border of the right axilla and pinned her arm to her side. After eleven injections, patient could use her arm freely and was discharged from the hospital.

In another paper, published about a year and a half after the first one, Dr. S. Tousey gives additional information, both from his own experience and that of other physicians, regarding the product. The solution he recommends for hypodermic use is made by dissolving 10 parts of thiosinamine in 100 parts of a sterilized mixture of water and glycerine. The full dose of this he considers 1 to 15 minims, injected into triceps or gluteal muscle every three days. Some have used 30 min. of this solution (containing 3 grn. of thiosinamine) as a usual dose, and in many cases it is well borne. The water-glycerin solution of thiosinamine keeps well and is non-irritant. No deleterious by-effects have been noticed following the use of the drug, though if it be administered in too large or too frequent doses, slight nausea, headache, and malaise may result in some cases. On the contrary, if carefully administered, thiosinamine produces a general tonic effect. The author also administered the thiosinamine by the mouth; 3 grn. were given every day for eight weeks, without disturbance of any sort and with the therapeutic effect sought for. There is no reason, the author says, why this should not become the general method of administration, as it certainly is the simplest. For corneal opacities, the author advises the injection of 12 min. of the 10 per-cent. solution into the triceps every three days until at least twenty-seven injections have been administered. Marked and permanent improvement in vision may be promised, but the improvement in appearance is not so striking.

One of the author's correspondents reports the cure or clearing up of a cataract under thiosinamine treatment, and should similar experiences be met with by other observers, an important addition to ocular therapeutics would be made.

Another use the author finds for thiosinamine is as a palliative in inoperable malignant growths. In one case of carcinoma of the bladder, an exploratory suprapubic cystotomy showed the impracticability of a radical operation. For a number of weeks after there was excruciating pain and the urine was thick with pus and blood. Thiosinamine was given hypodermically and the urine at once cleared up and the pain diminished. The treatment was continued for a long time and certainly seemed to palliate the symptoms, though, of course, it did not prevent a fatal termination.

In the treatment of urethral strictures, intramuscular injections into the thigh, with the occasional passage of a sound, have resulted "in the cure of strictures of a type usually amenable only to cutting operations." According to a German surgeon an *impassable* stricture will readily admit a filiform bougie after a few days' treatment with thiosinamine. This also occurred in a case of the author's.

Concerning deafness, the author urges a trial of thiosinamine in that form in which the tympanic contents are incapacitated for vibratory transmission by bands and masses of fibrous tissue. The drug, administered systemically, not locally, acts here as elsewhere to produce softening and absorption of cicatricial tissue. An instance is quoted illustrating the value of this treatment.

Dr. Chas. H. Hubbard, who has used the drug in conjunction with other treatment, says he is satisfied that thiosinamine is worthy of careful consideration in catarrhal deafness. In the same paper he reports three cases of defective vision—one of choroiditis disseminata, one of diffused opacity involving both corneæ with well-defined maculæ, and one of senile cataract—in which treatment with thiosinamine effected considerable improvement.

Recently Unna has been experimenting with thiosinamine applied locally, and with results highly satisfactory. He used it in a form of a soap of 5-, 10-, or 20-per-cent. strength, and also incorporated with his plaster mulls. The plaster proved more effective and less irritating than the soap and gave good results

in fibrous tumors of various kinds, in keloids, leprosy syphilitic lesions, and in the scars from smallpox. In the latter case a mask of thiosinamine plaster mull was worn during the night. No irritation or pain was caused by it. On parts of the body not covered with hair and protected by the clothing the plaster may be worn permanently, and this is the most effective method. On the face, hands and scalp, it is better to use the soap, letting it dry on, or the plaster may be applied at night and the soap used during the day.

If we summarize the literature on thiosinamine—both that which has been abstracted above and that which has not been so utilized, the following conclusions seem justified:

1. The beneficial effects of thiosinamine in cicatrices, keloid, chronic glandular enlargements, and lupus are undoubted.
2. The drug seems to possess a beneficial influence in corneal opacities and in deafness due to sclerosis and adhesions. Further testimony is needed in this direction.
3. The drug is claimed to have given good results in urethral strictures and in gynecological affections; but the number of reports is small and further evidence is necessary.
4. Taking in consideration the softening and resorbent effects of the drug, it seems rational to believe that it would produce good effects in such conditions as hypertrophied tonsils, hypertrophied turbinates, and in various hypertrophies of the skin. A cautious trial of the drug in the above conditions seems highly desirable.
5. From the latest reports it appears that when used locally—applied to or injected directly into the lesion—thiosinamine produces a stronger and more prompt impression than when administered internally.—*Merck's Archives, June, 1901.*

Bad Effects of Camphor.

F. Bohlen (*Deutsche Medicinische Wochenschrift*, May 16, 1901) reports two cases in which marked delirium followed moderate-sized medicinal doses of camphor. The first was a

man with compensated heart disease, in whom the pulse was very small and thready, and a catarrh of the lungs was present. Three-fourths of a grain of powdered camphor was given every two hours. In the second case the patient was a woman, who was suffering from heart symptoms following an attack of influenza. The same dose was given to her. After thirty-six hours the man had received nine and three quarter grains, and the woman nine grains. The effect on the hearts had been very satisfactory, but an intractable delirium had set in in both cases. At first this was not ascribed to the drug, which was continued. Bromine was given to quiet the condition, without success. After three days it occurred to Bohlen that the camphor might be responsible for the delirium; he therefore discontinued the powder and gave bromide alone, and was gratified by seeing the disagreeable symptoms disappear very shortly.—*Therapeutic Gazette*.

There is nothing particularly surprising in this case, and we do not imagine it would have taken three days for it to "occur" to a Homeopath that the physiological action of the drug was being manifested in the patient. Camphor is one of our best delirium remedies, consequently we would anticipate just such a result from an over-use of the drug. Next!

THE PAINS OF SPIGELIA.—1. The character of the pain is usually of a darting, stabbing character.

2. It is especially beneath the frontal eminences or temples, extending to the eyes, so he cannot turn without pain.

3. The eyes feel too large for their orbits—the intense pressive pain in them is especially noticed on turning them.

4. A similar pain in the cheekbones, lower jaw, extending to region of ear, again worse from motion.

Now, we infer from these symptoms that hyperesthesia of the filaments of the fifth pair of nerves is one of the most prominent symptoms of spigelia, and because it produces such a condition and symptoms as I have given you in part we are justified in administering this remedy for similar conditions and symptoms when found in disease. And we are not disappointed.—*Wm. Boerick, M. D., in Med. Century*.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

The Year's Advancement in Surgery.

By James W. Ward, M. D., San Francisco, Cal.

A correct estimate of the advancement of any department in science is best arrived at by comparison with previous attainments. A year in the march of our art is altogether too short a time to draw other than hasty conclusions? A review of the year's work serves essentially to offer suggestions as to the probable trend of methods, and at the same time serves to note the output of new ideas.

In this branch, as in all else in Nature, "nothing at any moment slumbers, but all is forever awake and busy."

Although the crowning year of the most famous of all centuries, nineteen hundred, closed with no startling discovery in surgery. It has been a year of consideration rather than innovation, a time for the maturing of ideas rather than the creation of new ones. This pause gives opportunity to admire the completeness of the present structure and prevents losing sight of the good foundation-work whose origin and construction belongs to other times.

SURGICAL TECHNIQUE.

Suture Material.—A novel introduction into surgical practice as suture material is celluloid yarn. Pagenstaker (Deut. Med. Wock) takes a good thread, boiled for half an hour in a one per cent. solution of soda, washes it in boiling water and dries between sterile compresses; it is then soaked in a solution of celluloid and passed again through the same solution; afterwards sterilized by steam under pressure and preserved for use, either dry or in an alcoholic solution of bichloride of mercury. The threads have a smooth, brilliant surface, never unravel or tangle, have great firmness and resistance, cannot absorb secretions, and are easily tied. They can be sterilized with the bandages in

steaming vapor. The strength of the thread is much greater than that of silk, and the knots hold with absolute security. The needle is easily threaded, as the yarn is rigid and easy to control.

Sterilization.—Eastman has called renewed attention to the bacteriological investigation by competent surgeons in New York, who have proven that 94 per cent. of hands and fields of operation, sterilized with chloride of lime and sal-soda, were free from pathogenic bacteria, while only 70 per cent. sterilized with permanganate of potash and oxalic acid were found to be in the same condition. In this former procedure there is generated the most potent of germicides, free chlorine. The chloride of soda formed in the chemical union is evidenced by the oily, soft feeling which is produced after the skin has been scrubbed. It is desirable, though, when abdominal operations are made, to still further immerse the hands in an alcoholic solution of bichloride. The value of this care is especially emphasized when we recall Cheyne's observation, that there are more pathogenic germs in one square inch of the human skin, than are to be found in a whole well-ventilated ward of a hospital. It is to be noted that where this lime-bleaching process is employed there is no complaint from sore hands of operator or assistants.

Alcohol as an Antidote to Carbolic Acid.—The discovery of alcohol's antidotal power over the most useful of germicides is of great value. Alcohol instantly arrests all cauterizing action, and stops the pain of cauterization at once. This permits suppurating cavities to be washed out with the pure acid, then promptly followed by flushing with the alcoholic antidote.

Closure of Cutaneous Wounds without Suture.—Dr. Howard Lilienthal urges the adoption in suitable cases of the above innovation. Cover the wound with sterile gutta percha tissue, and then approximate the wound edges with strips of india rubber zinc plaster, 20 per cent., made by Dieterich of Helfenberg, Germany. It is a plaster, pliable and non-irritating.

Formalin.—The formalin of commerce is the 40 per cent. solution of formaldehyd, and ranks as an efficient bactericide; it is an antiseptic and deodorizer. The solution's strength depends on the amount of formaldehyd it contain, and it should be re-

membered that it is two and a half times stronger than formalin, therefore the percentage of a given solution should be that of formalin and not that of formaldehyd. The solutions of formalin commonly used, are the one-eighth, one-fourth and one-half per cent.; the two former for washing infected wounds, irrigating and packing cavaties and sinuses—the latter for disinfecting the hands and surfaces of the body. They contain formaldehyd in the strength of one two-thousandth, one one-thousandth, and one five-hundredth respectively. The one-half per cent. solution is proper for hand-cleaning. The peritoneal cavity can be cleansed with 1-2000th solution after abscess. A formula easy to remember is

Formalin, fl. oz., 1.

Water, pints, 2½.

This one per cent. solution is used to prepare the one-eighth per cent. or one-sixteenth per cent. solutions for the dressings, by taking one part of it to eight or sixteen of sterilized water. The formaldehyd gas is slowly liberated in the wound. The pain and smarting produced is temporary.

Ethyl Chloride Anæsthesia.—The strife that is still raging between the advocates of chloroform and ether, or combinations of both with still other adjuvants, will hardly be further complicated by the advent of ethyl chloride as a general narcotic, for it is not in competition in the field of major surgery that it has to win its honors. Its chief competitor is nitrous oxide. It is as safe statistically as any of the others. It induces a very rapid narcosis and equally as quick an awakening, and is void of any after-effects.

Infiltration Anæsthesia.—Schleich, of Berlin, first introduced the infiltration of modified cocaine preparation as a local anæsthetic. At present Beta-eucain is equal to cocaine in anæsthetic power, and perhaps even superior to it. Of the two eucain preparations (alpha- and beta-eucain hydrochlorate) beta-eucain is to be preferred. The tonic effect upon the vessels which is claimed as an advantage for Schleich's method is probably of no importance. When correctly used, the two per cent. to five per cent. beta-eucain solutions in quantities entirely innocuous, effect a long continued and satisfactory anæsthesia in smaller doses than

used by Schleich. In strong solution it is applicable everywhere the Schleich solutions can be used.

Prevention of Vomiting During Anæsthesia.—The new drug, chloretone, is a valuable hypnotic, antiseptic and analgesic. It has the advantage over cocaine in being antiseptic. As a hypnotic it seems to act upon the central nervous system, and in doses of 8 to 20 grains it acts effectively, and yet not as a depressant to the circulatory and respiratory systems. In doses of 10 grains in women and children, and 15 grains in men, taken one-half hour before the anæsthetic, it has a most satisfactory effect in minimizing and preventing vomiting.

Subarachnoid Spinal Cocainization.—Nothing at the present time is claiming more attention than the analgesia produced by lumbar spinal puncture, Corning-Bier method. Anæsthesia must always stand as the greatest possible boon to humanity. The ideal anæsthesia is one which with absolute safety will render the patient entirely oblivious not only to the pain of the operative procedure but to each and all of its disagreeable features as well. This is more advisable in surgical than in obstetrical practice. The present status of spinal injection method leads to the conclusion that its only use is where ether and chloroform are contraindicated. It has a decided advantage, however, over general anæsthesia, in that the respiratory, cardiac and renal organs are not so seriously disturbed as by the inhalation method. I admit that there is a medico-legal element in these "experiments." In order to avoid the possibility of suits for damages in case of untoward results, it would be advisable to secure the absolute consent of the patient and family in writing, or in the presence of witnesses, after explaining to them the merits and demerits of the procedure, which carries with it some element of risk. The same careful attention here to skin sterilization is as essential as is common to good surgery.

Experience has pointed out the probable inaptitude of this method in abdominal section, cases involving acute, inflammatory, intra-peritoneal lesion of the abdomen and pelvis. Its field of usefulness is destined to be a narrow one, being more dangerous than chloroform, and a total failure as an anæsthetic in an unex-

pectedly large proportion of cases. The remote results of the invasion of so important a tract as the spinal canal may yet place still more contraindications than those at present appreciated.

Operations upon the Heart.—It is now known that the heart tolerates surgical measures. The heart has been exposed, and wounds of the ventricles sutured. The pulling and pressure to which it has been subjected seems to have caused no disturbance in function. Ninety per cent. of the wounds are penetrating. A needle puncture will rarely cause hemorrhage from a ventricle, but excessive bleeding is likely to follow injury of an auricle. A wound inflicted during diastole is less dangerous than a similar injury during systole, and those of the right heart bleed more profusely than those of the left. The presence of a foreign body in the heart, the size of the wound, the number of wounds, the connection of the cavities, the attending syncope, the involvement of Kroneckor's co-ordinating center, are important factors in determining the outcome.

Surgery of the Rectum.—Dr. Nicholas Senn, in a recent discussion on the subject of cancer of the rectum, remarked: "I wish to place myself on record as being absolutely opposed to the sacral route in all operations for radical removal of the carcinomatous rectum. The sacral route has been selected, of course, only in cases in which the carcinoma involved the upper portion of the rectum; but I am fully convinced by ample experience that radical operations can be performed in all cases justifying such a procedure, without this additional trauma and mutilation." This is a most interesting position from which to view an operation so productive of results as has been Kraske's.

Surgery of the Stomach.—It would seem that the status of operative work in perforating gastric ulcer has a justifiable field, but it must be early after occurrence of perforation. The expectant policy should be followed only so long as the symptoms yield to careful prescribing. Before perforation, exploratory incision and resection is advisable. In a critical summary of the literature on surgery of the stomach, there is a rapidly increasing popularity of operations for the establishment of communications between the stomach and intestines, over those dealing with py-

lorus itself, even where this extremity contains the pathological lesion. Surgeons are discarding such operations as pyloroplasty, pylorectomy or Lareta's operation, in favor of simple gastro-enterostomy.

Bladder Surgery.—The suggested improvement in the technique of supra-pubic systotomy refers to the detail in drainage. It consists in utilizing for the urinary bladder the principle that has proven so successful in the creation of a permanent gastric fistula, usually known as Kader's operation. The same principle has been satisfactorily applied to the drainage of the gall-bladder. This method attains effective drainage without leakage, rapid closure of the fistula or discontinuance of the drainage, and finally creation of a permanent sinus, allowing periodical catheterization. The valve action prevents the escape of urine and obviates the wearing of a tube or dressing. As performed by C. L. Gibson, this operation consists in snugly surrounding a tube of suitable caliber (32 F.) by an inverted cone of bladder wall, taking care to secure good bladder denudation.

Prostatic Hypertrophy.—The treatment of prostatic obstruction continues to be of unflagging interest. At the present time the most satisfactory method of operating is the partial or complete removal of the gland, either by suprapubic or perineal route, or by a combination of both of these methods. The Bottini operation may perhaps be of some service in certain carefully selected cases, but it does not give as immediate and free vesical drainage as does prostatectomy, which is a strong argument against its general adoption, as prompt and unobstructed drainage of the bladder is a most important factor in the treatment of these cases. Castration, vesectomy and ligation of the internal iliac arteries are not to be recommended.

Treatment of General Suppurative Peritonitis.—Some personal experience with this relentless complication during the past year has emphasized the possibility of its successful management, in certain cases by extensive flushing of the freely incised abdomen and continuous irrigation if need be, for several hours. The success depends on the rapidity and completeness with which the operation is performed. Breathless haste should character-

ize every movement. The thorough mechanical cleansing of the abdominal cavity must precede the provision for its subsequent efficient drainage. The accurate radicalism, *is sometimes* the truest conservatism.

Pelvic Surgery.—A most interesting innovation has been carefully described in the *John Hopkins Bulletin*, wherein Howard Kelley advises bisection of the uterus for removal of the pelvic inflammatory masses through the abdomen. It is applicable in supra vaginal or pan-hysterectomy. The time of operation is shortened; its steps are conducted with greater precision; surrounding structures are far less liable to be injured; fewer troubles and sequelæ follow, and mortality is lessened.

Hydrocele, although a minor surgical operation, has given rise to a host of operations, none of which are wholly satisfactory. Dr. Dudley Tait performs eversion of the tunica vaginalis. This differs absolutely from that of total excision. Instead of removing the serosa, it is retained and turned inside out, thus destroying the secreting serous sac.

Prolapsed Rectum.—French, of St. Louis, has introduced an original operation that has strong merit to speak for its permanent place in surgery. It consists of a series of sutures introduced at the highest part of the extruded gut, uniting the mucous surface to the skin. The needle passes directly through all coats of the protruding bowel and into the interior of the returning intestine, and about three-quarters of an inch below the junction of the external mucous membrane and the integument. After many sutures have been applied, the external mass is then cut away and careful antisepsis follows, until healing is secured.

The X Ray.—The reliable diagnosis or exclusion of renal and ureteral calculi furnished by the improvement in X-ray technique, and the complete operation with the kidney under control, has placed nephrolithotomy in a position where it rivals in accuracy of diagnosis and safety of procedure the old lateral lithotomy the brilliant operation of our student days, the mortality in each being about 3 per cent in the hands of the expert.

Skiagraphy of biliary calculi in the hands of Dr. Carl Beck

has been productive of definite results. The patient should be in the abdominal position, the pencil or X-rays being sent obliquely so as to invade the smallest amount of tissue. The field has been carefully covered by Prof. J. W. White, as to the medico-legal relations of the roentgen rays. I quote,

“1. The routine employment of the X-ray in cases of fracture is not at present of sufficient definite advantage to justify the teaching that it should be used in every case. If the surgeon is in doubt as to his diagnosis, he should make use of this, as of every other available means, to add to his knowledge of the case, but even then, he should not forget the grave possibilities of misinterpretation. There is evidence that in competent hands plates may be made that will fail to reveal the presence of existing fractures, or will appear to show a fracture that does not exist.

2. In the region of the base of the skull, the spine, the pelvis and the hips, the X ray results have not been as yet, thoroughly satisfactory, although the skiagraphs have been made of lesions in the last three localities. On account of the rarity of such skiagraphs of these parts, special precaution should be observed, when they are affected, in basing upon X-ray testimony any important diagnosis or line of treatment.

3. As to the question of deformity, skiagraphs alone, without expert surgical interpretation, are generally useless and frequently misleading. The appearance of deformity may be produced in any normal bone, and existing deformity may be grossly exaggerated.

4. It is not possible to distinguish after recent fractures, between cases in which perfectly satisfactory callus has formed and cases which will go on to non-union. Neither can fibrous union be distinguished from union by callus in which the lime salts have not yet been deposited. There is abundant evidence to show that the use of the X-ray in these cases should be regarded as merely an auxiliary to other surgical methods, and that its testimony is especially fallible.

5. The evidence as to X-ray burns seems to show, that in the majority of cases they are easily and certainly preventable.

The essential cause is still a matter of dispute. It seems not unlikely, when the strange susceptibilities due to idiosyncrasy are remembered, that, in a small number of cases, it may make a given individual especially liable to this form of injury.

6. In the recognition of foreign bodies, the skiagraph is of the very greatest value; in their localization it has occasionally failed. The mistakes recorded in the former case should have been easily avoided; in the latter they are becoming less and less frequent, and by the employment of accurate mathematical methods can, probably, in time be eliminated. In the meantime, however, the surgeon who bases an important operation on the localization of a foreign body buried in the tissues, should remember the possibility of error that still exists.

7. It has not seemed worth while to attempt a review of the situation from the strictly legal standpoint. It would vary in different States, and with different judges to interpret the law. The evidence shows, however, that in many cases, and under many differing circumstances, the skiagraph will undoubtedly be a factor in medico-legal cases.

8. The technicalities of its production, the manipulations of the apparatus, etc., are already in the hands of the specialists, and with that subject, also, it has not seemed worth while to deal. But it is earnestly recommended that the surgeon should so familiarize himself with the appearance of the skiagraphs, with their distortions, with the relative values of their shadows and outlines, as to be himself the judge of their teachings and not depend upon the interpretations of others who may lack the wide experience with surgical injury and disease necessary for the correct reading of these pictures."

CONCLUSION.

I am impressed that the future triumphs of surgery will depend greatly upon improved technique, profounder studies in pathology, and especially upon the nearer scientific association of the physician who sees, diagnoses, prescribes, decides, and the surgeon who is the final arbiter, and the possessor of the special skill required.

We cannot divorce medicine from surgery without impair-

ing the clinical result of the latter. Let every student in our medical colleges study anatomy and materia medica every day of every year throughout his college life, then there will be eliminated that great danger of modern surgery which is becoming more apparent every day, the tendency to operate hastily, and even unnecessarily, owing to the ease with which operations may now be safely performed. The growing custom of associating the physician and surgeon in the treatment of many cases in which operative intervention may be required is, therefore, a step in the right direction and brightens the dawn of the glad day to larger and greater success.—*James W. Ward, M. D., in Pacific Coast Journal of Homeopathy.*

THE CLINICAL VARIETIES OF BRIGHT'S DISEASE.—Bradford, of London, summarizes his views as follows :

1. We may recognize two forms of acute Bright's disease, one characterized not only by the well known urinary changes, but also by the presence of dropsy ; the other where dropsy is absent, and where the distinction between the acute Bright's disease and mere congestion of the kidney is by no means easy.

2. There are at least two forms of Bright's disease—one where the patient secretes a scanty, highly albuminous urine, and becomes markedly dropsical, the course of the malady being chronic, and death occurring usually from the mere water-logging of the tissues or from the development of inflammatory complications, or from chronic or subacute uræmia. The second form of Bright's disease, where the symptoms often run a latent course for an unknown period, and where the patient seeks advice on account of very vague symptoms of ill health, such as wasting, loss of strength, circulatory disturbance, or even where he does not seek advice until the onset of acute and fatal uræmia. In this form of the disease dropsy is absent, the urine is abundant and pale, and it contains a considerable quantity of albumin. It would seem that not only may Chronic Bright's disease be chronic from the outset, but also that the two varieties of chronic Bright's disease are not necessarily different stages in the same morbid process, but represent rather the different effects of perhaps the same morbid process.—*Lancet.*

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OPHTHALMOLOGY AND
OTOLOGY, DENVER HOMEOPATHIC COLLEGE.

Furunculosis of the Externae Auditory Canal Simulating Mastoid Periostitis.

For the following otological abstracts we are indebted to "Annals of Otology, Rhinology and Laryngology:"

"CONNAL. ("British Medical Journal," No. 2108.) The author calls attention to the anatomic structure of the outer ear, in that the cartilaginous tube is interrupted by two or three transverse fissures—the fissures of Santorini. These transverse clefts are filled in with fibrous tissue, which is continuous with the cellular tissue over the mastoid process. Again the upper part of the cartilaginous tube does not meet, the roof of the canal is filled in with dense fibrous tissue, which serves the function of closing the upper gap and at the same time unites the cartilaginous tube to the temporal bone. This upper fibrous structure is continuous with the loose cellular tissue around the ear in front, above and behind.

Case I. A boy, aged 8, complained of deafness and great pain in the right ear. Examination showed two furuncles, one on the floor and one on the posterior cartilaginous wall. There was marked swelling over the mastoid, displacing the auricle downward and forward, while the edema involved the eyelids of the same side.

Case II. Was similar in character. The staphylococcus aureus was found in the pus of both cases.—*Campbell.*

Treatment of Chronic Otorrhea.

FRANK ALLPORT, Chicago. (*Jour. A. M. A.*, March 2, 1901). As regards their views upon the treatment of chronic otorrhea, ear specialists are divided into three classes: 1. The ultra-conservatives, who still possess abiding faith in the syringe, insuffla-

tions, drugs and mild surgical procedures, such as the removal of polypi. 2. The conservatives, who try the above treatment for several months, and failing in this, resort to more radical measures. 3. The radicals, who, as soon as chronicity is established, proceed to open the mastoid antrum and tympanum. Among the first class are Ole Bull, Manning, Deutovitch and Samuel Sexton. In the second class are, Shepherd, Black, Stucky, Buck, Gompres, Burnett, Randall, Reinhard, Politzer, McBride, Lucal, Guye, Grandenigo, Ermann, Barr, Faraci, Buller, Cheatele and White. Among the radicals are Stacke, Schwartze, Macewen, Siebenmann, Jansen, Holmes, Alderton, Lane and Gleason. Although undoubtedly satisfactory results have been accomplished by the methods advocated by the first school, their adherents are becoming smaller each year, and the ranks of the conservatives are being daily recruited from the ultra-conservative column. While it is noted that the radicals are among our foremost teachers of to-day, the principles of the conservatives for otologists in general are to be adhered to.

The Importance of Early Recognition of Ear Trouble in Children.

MACLEOD YEARSLEY (*Pediatrics*, June 1, 1901), deplors the frequency of deafness in children due to failure on the part of the attending physician to recognize the existing ear affection in infancy. Often it is not until long afterward that the real trouble is appreciated, and it is then too late to effect a cure by treatment. Pain in the ear is due to inflammation or non-inflammatory affections. The latter, neuralgic, is rare in children. Loss of weight and elevation of temperature should always demand an examination of the ears. Hartmann regards intestinal disturbances in infants suffering from otitis media as being due to the reabsorption of the toxic poisons from the exudate in the tympanic cavity rather than as a result of infection entering the Eustachian tube during the act of vomiting. To the general practitioner the value of exclusion of ear disease cannot be overestimated.

The Influence of Mouth-Breathing upon the Dental Arch.

M. D. LEDERMAN, New York (*New York Med. Journal*, July 13, 1901), states that during the early period of childhood our efforts should be directed toward remedying mouth-breathing, in order to avoid the evil effects which may result to the growing osseous structures of the oral cavity and neighboring tissues. Nasal and post-nasal obstruction are the most frequent factors that bring about the mouth-breathing habit. If such a condition is found by the dentist, to whom a child is often brought for an increasing deformity of the palate, he should advise the removal of the obstruction as well as suggesting some form of mechanical aid to rectify the existing deformity. The untoward results are produced by the faultily directed atmospheric and muscular pressure. The temporary teeth rarely deviate from their proper position in the alveolar arch, but irregularity of arrangement in the permanent set is not an uncommon occurrence. The most common form of such displacement is caused by the presence of temporary teeth beyond the time of shedding, owing to some disturbance in the process of absorption. This condition is frequently secondary to some defect in the general system, and the evil influences of mouth-breathing are so common in early life, that attention to the local affection in the pharynx is emphatically indicated. When the mouth is closed, the tongue rests against the teeth, the alveolar processes and the palate, thus equalizing the pressure of the cheeks against the lateral portion of the maxilla. This provision of nature loses its influence when the mouth is kept open. Thumb-sucking is also a factor which is suggested as an exciting cause of the dome-shaped palate. To avoid such malformation, prophylactic measures must be employed at an early period, and the exciting factor removed in the early years of childhood.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

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EDITORIAL COMMENT.

THE sudden death of President McKinley within eight days from the time he was wounded and after the general public had been assured by the attending surgeons that he would undoubtedly recover, was as great a shock to the American people as was the first announcement of the assassination. Ever since then the old school medical press has been filled with explanations, and explanations of the explanations, of just how the great national calamity occurred.

We have no desire to enter upon a criticism of the surgeons who attended the distinguished patient, but why they ever allowed themselves to drift into such unwarranted optimism is something which is beyond professional comprehension, and can never be satisfactorily explained. The history of abdominal surgery did not warrant any sanguine hope of recovery before the twelfth day at the earliest, and no one knew this better than the surgeons in attendance upon the President.

It is our belief that the vast majority of medical men were not deceived by the bulletins sent out during the first four or five days, and were not at any time assured of the President's safety. The symptoms as detailed were not satisfactory to ex-

perienced observers, and grave doubts were freely expressed in all parts of the country.

While the autopsy makes it pretty evident that the wound was fatal from its inception, regardless of whatever might or might not have been done, there remains some ground for criticism of the methods actually pursued.

The advisability of the primary operation in such cases is very questionable. The President was necessarily suffering from severe shock, and we are firmly of the opinion that the opening of the abdomen, under profound anesthesia which lasted nearly two hours, was a grave mistake. In the absence of more urgent symptoms than appeared in this case, time should have been given for complete recovery from the original shock before deciding upon any operation. Here again the autopsy sustains this course, for it shows that there was no hemorrhage, the kidney was barely scratched and the bullet had missed the pancreas altogether.

On the whole, therefore, non-interference, while it might not have saved the President's life, would most certainly have added to his chance of recovery.

Apropos of this view, we cannot refrain from referring to a paper by Dr. E. E. Robinson, in "Annals of Surgery," on "Gunshot Wounds in the Philippine-American War," in which he expressed a decided opinion that gunshot wounds of the abdomen should not be operated upon. Of thirty cases treated without operation, twenty recovered. Of four cases operated upon, three died and only one recovered.

THE autopsy attributes the cause of death to gangrene resulting directly from the effects of the bullet wound. This statement is far from satisfactory to the profession. The conditions found after death were peculiar and puzzling. There was no

evidence of hemorrhage or pus or peritonitis or of septic poisoning. What then was the real cause of death? This question is being studiously discussed by many of the leading journals, but no satisfactory conclusion has been reached, so far as we have been able to observe. In the light of our present knowledge it seems to us most reasonable to attribute the lamented President's death to direct injury of the solar plexus, that great abdominal brain whose function in sustaining human life is not yet well understood. The damage done to this important nerve center probably accounts most satisfactorily for the necrosis and lack of repair found to exist along the track of the assassin's bullet.

On the Editor's Table.

The medical profession is unique. In this age of skepticism there is a constant watch out for something new, something "scientific." When a man makes a statement of something supposedly new the whole profession stampedes after him like a herd of cattle. They remind one of a flock of baby chickens that will scramble after a kernel of corn or a bug, and go way beyond the object of their rush. They overreach. It is only after a long time that the discovery finds its proper place.—*N. A. Journal of Homeopathy.*

Mr. McKinley was doomed from the beginning. The one great mistake made by his professional attendants was a strange, almost hysterical, optimism. But they did their duty. They acted up to the highest standard of scientific materialism, and in so doing have beyond doubt earned the gratitude of a profession who as a rule attach more importance to material manifestations than they do to the influence of mind over the body.—*Pacific Coast Journal of Homeopathy.*

In summary, the three chief dangers by which the President is threatened are peritonitis, retro-peritoneal abscess, and

uremia. The first seems most important, *but prompt aseptic surgery* has done very much to minimize this. The second, retro-peritoneal abscess, depends on an infection of the final resting place of the bullet and, although very serious, is not necessarily fatal. The third, uremia, depends largely upon the previous state of the patient's kidneys, which is unknown to us.—*Philadelphia Medical Journal*.

"I think that more cases similar to the President's would be followed by recovery if prompt surgical treatment at the hands of men with the capability of the President's surgeons were instituted. The results in the President's case demonstrate the value of asepsis and not anti-sepsis."—*Dr. John B. Deever, Philadelphia*.

"The surgeons [in President McKinley's case] were prompted by their large and varied experiences, and were not in the slightest degree influenced by the opinions of Sir William McCormac and Mr. Teeves as to the non-interference in gunshot wounds in the abdomen."—*Dr. Jos. Price*.

"The medical profession should feel especially proud of this triumph of modern surgery, and while the greatest praise should be awarded to all the physicians associated in the management of the President's illness, the prompt and skillful work of Dr. Mann should not be lost sight of as the important factor in rescuing the President from certain death."—*Dr. R. C. Norris*.

"The President will recover. His recovery will be due to the prompt assent he gave to the energetic proposal of his medical advisers, and last, but not least, to the excellent surgery practiced on him. The surgeons that are saving the life of President McKinley could probably have done the same for Garfield, because they knew and practiced the same methods in 1881 they are employing so successfully to-day, but they were young men then and the gray hairs at the head of the profession did not practice modern surgery."—*Dr. Arpad G. Gerster, of New York*.

"It is a satisfaction that this life, so precious to us and to the whole civilized world, has been saved by a foundation laid by two of our own immortals. Irrespective of this happy result, we have to congratulate ourselves that this celebrated case has been handled throughout in so masterly a way that it will stand forever as an example of perfect, scientific surgery."—*Dr. Christian Fenger, of Chicago.*

"The promptness with which the President was treated saved his life. The fact that the surgeons treated him like any other patient with a similar wound and the skill employed speaks well for American surgery."—*Dr. Orville Horwitz.*

"The President's case furnishes new and striking proof of the soundness of the American method of treatment of gunshot wounds of the abdomen."—*Dr. Wm. B. Coley, of New York.*

*Chronic Gastritis.

Report of a case, by Dr. Chas. J. Pollard, Princeton, Ky.

Chronic gastritis is a condition of the stomach almost daily met with in this country in a more or less well developed form, and to successfully treat these cases as they come to us is a goal we all desire to reach.

This disease is almost invariably associated with more or less indigestion manifested by many protein symptoms and accompanied by more or less active vomiting of the ingested materials.

The gastric secretions are almost without exception abnormal, many fermentative changes taking place in stomach contents, thus necessitating lavage more or less frequently for its relief.

The report and treatment of the following case, while not

* Read before the Meeting of Kentucky State Homoeopathic Medical Society, May 29, 30, 1901.

strictly in accordance with true homeopathic prescribing, perhaps, was so prompt in effect and has proven so lasting in results that I shall be willing to shoulder any censure that may be heaped upon me.

On May 21, 1900, Mr. H., came to me from an adjoining country and applied for treatment having been through the hands of two old school physicians, in the last four years.

His age, 57; average build, lean, languid, dull, expressionless eyes, coated tongue, dirty, sallow colored skin, gave history of indigestion for last four years, characterized by eructations of sour materials, pain after eating, nervous depression, sleepless nights, constipation alternating with occasional attacks of diarrhœa, vomiting, not marked, loss of flesh, weak pulse, flabby muscles, in fact a typical case of gastric catarrh in its chronic form.

From the history of treatment and the many symptoms pointing to the drug, I prescribed *nux vomica* and diluted muriatic acid after meals, believing the digestive fluids deficient in quantity. The patient reported some improvement in two weeks, his medicine was repeated and he was cautioned about diet, as formerly.

He reported again on the 21st of June, 1900, and gave history of an attack of rheumatism one week before, but still improving slowly of his stomach trouble.

In the meantime I had been studying this case arduously, I read of a case having been successfully treated with hydrozone and glycozone, then I conclude to use these as adjuvants when patient returned.

Owing to impossibility of regular lavage, I furnished patient with two ounces of hydrozone and directed him to add one ounce to a quart of sterilized water and take half a tumblerful half an hour before meals.

This, you will perceive, would procure a clean surface for the oncoming meal, though for the first few days it produced some discomfort he said from accumulation of gas.

Immediately after meals he was ordered to take a teaspoonful of glycozone in a wineglassful of water, and three grains of *nux vomica*.

The next report was the 16th of July, when the improvement was very marked in his general appearance; patient was then able to eat without any dread of pain or discomfort.

Prescription was repeated and by August 1st all signs of any lesion of stomach had disappeared. Patient claimed to be well for the first time in four and one-half years.

Treatment was discontinued, of course. I saw the patient recently and he had practically no trouble since last August.

Dr. Finlay Ellingwood, in his excellent *Materia Medica*, says glycozone is one of the best manufactured products of the present time in its action upon enfeebled, disordered stomachs, especially if there is ulceration or catarrhal gastritis.

It is a most efficient preparation, and I shall use it freely in the future.

Correspondence.

WASHINGTON, D. C., Sept. 18, 1901.

Editors Critique:

On a flying trip one has little time for news-gathering, but a short letter on a variety of topics may be of some interest to your readers.

On that fated Friday when President McKinley was shot I was standing in the shadow of the Temple of Music. A great crowd had gathered and were waiting to take part in the President's reception at 2 P. M. As the President entered the Temple the great organ began to play. It was my lot to hear the fatal shots and the following noise and confusion, but the Temple doors were quickly locked and it was some minutes before it was definitely known to the crowd on the outside that such a tragedy had been enacted, and that even the President himself was the victim.

Later I visited the Emergency Hospital near by and saw the operating room, with appointments and conveniences not superior to our own Denver Hospital, where the President was operated on and the fatal bullet sought but not found.

The Incubator in the Midway had many visitors. Several

infants of premature birth, in the various stages of viability, were each in a glass show case, provided with air carefully kept at the right temperature and with means to exclude unnecessary light. Each infant was provided with a proper bed and, except when nursing its stated allowance of food from an ordinary nursing bottle, or while being cared for by the nurse, quietly slept the hours away. Young medicos chaperoned the visitors, in groups, through the building, explaining, in brief, the methods and giving something of the life history of each little being whose real life had so recently begun.

It has been suggested, in the light of this human incubator, that in the near future maternity may consist of a very easy birth in the early stages of viability, when the danger to the cervix-uteri and the perineum of the mother is practically *nil*. At birth the little innocent to be confined to the care of a well-appointed incubator, there to remain such length of time as the mother should desire. It is true, such a course would cheat the gynecologist out of many a rich fee, but perhaps motherhood would be more willingly and generally assumed, and induced abortions become practically things of the past.

The visitor to Washington scarcely fails to come away charmed at what he has seen and pleased with the general kindness and courtesy of her people.

The wonderful Library of Congress building alone is well worth a trip to the capital. The average visitor is surprised to find such a marvelous work of art and beauty within our own shores. It is as if our nation has done her best to show to the world that there is a taste and a talent for the highest and best of art in architecture even in our own country.

A visit to Hahnemann's monument, erected a year ago in Scott Circle, was not disappointing. Unique in design and beautiful in execution, it will ever be the pride of the admiring millions who will come in future ages to all but worship at its shrine.

W. A. BURR, M. D.

DENVER, October 1, 1901,

Dear Editor:

How good a thing it is that "brethren live together in unity"—and stick together—*secundum artem*.

Here is some more germ talk that is good reading :

"Dr. Mann cross-examined:

"The germs which you speak of are present, I understand, in all our bodies?"

"Yes."

"And make their work prominent when the body is in any way injured?"

"That is true."

"That you expected, of course, in this case?"

"If the operation is carefully and properly performed we can to a certain extent guard against the entrance of these germs. We cannot do so entirely."

"How?"

"By having everything absolutely clean which is used in the operation—the hands of the operators, the instruments, the ligatures and things we use. Nature can take care of a certain number of germs and overcome their bad effect."

"Are there any remedies known to the profession to prevent the action of these germs?"

"There are remedies which will kill the germs, but it is very difficult to apply them deep down in the tissues of the body. After they have got lodgement in the tissues it is impossible to kill them."

I've tried to swallow the allegory entitled "Bacterium Coli Commune Fundi," but they are charging up everyone they kill to these little scavengers, and possibly making the matter so absolutely ridiculous as to open the door for every kind of magnetic and kindred sciences, *et al.*

I do not wonder that thinking and enlightened people embrace any or all the new fads which are not quite as transparent as the average germ, the most dangerous and only really dangerous of which is the Katakritosanoos.

They "point with satisfaction."

I heard a story of an Irishman who visited an undertaker with the request that he get the coffin ready for Sullivan :

"Blessed glory!" exclaimed O'Rourke, the undertaker. "Is poor Sullivan dead?"

"Not yet," replied Pat, "but the Doctor says he will die to-night, and I think he knows what he gave him."

This story has nothing to do with the following from the "Philadelphia Medical Journal" of September 21 :

"We, as medical men, may point with satisfaction to the surgical records of two great national patients, President Garfield and President McKinley, an exemplification of the vast strides that have been made in the technique of surgery during the last two decades."

Mr. Editor, will you explain what they are pointing at?

C. N. HART.

Notes and Personals.

Dr. William S. Wallace, representing Mellin's Food Company of Boston, Mass., made **THE CRITIQUE** a pleasant call. Mellin's Food has no superior for infants and invalids. It is an old friend of ours and has helped us out many a time.

Dr. Benj. Bailey's sanatorium is open for the treatment of chronic non-contagious diseases. You are invited to make investigation, and the management will be pleased at all times to furnish you prompt and full information in regard to prices, methods and treatment.

Dr. D. A. Strickler has gone East to visit his daughters.

Dr. N. G. Burnham has gone to the Pacific coast for a much needed rest.

Dr. W. A. Burr and wife have returned home after a visit to the exposition at Buffalo and several of the Eastern cities.

Edward R. Snader, M. D., has removed to 1919 Arch street, Philadelphia, Pa.

Things to Remember.

Stop those repeated attacks of rheumatism and frequent colds by adopting Deimel Linen Mesh underwear ; it costs a trifle more, but saves in the long run. Read all about it on page 6.

The most powerful healing agent known, Glycozone. Marchand's.

The following is a copy of clause in contract existing between Messrs. A. Gude & Co., Chemists, Leipzig, Germany, and the M. J. Breitenbach Company, of New York:

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The profession will see at a glance the intention of Dr. Gude, Chemist, and one which we accept as just, that under no circumstances shall PEPTO-MANGAN ("GUDE") be introduced to the public, relying solely upon the practitioner to accept it as the standard in the class to which it belongs.

The efficiency of mechanical appliances requires study and practical experience. The name of "Flavell" upon goods is proof that the article is designed especially for its objective treatment. Thousands of physicians testify to the merits and reliable construction of the Elastic Stockings, Abdominal Supporters, Trusses, etc., made by G. W. Flavell & Bro., 1005 Spring Garden St., Philadelphia, Pa.

Ecthol exerts a decided influence on eczema, and can be used to advantage in several different conditions. In cases of moist and inflamed lesions, with great soreness and irritation, it may be given in teaspoonful doses; and the more markedly the eruption is purulent the more decided the effect. It may also be used with manifest advantage when the patches are greatly infiltrated and the inflammation is sub-acute in character.—*American Journal of Dermatology and Genito-Urinary Diseases.*

SANMETTO IN ENURESIS.—I used Sanmetto in the case of a young miss, thirteen years of age, who was becoming a regular "wet the bed." I had tried all the usual remedies, but failed to make a cure, so I tried Sanmetto and the result was a perfect cure, as she has not been troubled since the first treatment with Sanmetto, and I inquired to-day and was informed



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in Children, Inflamed and
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Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Eye Balsam."

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Hydrozone is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

Glycozone is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, white and black letters, red and blue border, with my signature.

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that she had attended school, traveled two hundred and fifty miles, losing two nights sleep, but not once has the trouble returned; therefore, I call it a cure in every sense of the word, and another triumph for Sanmetto. I can say that in over forty-six years practice I have never found a medicine that is as near a specific for the purposes intended as Sanmetto.—*Wm. H. Anderson, M. D., Soda Springs, Idaho.*

All family trees are more or less shady.—*Ex.*

CARBOLIC ACID AS AN ANTITOXIN.—Professor Bacelli, Director of the Royal Medical Clinic of the University of Rome, has been employing plain hypodermic injections of carbolic acid instead of the many antitoxins on the market. His example has been followed by many of the professors in Italy, France, Germany and Russia, and the claim is made that the simple carbolic acid injections are followed by better results than are the serums. The strength of the carbolic acid solution used varies from two to three per cent. It is made by dividing the purified crystalized acid in distilled water. The dose for hypodermic use is three to four centigrammes daily.—*Canada Medical Record.*

I do not like to eat my meals,
 Because of this one thing :
 I always have to fold and put
 My napkin in its ring.

—*The Philistine.*

In St. Paul's, London, a guide was showing a gentleman round the tombs. "That, sir," said the man, "his the tomb of the greatest naval 'ero Europe or the world hever knew—Lord Nelson's. This marble sarcoughogus weighs forty-two tons. Hinside that his a steel receptacle weighing twelve tons, and hinside that his a leaden casket 'ermetically sealed, weighing over two tons. Hinside that his a mahogany coffin 'olding the hashes of the great 'ero." "Well," said the Yankee, after thinking a while, "I guess you've got him. If ever he gets out of that, cable me at my expense."

The on-come of age is fortified by taking Fellows' Syrup of Hypophosphites; it aids the enfeebled digestion, especially where there is nervous exhaustion.

Parke, Davis & Company are prepared to furnish you the very latest drugs and aid you in further investigating them. When in doubt about things chemical, as regards the therapeutical action of drugs write to Parke, Davis & Co. and you will receive kind and courteous treatment and literature pertaining to the subject.

THE CRITIQUE.

The Country Doctor

I've heered of doctors smart as lightnin'
 In the colleges and schools;
 I've seen 'em wearin' hats like stovepipes
 An' a-actin' like dam' fools ;
 But I never seen 'em mount to nuthin'
 When the crib was wet with tears
 Of'n anxious mother, bent an' weepin'
 Fer the babe that blessed her years.

Ye kin talk of science all you min' to,
 Of the progress science makes,
 Of how them city doodlet-doctors
 Do things, but I 'low it takes
 A little more than stovepipe headgear,
 Clo'es an' canes, an' hot air talk,
 To cure the fever ager, or to
 Make the rhu-ma-tick to walk.

I've seen 'em thumpin' on the chest like
 Monkeys on a hive o' bees,
 A-listnin' thro' some tube er other
 Like a preacher on his knees;
 I've heerd 'em talk of microbes nestin'
 In the apex of the lung,
 Of stickin serum in the backbone,
 Seen 'em peekin' at the tongue;

But when our Sairy Ann was taken
 With a sharp pain in her chest,
 An' all run down with hackin' conghin',
 Breakin' of her sleep an' rest—
 I notice *she* warn't helped by science
 Of that hifaluten doc
 That tended her, more'n flannel wrappin's
 Or her neck tied with a sock,
 An' so I've come to this conclusion--
 Jes' as hones' as could be—
 The good ol'-fashioned country doctor,
He is good enough fer me!
 We may be wrong—but my ol' woman,
 She agrees with me in that
 Mos' all the science high-toned doctors
 Have, they carry in their hat.—*Ex.*

"Is the boss in?" asked the stranger, entering the drug store. "No," replied the absent-minded clerk, "but we have something just as good."

THE CRITIQUE.

VOL. VIII.

DENVER, COLO., NOVEMBER 15, 1901.

NO. 11

Treatment of Diphtheritis.

Edwin Jay Clark, M. D., Denver.

We generally speak of diphtheritis as a very severe disease and one hard to treat. This idea is evidently due to our evil associations which have corrupted our methods of treatment. Oehme, in his valuable work on the therapeutics of this disease, says: "The unfavorable results of allopathic physicians should not mislead us to consider the disease naturally as serious and fatal as with them, since the more heroic the external treatment the worse the result; on account of this treatment their success is more unfortunate and murderous in this disease than in any other; it is they who make the disease severe and fatal." In this paper I desire to emphasize that last thought. Diphtheritis would not be so severe a disease if it were not for the doctor. How hard we often work to remove the outward manifestation of disease and forget the inward cause. How we apply something locally to suppress and hide, while internally the cause is on the increase. The unwise local meddling of this disease is beginning to impress itself upon our allopathic brothers. "Modern Medicine" emphasizes the statement, "*The membrane must not be removed.*" Some time ago I had the misfortune to be called into a diphtheritic case that had been under allopathic treatment for three days. I doubt if the healthiest one among us could stand the treatment that sick boy was receiving. I have never seen meddlesomeness carried to the same extent under a homeopathic attendant, though I have seen cases where the doctor had lost complete control of himself. The first step in the treatment then is self-control. The best basis for this is a thorough knowledge of the science and art of healing and how

to apply that knowledge. I read some time ago about the new doctor, after being called to a case of diphtheria, meeting his preceptor and anxiously inquiring: "What shall I do, Johnny Smith has diphtheria?" received the well timed answer, "Go and treat Johnny Smith and let the diphtheria alone." Here is where the homeopath has the advantage over empirics or allopaths. He can treat Johnny Smith, they can not. The homeopath who has no favorite remedy and who does not always try to fit his favorite remedy to the patient or the patient to the remedy has the lowest death rate.

Isolate your patient in a cheerful room, well ventilated, free from drafts and keep it as near as possible at 70° Fahr. Secure as complete quiet and rest of patient as possible. This quiet cannot be secured by rousing your patient every thirty minutes for medicine, spray, swab, etc. Cleanliness is important to the patient, attendants and others. Boiling water plentifully applied furnishes the needed disinfectant for the dishes. Clothing should be boiled for one hour at least. Discharges should be received upon cloths or other substance which should be burned shortly after being used. If larynx is affected the air should be rather moister than Colorado air naturally is.

Diet should be liquid and nutritious. Orange juice, juice of the bread fruit, grape and pineapple juice are often gratefully received and of benefit. Externally, hot applications may be applied to the neck. Internally, if you must use some local application, use dilute alcohol. But do not use it too often.

Diphtherinum 30 to 200 forms a safe prophylactic.

Amongst our leading remedies are apis, carbolic acid, kali bichrom., lach., merc., hydrylicyanus, nitric acid, phytolacca, salicylic acid and sulfuric acid.

Apis is frequently called for in diphtheritis when bell. is prescribed. Violent inflammation of throat, at first having a varnished appearance as though tonsils and fauces were coated with a glossy red varnish. Pain burning, stinging. Marked prostration and depression. Much fever. Aggravation from heat. Exudation usually more marked on right side. Puffiness about the eyes and oedematous swelling of face and neck may

be noticeable. Sensation of fullness in throat, which necessitates swallowing, but the act is very painful. Skin dry and hot, pulse accelerated and patient very restless.

Carbolic acid.—No high local inflammation; no severe pain; the fever, if any, adynamic; much exudate; great languor, weakness; great prostration; weak pulse and paleness of face, great fetor oris.

Kali bichrom.—Deep-seated affection and ulceration of mucous membrane; bloody discharge; stringy tough mucous which may be drawn into strings; great weakness; cachectic look; swollen glands. Would use it in this deep-seated affection of the membrane whether sputa was stringy or not.

Lachesis.—Subjective symptoms, especially those of throat, much severer than objective; begins on left side, or goes from left to right; great prostration even before exudation; extreme, painful and difficult swallowing, worse after sleep; throat very sensitive to pressure.

Mercurius hydrocyanicus.—Poisoning cases show gangrene of the velum palatinum and fauces. In the cases used in New York for poisoning, the death certificate read diphtheria and it took a chemical analysis of stomach contents to prove the presence of the drug. Leathery patch on tonsils; pharynx and uvula covered with dirty gray exudate; pulse feeble; great prostration; pallid and sodden countenance furnish a marked picture of diphtheritis. Indicated after apis when the exudate invades the nose and there is excessive debilitating perspiration even from slightest motion. This remedy, unlike antitoxin, is of value in the very worst cases. The danger lies in using it low and too often and thus killing your patient through the influence of drug and disease poisoning. Villers, who introduced it, began with the 6th and soon used only 30th potency, reporting better results as he went higher.

Nitric acid.—Syphilitics or after mercury. Swallowing very difficult and exceedingly painful; excessive salivation; fauces and glands swollen; fetor oris; great uneasiness; violent fever; where the mucous membrane has the appearance of having been cauterized by nitrate of silver.

Phytolacca decandra.—Chilly; violent pain in the head, back and limbs; great prostration with fainting or vertigo; high fever; severe inflammation of throat; tonsils soft, palate and fauces highly inflamed, very much swollen, sore and sensitive; deglutition almost impossible; sensation as of a lump in throat, or as if a ball of red hot iron had lodged in throat. Throat dark red color. With every attempt to swallow excruciating pain in both ears.

Salycilic acid.—Little or no fever, great weakness, difficult deglutition; much inflammation; soft exudate.

Sulfuric acid.—Accumulation of sticky, tenacious exudate in the fauces; salivation; apathy; sopor.

Whatever else you use do not forget fresh air and cleanliness of patient and surroundings.

Carbolic Acid in Tetanus.

Carbolic acid has been used by Dr. Flavel Wood in a case of *traumatic tetanus* with perfect success. The patient, a boy of twelve, had run a nail into his foot and soon after developed severe symptoms of tetanus. The treatment was as follows: 10 drops of 10 per cent. solution of carbolic were injected hypodermically, in a few minutes 15 drops more, then 30 drops; the dose of 30 drops was repeated every half-hour all day and night. The second day the same dose was injected every two hours, and on the third day a dram of the same solution was given in glycerin per os—three times during the day. During the first day about two-fifths grn. of extract of *cannabis indica* was injected together with the solution, but when the pupils became contracted the drug was discontinued. On the third day of treatment the patient was able to swallow, and then recovery was rapid and complete. The author believes that carbolic acid is capable of exerting a directly antitoxic influence, provided the system be promptly and thoroughly saturated with large doses of the drug.—*Ex.*

THEORY AND PRACTICE.

CONDUCTED BY PROF. W. A. BURR, OF DENVER HOMEOPATHIC COLLEGE.

Proprietary Medicines.

The October "Medical Century" has a page devoted to answering the question, Shall Physicians Prescribe Proprietary Remedies? The answer is that they have a right to do so, citing the case of Vin Mariani, made in Paris, France, at a "laboratory exclusively devoted to the production of Coca preparations." At such a laboratory where so much time and pains have been put forth, they ought to be able to produce an excellent Coca preparation. The author says: "Specialism, by concentration of thought and purpose, has given power to the world through the perfection of varied commercial products. By unremitting study and research, by constant application, the persistent delver in any one line discovers refinements of manipulation not observed by the casual worker, no matter what may be the general skill of the latter. As this fact is recognized when once attention is directed to it, it seems remarkable that certain physicians should take exception to a proprietary preparation—simply because it is such—without regard to merit."

While the position of the "Century" may be all right as regards Mariani and perhaps some other valuable proprietary drug preparation, yet it is still true that tinctures of a standard strength and potencies made therefrom must be the basis of all correct prescribing for purposes of cure.

B.

China in Neurasthenia.

A woman aged 27, tremulous and very nervous, fearing she was coming down with typhoid, presented herself for treatment. She felt "as she did a year ago" when she was ill a month with what her physician called "typhoid." Upon examination I found her despondent and anxious; apprehensive of coming trouble;

dislike for physical or mental exertion with, at times, stupor and indifference, and general mental depression. The temperature was normal, pulse 90 and weak. There was anemia, trembling of the hands, numbness and heaviness of the limbs.

China 1x relieved promptly. After taking the remedy five days she was much better, and in a few days more she was well. B.

Appendicitis Again.

The general practitioner has been slow to accept the necessity of surgery in the treatment of appendicitis. The trend of opinion seems to be rapidly turning to the use of the knife as indispensable to a radical cure. But some are slow to be convinced.

Now comes a strong article by one of our leading surgeons, Dr. W. E. Green, of Little Rock, Ark., appearing as a leader in the October number of the "Medical Century" on Appendicitis and Appendectomy. He expresses himself unqualifiedly in favor of operation, and that in language not altogether complimentary to those who think otherwise. The following is a paragraph:

"It used to be when I would attend a medical convention and hear, as we frequently do, some physician get up and rail against the surgeon for "his morbid desire to cut, and to operate with mercenary motives," I wanted to hurl the iniquitous accusations back into his throat with such vehemence that the falsehood would strangle him; but now I only feel a pity for him in his delusions, and a sympathy for the unfortunate patient who falls into his hands. I have often stated that it would be better for the human family if appendicitis was a much more fatal disease than it is. The fact that a certain percentage of cases get well induces the timid and uninformed doctor to temporize, and this knowledge, being possessed by the laity, encourages them to procrastinate an operation; thereby greatly increasing the mortality of appendicitis and throwing discredit upon surgery by deferring the operation to such a time that the existing pathological conditions are incompatible with life. Then the oppro-

brium is cast upon surgery, when in reality it should be attributed to either ignorance, envy or cowardice."

These are strong words and are likely to awaken new thought and consideration as to just when the knife is really needed in the treatment of this grave disease.

B.

Koch's New Doctrine.

Is bovine tuberculosis communicable to man? If it is, how and under what circumstances? Is it safe for man to use tuberculous alimenta as beef, milk, butter? These are questions liable to agitate the medical profession for some time to come.

The following is that portion of Dr. Koch's address at the recent Congress of Tuberculoses in which he denies that bovine tuberculosis is directly communicable to man:

"But now, how is it with the susceptibility of man to bovine tuberculosis? This question is far more important to us than that of the susceptibility of cattle to human tuberculosis, highly important as that is, too. It is impossible to give this question a direct answer, because, of course, the experimental investigation of it with human beings is out of the question. Indirectly, however, we can try to approach it. It is well known that the milk and butter consumed in great cities very often contain large quantities of the bacilli of bovine tuberculosis in a living condition, as the numerous infection experiments with such dairy products on animals have proved. Most of the inhabitants of such cities daily consume such living and perfectly virulent bacilli of bovine tuberculosis, and unintentionally carry out the experiment which we are not at liberty to make. If the bacilli of bovine tuberculosis were able to infect human beings, many cases of tuberculosis caused by the consumption of alimenta containing tubercle bacilli could not but occur among the inhabitants of great cities, especially the children. And most medical men believe that this is actually the case.

"In reality, however, it is not so. That a case of tuberculo-

sis has been caused by alimenta can be assumed with certainty only when the intestine suffers first—that is, when a so-called primary tuberculosis of the intestines is found. But such cases are extremely rare. Among many cases of tuberculosis examined after death, I, myself, remember having seen primary tuberculosis of the intestines only twice. Among the great post-mortem material of the Charite Hospital in Berlin ten cases of primary tuberculosis of the intestine occurred in five years. Among 933 cases of tuberculosis in children at the Emperor and Empress Frederick's Hospital for Children, Baginsky never found tuberculosis of the intestine without simultaneous disease of the lungs and the bronchial glands. Among 3,104 necropsies of tuberculous children, Biedert observed only sixteen cases of primary tuberculosis of the intestine. I could cite from the literature of the subject many more statistics of the same kind, all indubitably showing that primary tuberculosis of the intestine, especially among children, is a comparatively rare disease, and of these few cases that have been enumerated, it is by no means certain that they were due to infection by bovine tuberculosis. It is just as likely that they were caused by the widely propagated bacilli of human tuberculosis, which may have got into the digestive canal in some way or other—for instance, by swallowing saliva from the mouth. Hitherto nobody could decide with certainty in such a case whether the tuberculosis of the intestine was of human or animal origin. Now we can diagnose them. All that is necessary is to cultivate in pure culture the tubercle bacilli found in the tuberculous material, and to ascertain whether they belong to bovine tuberculosis by innoculating cattle with them. For this purpose I recommend subcutaneous injection, which yields quite specially characteristic and convincing results. For half a year past I have occupied myself with such investigations, but owing to the rareness of the disease in question, the number of the cases I have been able to investigate is small. What has hitherto resulted from this investigation does not speak for the assumption that bovine tuberculosis occurs in man.

“Though the important question whether man is susceptible

to bovine tuberculosis at all is not yet absolutely decided, and will not admit of absolute decision to-day or to-morrow, one is nevertheless already at liberty to say that, if such a susceptibility really exists, the infection of human beings is but a very rare occurrence. I should estimate the extent of the infection by the milk and flesh of tuberculous cattle, and the butter made of their milk, as hardly greater than that of hereditary transmission, and I therefore do not deem it advisable to take any measures against it."

Characteristics of Some Liver Remedies.

Carduus Marianus.—Allied to chel., iod. and merc. Fulness, soreness and pain over the region of the liver, always worse on pressure. Worse when lying on the left side. Catarrh of the gall passages. Urine a golden yellow.

Often indicated in hyperemia, occasionally in cirrhosis and cancer and in many of the cases where there is catarrh of the gall ducts as in jaundice and gall-stone. Burnett considers it of great value in cancer of the liver.

Generally used in the lower potencies or the mother tincture.

Chionanthus.—Jaundice with bilious vomiting. Bitter eructations. Sore aching over the body. To be studied in sick headaches where the liver is at fault.

Berberis Vulgaris.—Sticking pains in the left side of the abdomen, extending to the liver. Stitching pains extending from the liver down to the umbilicus.

Sticking pains under the border of the short ribs (gall-stone.) Colic from gall-stone. Bilious colic with jaundice.

This is a valuable remedy, promoting the flow of bile, but is often overlooked because of its specific action on the kidneys.

Podophyllum.—Called vegetable mercury. Sore pain with fullness in right hypochondrium relieved from stroking. Face and eyes yellow, and yellow or white coat on the tongue. Alternate constipation and diarrhea. Watery diarrhea with flatus.

Of value in hyperemia and inflammatory states of the liver and in complication with gall-stones.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D., INSTRUCTOR IN MATERIA MEDICA,
DENVER HOMEOPATHIC COLLEGE.

Dr. Chapman's Pneumonia Case and the Remedy.

In September number of THE CRITIQUE symptoms were given of a case of pneumonia as presented by Dr. Chapman, of Napa, California. The attention of physicians of all schools of medicine was called to this test case by the editor of "Medical World," Philadelphia, Pa., and a very cordial invitation extended to the adherents of each to prescribe for the case, as presented by Dr. Chapman, according to their understanding of the conditions, the homeopaths being confined to the *single remedy* only. The case was, supposedly, in its second week, and the conditions were as follows:

Great dyspnea.

Tightness of the chest.

Scanty and difficult expectoration.

Thin and dirty looking sputa.

Sputum flying to pieces like batter when falling on paper.

Respiration rapid and labored.

Hepaticization of almost the whole of the right lung.

Now while there are a number of remedies from which you might get one or two of the foregoing symptoms, there is just one remedy which has them all, and that is *phosphorus*, so as Dr. C. E. Fisher, of Chicago, in his reply to the invitation to prescribe, said: "What else could it be but phosphorus?" This department has been honored by a marked copy of the "Medical World," to the editor of which publication a steady stream of prescriptions has been going since the test case was published in that journal, pages 343-4. While the editor of the "World" does not give the exact number of answers received from each school, it is very evident that the homeopathic brethren were not at all backward about coming forward, and, with but a very few

exceptions, their prescriptions were identical, barring the potencies. Regarding the allopathic treatment, as given in the "World," the "least said the easiest mended," as there are no two alike, nor has any of the originators of the cures given the reasons for their treatment. Dr. C. E. Fisher gives his reasons for prescribing *phosphorus*, and they are just what would guide any homeopathic prescriber under similar circumstances, and as but very few writers are capable of improving upon Dr. Fisher's manner of presenting "the real thing," from a homeopathic standpoint, we quote his "Why is it Phosphorus?" and regret exceedingly that we cannot reprint his article entire. He says :

"Why is it phosphorus?" do you ask? Because in the proving of this remedy upon healthy human beings, for the purpose of ascertaining its range of action uninfluenced by the presence of any condition of disease, and from accidental and suicidal poisonings by phosphorus, it has been shown that it produces a counterpart of the symptoms presented in Dr. Chapman's test case; and because every homeopath and not an 'alf-and-'alf,' knows that any drug or remedy whose carefully conducted proving test shows it capable of producing a given chain of symptoms, will most certainly remove, or cure, those symptoms in the sick, if given in doses which will not add to the trouble by setting up a drug aggravation, and if given in a potentized form and not repeated often enough to spoil the case. A hunter doesn't shoot at a bird till he kills it and then keep on shooting at it. No more should the physician shoot his doses at a disease condition and keep on shooting at it, at certain stereotyped hours of the day or minutes of the hour, without knowing what his first shot has done."

Regarding the replies received from the homeopathic school the editor of the "World" says : "There has been a monotonous stream of short letters and postal cards, nearly all recommending phosphorus," and we do not feel any hesitancy at all in saying that had the few who decided upon *lycopodium* taken the pains to have looked up the symptomatology of this drug carefully—as compared with phosphorus—their remedy would have been the latter instead of the one selected by them; as it is they are so much in the minority that we hardly think it worth while to mention them at all. Concluding his article the editor of "Medi-

cal World" is frank enough to acknowledge: "It shows that we who are 'regular' must admit that our homeopathic brethren are much more *uniform*, except in the matter of potency, and many of them claim that if the right drug is chosen, the potency is not important."

Comparative Materia Medica.

ARSENIC.

Rending pain upwards; complaints of internal parts predominate.

Sleeplessness after midnight.

Pulse quick in the morning, slow in the evening.

Thirst during chill; most during sweat.

Sweat on lower part of body.

Chill first, then heat.

Dread of loneliness. Obstinacy; malice; delirium.

Ailments from grief.

No apoplexy.

Swelling under the eyes.

Eruptions, etc., on the upper lip.

Appetite for bread, particularly rye bread, and also milk.

Distress of the pylorus.

Leucorrhœa thick.

Expectoration during the day.

Complaints predominate on upper arm and in hollow of the knee.

Complaints from violent bodily exertion.

Remission *during day* and before midnight.

Worse or better from light, (or in dark.)

Worse after lying down.

Better from warmth of bed.

SEPIA.

Rending pain downward; complaints of external parts predominate.

Sleeplessness before midnight.

Pulse quick at night, slow during the day.

Thirst only during chill; want of thirst, especially during chill.

Sweat on upper part of body.

Heat first, then chill.

Wants to be alone.

Ailments from rage.

Apoplexy.

Swelling above the eyes.

Eruptions, etc., on the lower lip.

Aversion to bread and milk.

Distress of the cardia.

Leucorrhœa watery.

Expectoration loosened at night and in morning, and is swallowed.

Complaints predominate on forearm and hollow elbow.

Better after bodily exertion, but worse after mental exertion.

Remission of complaints in afternoon.

Worse from light, better in the dark.

Worse or better after lying down

Better or worse from warmth of bed.

ARSENIC.

Worse when rising from a seat.

Worse from exertion, walking fast, running, etc.

Worse from chewing tobacco.

Better or worse after passing urine.

Worse in the Autumn.

Both remedies have thirst *before* and *after* the chill.—*From Gross Comparative Materia Medica.*

SEPIA.

Better or worse from rising from a seat.

Improved oftener than aggravated by exertion.

Better from smoking.

Worse after passing urine.

Worse in the Spring.

A peculiar manifestation of pelvic disorder is a condition known as "quiet effusion" into the knee-joint occurring in women and young girls. Although the effusion is greater on one side than on the other, it is usually bilateral. Unless the part is injured, there is very little pain. Excepting for a sense of weakness, the patient is unaware of the existence of the swelling. The condition is limited to girls and women, and is always associated with menstrual irregularity or uterine trouble, hence it is most common at puberty and at the climacteric. When the patient is standing the fluid occupies the lower part of the knee-joint and produces oftentimes a pouch-like swelling at the lower and anterior part of the joint. Sometimes a slight injury will call attention to the existence of the effusion, and hence a wrong diagnosis of "traumatic synovitis" is frequently made. Bennett has lately reported a number of cases. During the past four years he has seen twenty typical examples of this condition. It is practically never seen in other than the knee-joints. No case recovers until the menstrual or uterine trouble has been corrected, but when this has been accomplished absorption of the fluid promptly takes place. Bennett bases a diagnosis on the presence of a painless effusion into both knee-joints occurring in women associated with menstrual irregularity or uterine trouble, in which traumatism and other causes may be excluded.—*Am. Journal Surg. and Gyno.*

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

The following extracts are from "American Medicine:—"

"The following, written in 1363, in the Grande Chirurgic of Guy de Chauliac, might well be taken for a guide by modern surgeons: 'Let the surgeon be well educated, skillful, ready and courteous. Let him be bold in those things that are safe, fearful in those things that are dangerous; avoiding all evil methods and practices. Let him be tender with the sick, honorable to men of his profession, wise in his predictions; chaste, sober, pitiful, merciful; not covetous or extortionate; but rather let him take his wages in moderation, according to his work, and the wealth of his patient and issue of the disease, and his own worth.' Since the days of Hippocrates the profession has nearly always been able to point to a few such men in its ranks. It seems a pity that not a few who measure up fairly well to Chauliac's criterion in those qualifications which concern their patients, forget to be 'honorable to men of their profession.' There has been no doubt less improvement in this respect than most others. There is still as much professional honor among surgeons as in any profession, and surely neither theology or the legal profession shows a tithe of such remarkable progress as this branch of the medical guild since the time of Chauliac and the barber surgeons of 1363."

"Dilute formalin is highly commended as one of the best of antiseptics for moist wound dressings. It is used in the strength of one dram of the 40 per cent. solution to three pints of water. Gauze soaked in this solution and used to pack wounds 'promotes healthy granulations as if by magic; even denuded bone heals quickly.'"

"Rubber ligature rings retain their elasticity for a year or more if kept in a 'four per thousand solution of bi-chloride of mercury in alcohol.'"

"In using apomorphin hypodermatically see that your drug

is white and not green. When green it has deteriorated and is unfit for use.”

“Apomorphin, hypodermatically, in doses of 1-30 grain or less acts as a safe and sure hypnotic. There is no danger of a habit, as larger or repeated doses cause emesis. Sleep comes on in half an hour, and is restful and refreshing. It acts well even in delirium.”

“Horsehair sutures are best in the superficial suturing of cosmetic operations, especially about the face. They leave a hardly perceptibly scar.”

“In division of the frenum raise the tip of the tongue upon the handle of a grooved director and engage the frenum in the slit, then divide close to the director with curved scissors.”

“Plaster Paris sets much more efficiently when sulphate of potash is added to it. Almost any quantity may be used; the more used the quicker the setting.”

“The chloride of ethyl spray furnishes ample anesthesia for small operations, such as opening abscesses. It is quicker and safer than cocaine.”

“Carbolic acid is the most reliable and most generally useful of all the germicides and antiseptics.”

MELLILLOTUS ALBA.—Several years ago we heard Dr. Bowen state that this remedy would cure almost every case of epistaxis. We had the opportunity of trying this remedy the past month. The case was a woman past the climacteric, full-blooded, fleshy, and subject to congestive headaches. The bleeding had been going on for several hours when we arrived. The mellilotus came to mind and three drops were given, repeated in ten minutes, and in fifteen minutes from the first dose the bleeding stopped. The hemorrhage was from the right nostril.—*The Medical Visitor*.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROF. OPHTHALMOLOGY AND
OTOLOGY, DENVER HOMEOPATHIC COLLEGE.

The Iris and Pupil in Disease.

Not infrequently an examination of the pupil and its reactions will enable the general physician to arrive at a diagnosis in obscure disease.

Without going into the anatomy, nor the causes for the various actions and reactions, it is believed that the following points are worth noting as of assistance in differential diagnosis:

First.—In inflammation of the iris the pupil is sluggish in reaction to light, if unilateral the inflamed iris has a small pupil. An irregular outline to the pupil is due to iritis with adhesions between the iris and the anterior lens capsule. Inflammation of the iris should suggest gout, rheumatism or syphilis, though the disease may be traumatic or idiopathic.

Second.—*The Argyll-Robertson Pupil.*—The condition on which the pupil does not react to light and shade but contracts in accommodation. This is found most frequently in loco-motor ataxia when it is due to sclerosis of Meynerts fibres, or of that portion of the third nerve nucleus which presides over light reflex, the portion regulating accommodative contraction not being involved. The Argyll-Robertson pupil is usually contracted because the cervical cord lesions interfere with the dilating mechanism. The same reactions are some times seen as a symptom of intracranial syphilis and of progressive paresis of the insane.

Third.—*Light Reflex with Lack of Accommodative Reaction.*—A condition directly the opposite of the Argyll-Robertson pupil, is of infrequent occurrence. It most likely points to a lesion of that portion of the third nerve nucleus which controls accommodative reaction. It may be associated with paralysis of the ciliary muscle after diphtheria.

Fourth.—Dilated Pupils.—The dilatation may be unilateral or bilateral. Unilateral dilatation, except when due to mydriatics, is strongly suggestive of serious organic disease and should always lead to a searching examination for such lesion. It may be due to disease of the optic nerve, as in atrophy of the nerve, to lessened transparency of the refracting media, as in corneal opacities, or to opacity of the lens. If the pupil does not react directly to light but does react to light thrown into the other eye, it shows that the disease is in the optic nerve or tract, and not in the oculo-motor nerve of the diseased side, its nucleus, nor in its communication with the optic tract of the sound side.

As irritation of the cervical sympathetic causes dilatation of the pupil, we find unilateral dilatation arising from a tumor in the neck, aneurism of the aorta, or aneurism of the innominate artery, in the latter instance the right pupil being the one affected. It must not be forgotten that unilateral dilatation may arise from paralysis of one third nerve.

Bilateral dilatation is associated with total blindness from any ~~cause~~. It is present in cerebral anemia as found in general anemia, syncope, shock, nausea and aortic regurgitation, etc. The pupils are likewise dilated when under strong emotion, in hysteria, and in neurasthenia; in severe dyspnoea; cerebral hemorrhage, thrombosis, cerebral abscess and tumors, late in meningitis; post diphtheritic; in coma following epileptic convulsions, and in melancholia; in fevers with active delirium, exophthalmic goiter, and from poisoning from such drugs as belladonna, cocaine, duboisine, hyoscyamine, stramonium and a few others.

Fifth.—Contracted Pupil.—Here again we may make the same division into unilateral and bilateral. Unilateral contraction may be congenital, but it usually indicates a more or less serious lesion. It will arise from any cause that is sufficient to paralyze the sympathetic cervical fibres which control the dilatation of the pupil, hence we find it as a result of tumors in the neck, of aneurism of the aorta, or aneurism of the innominate when the pressure becomes sufficient to paralyze the sympathetic, as stated above we have first dilatation from irritation and later

contraction from paralysis of the sympathetic. We find it as a symptom of loco-motor ataxia, general paresis of the insane, and in any lesion of the cervical cord which may be unilateral at some time in its history. It may be produced by any lesion of the brain which causes irritation of the oculo-motor center on one side just as unilateral dilated pupil may be produced by any lesion causing destruction or paralysis of such center. It must not be forgotten that it may result from Iritis, in which case the symptoms of inflammation in the eye will direct attention to the iris; from the introduction of myotics such as eserine, pilocarpine, etc.

Bilateral contraction occurs in iritis, in the congestions arising from typhus, in mitral insufficiency, in retinitis with photophobia, in bilateral diseases of the cervical cord when the cervical sympathetic is paralyzed, hence is found in loco-motor ataxia which it should suggest to the mind when first seen; in disseminated sclerosis, general paresis, spinal meningitis, and other lesions involving the cord or the cervical vertebræ.

It occurs from any disease causing irritation of the third nerve center, hence is found in cerebral meningitis, in cerebral tumor or abscess, and in cerebral or dural hemorrhage; in sun-stroke and in uremic poisoning.

In general it should be remembered that while irritation of the third nerve center produces contraction of the pupil, paralysis of the same center produces dilatation of the pupils, hence contraction not infrequently precedes dilatation in the same disease process; while in the cervical cord the opposite holds true, irritation produces dilatation, and paralysis of the cervical sympathetic, contraction of the pupils, here dilatation occurs early in disease and contraction late.

Dr. J. S. Mitchell's treatment of cancer by *Arsenicum* 3x, trituration, internally and the 2x of the same drug dusted on externally still continues to give satisfactory results, Dr. Van Duersen (*N. E. Med. Gaz.*) reporting three cases of epithelioma of the face making good recovery under it.—*Homeopathic Recorder*.

Anemia.

Royal, of Des Moines, gives, in a short paper recently published, the indications for the following remedies, which in his experience have been found useful in the treatment of anemia:

China.—The foremost remedy for the symptomatic variety. When given for the anemia immediately following a profuse hemorrhage, five-drop doses of the tincture in water. When, however, much time has elapsed since the drain was made upon the system, when the patient complains of ringing in the ears, with a pale, sallow complexion, with pulsating headache, with bloated abdomen, with anorexia, painless diarrhœa, worse at night, stools of undigested food and cadaverous odor, with tendency to dropsy, with profuse perspiration and a history of some previous drain upon the system, he tells us that the 30th potency gives better results than the low preparations, and that it is a mistake to give the latter.

Ferrum.—Ferrum phos. in the low preparations, when you have the ferrum headache, the pallor and peculiar flushing of the face, the cold hands and feet, the pale mucous membranes, in persons of hemorrhagic diathesis and of phosphorus build, or where there is a tendency to tuberculosis. On the other hand, he prefers the ferrum metallicum where the patient is rather of the calcarea build than the tall, slim phosphorus, with undigested diarrhœa, flushing of the face, and yet pallor of skin and mucous membranes. He prescribes the 30th here.

Calceola Carb..—He has given this remedy successfully when the following indications were present: Constant worry about what is in store for them; anticipates dire calamities; sour, unfermented, undigested diarrhœa stools, coming on soon after eating or drinking; distention of the stomach and abdomen; palpitation of the heart and great weakness after exertion. Other reliable indications are the excessive sweating about the head, the disgust for meat, the craving for unnatural things, cold hands and feet. In the female, the menses are too frequent and too profuse, and the and white leucorrhœal discharge is also profuse.

Phosphorus.—Hemorrhagic and tuberculous diatheses. Tendency to fatty degeneration of heart or liver. The phosphorus patient is always exhausted. Brain is tired and body easily exhausted from least exertion. Palpitation of heart and inability to lie upon left side. Tenderness of liver and spleen. Stools diarrheic, painless, fetid, undigested, or covered with small white particles.

Pulsatilla.—The peculiar mental symptoms of this remedy afford us a good indication. Also vertigo, amenorrhœa, or scanty, late menses. Irregular pulse and constant chilliness. Sallow face, frequently flushed. The remedy is especially adapted to cases of chlorosis.

Picric Acid.—The writer believes this remedy has been sadly neglected. It causes disintegration of blood corpuscles; produces violent occipital headache, with heavy sensation, as if occiput was filled with lead. Mental exertion aggravates. Vertigo and deafness may be present; prostration marked and profound; diarrhœa of light colored or yellow stools. The history shows excesses in venery or brain work. He gives picric acid where formerly phosphoric acid was used, and has been gratified with results.

Chininum Arsenicosum.—With this remedy he cured a case that was in desperate straits. The spleen was much enlarged and tender; brown, offensive diarrhœa and cold sweats; prostration extreme; extreme restlessness. The proportion of red and white corpuscles was as ten to one. The patient had malaria, and had taken enormous doses of quinine. *Natrum mur.* and arsenicum failed, but *chininum arsenicosum* 6x cured.

Arsenicum Album.—Rapid emaciation; the tissues seem to melt away; increasing prostration, irritability of alimentary canal, stomach refuses to retain either food or drink, intense thirst, dark excoriating stools, skin dry and unhealthy, tongue thinly coated white, with red streak down the center. *Arsenicum* 30th has checked the downward course in a number of such cases. As a rule, however, while arsenic brings about a reaction much as does sulphur, another remedy will be required after it to complete the cure of the case.—*Hahnemannian Advocate*.

May a Hospital Steal Cases?

By Dr. A. L. Benedict, of Buffalo, N. Y.

Apropos of your extract from the "Cleveland Medical Journal," entitled "May a Hospital Steal Cases?" the following two instances may be of interest: Case 1 was referred by me to a certain hospital to which I had previously sent cases as convenient. Through some personal influence she secured a special rate in a small ward. She was essentially a private case, though a poor woman. After all arrangements were made the superintendent insisted that she should be treated by the ward attendant. A request for a suspension of rules was refused and the patient left the hospital. Case 2 was sent to another hospital and referred to me, under the impression of her family physician that I was consultant at this hospital. On visiting her I found that, in addition to the chronic digestive disturbance for which she had been referred, she had erysipelas. I referred her to the regular attendant for treatment for this inter-current affection. Telephoning after a few days to learn when I should assume charge, I was informed that I could not take the case as the patient was in the ward. This patient, I believe, remained in the hospital for some time. One naturally dislikes to argue too strongly in his own behalf, and yet when a patient is referred to a specialist for a definite reason and is sent to a certain place for this very purpose, when in addition the case is referred to another to avoid infringement on established lines of limitation of ~~service~~ it seems rather remarkable that any hard and fast rule should be adhered to, to justify an obvious breach of ethics.

In writing this letter, I am influenced by no personal hostility; on the contrary both of the attendants mentioned are personal friends, neither were the cases such as to appeal to one strongly from the mercenary standpoint, though neither was a charity case. I may also state that I am not a "sorehead" or an "anti" in regard to hospital work. There is a good old-fashioned principle recognized both legally and generally by the medical profession, that every patient has the right to select his own physician. If a hospital takes a patient as a matter of out-and-

out charity, it certainly has the right to lay down any rules it sees fit. So far as I know, no hospital does extend its own charity to this extent. A man who takes a cheap room at a hotel has precisely the same liberty and rights as the one who occupies the most expensive. Partly as a matter of philanthropy, partly for sound business reasons, hospitals offer patients graduated service at graduated rates. The ward patient does not pay as much as the one in the private room, neither does he enjoy the same privacy, luxury and personal attention. To deny him the choice of physician is a gross infringement of his personal rights, as well as an injustice to the majority of the medical profession. To compel him to accept gratuitous services from physicians whom he may not desire, is an insult to his independence. Such a course leaves no middle course open between pauperism and an expense of \$20.00 or \$30.00 a week. In other words, it forces pauperism on a very large proportion of all persons who require hospital care. Even when the patient is genuinely an object of charity, he is rarely the beneficiary of those who lay down arbitrary rules as to what physician he shall have and what he shall not be allowed to choose. The charity is either charged to the city or county or to a fund obtained by an appeal to public generosity on the ground that a public service is being rendered.

A cast-iron rule that a ward patient must be attended by a certain physician is defensible only on the theory that this physician possesses a higher degree of skill than the one whom the patient might prefer. If this is true, why not protect also the patient in the private room and in his own home? Surely there is no excuse for permitting the man in comfortable circumstances to run the risk of malpractice, and to consider the safety only of the poor. There can be no objection to appointing a staff who shall be placed at the service of patients who have no choice of physician. But why should a man with the prestige to obtain such a position require a compulsory protection against the outside physician? Let him use his merit and his influence to the utmost and accept whatever measure of success he can get, just as in his private practice. Such a policy would do away with the antagonism toward hospitals, manifested by many physicians. The great majority of physicians do not care for a ward service, but simply for the right—which is mutual between patient and physician—to attend such patients as seek their services. To paraphrase an old saying, why compel a man to be wholly a hog or to have nothing?—*American Medicine, May, 1901.*

THE CRITIQUE.

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EDITORIAL COMMENT.

OF all the great variety of serums which have been produced and offered to the medical profession, one only, the so-called diphtheria antitoxin, can lay claim to our confidence. All others have been found worthless when put to the clinical test.

That the antitoxin has proven valuable in some forms of diphtheria is generally admitted, and there remains little reason to question its efficacy. That it also contains an element of danger to our patients when administered hypodermatically has been observed from the very beginning of its use.

The recent unfortunate occurrence in the city of St. Louis, where the sudden death of thirteen patients under treatment for diphtheria, was directly attributed to the use of antitoxin, serves to impress anew the fact that a risk to the life of the patient is always hazarded when this serum is used. Not long since a similar fatality was observed in Cleveland, Ohio, and the health commissioners of the city prohibited the use of the serum until investigation could be made. It is true that the results in St. Louis and Cleveland were exceptional, but at the same time it is well to remember that occasional fatalities have occurred in all parts of the world.

It seems to us that the medical profession has been at fault

in not making greater and more systematic efforts to determine just what constitutes the diphtheritic antitoxin. As it stands today this preparation is apparently composed of two per cent. carbolic acid plus something derived from the blood of the horse. Of the carbolic acid we are sure; of the plus ingredients we know little except theoretically.

Wherein lies the danger? Is it in the carbolic acid or does it exist in the serum only? These are questions which the medical profession should endeavor to answer as soon as possible for our own credit and in the interests of humanity.

Antitoxin is a compound remedy; a mixture of at least two distinct substances, and certainly it ought to be possible to separate and test each one alone, and in a manner calculated to yield positive information. We are under the impression that our old school friends ignore the two per cent. of carbolic acid as a component part of the mixture and deny it any place, curative or otherwise, in their treatment of diphtheria with the antitoxin. However this may be concerning the views of the other school, we are confident that no such view will be accepted by any thinking homeopath. The injection of from one to three drachms of a solution containing two per cent. of pure carbolic acid cannot possibly be considered, by the homeopathic observer, an unimportant factor of the serum in its effect upon the human subject.

Fortunately we have at our command reliable provings of carbolic acid upon the healthy individual which will enable us to determine its value as a component part of the antitoxin mixture. What remains for us to do, and what ought to be done by the old school as well, is to ascertain by scientific experiments, the therapeutic value of the other constituents which go to make up the antitoxin serum. Admitting that, as a whole, it is a valuable adjunct in the treatment of diphtheria, and

recognizing the fact that it is also capable of destroying life in a manner wholly unknown to us, it becomes our plain duty to separate it into its component parts and study its effects in detail. If the carbolic acid is the offending element we should determine that fact. If its dangerous qualities lie in that unknown plus—something—then we should endeavor to identify and eliminate it from the mixture.

Our provings of carbolic acid show that in its general action "It is a powerful protoplasmic poison" and that it produces a condition very similar to that observed in severe cases of diphtheria. Its effects upon the throat, nose and larynx are wonderfully like the exudates found in diphtheria patients. From its symptomatology we might reasonably assert that carbolic acid is clearly homeopathic to many forms of diphtheria.

Perhaps this is what Gatchell had in mind when he expressed the opinion that antitoxin is homeopathic to that disease. We cannot conceive that any mixture of various ingredients could be homeopathic to any disease, except upon the ground that the mixture contained but one medicinal constituent; all the others serving simply as a menstruum.

We would urge upon the homeopathic profession, especially, the vital importance of conducting, under the most careful conditions, a series of experiments with a pure diphtheria antitoxin *minus* the carbolic acid, and another series with the carbolic acid *minus* the serum, for the purpose of accurately determining the relative value of each, and to eliminate, if possible, the element of danger now known to exist in the composite serum.



Announcement.

CLEVELAND, O., Nov. 1st, 1901.

To the Members of the American Institute of Homeopathy:

The American Institute of Homeopathy in session at Richfield Springs, N. Y., empowered the newly elected Executive Committee to select the place for the Institute's 58th meeting.

The Committee has made choice of the City of Cleveland, O., for the meeting of the Institute in the month of June, 1902. We feel assured that after the meeting has taken place the members will agree that the Committee's decision is the wisest one that could have been made. In 1899 the Institute made Cleveland its first choice for the next succeeding meeting, thus recognizing its eminent fitness. The local profession now desires the meeting. Cleveland has the advantage of being easily accessible by many lines of road from all parts of the United States. This is looked upon as being of the greatest importance in insuring a large attendance. The place of meeting must be accessible. The month of June in Cleveland is one of the most delightful of the year, the weather conditions are likely to be of the pleasantest. The Hollenden House—which will be headquarters—is one of the best hotels in any city in the country. It has made many concessions in the interests of its expected guests. The Hollenden has 500 rooms, and will take splendid care of a large number. There are other first-class hotels near by. All can be suited and all can be accommodated.

There is a very large number of Homeopathic physicians in the part of the country tributary to Cleveland, making it a most favorable point for the accession of new members. It is many years since the Institute has met in Ohio, an additional reason in favor of the choice that the Committee has made.

It is proper to state that the Executive Committee is well aware of the fact that there is a strong and wide-spread sentiment in favor of a quiet "resort" for the Institute meetings. Each member of the Executive Committee shares in this feeling. With this in view an earnest effort was made to find a suitable place of the character. The only one that presented itself was Put-In-Bay Island, in Lake Erie. After a thorough investigation the Com-

mittee felt compelled to abandon further thought of this place, for the main reason, among others, that it is very inaccessible. Boats do not always make proper connection with trains, often causing long delay. Should the lake chance to be rough the trip is very objectionable to many people. Therefore, because of its inaccessibility, the Committee became convinced that it was undesirable to make choice of the Lake Erie island resort.

In making the above announcement of its final choice, the Executive Committee entertains the confident assurance that the meeting of the Institute to be held at Cleveland, June 17-21, 1902, will take its place among those which have been the most successful, the most profitable, and the most largely attended.

JAS. C. WOOD, M. D., President-elect.

CHARLES GATCHELL, M. D., Secretary-elect.

Recent Outbreaks of Disease.

To the ordinary lay mind the recent outbreaks of smallpox, noticeable in nearly all parts of the country, is one of the most puzzling of the events of the time. For a long time after the discovery, if one may so call it, of vaccination, the process met with no little resistance. Indeed resistance is still occasionally encountered.

But for several years, as the once dreaded scourge steadily receded, the belief has grown that the disease was conquered, and the hope has been sometimes expressed that in no very distant future it would entirely disappear.

As the beneficial effect of vaccination has grown to be more and more generally admitted, it has been used with apparently increasing care and general application, in schools and in other places where many persons congregate, and the hope of complete conquest of the disease has grown stronger.

Suddenly this mending condition seems to be changed. Without any cause, that the layman at least can see, there is a fresh outbreak of the disease, almost simultaneously in many parts of the country. It is heard of in New York City and in Chicago about the same time. It is not confined to large cities, nor to unguarded

rural districts to seaboard nor to remote mountain elevation. One hears of it practically simultaneously on the low-lying sand plains of New Jersey and the breezy mountain slopes about Colorado Springs.

It crops out at once among Florida's everglades and the high undulating plateaus of the remote Northwest. The Spanish war ended too long ago to attribute it to that. Yet there must be some cause for it.

Has the passion for beating somebody invaded even the vending of vaccine so that its one time virtue has been lost through dishonest practices? Or has the effect on the human system been simply worn away by a generation or two of use? Or is it all a fortuitous accident of some kind? And if it is the latter, why does it crop out all at once in fifty different, unlike, and widely separated places?—*Denver Republican*.

New Method of Controlling Morphine Sickness.

The *Kansas City Medical Record* for July, 1901, has in it an article by Kuder in which he tells us that he has recently made a test of chloretone as a gastric sedative in twenty-five cases in which it was necessary to administer morphine, either internally or hypodermically, with results that were indeed surprising. Ten grains of the drug, in five-grain tablets, were given directly after the morphine had been taken. Not one of these twenty-five patients, either old or young, experienced the least gastric disturbance—on the contrary, they expressed themselves as feeling in excellent condition.

Encouraged by the results of this experiment he essayed to make a further trial of chloretone as a preventive of the nausea so often occurring during or after general anesthesia. Accordingly, in a series of seven cases, three tablets (fifteen grains) of chloretone were given before administering the anesthetic. Not one of these patients vomited during or after the inhalation of the chloroform, which was the anesthetic chosen. They were slightly drowsy, but evinced no gastric disturbance. In one case in which it was necessary to give chloroform directly after the patient had eaten

a full meal, chloretone was used as a preventive of vomiting with perfect success.

This experience leads Dr. Kuder to feel that in this role alone chloretone will prove a blessing to the patient and a godsend to the operator, and that the profession may have the same happy results.

Oophorectomy in Treatment of Cancer of the Breast.

Boyd, in a lecture abstracted for the *Medical Press* of April 24, 1901, says that complete removal at the earliest date is the only valuable method of treating cancer. He thinks it should be laid down as a rule that the nature of a tumor in the breast of a woman over 35 years of age ought never to be allowed to remain doubtful. If it is not highly probable that the mass is non-malignant an exploratory incision should be made into the swelling, the diagnosis established by inspection, and suitable treatment at once carried into effect.

As to the treatment of recurrences, especially if they are inoperable, double oophorectomy appears to offer, in suitable cases, the best chance of real alleviation. The treatment consists in the removal of the ovaries and most of the Fallopian tubes. The after-treatment consists in rest in the recumbent position for three or four weeks, the patient being kept warm and well fed. In some cases the gain in health and flesh is quite remarkable. Seventeen out of fifty-six collected cases have shown improvement, varying from marked diminution to actual disappearance of the cancer present.

Of the seventeen cases, five were either free from cancer at the end of six months, or markedly improved for six months, and then began to recur. The same might be said of three cases at eight to nine months, of four at twelve months, of one at eighteen months, of one at twenty-seven months, of one at three years and four months, of one at four years and one month. Boyd believes that in some of the cases recorded in which oophorectomy failed to cause disappearance of the disease it delayed its progress. In the majority of cases the operation is not

very severe and its results are good enough to justify its recommendation.—*Therapeutic Gazette*.

Landou's Sign of Slight Ascites.

According to *Medical Press and Circular*, October 16, 1901, slight ascites is frequently a very early symptom occurring in connection with malignant growth. By the usual diagnostic methods it is, however, extremely difficult to appreciate and recognize small quantities of free fluid in the peritoneal cavity. A characteristic sign, known as Landou's sign, affords in some cases a valuable help in the recognition of the presence of a small quantity of fluid in the abdomen. Landou claims to have been greatly assisted in arriving at a diagnosis by observing whether it was possible or not to grasp the uterus bimanually—that is to say, to make the fingers meet at the sides of the pelvis. With the patient lying flat on the back the uterus is slightly depressed and is described as giving the impression of resting on a cushion of air or a small collection of fluid. Continuing the examination, the patient is placed in the raised pelvic position and the thighs are flexed when the uterus can be examined bimanually without difficulty, and the fingers are found to meet at the sides of the pelvis, thus indicating that the fluid has gravitated in the direction of the diaphragm. It will be easily seen that for the success of this manoeuvre the bladder must be empty. There is no malady in which it is more desirable to improve the chances of correctly diagnosing the condition as early as possible as in malignant disease, and Landou's suggestion is sure to excite a considerable interest on this account.

Oxyuris in the Appendix of Children.

A boy of about eight years was recently operated upon for catarrhal appendicitis, and sections of the organ showed several specimens of oxyuris in the lumen. The question as to the frequency of the condition being thus raised, a search of the literature was made, and it was found that, so far from being rare, the pres-

ence of oxyuris in the caecum and appendix is the rule if the child be affected at all.—An exhaustive account is given by G. F. Still (British Med. Journal, April, 1900). He reports that out of thirty-two autopsies upon children showing oxyuris in the colon, the parasite was found twenty-five times in the appendix also. He suggests very plausibly that the apparent resistance of the affection to the ordinary drugs is perhaps attributable to this very fact, the appendix serving as a focus and breeding place for new crops of eggs and worms, however completely the colon be irrigated with parasiticide solutions. For a cure he proposes that along with the classic procedure of injecting salt solution or quassia infusion (a pint and more in children of 6 to 12 years) santonin should be given (in safe doses) by the mouth, and the treatment carefully persevered in as long as needful.

Bromidrosis of the Axilla.

C. D. Collins, M. D., reports in the Hospital Notes published in *The Clinique* the case of a girl aged 16 years who had been annoyed for the past two years by an excessive amount of sweating under her arms, which had become very offensive in odor. She was constipated; but, save for an acne vulgaris of face and forehead, enjoyed good health. The secretions only slightly colored the clothing, the special features being its excessive quantity and very offensive odor. Examination of the parts revealed no local pathology. She was a brunette, and her skin was dark. Diagnosis, bromidrosis with hyperidrosis.

Treatment: Lycopodium 3x, with bathing of the parts in salt and water. The result was a cure within two months. In this case there was a dearth of symptoms, but the prescription was based on the well-known action of Lycopodium upon the glandular system and its regulating influence upon sebaceous gland secretions. Lycopodium is a remedy par excellence in offensive secretions, viscid and offensive perspiration.



Passing Away.

Take a walk through any of the cemeteries throughout the country and you will believe with us that fools are slowly but surely passing away.

With silent tread you pass the last resting place of the individual who blew into an empty gun.

The modest tombstone of the hired girl who lighted the fire with kerosene, and the grass-carpeted mound that covers the mortal remains of a boy who took a mule by the tail.

The tall monument of the man who didn't know it was loaded overshadows the dug-out of the man who jumped off the cars to save a ten rod walk.

Side by side lie the remains of the ethereal creature who always kept her corset laced up to the last hole and the intellectual idiot who rode a bicycle nine miles in ten minutes.

Here reposes the young doctor who took a dose of his own medicine and the old fool who married a young wife.

Right over yonder in the northwest corner, where the gentle breezes sigh through the weeping willow that bends over his lowly bed, lies the fellow that told his mother-in-law she lied.

Down there in the potter's field, with his feet sticking to rude blasts of winter and blistering rays of summer's sun, is stretched all the earthly remains of the misguided regulator who tried to lick the editor, while the broken bones of the man who wouldn't pay for his paper are piled up in a corner of the fence.

Near by, his grave unmarked, reposes the moldering dust of the printer who starved to death trying to run a first-class paper in a fourth-class town.

Over by the entrance reposes the boy who went swimming too early in the season, and the old lady who kept strychnine and baking powder side by side in the cupboard.

Right there in the path directly in front of the entrance, obstructing the way, is the grave of the microbe-killer who rinsed himself inside and out with antiseptic solutions until his agonies were cut short by acute softening of the brain.

The fool-killer gathers them in, one by one, and by and by we will have a pretty decent world to live in.—*Medical Talk.*

Notes and Personals.

Mr. E. Lewis, superintendent of the Homeopathic Hospital since last July, has resigned, and Mr. N. A. Craemer has been appointed to said position.

Dr. Ambrose Everett, who made such an enviable reputation at the County Hospital when in charge of that institution, a number of years back (when, under homeopathic treatment he reduced the death rate and also the expenses 50 per cent.), has lately changed his double dwelling on Glenarm Street, between Sixteenth and Seventeenth, to a business block; the first floor for stores, upper stories for offices and private rooms. The doctor has named his block "The Everett."

Dr. N. G. Burnham and wife have returned from a trip to the Pacific coast, where the doctor went for a much needed rest.

Along with the many cures that came to us is the following: Dr. Gilman, of the Hahnemann Medical College of Chicago, claims he has cured fifty cases of cancer by the use of X-rays. Another doctor claims to cure cancer by the use of violets. At the present rate it won't be long until it will be fun to cure that formerly dreaded disease.

A very interesting case, operated upon by Dr. J. Wylie Anderson recently, was that of a boy by the name of Earl S——, nine years old, who, last March, fell from a tree and fractured the right femur near the middle third. He was treated at one of the hospitals. Through the mistakes of some one got vicious union, with nearly two inches shortening, and terrible deformity. The limb was broken over, the ends of the bone sawed and straightened, and held in place by clamps. The case is progressing nicely.

Among the cases recently referred to Dr. J. Wylie Anderson for operation, from physicians out of the city, are the following: Fred Tait, M. D., of Longmont, a case of caries of the tibia of the left leg and ulcers of the right; Dr. S. M. Kesler of Empire, an accident case; Dr. C. W. Judkins, an old case of biliary calculous. All of the above cases were successfully operated upon at the Homeopathic Hospital. Dr. Burroughs, of Ouray, a case of appendicitis, so diagnosed by five allopathic surgeons of Denver and two of Ouray, which was nothing but a case of irritation and congestion of the intestinal tract from excessive use of starchy and sweet foods.

We are in receipt of a reprint by George F. Laidlaw, M. D., entitled

"The Urine of Uro-Genital Tuberculosis." The reprint is illustrated with colored plates, and should be read by every physician.

Dr. George F. Laidlaw has moved his office to 58 West Fifty-third Street, New York City.

Mr. F. G. Morley, representing the United States Ferrol Company of Buffalo, N. Y., made this office a pleasant call. The only preparation manufactured by this house is Ferroleum, a combination of cod-liver oil, iron, and phosphorus.

November 1st there were three cases of bubonic plague in the hospitals of Liverpool, England.

The Denver Homeopathic College is having a prosperous year.

A good quality of Fuller's earth has been discovered near Denver. Among other things this earth is used by packers in refining lard.

Until recently there have been no smelter physicians in Denver for two years. The plan is again revived by the Grant Smelter, and is creating no little dissatisfaction among the smelter workers.

Prof. D. A. Strickler, of the Denver College, has recently returned from an extended trip through the East.

At the recent opening of the new Uzzell's Tabernacle, the work done at the Tabernacle Free Dispensary was commended, and the men having it in charge (the Faculty of the Denver Homeopathic College) were highly praised.

Uzzell's Tabernacle is a great Institutional People's Church, known far and wide for its beneficent work among the poor and needy classes of Denver.

October 27th, several children were bitten by a dog supposed to have rabies in Colorado Springs. Eight of these children are now at the Pasteur Institute, Chicago, taking treatment to avert hydrophobia.

St. Louis made her on diphtheria antitoxine from the serum of a horse supposed to be healthy, up to August 24. October 1 this horse developed tetanus and had to be shot. Up to November 2, eleven children had died of tetanus, who had been treated for diphtheria with the antitoxine made from the serum of this infected horse. A

guinea pig, inoculated with some of this same antitoxine, developed symptoms of lockjaw in twenty-four hours and died the next day.

Dr. Nye had a case of gunshot wound of the hand that came from Morrison, Colorado. Dr. Smythe assisted the doctor in removing parts of the splintered ramrod and spiculae of bone from the hand.

Book Reviews.

A Treatise on the Acute, Infectious Exanthemata. Including Variola, Rubeola, Scarlatina, Rubella, Varicella and Vaccinia, with especial reference to diagnosis and treatment. By William Thomas Cortlett, M. D., L. R. C. P. Lond. Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 Colored Plates, 28 half-tone plates from life, and two engravings. Pages viii-392. Size, 6¼ by 9¼ inches. Sold only by subscription. Price, Extra Cloth, \$4.00 net, delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The author of the above has given us a very complete and exhaustive work on the acute exanthemata, which will certainly meet with general approval from the medical profession. The book is copiously illustrated with a great number of full-page plates, which add very much to its value and interest. We have in this volume a reference book for the general practitioner that will be found to meet almost any contingency in diagnosis, so thoroughly has the author done his work. General text-books on medicine can give little more than the leading characteristics of disease as met with in the majority of cases, but in this special treatise we are given all the varieties and complications which so often arise to puzzle the attending physician. This valuable work should command a very large sale, and we believe it will.

Libertinism and Marriage. By Dr. Louis Jullien (Paris). Surgeon of Saint-Lazare Prison; Laureate of the Institute, of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. Douglas. Size of page, 5½ by 7½ inches. Pages v-169. Extra cloth, \$1.00 net, delivered. Philadelphia: F. A. Davis Company, publishers, 1914-16 Cherry Street.

The author of this unique little volume has succeeded in handling a very delicate subject in a very satisfactory manner. He speaks plainly at all times and evidently aims to encourage physicians generally to do their duty under all circumstances. Readers of this volume will find much to interest and instruct them along more than ordinary lines of thought. The book contains many good suggestions which may be put to excellent use by the general practitioner.

Manual of the Essentials of the Eye and Ear. By J. H. Buffum, M. D., Professor of Ophthalmology and Otology in the Chicago Homeopathic Medical College; Ophthalmic and Aural Surgeon to the Chicago Homeopathic College and Dispensary; Consulting Oculist to the Chicago Baptist Hospital, etc., with illustrations in black and chromo-lithograph, 315 pages, and from Halsey Bros. Co., Chicago.

Handbooks of this kind are becoming very popular and deservedly so, when as meritorious as this one. The busy practitioner has little time for the elaborate details of large treatises on practice, much of which consists of long drawn out disquisitions on subjects really not essential for him to know. The arrangement of questions and answers enable the author to present his subject clearly and concisely, occupying the minimum of space.

The general practitioner quickly learns, upon perusing this volume, that it takes a well-versed specialist to successfully treat the diseases of these delicate organs, and he learns also to judge when a specialist is needed.

The manual is a good one and deserves in this second edition a still continued increase in popularity.

Cloth, \$1.50; flexible leather, \$1.75.

W. A. BURR, M. D.

The Physician's Visiting List for 1902 is in its fifty-first year. For 25 patients per day or weekly, \$1.00; and so on up to 100 patients a day, at \$2.25. This invaluable book is published by P. Blackiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa.

Hay Fever and Catarrh of Head and Nose, With Their Preventive and Curative Treatment. By E. B. Fanning, M. D. Published by Boericke & Tafel, Philadelphia, Pa. Price, cloth, 75 cents net; by mail, 80 cents.

This small book is divided into two parts. Part I, Hay Fever: Its Cause and Effects, with preventive and curative treatment. Part II, Catarrh of Head and Nose. The treatment, homeopathic. The clinical cases reported are a great help. The doctor goes into climate and gives a classification of the drugs used in the treatment of hay fever at the end of the work. A very much-needed book for the busy doctor.

Messrs. Boericke & Tafel announce the following books for publication within the next month:

Practical Medicine. By F. Mortimer Lawrence, M. D. A work on modern homeopathic practice brought right up to date, of about 500 pages.

Therapeutics of Fevers. By H. C. Allen, M. D. A book in which the veteran author enlarges the clinical borders of his *Therapeutics of Intermittent Fevers* (now out of print) to include all fevers.

Leaders in Homeopathic Therapeutics. By E. B. Nash, M. D. A second edition of that homeopathic classic.

Skin Diseases. By J. H. Allen, M. D. A book in which skin diseases are treated from the stricter Hahnemannian point of view.

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PATIENT—"What would you think of a warmer climate for me, doctor?"

DOCTOR—"Good Lord, man, that's just what I am trying to save you from."—*Ph. Era.*

I put Sanmetto to a very thorough trial—thinking as I prescribed it, "Now I will see." I have a case in an old gentleman suffering from hypertrophied prostate, of long standing—had been giving "elix. saw palmetto comp.," etc.—substitutes of Sanmetto, I take it—but with little benefit. Had advised castration as only method of relief, but to my pleasure, and I may say surprse, I noticed some little benefit following administration of a bottle of Sanmetto. Bought another bottle—eight ounces—gave that, and am giving it now, with decided benefit. I gave another bottle of it to a patient who had been taking huge doses of kissengen and vichy salts for obesity, on advice of another physcian, until he had produced an irritation of his bladder, almost beyond endurance. Two days' treatment with Sanmetto relieved him nicely—and a tablespoonful per day now controls it. I shall in future use only the "real thing"—no more substitutes of Sanmetto for me.—Edgar I. Bradley, M. D., Elkhorn, Mont.

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CROOKS—"And what did you do?"

BROOKS—"I sent for a veterinary surgeon."

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"Our verdict," said the foreman of an Arkansas jury, "is that the prisoner is guilty and must be hanged, and we hope it will be a warning to him."

Sanmetto is not new to me as I have used it two years. I will report a case that came under my treatment on the fourth day of February. A lady about 40 years of age had spasms of the neck of the bladder. She was in constant pain. She could neither sleep nor sit still. She was compelled to urinate as often as every half hour. I commenced giving her Sanmetto, a teaspoonful every two hours for the first twelve hours. The next twenty-four hours I gave her a teaspoonful every three hours, and the next twenty-four hours, every four hours, unless sleeping. Discharged the woman the fifth day as well, and she has been well ever since. A prominent physician of our city had been treating this patient, but she received no benefit from his treatment whatever.—Wm. S. McLean, M. D., Saginaw, E. S., Mich.

It gives me pleasure to say a kind word for Sanmetto—it surely deserves praise. I have been using Sanmetto in all affections of the genito-urinary tract, and it is by far the most reliable and unfailing agent of its class known to me in thirty-one years' experience as a medical practitioner. Vivat Sanmetto!—H. D. Guidry, M. D., Scott, La.



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D. S. Maddox, M. D., United States Examining Surgeon, Coroner Marion County, Ohio, says: (Med. Brief) * * * For the control of pain opium is and always has been the sheet anchor. But opium, pure and simple, has many disadvantages which render its use in some cases positively harmful. Opium is one of the most complex substances in organic chemistry, containing, according to Brunton, eighteen alkaloids, and an organic acid. The ordinary alkaloids, of which morphia is the chief, have the same objections as the crude drug. They constipate the bowels, derange the stomach, and worst of all, induce a habit which utterly destroys the moral and physical nature of the individual. While looking about me for some agent which would produce satisfactory anodyne and hypnotic results without the deleterious and pernicious after-effects of opium and its ordinary derivatives, I came upon the preparation known as papine. After a somewhat extended trial of this remedy I am convinced that it is the ideal anodyne. Although derived from the *Papaver Somniferum* it is singularly free from the objections of the ordinary opiates. It does not constipate; it does not derange the stomach; it does not cause headache; it does not induce any drug habit; it is safe and may be given to children as well as adults.

Dr. Moore, who had long worshipped Miss Jackson at a distance, was one day suddenly called to attend her. He found her suffering from no particular malady, but she wanted him to prescribe for her nevertheless; so he took her hand and said impressively:

"Well, I should — prescribe — I should prescribe that — you — get — married.

"Oh, goodness," said the interesting invalid, "who would marry me, I wonder?"

"I would," snapped the doctor, with the velocity of a six-foot pickerel.

"You!" exclaimed the maiden.

"Yes."

"Well, doctor, if that is the fearful alternative, you can go away and let me die in peace."

Dr. Givens' Sanitarium, Stamford Hall, Stamford, Conn., is a homeopathic sanitarium 30 miles from New York, for the treatment of Nervous and Mild Mental Diseases and Narcotic and Alcoholic Addiction. The Sanitarium is composed of a main building and several cottages, which are arranged with every modern convenience, including electric lights, steam heat, sanitary plumbing and various forms of baths. Experienced nursese are in constant attendance. Massage, baths. Experienced nurses are in constant attendance. Massage, solicited. Address, Amos J. Givens, M. D.

In all conditions commonly seen in persons of advancing life, a tonic like Fellows' Syrup is clearly indicated. Dr. Milner Fothergill wrote: "It (Fellows' Hypophosphites) is a good all-round tonic, specially indicated where there is nervous exhaustion.

Blood Introduction in all anaemic, consumptive and dyspeptic patients, where there is a lack of ability to produce good and sufficient blood, why not introduce it?

I used Sanmetto in a case of a man 78 years of age, recovering from La Grippe, troubled with frequent micturition and chronic nephritis. The result of the agent was completely satisfactory. Have used it since in cases of irritable bladder, with pleasing results.—A. Blodgett, M. D., Benecia, Cal.

"Dearest darling, I love thee!" he said.

"Ditto, George," was her sweet reply.

Eight hours passed. The young man was hoeing corn.

"What does 'ditto' mean, father?" he asked. "I cannot find it in the dictionary."

The old farmer rested on his hoe, and, pointing to the cabbage in front of him, remarked:

"You see that cabbage?"

"Yes," responded the youth.

"And you see the next one there?"

"Yess."

"Well, that is called 'ditto.'"

"Darn her!" exclaimed the impetuous youth, "she called me a cabbage head."

S. F. Wehr, M. D., of Belleville, Ill., late Surgeon U. S. A., writing, says: "For upwards of ten years I have been using and prescribing Sanmetto for almost all kinds of genito-urinary troubles. I have never found anything its equal. In chronic cases of gleet it cannot be excelled. In all kidney troubles its action is fine, relieving the backaches, etc. I could not get along without keeping it upon my dispensing shelf. Hundreds of empty bottles are in my cellar I would exchange for filled ones at the Bryan ratio of 16 to 1. So much for Sanmetto."

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THE CRITIQUE.

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NO. 12

Materia Medica and Tuberculosis.

By W. J. Hawkes, M. D., Los Angeles, Cal.

[Abstract of paper which appeared in the "Pacific Coast Journal of Homœopathy," October, 1901.]

There is no subject so prominently before the medical profession at the present time as tuberculosis. There is no other question so important to have correctly answered than that which is everywhere being so earnestly discussed; "Is tuberculosis contagious?" It is a question in which the whole world is vitally interested. It is a question every physician should do his very best to solve for himself. This is especially true of the physicians of California, who have better opportunities for observing and studying the disease than have those in other localities. Reflection upon known facts cannot fail to impress upon us the gravity and far-reaching consequences of correctly determining this question. Mortuary records tell us of the large and increasing percentage of deaths from this cause.

If it be decided that tuberculosis is contagious, and communities and municipalities adopt measures and pass laws to exclude all persons afflicted with the disease, it is distressing to contemplate the misery resulting to the vast numbers thus ostracised. And who will deny the right of communities to do this?

No one questions the justice or right of laws quarantining against small pox, or yellow fever, or any other disease acknowledged to be contagious; yet, measured by results, they are less disastrous than consumption.

If it be pronounced contagious at all, it must be so in every stage, even the most incipient. But who among us here in California does not know of many who have come here years ago, who were more or less advanced in the course of the disease, but

who are now strong and well through living in the open air and sunshine which they were denied in less favored climes? Suppose all these had been denied the privilege of coming here—are we not virtually sure that they would have died? But the question of enacting such laws in California is being seriously agitated. “The Arizona Medical Association has adopted a resolution calling upon the councils of the cities and towns throughout the territory to take precautionary measures against the spread of consumption. Nearly every city in the territory is preparing to take up the fight on the disease, and a bill has been prepared for the next legislature barring from entrance into the territory all persons showing the germs of tuberculosis.”

What a cruel tragedy would be the result of closing our doors against the thousands in the inclement north and east who might be saved by the more favorable climatic conditions of our lovely foothills?

But suppose tuberculosis should be erroneously pronounced contagious, and laws passed and measures taken to segregate and ostracise and exclude from the rest of the world all unfortunates who have or are presumed to have this disease? Can a more gigantic or outrageous injustice be imagined?

In view of the mere possibility of being the chief instrumentality in committing such a crime against a large percentage of the human race, how exceedingly careful, conscientious and painstaking must physicians be in collecting, and comparing, and weighing evidence pro and con, before giving forth a conclusion fraught with such momentous consequences!

The recent pronouncement by Koch—so diametrically opposed to all preconceived opinions on the subject—that bovine tuberculosis is a disease altogether different from that which attacks the human family, and that it is not communicable to the human animal, whether correct or not, should “give us pause.” It is convincing evidence that very little is positively and unquestionably known by even the highest authorities on the question, and it should warn us to “make haste slowly” in the making of excluding and ostracising laws.

My object in this brief paper is to present fully and fairly

as I can the evidence for and against the proposition that tuberculosis is contagious in the sense that other contagious diseases are—*i. e.*, that it is conveyed from one person to another in the ordinary intercourse of daily life, as is small-pox, measles, whooping-cough, etc., etc.

The evidence in the affirmative of the proposition is that guinea-pigs, rabbits, monkeys, etc., inoculated with cultures of tubercle from a human consumptive, developed tuberculosis and died; that this was the rule with scarcely exceptions enough to prove it. So far as my reading informs me, this in a nutshell, is the sum of the evidence in support of the proposition that tuberculosis is contagious.

But if it be true, as Koch claims, that bovine tuberculosis is a disease different from that which afflicts mankind, and that the human family is immune therefrom, is the presumption not reasonable that the converse of the proposition is equally true, and that the human variety is not transmissible to animals? And if this is so, what becomes of the only evidence that human tuberculosis is contagious?

* * *

If consumption—tuberculosis—is contagious in the sense that small-pox, scarlatina, diphtheria, measles, typhus or yellow fever is, will anyone have the temerity to say that any passenger living a week of each year among these trappings thus necessarily infected can escape the contagion? Certainly no one will claim the same with respect to any of the other mentioned diseases. And what about the porters and conductors?

If tuberculosis is contagious, what will become of the residents of all Southern California, in every community of which hundreds of consumptives reside, and come and go, die or get well? What would become of the tenants of houses in which have lived for months, and finally died, one or more consumptives?

I, with my family—one of whom had a tuberculous family history—lived two years in a house in which had lived a tuberculous patient for months up to within a short time of his death from that disease, yet neither of us shows any sign of tuberculosis.

Could this be true if the disease had been typhus, small pox, diphtheria, or yellow fever? And this kind of thing has been going on for years in Southern California, yet how many cases of tuberculosis do the members of this society know of as having originated as results?

Furthermore, I have known, and I am sure you all have known, numerous instances where a wife devoted her whole time for months to nursing her husband, who died of consumption, and yet showed no indication of having contracted the disease. Could this be said of the other diseases named? On the other hand, I have never seen an instance where a wife taking care of a husband, and sleeping in the room with him, or a husband nursing a wife under like circumstances, contracted the disease.

About a year ago, at a meeting of about twenty leading physicians in Los Angeles, the question was asked if anyone present had ever known of a case of the kind, and the answer by each was "No."

Some months ago I addressed a circular letter to all the prominent physicians of our school on the Coast who had resided there for a considerable term of years, asking the following questions:

"1st. Do you know of instances in your practice where the husband with a non-tubercular history, who had taken care of his wife dying of pulmonary tuberculosis, contracted the disease and died? If so, how many?

"2nd. The same, where wife takes care of tuberculous husband?

"3rd. Do you know of an instance, or instances, where you were sure that one person had contracted tuberculosis and died, from another who died of the disease? If so, how many?

"4th. Do you know of an instance in California where a person with a non-tubercular, syphilitic or cancerous history, contracted and died of tuberculosis?

"5th. Do you know of instances where a husband or wife, taking care of husband or wife dying of pulmonary tuberculosis, did *not* contract the disease and die? If so, how many?"

Of the many replies (the physicians addressed were very

courteous, and nearly all replied) all but two were "no" to the first four questions, and "yes" unanimously to the 5th, so that the evidence was practically unanimous against the contagiousness of tuberculosis.

* * *

I personally know a score, or more, prominent citizens of Southern California in nearly every profession and walk of life—including members of our own profession, some of them members of this society—who came to California years ago seriously ill with consumption, who are now enjoying good health, and are useful members of society. Suppose they had been excluded by law? And I presume each member of this society, having lived here a greater number of years, knows of a larger number of such instances than I.

As was said before, the only evidence that tuberculosis is contagious lies in the fact that animals inoculated with tuberculous matter from a human consumptive became tuberculous and died. But if the bacillus tuberculosis is the cause of tuberculosis in these cases, it must be the sole and only cause of tuberculosis in every instance. There cannot be two sole causes for one specific result. It is a well-known fact, however, that not tuberculous matter merely, but almost any foreign substance, as ordinary pus, ground glass, sand, etc., does the same.

Professor H. F. Formad, of the University of Pennsylvania, in a lecture delivered before the Philadelphia Medical Society, and published in the *Medical Times* of November 18th, 1892, says on the subject, after dividing all animals into two classes, the scrofulous and the non-scrofulous, and including in the scrofulous class the tame rabbit and guinea pig and all animals in close confinement, and in the non-scrofulous class the cat, dog and animals at large:

"If the scrofulous animals are inoculated, or have introduced under their skin any kind of matter, whether tuberculous, diphtheritic or what not, even to 'chemically clean powdered glass,' and survive the first results of the experiment, large numbers of them die of tuberculosis. But inoculating the non-scrofulous animals in the same way—that is under the skin—even with pure

tuberculous pus, will not produce tuberculosis. This class requires the introduction of the inoculating material into the peritoneum, or the anterior chamber of the eye, whether it be tuberculous pus or the so-called bacilli tuberculosis, in order to produce tubercles in them. And here, again, if other kinds of matter be introduced into the same parts, even to common sand, the results are the same as if the tuberculous matter were used."

"True tuberculosis can be produced in non-scrofulous animals through simple injuries of serous membranes; and this seems to be also well established for men."

"The second exceptional point in the etiology of tuberculosis is the occurrence of miliary tuberculosis secondary to simple inflammation of serous membranes in normal, non-scrofulous beings. Experiments, clinical observations and autopsies sustain this fact. At the same time it appears that inflammatory processes affecting parts of the body other than serous surfaces do not lead to tuberculosis in non-scrofulous subjects. I will recall here that the anterior chamber of the eye, which is occasionally used as a point for inoculation with tubercular virus, is also a serous sac. Of the same character is the choroid coat, of which ophthalmoscopic examination reveals tubercles so beautifully in cases of miliary tuberculosis."

"There are cases on record of traumatic injuries of the eyeball in non-scrofulous persons, in which general tuberculosis was a consequence."

"Koch has unquestionably produced tuberculosis in the peritoneum of his cats and dogs." And he "could just as well have used some sand for inoculation, and saved his valuable cultures of the bacillus tuberculosis for inoculation into some other parts of the bodies of the non-scrofulous dogs, cats, rats, etc."

"Why did Dr. Koch inoculate the latter-named animals only in the peritoneum and anterior chamber of the eye, while scrofulous animals (rabbits and guinea-pigs) he inoculated indiscriminately in any part of the body? This is a mystery. Let us try to solve it."

"I wish to mention some of our experiments in connection with tuberculosis."

"The experiments on diphtheria, of Prof. H. C. Wood and myself, have shown that those rabbits which did not succumb to the disease within a few days, nearly all died of tuberculosis in the lapse of four to six weeks or more. In order to see whether the diphtheric material acted specifically in the production of tubercle, or whether the latter was merely the result of inflammatory process, we experimented by inoculating rabbits with non-tubercular and perfectly innocuous foreign material, such as pieces of glass, metal, wood, etc. The result was, in the majority of cases, cheesy, suppurating masses at the seat of inoculation, followed in the course of a month or more by death from tuberculosis."

"To-day I can safely testify that Dr. Wood and myself have seen die of tubercular disease proper, more than one hundred rabbits out of five or six hundred operated upon, without a single one of these animals having been knowingly inoculated with tubercular matter of any kind, and without any intention on our part to study tuberculosis in them. All rabbits and guinea-pigs subjected to injury in any part of the body in the various experiments, and surviving the immediate or acute effects of the latter, had, with only a few exceptions, but one fate, viz: to die of tuberculosis, provided they lived long enough after a traumatic interference to develop the lesion in question."

"These facts were also particularly well brought forward by the results of a carefully conducted series of one hundred special experiments on tuberculosis, executed by Dr. O. C. Robinson, in the Pathological Laboratory of the University of Pennsylvania."

"In non-scrofulous animals, viz: other than rabbits and guinea-pigs, neither Robinson nor Wood and myself, nor any other experimenter, ever succeeded in producing tuberculosis by inoculation, unless done in the peritoneum or anterior chamber of the eye."

"No one, including Koch, ever produced tuberculosis in animals not predisposed to it, by inoculation into the skin, for instance. Koch's records of his own experiments prove this, and show that whenever he desired to produce tuberculosis in the rabbit or guinea-pig by means of his bacillus, he inoculated indiscriminately into any part of the body; but if he wanted to

demonstrate the effects of his parasite in the non-scrofulous animals, he promptly inoculated into the anterior chamber of the eye, or preferably into the peritoneum. After what has been explained in connection with inflammation in serous membranes, it is evident that these experiments do not prove that the bacillus is the cause of tuberculosis."

That many cases of incipient tuberculosis recover under favorable circumstances there can be no doubt. That a few decades of perfect hygienic living, together with the indicated medicinal remedy, would practically eradicate the disease I feel confident. Given a natural hygienic life, then the field for the materia medica presents itself. That many would recover without the aid of medicine if only they lived properly, experience convinces us. That medicine will cure while the patient continues to live under adverse circumstances, is more than doubtful. It is better for the patient to have the right environment without medicine, than to have the best of medical care and bad atmospheric, climactic and dietary conditions.

The sphere of materia medica is the constitutional predisposition to the disease. Like all other chronic and fatal diseases, tuberculosis has two causes, viz: the constitutional predisposing cause, which is in nearly if not quite all instances inherited; and the exciting cause, such as bad air, poor diet, wasting acute diseases, etc. The science of therapeutics takes care of the former; the science of living will take care of the latter.

If the infant with a family history of tuberculosis, cancer, paralysis, locomotor ataxia, insanity, inflammatory rheumatism, etc. (they are all relatives and branches of the same old root—syphilis, planted centuries back, and cultivated ever since), be intelligently watched by the skilled professional eye from the time of its birth, and the indicated constitutional remedy given when the various illnesses of life develop their symptoms, the prime cause of consumption will be gradually lessened in that individual; and, other things equal, his offspring will be less predisposed to it than was he.

There are four periods in human life when the significant constitutional symptoms are especially observable, viz: teething,

puberty, pregnancy and the climacteric. To the observant physician, understanding the science of therapeutics and the significance of these symptoms, these periods are especially interesting with a view to the end he is working for—the diminution and final eradication of all these terrible diseases from the human family. There is no field where careful study of materia medica and the significance of peculiar and individual symptoms will be so well rewarded by diminishing predisposition to disease and increasing the resisting power of the individual, as in this.

This, to be true, presupposes that the tendency to tuberculosis is inherited. Professor Koch says emphatically, decidedly and dogmatically that it is not. All clinical experience contradicts him. Life insurance experts, without exception, contradict him; and, with the almighty dollar (never so almighty as now) as an incentive to care and accuracy in investigation and correctness in conclusions, their testimony is not to be lightly considered.

It may be well to ask what Koch means by the statement that "tuberculosis is not inherited?" If he means that children of consumptive parents are not born with tubercles already formed, he is right. They are not so born; neither are they born with whiskers. But they are born with the potency of both whiskers and tubercles. The microscopic point of vitalized matter—the single spermatozoon of the giant sire—is too infinitesimal to carry tubercles. Millions of them could find room within the dimensions of one tubercle. Yet it possesses the potency of every peculiarity, whether of physical dimensions, moral character mental power, color of eyes or hair, or what not, of the giant. This is equally true of his acquired peculiarities, whether they be defects or excellencies.

I have made this question a study for over twenty-five years, with unsurpassed advantages in college and hospital clinical work, and I can say, absolutely without reserve, that in investigating tuberculous cases I have never failed to trace a family history of consumption or one or more of the diseases mentioned.

If Koch means that the predisposition to tuberculosis is not

transmissible from father to son, he is altogether wrong. Did ever a pre-eminently successful stockman breed from a sire with the heaves, or a one-eyed dam with a spavin? No; he knows, as I, and you, and everyone who knows anything about such matters, know, that a blind mare is likely to drop a blind foal, and that a wind-broken sire will beget a son that will "whistle" on the stretch! He knows, as we all should know, that defects of whatever character in the sire or dam are likely to reappear, possibly in modified form, in the offspring. This is equally true of the human family; yea, more so, because of longer existence and continuance of the causes back into the past.

I well remember when a boy on the farm, old "Blind Bess," the best "pulling" beast on the place. Every foal she had (and she had one every year) became blind early in its life. I also remember a pet chicken of mine. I called her "Birdie-five-toes," because she had an extra toe on each foot; so had her mother; so had her chicks. I knew a merchant in Chicago who was armless, but otherwise an exceptionally fine specimen of manhood. He married a beautiful girl whom I knew. All wondered why she chose one so deformed. Her first child had but one arm, and that defective. I could relate scores of such cases, and, I am sure, so could each of you, but these will suffice.

In the face of such testimony, capable of multiplication a thousand fold, it is absurd to say that the predisposition to tuberculosis is not inherited.

The irreverent Robert Ingersoll once said that if he "had been the creator he would have made health catching instead of disease." * * *

Leptandra.—The leptandra patient is generally drowsy and despondent. Dark yellow or black coating down the middle of the tongue. Colicky pain at the umbilicus attends the discharge of dark, tarry stools. Stools black and fetid, running out in a stream like tar. First part of stool hard, black and lumpy, latter portion mushy. Aching in region of the liver. Urine a dark brown.

A Visit to the Pacific Coast.

By N. G. Burnham, M. D., Denver.

When members of the profession decide to rest and recreate, as a rule they turn their faces to the East, expecting to find the highest type of esthetic culture, enterprise and enjoyment in the land of their fathers. Contrary to the usual custom, even of those who have taken up their abode upon the western border of what was once known as "The American Desert," I turned *my* face towards the west, that I might not be unmindful of the marvelous growth, the matchless enterprise, the almost unlimited possibilities of the domain west of the backbone of the American continent.

As a result, it has been my pleasure and opportunity within the past few weeks to visit some of the cities of California, Oregon and Washington, and to mingle with their people, observing their habits, customs, and incentives. I have been especially impressed with their intelligence, enterprise and civility. From a professional standpoint, the physicians of the cities I visited are abreast of the times, and dispense to their clientele with as much ability as in any portion of our country.

The several physicians whom I met in San Jose (a beautiful city of thirty thousand enterprising people) I found well caparisoned, enthusiastic and successful in their work.

The hospitals of San Francisco are well equipped and ably conducted, notably, the Marine and Presidio are furnished with the latest and most approved facilities for general and surgical work. As I had a friend in court who presides over the Bacteriological department in diagnosing the contagious diseases of a truly cosmopolitan marine city, I was permitted to see and investigate the most malignant types, one of which has not made its appearance in Denver, namely, Bubonic Plague. While a sharp and acrimonious contention has been raised against the exhaustive diagnosis of the ablest physicians, on the part of the Governor and his commercial allies, it would have been far better diplomacy to have accepted the fact, ept their own council, and all

worked in unison to control and stamp out a contagion, to which they are continually exposed as a maritime city, in communication with foreign elements. As it is a disease of the most malignant character, known to the Chinese as the "Black Fever," destroying eighty to ninety per cent. of all persons afflicted, it requires the most vigorous and efficient measures, and will always have to be met and cared for whenever it appears, to protect humanity from its ravages. Foreigners, more especially the Chinese, are the most prolific propagators from their habits and association with rodents, that are often found dead in compartments of ships immediately under their quarters while in transit. Not only their bodies are liable to become infected but their merchandise also, so much sought for by Americans, unconscious of their exposure to the most destructive bacillus known to humanity. They constitute an element that is not homogeneous to the Caucasian race. No American can survive on the food and wages they require in competition. Hence, the exclusion law should be reenacted by Congress and our linen washed by cleanly Americans and those who are susceptible of being Americanized, instead of exposing it to be blown and spat upon from the mouths of a race infected with syphilis, leprosy and plague.

As for the twenty-one cases of leprosy cared for at the leper hospital without the confines of the city in all stages of development, it would be far better and cheaper to transport them to the Molokai Leper Settlement in Hawaii. Notwithstanding the great fear on the part of humanity in regard to this class of unfortunates, they are harmless in contrast with the anarchistic elements that infest all of our large cities. The very mention of the name Bubonic Plague strikes terror to the hearts of a nation; while the subtle, fiendish influence of that class of malcontents known as anarchists, are being schooled, trained and fed upon a poisoned pabulum in our very midst that should carry terror to the hearts and homes of all peoples and nations alike, thereby causing them to unite in one common bond to place them on a lone island where they can be guarded, as an asylum for the protection of all nations.

While San Francisco is entirely capable of caring for her-

pestilential diseases in such a way as to protect her citizens and the country at large, she is helpless to care for the fiend that so stealthily plots and plans, without cause or provocation, to spill the best life blood of the nations.

California is a marvel, as we look at the magnitude of her many colossal institutions, planned and executed with a prodigality that would do credit to a much older commonwealth.

A three-days' ocean voyage to Portland serves to give variety and rest to the traveler, when he can exchange the heat and dust of the rail for the exhilarating salt sea air of the Pacific, to contemplate its vastness and watch the sea gulls as they cut the air with their agile forms, or drop to rest serenely upon the ever restless surging sea, unmindful of the spouting whale that leaps from its watery bed in apparent frolicsome glee.

Portland, a city of a hundred thousand people, situated on the banks of the Willamette, has its characteristic attractions and gives evidence of wealth, culture and prosperity. The scenic views from her hilltops are a marvel of picturesque grandeur, all of which is climaxed by a sail of 110 miles up the Columbia to the Dalles, ranked as one of the most picturesque on the continent. On leaving Portland by rail, after a half-day's ride, we reach Tacoma, the western terminus of the Northern Pacific Railway, a city of forty thousand, famed as a place of residence at the head of Puget Sound. Forty miles to the north, either by steamer or rail, we reach Seattle, a city of one hundred thousand, bristling with activity, the great center of the Alaskan trade, the finest harbor in the world, with its depth and breadth of waters, situated eight hundred miles nearer the Orient than San Francisco; with its rapidly growing commerce and the gold of the north pouring in upon her, gives promise of rivaling all other cities of the coast in the near future.

When Horace Greeley gave his advice to young men, the west was practically bounded by the Rockies, but it has long since taken up its line of march to the Pacific coast; hence to the young man reared in the plethoric east, who is possessed of health, intelligence, enterprise and "sand," I would advise him, with the maiden of his choice, to cross the range in the morning tide of his maturing manhood, to build a home, and carve a place of honor and usefulness in the rising tide of a new commonwealth nearer the apparent zenith of the setting sun.

THEORY AND PRACTICE.

CONDUCTED BY PROF. W. A. BURR, OF DENVER HOMEOPATHIC COLLEGE.

Homeopathy Leads.

Professor Geo. F. Shears, President of Hahnemann College, Chicago, made this good point for Homeopathy in his address at the opening of this college September ninth :

“Let me felicitate you on your choice of an homeopathic medical college. Our American national body adopted the following definition of a homeopathic physician : ‘An homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics,’ and so it is that the homeopathic college of to-day not only offers to you all that is offered to you by the old school college in the science studies, in surgery, and in diagnosis, but it offers in addition a rational and scientific system of therapeutics. And it must be remembered that the province of a physician is not only to investigate, to make diagnosis, to prevent disease, and to relieve distress, although all these form a large part of his daily work. The patient desires to be cured, depraved tendencies must be changed, disordered functions must be corrected. Neither preventative nor alleviative medicine meets these requirements, and the empiricism of to day is no more effectual (if it is less gross, than it was in the time of Hahnemann) to antagonize those dynamic forces which are operative in the production of diseased conditions. It is still to homeopathy that we must look for a rational use of the drugs which beneficent nature provides, and it is to her colleges that we must look for a satisfactory exposition of the laws that govern drug action.”

Specialism and Homeopathy.

In the November number of the “North American Journal of Homeopathy” appears a contribution from Dr. Conrad Weselhoft, Professor of Pathology and Therapeutics in the Boston

University School of Medicine, entitled, "The Relation of Specialism to General Practice." He seems to have no fear that Specialists will eventually occupy the whole medical field and do all the business. He makes suggestions to specialists of our own school in this wise:

"It may be safely asserted that the homeopathic school is the only one which devotes itself to the study and use of medicine and medicines proper, so that it were well did specialists allied with our school resort more to its principles and methods than to the imitation of the loose, perfunctory, local practices of the old school specialist. The result is that every few years they are obliged to go to Europe to learn some new handicraft from some celebrity, to go over the same process when the new handicraft has become old-fashioned. A closer adherence to the homeopathic method would save some of our specialists unnecessary trips over the Atlantic or permit them to take recreation instead of frequenting clinics. What we need is a little more originality; it is not wanting among us here, and instead of being attracted by the brilliant plausibility of private docents over the water, make them come here to learn of us in this matter as they are doing in other branches."

Diagnosis of Diseases of the Pancreas.

All medical writers agree that the diagnosis of pancreas diseases is very difficult. Arndt says: "So far, positive knowledge of diseases of the Pancreas is extremely limited." Anders says: "This is at all times difficult, since many or all of the symptoms enumerated may be present in other affections." "The sudden development of a deep-seated pain in the epigastrium, followed by vomiting collapse, abdominal distension, with circumscribed resistance in the epigastrium and the presence of constipation and slight fever, should point strongly to hemorrhagic pancreatitis. The detection of free fat in the digestions, and the discovery of scattered points of tenderness, when they occur, are also of corroborative significance."

In suppurative pancreatitis the same author thinks that "the diagnosis is hardly made antemortem."

But when there is a saliva-like fluid flowing from the mouth, with fat in the stool and fat floating on the urine as it cools, with darting pains in the epigastrium, there is probably some affection of the Pancreas. In fact these four symptoms are seldom if ever found in combination in any other affections than those of the Pancreas.

B.

Appendicitis. Case 1.

A young man, aged twenty-one, a paper hanger by occupation, went to eastern Colorado on a three days' hunt for antelope. With long tramps by day, little sleep by night and irregular meals, upon his return he was prostrated with illness. Presenting some typhoid symptoms I gave him gelsemium ix . Becoming worse in a few hours I visited him again, when a more careful examination revealed a pain in the right illiac region with some rigidity of the abdominal muscles and tenderness on pressure. Worse on motion. Diagnosis, Appendicitis.

He was put on bryonia $3x$ with instructions for him to lie quietly in bed and take little or no food, and this to be of a liquid nature. He was also to drink a plentiful supply of water.

He steadily improved under this treatment, and in forty-eight hours the pain was much less and in all respects he was much improved. Some symptoms of indigestion presenting, an occasional dose of nux $3x$ was given to be taken in the intervals between the bryonia and in three days more he was able to safely leave his bed and in a week more he resumed his work after being enjoined to be careful about his diet and exercise for weeks to come.

In this case the pulse increased to only 100 and the temperature did not rise above 102, and yet it was a true case of the milder form of Appendicitis and bid fair to be a bad case. The quiet and rest in bed, and the simple liquid diet with the proper remedies, no doubt checked the course of the disease and prevented it from being a bad case,

B.

Tuberculosis.

At the October meeting of the Cincinnati Homeopathic Lyceum the subject was Tuberculosis. The following is the report as published in the "Medical Century ;"

Dr. C. D. Crank, in his paper on "Climate in Tuberculosis," referred to the Mecca of consumptives years ago. At one time it was Minnesota, at another time it was Illinois, and as railroad intercommunications brought these and other resorts closer to home the climate cure changed, and from the Carolinas, and the west we find appearing on the climate cure horizon Porto Rico and Sandwich Islands.

"Change of air" is the cry, and the air is always changing. Good results have been noted in migration to another part of the same city, and even to another part of the same house.

"High altitudes are potent for cure and for aggravation. But they hasten the development of acute troubles; hence, know the entire physical state of a patient before recommending a change of climate, with its unsettled surroundings of hotels and boarding houses, homesickness, etc.

"A climate that allows of the patient to be out of doors nearly all the time, or to live out of doors altogether, a place where the patient improves, and a place he likes, is a valuable aid in the early stages of tuberculosis that we must all appreciate."

Dr. J. D. Buck, in his paper on "Therapeutics in Tuberculosis," said:

"There is a climate for the patient with tuberculosis as well as a treatment for the disease per se."

"Recent loss of flesh and daily rise in temperature are important points in diagnosis, and conversely gain in flesh and lowering of elevated temperature are points in prognosis."

"Change of climate should secure greater lung expansion and should give opportunity for plenty of out-door life and exercise with relief from worries and cares likely to be present at a patient's home."

Dr. L. D. Meader's paper, "Tuberculin in Tuberculosis," recited briefly how Koch discovered Tuberculin, and his various

improvements in the production of the serum. The essayist did not approve of the use of Tuberculin, as other means had fully as good a record as the new serum-therapy.

DISCUSSIONS.

Dr. W. A. Geohegan questioned the value of the climate cure; exposure to the germs is a danger, and other diseases develop due to the climate. Forced meat diet is gaining in favor. The vegetarian does not stand as good a chance as the one on a nitrogenous diet.

Dr. C. E. Walton thought that modified Tuberculin was a remedy homeopathic to these tubercular cases. Homeopathy has used this drug under the name Bacillinum, and under its use a high potency and when it is indicated is a valuable drug.

Dr. A. Babendreier spoke of the toxic element in Koch's Tuberculin and the homeopathic Bacillinum as probably being identical; but the vehicle carrying the drug accounts for the lack of bad effects.

Dr. L. D. Meader very much preferred the Bacillinum internally used on its indications.

Dr. H. H. Wiggers—Patients need at times to change from one place to another to gain or hold their own. We must be careful in sending cases from home to a place where there are many tuberculosis patients.

Dr. C. A. Pauly thought that hereditary influences accounted for incipient cases at resorts taking the disease, where other incipient cases with no hereditary influences improved.

Dr. S. R. Geiser related a case with splended family history. A son contracted syphilis and later he contracted tuberculosis; he was the only one in the family to suffer and he had a very severe case.

Dr. C. D. Crank—Patient with disturbed digestion and one who required a purse, with bad physical and mental condition, such a patient should not be sent away. Consumptives are always hard cases to feed, and here is the great trouble in the treatment along dietetic lines.

Dr. W. A. Shappee mentioned much help he had received from *Lycopodium* and *Bacillinum*. Saranac Lake in the Adirondack mountains receives commendation from Dr. Shappee as a good resort, at least it has proven a splendid place for some of his cases.

Dr. W. A. Geohegan—It is said that the uric acid diathesis is a bar to the inroads of tuberculosis. Is there any relation between the frequent indication for *Lycopodium* and this diathesis?

MOSQUITOS RESPONSIBLE.—Evidence accumulates to prove that yellow fever is really transmitted by the mosquito. In order to convey the disease, however, the mosquito must be thoroughly infected with the yellow fever poison. The next thing will be to make a culture of the yellow fever virus that will cure the fever without harm to the patient. All efforts in this direction thus far have been unsuccessful.

B.

Handfield-Jones, from his study of cancer of the body of the womb, believes that the following conclusions probably represent the sum of our knowledge at the present time: (1) That in cases of corporeal cancer there is a stage of benign adenoma: (2) uterine scrapings are not perfectly reliable, owing to the tissue being only superficial, and the deep part of the gland not being obtained; later scrapings, when the disease is more advanced, are more reliable; (3) clinical signs are more reliable than microscopic evidence; (4) the degree of malignancy varies much, and the disease may run a very slow course; (5) rapid increase in the size of the body of the womb is the most valuable sign in determining need for extirpation of the whole organ. It should be remembered, however, that these conclusions do not apply to cancer of the cervix.—*Am. Jour. Surg. and Gyne.*

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D., INSTRUCTOR IN MATERIA MEDICA,
DENVER HOMEOPATHIC COLLEGE.

COLLINSONIA.—Dr. S. R. Schulz, in "Eclectic Review," says that "Collinsonia is a specific remedy for hemorrhoids. A recent case can be cured between three days and one week. The worst and most obstinate cases can be relieved and permanently benefited by Collinsonia." Also, "when piles are operated upon this remedy may be given before and after the operation with most excellent advantage."

UREA IN THE TREATMENT OF TUBERCULOSIS.—Guided by the fact that the gouty are immune to tubercle, Dr. Heaper (*Lancet*) undertook the treatment of some apparently hopeless cases of tuberculosis with Urea with marked success. Seven cases are given in which lupus, enlarged glands, tuberculous joints, abscesses, etc., were removed or healed and patients greatly improved. The dose was 30 grains t. d. s. (three times a day? t. d. s. not in dictionaries.) Whether under the 1x trituration the drug would be more efficacious is to be determined. Urea was used as early as 1845 for similar conditions and with success.—*Homeopathic Recorder*.

CARBO VEGETABILIS.—There is a good deal of evidence as to the power of carbo over affections of the respiratory organs, especially chronic affections of these organs. So in chronic hoarseness, chronic laryngeal catarrh with rawness and soreness in the larynx, particularly in old people, it is a fine remedy. Aphonia from relaxation of the vocal cords. Occasionally we meet with cases of hoarseness, or loss of voice, which shows itself only toward evening and during the night, and in the morning disappears. In such cases often there is no perceptible disease of the throat or vocal cords, and carbo vegetabilis is almost a specific. It is also useful for persistent hoarseness after measles, for great and long lasting hoarseness in bronchitis, phthisis pulmonalis, etc. Hoarseness, worse evenings and in the damp, warm atmosphere.—*Med. Century*.

Comparative Materia Medica.

COLOCYNTHUS.

Upper right, lower left side. Inclination for motion.
 Very rarely paralysis—epilepsy with rigidity.
 Sweat which disappears when moving.
 Partial sweat on lower part of body.
 Want of thirst predominates.
 Desire for drink without thirst.
 Sensitiveness of disposition. Hypochondriacal mood.
 Ailments from shame, grief, vexation with indignation or reserved displeasure.
 Very much delirium or insanity.
 Eyes sunken. With the toothache, pain in the eyes.
 Appetite for coffee.
 Painful diarrhœa.
 False labor-pains extending into the thighs.
 Complaints predominate on calf of leg and on instep.
 Remission night and morning.
 Worse when lying on back, better lying on side.
 Better when lying on painful side. Worse on unpainful side.
 Worse from drinking wine.
Generally improved by coffee.
 Ailments from Causticum.

BELLADONNA.

Upper left, lower right side. Aversion to motion.
 Paralysis. Apoplexy. Epilepsy with convulsions.
 Sweat increased by motion.
 Sweat on upper part of body.
 Thirst not constant; rarely during chill; appears often *before* chill and *after* sweat.
 Thirst with aversion to drink.
 Generally insensibility of disposition—mood changing; cheerful or dejected; indifferent, distrustful.
 Ailments from fright, or from vexation with fright, dread, fear, or vehemence.
 Absentmindedness, unconsciousness, fancies, mental excitability or dullness.
 Eyes protruding. With the toothache, pain in the ear.
 Aversion to coffee.
 Painless diarrhœa.
 False labor-pains, with headache and red face.
 Complaints predominate on shin and sole of foot.
 Remission after midnight and *forenoon*.
 Better when lying on back or side. Respiration worse.
 Better (respiration worse) when lying on painful or unpainful side.
 Worse or better from wine.
 Worse from drinking coffee.
 Ailments from Aconite, Hyosc., Mercur., Rheub., Cinchona.

COLOCYNTHUS.

Symptoms predominate, *worse*
 During rest,
 After lying down,
 While lying in bed,
 While standing,
 When stooping,
 From cold diet,
 From motion,
 When walking and running,
 From warm diet, but also from
 drinking cold water,
 From coffee and from smoking.

BELLADONNA.

Symptoms predominate, *better*
 During rest,
 After lying down,
 While lying in bed,
 While standing,
 When stooping,
 From cold diet,
 From motion,
 When walking and running,
 From warm diet, but also from
 drinking cold water,
 From coffee and from smoking.

NOTE—Colocynthus has not the over-sensitiveness to pain of Belladonna. But the neuralgias of Colocynthus are of a much more violent kind ; with Belladonna there is more of a general over-sensitiveness to all pain which almost always appears in frequent, short attacks (Hering).—*From Gross Comparative Materia Medica.*

 Pulsatilla.—Lillium Tig.

Pulsatilla and Lillium, although unlike in their general indications, bear the closest resemblance in their action on the veins. They have the same fullness of veins, chest and heart ; worse in the evening and better in the open air. Heart feels too full of blood, with weak, feeble pulse, faintness, inclination to take a deep breath. Such symptoms often occur in enlargement, involving the right heart.

Pulsatilla, though feeling chilly, finds relief in the open air and from walking ; Lillium finds relief in the open air (except headache) ; but the cold air makes the heart feel icy cold ; motion aggravates. If the urine is retained, the congestion seems aggravated.

Lillium, like Pulsa., causes scanty menses ; but the former has irritable mood ; wants to die and yet knows not why ; solicitude about health ; absence of feeling in the head with amenia ; longs for meat ; diarrhoea hurries her out of bed in the morning. Pulsatilla has gentle, tearful mood ; wants to die, but fears it ;

solicitude about health and salvation ; mania with amenia ; averse to meat ; diarrhœa after midnight. Remission, in Liliun, *forenoon* ; in Pulsa., *midnight, until noon*, (except diarrhœa.)—*Journal of Homeopathics, October, '01.*

Actea Racemos.—Caulophyllum.

Actea rac, (misnamed Cimicifuga) has many symptoms in common with Caulophyllum.

In uterine diseases, Actea has the general character of *constant* pains, *clonic* spasms, Actea, *ceteris paribus, renders labor easier when given in the last month.* Cramp pains in the groins, stitches (either as after-pains or with undilated os) ; Cauloph, *helps when the patient seems so weak she cannot develop labor-pains.* Actea causes a marked general soreness ; tenderness in the hypogastrium with *dysmenorrhœa* ; Cauloph. causes intermitting crampy pains all over, hypogastrium, bladder, chest, etc., with *dysmenorrhœa.*

Sleeplessness is well marked but only Actea has numbness all over preventing sleep, Cauloph. causing intense atony, is preferable in sleeplessness from nervous relaxation.—*Journal of Homeopathics.*

MUNICIPAL STABLES AS PHARMACEUTICAL LABORATORIES.—The investigation relative to the St. Louis cases of tetanus following the use of diphtheria antitoxin made by the board of health, is said to show that the horses from which the serum was derived were kept in a stable connected with the city poor house, and that eight or nine of these horses died of tetanus since the antitoxin was made. This is something for people to think about. The poor-house stable seems scarcely a fitting place for the prosecution of important pharmaceutical labors.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

On the 25th of November, at St. Joseph Hospital, Dr. Chas. N. Hart, assisted by Dr. J. Wylie Anderson, removed sixteen tubercular glands from the left side of the neck of a young lady aged twenty-two years. The operation was a very difficult one, requiring careful work in dissecting the chain of glands from the surrounding vessels. The diseased glands extended from below the ear to, and posterior to the clavicle. The wound healed without suppuration. The patient left for her home in the southern part of the state, at the end of two weeks.

Antiseptic Lunacy.

There is a renowned surgeon in England who signs himself Fred J. Smith, M. A., M. D. Oxon., F. R. C. P. Lond., F. R. C. S. Eng. We presume this learned gentleman has other titles, but this seems to be all that he saw fit to append to his name as it appears in a certain issue of the "London Lancet." He is a great man and revered by all the doctors and surgeons in England and the United States. He delivered an oration before the Hunterian Society February 14, 1900, and every word he uttered on that occasion the medical profession will be obliged to regard as law and gospel. Of course, not one in ten thousand of the medical profession will ever read or hear of what he said, but a few of them will hear of it and quote it as infallible authority.

There are some things he said with which we heartily agree. We will first quote them in the exact language of the oration and then append a few remarks which will serve to translate his technical language into common English.

"In the great field of antiseptics, too, in our craze for slaughtering microbes wherever and whenever we meet with them, are we not in some danger of destroying friends with foes and of paying too little attention to the soil on and in which these microbes

grow and to the hostile influences with which the tissues, fluids, and cells of the body meet them? The futile efforts at cleansing the peritoneum after abdominal section is a case in point. Futile they may be, as my experience in the post-mortem room shows, when a hose at full pressure of the water company has failed to effect the purpose. In matters sanitary and hygienic I cannot help but feel that we are letting zeal outrun discretion and putting upon modern hypotheses a too great burden of administrative practice. I am sure that by boiling milk we rob it of some property or material that is most valuable, if not essential to the growing infant, possibly also to the nutrition of the adult. 'Tis true that we destroy any tubercle or other noxious microbes in it, but to me it seems at least possible that this security against a chance invasion may be bought at too high a price. We are terribly afraid of allowing tubercle bacilli an entrance to the stomach in this manner and yet I have not the slightest doubt that all of us individually inspire and swallow hundreds if not thousands of them in the course of a few days' ordinary existence. The Klebs-Loeffler bacilli found in the fauces of patients as long as 100 days after recovery from an attack of diphtheria—found, too, in the throats of medical men, students, and nurses in fever hospitals—offer a subject for much discussion and deep thought, with great difficulty in the way of harmonizing the imperious dictates of modern science, as based on our present hypotheses, with the experiences of practical medicine."

Put into common speech, here are some of the things that the above quotation asserts: The medical profession is crazy on the subject of killing microbes. The medical profession is in danger of killing patients in their efforts to kill microbes. The medical profession gives too little attention to the conditions that breed microbes and are giving altogether too much attention in trying to exterminate the microbes, ignoring the causes which bring them into being. That efforts to cleanse the peritoneum of microbes after abdominal operation are futile. That the medical profession has allowed its zeal in sustaining the microbe theory to outrun its prudence and practical sense. That to boil milk to rid it of microbes is to destroy the milk for nutritive purposes.

At the same time the boiling is killing the microbes it is also spoiling the milk for food. In this way the doctors not only kill the microbes but kill the child that must subsist on the milk. That for the medical profession to strain every nerve to prevent tubercle bacilli entering the stomach is an absolute folly. Any one who knows anything whatever about the subject knows that we swallow hundreds if not thousands of them every day and no doctor can prevent. That the microbe theory and hypotheses cannot be harmonized with the practice of medicine and the experiences of every day life.

This is what the renowned Fred. J. Smith intended to say in the above quotation. It will be a good while though before the doctors hear of it. They will go right on hunting microbes, at the expense of the lives of their patients just the same as if this renowned authority on the subject of microbes had never delivered his address before the Hunterian Society of England.

Of course this is what "Medical Talk" has been saying month after month in the best language it could possibly invest. We do not quote the renowned Dr. Smith in our journal because he has said anything new to us. We only quote him because he is considered one of the leading authorities on the microbe theory and microbe killing, and we want some of the doctors who do not believe "Medical Talk" to hear what the great guns are saying.—*Medical Talk*.

EPIDURAL INJECTIONS FOR INCONTINENCE OF URINE.—Two French physicians have recently treated with marked success 15 cases of incontinence of urine by epidural injections of cocaine or serum. One paraplegic was made actually continent during the day-time. A case of vesical incontinence from tuberculosis of eight months' duration had remained continent for two months. Five cases of infantile incontinence had been cured immediately by one injection of serum. These remarkable results prove that in all cases of incontinence dissimilar in appearance, there is a common factor, inhibition of the sphincter.—*Med. Age*.

THE CRITIQUE.

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EDITORIAL COMMENT.

Deportation of Consumptives.

It is currently reported in the daily press that the Immigration Commissioners have declared against the admission of foreign consumptives into this country, and have ordered that all immigrants known to be suffering from pulmonary tuberculosis shall be sent back to their native country. The ground on which this action is taken is the claim that tuberculosis is a contagious disease, and therefore comes under the United States law of exclusion concerning all contagious diseases.

We hope for the sake of our country's good name and our humanity, that any such order will not be enforced. The law which excludes criminals, and paupers who may become a public charge, is very proper and should be enforced, whether in a specific case the individual be a consumptive or not, but to undertake to exclude from our land all who may unfortunately be afflicted with tuberculosis regardless of other conditions, is an outrage upon justice and a disgrace to our civilization.

Tuberculous immigrants who come to us in such an advanced stage of the disease that they are likely to become a public burden may very properly be deported, on the same ground that we

turn back other hopeless invalids who are unable to support themselves, but under no circumstances should we send them back simply because they are consumptives.

We are loath to believe that either professional or public opinion will support the government officials in any attempt to exclude consumptive immigrants on the simple ground that their disease is contagious.

Too much stress has been laid upon the claim of contagion in tuberculosis. It cannot be sustained by clinical observation and experience. The theory of contagion is so far fetched and so absolutely shadowy in its manifestations, as to be wholly unworthy of general acceptance or belief. If we undertake to discriminate between severe and mild cases of the disease, a bacteriological examination of each immigrant would seem to be necessary, and such a course would not only be impossible of execution, but would become absurd and ridiculous.

Predisposition and Contagion.

The unabated zeal with which the profession has been studying the germs of disease for many years, has led many of us to forget or ignore some other necessary elements in the actual production of the fully developed disease. It should not be forgotten that germs, in order to develop and exert their influence upon the health of the individual, must first have a congenial soil and special favoring conditions; otherwise the germs, as a rule are harmless. This is especially true of consumption, and the germ of tuberculosis becomes active only under certain conditions of predisposition, generally hereditary. Therefore, to say that consumption is always from contagion, as does Koch, is simply absurd, and not in consonance with careful clinical observation.

Whatever importance we may give finally to germ influence in producing the disease, we must not ignore the fact that certain disease conditions must precede the work of the germ. This thought is very clearly brought out by "The Hospital" in an editorial on tuberculosis, from which we extract the following :

"The germ has been placed on a high pedestal, infection has been made into a fetish, and the faiths of our fathers have been, to a large extent, deserted. Nevertheless, artists and people of observation still hold to the 'consumptive type,' girls and young men are still said to be 'consumptive looking,' and those who, putting theory on one side, are content to watch events, find too often, that these old notions turn out to be correct. * * * * The widespread nature of the infection of tuberculosis makes it fairly clear that something besides exposure to it is involved in the development of the disease. But when we find that not only are they widespread, but that a large proportion are actually infected by them, and yet are able to throw off the disease, it becomes more evident than ever that it is the individual rather than the presence of the germ which decides whether a man shall not become consumptive."

In the same article the writer shows that post-mortems demonstrate that a much larger proportion of the population has at some time been infected with tuberculosis than was formerly thought to be the case. He says:

"When we hear that in 500 post-mortem examinations made at the Zurich Pathological Institute undoubted signs of tubercle were discovered in 97 per cent. of the bodies examined, and when we compare with that comparatively small proportion of the population which is carried off by the disease, when in fact we find that far more people threw off the disease than ultimately died of it, we cannot resist the conclusion that the ultimate result of an infection with tuberculosis must depend far more upon the resisting power of the patient than on the presence or even on the reception of the infective material."

What Protects the Jews From Tuberculosis ?

It is a well established fact that the Jews as a race, are relatively exempt from the ravages of tuberculosis. According to the contagion theory of this disease, there cannot reasonably be any such a thing as racial immunity, and certainly there is nothing in the habits or surroundings or mode of life of the Jewish people that would protect them from the influence of contagion according to the current theories of our time. Yet we are everywhere confronted by the fact that Jews are notably free from pulmonary consumption. Statistics show conclusively that the Jews are, more than any other class of people, subjected to all of the theoretical factors which tend to produce tuberculosis, such as indoor occupations, overcrowding in the tenement districts of large cities, poor food and a meagre allowance of ordinary necessities.

In all parts of the world the Jews live in crowded colonies in the larger cities. Their surroundings are generally of the worst. Their occupations, largely those of tailors and dealers in second-hand goods, should, according to accepted theories, expose them to infection by the tubercle-bacilli. Again, the ceaseless persecutions to which they are subjected in every country on the globe, and the consequent care, anxiety and worry which persecution has imposed upon them, ought to make them susceptible to a degree unknown among most other classes. Nevertheless statistics clearly show that the Jews suffer very much less, proportionately, from pulmonary tuberculosis, than any other race of people.

It must be conceded that this immunity of the Jews is a hard proposition for the bacteriologists, and so far, no rational solution has been propounded. A friend at our elbow suggests that possibly the Jews are the chosen people who will ultimately show

the fallacy of considering bacterial infection as the chief cause of tuberculosis.

Smelter Employes Object To Fee System.

On several occasions we have endeavored to point out the injustice of the fee system for medical service in vogue among the smelting companies of Denver. Besides showing the injustice to the employes, we have also shown the unethical side of the question as regards the physicians who lower their professional standing by engaging in this species of cheap contract practice in direct violation of the code of ethics. There never has been any doubt that the system of taxing men one dollar per month in the interest of some particular physician selected by the company, is always obnoxious to American employes. They naturally feel that the employment of a physician is a matter purely personal, as much so indeed, as the choice of a pastor or a church, and just as naturally, they resent any interference from their employers in the exercise of this right.

The officers of the companies get behind the plea that their purpose is to save the men the expense of ordinary medical service, but their real object is to put thousands of dollars into the pockets of medical favorites of the President or other official of the corporation. Any thought of serving the interest of the men, *per se* is the merest pretence. The following from the "Rocky Mountain News" of December 7th, explains the situation in Denver at this time:

"The 1,300 men employed in the Grant and Globe smelters may ask some court of competent jurisdiction to prevent the managers of the plants from deducting one dollar per month doctors' fees from the men's salaries.

The men claim that they are compelled to pay in the aggre-

gate \$16,000 per year to Drs. L. E. Lemen and H. L. Taylor, and that they receive little or no benefit in return. They say that they have their own family physicians in whom they have confidence, and that it is an imposition to be forced to contribute such a large sum to the doctors named. The men also object to the printed notices which the doctors have circulated. These state that in order to receive attention the men must notify the doctors between 8 and 10 o'clock in the morning. Calls answered at other hours will be charged for extra, Accident calls will be answered at any time.

'This company doctor system was one of the causes of the great strike of two years ago,' said one of the men. 'At that time Governor Grant told us that he considered it an outrage and that it would be abolished at the Grant. He carried out his agreement, but now it is being enforced again. I have paid \$80 and have only received one prescription from Dr. Lemen. I go to another doctor. It is unfair to restrict the men to two hours in the day during which they may consult the physicians. That alone makes the service worthless. It seems to me that \$16,000 per year would justify them in devoting all their time to the men.

Our union is in bad shape but if we can revive it we will go into court and seek redress. If we fail there we may adopt other remedies."

The men wish to avoid a strike but the doctor system is so obnoxious that trouble is likely to result."

What is the matter with the Cheese?

The Dietetic and Hygienic Gazette, in a recent article, condemns the use of all highly flavored cheeses, and makes the point pretty clear that the flavor on which the connoisseurs love to dwell, represents nothing but putridity in various degrees of advancement. In answer to the question "What is the matter with the cheese?" the writer says:

“Simply this, that it has come to be an almost universal belief that coagulated casein and butter fat, which are its constituents, may be ‘cured.’ This ‘curing’ process is chiefly accomplished by time. It is not considered fit to eat until it is old enough and rank enough—from gradual processes of decomposition—to be buried. The average palate has been gradually educated to relish cheese after it has undergone butyric-acid fermentation, and is, in fact, putrid. This is plain English, and it flies in the face of reigning authorities on gustatory standards. Certain brands of the stuff, as Roquefort, Limburger, and several other varieties, sell at enormous prices simply because they represent the ideal degree of rankness—putridity.

“This butyric fermentation has its proper bacillus, and, in case of the special varieties present in Limburger and other delectable brands, the characteristic odor is vile enough and strong enough to bar attempts at counterfeiting or substitution. The flavor comports with the smell, and either one would cause a respectable canine to drop his astonished tail and sneak out of the rankest soap factory or tanyard on the face of the earth.

“Every normal stomach rebels at it, and every normal palate repudiates it at sight, taste or smell. Years ago when all the small dairymen made little cheese for their own use, if not for the market, they began to eat it before it was a fortnight old, ate it as freely as they did bread, and never thought of it as being difficult of digestion. Nor was it.

“To put such compressed casin before a lover of Limburger would be to offer him an unpardonable insult. And yet from a health standpoint, it is the only cheese that can be approved.

“Of the semiputrid, rank-smelling, and acrid tasting stuff now sold for cheese, any person can not partake with impunity; and those who do eat it are compelled to be very sparing in their indulgence, making it a relish or condiment rather than a food. This is because it belongs with ‘embalmed beef,’ moldy bread, and gangrenous ‘game,’ for which palled palates either profess or possess a gusto.”

Telluric Tetanus.

The wise men who investigated the fatal causes of tatanus following vaccination in Camden, New Jersey, say in their report that the virus used was harmless, and that the real cause of the tatanus and death was telluric.

We are not sure about the cause, but the consequences to the victims were undoubtedly telluric—"For dust thou art and unto dust shalt thou return."

It looks now as though this might be the forerunner of an epidemic of telluric diseases. Then will follow a tellurian era and we shall be assailed by the old telluric spirits which may prove more destructive to our race (and may be the Jews) than the deadly microbes of the present. Instead of becoming infected, we shall be telluraled to death.

Save, O save us from the death telluric!
 Make our lives not too manureic,
 Consume the Scientists who threaten us
 With all the pangs of tetanus.

Dr. J. Wylie Anderson Was Not The Physician.

DENVER, COLO., NOV. 30, 1901.

To The Rocky Mountain News.

In an interview given by Dr. Hershey to The Rocky Mountain News and published this morning, on the death of Professor Wynn, the result of an operation performed by him, he makes the following statement :

"I do not remember who the physician was," remarked Dr. Hershey, "but I think it was a man named Anderson, who is a homeopath. Of course, the antiphlogistine was not the proper thing at all, as the patient should've been placed on the operating table at the earliest moment possible. It was too late when

the operation was reached, and at that time nothing could have saved the life of the patient."

As a surgeon and a homeopath, known as Dr. J. Wylie Anderson, I wish to state, and ask you to give equal publicity and prominence to the statement, that I did not know Prof. Wynn, and had nothing to do with his case, and further that I have never felt called upon to explain the death of a patient through the daily press, or to lay responsibility on anyone else.

J. WYLIE ANDERSON.

Since writing the above I learn the two physicians in attendance when Dr. Hershey was called were of his own school, Allopathic.

Colorado Homeopathic Society.

Everything points to an excellent and valuable program at the 1902 session. Papers are already in process of preparation, and articles that are written months in advance and then boiled down and polished up are worth hearing. Many of our sessions have been valueless owing to the lack of preparation on the part of the essayists. This will not be the case at our next meeting. The members have learned that hastily written papers do not reflect credit upon the author. Like the crude drug, they are lacking in potency.

The various bureaus will be in charge of the following members, and if you have any suggestions of value, write directly to them:

Gynecology—Warren D. Howe, Cañon City.

Materia Medica—C. W. Judkins, Aspen.

Obstetrics—F. A. Faust, Colorado Springs.

Surgery—S. S. Smythe, Denver.

Clinical Medicine—N. G. Burnham, Denver.

Ophthalmology, etc—David A. Strickler, Denver.

Pediatrics—W. A. Burr, Denver.

Microscopy—J. B. Kinley, Denver.

Pathology—Walter Joel King, Denver.

Mental and Nervous—Edward Jay Clark, Denver.

Notes and Personals.

Dr. C. N. Hart has moved to Nos. 505 and 504 Mack Block, where he has located in elegant offices.

Salt Lake City, Utah, is the latest city whose prominent physicians and others are about to establish a Medical College, of the old school variety. September, 1902, the school will open for business.

We noted, in the November issue, how easy it would be ere long to cure cancer, and spoke of X-Rays and violets as sure cures for that malady. And now comes one Dr. James Braithwarte stating the cause of cancer is excess of salt in ones diet. Hence any so afflicted has only to stop eating salt and take some sweet violets internally and X-Ray externally. How easy.

Dr. N. G. Burnham has an article in this issue, descriptive of a trip to the Pacific Coast. The doctor is a fluent writer.

THE CRITIQUE welcomes "The Medical Critic," of New York, as an exchange, and wish Dr. M. W. Curran, its editor, success. We have been partial to the name for a number of years.

OUR CODE OF ETHICS.—1. Accord to every person the same liberty you expect for yourself.

2. Accord to every person the same desire to do the right thing which you claim for yourself.

3. Accord to every person the same right to select or refuse medical aid which you desire for yourself.

4. Extend to every man who claims to be trying to alleviate disease the same professional courtesy which you expect from him.

5. Bear in mind that there is good in all schools of medicine and that there is something to be learned from every man.

6. Remember always that the final test of all remedies and theories is cures. Anything that cures is entitled to respect.

7. Remember that the "Regular" physician is one who is regular in his habits, regular in his charges, regular in his cures and in all respects a regular gentleman.

8. Remember always that it is nature that cures ; the doctor can at best only assist.

9. Remember always that faith and food and care and sleep and good cheer are the greatest medicines on earth. They are worth a thousand times as much to the sick as the whole pharmacopœia.—Medical Talk.

Within every man's thought is a higher thought—within the character he exhibits to-day, a higher character.—*Emerson.*

There are three kinds of patients: Good-paying, slow-paying, never-paying. Who gets the best services from you? Why not train them until eligible to the first class? It will benefit you most, the patient next, and the collection agencies not at all.—*Experience.*

An exchange says: "Last week a delinquent subscriber said he'd pay if he lived. He died. Another said, I'll see you to-morrow. He's blind. Still another said, I'll pay you this week or go to the devil. He went. There are hundreds who should take warning from these procrastinators and pay up now."

The "Medical World" makes a request editorially for the members of the profession to report to its columns, "whether or not their cases of diphtheria cured (?) by antitoxin remain in good health after the cure. Intimations have been made that antitoxin treatment predisposes to early troubles of indefinite nature, frequently with calamitous results."

This heart touching rhyme is from the inspired stub pen of the editor of Iola, Kansas, "Register:" "A green little boy, in a green little way, a green little apple devoured one day, and the green little grasses now tenderly wave o'er the green little apple boy's green little grave."

THE CRITIQUE is sorry to learn of the sudden death of Dr. B. S. Beckwith by apoplexy, Sunday morning, Dec. 15. Dr. Beckwith was a man who attended strictly to business at all times, and had earned an enviable position in his profession. THE CRITIQUE extends sympathy to Mrs. Beckwith.

An article appeared in "The Chicago Tribune" of Dec. 8, in which an apparatus is illustrated—an artificial larynx of vulcanized rubber—by the use of which a person can speak, also swallow solid food. This new and interesting apparatus was exhibited before the Academy of Medicine.

According to "Chicago Chronicle," scientists find that "malformation of brain causes brilliancy. Overdevelopment of one part follows injury in another portion." In other words, a genius is a degenerate. The article goes on to point to Lord Byron, Mozart, Wagner and Milton as examples.

If you wish to know all of any subject whatever, subscribe to the Henry Romeike, 110 Fifth Ave., New York, Newspaper Cutting Bureau. The first established and most complete in the world.

The holiday number of "Outdoor Life," from cover to cover is the gentlemen's ideal of a sportsman's journal. The cuts are fine, the subject matter realistic. Make a Christmas present of a year's subscription to some friend, and do not forget to have "Outdoor Life" upon your list of journals for 1902.

Mr. S. S. Hatfield, representing The Wm. S. Morrell Chemical Co., of

Cincinnati, O., made THE CRITIQUE a call recently. It is a pleasure to meet such an affable gentleman. We can always find time to give a few moments to the "likes of him." We exchanged views upon *Echinacea Angustifolia*. He spoke of the virtues of Morrell's preparation used locally or internally.

"Chat," published in New York, is a bright, breezy little magazine, full of original articles that put things in their true light. You learn something by reading each number.

Dr. Hartman, President of the Hartman Sanitarium, says the best doctor is the one who gives the least medicine, and the best surgeon is the one who rarely finds it necessary to cut.—*Medical Help*.

Book Review.

PRACTICAL MEDICINE, by F. Mortimer Lawrence, A. M., M. D. Boericke & Tafel, Publishers, Philadelphia, Pa. Cloth, \$3.00.

This work, as its title indicates, is one of the most practical and concise volumes on the subject we have yet seen. Pathological processes rather than the details of morbid anatomy have been described, with the object of correlating the symptoms of disease to the underlying changes. Tables are used to indicate the differential features in diseases that are at times difficult of diagnosis, while the liberal use of typical temperature charts make it a work of value both to the student and the practitioner. In the treatment of disease the author has handled the subject in that broad liberal manner which will certainly secure results, for local measures and modern methods are advocated in conjunction with indicated remedies.

Things to Remember.

The CRITIQUE has the largest circulation of any medical journal west of the Missouri River. Hence, it is the best medium through which to advertise.

The value of a stimulant in the enfeebled digestion of the aged has been recognized from the earliest time. Fellows' Syrup of Hypophosphates is clearly indicated, and will quickly benefit.

CONSULTING PHYSICIAN: Do you think the patient can stand an operation?

FAMILY DOCTOR: Can he stand it? Why, my dear sir, the man is a millionaire.—*Town Topics*.

Some one has said that "Iron and Manganese are like man and wife in



HYDROZONE

(30 vol. preserved H₂O, solution.)

IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

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THE MOST POWERFUL HEALING AGENT KNOWN.

Successfully used in

Diphtheria, Croup, Scarlet Fever, Sore Throat, Catarrh of the Nose, Ozæna, Hay Fever, LaGrippe, Bronchitis, Asthma, Laryngitis, Pharyngitis, Whooping Cough, Etc. Inflammatory and Suppurative diseases of the Ear.

Send for free 300-page book "Rational Treatment of Diseases caused by Germs," containing reprints of 140 scientific articles by leading contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Glycozone."

Hydrozone is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

Glycozone is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, white and black letters, red and blue border, with my signature.

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physiological chemistry." Both Iron and Manganese are essential and constantly associated constituents of the blood. Both are oxygen and hæmoglobin carriers. When combined in an organic, neutral and immediately absorbable form as in Pepto-Mangan ("Gude") each aids the other in causing an increase in the number of red corpuscles and the amount of hæmoglobin which they contain. Pepto-Mangan "Gude" is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, etc.

The Dr. Benj. F. Bailey Sanatorium, Lincoln, Neb., is for the treatment of non-contagious chronic diseases. Not a hotel; not a hospital; but a Home. Address, Dr. Benj. F. Bailey, Lincoln, Neb., for particulars.

Apropos of the disappearance of Leprosy and other skin diseases, we read in Gilbert White's "Natural History of Selbourne," in letter 37, written January 8th, 1778, as follows: "This happy change perhaps may have been originated and been continued from the smaller quantity of salted meat and fish now eaten in these kingdoms; from the use of linen next the skin; from the plenty of better bread; and from the profusion of fruits, roots, legumes and greens, so common in every family. * * * The use of linen changes, shirts or shifts, in the room of sordid and filthy woolens, long worn next the skin, is a matter of neatness comparatively modern, but it must prove a great means of preventing cutaneous ails. At this very time, woolen, instead of linen, prevails among the poorer Welsh, who are subject to foul eruptions." (From a letter to John F. Fitzpatrick, Esq., St. Paul, Minn., of September 20th, 1901, addressed to the DEIMEL LINEN-MESH SYSTEM COMPANY. See also their advertisement in this month's issue).

Miss Stone has one advantage in captivity. The St. Louis doctors can't give her anti-toxine.—*Chicago Daily News*.

The cold weather reminds us that a southern trip is the proper thing, and if you will consult the G. T. A. of the Colorado and Southern you will be cheerfully furnished with information that will please you.

"Have you heard that Oily Mike has been incarcerated?" "No; I didn't even know he was dead."—*Chat*.

For medical batteries and attachments, experimental and model work, remember John F. Barber, 1515 California St., Denver.

When in need of Surgical and Dental Supplies, do not forget J. Durbin, 1508 Curtis Street, Denver. Prices right.

When doctors disagree the case is up to the coroner.—*Saturday Evening Post*.

The formula of Ecthol is composed of the active principles of Echinacia

and Thuja. It is anti-purulent, corrector of the depraved condition of the fluids and tissues. Manufactured by Battle & Co., St. Louis, Mo.

Glycozone.—Glycozone combined with Ozone, the most powerful healing agent known. Cures quickly, chronic and acute ulcers, skin diseases, eczema, etc. Manufactured by Charles Marchand.

We wish to call the attention of the readers of THE CRITIQUE to the advertisement of Given's Sanitarium on fourth cover page. This institution, with its well known reputation for treating all kinds of Mental and Nervious Diseases, is unsurpassed in the advantages and results obtained.

In all anæmic, consumptive and dyspeptic patients, where there is a lack of ability to produce good and sufficient blood, why not introduce it? Bovine is administered by the mouth, by sub-cutaneous injection, per the rectum, also used to feed locally where there is destruction of the soft parts.

We wish especially to call your attention to the advertisement of The Continental Oil Co. in this issue. All kinds of oil heating stoves and lamps for sale. Corner Fifteenth and Tremont Sts.

The new advertisement of Mellon's food appears in this issue. This food is for invalids and babies, and has no superior.

"Mamma," said three-year-old Maggie, "I love grandpa so much that when I grow up I'm going to marry him."

"Why, dear," replied the astonished mother, "you can't do that He's my father."

"Well, what if he is," rejoined Maggie. "You married my father, didn't you?"

Read the new advertisement of The Fleur De Lis Co.

We wish to inform the readers of THE CRITIQUE that in not one of the recent tetanus fatalities following vaccination at Camden, Atlantic City, Bristol, Brooklyn, Cleveland, and St. John, N. B., was Park, Davis & Co. vaccine virus used. Do not be deceived by just as good preparations. P. D. & Co., hermetically, sealed in glass tubes, glycerine vaccine, cannot become contaminated.

We wish to call the attention of our readers to the new advertisement of The Grand Rapids X-Ray Co. Manufacturers of all kinds of X-Ray apparatus.

Some people fear the bridges far beyond may not be strong,
And ever, as they move ahead, keep dragging woe along.
Some people cast their glances back where shaky bridges sway,
And worry over troubles they have passed upon the way.—*Chal.*

